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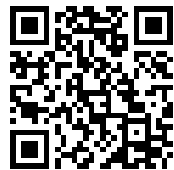
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No 1.

Etiological Department.

GENESIS OF DISEASES—TELLURIC AND ATMOSPHERIC INFLUENCES.

BY H. L. KLEMP, M. D., TOPEKA, KAN.

Read before the Homœopathic Medical Society of Kansas, May 5, 1881.

In presenting a synopsis of the genesis of diseases, and aiming to throw a beam of light upon the great task which tends to help to dissolve the sublime problem, "What generates diseases?" which has as yet baffled the minds of the most skillful scientist, but in general have not succeeded much better than to refer it to a miraculous feat; it would argue a presumption of immodesty for my knowledge of science to bring this subject before the society, did I not acknowledge my impotence and deficiency of so great an acquaintance, necessary with the detail of natural sciences; and still I labor under the sense of deficiency in presenting the subject for observation and induction. I claim it worth listening to; and if it cre-

ates in the minds of the members even a portion of the interest I feel in it, I shall be repaid for my labor in presenting it to the society.

The principal sources of diseases have been classified as follows: importation (yellow fever), miasmatic germinations, and contagious—all of which explain the subject but little better than to say, it comes by witchcraft or providence.

That miasm has become a fancy and quite a convenient source for the causes of diseases we are well aware, and that it escapes proper definition and explanation—but by itself nothing else can be explained—would prove it to be no matter of attention, and has not been deemed necessary. And again, what tends to generate miasm, might in the same degree generate diseases.

If we engage in the observation of the phenomena of action and reaction from the endless chain of cause and effect, in the inorganic and organic kingdoms, we might arrive at some information from our inquiries. There is evidently material action—emanating from the very atoms of elements, from the smallest molecular combination to the most complicated—from the smallest admixtures to the monstrous heavenly bodies.

“In the circle of phenomena, every occurrence depends upon conditioned necessity, because it can only result from its pre-existence; and, on the other hand, this conditioned necessity results again from remote (previous) unconditioned necessity, etc.

“All phenomena we see connected with the laws of life, all self actions, from the molecular force to the motion of the earth itself—we observe incautious change of equilibrium within certain limits of intermediation (*vermittlung*)”—Sec. 49, v. Grauvogl.)

From oxygen, for instance, we know that it is the greatest combustible agent, and that some of its powers are greatly changeable, increased and diminished, according to conditions influencing it, and that it holds a great rank, in particular and general display of force.

Faraday's researches teach us “that it is the most mag-

netic of all gases, increases and diminishes, with the influence of the solar rays. It occupies among gases the place which iron holds among metals, and, as with iron, its magnetic force is destroyed by a high temperature; but it returns on cooling."

Schonbein, in 1840, discovered a state of oxygen which he termed *Ozone*—an *electro-negative element*.

Ozone has, of late, been the greatest disinfectant, as it possess in this state, the *highest power of oxydation*.

According to Horn's researches, the oxygen assumes this state of *Ozone* by the influence of *positive* electricity, either by the electrical machine or atmosphere, etc., and becomes equally in tension with that force influencing it.

Another great agent is *Nitrogen*, which H. P. Gatchell, M. D., terms *Biogen*, and as to Horn's observation, it becomes *electro-positive* by the influence of negative electricity, and corresponds also in tension with that of the influence, and in this state Horn terms it *Iodosmone*, from its smell—from *iodes*, poison, and *osme* or *osmos*, the breath.

It is a great organic generator, not only to enter into or help to build the various groups of ammonia, the cyanogens (miasm). But its plastic properties tend to promote progression, the development from molecule to granule, etc., the formation of the quarterian groups out of the starchy dextrine and the ammonial—the albuminous.

What is said as regards quality, in illustration of these two elements, may be said of all others, and similar explanations can be had from combinations. "But, besides the properties which belong to elements individually, there are forces belonging to matter in general, as: light, heat, electricity, and magnetism" (cold). Beholding, then, that the atmosphere and the globe have a large supply of these forces, and that the air is constituted in volume of about twenty-one per cent. of oxygen and seventy-nine per cent. of nitrogen, same CO_2 (C. O.), and water, etc., we comprehend the marvelous display of the forces upon the two elements, particularly the electrical; the positive electricity upon the oxygen which changes it to negative *Ozone*—and

the negative electricity upon nitrogen and changing it to positive iodosmone and the forces again displayed by the latter upon other elements and combinations.

Now, "as each element has its own individual power which it contributes into the combination in which it enters—it results into force which it displays in common with other elements that constitute the combination."

"So in the living body does each individual organic molecule have its own individual force and motion which is its life, and which it contributes to the smallest, primary structural form. And as the life of each granule is the sum of the lives of its component molecules, so is the life of each cell and fibre, the sum of the lives of the constituent granules. So also is the life of each organ and tissue the sum of the lives, of its component granules, cells, and fibres. And the life of the entire body is the sum of the lives of its component organs and tissues. . . . And this life, like the life of each individual part, can be maintained so long as imposition and structure are unimpaired, and so long as the conditions of molecular action are unchanged" (Gatchell). And this life is the result from the *continued action*, "from matter upon matter," the movements of molecules as they are in a state of continuous oxydation, impairing and repairing of the cell and tissue by exchange of matter, together with the physical movement of the circulation, secretion, excretion, and diosmosis. And all of these we apprehend from the first step of introduction of food, digestion, and inhalation of air (oxygen) to the last step of excretion.

"The observation finds namely nothing constant in the organism than the specific form of reciprocal action by its masses and powers which suffer continuously composition and recomposition" (*bildung und umbildung*) (Grauvogl). That for the maintainance of the organic processes a proper supply of food and good air is required, and that physical or gymnastical exercises of the body not only promote the influx of oxygen into the tissues, but also enhance excretion

and thereby accelerates exchange of matter altogether, is too well known.

Having thus far considered in a brief outline, the reciprocal action of the organism and what sustains and maintains it principally, we will now proceed to illustrate some of its impairing influences. From the fact that different climates have different actions upon the organism, and that, at any locality or in any climate, influences vary in time and locations, as we trot along the pathway around the sun. And that as the solar rays die, the axis of the earth declines and inclines invariably by degrees and—as it is but for the sun that material on our globe moves within the three states, the solid, fluid, and gaseous—we should have been induced “to find the resting-pole in the flying phenomenon” (*Sucht den ruhenden pol in der erscheinung flacht.*—Schiller), in which engagement we might have apprehended the influx of organization.

But our observation in this direction have as yet been of very little account, and that handed down to us from observers of the sublime throne of meteorological observatories—how far human flesh and the entire organization may become impaired, by the forces they aim to detect continuously—has as yet been of no avail. We have not commenced comparing the prevailing forces with the ranging illnesses at the same time and to find their relationship, if any. And could not we rightly demand from that source that ability, and the warning how the organic boat might escape the threatening foe, as well as the navigator? Yes, to enable a physician in Washington, D. C., to give advice and prescription for the sick in bed in Topeka, Kan.; how to avoid and to be relieved from the influences—partially or entirely; or without any personal communications.

I will now quote and translate some from Fr. Xav. Herm. Horn's, M. D., observations regarding this subject; and state that as far as I have been able, during the last five or six years that it will stand the proof. Yes, will even enable the close observer to diagnose his case, count the pulse, etc.,

approximately, without leaving his office, and make prescriptions therefrom.

TELLURIC AND ATMOSPHERICAL INFLUENCES PHYSIOLOGICALLY CONSIDERED.

These forces effect organism principally in two ways. In one the vitality increasing, and the other decreasing. In the prevalences of these influences in a mean state of tension—flourishes the process of normal life.

The influences by which the vitality is increased are: 1. Positive electricity (+E) of the air. 2. A medium and high tension of magnetism (number of oscillations). 3. A state of medium and increased evaporation. 4. Cold of medium temperature if not too great (low). 5. A medium rather than high pressure of the air. 6. Winds from the east, northeast, and even north. 7. By solar rays.

The influences by which the vitality is decreased, are: 1. Negative electricity (—E) of the air. 2. Low state of magnetism (less or least numbers of oscillations). 3. By decreased evaporation, by which the atmosphere generally is more humid—or by great changes of easterly evaporations. 4. By increasing heat or cold. 5. By low or high rising barometer. 6. By winds from the south, west, or southwest. 7. By obscuration of solar rays.

All of these we give now in a more extensive and definite description.

The vitality increasing are: 1. The +E of the atmosphere with accompanying *ozone* improves the arterial blood, makes it richer in red corpuscles and plastic fibrine; the blood looses more water and becomes more highly polarized, particularly the corpuscles. Such blood shows a greater attraction to the periphery as well as an increased centrifugal circulation. 2. A second powerful influential factor is the magnetism of the earth. An intense high state of magnetism increases respiration and the circulation of the blood. Besides these, magnetism acts greatly upon the nervous system, particularly upon the central nerves; it creates

pleasant sensations, causes good humor and courage, and increases vitality altogether. The best state of health is shown when the magnetic oscillations vary from the normal by from four to eight, or at the highest, fourteen oscillations per minute. 3. By a medium state of evaporation or of a little above. This acts directly on all surfaces coming in contact with the air. 4. Cold, it accelerates respiration—promotes secretion and excretion therefor diastosis. But this is only true if cold prevails in a moderate degree. 5. By moderate atmospheric pressure. 6. By solar rays. Sunshine accelerates circulation especially the peripheral—it acts favorably upon the nervous system as well as on the preparation of the nutritial fluid and upon nutrition. 7. Winds from the north, east, and north-east.

The influences reducing vitality are:—E of the air—it is a highly dangerous factor, because it depolarizes the oxygen of the air and polarizes nitrogen to a state from which it is enabled to generate miasm in addition with CO₂; and, by its position electrical deviation current depolarizes the blood and effects the positive nervous system. 2. The magnetism of the earth continues in a state of low oscillation. 3. By a very reduced evaporation and especially if it perceptibly changes. 4. By increased temperature especially of long continuations and if intercepted by sudden falling temperature (Dysentery) an increased temperature decreases the magnetism of the earth. 5. Increasing degrees of barometer, a very diminished and perceptible change thereof. 6. Absence of, or diminished sunlight; it retards circulation and causes an insufficient nutrition. 7. South, west, or southwest winds. They convey a mild (low) humid air which is generally electro-negative.

In conclusion we have to remark that, if the factor favoring vitality exceed certain limits they also become devitalizing agents.

GENESIS.

Concurrent with certain states, conditions and constitutions of the atmosphere and telluric forces, we find certain

diseases and certain states of the impaired organism and in as much the former vary and change in tensions, the latter correspond proportionately. Of which H. P. Gatchell, M. D., says in regard to, is everlasting truth, I quote from memory: "According to constitution and arrangement of matter—force will result."

I. SAME CLASSIFICATION OF DISEASES PHLOGISTIC (inflammatory.)

They appear: 1. If the + E. of the air prevails in duration in a rather higher than medium tension whereby the oxygen is changed to *ozone* (a main factor.) 2. If the magnetism of the earth has a normal or nearly normal state of tension, does not vary from the normal more than from four to six oscillations. 3. If the evaporation is increased above the average, the air more dry or saturated by an $\frac{1}{2}$ ozonized fog. 4. By an average high and also sometimes by a changeable barometer. 5. In cold days. 6. In days when the sky is bright and full of light. 7. In days, in which east, north-east and northwest winds prevail, and this especially with cold and dry air. Inflammation appear more frequent in days in which these factors prevail and co-operate in an increased tension and duration.

II. RHEUMATOSES (rheumatism).

They appear: 1. In which both the positive and negative electricity prevail in low state of tension for some duration, by which the positive prevails over the negative electricity in tension, duration or in both. The more the + E. predominates the more intense is rheumatism of an inflammatory character. 2. When a diminished state of evaporation continues and the air appears more moist—also in fluctuations. 3. When the magnetism of the earth has in average a mean state or an increased tension. 4. By low or changeable temperature. 5. By rising or changeable barometer. 6. By prevailing of east, southeast or northeast winds.

Rheumatism will also appear when 1. both, + E and —

E prevail for sometime in a very low state of tension, by which the — E. predominates or intervenes occasionally with high tensions. 2. When the air is moist and evaporation may still be increased. 3. When the magnetism of the earth, has a low or very low state of intensity. 4. During winds from west or southwest. During the states of condition for rheumatism we find tendencies to palpitation, fainting spells and meet also with exanthenates, and in connection herewith we meet with death by paralyzations of the brain and heart.

III. ERYSIPELAS.

This kind of disease is met with in times, wherein, 1. The positive and negative electricity tension in average is high or very high and whereby the — E. predominates in time and tension over the + E. Sometimes however the + E. accrues in shorter or longer duration of very high tension. 2. The evaporation is very much increased. An increased evaporation is one of the most prolific generators of erysipelas. 3. In which the magnetism continues in a low or very low state of intensity. 4. In which an increased temperature prevails. 5. By south, west or southwest winds and sometimes changes into east and northeast. 6. In which the barometer shows a mean or lower pressure.

IV. NEUROPHLOGISTIC CONDITIONS.

These are more or less associated by pseudo-phlogosis. They appear in periods: 1. When the magnetism of the earth continues in a low state of intensity—one of the most prolific generators for this kind of diseases. 2. When the electricity is similar to that for malignant erysipelas, by which however the + E. in time and tension only predominates. 3. When evaporation is diminished or frequently appear in great changes. 4. By low temperature or by continued high temperature which suddenly sinks low and so continues for some time. 5. By an average high or higher than mean pressure of the air or perceptibly changing. 6. In

times when south or west winds suddenly change into north and east winds.

V. CATARRHASES (catarrh.)

They appear: In undulations of the positive and negative electricity in time and tension in connection with above mentioned influences.

VI. NEUROSES AND TYPOROSSES (intermittens).

We meet with them frequently, and in periods in which the magnetism of the earth frequently continues in a low and sometimes changing tension, which predisposes the nervous system for this kind of illness, also to paralyzation and apoplexy. In addition, intermittens appear in tension and character with those prevailing influences that condition catarrhalic-gastric emetic.

VII. EMETOCATARRHOSES.

They appear in periods: 1. By which the magnetism of the earth show a great reduction of intensity it has a diminished oscillation, from twenty-two to thirty-six per minute of the normal. The longer the magnetism of the earth remains constant in this state, the more malignant is the character of the emetocatarrrhose (cholera). 2. Wherein the — E. of the air occupies at least, on an average four-fifths to five-sixths of the daily time. This disease corresponds principally, in tension with that of this factor. 3. In which the evaporation is lessened at least to one-third or one-half of its usual state for a continued time. The air appears impregnated at the same time, with a peculiar humid moisture.

VIII. TYPHOSES.

They need for their development conditions of long standing for malignant catarrhalic, catarrhalic-rheumatic, catarrhalic-gastric, erysipelas or emeto-catarrhic constitutions of the air. They appear in days, when the negative E prevails in a high intensity and the + E. intervenes predominately

of high tension for short or longer duration; and when, at the same time the magnetism of the earth is in a state of low or very low intensity.

IX. ACUTE EXANTHEMAS.

They have for their development no particular constituted air, but appear before and after diseases of other forms (*die Bluthen und Fruchte*). Their most favorable moment is a state of high (intensity) evaporation while the diseases corresponds in intensity with that of the evaporation especially if in conjunction with a predominating positive electricity.

X. CHOLOSES.

They appear in periods, when: 1. The magnetism of the earth is in a mean or lower state of intensity. 2. The negative electricity of the air predominates in an average condition. 3. By continued increasing temperature and sudden changes. 4. When the air is humid, evaporation lessened or perceptibly changing. 5. When south and west winds and intermediate winds prevail.

Psychological Department.

PROGRESS IN NERVOUS DISEASES.

BY J. MARTINE KERSHAW, M. D., ST. LOUIS.

Rest in Nervous Diseases.—Dr. Curmer in an article on “Rest in Nervous Diseases,” *Medical Record*, states that the usual mode of recruiting adopted by the American people, that is, working eleven full months and resting one, is not the proper way to reinvigorate, or better still, keep in a vigorous condition. He suggests that a day or so in every fortnight be devoted to recreation. An individual loses too much in eleven months—loses so much indeed, that it is hard to catch up in one. A little fishing excursion for a

few days in every month in summer, and a hunt in winter at the same intervals is one of *the* ways of resting both the mind and body; and taking it altogether, it is the best.

Extirpation of Ovaries for the Cure of Insanity.—In a paper on the above subject, Dr. Wm. Goodell recommends the removal of the ovaries in those cases of insanity associated with, or related to, the menstrual function. He thinks the operation justifiable because it tends to restore the woman to her friends and to society, and it prevents her having insane offspring. He reports several cases of recovering of the mental faculties after the performance of this operation.—*Medical Record.*

Tumor of Centrum Ovale.—Dr. A. B. Arnold notes the case of a man whose right arm was suddenly affected with convulsive movements, while at work, shortly followed by unconsciousness which lasted a few moments. On recovery his right arm was found to be paralyzed. Several apopleciform seizures followed, but the chronic spasms of the muscles of the arm continued some time after each attack. Eight months after the first symptom of disease, he became delirious, fell into a state of stupor and died. Autopsy revealed the presence of a tumor the size of a large hazel-nut occupying the uppermost portions of pons frontalis and pons posterior of the fissure of Rolando, close to the cortex.—*Journal of Nervous and Mental Diseases.*

Treatment of Headaches.—Dr. J. S. Jewell in a paper on this subject, states that at least one year is necessary for the treatment of a case of migraine. The diet should be simple but nutritious, no side dishes to be allowed, whatever. No food should be taken that has disagreed with the patient, the stomach should not be overloaded, and the use of strong tea and coffee should be prohibited. Alcoholic stimulants should not, as a rule, be allowed. The patient should avoid, as far as possible, both mental and physical fatigue, and be freed from all undue emotional excitement, that rest of the nervous system be obtained. The eyes should not be fatigued by sewing and reading, and the extremities should be kept warm. The administration of medicines alone will prove of

little value unless regard be paid to the matters just mentioned.—*Journal of Nervous and Mental Diseases.*

Galvanization of the Medulla for Diabetes Insipidus.—Dr. Althaus reports a case in which the subject was obliged to urinate innumerable times in the twenty-four hours, the quantity passed being often as high as ninety ounces daily, and frequently much more. Considering diabetes insipidus an affection of the medulla, and possibly in connection with the middle lobe of the cerebellum, and looking at any organic lesion of the kidneys as a secondary trouble, he applied the galvanic currents to the medulla with the result that the quantity of urine was reduced to thirty ounces daily and the subject was called to pass water but three times in the twenty-four hours.—*Brain.*

Cases of Athelosis.—Dr. Francis Warner gives the history of four cases of athelosis that came under his observation at the East London Hospital for children. Two of them were associated with epilepsy, and one with hydrocephalus. One was a case of double athelosis in which there was no paralysis, nor had the subject ever had epilepsy. Marked history of nervous diseases in the families of two of the patients. Treatment did little for the subjects, although in one case, associated with epilepsy, the chronic twitching, or rather, the violence of it, seemed to depend upon the number and violence of the epileptic attacks. I call attention to these cases because of their rarity and because of the interest naturally felt with regard to this affection as a disease, or the result of disease as held by some authors.—*Brain.*

Inflammation of the Knee Joint in a Child.—The *American Journal of Obstetrics* contains an article from Dr. J. S. Little, in which a case of inflammation of the knee joint in a child three weeks old, received, for the relief of pain, Paregoric in increasing doses, then Laudanum, and afterwards Magendie's Solution of Morphia. This was increased to a drachm a day, and finally "the amount consumed by the child, then less than eight months old, was two ounces of Magendie's Solution in twenty-four hours. [Magendie's Solution of Morphia contains sixteen grains to the ounce of water. How much better to have given Bry., Puls., etc., that have a direct influence over the inflammation? —Ed.]

Therapeutical Department.

TREATMENT OF SMALL-POX.

IN THE UNITED STATES MEDICAL INVESTIGATOR, June 1, 1881, Dr. J. B. L. Cardozo makes enquiry relative to the treatment of small-pox, which I will endeavor to answer.

Since the year 1866 I have had several cases varying from five months to seventy-four years of age, and never lost a case. My principal remedy during the first eight days was Tart. ant. 2x, that I considered the most Homœopathic to the disease; if the brain was very much excited, I would give either Cimicifuga 1x or Veratrum vir. 1x. To allay the itching, scratching, and to prevent pitting requires a good deal of attention on the part of the nurse; keep the eruption wet all the time by a feather dipped in glycerine, keep the parts perfectly clean of matter by gently sopping with cotton batting, do not break the pustules, or loosen a scab, but when, in confluent small-pox, matter runs over the healthy surface, sop it, do not wash it off, but soak it up with absorbing cotton; if you are very desirous to prevent pitting, cover the face with a mask of thin medical oil silk, with holes for the eyes, nostrils, and mouth; also covering the hands with oil silk mittens. The purpose of the oil silk covering is the more effectually to exclude the air. The rest of the body is never pitted, because of its being covered by the bed clothes.

Persons who have been successfully vaccinated with healthy, pure vaccine *lymph*, not *scab*, should they take the disease, always have it in the varioloid or mild state, requiring but little treatment.

The results of Homœopathic compared with Allopathic treatment are decidedly in favor of the former. Lately I have had experience with Arsenicum in the treatment from the fourth day of the sickness, while the pustules were in a

state of inflammation, before they even formed vesicles which I think will be the future treatment in this disease. The report will be found in May 15 number of this journal, page 476.

R. W. NELSON.

CONGENITAL MALFORMATION OF THE HEART.

REPORT OF A CASE OF NON-CLOSURE OF THE DUCTUS-ARTERIOSUS; BY HERBERT H. READ, M. D., HALIFAX, N. S.

On Sunday, May 28th, died Miss B. W., a lovely blonde, aged twenty-two. From her earliest infancy it had been observed that any unusual exertion brought on a difficulty in breathing with blueness of the lips, which would soon pass off while at rest; and when undisturbed she appeared to be in ordinary health, though very fair and slight.

As she grew up these indications of inefficiency of the circulatory apparatus became more pronounced although no murmur could be heard, and no indication of any disease of the lungs could be discovered.

The pulse was slow, soft and small, and repeated examinations of the heart failed to afford any ground for a definite diagnosis. Some years ago she was seen and carefully examined by an eminent London physician, who gave a diagnosis of "Atrophy of the Heart."

I had always expressed the opinion that congenital malformation existed, and though the precise form could not be made out, I inclined to the belief that contraction of the pulmonary artery with stenosis of its orifice would be found, or as an alternative condition potency of the ductus-arteriosus. I did not believe that an opening existed in either the auricular or the ventricular septum.

In November 1877, she was suddenly attacked with violent hæmorrhage from the bowels, completely prostrating her and placing her life in imminent danger. From this she rallied after a long illness and apparently regained her usual health.

She suffered from habitual constipation which nothing would overcome, from occasional attacks of indigestion, and from neuralgic pains in the colon.

In the autumn of 1878 a prominent Allopathic physician of this city was consulted in regard to her case, and without offering any definite diagnosis he expressed his ability to effect a cure, and ordered the usual heart tonics, Iron and Digitalis, together with persistent exercise as horse-back riding, dancing, etc. A few weeks of this treatment were found sufficient and she was returned to my care.

For a few days previous to her death she suffered from indigestion and the usual constipation and flatulence, and on Friday, May 26th, after returning from a short drive, she was seized with profuse vomiting of blood and fell fainting to the floor. The blood was bright red, and the flow soon ceased. On Saturday she rallied and was bright and hopeful, but that night a quantity of black blood mixed with hard feces passed from the bowels, she fainted again, and continued to sink until 8 P. M., when she passed away.

Monday 29th May, assisted by Dr. Lindsay of this city, I made a post mortem examination of the heart alone. It was found to be normal in texture, not firmly contracted and enlarged, especially on the right side. The walls of the right ventricle were fully as thick as those of the left, and the cavity of the ventricle and that of the pulmonary artery were both dilated. The valves and septa were perfect. On removing the large arteries we found an opening between the aorta and pulmonary artery, large enough to admit the index finger with ease, and having smooth and rounded edges. The ductus-arteriosus had never closed. That was the only malformation found, and its existence fully explained the symptoms from which she suffered.

The fact that under ordinary circumstances, the head and upper extremities were supplied with pure arterial blood, while the rest of the body was nourished by mixed arterial and venous, may in a measure serve to account for her habitually bright and cheerful spirit, in spite of the physical disabilities under which she labored.

I did not examine the abdominal cavity and presume that the hæmorrhage arose from an embolism of a branch of the superior mesenteric artery; since, if we leave out the previous attack of intestinal hæmorrhage, she had shown no indication of a hæmorrhagic diathesis.

As the treatment of such a case was necessarily only palliative in its character, it is not necessary to speak of it in detail. I gave the remedies that were adapted to her varying states, and it is sufficient to say that after trying more than once the resources of the Allopathic school, she always gladly returned to the relief afforded by a careful attention to our *materia medica*.

Materia Medica Department.

RHUS AROMATICA IN URINARY DISEASES.

BY J. T. M'CLANAHAN, M. D., BOONVILLE.

The *Rhus aromatica* has been known to, and used by our family for a period of over thirty years; but it was not until about two years since that the writer first made known to the profession the virtues of the remedy in the treatment of diseases of the mucous surfaces, more especially of the genito-urinary organs and bowels, viz: diabetes, enuresis, hæmaturia, gonorrhœa, leucorrhœa, diarrhœa, etc. Since its introduction I have also learned that the remedy is very useful in uterine hæmorrhage, hæmorrhage of the lungs and stomach, and in some forms of catarrh and bronchial troubles, accompanied by a free discharge. And I here give as the best indications to the proper selection of this remedy that I know: Profuse free discharges, sallowness, loss of flesh, abdomen flabby, tongue pale, trembling, pulse feeble, trembling in lower limbs, with a general feeling of lassitude and languor. Of course, in the selection of this remedy for the arrest of hæmorrhage we are to be governed as in the selec-

tion of any other remedy possessing styptic properties. It is certainly the most positive and reliable remedy known for hæmorrhage of the kidneys and bladder, and I now give the *Rhus aromatica* the preference, as a rule, in my obstetrical practice. As before intimated, I have been acquainted with the *Rhus aromatica* indirectly for a period of over thirty years, and directly for a period of ten years during my connection with the study and practice of medicine. It was used extensively by my grandfather, Dr. John Gray (Eclectic), who was celebrated in these parts at an early day for the successful treatment of obstinate chronic diseases. He used the remedy, both combined and uncombined, principally in the treatment of diabetes, and, so far as I am aware, the use of the remedy originated with him; and for many years after was used by my father, Dr. F. McClanahan in about the same capacity. But he it was, I believe, who first suggested its use in the treatment of other diseases of the genito-urinary organs. His experiences led to my subsequent and further investigations, and the introduction of the *Rhus aromatica* to the medical profession. Prior to its introduction, so little was known of it that nothing had ever been written upon the subject, so far as I was aware, except a very meagre description given by Wood in his *Class Book of Botany*, p. 203.

Not being in possession of the proper authority to determine its botanical name, I submitted the matter to Prof. Albert Merrell, of St. Louis, who kindly assisted me in determining the matter. For a full and clear description and history of this drug, and for the sake of brevity, I will quote from the supplement to the *American Dispensary*, quite recently published by Profs. King and Lloyd, of Cincinnati:

“This is a small shrub, growing from two to six feet high, and found in clumps throughout sections of the eastern United States, in rocky situations. The leaves are trifoliate, and on stalks about an inch in length. The three leaflets are sessile, and covered with a short velvety pubescence when young. The terminal leaflet is considerably larger than the

lateral leaflets, from an inch to two inches in length and about two-thirds as wide. They are entire and tapering at the base, acute, and have eight or ten crenate teeth at the apex. The flowers are small, greenish yellow, and open in April before the leaves; they are in stalked, spiked, ament-like clusters, and before flowering have the appearance of an unexpanded catkin. The sepals, petals and stamen are in fives, and the pistil is a one-ovuled ovary, with three short styles. The fruit is a small red drupe, about the size of a pea, covered with dense white pubescence. They are produced in clusters of about a dozen, and are on stalks of about an inch long; each one contains a single flattened seed. A variety with small, smooth leaflets, less than an inch in length, is common throughout the Western States.

“The part employed in medicine is the root or bark of the root. It has gained some little local reputation, heretofore, but was unknown to the medical profession until introduced by Dr. McClanahan, in 1879. When dry, the root is from one fourth to an inch in diameter, and appears in the market in pieces of from six inches to two feet in length. The bark is of a dry, rusty-brown color externally, and a pink or walnut color below the cork. It is about one-eighth of an inch in thickness, and throughout the inner bark of a prime article are little cavities containing a transparent balsam, somewhat resembling balsam of fir. The wood is white or yellowish. When fresh, the wounded bark exuded a turpentine-like balsam, or solution of a resin in some volatile oil, which dries to a glossy tear or layer. The bark is astringent; but, undoubtedly, the turpentine-like balsam likewise possesses considerable medicinal value. Alcohol extracts this substance, and the addition of water to the tincture produces a milkiness.

“At first, the use of this remedy was confined to the treatment of diabetes and other excessive discharges from the kidneys and bladder, as well as to cases of incipient albuminuria. More recently, it has been employed by numerous practitioners, who, in addition to the above-named maladies, have found it advantageous in urethral irritations,

hæmorrhage from the stomach, lungs, kidneys, bladder or uterus, uterine leucorrhœa, cholera infantum, diarrhœa, dysentery, chronic laryngitis, chronic bronchitis, and especially useful in the enuresis of children and aged persons. We are aware of the value of this agent in several of the diseases referred to, and should subsequent experiments prove its efficacy in the earlier stages of albuminuria, it will rank among the first therapeutical remedies of our *materia medica*."

The doctor continues: "Since writing the above, we have received a letter from A. G. Springsteen, M. D., of Cleveland, Ohio, in which he refers to a patient suffering for several years from catarrh of the bladder and hypertrophy of the prostate, with excruciating pain during micturition, necessitating the use of the soft catheter, and after exhausting all known means his patient was cured with *Rhus aromatica*."

Obstetrical Department.

MACROTYS AS A PARTUS PREPARATUR.

READ BEFORE THE ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION BY M. M. DOWLER, M. D., BEARDSTOWN, ILL.

Mrs. E. D., aged thirty, bilious temperament, slender, the mother of four children. Previously patient had passed through her parturient periods with much suffering, attended in each after three labors, by my late father, Dr. R. Dowler, an Allopathic physician, who, at such times administered the powder of Ergot. Face, eyelids, and a swollen and benumbed condition generally, were the unpleasant sequelæ of each lying-in, rendering each return of confinement a matter of no inconsiderable solicitude. Her three previous labors would begin at 4 o'clock forenoon and, end at 2 o'clock afternoon. *Enciente* now with her fourth she besought the writer for relief against such characteristic convalescence. Commencing some three weeks before full term, advised ten

drops first decimal attenuation of the Homœopathic *Macrotys* four times a day to be continued down to the inception of labor; patient went to bed at 8 o'clock A. M., and 10:15, A. M., was delivered of a bouncing boy. Heretofore she would suffer eight to ten hours, but now, "it seemed more like a dream," so the lady graphically described her recent happy experience.

Mrs. J. G. R., aged thirty-two, bilious temperament, black hair and black eyes; slender with good constitution; a teacher, mother of two sons and a daughter. With the first two, patient suffered terribly; indeed, it was feared by the attending physician, at each confinement, she would not go through safely, a condition of extreme atony, from sheer exhaustion having supervened, which seemed to preclude a happy termination, this being especially true of her first born who was a large heavy child! Flooded profusely, with slow convalescence. Seven years having intervened since her second, lady finds herself again prospering with a third. Apprehension of a repetition of her former experience, the writer was asked to prescribe and preside. The lady would usually suffer from 7 o'clock evening, till 9 o'clock, morning. Prescribed *Macrotys*, first decimal attenuation, ten drops three times a day, four weeks before full term. Labor commenced at 10:30 P. M., and ended at 12:30 A. M. Time two hours. The lady is loud in her praise of the medicine, and knows "there's a difference of doctors." This time quick recovery; patient up and about in four days; no fever; no suffering; no caked breasts, etc. Stout capable nurse installed at home with babe, the new mother and teacher, after an absence from duty eleven days, resumes her place across the street in the public school.

Mrs. M. F., aged twenty-seven, bilious temperament, mother of three children. Labor with first began at 2 o'clock A. M., and ended at 2 o'clock P. M. Labor very severe; patient unconscious, with three physicians at bedside. Flooded largely. Child born August 19th, mother in bed most of the while till following March. Second child less aggravating, and convalescence more satisfactory. Pa-

tient again pregnant, and approaching third term confinement. Recalling the past and hearing of the great relief brought by medicine to others in a like condition, the patient places her future self in writer's medical keeping. A curious circumstance now developed itself; the bag of waters had slightly ruptured, and it being some three or four weeks till full term, rest was enjoined with the belief that the threatened miscarriage might be averted. Recumbent position indeed dissipated the pains, but there was a dribbling still going on whether reclining or setting; notwithstanding I administered the *partus preparatur* ten drops first decimal three times daily. Dec. 12th labor fully set in at 2 o'clock P. M., patient was delivered of a son, not a tablespoonful of the *liquor amnii*, however, flowed at term. A considerable difference is here again remarked as well of the duration as the degree of suffering, while the after effects are no less as agreeably surprising. No untoward circumstance clouds the history of the case; a brief, easy labor, a quick recovery. Patient lauds the beneficent action of the agent employed in her behalf.

Mrs. M. A., aged twenty-six, bilious temperament, short, thick, fleshy, mother of two children. With first patient had a tedious time, occupying some fourteen hours. Had heard of the writers preparatory treatment of obstetric cases, and concluded she would invoke medical interference, as she was now at the eighth month of pregnancy. First was large and her present largeness betokened a similar issue.

The writer feared this might prove a case of *eclampsia* because he could recall a lady patient the subject of a frightful seizure, who in form and figure, and rigidity of muscular fiber, was a faithful counterpart, hoping, however, to confirm the previous good opinion of the *preparer of labor*, *Macrotys* was here again exhibited in ten drop doses first decimal, to be prosecuted to the impending stage of regular labor. Was summoned at five o'clock P. M., and found patient in travail with her second, who, after a rather easy confinement, at the end of two hours, was delivered of a

daughter. Time, indeed, becomes an element of tremendous import to the suffering and hence the benedictions that must rest upon those helpful means of our art that cut in twain the prolonged anxiety and agony of the puerperal woman. Mrs. H. is sanguine of the good effect produced by the medicine in her case.

It were easy to supply a copious list of kindred cases, illustrative of the fundamental aim of the present paper; indeed the formidable train of ills that besiege the human organism, in the cure of which *Macrotys* has achieved such praiseworthy distinction has already rapidly lifted the veil from its humble virtues, while, no doubt its future history will continue to vindicate its exalted foothold in medical confidence as an agent of many-sided and still-increasing therapeutic importance.

Whether such preliminary use of the *Macrotys*, however shall operate to exclude the possibility of *eclampsia* in puerperal women as one might naturally suppose is a nice question which a larger clinical experience alone can determine; yet it is submitted to the humane practitioner as a thought upon which he may base his future practice, who, doubtless would be but too glad to find in *Macrotys* such a potent prophylactic; since nothing is or can be, so truly terrific as this grim affliction when it has unhappily invaded the parturient chamber which oftentimes breaks in pieces the boasted power of medicine, and fills with the most pungent forebodings the hearts of all.

The above first appeared in *Scudder's Journal* for June, 1874, and the entire number of cases so treated have thus extended to *one hundred and nineteen*. I am satisfied, so writes Dr. Scudder, on this interesting topic that our readers do not properly appreciate the value of *Macrotys* for the many ills of pregnancy, and for its good influence during and after labor. It is so difficult for the physician to believe that any remedy will directly influence the reproductive function and organs either way. The woman has been taught to believe that there is no relief from many of the unpleasantnesses of child-bearing and she receives her teaching from the physician who believes he can do nothing.

I am ready to say that all these ills can be remedied, and that in the use of means to do this, the labor is not only easier but the getting-up better. Likewise *Macrotys* is a rectifier of a majority of the wrongs of innervation. If a pregnant woman suffers from uterine irritation, or disease the result of irritation, wrongs of digestion, of secretion or nutrition, I should think of *Macrotys* as a possible remedy. There is no mistaking the action of the remedy in those cases, and I have used it long enough and often enough to know. So highly do I value this remedy says Dr. Scudder that I should not want to practice obstetrics without it.

The dose, he remarks will vary in different cases running from ten drops to one drachm of the tincture of the *green root* to the four ounces of water, a teaspoonful every one to four hours.

In an article on Black Cohash, written by Dr. King, in 1846, and republished in the *Eclectic Medical Journal* for December 1872, that writer inculcates the use of a saturated tincture of the root in doses of from three to sixty drops every two hours night and day, until *the head becomes quite affected*, then lengthen the intervals between doses to three, four or six hours, until the disease is completely removed. Accordingly, in a case of acute rheumatism under treatment twenty to thirty drops of the tincture were given every hour but producing effects so strongly simulating *delirium tremens*, the doctor had to reduce the dose to two or three drops every hour, but even then, as such effects were *still apparent*, he had to abandon its use altogether (See Hale's *New Remedies*, edition 1864, p. 107).

These effects upon the sensorium following the taking of the tincture in a dose of twenty drops *per diem* which was inadvertently prescribed by myself for the first decimal attenuation, to a lady near term, led me thereafter to greater circumspection.

However, while thus heroic and seemingly spoliative as to dose in the following foot-note to the fore-going suggestive article, Dr. King is shown to be happily and so graciously conservative. He says: "I have occasionally met

with cases where one drop of the saturated tincture, three times a day, would powerfully affect the brain. In such sensitive cases *the dose must be diminished even to fractions of a drop.*"

Thus, in these tentative efforts to combat disease, it is pleasant to find one's self in accord with Dr. King, one of the systematic and most graceful writers of the Eclectic school. Contrari-wise, H. A. Barber, M. D., an electric, of Galesburg, Ill., in the *Eclectic Medical Journal* for August, 1874, in reviewing my article entitled "Macrotys as a Partus Preparatur," which appeared in that journal for June, 1874, depreciates most strenuously *my* and *our* use of *fractions, decimalism* in our *medicine* is tantamount to *transcendalism, the attenuations* and the *triturations* and the *potencies* among us pass for "moonshine," and all Homœopathists are relentlessly relegated to the limbo of the hopelessly dishonest.

Your philosophic Homœopath, however, is neither an *integer* nor a *fraction*. If the sick organism demand a large dose, it is properly given, if a fractional quantity, it is discreetly employed; the Homœopathic physician would gracefully enter the lists to conquer disease *tuto, ceto et jucunde*. Homœopathists should not be dismayed, but learn to labor and to wait. The human *tarantulas* that do so infest the pages of our medical periodicals of to-day will eventually hide their diminished heads; the all-embracing, enfranchising light of medical truth is happily already almost flooding the atmosphere everywhere.

A lady to whom was sent an ounce of the first decimal attenuation of Macrotys thus emphasizes her growing partiality for this medicine:

"JACKSONVILLE, Ill., May 3, 1881.

"DR. DOWLER—*Dear Sir*: Please send me a bottle of your medicine. I have used it three times already, and don't think I would be without it for twice its price."

Respectfully yours,

The 119 cases thus far treated with Merochrome demonstrates conclusively its therapeutic efficiency in rectifying the many lesser ills of pregnancy and forcibly illustrates its genuine and imperishable friendship for woman immediately *preceding* and *succeeding* the event regarded by her as always abounding in the most anxious and critical interest to her welfare.

MANAGEMENT OF ABORTION.

BY ALBERT CLAYPOOL, M. D., TOLEDO, O.

Read before the Homœopathic Medical Society of Ohio, May 11, 1881.

In taking up the subject of manual and instrumental management of abortion, I mean that stage of abortion after the fœtus and secundines become, as it were, a foreign body in the uterus and must be removed to avoid serious results,—in other words, inevitable abortion.

Of course a physician will use every means in his power to arrest a threatened abortion, but as I am not considering that stage of the subject, I will not mention any of the means that may be used to accomplish that desirable end. In the majority of cases the physician is not consulted at all until the abortion becomes inevitable.

I shall say nothing as to drugs, because I think our works on materia medica and therapeutics give us plenty of drugs and plain symptoms for their application in such cases. On the other hand I believe that our works on obstetrics and our teachers, in that department, say too little on this branch of their subject.

That it is a very important feature in the obstetric art, none who have been in active practice a few years, will doubt. I believe that there are more abortions, in this country, than births at term. If such is the case, how important it is that every physician should know just what is best to be done and how to do it. That the great majority of abortions are intentionally produced does not lessen the responsibility of

the physician who is afterwards called in to manage the case. Generally, when the doctor is called, it is because there are alarming symptoms, and the patient is frightened into sending for him, a severe hæmorrhage or a fainting fit hurries the call. Being called to a case of abortion what are we going to do? Every physician who takes cases of miscarriages—as every general practitioner does—subject to danger to the patient, as those cases are, should be prepared to act promptly and understandingly in every emergency, and detail of the case. It is easy to wait for nature to come to the rescue, but decidedly uncertain whether nature will respond without exacting a terrible penalty from the patient. How many times a physician will postpone interference, because he is uncertain in his own mind what is best to do, or because the patient pleads for him to wait, for the reason that she dreads the ordeal, until an active hæmorrhage, or exhaustion of his patient compels him to act, and then he is placed at a great disadvantage. If death should occur after such dallying, an All Wise Providence is charged with calling another soul home.

Abortion is not a natural act like delivery at term, consequently the parts are not prepared for the work at hand, and we not only have the immediate dangers during delivery, but also the more remote but lasting ones of metritis, perimetritis, endometritis, sub-involution, ulceration, uterine catarrh, prolapsus or some other of the numerous ills that the female reproductive organs are subject too. Too many women can date their broken health back to a badly managed abortion. It is of vital importance that a pathological condition which occurs as often as this, and which is liable to entail so much suffering, and ill health on the patient, should receive more than a modicum of our time and skill in its mastery.

The specialists in obstetrics or gynæcology will get but little from this paper, and I can only sit at their feet and ask for more light; but, to the great brotherhood of general practitioners I go, as one member of that great class, with a feeling that to some I can lend a helping hand and, at

least, have the satisfaction of calling their attention afresh to a subject that is too much neglected. I would have the same amount of skill, and thorough knowledge, used in the management of an inevitable abortion as is required of an accoucheur in delivery at term. Let that old fogy doctor who says he "never lost a case" and he "always let nature have its course in abortions," look about him and he will see more than one woman who suffers untold agony from some form of uterine disease that he might have prevented, if he had possessed and used the skill he should have had, at the time he managed an accidental abortion for this lady years before. The lady has suffered for years, and will continue to suffer while she lives, all because of the ignorance of her medical attendant, still, as she did not die, doctor Pomposity walks the streets boasting of his skill.

Now then, let us look about and see if we are responsible for the suffering of some women because we were direct in our duty at such a time; and let us resolve that it is as much of a duty to manage an abortion well, as to manage well any other condition that requires our skill.

When called to a case of threatened abortion we must use every means in our power to arrest it, but the moment that it becomes known that the abortion is inevitable we should, at once turn our attention to the removal of the contents of the uterus. In the first three or four months of pregnancy we will do well to wait—unless severe hæmorrhage intervene—with the hope that the ovum will be discharged entire. If hæmorrhage becomes alarming we can control it by the use of a tampon in vagina, which I will describe further on. From the fourth to the sixth month, we cannot depend on the tampon to control hæmorrhage, therefore our attention must be devoted to securing delivery as speedily as possible.

When the ovum is discharged entire, or when the uterine contractions rupture the membranes and expel the fœtus, which is soon followed by the placenta, the action is analogous to labor at full time, and I do not deem it necessary to discuss it, but, where that analogy ceases, or when profuse hæmorrhage comes on, my work begins.

There are just two general topics on this subject that I wish to discuss; namely, the tamponade of the vagina, and the best means to remove contents of uterus. As to the first, there are several means used to accomplish the result. Country physicians generally use pledgets of cotton, or soft cotton cloth, pushed into the vagina, through a cylindrical speculum or over the finger, one after another till vagina is full. This entangles the blood in its meshes and forms a clot which arrests the bleeding for a short time, but as those loose pledgets, in a dilatable canal like the vagina, can make but little pressure on the cervix, the blood will soon begin to flow again. A sponge tent introduced into the os uteri, and supported by a ball of absorbent cotton, makes an excellent tampon where it can be used, but many times the os will be too thoroughly dilated to allow it to make sufficient pressure, or the os may be so closely contracted that a tent can not be inserted without the aid of instruments which the physician has not at hand.

Dr. Dewees recommends a piece of soft sponge, large enough to fill vagina without producing uneasiness, to be wrung out of pretty sharp vinegar, and introduced into the canal up to the os uteri. A rubber bag passed up to the os, and filled with water to the extent of the capacity of the vagina, makes a good tampon.

Paul F. Munde, in his *Minor Surgical Gynecology*, in writing on "tamponade of vagina" says: "The loosely packed tampons are still generally employed as hemostatics, and a large majority of the profession are yet ignorant of the only sure and efficient method of tamponing the vagina for uterine hæmorrhage, namely, in Sims' position through his speculum. Only when that instrument is not at hand, and the fingers cannot be used as a substitute through rigidity of the perineum or vagina, is the practitioner (the general practitioner, even) justified in trifling with his patient's health and life by resorting to the almost useless tamponing of the vagina through a cylindrical or plurivalve speculum in a case where the hæmorrhage is so severe as to call for a tampon at all. Every practitioner who takes and is liable to

meet with cases of uterine hæmorrhage (and what general practitioner is not) from miscarriage, fibroid, polypi, polypoid, endometritis, cancer, should not only possess a Sims' speculum, but know how to use it and how to tampon the vagina so securely that not a drop can escape so long as the tampon is retained. It is time that the old 'let well enough alone' excuse be denounced, and that the eminent old fashioned practitioner who 'never lost a case' and 'never had occasion to sew up a lacerated perineum in a practice of twenty-five years' be convinced that not everything is good because it is old and he has always done it and succeeded well with it, and that the only proper way to apply a hemostatic vaginal tampon is in the manner about to be described. To Sims' and his pupil, T. Addis Emmet, belongs the priority of this method. The patient (with empty rectum and bladder) occupies the left lateral prone position; Sims' speculum is introduced and the cervix exposed. All coagula and fluid blood having been carefully removed by the dressing forceps and damp cotton, a disk-shaped tampon about two inches in diameter and one-half inch thick, is placed over the cervix. Another such tampon is rolled up and placed behind, another in front, and one on each side of cervix, and a large flat one over all these. These tampons are recommended by Emmet to be soaked in a saturated solution of alum and squeezed nearly dry. I always carbolize the tampons in a one per cent solution, but think the alum solution a very good plan, as it contracts the vaginal pouch and thereby compresses the cervix. Occasionally it may be necessary to push a pledget of alum cotton into the cervical canal and thus arrest the hæmorrhage until the whole tampon has been firmly placed. * * * The first circle and layer of tampons having been arranged, as described, and the vaginal vault thus filled and the cervix compressed in all directions, disk after disk of dampened carbolized cotton is laid around the circle of the vagina, filling up the centre at the last, and each disk and each layer is gently but firmly pressed down and packed tight with the dressing forceps or a whalebone stick. This pressure should always be made from the

periphery toward the centre, or rather from the anterior vaginal wall toward the sacrum. As the cotton is thus welded and pushed up, the room thus made is filled by new pledgets, until the vagina is distended to its utmost and the tampon has reached not only the floor of the pelvis, but is parallel with the pubic arch. After a final thorough survey of the tampon and packing down any loose parts, the dressing forceps hold back the cotton firmly with wide-spread blades, and the speculum is carefully removed with points backward. Considerable care is required not to dislodge the tampon in the ^{manœuvres} ~~manœuvres~~, and it is necessary after removal of the speculum to fill the space thus made by a fresh packing tight of the whole tampon, and perhaps by several additional disks."

A tampon adjusted in that way is perfect and will control the severest hæmorrhage, but unfortunately the physician is not always prepared to properly adjust it, especially in a country practice, where he is likely to be called in to such an emergency while miles from his office and no instruments with him. A physician must be ready to act with such means as are likely to be found in every house. I have frequently been placed in such a dilemma and whereof I speak, I will give the manner in which I make a silk handkerchief tampon. As I cannot always get a sufficient number of silk handkerchiefs to complete the tampon I use whatever I can get—such as sponges, cotton, or linen handkerchiefs—to complete the last layers; in fact I have used linen entirely but with poor success. Having got the handkerchiefs, I ask for some moderately strong vinegar and wet them with that, squeezing them nearly dry. Have the patient lie on back with limbs drawn well up—I have also used the left lateral prone position—I place my left arm under patients left thigh, and carry two fingers into vagina. I have an ordinary lead pencil, conveniently by, to aid in pushing the tampon into place. I now take the handkerchief—as dampened in the vinegar, and folded on itself four times—in the right hand and carry it over patients left thigh to vagina, and push it up that canal with fingers of right hand aided

by the pencil, and fingers of left hand in vagina. Having carried it up to cervix, I carefully fold and adjust it over that part, and crowd a portion into the os if possible—forming a complete shield or cap; the next one is introduced the same way and adjusted over posterior part of first tampon and posterior vaginal wall; the next is forced well up and anteriorly so that thus far they all make pressure around cervix and allow me to fill in the centre with whatever I have at hand, till the vagina is thoroughly distended. In this way we get pressure around cervix, and it must be a persistent hæmorrhage indeed that cannot be checked by such a tampon. Silk seem particularly well adapted to make a superior vaginal tampon. No tampon should be left in vagina longer than twenty-four hours.

In profuse hæmorrhage at fifth or sixth month, I know of no way that succeeds so well as to rapidly dilate the uterus and remove its contents, but as the means for doing this will be the same as for dilating and removing the secundines, I will avoid repetition and hasten on to that.

Many times the uterine contractions will rupture the membranes and expel the fœtus but close down and retain the placenta. This is where the great danger from abortion is most imminent. The placenta may be retained for an indefinite time with the constant danger of hæmorrhage, decomposition with absorption and the resultant septicæmia, inflammations or other troubles. Many authors advise waiting till the uterus expels its contents or till alarming symptoms put in an appearance. I say, don't you do it; don't wait a day or an hour if you are on hand with anything to work with. Waiting now, in many cases, will prove to be a criminal carelessness, or at least it ought to be so considered. Every day lost now may add tenfold to the dangerous sequela that may follow abortion, and our patients health may be irretrievably ruined. Some time ago I was to see a lady, who was taken with flooding while walking on the street. She said she had miscarried six weeks previously and supposed everything had passed away, but had a poor getting up. There had been occasionally an

offensive discharge from uterus, but not enough to cause alarm. She had managed to keep up and had been on the street several times before taken with flooding as described above. I removed a retained placenta, of a three or four months pregnancy, in a bad state of decomposition. That woman will never fully recover her health; after-treatment benefited her much yet she is a physical wreck.

If the physician is present at the time of or soon after the expulsion of the foetus, he should put one hand into vagina, and two fingers into uterus; with the other hand on abdomen grasp the fundus of uterus and push, not the fingers up into uterus, but the uterus down over fingers. With the fingers loosen the placenta and bring it away. If the patient is very fleshy with a great amount of adipose in abdominal walls, it will be quite difficult to accomplish, but if the contrary it is not a very hard task—for the doctor. It may be necessary to give an anæsthetic before you can succeed. It is my rule to give Chloroform whenever it is necessary, to accomplish the delivery, but I never find it necessary to carry it to complete anæsthesia.

Whenever the foetus has been delivered and the uterus has closed down on placenta, or in profuse hæmorrhage in fifth or sixth month, I deem it by far the best practice to dilate the uterus at once and remove the contents. To accomplish this quickly and successfully is no easy task. The dilatation may be commenced by the use of tents (the tupelo tent being much the best kind because of its large and rapid dilatability, and because it does not produce abrasions of the cervical mucous membrane, as sponge tents will, therefore it does not favor septic absorption) or the branched steel dilators, and completed with the fingers. This is a slow and arduous way of securing dilatation but a good one when you do not have the instruments by to do better. It is wonderful what the trained fingers can accomplish and I think every practitioner should educate his fingers to just such work.

The best means to produce rapid and thorough dilatation is Molesworth's Climax Dilator. This instrument makes the

operation under consideration a comparatively easy one. It is not worth while for me to occupy your valuable time in describing this instrument and its workings, because it explains itself.

There are other means for rapid dilatation, such as Barnes' and Emmet's rubber bags, and Hanks' large, olive-shaped dilators of hard rubber, but the ones I have mentioned above, suit my purpose best. The Hank's dilator is designed especially for use during abortion, and is a very convenient instrument. Having secured the requisite degree of dilatation how are we to secure the placenta? By the fingers alone, as I have described above, if nothing better is at hand, and it is very difficult to find anything better. If the placenta is completely detached and loose, the placental forceps may be passed into the uterus, over the finger as a guide, and catch up the placenta and remove it, but where the placenta is yet attached I deem it a dangerous instrument, because it tears the placenta into small pieces, and leaves little particles attached here and there to the uterine walls, which will many times be followed by hæmorrhage, or other unpleasant symptoms.

A large dull curette is a very useful instrument in many cases. My way of using it is to have an assistant grasp the fundus of the uterus through the abdominal wall, pushing it down and fixing it immovable; one or two fingers of left hand in the uterus as a guide for the instrument, and to trace the placental attachments; the curette in right hand is passed into the uterine cavity over the finger, and the blade is made to scrape off any particles or parts of the placenta that the finger locates, using the finger and curette in unison and persisting till the secundines are all away.

If the placenta cannot be removed entire, I generally use injections of hot water into the uterine cavity. With a well dilated cervix, and the sealing of orifices of fallopian tubes by pregnancy, there can be no danger, and many times it will be of great service. I use water heated to 110° or 120° F. and medicated or not according as I want to use an anti-septic or not. It will at least wash away any loose pieces of

placenta or membranes that may be present, and thus far prevent any decomposition; it aids in producing uterine contraction, and many times arrests hæmorrhage.

In closing, I wish to call your attention, and especially the attention of those physicians who have not got the various instruments used in such cases, to, first, the silk handkerchief as a material for a vaginal tampon; second, to the capability of the fingers in dilating the os uteri, and in removing the contents of the uterus after dilatation; and, third, to the use of hot water injections into the uterine cavity when parts of the placenta are retained.

PREMATURE LABOR.

A CASE AND CAUSE.

In March 1879 was called to visit a lady one evening. Found her in labor and loosing considerable blood. Checked the hæmorrhage. The lady said that she was five months pregnant. The fœtus passed and the placenta with it. On examination found the umbilical cord passed back between the ankles and there was a half hitch over both feet, and it was drawn tight around the ankles once and a half, passing from behind forwards between the feet. The feet were drawn so close together the cord was held firmly by the growth of the ankles; severed the cord between abdomen and ankles to unwind, but found it grown fast to the ankles. Had to dissect it off. The umbilical cord from feet to placenta was larger than from feet to abdomen. The fœtus was well formed, perfect in shape but lacked adipose. Had starved to death. The fœtus was a female. L.

Viburnum Opulus Tincture.—*Viburnum opulus* tincture causes a cough with involuntary passage of urine; urine offensive. The same remedy cured a case in which there was cough "worse night and morning, and on lying down, the urine spurting out when coughing."—*Dr. Bennett, in Organon.*

Consultation Department.

LOCALIZED CHOREA.

Dr. E. C. Ohmart's case is very much like localized chorea. Look out for causes of local irritation—second dentition, for instance—bad teeth, and particularly optical defect, as hypermetropia, a common cause of local chorea curable by glasses. Among drugs, study Ignatia, Hyoscyamus, Magnesia phosphorica and Lycopod.; especially Hyos. and Magn. phos. J. C. M.

ANSWER TO CASE FOR COUNSEL.

IN THE UNITED STATES MEDICAL INVESTIGATOR, June 1, 1881, in suggesting treatment to Mr. Holtz for his case, I would remark, that owing to the fact that the lower extremities are somewhat œdematous, and that he is worse at night being obliged to get out of bed to get relief, moving the leg causes pain to dart in; twitchings, drawing, tearing in lower limbs, in anterior surface of the thigh, in evening when in bed, etc. I would recommend Ars. alb. 3x, one grain every three hours until benefit is felt, then omit while improvement lasts. Rhus tox. and Lycop. have many of the characteristics of the case, but I would think of only Ars. at present.

E. L. ROBERTS.

MEASLES IN PREGNANCY.

A. R. H. has been wiser than his Allopathic neighbor, whose dictum as to the fatality of measles in pregnancy is simply nonsense. Some time ago, I delivered a lady in the height of the eruption and fever. The infant at once showed the same and had evidently taken the disease *in utero*. The only bad symptom was that the mother suffered greatly from dyspnœa during the labor, after which all went well under the ordinary treatment. Of course, such an affection constitutes an undesirable complication of pregnancy—but so does intermittent fever or anything else—which yet need not compromise life at all, if well managed. JOHN C. MORGAN.

MEDICUS RUSTICUS' CASE

is not uncommon. Test the fresh urine for *alkalinity* by red litmus paper. If it burn blue, and is thus shown to be alkaline, the sedi-

ment is doubtless phosphatic, and due only to this alkalinity. If it occur particularly after meals, the fact is corroborated. The microscope will doubtless show the phosphatic nature of the sediment in such a case. The greasy-looking scum I have repeatedly found on such a urine, and it deposits microscopic crystals of Chloride of Sodium and Phosphates. The remedy is mainly in diet, slightly acid condiments, fruits, etc. If nervous and somewhat emaciated, look for *causes*, and give Ignatia, Magnesia phosphorica, etc., as required.

WHOLE WHEAT MEAL FOR INFANTS.

In your domestic work on "Feeding and Management of Infants," you refer to *wheat meal, prepared* for infant feeding. Will you be kind enough to tell me where that can be had, and the expense, or as near as you can? A patron who has your work has been feeding her infant "Nestle's," now thinks she ought to have other food, perhaps the *prepared wheat meal*.

J. C. NOTTINGHAM.

[The prepared wheat is made by Hubbell & Co., of Philadelphia. Whole wheat meal is made in Lockport, N. Y., and may be had for three or four cents per pound at Central Warehouse, Chicago. Either are too great a change for a child on Nestle's Food. Better use boiled flour and milk, and then again change gradually to a stronger food as wheat meal well cooked.

T. C. D.]

CASE FOR COUNSEL.

Will some one give through THE INVESTIGATOR, treatment for locomotor ataxia. It has been gradually coming on for three years. It began in the toes with a feeling of numbness and prickling. And the limbs felt as though they were encircled with an elastic stocking, or bandaged, but with treatment he has succeeded in keeping at his business until this last March, when it reached his arms and hands. He then took a trip to Florida, and upon reaching there he could neither walk or use his hands for any useful purpose. His appetite was good. Slept good, and was free from pain. Much constipated, and no force power to assist the bowels; and in urinating it would come in dribbles, and would be some five minutes in passing water; no distress. Since his return home the first of May, he has gained five pounds; can walk about the house and yard quite well. Until this present trouble, he has not had a sick day for twenty years. Does not use spirit or tobacco. Have used Bell., Nux., Phos. acid, Xanth. frax. and electricity. Have of late used Squibb's Ext. Ergot in half-

teaspoonful doses three times a day, which assists the controlling power very much. Weakness and numbness of hands and limbs remains. What is the remedy or remedies?

J. C.

PRURITUS VULVÆ.

Why do Homœopathic doctors talk of Iodoform, that most unsavory chemical for *pruritus vulvæ*, until they have tried my advice long ago given in THE INVESTIGATOR? A pledget of cotton soaked in Glycerine, *diluted if necessary*—or with Glycerine tied up within it—inserted in the vagina, with a string for removal; this, with Bell. or Sepia, or other well selected drug, *relieves at once*; being renewed once in forty-eight hours. I have not observed that anybody has followed the advice as yet; none have reported, certainly. In *facial* cases, three remedies of the first importance are almost uniformly neglected, viz., Aconite, Lachesis, and Cicuta. Aconite cures *hard*, red swelling of the skin of the face, with the usual symptoms of *eczema*. (The papular species may sometimes be called *prurigo*). Lachesis, bluish swelling. Cicuta, chronic and indolent cases.

J. C. M.

REPLIES TO RHUS POISONING

Dr. Hammerschmidt wishes to know what will cure Rhus poisoning. In the state of Alabama we have much to do with the poison of this indigenous plant. I have always found, as recommended by Hahnemann, Bryonia to be the best remedy. It is to be used in this way:

℞ Tinc. Bryonia gtts xxx.

Water 1 pint.

Use as a local wash and give a teaspoonful of the same every two or three hours. One hour after the Bryonia wash has been used, I order:

℞ Carbolic acid, ʒi.

Glycerine, ʒiii.

Water, 1 qt.

Use locally two or three times a day with Bryonia wash.

T. H. HENRY.

For the benefit of J. Hammerschmidt in the last INVESTIGATOR, I would refer him to Teste, who says *Ledum palustre* is the antidote, and from my experience, I can vouch for the truth of it. We have plenty of ivy here, and often have calls for antidotes, and always use the *Ledum palustre* internally and locally, and always kill the poison in twelve hours.

H. M. BRADICK.

For the case of Rhus poisoning (p. 586, vol. 13), give a few doses of Croton tig. while the itching is very severe and apply cabbage leaves (wilted) to the parts. This will generally relieve the trouble except the pains in the limbs, for which Bry. 30x or 200x is one of the best Report result in INVESTIGATOR.

W. S. GEE.

About eight years ago I read in THE INVESTIGATOR a communication from Dr. Geo. H. Carr, of Whitehall, Mich., stating that his father had discovered that the specific for Rhus poisoning was Sanguinaria canadensis. I have since had no trouble in promptly curing, so far as I can remember, every case. I remember two cases that did not yield, but one, I subsequently ascertained, was not Rhus poisoning at all; and the other, if the ivy had anything at all to do with it, was complicated with some other chronic disease. The last case that I had was but a few days ago, and Sang. cured immediately. Have usually prescribed the 2x or 3x a few drops in a glass of water, teaspoonful every two or three hours. Sometimes I also apply a lotion of Sang., but do not think they are relieved any sooner thereby. Try it, Bro. Hammerschmidt, and report.

A. F. RANDALL.

“CASE FOR COUNSEL.”

Mr. H., aged seventy-three, has always been strong and healthy until four years ago when he began to “leak his water,” as he termed it. This troubled him for a year or so, then began to have pain while urinating or defecating. He has been treated by various doctors (mostly by Allopaths) for the last three years with but little or no benefit.

Present Condition.—Has to urinate every two or three hours; causes sharp burning pain at commencement of urinating; urine stops suddenly and will not start again until he walks around; is obliged to urinate at night as often as by day. Urinating causes a desire for stool. Has a sense of bearing down in genitals and rectum; feels languid; has pain across small of back which is aggravated by urinating; bowels constipated; appetite poor; has enlarged prostate. Urine found to contain albumen, pus; specific gravity 1009; reaction neutral. I am a new beginner and this case puts me to my stumps. Have given Baryta carb., Ars., Cannabis sat., Canth. Is taking the hot vapor baths which seems to relieve the dysuria. *Can he be cured?* I think the trouble is cystitis, together with Bright’s disease. Will be very grateful for any suggestion.

F. M. CLARK.

Children's Department.

TYPHOID FEVER IN CHILDREN.

BY J. SIMON, M. D., PARIS.

(Translated from *Le Progres Medical*, Nos. 2, 3, 5, 7, 8, and 9, by T. M. Strong, M. D., Allegheny, Pa.)

Continued from Vol. XIII, page 553..

Intermittent fever often assumes, in children, the quotidian type; in this case, since the paroxysm may occur during the evening or night, the uncertainty is the greater, because the morning remissions in typhoid fever resembles, in the first few days, the intervals of calm of the intermittent fever. In typhoid fever, there is a period of debility and languor which precedes the moment when the child finally takes to its bed. Then the fever rises every day, in an occasional line, and the morning remissions are never complete. Later the more marked typhoid symptoms will remove all doubt. In obscure cases the treatment by Quinine becomes a peremptory test. The previous history, the season, the prevailing epidemic, the surroundings, the section of country, will assist in the first examination. It is typhoid fever of a light or medium intensity where the confusion with these diseases becomes possible.

As to the grave ataxic, adynamic, ataxo-adynamic and slow nervous forms, they are often confounded with pneumonia, especially of the secondary form, with phthisis, enteritis, and tubercular meningitis.

In *tubercular meningitis*, the error arises from the marked similitude of the symptoms. Insomnia, agitation, delirium, jerking of the tendons, loss of appetite, vomiting with alternation of diarrhœa and constipation. Still a certain number of distinctive signs may be detected. Thus, in tubercular meningitis we generally observe more persistent spontaneous vomitings, strabismus, irregularity of the pupils, and sharp cries at night, which are only found in certain meningitic varieties. Besides, the temperature, always more elevated in typhoid fever, has a more regular ascending course, offers morning remissions and nocturnal paroxysms, while meningitis, even during the day, often presents febrile accessions of an irregular type. The abdomen is retracted in meningitis, bloated in typhoid fever; then there exists in meningitis, a period of remission in which the

pulse lessens, and becomes unequal and irregular. When, finally, coma is declared, it is always more profound than the coma of typhoid fever. These unmistakable data are sometimes wanting, and the symptoms of the various forms of typhoid fever are presented in a manner to deceive the most experienced physician. Meningitis may, also, with its insidious course, give rise to the diagnosis of a typhoid fever with cerebro-spinal complications.

In severe *enteritis*, the development is accompanied, it is true, with weakness and fever, but the nervous symptoms, and the rosy spots are wanting in nearly all the cases. I say in nearly all the cases, for young children attacked with a severe form of enteritis sometimes present a debility alternating with a certain irritation, that the absence of rosy lenticular spots does not allow of classification. On the other hand, typhoid fever may present a predominance of intestinal symptoms and thus give the idea of an enteritis. But the fever, higher in typhoid, the constipation and insomnia accompanying the onset, form a picture whose shadings are distinctly marked within the first week. By the side of these complicated and obscure cases, there are a great number of cases in which the diagnosis may be made with all certainty. Such are the cases of enteritis of medium intensity which attack only the intestinal tract and leave the other organs exempt.

Pulmonary phthisis resembles an attack of typhoid fever with marked thoracic exaggerations. But the antecedents, the sub-clavicular dullness, the intensity of the murmurs, crepitations and sub-crepitant rales towards the apex, which are more pronounced upon one side than the other, the narrowness of the chest, the general wasting, the night sweats, and the colliquative diarrhœa, are the elements of diagnosis in sub-acute pulmonary phthisis.

In acute, galloping phthisis, the cyanosis, the acceleration of the respiration, the heredity and the absence of rosy lenticular spots, point in favor of this disease. It is necessary to recognize, besides, that nervous phenomena do not appear at the onset, and that the thoracic symptoms of typhoid fever are developed towards the end of the attack. Nevertheless I have seen such obscurity hover over the characteristic signs that error was inevitable, as well on one side as on the other. Finally, if tuberculosis becomes general, if the intestines and peritoneum are attacked at the same time as the chest, we see united together the thoracic and gastro-intestinal troubles, in which we are not able to recognize the origin. The history, the pul-

monary tuberculosis previously established, and the heredity causes the decision to lean towards the side of tubercularization, but when we do not possess these outlines, the question becomes insoluble; especially when the sensation of inequality conveyed by the intestinal masses, and the percussion and auscultation of the chest, do not reveal the presence of tubercular centres. In such cases it is necessary to be guarded in our opinion, and maintain a careful reserve. The diagnosis of acute pulmonary and generalized tuberculosis implying a fatal prognosis and a short course, the physician can not be too careful when he does not hold in his hands the undeniable proof of his assertions. I have often examined children who seemed condemned without any hope, but who, attacked only with passive congestions of the lung of a typhoid origin, recovered health and strength.

Primary pneumonia is accompanied with vomiting, fever, delirium, and restlessness. *Secondary pneumonia* gives place to debility and gastro-intestinal phenomena resembling those of typhoid fever in children. Auscultation is the only means for determining the diagnosis. In pneumonia, for instance, all the general phenomena, the fever, insomnia and feebleness disappear at the end of a few days and are followed by a prompt return of strength, a result which does not occur in typhoid fever—even of medium intensity—complicated with thoracic affections.

Broncho-pneumonia from its general adynamic condition simulates typhoid fever, but it is not characterized by a tongue red on the edges and at the point, by swelling of the abdomen and by rose spots. It is, besides, always secondary. Finally, percussion but especially auscultation, permit us to discover and follow the march of the lobular inflammation.

Notwithstanding all the features which I have accumulated in order to establish the differential characters of typhoid fever in children, I again emphatically repeat the precaution, that the wise and experienced physician should guard himself against all the chances of error of diagnosis in the study of a disease in which the nervous and gastro-intestinal symptoms are often indistinctly marked.

PROGNOSIS.

In a general sense typhoid fever is much less grave in children than in the adult, and, in the light forms, we do not meet, as we sometimes do in the adults, those grave accidents which are not fore-

told by the course of the disease (intestinal perforation, peritonitis). In the grave forms, the prognosis, while always very serious, is never so surely fatal as in the adult. The ataxo-adynamic phenomena such as violent delirium, profuse epistaxis, profound adynamia, pulmonary complications, seem to threaten a fatal prognosis, and, yet the children escape from all these accidents and the disease runs a regular course. In hospitals, these conditions are so far defective that the prognosis, even in a light form, may be suddenly modified by contagious diseases, such as diphtheria or eruptive fevers, or by the relaxation in the attention during the visits of parents. In private practice, the cases recover much more frequent and even in conditions almost desperate. The chances for a cure diminish according as we approach the age of puberty. At this epoch they still have more chances than those of twenty to thirty years of age, sick in hospitals. The signs most commonly observed in fatal cases are: Profuse and persistent diarrhœa, marked bloating or retraction of the abdomen, tongue hot and dry, frequent and prolonged vomiting. In the nervous system, the symptoms inspiring fear will be the delirium, which is persistent and marked even from the beginning, loss of intelligence and sensibility, stiffness of body, and carphologia. Jerking of the tendons is of a less grave import than the preceding manifestations. Sloughings or bed-sores are exceptional; when they exist they aggravate the prognosis.

Children over five years of age are more subject to complications, and the prognosis is less favorable as we go beyond this age. In a word, it is never necessary to despair of a child attacked with typhoid fever, even when grave and complicated with the most serious accidents.

ETIOLOGY.

Typhoid fever is not a rare disease in children. Less frequent than in the adult it appears commonly from the age of eight to fourteen years. It seldom develops itself in children under five years of age, and exceptionally at the age of two years. After an experience of twenty years I am only able to recall three observations of the disease under three years of age. They were all boys and respectively two years, two years and three months, and two years and fifteen days old. In these cases the fever was of the medium intensity, the rosy spots were not numerous and diarrhœa profuse; all recovered. Can typhoid fever occur in nursing children? Abercrombie,

Rilliet and Barthez, and Charcelay have reported instances of the disease in children of six, seven, and thirteen months. In six autopsies, the alterations of the intestinal glands, and the engorgement of the mesenteric ganglions have fully confirmed the diagnosis.

According to the statistics of Rilliet and Barthez, and Taupin, boys were more often attacked than girls. Out of 111 cases entering the hospital, eighty were boys and thirty-one girls. Typhoid fever is always a primary disease. We never see it succeeding, like the eruptive fevers, to other affections more or less grave. It is undeniable that it develops especially in those children who are not acclimated to a sojourn in the large cities, as, for instance, Paris.

Autumn is the season most favorable to the production of typhoid fever. Then follow winter and summer, especially the winters less rigorous and the summers cold and damp. The season most exempt is the spring. It is certain that too prolonged intellectual work, physical exertion out of proportion to the age and strength of the child, unwholesome and insufficient alimentation, overcrowding, and living in low and damp abodes are the predisposing causes of typhoid inflammations. During an epidemic especially, children should not be overtaxed in either mind or body.

Endemic in many localities, typhoid fever assumes at times the characteristics of an epidemic, and under these circumstances spares neither age nor temperament, whatever may be the habit of life or the hygienic surroundings of the individual.

There is one point in the etiology which should not be left in doubt, and that is, that the emanations from privies and the miasms of sewers may be the generator of typhoid fever. We have seen localities and habitations in which these unwholesome conditions were present beyond the slightest doubt, and where typhoid fever reigned epidemically or endemically, by the side of houses or localities which escaped the evil on account of a better disposition of the sewerage, the absence of pestilential infiltrations into the wells, and the thorough cleanliness of the water-closets. In one house located in an open district, a family of five persons occupying the upper story was attacked with typhoid fever, while those living on the lower floor were spared. In the first case the water-closet had no valve, and was in as filthy condition as possible, while the condition of cleanliness in the lower floor left nothing to be desired, and the pipes were completely closed.

We cannot deny at the present time the contagiousness of typhoid

fever. Numerous facts testify to this assertion. One of our patients took care of her child when attacked with typhoid fever, she kept it in her own bed, she slept by its side during the whole night, and scarcely had the child begun to convalesce, when the mother was seized with the fever and succumbed.

In the hospitals we see few examples of contagion. However, I have at the present time in the Children's Hospital, two little girls who had been admitted on account of a chronic affection of the skin, who seem to me to have contracted typhoid fever, during their presence in the hospital. They had improved very much since their admission, now several months, when they were seized in the commencement of October, 1880, with all the characteristic symptoms of typhoid fever of a medium intensity. The ward was free from all forms of typhous diseases, but immediately below, and in the vicinity, there existed cases of this affection, from which emanations might escape by means of the windows, the stairways and even the water-closets. The contagion is especially spread by means of the dejections of the patients, and the linen soiled by the fecal matter.

En resume, typhoid fever arises under the influence of three principal conditions: First, spontaneously, because the subject is not acclimated, and has been exhausted by excitement and fatigue of all kinds; second, by infection, in children who live in houses where the closets are unclean, open or incompletely closed, or in localities where the stagnant drainage-water exudes its gases in the open air, and where the drinking water is contaminated by the infiltration of water from the drains and privies; third, by contagion, when the fecal discharges are allowed to remain in the room, and when insufficient ventilation fails to renew the air charged with emanations of all kinds, such as cutaneous and urinary secretions, and pulmonary exhalations.

It is well understood, that typhoid fever, like all other diseases, needs for its development and propagation certain individual conditions or receptivity, which enters into the category of predisposing causes which I have just enumerated.

Children placed under the most unfavorable surroundings are not necessarily attacked by the typhous poison. This constitutes the great difference between the power of the contagion of typhoid fever, and the eruptive fevers, whooping cough and diphtheria, which appear so often in hospitals, boarding-schools and asylums. Although relapses are to be feared in typhoid fever, we may affirm

that a second attack occurs exceptionally in subjects who have been cured for some time.

TREATMENT.

Prophylactic.—Our knowledge of the etiology of this disease will trace the prophylactic rules which it is necessary to follow. The children should occupy and sleep in healthy and well-aired rooms, without overcrowding. Their strength should be carefully managed, and with so much the greater care, according to the length of time they may have lived in the city or town in which typhoid fever is endemic. The discharges, the clothing and the bedding should be the objects of special care. It is necessary to examine carefully, the basins of the water-closets, in order to be certain of their perfect closure, the regular exit of the drainage and sink water, the purity of the drinking water, and the absence of infiltrations from outside cesspools.

Finally, notwithstanding the inactivity of the typhoid poison in the propagation of the disease, it is necessary to inspect and isolate the children from each other as soon as one of them is attacked with this disease.

Hygienic.—Milk diluted with barley, oatmeal, or gum water and chicken broth from which the fat has been absolutely removed, not only by filtering through linen clothes, but also through Japanese silk paper, are useful in sustaining the strength of the patients especially during the diarrhœa in the attacks of medium intensity.

The child should change his bed mornings and evenings. Everything in use about the bed and child should be thoroughly aired in the open air. The temperature of the room should not be above 60°, and should be kept well-aired for some hours. The excrements should be removed immediately.

When the clothing of the child is changed, its face, neck, arms and legs should be bathed in aromatic water. These lotions are not for the purpose of directly lowering the temperature, but to remove the impurities of the skin, and excite the nerves of the face and extremities, at the points in which the nervous system is the most accessible to external stimulants.

I have not adopted, either in hospital or private practice, the use of cold baths. The results of this treatment, which I have observed, have not been encouraging. In the lighter forms they do not render any greater service than the simple lotions, and in the grave forms, pul-

monary accidents seemed to me to follow this violent medication, without any improvement in the effects of the typhoid poisoning. The adoption of a therapeutic measure directed exclusively to certain symptoms, in order to procure a deceptive satisfaction in the lowering of the temperature, without taking into consideration the reaction which follows, nor the very serious dangers to which we expose the children, is not justifiable.

Energetic treatment by evacuants, mercurials, and still more by bleedings, are totally banished from my practice. When convalescence is established, the strength of the broth may be increased by beef-juice or the American extracts of beef. After a few days, porridges of sago, arrowroot, vermicelli, and toasted bread may be given; in the middle of the second week, an egg may be given, then fish, beef-jelly, chicken.

[This excellent analysis should have a corresponding one of the Homœopathic remedies, prominent among which are Gelsemium, Bryonia, Baptisia, Rhus tox., Arsenicum, etc.- -ED.]

Medical News.

Our Crystal Wedding, with this journal, occurs in November next.

The Detroit News Guide Book, is a beauty. It guides the tourist from Detroit to the sea for \$20.00.

Chicago sends three delegates to the World's Convention. Strange to say, they are all members of the Chicago Homœopathic Medical College, e.g.: Profs. Mitchell, Foster and Woodward.

Pulsatilla in Dysmenorrhœa.—It is announced by some of our Allopathic contemporaries that Pulsatilla is discovered to be of value in dysmenorrhœa!

Correction.—Please correct in my article, vol. 13, page 464: 1. Ravier, not Rawsin. 2. Am. Jour. of Mic'y, Nov., 1880, not vol. I. (six years ago.) 3. In last ¶, page 466, increase, not increases.

JOHN C. MORGAN.

The Chicago Homœopathic College has created a special chair, Clinical Professor of Diseases of Children, and tendered it to T. C. Duncan, M. D., "The Father of Pædology in our School." The new building has reached the third story. * * *

Missouri Institute of Homœopathy.—The fifth annual session of the Missouri Institute of Homœopathy will be held at Sweet Springs, August 3 and 4, 1881. The hotel will entertain members and their families at \$2.00 per day. A large and interesting meeting is expected.

WM. D. FOSTER, M. D., Gen. Sec.

Removals.—George Lee, M. D., from Fremont, Ohio, to 1303 H St., Washington, D. C.

C. E. Pinkham, M. D., from Woodland, Cal., to 900 Eighth street, Sacramento, Cal.

A New Treatment of the Still Born.—In case of still-births, the Indian method is to cause the mother to breath deeply, and the child will also gasp for breath. It is, of course, done before the cord is cut. Dr. Meissler, of Chicago, saw this method practised among the Chipewewa Indians, and has verified it repeatedly in his practice. It is a hint worth remembering.

Tonsilitis.—In St. Mary's Hospital, London, Dr. Handfield Jones has been treating cases of tonsilitis with Belladonna, and says: "In the above cases it will be seen that the Belladonna decreased the quickness of the pulse, although the first effect of Belladonna is supposed to increase its fullness and force to the extent even of fifty or sixty beats to a minute, according to Ringer."

Score One for Homœopathy.—I have another to add to the appointments that I have noticed lately made of Homœopaths to important offices of trust and service in the community. Our Dr. J. L. Coffin has been appointed by our city (Oskaloosa, Iowa), as health officer, and has been performing his duty for some weeks to the great satisfaction of the people, receiving in every official act their hearty support.

G. N. SMITH.

Were all these your patients?—A physician took a six-year-old girl into one of the cemeteries in the city, and in the course of their rambles they came across a grave on which the little one read the inscription, and then the doctor told the child that the person buried there had been one of his patients in life. The child stood a moment and looked at the grave indicated and then at the many others around, and ingeniously asked, "Were all these your patients too?"

One Book and One Hundred Dollars.—"One of those books has already brought me as much as one hundred dollars," said Prof. Valentine, pointing to "Feeding and Management of Infants and Children." "Sold it to a mother at the —— hotel, where some strong outhern families boarded. They had no faith in Homœopathy, but were impressed with the sound sense of the book, which was freely consulted by several mothers. 'Where did you get it,' was the inquiry. 'From Dr. Valentine, who thought it would help me to manage my baby.' The result was I got several strong Allopathic families through that one book. It's a good thing."

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Psychological Department.

PROGRESS IN NERVOUS DISEASES.

BY J. MARTINE KERSHAW, M. D., ST. LOUIS.

Self-Control and Insanity.—Dr. Bucknell has lately written an article on the late Lord Chief Justice of England—Sir Alexander Cockburn. Referring to his clear judgment upon many medico-legal questions, he quotes the following words of the Lord Chief Justice: “As the law, as expounded by the judges in the House of Lords, now stands, it is only when mental disease produces incapacity to distinguish between right and wrong, that immunity from the penal consequences of crime is admitted. The present bill introduces a new element, the absence of the power of self-control. I concur most cordially in the proposed alteration of the law, having been always strongly of opinion that, as the pathology of insanity abundantly establishes, there are forms of mental disease in which, though the patient is

aware he is about to do wrong, the will becomes overpowered by the force of irresistible impulse." This is an important expression from eminent authority, and accords with recent advances in the knowledge of mental disease.—*Brain.*

Auditory Delusions ; Galvanization of the Temporo-sphenoidal Convolutions.—Dr. Althaus reports the case of a gentleman who was subject to auditory delusions. He constantly heard voices behind him, calling him names, and speaking about his pecuniary affairs and his state of health. He was quite worn out with anxiety, and feared greatly that he would become insane. Considering the trouble to be due to hyperæsthesia of Ferrier's auditory centres in the superior temporo-sphenoidal convolutions, the current was applied to the portions of the skull corresponding to these parts, with the result that the auditory noises vanished and did not return.

Melancholia ; Galvanization of the Occipital Lobes.—The same author treated a lady, who, after her first confinement, suddenly became sullen and morose; took a dislike to her husband; she sat in the corner of her room the entire day doing nothing; if she talked it was on the subject of religion and the only book she read was the Bible, she having the idea that her soul was lost. She was not at all religious previous to this trouble. She wore an habitual frown, her speech was slow, and her tongue furred. She was treated with tonics, and she was also sent away hoping that a change of air and scene would help her, but without avail. The constant current was finally tried directed to the occipital lobes with the result that after twenty applications she had become cheerful, took more interest in the affairs of life, her appetite improved, and her ideas on religious subjects had undergone great modifications.—*Brain.*

Early Eye-Symptoms of Locomotor Ataxia.—Muller (extract from *Brain*) states that an early symptom of the above complaint is a sudden and transitory paralysis of accommodation of one eye. "Then dissociated paralyzes of the third, of the fourth and sixth nerves may intervene, as well

as spinal myosis, which is characterized by absence of reaction to light, but not to accommodative impulse. * * * Charcot has well described the progressive optic atrophy; the papilla presents the appearance of a flat depression according to Muller, and the vessels gradually become smaller. The field of vision diminishes concentrically in the two eyes unequally, the region of dimness has the shape of sectors having not the fovea, but the papilla as centres; and this diminution is much more readily appreciated on indirect vision. Achromatopsia may occur, first to green, then to red. In disseminated sclerosis the sense of color is preserved. The author recommends Doucets' perimeter as the most convenient to test these defects in practice."

Foreign substances in the Brain.—Dr. Williams (*St. Louis Medical and Surgical Journal*) reports a curious case, the subject being a penitentiary convict. He had been treated as an insane person, but it was supposed he had been cured. He appeared well but complained some of headache. Examination revealed the fact that he had been in the habit of sticking pieces of wire into the brain through an opening in the skull which he had made with an awl. The opening was about one inch above the right ear. From this hole there were taken during his life time pieces of wire measuring four and three-quarter inches; three and three quarter inches, and six and three-quarter inches in length. On one occasion he drove the awl into the top of his head up to the handle. Some time after, he took an over dose of morphine, from which he did not recover. On post mortem the following substances were found in the cranial cavity: A wire four and three-quarters in length; another of three and seven-eighths inches; another of six and three-fourths inches; one from the middle lobe of two and one-sixth inches; one in the anterior lobe of two and three-eighths inches; a nail from the anterior lobe two and one-quarter inches; and a needle from the middle lobe one and five-eighths inches in length. At no time were there any marked symptoms of cerebral irritation.

Medico-Legal Department.

MEDICAL EDUCATIONAL EVILS.—I.

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

Within the past ten or fifteen years, more particularly, much has been written and more has been said on the subject of a higher educational standard in medicine. Societies have "resolved," writers have published schemes for reform, and colleges have announced improved methods of instruction, and higher prematriculate requirements. As far as my knowledge goes, and some effort has been made to get at the facts in each case, the agitation has hitherto been in vain, and the promises of the colleges but partially fulfilled. It may well be that more time is needed to complete a reform of such a sweeping character as is proposed, and hence what is to follow must not be construed in any other sense than as indicative of what *should be*, not in any sense as attributing any intentional misrepresentation on the part of the college authorities, but more as an appeal to the profession to give practical and genuine support to a movement to radically change our whole medical school-system. The positions taken have been reached after patient comparison of the visible results of the systems as they appear in different countries, and comparison with our own. No one system has been selected as a model; the scheme is a union of what seems to be the best features in all of them.

One college announces a three years course of study, with nine months session in each year, and a pre-matriculate examination in English scholarship. Yet this same college graduated two students whose whole term of college instruction did not cover twelve months, and each of them, as can be positively proved, had not studied medicine, systematically, a month before matriculating. The "examination" referred to, was too simple for admission into the lowest class in an average high school; one which any boy of twelve

years old, in a graded school, would be ashamed to fail in. Other schools announce a "graded course of instruction;" on enquiry the grading proves to be dividing the chairs into "parts" said "parts" not having any relation to elementary and advanced studies, simply dividing the subjects into parts enough to fill the two terms. These things, of course, compel all who regard the medical profession as a profession, to feel solicitous for the future. Were there any demand for doctors, some excuse might be found for the haste with which young men are forced through their studies. The contrary is the case; the country is flooded with cheaply-earned diplomas, and the demand for physicians is far, very far exceeded by the supply. Hitherto our country, both government and society, has been in a plastic or growing state; formative or tentative. Now we have reached some promise of enduring form, passed through more than one critical period, and have time to improve and strengthen some of the collateral props of society and the state.

In the present paper let us consider some of the phases of the medical situation, and find in what particulars reform is most loudly demanded, reserving for a future occasion a consideration of the methods of relief. We must recognize in the outset, that society has everything to do of a practical character. The profession can only point out the needs, and suggest means to accomplish their realization; society, as embodied in our state and national legislatures, must apply the remedy.

The first great evil is, that all who have sat on the benches of a college, listened for ten months to lectures more or less valuable, witnessed a few operations, and passed a more or less creditable examination, without the slightest reference to ability, present knowledge, or mental aptitude by which such knowledge may be increased in the future, all are alike endowed with the same degree; a degree the very highest in the gift of any institution of learning, to wit the doctorate. The most brilliant student, and one who by training, habits, and mental construction has the power to carry him to the very topmost position in

his profession, occupies legally the same position that his exact counterpart does, who has nothing to recommend him but a few months application, and a bare answering correctly of some dozen questions by his teachers, often self-constituted "professors," with nothing but their own statements to give value to their claims of fitness as teachers. Yes they are each and all "doctors." Whether the newly graduated surround himself with books, journals, professional apparatus of all kinds; connects himself with medical and scientific societies; spends his leisure hours in study, and his life to the mastery of his calling, he is no more a *doctor* than his classmate, who barely answered his dozen questions correctly, does not own fifty dollars worth of professional or scientific property, spends his leisure in gossiping, or worse, in the tavern and livery stable, and has no thought of his profession apart from its pecuniary returns. It would seem that the honorable title that is so eagerly sought as a well-earned reward in other departments of learning, is, in the case of medicine, dragged in the mire, and basely prostituted. What school of theology sends its graduates out *Doctors* of Divinity? Where is there a law school that graduates *Doctors* of Laws? Where is there a School of Arts or Science that gives a Doctorate in course? Medicine alone has the unhappy distinction of sending out the learned and the unlearned; the scholar and the blockhead; the gentlemen and the clown, each with a *Doctor's* degree!

Again, this degree, utterly valueless as a guarantee of worth or right to its possession, by professional or scientific attainments, is all that is necessary to permit the holder to bless or curse his fellow man, by practicing his calling in the community. Until recently, the equally cheap degree of Bachelor of Laws gave admission to practice in the courts of this state without examination. That is now abrogated by legislative enactment and the holder must pass his examination in court, and receive his license precisely as an office-student. Can anyone suggest a sufficient reason, why he whose profession has to do with the business and

social relations of the community; or he whose calling is the "cure of souls," should have his entrance into the active pursuit of his calling hedged about as it is, whilst he to whom is entrusted the health, life, and physical integrity of his fellows is allowed free entrance into the arena, and is only required to possess a degree that many times his very appearance stamps as fraudulent, even if earned by a literal fulfillment of all the requirements of the institution conferring it? It would seem that if courts of law demand an examination by experts of the newly-fledged Bachelor; and conventions, convocations, synods, and the like some proof of qualification beyond the possession of a Master's degree in Art, a charge as responsible as that committed to the physician should demand that his attainments be subjected to far more rigid scrutiny than is anywhere demanded. The medical diploma, if retained, should certainly be nothing more than a certificate that the candidate had been in a position to qualify himself for *examination* for a license to practice, and confer no privileges beyond this.

Another serious stumbling block in the way of medical reform, is a false appreciation of the dignity of a profession. A daily paper in this city, when berating professional schools in our State University, classes the learned professions with trades and handicrafts, and only reflects the popular sentiment when so doing. The profession are to blame for this false appreciation of their status, and seem to take no pains to purge themselves of their commercial and mercantile characters. The word "profession," considered etymologically, simply means those of a calling who publicly claim knowledge in their vocation. From the earliest periods of the history of letters from the first establishment of institutions of learning, the professions have been considered those callings which are based upon scientific principles into which the members are admitted by a collegiate course of instruction; one in which *degrees* are earned in proportion to the standing and culture of the individual, and whose members receive compensation not for goods purchased or work done, or material consumed, or hours of labor; but

in proportion to the value of the services rendered, which is supposed to be commensurate with the knowledge of the individual. All lands and all tongues have conceded long since, that the *professions* are "law, theology, and physic," but the progress of learning adds many others thereto. Thus seamanship was at one time the sole requirement for the naval soldier. When astronomy, physics, chemistry, international law, and other scientific accomplishments became necessary, the "*calling*" became elevated into a "*profession*." If medicine is a profession, it not only requires a liberal collegiate education to enter the very first door, as an office student, or an "entered and articted apprentice," but everything that suggest a commercial idea in the pursuit of business, or a mercantile conception of reward, as *quid pro quo* for services rendered, is degrading to the professional standing of the individual guilty of it, and a lowering of the dignity of the profession which shelters the offender in its fold. Signs as big and gaudy as a grocery store sign-board; bills of items, "monthly statements," and abstracts of accounts in which visits and consultations are charged for at a fixed rate, like so many pounds of cheese or butter; charging in a ledger so much for ten visits to John Doe, who is only in moderate circumstances, and in which the patient died, and the same amount for the same services, to Richard Roe, who is rich, and in which a brilliant cure was made, is not only degrading the profession, but is almost contemptible in the individual. Of course reform in this respect can only come *very* slowly; no one will question that it is demanded. Why there is such a thing in print as an authorized "fee-bill," like a trades-union "price-list!" Is it possible that services rendered by a Gross are of the same value as similar services rendered by a cross-roads doctor, just out of college, and not able to write a decent English sentence, or tell the history and property of the drugs he has employed! We all know that a "fifty-cent doctor" will acquire a larger practice in the same length of time than a "five-dollar" one, and who can say that his *patients* do not receive the full value of their money, and

that *he* has not a just appreciation of the value of his services.

Finally, the required professional preparation, according to the present standard, is too cheap, both from a money point of view and expenditure of time and effort. A student goes to some doctor's office, pays nothing for his "tuition," in fact is often *paid* for his services as hostler, boot-black, errand boy, and to "do chores" for the family. He is not compelled to *pay* for his tuition; required to pursue some systematic course of study and recitation; taken to see cases as they occur in daily practice; accompany his perceptor to medical society meetings, or do anything to fit him for his future studies and duties as would be required of him were he studying a trade under a competent master. After a year of this farce, he casts about him for a college. What attracts him? the learning and professional standing of this faculty as compared with that? The hospital facilities and the proximity to professional advantages that may make one selection better than another? Too often none of these have much weight. He goes where he can get his degree for the least money, in the shortest time, with the minimum of study, and on the easiest terms of matriculation. Such a college never wants for students; such a college never wants for graduates. The very cheapness of the thing forbids any expectation of excellence, and even its *alumni* in their inmost hearts, in after life, acknowledge it cost too little to be good for much. There *was* a time when one hundred dollars was thought to be none too much to ask for even five months instruction. Rival colleges cut down the fees to fifty or less, and the others in the race for "business" had to lower *their* fees to secure patronage. The student will value that which has cost him the most effort to obtain. If every college in the land failed to graduate a student for five years, the world would not suffer for lack of doctors; but the colleges would suffer for the thirty dollar diploma fee from each graduate.

These are the evils. Let us enquire how they are to be corrected.

Society Proceedings.

AMERICAN INSTITUTE OF HOMOEOPATHY.

PROCEEDINGS OF THE THIRTY-FOURTH ANNUAL MEETING.

The Institute assembled this year, June 14th, at Brighton Beach, in Hotel Brighton, promptly at 10 A. M. The meeting was called to order by the president, Prof. J. W. Dowling, of New York. Prayer was offered by Rev. Dr. Morse. The order of business, as prepared by the executive committee, was, on motion, accepted and adopted.

There were present the first day, Drs. H. B. Eaton, Rockport, Me.; L. J. Donaldson, Portsmouth, N. H.; B. Munsley, Laconia, N. H.; T. R. Waugh, St. Albans, Vt. Massachusetts: A. Boothby, F. Bruns, H. C. Clapp, M. L. Cummings, David Thayer, W. P. Gambell, C. E. Hastings, W. L. Jackson, R. E. Jameson, O. S. Sanders, I. T. Talbot, Boston; S. M. Cate, N. R. Morse, Salem; E. T. Campbell, Attleboro; S. A. Sylvester, Newton Centre; W. B. Chamberlain, Worcester; H. L. Chase, Cambridge; H. B. Clarke, New Bedford; H. H. Cobb, Cambridgeport; C. H. Farnsworth, E. Cambridge, E. U. Jones, Taunton; O. G. Ross, Revere; H. E. Spalding, Hingham. Rhode Island: R. Hall, George B. Peck and M. M. Matthews, Providence; T. H. Mann, Woonsocket; J. C. Budlong, Centredale. Connecticut: H. M. Bishop, Norwich; W. H. Sage and H. E. Stone, N. Haven, G. H. Wilson, Meriden; J. E. Smith, Norwich; Geo. F. Foote, Stamford. New York: J. G. Baldwin, Alfred K. Hills, Homer I. Ostrom, A. B. Norton, T. F. Smith, Phebe J. P. Wait, Louis de V. Wilder, John W. Dowling, E. M. Kellogg, Henry D. Paine, Samuel Swan, Edwin West, Amelia Wright, of New York City; W. M. L. Fiske, J. L. Monmonier, E. T. Richardson, Everitt Hasbrouck, R. C. Mofatt, Daniel Simmons, of Brooklyn; E. D. Jones, L. M. Pratt, H. M. Paine, of Albany; C. A. Belden, Jamaica; T. L. Brown, Binghampton; A. J. Frantz, Geneva; S. L. Hall, Portchester; A. W. Holden, Glen's Falls; A. P. Hollett, Havana; H. C. Jones, Mt. Vernon; L. M. Kenyon, A. R. Wright, F. Park Lewis, Buffalo; S. H. Talcott, Middletown; S. A. Robinson, New Brighton; C. Ormes, Jamestown; M. J. Lincoln, Olean. New Jersey: T. F. Pomeroy, J. J. Youlin, Jersey City; F. B. Mandeville, Newark; E. Rushmore, Plainfield. Pennsylvania: O. B. Gause, Clark Allen, P. Dudley, J. C. Guernsey, B. W. James, J. E. James, R. J. McClatchey, A. Lippe, A. R. Thomas, A. Korndorfer, M. Williamson, W. B. Trites, Philadelphia; C. T. Canfield, Titusville; M. J. Chapman, J. T. Cooper, B. F. Dake, H. H. Hoffmann, W. J. Martin, Pittsburg; E. Reading, Hatboro; T. M. Strong, Alleghany; C. H. Lawton, Wilmington, Del.; M. Hammond, Baltimore; L. Woodward, Westminster, Md.; J. G. B. Gregg Custis, Washington, D. C.; A. R. Barrett, Richmond, Va.; F.

H. Orme, Atlanta, Ga.; E. C. Morrell, Norwalk; O. R. B. Rush, Salem; O. W. Owens, S. B. Beckwith, Cincinnati. Indiana: J. R. Haynes, Indianapolis. Illinois: T. C. Duncan, L. C. Grosvenor, J. S. Mitchell, J. H. Bufum, A. E. Small, D. S. Smith, Chicago; C. A. Williams, Joliet. Iowa: B. F. Baker, Davenport; E. Campbell, Fairfield; A. C. Cowperthwaite, Iowa City. Missouri: P. G. Valentine, St. Louis. Arkansas: L. S. Ordway, Hot Springs; A. Fisher, Montreal, Can.

The president's address was a fine effort, and as 5,000 copies are to be printed for general circulation, we will only give an abstract. After some preliminary remarks, the president spoke substantially as follows:

Although it is not so stated in the constitution, the question may well be asked, Has not this Institute an object beyond that of mere work? May there not be much benefit derived from the interchange of fraternal feeling between practitioners from all parts of the country, and through our delegates to the International Congress, between brother practitioners throughout the civilized world? The friendships formed; the differences explained; the pleasant reflections upon the meeting passed; the looking forward to the re-union of the year to come, combine to make these gatherings valuable to us collectively and individually.

Progress has undoubtedly been made during the past year, as in every year since our illustrious father in medicine first expounded our law of cure. But differences of opinion exist among our members as to what constitutes progress in Homœopathy. Having been chosen to your presidency by no faction or party, but by a unanimous vote, it is proper that, in any remarks which I shall make, I should regard those differences of opinions. I am debarred, if I have any special views on important matters, which, to a certain extent, divide the members of our school from referring to them, and it will not be out of place for me to urge members of this Institute to refrain from publishing such articles of a general or personal nature as tend to breed dissension in our ranks. We are not in danger from those who, styling themselves "regulars," have, by fair and foul means, for nearly three-quarters of a century, been endeavoring to arrest our progress. (But little more than half a century has passed since Dr. Gram, the pioneer of Homœopathy in America first located in this country). Notwithstanding this abuse our numbers have steadily increased, and are constantly increasing. Our system has grown in popularity, till now six thousand physicians practice in accordance with our law—or perhaps, speaking more accurately, to the best of their ability in accordance with our law—in the United States alone—and we learn from the report of our bureau of registration and statistics that we have eleven Homœopathic medical colleges, thirty-eight Homœopathic hospitals, twenty-nine dispensaries, twenty-three state societies, ninety-two local societies, and some sixteen Homœopathic medical journals; and, in addition to all this,

although Homœopathy is not credited with the change, our method of treatment is being generally adopted by the advanced members of the opposing school. If the statement made by your president for the year 1879, and renewed by this Institute, that "one who only occasionally prescribes Homœopathically is a Homœopathist" is accepted, our number would be more than quadrupled. Taking this statement and that of the editor of a prominent medical journal, in response to the question, What constitutes a regular practitioner? it is difficult to draw the line between the Homœopathic and the so-called "regular" physician." He says: "Our correspondent's inquiry is a little difficult to answer in the absence of any distinct and authorized declaration on the part of the prominent medical associations of this country. The code of ethics is silent on the subject, and, so far as we are aware, the American Medical Association has never given a definition of the phrase 'regular physician.'"

The code, however, states that no one can be considered a regular practitioner—or a fit advocate in consultation, whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, or organic chemistry. He says, further: "This, it will be perceived, is a negative declaration, and we believe, that, as a matter of fact, the persons answering this description are now quite few in number. It certainly does not strictly apply to a large proportion of the so-called Homœopaths of this country. As the Homœopathic colleges teach anatomy, physiology, pathology and organic chemistry, it is hardly to be supposed that their graduates reject these aids in actual practice." And again the same editor says, in another article entitled "Lord Beaconsfield and Homœopathy." A physician should not be ostracised because he thinks there are some useful remedies in the so-called Homœopathic therapeutics which can be prescribed in very small doses with good effect, or even because he thinks that the *similia similibus* principle is a suggestive guide in the use of remedies.

It strikes me there should be no great difficulty in defining the word "regular," as applied to practitioners of medicine. Homœopaths have always, since the term was introduced, objected to the exclusive use by the dominant school of medicine, as applied to themselves, of the word "regular," and we have also taken exception to the use of the word "irregular" as applied by them to us and have claimed that there was no legal or rational reason for this misapplication of terms. Contending most positively that every regularly chartered medical college was a regular medical college and that every graduate of such a college was a regular practitioner of medicine.

Now, in the absence of any distinct and authorized declaration by the prominent medical associations of this country, as to what constitutes a regular practitioner, and, as the code of ethics of the American Medical Association is silent on the subject;

and as no medical body has ever given a definition of the phrase "regular physician," and as the members of this body claim to be regular physicians, and as we have the same right as has any other organization to define the words regular and irregular, and as there is much in the right of priority, would it not be well for this Institute, taking Webster's Unabridged Dictionary, as its guide, to define, for the benefit of the medical profession at large, the terms regular physician and irregular physician? Webster defines the word regular as "conformed to a rule; agreeable to an established rule, law or principle, to a prescribed mode, as: a regular practice of law or medicine—governed by rule or rules—steady or uniform in course—not subject to unexplained or irrational variation—instituted or initiated according to established forms of discipline, as: a regular physician." Taking the history of medicine for the past fifty years as our guide, I would ask to which system does the term "regular," according to Webster's definition, apply?

I can but consider it an evidence of the progress of Homeopathy that there should be in the American Medical Association, at this day, men bold enough to express their views in opposition to attempted legislation on the subject of so-called irregular practitioners. It is an evidence of the progress of Homeopathy that the editor of a leading medical journal of the dominant school should have had the courage, in commenting upon the recent action of that Association, in declaring and making it a section of their code that: "It is not in accordance with the interest of the public, or the honor of the profession that any physician or medical teacher should examine or sign diplomas or certificates of proficiency for—or otherwise be specially concerned with—the graduation of persons whom they have good reason to believe intend to support and practice any exclusive and irregular system of medicine" to say in his leading editorial, "We have no hesitation in saying that the action taken will not be endorsed by a majority of the profession of the country." "We are forced to acknowledge that the Association has taken a step backward in its present course." "The Association by its course has done a stupid thing in voting as it has done." I would myself add that the American Medical Association has stultified itself by legislating in regard to irregular practitioners without being able from its code to state the meaning of the term "irregular"—it has stultified itself by refusing to take part in the medical education of those who believe in the Homeopathic law of cure or who propose to practice in accordance with that law—for its members well know that our students are not dependent upon them for their education in medicine. They well know that we have colleges of our own where every branch of medicine is thoroughly taught by able professors and specialists in every branch. They well know that our colleges have the confidence of our school, and that the number of students excluded from their institutions by this anathema, should it be carried into effect, would not in the entire United States amount to a baker's dozen; they well

know that this action will not in the least affect the standing of our school, interfere with the progress of Homœopathy or lessen the hold which it has on the confidence of intelligent communities in all parts of this broad and free land. That majority who succeeded notwithstanding powerful opposition in passing the resolution, has stultified itself in the estimation of the laity who have never countenanced the repeated efforts to suppress freedom of honest thought and action, in relation to the practice of medicine. It has stultified itself by its effort to appear above the practitioners of our own school in medical learning. It was Plutarch who said "The husbandman is always best pleased to see those ears of corn which decline, and by reason of their fullness bend downwards to the earth; but looks upon those as empty, deceitful and insignificant which, because they have nothing in them, grow bolt upright and appear above the rest." The future of Homœopathy will prove that it had been far better had the Old School quietly committed the whole matter to oblivion.

It is an evidence of progress that when in this American Medical Association it was proposed to indefinitely postpone action on the amendment to the code, out of 208 members present 102 voted in favor of so disposing of it. Three more affirmative votes and the National Old School Association would have been saved the mortification in the future of having the follies of the past brought to their recollection by being obliged, in order to retain their self-respect to second this wise addition to their code. That time will surely come. But for the notable absence of many of their representative men this amendment would never have been entertained.

It is an evidence of progress, that our students are becoming more and more thorough in pathology, pathological anatomy and diagnosis. Whatever our views may be as to the "all-embracing, never-changing character of our law of cure," as scientific men, having the best interests of our patients at heart, we cannot urge too forcibly upon our students the importance of a knowledge of the pathology of every case. But if we in our studies, have paid perhaps too much attention to therapeutics to the neglect of pathology, have not the Old School physicians paid too much attention to pathology, to the neglect of therapeutics? In another decade they will be forced to acknowledge that a large portion of their therapeutics has been learned from the investigations of Hahnemann and his followers. They are learning now, in spite of their prejudices, not by investigation, but by the evidence in their very midst—before their very eyes—of the virtues of certain remedies in small doses, heretofore used exclusively by us. Some among them are bold enough and honest enough to publicly acknowledge this. Our therapeutics are in advance of theirs. But the physician's duty does not begin and end with the selection of the most accurately indicated remedy for a given train of symptoms. The importance of a correct and early diagnosis is acknowledged by all. Who of us cannot bring to mind instances of lives sacrificed to the want of this

pathological knowledge—of patients who from a lack of it have been permitted to follow certain pursuits in life, to continue the gratification of certain indulgences, which were the primary and the only causes of the fatal diseases for which we have been called on to prescribe—diseases, in their early stages and under proper hygienic measures, curable ?

On the subject of medical education the views of the Institute are well known. An entrance examination has been recommended, a more thorough period of study, and a rigid final examination by a board of examiners in no other way connected with the colleges ; and, what is very important, it has been advised that preceptors discourage proposing students deficient in general education from entering upon the study of medicine. It undoubtedly seems to many of the members of this Institute an easy matter for our colleges to conform to these suggestions. If, by national law, it were possible to regulate the course of instruction, the term of study, and the requirements for the degree of Doctor of Medicine in the various states, so that there should be a uniformity in these matters, the task would be an easy one. But from correspondence had with some of the ablest legal authorities in the land, I am led to believe that a doubt exists as to the power of the national government to pass laws regulating admission to our profession. Unfortunately, few medical colleges are endowed, and those endowed are not sufficiently so to enable them to be entirely independent. They cannot exist without students, and so long as a degree is more easily obtained at one college than at another, a large majority of students will go to that college, and any attempt at reform in these respects has had the effect of diminishing the size of classes ; but, notwithstanding this fact, many of our medical colleges have profited by the suggestions of the Institute, and have made their course of instruction all that could be desired. Some have made three college terms compulsory ; some have inaugurated an entrance examination ; and some have an independent board of examiners. But there is an absence of uniformity. Our standard is certainly equal to that of the Old School colleges of this country, as is also our course of instruction ; and if there were a prospect of the newly-added clause in the code of the American Medical Association, excluding Homœopathic students from their instruction, being enforced instead of remaining a " dead letter," our colleges could, in matters of medical education, establish rules which would be rigidly followed by all.

But from the date of his matriculation the student of medicine begins to look forward with a feeling akin to dread to that final examination. To be placed back a year is magnified into a calamity, a disgrace which will follow him through life. Is it any wonder, then, that there should be a disposition on the part of students—except by the few having confidence in their own abilities—to avoid colleges having a reputation for thoroughness as regards these examinations ?

During the past years, several of the states have legislated upon the subject of the practice of medicine within their boundaries, the object

being suppression of quackery ; but there is a lack of uniformity, and in many states the law is not enforced. In the great city of New York, notwithstanding the stringent state law passed since the last meeting of the Institute, hundreds are engaged in the practice of medicine in direct violation of that law.

In my opinion a law could be drafted acceptable to all the states and to the various schools of medicine, which would, if passed and enforced, not only regulate the practice of medicine throughout the Union, but which would establish a uniform standard of medical education and uniform qualifications for graduation ; and I would respectfully suggest that the proper committee of this Institute be requested to consider the matter and to draft a law, which in their opinion, would cover the whole ground, and present it to the Institute for approval.

The President closed with expressions of congratulation on the prompt issue of the "Transactions of the Institute," and a glowing eulogy to the late Dr. Constantine Hering.

The address of the President was referred to the usual committee, consisting of Drs. Cooke, Morse, and Owens.

The President then appointed the Auditing Committee, consisting of Drs. C. S. Orme, I. T. Talbot and Philo G. Valentine.

The report of the Committee on Publication for 1880, was then presented by Dr. J. C. Burgher, Gen. Sec'y, and was briefly as follows :—that the transactions of 1880 were published, and delivered to those entitled to receive them, within the allotted time, by the Institute. The work contained 738 octavo pages, and was substantially bound in cloth. A supplemental report was also presented, stating that over 3,000 circulars, to the profession at large, had been issued. Circulars had also been sent out to the profession at large by Drs. J. W. Dowling and W. L. Breyfogle at their own expense.

Dr. J. C. Guernsey presented his report, as Editor of the *Trans.* of 1876 and 1879, in which he recounted the obstacles he had met with in the work, and asked the Institute to take action in respect to the disposal of the stereotype plates. Upon motion the report was accepted and referred.

Dr. E. M. Kellogg made his report as Treasurer, showing \$111.43 cash on hand, and on motion the accounts were referred to the Auditing Committee.

The necrological report was read by Dr. Henry D. Paine, of New York. We can only give a brief summary.

Eleven members of the Institute have been removed from its fellowship by death, since the last annual session. If other losses have occurred during the same interval that are not embraced in this record, it is because they have not been reported to this bureau, or have escaped the diligent inquiry of the compiler.

The report contains brief memorials of all these our recently deceased associates, which will appear at length in the *Transactions*, together with a few others that were omitted from former reports for want of the necessary information.

The greatest loss that the Institute and our school have sustained in this country was that of the venerable and venerated Constantine Hering, who rested from his unintermitting labors in expounding and extending the principles and resources of our science, July 23, 1880, soon after the close of the last meeting, at the age of 80 years. An event of so great interest and significance will not be allowed to pass this meeting without some special commemoration.

Another of the original members and founders of the Institute, Dr. Charles A. Stevens, of Scranton, Pa., departed this life Jan. 17, 1881, aged 63 years.

Dr. Garrett D. Crispell, of Kingston, N. Y., died Dec. 15, 1880, aged 79.

Dr. Abner R. Bartlett, of Aurora, Ill., elected to membership in 1857, died Dec. 26, 1880, aged 68.

Dr. John L. Clark, of Fall River, Mass.; graduated 1854; elected 1859; died Oct. 25, 1880, aged 68.

Dr. Levi E. Ober, of La Crosse, Wis.; elected 1857; died March 26, 1881, aged 62.

Dr. Moses F. Page, of Appleton, Wis.; graduated 1866; elected 1869; died Jan. 20, 1881, aged 57.

Dr. Ephraim C. Beckwith, of Columbus, O.; graduated 1853; elected 1871; died Nov. 30, 1880, aged 56.

Dr. Marcello M. Gardner, of Utica, N. Y.; graduated 1851; elected 1869; died July 31, 1889, aged 49.

Dr. H. L. H. Hoffenthal, of Boston, Mass.

Dr. Albert Hammond, of Hagerstown, Md.

Dr. Delania T. Connor, of New Haven, Conn.

Memoirs of the following named members who had previously deceased, have been obtained, are also included in the present report:

Dr. Moses Dodge, of Portland, Me.; graduated 1868; member of the Institute from 1847; died Oct. 18, 1879, aged 67.

Dr. Jacob Schmidt, of Baltimore, Md.; graduated 1843; an original member of 1844; died March 20, 1880, aged 66.

Dr. Thomas C. Stevenson, of Carlisle, Pa.; graduated 1851; elected 1852; died Dec. 19, 1879.

The above named were long on the roll of seniors.

Dr. William E. Freeman, of Wilmington, N. C.; graduated 1847; elected 1860; died Feb. 1879, aged 63.

Dr. John H. Woodbury, of Boston, Mass.; graduated 1855; elected 1859; died Feb. 28, 1880, aged 48.

Dr. George R. Knight, of Collegeville, Pa.; graduated 1873; elected 1875; died July 20, 1877, aged 29.

An invitation was received from the Homœopathic Medical Society of the County of New York, to a reception, which was accepted with thanks and referred to the Executive Committee for arrangement of time.

BUREAU REPORTS.

Dr. Talbot, Chairman of the Bureau of organization, registration and statistics, read the following suggestions ;—1. That the form of application be changed, so that instead of being as at present a mere certificate of fitness for membership it shall be a direct application made in the hand-writing of the applicant, and certified to as now, by three members.

2. That persons elected to membership may become life members, and exempt from annual dues on the payment of one hundred dollars.

3. That members by paying five dollars per year from the date of his last annual due up to the time when, by his twenty-five years of membership he could become a senior, he shall thus become a life member and exempt from annual dues.

4. That the names of all applicants for membership, with their residence, place and time of graduation, and names of members certifying thereto, shall be pasted in some conspicuous place during the session, at least twenty-four hours before election.

5. That the number of Vice-Presidents of the Institute be increased to four.

6. That a salary of three hundred dollars per annum be paid to the treasurer, and that he give bonds in the sum of three thousand dollars for the faithful performance of his duties.

7. That there be a more strict observance of the by-laws, that every bureau organize and arrange the work of the succeeding year before the close of the session.

8. That the secretary shall prepare and publish a sketch of the work of the next annual session, and send the same to members with the published transactions or at the latest before the first of January.

In *registration* it was suggested that the annual list of members was the most reliable list published, and the Institute cannot go beyond this without danger of a quasi-endorsement of those not entitled to it.

In *statistics* facts were given of National, State and local societies, of hospitals, dispensaries, colleges and journals.

The American Institute of Homœopathy has 842 members in the various states. Although this membership is large, it should be more than doubled. The larger membership would enable it to do a much larger amount of work and thus render the membership of each more valuable.

There are twenty-four State Societies, seventeen of which are incorporated. Of about 100 county or local societies only fifty-two, a little more than one-half, have made a full report, though many others are expecting to report at this meeting. The report dwelt upon the importance of an active judicious secretary, to the life and usefulness of a medical society.

Of thirty-eight *hospitals* thirteen have already reported 1,007 beds, and the treatment of 13,877 patients with a mortality of 2.1-10 per

cent. Satisfactory progress has been made in many of those hospitals, particularly in Cleveland, Pittsburgh, Brooklyn, New York and Boston. Of thirty-one dispensaries, seventeen only have reported as yet. In these 62,137 patients have been treated and received, 193,772 prescriptions, at a cost of about \$6,000, and a great deal of hard work given by the physicians.

The eleven colleges are all reported in good condition with an aggregate of 1,200 students in attendance. Of these 431 have been graduated the past year. An appeal was made for greater aid to these colleges by the profession and the public. They are established for the welfare of the public, and it is of great importance that they should be so well sustained, as to give the greatest amount of instruction to the students. Of journals seventeen are now published. Four have been established during the year, and three have suspended.

The report then closed with detailed statistics of the various institutions, and an appeal for greater promptness and completeness in regard to details.

Dr. I. T. Talbot was appointed Chairman of the Bureau for the ensuing year.

The Bureau of Psychological Medicine reported through its chairman, Dr. T. L. Brown, a paper on "Indispensables in the Cure of Insanity," by the chairman.

The Bureau of General Sanitary Science, Climatology, and Hygiene reported through its chairman, Dr. B. W. James, the following papers:

I. Bushrod W. James, M. D., Philadelphia, Pa., chairman, "Progress of Sanitary Affairs during the Year; Introductory Paper on Hygiene and Medication in General."

II. 1. D. H. Beckwith, M. D., Cleveland, O.: "Personal Hygiene as to the Air Breathed."

2. T. S. Verdi, Washington, D. C.: "Personal Hygiene as to Dwellings Occupied."

3. A. R. Wright, M. D., Buffalo, N. Y.: "Personal Hygiene as to Business Followed."

4. T. P. Wilson, M. D., Ann Arbor, Mich.: "Personal Hygiene as to Habits Formed."

5. E. U. Jones, M. D., Taunton, Mass.: "Personal Hygiene as to Districts Inhabited."

6. George M. Ockford, M. D., Burlington, Vt.: "Personal Hygiene as to Fluids Drank."

7. H. W. Taylor, M. D., Terre Haute, Ind.: "Personal Hygiene as to Business Followed."

8. Lucius D. Morse, M. D., Memphis, Tenn.: "Personal Hygiene as to Clothing Worn."

Dr. E. U. Jones, of Taunton, Mass., was appointed chairman of the bureau for the ensuing year.

The Bureau of Materia Medica, Pharmacy and Provings, reported through its chairman, Dr. A. C. Cowperthwaite, the following papers

relating to the history, pharmacology, toxicology, provings, mode of action, and clinical application of *Caladium seguinum*, *Papaya vulgaris*, and *Viburnum opulus*, as follows:

1. History and Pharmacology—E. M. Hale, M. D., J. Heber Smith, M. D.

2. Toxicology—L. D. Morse, M. D., O. S. Wood, M. D.

3. Critical Examinations of Provings—T. F. Allen, M. D.

4. Differential Diagnosis—E. A. Farrington, M. D.

5. Arrangement of Schema—A. C. Cowperthwaite, M. D.

6. Mode of Action, Pathogenetic and Therapeutic—William Owens, M. D., W. J. Hawkes, M. D.

7. Primary and Secondary Action and Action on the Genito-Urinary System—W. H. Leonard, M. D., E. M. Hale, M. D.

8. Action on Female Generative System—K. Parsons, M. D.

Dr. A. C. Cowperthwaite was elected chairman for the ensuing year. The Bureau of Clinical Medicine reported through Dr. J. S. Mitchell, the following:

1. "*Mania-a-Potu*," by Dr. Geo. F. Foote.

"Observation on Dose," by Dr. W. P. Armstrong.

Dr. T. F. Pomeroy was appointed chairman for the ensuing year.

(To be continued.)

THE CHICAGO ACADEMY OF MEDICINE.

The regular meeting of the Chicago Academy of Medicine was held at the Tremont House, May 5, 1881.

Dr. Mitchell, president, in the chair.

The meeting was called to order by the president. The secretary read the minutes of the preceding meeting which were approved.

In the absence of the regular essayists, an informal discussion was had upon the topic of the evening "Diseases of Women."

Dr. Julia Hoimes Smith gave the following description of a case under her treatment: The patient, a lady thirty-seven years of age, had been entirely healthy until within about a year. Was a married woman with three or four children, and had had no miscarriages. A year ago she took a violent cold while riding in a sleigh, and very soon an affection of the vagina appeared, and leucorrhœa which was cured by the physician in attendance, but from the time the leucorrhœa stopped there was continued itching. The uterus showed no disease but there were fine points, red points on the anterior wall of the vagina, and when the itching is very troublesome, this eruption extends externally. Saw her for the first time a few days previous, then the eruption was about half way between the knee and the hip. One of the red points had opened and was surrounded in three or four hours with little red points, and around these red points was a ring of pure white about as large as a silver dollar, and around that

white ring another row red points. There were no vesicles like that of prickly heat. The itching was intolerable. No spots on the body anywhere except on the anterior wall of the vagina, some little on the pubes and half way between the hip and the knee. Had not succeeded in relieving the symptoms. Acting upon the suggestion that the itching was like that of a bee sting, had given Apis 3d and 30th. The remedy proved useless. Arsenicum was tried as some of the symptoms indicated that remedy. No result. Used a lotion for the vagina of Glycerine. While in use the surface was comfortable, but as soon as discontinued, the trouble came on. There was apparently no uterine trouble. Menstruation regular. The case had been treated by the Old School physician with injections of hot water, and Chloral had been taken in large quantities.

Dr. Duncan had similar cases of eruptive diseases, not only in women but in children and adults. Remedies that were useful were Viola, Petroleum, Dulcamara. The latter had met some of the cases with very good success. Rhus was good particularly where the disease was aggravated by wet weather. Balsam of Peru another excellent remedy.

Dr. Bedell had used Dr. Duncan's lotion, the one named by him, with the addition of the Balsam of Fir. Had cured some cases with Bromide of Ammonia internally.

Another case related by Dr. Smith was of longer standing. There seemed to be no eruption visible. The lady had three or four children, one miscarriage. For several years had a great deal of family care and anxiety. The spasms of intolerable itching came on just before menstruation and just after the period at first. Gradually increased until it became continuous, and she was not able to attend to work, and was at times so distressed and nervous, that she would scream and appear to be nearly frantic. After this irritation of the genital organs there came a little oozing from the glands, and then she would be moderately comfortable until another spasm came on. She was under the care of an Old School physician for months. Took large doses of Morphine. Would take three large powders every day, eight-grain powders. After this treatment she came to Chicago, and whether it was the change of air that benefitted her, or otherwise, but with slight doses of Pulsatilla—and as there was slight suppression of urine—Apis, for a time she was relieved. At the end of two weeks the disease returned with all the old violence, and there was some neuralgic pain in the uterus. An application of cold water would make her shriek. There was always milk in the left breast. A shock of any kind, instead of causing tears to flow would bring on this itching. Nearly every remedy known had been tried in the case, and had all failed, after which Dr. Mitchell took the case.

Dr. Duncan suggested there might be an ovarian complication connected with the disease.

Dr. Mitchell stated that during Dr. Smith's absence from the city

he treated the case with failure as signal as her's. In all his professional experience, he had never seen a case as violent in its symptoms as that. It did not yield to any treatment that was brought to bear upon it. The paroxysms would last from half an hour to two hours, and during that time she was almost like a lunatic. Nothing would control them.

Large doses of Morphine, under the Old School treatment, had been administered so frequently that they had lost all effect, and the injury to the nervous system was so great that it became necessary to discontinue that remedy.

Stated that Sulphite of Soda had always given the quickest and best results for external application in cutaneous diseases.

Dr. Duncan suggested that there might be some connection between neuralgia of the superficial nerves and these eruptions, and thought the cases were more neuralgic in origin than real skin diseases; therefore, treatment should be directed to the nervous system.

Dr. White had used an application of Phosphorus, in water, for the intense itching all over the body, with no sign of eruption on the surface. Bathed the parts with it, and found it to give instant relief.

On motion, the suggestion of Dr. Duncan in regard to the connection between cutaneous diseases and superficial neuralgias was referred to the Bureau on Diseases of the Nervous System for investigation and report.

Dr. Bedell made a statement in regard to a lady who was usually very healthy, but whenever anything affected her seriously, mentally, like a sudden death, she had a skin eruption, sometimes even a boil or carbuncle, and at no other time. These troubles invariably followed mental emotion.

Dr. Mitchell had seen a severe eruptive disorder in the case of a pregnant woman. The patient stated that thirteen years previously, the date of her last pregnancy, she had the same trouble. At about the same period of gestation in each case the eruption came on. It was not confined to the genitals.

Dr. Duncan asked of the physicians present if there had been any unusual symptoms in the cases of confinement during the winter, any unusual sequelæ.

Dr. White had noticed a malarial tendency among the cases of confinement under her care. In some patients it took the form of chills, in others diarrhœa. In one case the chills came on at one o'clock in the morning, were readily checked with Borax 200.

Dr. Smith had had nervous complications connected with such cases. Thought possibly it might be because the patients were nervous women. Considered the weather had largely to do with this condition of nervousness.

Dr. Cross stated that, according to the reports a larger proportion of women had died of metritis during the month of March than usual, nearly one-third more. Had found among his patients the lying-in women a tendency to fever during the time. Would leave

them tolerably comfortable, on going back there would be high fever, limbs drawn up, etc. This condition was overcome by Arsenicum and warm water injections. In other cases there was the choleraic tendency or dysentery.

Dr. Duncan said as the prevailing disease of the winter had been mentioned, he would like the opinion of the Academy upon that subject, upon the cause of this gastro-enteric catarrh, which not only prevailed in Chicago but in all parts of the country.

Dr. Bedell considered that it resulted from a nervous depression which was caused by the peculiarity of the season. There had been more storms, more snow, and more cold weather than in almost any other season on record. Aside from the general nervous depression, there was a lower temperature of the system even among people who called themselves ordinarily well, and a tendency to Phosphorus stools which indicated a loss of nervous power. Attributed it not so much to what the system takes in as what it loses. A moist atmosphere being a conductor of electricity vital force is carried away from the body and wasted in that way.

Dr. Cross considered from the resemblance of the disease to that which usually prevails in summer and which is attributable generally to a poisoning of the system by decomposing vegetable matter, so in the cold weather of this winter there was poisoning of the system by breathing bad air, the impure air of dwelling houses.

Dr. Bedell asked among what classes this disease had been most prevalent among the laboring classes or among those accustomed to luxurious and easy ways of living.

The rejoinder came from one of the physicians that the Homœopathic profession comprised only the best class of people in its practice.

Dr. Bedell's opinion seemed to be that people of luxurious habits had suffered most from the disease.

The question of diet arose, and the fact discussed that some physicians attributed the disease to various articles of food. It was the opinion of one physician that persons of fine nervous organization were the most subject to it.

Dr. Duncan considered the nervous sensitive temperament the one affected first, the lymphatic and bilious followed.

The chairman of the Board of Censors offered the name of Dr. J. C. Elsholz, a graduate of the Chicago Homœopathic College, in good and regular standing, as a candidate for membership to the society. Elected.

Delegates to the State Homœopathic Association, Dr. Foster, Dr. Smith, Dr. Cross.

To the Western Academy, Drs. Duncan, Bedell, Foster.

Dr. Duncan stated he had received a copy of Prof. Jaeger's work on Neuralanalyse, which the bureau of nervous diseases might find interesting to refer to. Adjourned.

WESTERN ACADEMY OF HOMŒOPATHY.

The seventh annual convention of the Western Academy of Homœopathy was held in Chicago, June 8, 9, and 10. The following physicians were in attendance: Drs. C. H. Vilas, L. Pratt, S. W. Schneider, S. Leavitt, T. S. Hoyne, J. E. Gross, R. C. Markham, T. C. Duncan, T. D. Williams, J. H. Smith, W. J. Hawkes, W. H. Burt, S. A. White, L. G. Bedell, J. Caldwell, S. H. Wisner, H. B. Fellows, E. C. Manning, J. E. Smith, R. A. Underwood, W. A. Barker, A. C. Williamson, L. C. Grosvenor, H. M. Hobart, W. H. Davison, H. C. Parkhurst, Mary C. Farnham, G. A. Hall, L. Dodge, C. A. Dewey, C. E. Ebling, W. S. Gee, E. M. P. Ludlam, H. P. Skiles, A. P. Bowman, Chicago; C. D. Fairbanks, Englewood; L. P. James, Springfield; E. M. McAfee, Clinton, Iowa; M. B. Pearman, C. H. Goodman, J. W. Harris, St. Louis; R. B. McCleary, Monmouth; G. W. Foote, Galesburg, Ill.; W. C. Barker, Waukegan; A. J. MacComber, Atlantic; M. Ayers, Rushville; J. Harts Miller, Abingdon; H. W. Roby, Topeka, Kan.; J. W. Haskell, Karster, Col.; W. J. Hill, Sterling, Ill.; A. J. French, Grand Crossing; C. C. Pillsbury, Atkinson; J. C. Burger, Boonville; J. A. Millard, Jacksonville; S. C. Harris, Galena; W. H. Parsons, J. C. Tucker, Minneapolis; G. W. Hilton, J. H. Van Liew, Aurora; Edgar Schmidt, Quincy; S. E. Hulett, Palatine; J. B. Gully, Geneva; H. Arndt, Grand Rapids.

Dr. C. H. Vilas, President of the Association, occupied the chair.

The following committees were named: Auditing Committee—Drs. G. W. Foote, H. W. Roby and T. C. Duncan. On Credentials—Drs. W. C. Barker, A. C. Cowperthwaite, W. H. Parsons, M. Ayers and W. John Harris.

The reports of the various bureaus were then read. The first bureau reporting was the Bureau of Sanitary Science, Climatology, and Hygiene. This bureau comprised Drs. G. W. Foote, of Galesburg, Ill., W. C. Dake, of Nashville, Tenn.; H. P. Button, of Iowa City, Iowa, and E. M. McAfee, of Clinton, Iowa.

SANITARY SCIENCE.

The first paper was on the subject, "Ground and Water Pollution," read by Dr. Foote, chairman of this bureau. This paper dealt in a straightforward manner with the great cause of disease in all large towns and cities, namely, imperfect sewerage and neglected scavenger-work. Although a better system of sewerage would bring added expense to the municipality, this expense would be more than offset by the better health of the community and the prevention of epidemics of scarlatina, diphtheria, and cholera. A frequent error upon which the doctor commented was the substitution of various sorts of perfumes for disinfectants. Lime should be much more frequently used than was now done. The doctor recommended the use of earth-

closets, now largely used in England, as well as in many American towns. The doctor believed that this subject should be thoroughly discussed, and exhibited a plan for the perfect mapping of a town for the health authorities to study the sanitary condition of the town. He then spoke with great stress upon the subject of water pollution, especially in country places, where the wells, from which all water used for domestic purposes was drawn, were not far enough from the stables and vaults of the place.

Dr. W. H. Harris, of St. Louis, said that he had studied the question of sanitary science in London, where the sewerage question became, a few years ago, one of the utmost importance to the inhabitants of that large city, and led to the building of two large new sewers to conduct the sewerage thirteen and one-half miles below the city. Dr. Harris spoke further of the various plans used in London to utilize the sewerage as a manure when it had not been removed beyond the city limits. A compound of quick-lime, tar, and magnesia had been added to the deposits, and had made the sewerage fit to be used by farmers outside.

As no other papers were presented by this bureau, Dr. Vilas pronounced the bureau closed, and called upon the Bureau of Obstetrics, of which Dr. Julia Holmes Smith, of Chicago, was chairman. Her coadjutors were Drs. R. N. Foster, of Chicago; E. M. McAfee, of Clinton, Iowa; L. D. Morse, Memphis, Tenn.; J. W. Hartshorne, Cincinnati; C. N. Dorion, St. Paul; Sarah C. Harris, Galena; G. R. Roberts, Waterloo, Iowa; W. A. Melin, Independence, Iowa.

OBSTETRICS.

Dr. Julia H. Smith came forward in response to the call of the president, and stated that a paper would be read on the subject of obstetrics by Dr. Sarah C. Harris, of Galena, followed by Dr. Lelia G. Bedell and Dr. Leavitt. Dr. Harris read a very emphatic little essay on the prophylactics of abortion and miscarriage, expressing herself as heartily opposed to the use of Morphine as employed by the Allopathic school, and in favor of the use of Belladonna in such cases. Discussion of Dr. Harris' paper was then called for.

Drs. J. H. Miller, of Abingdon, Ill.; W. C. Barker, of Waukegan, Ill., and H. W. Roby, of Topeka, Kan., spoke upon the relative value of Morphine and Belladonna. The doctors indorsed Dr. Harris' position. Dr. Barker speaking especially against the use of Chloral in such cases said he had found some where Belladonna was not successful.

Dr. Lelia G. Bedell read, on the topic of conception, a paper which was not discussed.

Dr. Julia H. Smith presented to the Academy a practical apparatus for use in supporting overweighted breasts.

Dr. MacComber asked if there was any method of preventing increasing weight after miscarriages. Several suggestions were offered, among them less water and the use of Calc. phos.

EVENING SESSION.

It had been expected that Mayor Harrison would be present in the evening to welcome the doctors to the city, but another engagement prevented the magistrate's attendance.

Dr. Vilas called upon Dr. A. E. Small, as the oldest and one of the best known physicians of the city, to welcome the medical body.

Dr. Small spoke cordially in welcome, and was warmly applauded by the doctors present.

The president spoke a little paragraph of welcome, saying that he should make no set address, as the constitution provided only for a speech from the President when necessary to set forth changes to be made in the constitution or other such matters. He believed that the Academy should give but little time to abstract speech-making, but should devote itself to business and to discussions. Dr. Vilas then thanked Dr. Small on behalf of the Academy for his welcome, and spoke of the Western Academy as a recognized factor in medical progress, and of the American Institute of Homœopathy, which is the oldest medical society in this country.

The secretary, Dr. C. H. Goodman, of St. Louis, then read to the Academy a paper forwarded to him by Dr. Richard Hughes, of Brighton, England, President of the World's Homœopathic Convention, which meets in London next month.

Dr. McIntosh then exhibited by means of a solar microscope operated by oxy-hydrogen light various sections of various organs of the human body and of animals, sections of the scalp of a child, the lung of a woman, the stomach of a cat, a nerve of a man, and other subjects were exhibited magnified 350 diameters, three-fourths objective. This scientific and interesting display lasted for about twenty minutes.

Following, the secretary read a brief description of the sphygmograph of Dr. Dudgeon, of London.

A vote of thanks was given the English doctors for their interest in the Western Academy, and to Dr. McIntosh for his exhibition.

NEW MEMBERS.

Dr. J. Harts Miller, Chairman of the Board of Censors, then presented the following names of candidates for admission to the Academy, reading also the names of the physicians vouching for those candidates who were admitted on recommendation of the Board of Censors. These new members are: Drs. E. M. P. Ludlam, E. H. Pratt, H. M. Hobart, Mary C. Farnham, Wm. H. Burt, T. S. Hoyne, Chicago; John Stifel, Bucyrus, Ohio; S. E. Hulett, Palatine, Ill.; George M. Haywood and Julia F. Haywood, St. Joseph, Mo.; C. W. Taylor, St. Louis; Edgar Schmidt, Quincy; W. H. Parsons, Glenwood, Iowa, and A. P. Bowman, Keokuk, Iowa.

Dr. John Harris, of St. Louis, then reported for Dr. R. L. Hill,

Chairman of the Bureau of Statistics, Registration and Legislation. Dr. Hill, finding it impossible to be present at the convention, requested Dr. Harris to prepare a paper on "Homœopathy in England," reading a long extract from a London editorial on the controversy between Allopathy and Homœopathy, which agitated England during the last illness of Lord Beaconsfield, and which had its influence upon the growth of Homœopathy.

This bureau was then closed, and Dr. T. S. Hoyne was named as chairman of the bureau for next year's meeting.

On motion of Dr. Sarah Harris, it was ordered that the programme be altered to admit of the reports from the Bureau of Gynæcology to-morrow afternoon at 4 o'clock.

The president then announced that the programme would otherwise stand as advertised, and on behalf of the physicians of the city invited the members of the Academy with their wives and families to the reception and banquet at the Palmer House in the evening.

The Academy then adjourned.

SECOND DAY.

The second day's session of the Academy opened at 10 o'clock, Dr. E. M. McAfee, of Clinton, Iowa, first vice president, occupying the chair in the absence of Dr. Vilas.

The first business was the reading by Dr. J. Harts Miller, chairman of the Committee of Censors, of the following names as candidates recommended for members of the Academy: Drs. L. P. McComber, Atlantic Iowa; Elizabeth B. Donoghue and Mary P. Weeks, Chicago; H. M. Bascom, Ottawa; E. S. Bailey, Chicago, being also present.

Dr. W. C. Barker, chairman of the Committee on Credentials, read the names of the following delegates from state societies: Drs. L. H. Bishop, Fond du Lac, Wisconsin State Society; E. M. Harpel, Denver Medical Society, Colorado; Dr. Roby, of Topeka, from Kansas State Medical Society.

BUREAU OF CLINICAL MEDICINE.

Dr. W. J. Hawkes, of Chicago, chairman of the Bureau of Clinical Medicine, called upon Dr. Sarah C. Harris for her paper upon hyperæmia of the kidneys, which was accordingly read. In all cases of renal congestion, Dr. Harris found *Apis mel.* to be the specific, and expressed the belief that congestion of the liver is not more common than congestion of the kidneys. Dr. Harris instanced several cases where *Apis* had been used with great success. In one of Dr. Harris' cases, she spoke of having refilled the vial of her patient after he had taken one-half ounce vial of *Apis*, and declared himself well.

Dr. Hawkes criticised the reader of the paper for filling the patient's vial, saying that the office of medicine is not to build up nature or to counteract disease, only to remove certain morbid symptoms, and give nature a chance to work. Even if the patient were not yet well,

but on a fair way to recovery, Dr. Hawkes did not believe in giving medicine, but in giving nature a chance to perform her part.

Dr. Harris responded that in diseased habit a day, a week, a month, was often not time enough to counteract the effects of the illness. She used Apis in trituration potency third; in dilution first potency.

Dr. W. C. Barker spoke in favor of continuing the remedy.

Dr. Hawkes believed that if potency 30 were used, it would not be necessary to continue the remedy.

Dr. S. E. Wisner spoke of Dr. Harris' paper as one of the most practical papers which had been presented, and instanced cases in which she had used Apis with good success.

The Bureau of Clinical Medicine was then closed.

BUREAU OF SURGERY.

The Bureau of Surgery was called. Dr. A. S. Everett, of Denver, reported papers to be read in this bureau.

The first one was by Dr. E. H. Pratt, on concussion of the brain, discussed clinically. He instanced numerous cases of injuries to the brain, resulting from falls and blows hurting the head, and stated that the management of cases of concussion should be more careful. Physicians were too liable to accept the statement of the patient that he "was all right" in such cases.

Dr. G. A. Hall, in discussing Dr. Pratt's paper, said that it was very necessary in case of a fall that the patient should be at once placed in a recumbent position, the lower extremities rubbed or warmed by external applications, the head kept cool, the patient put on a bland diet for several days, and obliged to remain quiet until all danger of brain congestion had passed. Dr. Hall spoke of a case where a young man had been injured by a fall from a train, and after remaining in an unconscious condition for about half an hour, recovered himself, and was permitted by his doctor to walk two miles. The exertion brought on the feared congestion, and the young man died. Too much caution could not be observed in cases of falls, and doctors needed to insist upon quiet after such concussion.

Drs. T. C. Duncan and H. P. Cole spoke a few words upon the subject of the paper, indorsing Dr. Pratt.

The next report was by Dr. G. A. Hall, upon cancer of the rectum. The report consisted chiefly of the history of a surgical treatment of a case of this disease. In the judgment of Dr. Hall, very radical measures should be often used, when the cancer involves a large number of the textures in the region.

Dr. Pratt inquired if Dr. Hall would advise the operation of artificial anus in the case of cancer of the rectum.

Dr. Hall replied that this resource often prolonged life, but he was doubtful as to the wisdom of the operation.

Dr. W. H. Caine, of Stillwater; Minn., then read a paper on a successful operation of tracheotomy in membranous croup, advising the

operation, not as a cure of croup, but as a last chance of prolonging life, and giving more time for the action of remedies. This operation is the insertion of a tube into the trachea of the child to help it in breathing. Dr. Caine's operation had been successful, and Dr. Cole congratulated him on his success. Dr. Wisner spoke of a case in which tracheotomy had been successful in prolonging the life of a child for five days and greatly relieving its sufferings. Dr. Reynolds, of Rockford, spoke against the operation. Dr. Hawkes also spoke against risking operations, and said that he believed in the efficacy of remedies, the surgery being of no use except to give time.

Dr. Campbell, of Joliet, was in favor of the operation, and said that he uses the spring-eye speculum to keep open the incision when he had not the tube at hand, and he believed more cases die than live under the use of medicine; very few cases of real membranous croup recover with medicine only.

Dr. Everett then read a paper on fractures of the tibia and fibula.

Dr. W. H. Caine, Stillwater, Minn., was appointed Chairman of the Bureau of Surgery for next year, and the Academy adjourned until 2 o'clock.

AFTERNOON SESSION.

The afternoon session commenced at 2:30 o'clock, about seventy-five doctors present, Dr. Vilas in the chair. Dr. N. A. Pennover, of Kenosha, Wis., Chairman of the Committee on Psychological Medicine and Anatomy, read an able paper on the effects of temperature on nervous troubles; cold is believed to affect especially all nervous disorders.

Dr. H. B. Fellows read a paper on epileptoid headaches, citing cases treated, and naming Calcarea and Belladonna as remedies to be used.

Dr. Harris, of St. Louis, and Dr. Harris, of Galena, each spoke upon the subject of epileptic fits, the latter telling of a case where she had found Belladonna a specific for epileptic fits.

CLINICS—AN INTERESTING EXPERIMENT.

The Bureau of Clinical Medicine was then recalled, and Dr. Goodman, of St. Louis, read an account of a strange experiment made by him in that city during the last year. An Italian came to him insisting that he knew that if an old man and a young one could be joined so that their blood would have opportunity for three months of transfusing, that it would be a fountain of youth to the elder. After a good deal of persuasion Dr. Goodman had consented to make the experiment. The Italian came to him with a younger man, and the doctor had cut portions of the skin of the left arm of each and the patients lay side by side for six days with the skin of their arms growing together. The doctor found the experiment very interesting, but the old Italian was glad to give it up after a week's trial, and suffered for a week, after this attempt to renew his youth, with remittent fever.

Dr. Hawkes then read a paper on clinical medicine, giving full accounts of various cases, followed by Dr. McAfee.

Dr. W. L. Breyfogle, of Louisville, Ky., was appointed Chairman of the bureau for next year.

Dr. Julia Ford, of Milwaukee, presented a paper on the topic of "Rest for Women." The doctor stated that one of the chief causes of hysteria is weak will-power, but that a large number of nervous diseases in women are the result of too frequent child-bearing and of undue mental exertion while in school. A healthful occupation with not too great fatigue was the best cure in many cases for nervous diseases.

As by Wednesday's vote the Bureau of Gynæcology was appointed to come up at 4 o'clock, that bureau was then called. The Chairman of this bureau not being present, Mrs. Dr. Pearman, of St. Louis, reported a paper on the topic, "How the Young Physician Became Proficient in Diagnosis and Treatment of Diseases of Women," by Dr. M. M. Eaton, of Cincinnati, Chairman of the bureau, who was not present, and Dr. Eaton's paper was referred to the Committee on Publication.

On invitation, Dr. R. Ludlam then spoke upon uterine lesion and laceration, exhibiting india ink illustrations of different forms of laceration where Emmet's operations had been necessary. By means of these the doctor illustrated that many cases mistaken for ulceration were either laceration or complicated with it, and explained the delicate operation necessary. The doctor also exhibited an ovarian tumor which he had removed by enucleation, and but for which the operation must have been abandoned.

The Chair appointed Dr. Ludlam Chairman of the Bureau of Gynæcology for next year, and declared the bureau closed.

OPHTHALMOLOGICAL.

The bureau of ophthalmology and otology then reported, Dr. Vilas, Chairman, Dr. McAfee occupying the chair.

Among other singular cases reported by Dr. Vilas was that of a patient with no external ears. No morphine is given in the Homœopathic Hospital in treatment of diseases of the eye and ear.

In the discussion of this bureau Dr. Wisner then brought to the attention of the Academy a patient suffering with exophthalmic goitre. Dr. Vilas called upon Dr. Ludlam to examine the patient, and make a statement upon the case, as if it had been brought forth in the bureau of gynæcology, which Dr. Ludlam proceeded to do.

Dr. Vilas stated that he believed the treatment of this disease came under the treatment of the eye specialist. This disease is especially marked by protrusion of the balls of the eyes.

The bureau of ophthalmology and otology was then closed, and Dr. Campbell, of St. Louis, appointed Chairman for next year.

PÆDOLOGICAL.

The bureau of pædology was then called, Dr. Sarah C. Harris, Chairman.

Dr. T. C. Duncan read a paper, prefacing it with remarks, on epidemics of the winter, believing Bryonia and Rhus the best remedies for this season. His topic was on anal fissures in children, which is rare, and rarely spoken of by authors.

Dr. Harris then presented to the secretary papers contributed to the bureau by Drs. Brooks and Ordway, of Hot Springs, one upon the primary education of children, the other upon the beneficial effects of calcareous waters upon children suffering with eczema and other similar diseases.

Dr. Harris then presented her own report as Chairman, upon the treatment of diphtheria, giving the specifics necessary and stating her belief that low potencies and never attenuations should be given in diphtheria. Various cases were reported by Dr. Harris.

Dr. H. R. Arndt, of Michigan, was appointed Chairman for next year.

NEW MEMBERS.

The board of Censors then reported favorably on the following physicians as members of the Academy: Drs. H. R. Arndt, Grand Rapids; E. Manning, Amboy; G. W. S. Brown, Dixon, Ill.; W. F. Knall, Loran, Ill.; C. C. Shinnick, Knoxville, Iowa; E. A. Whitlock, Farmington, Iowa. Adjourned.

SOCIAL—GASTRONOMIC.

In the evening a large number of ladies and gentlemen assembled in the parlors of the Palmer House, and spent a delightful hour in social reunion, and then proceeded to the dining room, where a fine supper was served. Grace was said by Dr. A. E. Small. After the delicacies had been discussed from clams to coffee, Dr. Vilas, President of the Academy, announced that responses to toasts would now be in order and introduced Dr. Ludlam as toast-master of the evening.

THE TOASTS.

The first toast called was "To the memory of Hahnemann, Hempel, Dunham, Hering, and the host of fellow worthies who have gone to their reward." The response to this toast was the rising of the company, who remained standing in silence for a few moments in respect to the memory of the dead.

The next toast was "The American Institute of Homœopathy, the oldest and best of the three national medical societies in this country." The response was made by the venerable Dr. A. E. Small, as the oldest Homœopath in the city, and the oldest member of the American

Institute. Dr. Small responded in his well-known earnest manner, recalling various reminiscences of early practice in this city, and of early meetings of the American Institute.

Dr. Ludlam said he wanted to bring up a reminiscence, too. In the beginning of the Homœopathic Society in Chicago the meetings were attended only by Dr. Small, President, and himself as Secretary. Dr. Ludlam was in the habit of returning his report to Philadelphia that the meeting was "large and respectable," for Dr. Small was large and himself respectable. [Applause.]

Dr. C. H. Goodman, of St. Louis, responded to the toast, "The Western Academy; it was opposed to State rights in medicine, and peculiar in requiring that all of its fellows should pass through college before entering the Academy."

The next toast was "The Sciences as well as the Art of Homœopathy," responded to by Dr. W. J. Hawkes, of Chicago.

"Our hospitals and colleges just now at the dawn of the clinical era; may they develop and improve in ratio with the public and professional needs, until all of our students shall be blessed with a practical bedside training before leaving their halls." Responded to by Dr. A. S. Everett; of Denver.

A call was made for volunteer speeches, and Drs. T. C. Duncan, W. H. Caine, Minnesota; H. W. Roby, Kansas, and L. A. Bishop, Wisconsin, responded.

"Our medical literature, green, thrifty, and luxuriant, like an evergreen hedge that is sadly in need of editorial pruning to let in the light of critical training to give it the form, consistency, and comeliness that will make its fields attractive;" response given by Professor Ludlam closed the exercises of the evening, which had been enlivened with music from time to time.

NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.

MARCH MEETING.

Dr. Seward spoke of a lately published paper by Adolph Lippe, M. D., on Fatal Errors, as being an important paper.

Dr. Hawley—One of the fatal errors is stated to be the belief that Homœopathy cannot cure tœnia. Would like to know how to remove tœnia curatively. Have seen reports of cases said to have been cured Homœopathically.

Dr. Seward—It is necessary to study indications, forgetting there is a worm. Would not expect to cure, so far as my experience goes.

Dr. Schenck—Pain caused by the worm would be apt to be called by some pathological name. Had a case with clear mental symp-

toms, ready fright, and, though looking to be frightened, everything came to her unexpectedly. Could do nothing without Kousoo. Large portions of the worm came away, but not the head. Was advised to inject molasses; did not do it.

Dr. Seward—A heavy feeling across the abdomen is often present.

Dr. Hawley—That case of sclerosis described at the last meeting, concluded to give Rhus rad. 200. No good result. Gave Rhus tox. 75m without result. Hot fomentations to the spinal column. At middle of the back the patient did not know whether the cloths were warm or cold. Slept better. In a few days he complained that the numbness was creeping up his back. After a few days more distressing urinary symptoms set in. Great urgency, scream with pain, unable to void the urine until the relaxing of the spasm; about one ounce at a time. On cooling one-third of the depth of it was found to be composed of phosphates as proved by tests. Diagnosed inflammation of the nervous tissues. Gave sugar awhile. Could not find anything closer than Nux vom. Gave the 200th every hour till relieved. The first four hours followed by mitigation; forty-eight hours cleared up the phosphates. At this time he has no urinary symptoms, no constipation; has lost the feeling that he is about to fall over backwards; can tell where his feet are, and can move them about. The feet wiggle, however, when he attempts to walk. He can walk pushing a chair before him; can bend his toes; can feel the hot compress on his back. Greatly depressed at times. Have given Nux vom. 3300 and 75m. The feeling of numbness is passing away. There is a constant improvement going on. Compress discontinued. There was no improvement till he received Nux vom. He is much encouraged. Have a case of obstinate constipation. Three weeks ago the sensation was as if there were a lump there all the time, the patient said. Sepia 200. Day before yesterday a free evacuation without help.

Dr. Schenck—When a person attempts to sit down upon a chair, and losses control of himself when half-way down, is not Stannum a remedy for that? Have seen cases with this symptom improved by Stannum.

JUNE MEETING.

Dr. Gwynn showed some singular specimens from the stool of a patient suffering from tuberculosis. Each had a distinct individuality; white, about the length of a three-penny nail, a few lines broad, head slightly barbed. Patient passed thirty to forty daily for the last three weeks. A few gentlemen present thought they were tænia.

Dr. Hawley—The case of sclerosis of the spine, reported by me at the last meeting, has improved. Nux vomica has been given continuously. It has been given high, in varying potencies. He walks with help of a chair, using it as a cane; stands erect. Yesterday he was hoeing in his garden.

Dr. Boyce—What is the meaning of continuously?

Dr. Hawley—Every day a dose.

Dr. Boyce—Was there no pathogenesis gotten up?

Dr. Hawley—None. Nux was given continuously, because he did not do so well when not taking it.

Dr. Boyce—This interests me greatly. It brings up the question of repetition. Dr. Ad. Lippe says: Give three doses in one day, in order that you may come to the time of the exacerbation of the disease for that day. Formerly his instruction was to give one dose and then wait. As to repetition, I am in the dark.

Dr. Seward—Dr. Lippe gave a patient a powder to dissolve in water, and take continuously till the solution should be all used. He gave the same patient another powder of same medicine to take home with him, to be dissolved and used in the same way. As long as a medicine is indicated, continue it. If pathogenetic symptoms appear, stop.

Dr. Hawley—As to repetition, sometimes I have obtained the desired result with one dose; at other times I have had to repeat, else the symptoms would return.

Dr. Boyce—A patient has been in great danger from acute bronchitis with complications. She was greatly disturbed by the passing of carriages and wagons in the street. Under use of Nitric acid 1m this symptom disappeared; the pulse and her general condition improved greatly. It became necessary to prescribe again. Constitutional symptoms and her family history led to the selection of Calcarea carb. Gave one dose of the cm. Ten days afterward a profuse sweat showed itself daily between 10 and 11 A. M. Suspected malaria. Gave Ipecac 200 in water. The sweating ceased and general condition improved. Careful study of all the symptoms show that Calcarea phos. covers now more symptoms than any other medicine does. When can I give the Calcarea phos? Now, or wait until Ipecac has expended its action? Dr. Hering says: Phosphorus follows Calcarea carb. well. When Calcarea phos. is exhibited, shall I give one dose and wait, or repeat?

Dr. Deuel—Why object to following Calcarea carb. with Calcarea phos., if the Calcarea phos. be indicated?

Dr. Boyce—Hahnemann and the first men who practiced Homœopathy had a success which we do not equal. They taught that a given medicine worked a certain number of days, *e. g.*, Calcarea carb. has a duration of action of upwards of fifty days. They taught that by repeating too soon and by giving other medicines too soon, you might so complicate a case as to put it beyond help. An effect of one dose may not declare itself till after several days; and then the first effects may be pathogenetic.

Dr. Deuel—How are we to know how long a dose of Calcarea carb. will act? Patients differ in their peculiarities.

Dr. Boyce—I wish some one could answer that question. It depends upon the acumen of the prescriber. We come together here to teach

each other this among other things. This patient was in ordinary health until about six weeks ago. All at once she fell flat upon the face and could not rise. The house was full of sewer gas. One patient died in the same house about three weeks ago. The fact of malaria suggested Ipecac; and Ipecac has the sudden outbreak of sweats, warm sweats.

Dr. Hawley—How do we know that the sewer gas has had any power in the case?

Dr. Boyce—Other members of the household have been affected, though not to the same degree. Staying in the house over one night affected me with unpleasant symptoms. The patient who died was depressed by a number of causes below the point of successful resistance to the poison. *Post mortem* examination showed the vital organs to be perfect. Acute nervous prostration carried him off by paralyzing the heart.

Dr. Jennings—The patient had been unhappy since the loss of his wife, five months before. He was in his climacteric. He persisted in treating a sore on the leg with topical medicated applications, though warned that such treatment would shorten his days. These causes concurred to depress him below the point of vigorous resistance to the sewer gas.

Dr. Hawley—I understand Hahnemann to teach that we may repeat the dose, or change the remedy when improvement ceases. If the same remedy is indicated, repeat it. While improvement progresses no medicine is indicated. We must wait. If improvement be at a stand, we are to give the indicated remedy, regardless of what has been given, unless we have an aggravation from the medicine already given.

Dr. Deuel—In an acute case of serious disease, if medicinal aggravation comes, shall I repeat the remedy, or give something else? The family will be anxious and think that something must be done.

Dr. Hawley—A doctor must be a doctor. If he is not allowed to judge when to give medicine, he should retire from the case. You may not have an aggravation. You may have failed to hit the case. In acute diseases you should watch closely, and, if necessary, change the medicine.

Dr. Boyce—Dr. Deuel's question comes to the point. You must decide on your own judgment. You will have time generally in an acute disease to find out whether to change or to repeat. Repetition has done a great deal of harm in acute cases. In scarlet fever, *Belladonna* may be repeated so as to make the case worse all the way through. In chronic cases, you cannot repeat often and in low attentions without doing harm.

Dr. Hawley—The case of sclerosis I was speaking of was acute in the attack at its origin. It has been on hand more than six months. The disease was induced by exposure to cold air and wind while sweating freely from overwork. Do not think the integrity of any tissue is destroyed. The man belonged to a long-lived family.

Dr. Gwynn—In Dr. Boyce's case we do not know that any remedy will help. If there are tubercular deposits in the lung, if the family is consumptive, and if she is at the age when members of her family have gone with consumption, she cannot recover. In scarlet fever, if you give Belladonna, and it be indicated, you cannot expect the case to be better all at once. There are stages of aggravation in disease, and stages of amelioration.

Dr. Deuel—Such things are always to be taken into the account.

Dr. Boyce—The prescriber must hold himself; and he must have a good deal of back-bone. In the case of impending phthisis spoken of, the family and the patient have been told of the gravity of the disease, and of the peril. But it cannot be said there is no hope. Eminent physicians have reported cures in cases of this kind.

Dr. Hawley—Before Homœopathy was known, some tubercular cases recovered. They died of other diseases, and *post mortem* examination disclosed cicatrized lungs. The existence of tubercles and their activity does not necessarily conclude fatality.

Dr. Gwynn—Often we labor with hopeless cases. If able to give a correct prognosis we would secure ourselves from mortification.

Dr. Seward—A man was known to have lost one lung with tubercular disease, and yet he lived some years. A woman was treated for intermittent fever. She thought she had tænia. She felt a tickling in the throat as of something moving about. Her daughter took a cloth and succeeded in pulling out a yard of tape worm. The remainder of the worm was evacuated from the bowels. The treatment for intermittent fever was according to indications. Cases must be treated according to indications, having regard to the patient, not the disease.

Dr. Seward read a paper on the use of external applications of medicine in non-surgical diseases, showing that Hahnemann left strong caution against such a practice, teaching that it is equally absurd and dangerous to regard such diseases as purely local and treat them by topical applications; that there is no other safe mode, and really no other mode of curing what seem to be local diseases than by correct internal treatment; that the patient is to be examined externally and internally, and all his symptoms are to be reunited in one perfect image so that you may be able to select one suitable remedy, which remedy is to be administered in one dose, with no external medicinal application. This treatment will cure at the same time the internal malady, and the external manifestation of it. Such cure (says Hahnemann) ought to prove to us that the local evil depends solely upon a malady of the entire body. In this teaching Hahnemann is not referring to a condition which elsewhere he speaks of as psoric, or sycotic, or syphilitic, but to acute inflammations, such as erysipelas, etc. If the disease is not entirely removed by an exact Homœopathic prescription, the physician should look out for latent psora. He may need to prescribe an anti-psoric. No external medication should be applied in psoric, sycotic, or syphilitic diseases. This



is the teaching of Hahnemann. If Hahnemann is wrong, I want to know it.

Dr. Gwynn—In every chronic ailment there should be a strict inquiry to ascertain whether there be psora, sycosis, or syphilis. Often we will be astonished at the result in detecting such conditions.

On motion, the rules were suspended, and the society proceeded to the election of officers for the ensuing year.

The balloting resulted in the choice of Stephen Seward, M. D., for president; R. B. Sullivan, M. D., for vice-president; and Dr. C. P. Jennings for secretary and treasurer.

Dr. Seward—Doctors, please accept my thanks for your partiality in conferring upon me this honorable office. Fearful of failure to do honor to the position without your kind advice and aid, I will therefore ask your assistance as we move along. I offer some remarks upon this society and upon Hahnemann's Organon of the Healing Art. Many of the members of this society meet with us no more; others come but seldom, and take little interest in its work. Some of the members are almost always present, and take an active and interested part. Will some of you, gentlemen, give us any good reasons why so many of our members should omit attendance upon our regular meetings? Is there anything this society has done or omitted to do as a cause? Or have they learned all there is to learn? Some of the members of this society have spent much time and thought in the study and discussion of Hahnemann's Organon of the Healing Art. The law *similia*, and the facts and truths emanating from that law have been made the basis of discussion. The theories we can accept or reject as we may severally please; but the well-proven law, and the principles drawn therefrom, we must accept and be guided by, or we cannot be Homœopathic physicians, or true healers of the sick. To say that I accept and believe the law, *similia*, and become a member of a Homœopathic society, will not alone constitute me a true Homœopathician. Neither does giving to the sick patient any form of medicine—tincture, potencies, or globules—high or low, prove one to be a Homœopathician unless given under the rules of the law. If every member of this society, if every member of the Homœopathic profession would take a deep interest in the thorough and careful and repeated study of Hahnemann's Organon of the Healing Art, and pursue his strict inductive method in examining the patient and in searching for the *simillimum* we should improve daily, and become better practitioners of Homœopathy, "true healers of the sick," doing honor to ourselves, to our immutable law of cure, and to its great discoverer. I used to read the Organon. I have learned of late years to study it. I have not learned that any fact stated by Hahnemann has been proven to be wrong.

Dr. Boyce—Dr. Gwynn said this morning, he does not know how chronic diseases can be treated except by following the rules and regulations in the Organon. If there is any other way, I would like

to know it. Hahnemann taught that chronic diseases are those which change the whole system, giving it a new, different, and deteriorating life. He states and implies that we must administer the *simillimum* give one dose, and then wait till its action has been expended. How are we to know when the action is expended? When to repeat the dose? When to change? Is there any way better than to repeat the remedy till you obtain effects, and then let the case alone? We are to remember that chronic diseases do not improve of themselves, they keep growing.

Dr. Seward—A case of dropsy indicated Arsenicum. Gave the 200th. No result. Reviewed the case two or three days after, and gave the 40m. Improvement began within twenty-four hours. The urinary discharge became copious every time this potency of Arsenicum is given. On the other hand, Dr. Morgan once told of a woman having intermittent fever in New York City. She came here and had it again. China was indicated. A potency of it was given. No result. One-tenth of a grain of Quinine cured her effectually.

Dr. Jennings—Calcarea carb. 17m, one dose, cured a patient of intermittent fever, where the 200th had no effect. Mercurius sol. 200, a few pellets dissolved in two-thirds of a glass of water, one teaspoonful set up a curative action, and, without being repeated completed the cure of a catarrhal sore throat, where the same medicine given dry produced no impression.

Dr. Seward—A case of ovarian dropsy came to me from the Old School. Had been tapped some time before, and twenty-two pounds of water were taken from her. Patient was filled up again. Had had Mercury till mouth was sore and burning. Green watery diarrhoea; ulcer on the tongue. She must be fanned continually, and have the windows open. Arsenicum 40m in water, a teaspoonful every four hours for several days. She improved so much that in two weeks she was out of doors. After awhile she filled up again. Arsenicum 40m reduced the tumor two-thirds, leaving one-third of its former bulk. She was not cured. She lived, however, from September till the July after.

Dr. Deuel—A case of intermittent fever was cured by Ipecac 3. Her daughter was taken; presented apparently the same symptoms. Ipecac 3 did no good. The tincture of Ipecac was given, one small teaspoonful, and she recovered.

Dr. Seward—Dr. Baker, of Batavia says, that he relies upon Ipecac 1500 and Eupatorium perfoliatum in all cases every season.

Dr. Gwynn—A tincture can be Homœopathic as well as an attenuation. Have seen cures by large doses; but they had the Homœopathicity to the cases in hand. This was while I was a student at Jefferson Medical College, Philadelphia.

Dr. Deuel—Wish all would read the articles which have been published in the London *Lancet* since the death of Lord Beaconsfield. They would profit by them.

Dr. Schenck—Some seemed to complain that Lord B. would take Homœopathic medicine, and yet live!

Dr. Boyce—Would ask Dr. Seward how did the Arsenicum act in your case? It began to act in four hours. Was it pathogenetic? Did a dose expend itself in four hours? Apis mel. has been known to be followed by increase of water; while the pathogenetic effect is a decrease. How does it act? Dr. Dunham in a case of malignant pustule, gave Lachesis daily for weeks, and accomplished a cure. What was the action, pathogenetic, or was it a reaction?

Dr. Brewster—It was said in the earlier history of our School that Homœopathy acts upon mathematical principles, antagonizing similar symptoms just enough to overbalance one set by the other. Is it true? Or, is it metaphysical only? Small pox produces a powerful effect upon the organism. What is it? It cannot be seen, tasted, felt. Its effects are all we know. It is a force, producing results. Can you see or detect force in its essence? Is there anything in a high attenuation? There is an apparatus which is sensitive to the action of it. We ascertain this fact by the effects. That apparatus is the human body. Had, last fall, a case of intermittent fever. A young woman; she had recovered from diphtheria; had been heavily drugged. Capsicum was indicated. Made an alcoholic tincture of it and gave her two or three drachms. No result. Reviewed the case. When chill came she would lie down on left side, double up, and shake; intense pain in back and bones all over; chill began in back of neck and in the shoulders, and went down to feet; then fever would rise; fever chiefly in the head. Gave Capsicum 1500, one dose; the next day she had a little chill. It was the last. This was six or eight months ago. A new case of intermittent fever in a malarial region cannot be cured by anything all at once. Had a case of congestive chills; chill, fever, sweat, all combined; burning up internally, calling for water incessantly. Drop doses of Fowler's Solution of Arsenicum improved the case; but, a dropsy and a diarrhœa set in. Other medicines removed these. The power which produces a chill operates upon nerve centres. The drug must act upon nerve centres, and, therefore, it must be minute; and, when force balances force, there is cure.

Dr. Deuel—Capsicum tincture overbalanced the disease; the higher potency of Capsicum antidoted the effects of the tincture.

Dr. Schenck—In order to the knitting of a broken bone, it has been said that it should be treated with Calcareo carb. This medicine it was said, is a stimulus to those powers of the system whose business it is to build bone. Health is dynamis; disease is adynamis. Remove the force which is producing the adynamis, and you restore dynamis, which is health.

Dr. Gwynn—We must rid ourselves of the idea that diseases are material entities. The twenty-seventh paragraph of The Organon states the true principle.

Dr. Brewster—Suppose there is a deficiency of iron in the blood. This is because the organism fails to appropriate it as prepared by

nature. Crude doses of iron will not meet the difficulty. It must be so dynamized that the system can appropriate and assimilate it.

Dr. Jennings—In such a case the thing to be done is to restore to the system its power to appropriate and assimilate iron; and, this is to be accomplished by giving whatever medicines is indicated by the symptoms.

Dr. Hussey—Have had cases where low potencies would cure, and high would not; and *vice versa*. But, what rule can we carry about with us besides experience? What law is true to guide us?

Dr. Brewster—There is no law to guide as to dose and potency.

Dr. Jennings—Mischief is done oftentimes by repeating such a medicine as Calcarea carb. It was given to a maiden lady of thirty for a scrofulous ulcer on outer ankle of left foot. Could not wear stocking nor shoe. Discharge profuse. Calcarea carb. 30, one pellet. One month afterwards the woman could use stocking and shoe, and walk long distances. Another dose was given to confirm the good results. It was followed by re-opening of the sore. Patient abiding by Hahnemann's rule not to repeat Calcarea carb. too soon has been followed by brilliant cures. A case in point. A married lady having a number of children, had her catamenia too early and profuse. Grew steadily worse for seven years, till it approached almost metrorrhagia. She became anæmic, dropsical, neuralgic. Her physician put her upon Quinine, in three-grain doses, five doses a day. She continued to grow worse. Called in a Homeopathician. He dissolved a few pellets of Calcarea carb. (Dunham) in two-thirds of a glass of water, gave her one teaspoonful, and threw the remainder away. Aggravation followed for three hours, then improvement. In one month she was restored to health. No repetition.

Dr. Seward—Some diseases use up the effect of a medicine and need more; medicines lose their effect. Hahnemann says: Give one dose and wait. A woman had anasarca after scarlet rash. Arsenicum 30 failed. The 18th failed, likewise the 3d. The 200th was given. Relief began immediately and progressed to a cure. She is sound and well to-day. This was thirty years ago.

Dr. Boyce—Suppose you give a man Aconite, the tincture of the root, five drops at a dose. The primary effect would be depression an hour or more, if given to a man in health; then fever for several hours; then perspiration, or some sign of balancing the system. The effect would last, say, one day. Suppose, at the time reaction comes on, we give another dose, what will be the effect. Either to antidote the previous dose, or reproduce the depressed condition. Four hours afterwards, at the reaction, or a little later, we give another dose. We are certainly getting into an anomalous condition. Such a proving would be no proving at all. Give a sick man a high potency. You obtain an effect. If while the effect is upon him, you repeat the dose, how are you going to tell what you are doing? Suppose you stop the symptoms, and yet give another dose. You produce a new state, or antidote, that is neutralize, what has been done.

One medicine may put the case where another medicine may be required. Can *Calcarea carb.* be followed by *Calcarea phos.* and be safe?

Dr. Gwynn—There is a difference between the action of a medicine upon a well man and upon a sick man.

Dr. Seward—A high potency does not act upon the well part of a sick man, but upon the diseased parts; and repetition of dose pushes matters in the same track.

Dr. Boyce—High potencies do affect the well. Hahnemann, in proving Vegetable Charcoal, obtained no results till he had reached the 6th potency. *Natrum muriaticum* gives no pathogenesis till carried to the 12th. The Vienna provers sought to discredit Hahnemann's position, but they found that the 30th gave more results than lower potencies did, and they admitted it. The *cm* is known to produce pathogenetic effects.

Drs. Boyce and Gwynn were, on motion, requested to prepare each a paper on Repetition of Dose, to be read at the next meeting.

Ordered, that the Organon from paragraph 187 and scarlatina be the subjects of discussion at next meeting.

C. P. JENNINGS, Sec'y.

Consultation Department.

REPLIES TO RHUS TOX. POISONING.

Tell L. Hamerschmidt that *Rhus tox. cmm* will cure his cases. Lower potency cannot do it; Allopath cannot do it. SWAN.

If L. Hamerschmidt will use for *Rhus* poisoning Labarraque's Solution of Chloride of Soda diluted with three to six parts water, and apply four times daily, he will cure his cases. I have used it in several cases and it never fails me. In burns, scalds, and erysipelas, its use is spoken highly of. WM. M. BALDWIN, JR.

The following is said to be a quick and sure cure for *Rhus* poisoning, relieving almost immediately: "℞ *Oleum olivæ* ʒi, Bromine gtt. xv. Mix. S, apply with camel-hair brush three or four times per day." I would advise also the internal administration of Bromium 3x following any remedy that may become indicated. W. HICKOX.

I see in the last INVESTIGATOR a request for antidotes to *Rhus* poisoning. Such inquiries are frequent. I have had considerable experience and never found a decoction or dilute tincture to fail to modify the heat and swelling in a few hours, provided the said decoction or tincture was made of tobacco. If the tobacco doesn't

cure in the form of a lotion and I never use it otherwise, administer a few doses of Croton tig. or its analogues being governed by the symptomatology. Have always given satisfaction in these cases but the Tobacco is the sheet anchor.

ARTHUR F. MOORE.

Give Croton tig. 30th, if this fails give the 200th. This remedy in my hands has cured a number of inveterate cases of Rhus poisoning, other so-called antidotes having failed. Please inform me through THE UNITED STATES MEDICAL INVESTIGATOR what success you have in giving the remedy.

W. E. HARVEY.

For Rhus poisoning use fluid extract *Grindelia robusta*, one tablespoonful in one pint water, with which bathe the affected parts frequently. Also give the same remedy internally, twenty-five drops in a glass of water, one teaspoonful every two hours. It has not failed me in at least a dozen cases. Potassæ chloras used internally and externally is highly recommended.

E. E. HOLMAN.

In reply to the question by L. Hamerschmidt in the number for the 15th of the current month. "What will cure Rhus poisoning?" I would say that in this region, any low potency of *Ledum palustre* has not failed me for years. Where there is much swelling or the vesicles are large and numerous, I sometimes direct a very dilute lotion of the same to be applied, but its internal administration is mainly depended upon and cures promptly.

L. B. HAWLEY.

STUDY DISEASES OF CHILDREN.

I am a beginner in the study of diseases of children and want you to tell me the best works to get and the order I should read them. How about Edmonds' book?

J. F.

Perhaps the best work for you to begin with is *Feeding and Management of Infants and Children*. It is most elementary, easy of comprehension and practical. Read it through once or twice carefully then take *The Treatise on the Diseases of Infants and Children and their Homœopathic Treatment*. This is a condensation of the whole field and is really a cyclopædia on infantile diseases and up to the scientific demands at all points. After this take up the special monographs. Edmond's work is intended to be elementary but is behind the times in pathology and very imperfect as to treatment. If you have the money to spare buy it. You will soon discover, by comparison, that it is very imperfect, but you will get some useful hints from it. Vogel (German), Bouchut (French), E. Smith (England), you could read with profit, but you will find them condensed into my large work. It is a satisfaction and profitable at times to read extended essays, therefore read all you can get hold of on this department.

T. C. D.

Book Department.

THE DENGUE FEVER OF 1880 IN SAVANNAH, GEORGIA, by L. A. FALLIGANT, M. D., is an interesting pamphlet.

A CRITICAL EXAMINATION OF THE MATERIA MEDICA, by T. F. ALLEN is a review of the Encyclopædia—a sort of running commentary that makes racy reading.

THE SKIN IN HEALTH AND DISEASE. By L. D. BULKLEY, M. D. Philadelphia: P. Blakiston. Chicago: Jansen, McClurg & Co.; Duncan Brothers. 50 cents.

This is a health primer, and, written by an expert, is valuable with the omission of a few Allopathic expedients.

BRAIN WORK AND OVER WORK. By Dr. H. C. WOOD. Philadelphia: P. Blakiston. Chicago: Jansen, McClurg & Co.; Duncan Bros.

This is a very comprehensive little work of a popular nature. Worry is a form of brain work that does not receive the attention that it merits.

WHAT TO DO FIRST, IN ACCIDENTS OR POISONING. BY C. W. DULLES, M. D. Philadelphia: P. Blakiston. Chicago: Jansen, McClurg & Co. Duncan Bros. 50 cts.

This is a good little book but what to do first might be told on one page and better remembered. In the matter of poisonings it is very defective as to proper antidotes.

HOW A PERSON THREATENED OR AFFLICTED WITH BRIGHT'S DISEASE OUGHT TO LIVE. BY J. T. EDWARDS, M. D. Philadelphia: P. Blakiston. Chicago: Jansen, McClurg & Co. Duncan Bros. 50 cts.

Briefly this could be avoid stimulants or follow the physician's orders. It would seem that this class of books are becoming altogether too common.

SCHOOL AND INDUSTRIAL HYGIENE. By D. F. LINCOLN, M. D., Chairman Department of Health, Social Science Association. Philadelphia: Peasley Blakiston. Chicago: Jansen, McClurg & Co. Duncan Bros., 50 cts.

This is number XII. of the American Health Primers and with its title admits of a wide discussion of topics which the author considers with some very practical suggestions.

THE MANAGEMENT OF CHILDREN IN SICKNESS AND IN HEALTH. By A. M. HALE, M. D. Philadelphia: P. Blakiston. Chicago: Jansen, McClurg & Co.; Duncan Brothers. 50 cents. Cloth.

This is a book for mothers, and contains some good advice and

much Allopathic dosing, extra washing in Ammonia water, etc. The style is dictatorial and often extravagant, *e. g.*: "The new-born babe is *as ugly as a frog*, and not unlike one!" Notwithstanding all it contains some useful hints.

DISEASES OF THE LIVER AND PORTAL VEIN, WITH THE CHAPTERS RELATING TO INTERSTITIAL PNEUMONIA. New York: W. Wood & Co. Chicago: W. T. Keener.

This is Vol. IX. of Ziemsen's Cyclopædia of the Practice of Medicine and fills an important niche in the work. All of the diseases of the liver are considered in the usual exhaustive style, making a portly but valuable volume. The article on interstitial pneumonia is of anatomical rather than clinical interest.

SUPPLEMENT TO ZIEMSEN'S CYCLOPEDIA OF THE PRACTICE OF MEDICINE. New York: Wood & Co. Chicago: W. T. Keener.

This work was deemed necessary to fill up the gaps in the great work and to bring it up to date. This is the best argument that we know of for separate monographs and frequent editions. Medicine is a progressive science and take the advances made in all countries no one work can contain all. The recent literature and advances make a work of 800 pages by American writers—a valuable work—in some regards the best of them all.

THE LADY'S MANUAL OF HOMŒOPATHIC TREATMENT. By S. H. RUDDOCK, M. D., and R. LUDLAM, M. D. Chicago: Halsey Bros.; \$1.50.

This is the third American edition of this valuable work. We are informed that the work has been revised and chapters on management and diseases of infants added. We confess to a little surprise that "thrush" and "aphthæ" and "croup" and "laryngismus stridulous" should be confounded as is here done. The explanation is that the additions are evidently from Ruddock's very imperfect work on Diseases of Infants.

THE DIET CURE; The Relations of Food and Drink to Health, Disease, and Cure. BY T. L. NICHOLS, M. D., Editor of the London Herald of Health. New York: M. L. Holbrook. Chicago: Duncan Bros. 50 cts.

The title of the twenty-four chapters of "The Diet Cure" are: Health—Food—Water—Blood—The Natural Food of Man—Disease—Prevention and Cure—The Question of Quantity—The Question of Quality—Principles of the Diet Cure—Medical Opinions on the Diet Cure—Of Diet in Acute, Scrofulous, and Nervous Diseases—The Diet Cure in Obesity—*Vis Medicatrix Naturæ*—The Diet Cure in Various Diseases—The Water Cure—Waste of Life—The Life of the Race—The Population Question—Some Practical Illustrations—Air and Exercise—(Of Psychic Force—National Health and Wealth—Personal Advice. There have been, from Hippocrates to Dr. Gull, many sensible physicians, and some of the best of them are quoted in

"The Diet Cure," which teaches that pure food makes pure blood, and pure blood builds up a healthy body.

A MEDICAL FORMULARY. By L. JOHNSON, M. D. New York : Wm. Wood & Co. Chicago : W. T. Keener.

This is Vol. V. of Wood's Library for 1881, and is based on the United States and British Pharmacopœias, together with numerous French, German and unofficial preparations. Those who admire exactness should peruse this volume. The indiscriminate use of several articles by the same name, especially in the preparation of the alkaloids, is amusing. It is interesting to note how formulary of recent date tends toward single remedies. The frequency with which glycerine is introduced into fluid extracts may explain its presence in subsequent tinctures, as sometimes found coming from unreliable sources. The work is, doubtless, of great value to prescription writers.

A TREATISE ON THE CONTINUED FEVERS. By J. G. WILSON, M. D. New York : W. Wood & Co.; Chicago : W. T. Keener.

The continued fevers are here given as simple, influenza, cerebro-spinal, enteric or typhoid, typhus, relapsing and dengue. When one symptom is taken as a type of disease, diagnosis is at a discount and treatment stereotyped. The frequent repetition of cold baths, (anti-pathic) Quinine and Salicylate of Soda is tedious and show the superiority of Homœopathy that has a remedy for the individual forms of the disease. The article on typhoid (about half the book) smacks strongly of Panelli. The most of the work is taken up with pathology and diagnosis complications, *i. e.*, continued fever with variations. How it compares with Ziemssen we have not time to examine.

TRANSACTIONS OF THE WORLD'S CONVENTION OF 1876. Vols. I. & II. \$5.00 each.

Vol. I. is made up of papers and discussions and consists of 1117 pages. The value of these papers our readers have been able to judge for we have printed several of them. In the discussion we hope that all are not made as ridiculous as Dr. Duncan (p. 571) where he is made to say that Carbo veg. is the first remedy for membranous croup! Hepar is evidently meant, Kali bich. being the main remedy. Notwithstanding these few errors, which the editor had abundant time to correct, this is a valuable volume.

Volume II. of 1,128 pages is filled with a history of Homœopathy of the world. The report of the progress of Homœopathy in other countries our readers are familiar with as well as that in our own land. The latter is here given in a very meagre shape, *e. g.*, Illinois is given only four pages while Vermont is given twice the space. The Institutions are given as they were reported without order or system. The most valuable part of this volume aside from its historical work is the excellent index of our literature found therein. From this we

learn that this journal is twenty-one years of age—a full grown man. Imperfect as these volumes are they show a vigorous growth for Homœopathy.

THE DECLINE OF MANHOOD; ITS CAUSES AND HOMŒOPATHIC TREATMENT. BY A. E. SMALL, M. D., President Hahnemann Medical College and Hospital. Chicago: Duncan Bros.; 1 Vol. 12mo; \$1.00.

This is a subject to which most physicians have given a good deal of attention, and have had more or less success in the management of the cases that have come to them. Perhaps no work will be more welcome to the profession—filling as it does a most important vacancy in medical literature with its wise counsel. Aside from Acton on the Reproductive Organs, there is little or no reference to sexual weakness in its various phases, in any professional standard work. This work in many ways is a most healthy one to put into the hands of young men and it will tend to save them from the grasp of the quacks whose flaming advertisements tend to frighten and decoy their deluded victims. The work is dignified in tone and full of practical suggestions.

PHYSIOLOGICAL MATERIA MEDICA. BY W. H. BURT, M. D. Chicago: Gross & Delbridge; Duncan Bros. 8vo. pp. 979. Cloth, \$7.00; leather, \$8.00.

I expected this was to be the third edition of Burt's Characteristic Materia Medica, but for some cause the title is changed and the work is on a different basis. The effort is here made to explain how each remedy acts, as was attempted in Hale's New Remedies (second Ed.) and carried out more fully in Hughes' Pharmacodynamics—a title more appropriate to a work of this character. "Physiology is the science of life," and how medical material can have any relation to that science is not very clear to me. Treatment on physiological principles (i. e., to supply a lack) is quite a different thing. How remedies effect the system is often or would seem sheer guess work, e. g., Opium (dose "one to four grains!") "though the cerebro spinal nervous system has *fifteen special centres of action!*" Now who could guess what they are: "Brain, spinal cord (posterior), vagi, eyes, heart, vaso motors, digestive organs, mucous membranes, stomach, intestinal canal, kidneys, sexual organs, male, s. o. female, "skin" and the fifteenth centre is "nutrition destroyed!" Won't the Regulars laugh at that physiological display? Where it acts and how it acts are two different things. Opium is a narcotic and most of its effects are apparently mechanical—due to retarded circulation. All the remedies are here made to act through the nervous system—even to the acids! The author is undoubtedly a believer in the dynamic theory of drug action, but in practice he is crude enough, e. g. in diphtheria he advises Phytolacca given, the tincture of the green root diluted one-half with water. These doubtless are some of the original parts of the work.

Following the pharmacodynamics in each remedy comes "therapeutic individuality." Here, with characteristics so-called, are all sorts of additions, clinical, theoretical, and hypothetical. The original sources are duly credited, so reads the preface, but turning to Aconite we find Hg (Hering) credited with forty-seven paragraphs of symptoms!—a singular fact overlooked by Allen, who has not credited Hering with even one symptom of Aconite! There is one peculiarity about the work that will not escape notice, and that is that about every other remedy has "no superior," "is the very best," "no equal," etc.—rather confusing to have several "best remedies," with no key to their relative positions. You have no room for an extended analysis of the work, nor is any needed, but in closing I will say that although some students and beginners may be befogged by it, still if it leads Eclectics beyond Scudder's Specific Medication and Allopaths beyond Ringer's Therapeutics it will doubtless accomplish a useful purpose. In a typographical point of view it is a credit to Chicago. It occurred to me that it might have been condensed a little and saved us "poor doctors" a couple of dollars, at least. J. O. K.

Medical News.

Hahnemann Hospital Chicago.—The addition of a new large amphitheatre and reception rooms is well under way.

Removal.—Dr. H. Noah Martin, has removed his office to No. 1218 Walnut street, Philadelphia.

H. B. Lashlee, M. D., from Palmyra to Grand Island, Neb.

The Chicago Homœopathic Medical College building has reached the fourth story and is already an imposing structure. Dr. Duncan has accepted the chair of Clinical Professor of Diseases of Children—a honor he richly merits. We predict a crowd of little patients and of Allopathic students to this clinic. The stock, \$30,000, is about all taken, some by physicians out of the city, even in amounts as high as \$1,000. Everything goes on splendidly. A large class of choice students intent on a thorough medical education promises to fill the new building. K.

The Wounded President.—The sad event that occurred to the president has aroused the sympathies of our readers, in common with the rest of the world. The medical report of the case is not satisfactory, but we hope in our next to give our readers a better idea. It does not seem that any organ except the liver was injured. The gravity of the situation is heightened, according to our view, by the large doses

of Morphine and Quinine given. July 13, temperature, 102° and respiration 24° are grave symptoms. With a fair chance the president ought to recover, but there are complications to arise that give this hopeful prognosis a grave aspect.

Attending Allopathic Colleges.—Would you advise me when my literary course is completed next year, to attend an Allopathic medical college? Would it or not be to my advantage?

In reply we can only quote the emphatic words of one who as a Homœopathic student went to an Allopathic college because it was cheaper and more convenient! "Never allow any of your friends to attend an Allopathic college. I am all mixed," said the young M. D. in despair. After the recent action of the American Medical Association trying to handicap Homœopathic students and compel them to practice old physic, no Homœopath should countenance their schools in any way.

From our Delegates.—The following items of interest are from a letter by Dr. A. W. Woodward to Dr. R. W. Conant, of this city. Dr. Woodward is the delegate of the Western Academy of Homœopathy to the International Convention at London. Drs. Mitchell, Woodward and Foster arrived off Queenstown, June 30, after a voyage of two weeks which was a succession of storms. All three are, nevertheless, in fine condition; Dr. Woodward suffering no sea sickness at all, and Dr. Mitchell "gaining in health daily." Dr. M. disembarked at Queenstown, June 30, to take a trip through Ireland and Scotland before the convention meets. Dr. W. expects to reach London, July 10, and may continue on to Rome after the adjournment.

Homœopathic and Allopathic Showing.—Comparative report and summary of the Arapahoe County Hospital for the months of June, 1880 and 1881:

	<i>All.</i> 1880.	<i>Hom.</i> 1881.
Number of patients remaining from last month,	48	56
Number of patients admitted during the month,	64	66
Number of patients discharged,	57	64
Number of patients died,	8	3
Number of patients remaining at the close of the month,	47	55
Number of patients treated outside,	21	3
Number of patients treated in jail,	1	3
Total number treated,	134	128
Average daily attendance at hospital,	48.5	55.5
Mortality rate with the number of discharges from the hospital as a basis,12+	.04+
Drugs and surgical appliances,	\$79.40	\$34.00
Whisky,	24.00	—

AMBROSE S. EVERETT, M. D.,
Surgeon in Charge.

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Children's Department.

ON INFANTILE THERAPEUTICS.

BY C. LIPPE, M. D., NEW YORK.

For the selection of the proper Homœopathic remedy in diseases of infants, we have only the symptoms observed in the patient for our guide; and at times, by those symptoms we can discover the kind of pain and the locality.

First is to be considered the countenance, for by the wrinkles, lines, color and expression the attentive observer ascertains often the anatomical seat of the trouble. Wrinkles on the forehead lead us to suspect brain difficulties; between the forehead and upper lip, chest troubles, and about the chin, abdominal complaints.

Wrinkles on the forehead call our attention to Cham., Hell., Lyc., Rheum., Rhus., Sepia., Stram.: Knitting the brows, to Rheum., Viol. od. Wrinkles on the face, to Calc., Hell., Lyc., Stram.; on the lips, to Amm. c. Blueness of

the nose Hydroc. acid; paleness around the nose, Cina. Fanlike motion of alæ nasi, Lyc.

Aged expression Hydroc. ac.

Anxious expression Aeth., Bell., Cupr.

Bewildered expression Plb., Stram., Zc., etc.

The sudden contraction of the muscles of the face and the quick passing expression of pain will give us an indication of a short, sharp, shooting or stitching pain; if the trouble is related to the chest, the pain will be of the stitching variety; if to the abdomen, shooting; this kind of pain is accompanied by a quick, loud cry, if the infant has not been much weakened by the disease; the weaker the patient becomes, the cry is at first hoarse, then almost extinct. If the child moans constantly, the pain is more of an aching or of a dull character; if the child only manifests pain on being moved or touched, then we may safely say that the pain is of the bruised variety; Arnica, etc. Pain only on voluntary motion will lead us to suspect rheumatic pains, and call our attention to Bry., etc.

The position the child assumes both when asleep and awake, and the gestures often also give us a clew to the kind of pain and the locality.

The upright position of dyspnœa, calling attention to the peculiar conditions requiring such a position, and the position on the side with legs flexed and arms drawn close to or over the chest, which is observed in the last stages of brain affections; one leg stretched out, the other bent; hands above the head, or crossed on the abdomen, all calling attention to the peculiar symptoms belonging to certain remedies which often are of importance in many cases.

The desire to be carried and amelioration from being so carried has so often been observed to be met by Cham., that this symptom has been marked as characteristic under that drug, and in croup the necessity of being carried with a rapid motion has been observed under Brom.

The continuous crying of infants may be referred to two reasons, earache or hunger, when not due to mechanical causes.

The peculiar cries are of some importance. The sharp, shrill, single cry of Apis; the moaning of Acon., Bell., Hell., etc.; the groaning of Millef; whining, Apis; the hoarse metallic sound of croup, Bell., Brom., Hepar, Spongia.

The tongue gives some peculiar diagnostic signs of the remedy to be applied; black, Ars., China, Merc., Phosp. etc.

Bluish, Dig., Mur. ac., Spig.; Grayish, Ambra, Tart.

Red all over, Bell., Tart., Ars., Lach., Rhus., Sulph.

Red glistening, Glon., Kali b., Lach.

Red, triangular tip, Phyt., Rhus.

Red tip, undefined borders, Rhus.

Lead colored, Ars.

White coat on one side, Rhus; on both sides, Caust.

White coat, middle only, Bry., Phosp.

White coat on the root strongly marked, Sepia.

Dry red cracked at tip, Kali. b., Lach., Rhus., Sulph.

Dry tongue without thirst, Bry., Puls.

Soft, with prints of teeth, Iod., Merc., Rhus., Stram.*

We are always to bear in mind that the law of cure, as developed and expressed by Hahnemann, must hold good with infants as with adults, and although the selection of the proper remedy is more difficult with infants, yet from their quick rallying powers, we have made our most brilliant and rapid cures. We all know the almost instantaneous effect of a single dose of the proper remedy in croup. Our only success can be through the strict adherence to that single law, which unerringly guides every one who rigidly adheres to it. — *Hom. Phys.*

*For further indications see "Diseases of Infants and Children."

ACID AND ALKALINE CHILDREN.

In your Disease of Children you point out the difference between acid and alkaline children but I could not find some hints *how* to correct it or the difference in their treatment in case of sickness, is that afterwards explained, if so where?

J. H. CARDOZO.

In the new Edition this practical point will be more carefully elaborated. In the popular work you will find many hints.

T. C. D.

HEREDITARY SYPHILIS—THE CICATRICES.*

BY M. J. PARROT, M. D., PARIS.

In our last reunion we discussed syphilis in actual progress; to-day I propose to speak of syphilis which has ceased to act, and which can no longer be recognized except by the imprint which it has left behind. These marks are sometimes difficult to discover, and in a great many cases are overlooked; but when they are seen we can affirm that this disease has existed previous to these signs. In this study of extinct syphilis, it is necessary to proceed in a manner similar to the paleontologists who, in order to reconstruct an extinct species, search the layers of the earth, collect, bring together and compare the fragments which they find form a skeleton, and from this fundamental idea, build up the entire animal, with its manners, habits and surroundings. So in order to find in the organism the proofs of former sufferings, we must study its surface, search its depths, and by the aid of teachings previously gathered, trace to its origin the disease from which it has suffered. These markings exist upon the skin, teeth, and bones. We will first study those of the skin.

The lips of those affected with syphilis, who are only a few weeks old, are frequently covered with erosions, from which exudes a very virulent fluid which forms into yellow crusts. This alteration is ordinarily too superficial to leave any traces. But at a more advanced age, as for example three months, we find upon the edge of the lips a certain number of fissures, which may attain a depth of from one to two millimetres. On the upper lip we generally find them on either side of the lobules, and upon the lower lip at the point of the median line. They may also attack the commissures, and in this location the loss of substance is much more extended, and seems hollowed into a sort of vegetation of the integument. These fissures have never

*Continued from page 585.

been to my knowledge, a source of infection for the nurses, when the infants have passed beyond the age of six months, or, rather, when their bones already present a spongy alteration; nevertheless they determine cicatrices in those who carry them, so much the more apparent according as they have had a greater depth and duration. They are white and occupy the whole thickness of the lip, and their length may exceed a millimetre. At the commissures they extend upon the neighboring skin as a small ivory-colored plaque, with a periphery which is usually regular in circumference. Hereditary syphilis alone is capable of producing the multiple ulcerations of which I have spoken and the cicatrices which succeed them. But it is necessary to call attention to the condition in which there exists but one fissure, and that occupying the middle furrow of the inferior lip, a cold often produces at this point a deep and durable crevice, of which the cicatricial impress can not be distinguished from those of a specific origin, but this cicatrix from a cold is single, and never shows itself elsewhere.

In some subjects, the cutaneous part of the lower lip and the chin is affected at the same time with the lips, and we have clefts covered by crusts which last during the acute stage. They give birth to numerous lineal white cicatrices, which at one time intercross at different angles like a net; at other times they take the shape of an outspread fan with the periphery at the lip and the point at the chin. These remnants of hereditary syphilis have a marked characteristic appearance, and we need not hesitate as to their origin.

The sub-cutaneous cellular tissue and the deepest layers of the skin, are the seat of syphilitic products, which, although common, have been studied and mentioned by only a small number of authors, who have generally confounded them with other affections. M. Lancereaux cites Putegnat and Bassereau as having observed them. M. Julien, in a recent work, devotes only a few lines to them. As to imprints which they leave upon the skin, no one has spoken of them.

As a general thing they pass unperceived, during their first evolution, on account of the region in which they arise. They are at first small indolent masses, hard, of the size of a hemp-seed or cherry-stone. Although at first they are usually movable under the skin, they soon form adhesions and involve the integument in their progress. Then the tumor projects and becomes of a violet color, and if it is compressed between the fingers, a yellowish-white centre appears, due to the thinness of the skin, which shows by transparency the soft matter of the tumor. If as almost always happens, the evolutions of the disease is not interfered with, either by a traumatism, or by therapeutic measures, a small circular opening forms at the point of the abscess, very often not exceeding a millimetre, by which the contents of the tumor escapes; at other times, the contents escape through a cut like opening, leaving a cavity which fills rapidly; finally, the orifice closes, and nothing remains but a small indelible cicatrix with a characteristic form. These cicatrices are not met with indifferently in all parts of the body. I have never observed them on the face, nor on the upper extremities. Their usual location is on the posterior and external surfaces of hips, thighs, and legs. They are not numerous and are usually scattered; we rarely find more than two or three grouped around the same point. They always appear in the form of a line or a white spot at the centre of a depression, the more marked according as the evil is recent; and of a violet color which gradually disappears. The induration which is deeper disappears in a slower manner. After four to five years, these cicatrices, which lessen by degrees, have very small dimensions, but they always preserve an aspect and topography which are peculiar to them, and which forms one of the most certain scars of hereditary syphilis.

The funnel-like depression from the beginning of the cicatricial period, is easily explained by the seat of the tumors, and by the fact, that after being rapidly emptied, they are replaced by a cavity, the walls of which are very thin, and which are immediately depressed and fall upon the

deeper parts, where they become adherent by means of reparative action. The deformity thus produced, which is at first very marked, is gradually effaced, in the same way as all morbid imprints in children are effaced under the influence of a physiological evolution.

It is in the latter two-thirds of the first year that the subcutaneous gummata are the most frequent; after this period they are rarely seen. They seldom appear in one eruptive outbreak, but generally in successive crops. Their evolution presents great variations. They may remain hard for a long time, or they may, on the contrary, soften very rapidly. If it is thought necessary to interfere, which is not often necessary, as proven by the natural course of the affection, a small puncture with a lancet; at the white spot already mentioned, suffices.

The syphilitic cicatrices which I have mentioned being limited to special points, derive a physiognomy from this special localization, which is characteristic of them, and furnishes close marks of distinction from those which I am about to mention. Much more frequent, but without being on that account less typical, these ought to be examined with the greatest care, for, of all the imprints which hereditary syphilis leaves, they are the most common and by far the most interesting in a diagnostic point of view. The cutaneous syphilides which habitually give birth to these cicatrices are those *en plaques* or papular, and the *ecthymatous* or pustulous. The first, as you know, consists of elevated plaques, discoid, some millimetres to a centimetre and a half in length, of a cherry-red or copper color, at times violet or light yellow, almost always covered with light bran-like scales or parchment-like crust; they are generally isolated one from the other, but some times they are in groups, and form large and irregular plaques, limited at their periphery by the segments of a circle. Their progress is slow; they disappear only to be reproduced. It is not a rare thing to see them ulcerate at their summits which are in contact with irritant bodies, such as the buttocks, the posterior face of the thighs, and the scrotum. They may attack different

points of the skin, but they choose by preference the parts already mentioned.

Ecthyrnatous syphilis which is less frequent than the preceding, appears only exceptionally in these places, but rather upon the inferior regions of the trunk, and especially upon the abdomen. The impressions which these eruptions leave are indelible. They derive their value from their form and location. They are circular in form and of a regular outline, although at times not always distinct. According to the length of time which has elapsed since their formation, and from other circumstances, which very often escape us, they present a slight elevation above the sound skin; or, which is more frequently the case, they are marked by a depression of variable depth. It is seldom that this depression exceeds a demi-millimetre. Their surface is often smooth, at other times slightly irregular, with very small capsule. True bridges cannot be found. Their color is of great interest and it varies with the age. In the majority of cases, in the beginning, it is of a uniform violet red color; but soon those tints are distinguishable, which present the following outlines. In the centre there is a disc in which the white color tends each day to increase; next to this is a violet zone, and at the periphery, a second zone of a brownish red, less closely delineated than the preceding. By degrees the red or violet discoloration which was marked in the beginning, disappears; on the contrary, the central portion which corresponds to the cicatrix proper, becomes whiter, and the pigment which surrounds it, deepens. This latter zone, which is very large and easily noticed in the subjects with a dark skin, is scarcely visible in those of a very light skin. It persists for a long time, but finally disappears; and it is rare that one notices any indication of it in those who have passed beyond six years of age. By the progress of age and the modifications which take place in the parts in which are located the cicatrices, the depression and coloration constantly tend to disappear, and although they appear upon a great number of subjects, in youth and old age, yet they are very indistinct. Close

attention and a proper illumination are necessary for their detection. By the aid of a magnifying glass we can notice here and there small round plaques with light scales, wrinkled and pale.

We may discover cicatrices with varying length, depth and coloration, not only upon different subjects, but upon the same individual. Some are scarcely a millimetre in diameter, while others are over a centimetre and a half. Some have a violet tint, while others near by are already very white. The pigmentary zone exists only at the periphery of a certain number; finally, as I have already said, the integument at its point is depressed to a greater or less degree. All these varieties are frequently associated with an actual syphilide, and we have then in full view the entire pathological process.

The topography is of prime importance, and deserves close attention, since very often it is the place which the cicatrices occupy, that gives to them their diagnostic value. Succeeding, as a general thing, to the syphilide en plaques, they ought to be encountered upon the regions affected by them. We find them, in fact, scattered upon the lowest portion of the trunk, posteriorly, that is upon the sacrum, coccyx, buttocks, thighs and legs. It is not rare to see them simultaneously on all these parts in the same patient; at other times they are limited to one part alone. The buttocks are the favorite seat, and the imprints are here the deepest.

The posterior-inferior region of the trunk and the abdomen below the umbilicus are sometimes the seat of large and deep cicatrices, isolated or grouped. More rare than those previously studied, their significance is not less positive. They follow the pustular syphilides, which, by their appearance recall the ecthyma or pemphigus.

There are a certain number of eruptive non-syphilitic affections, which leave upon the skin traces of their passage, sometimes of long duration, and which present a strong resemblance to the imprints of the cutaneous syphilides. Variolous eruptions are of this number. The cicatrices

which they produce are at times disseminated upon the entire tegumentary surface, but it is on the face, especially, that they exist. This location as well as their uniformity and their regularity, distinguish them from those which are consecutive to syphilis. I lately noticed these differences upon six children in one family. Four recently attacked with varioloid, presented the cicatrices of this eruption, regular, distinct, of equal diameter, generalized and equally separated. Five carried the traces of hereditary syphilis, which, in two, had left upon the skin of the buttocks and vicinity, numerous cicatrices, much closer, the one from the other, and less uniform in their diameter, their color, and age, than those due to the eruptive fever; thus furnishing a very marked contrast and distinction.

Chicken-pox very often leaves marks behind it, but they are much more frequent upon the face than upon the other parts of the body, especially the buttocks. The diameter of these depressions is small; and at whatever period they are observed they are deprived of the pigmentary zone.

Impetigo attacks especially the head, and after its cure leaves no marks behind it.

The varieties of psoriasis although they may affect the different parts of the body, accumulate especially upon the extremities of the limbs and disappear without leaving any trace.

The pustules which are indefinitely designated by the term *ecthyma*, outside of the syphilitic, are rare, they have no special location, are very irregularly distributed over the whole body, and disappear without cicatrices.

Simple pemphigus, so frequent in young children, appears upon the upper regions of the trunk and not upon those parts where the syphilides generally appear; they rapidly disappear without leaving any trace.

The tubercular gummata are habitually seated upon the limbs and leave after them large and deep ulcerations, the cicatrices of which, of an irregular and honey-comb appearance adhere to the underlying parts.

The traces of burns are always easily recognized. They

are large, irregular in contour, pearl-blue in color, often covered with bands, and without regular location. I have often seen them in the vicinity of syphilitic cicatrices, but never had the least difficulty in distinguishing them.

The marks left by croton oil are of a studded appearance, more uniform than those of syphilis, and, contrary to the latter, are grouped either upon the abdomen, or, which is much more usual, upon a portion of the thoracic surface.

The cutaneous cicatrices developed by hereditary syphilis are produced in an indential manner whatever may be the affection giving rise to them; and the differences presented by them are due to the intensity, and, if I may so speak, to the quantity of the primitive lesion, whose seat is the same, whether it concerns a salient plaque, an ulceration or a pustule. An examination of a histological section from the diseased tissue shows that, in all these cases, there is deposited in the derma, around the papillary vessels and even in those which are deeper, round corpuscles true lymphoid elements, their number varying according to the variety of the lesion. Rare in the simple maculæ, they are, on the contrary, abundant in the salient papules. Consecutive to this first disorder and under its influence, the epidermis becomes in its turn affected, the cells of the mucous bodies of Malpighi become tumefied, extend by proliferation of their inferior layers, pass through the exudation even to the cuticle, which becomes in its turn loosened, and then undergo other modifications. In the greater number of cases, when the pathological process is mild, the lymphoid corpuscles, preserving their activity amid the surroundings into which they have been thrown, take on an organization and are transformed into conjunctive tissue, which, in consequence of the retraction that they undergo, determine the depression of the integument. At first, the vessels of the region assume a marked development and, on section, we find them almost always filled with red globules, which give to the plaques their violet coloration. Afterward compressed by the retractile tissue of new formation, they become narrowed in calibre and the blood has a more narrow passage; hence the cicatricial white spots.

When the lymphoid elements accumulate in considerable quantities, they are not able to preserve their vitality, they disintegrate, soften, and following their liquefaction, there are produced ulcerations of variable depth. The cicatrices are then more depressed and the papillary body is almost always destroyed to a certain height or even in its totality. As to the brownish zone, which, during a certain time, limits the cicatrices, it is due to the deposit of a variable quantity of pigment in the cells of the mucous bodies which are found immediately outside of the cells directly attacked by the pathological process.

[In a late number of *Le Progres Medical*, M. Parrot in replying to an objection urged against his theory of a desquamative syphilis of the tongue (see THE UNITED STATES MEDICAL INVESTIGATOR, Vol. XIII. p. 580,) gives the following statistics as a partial basis from which he draws his deductions; it will also serve to show the immense clinical facilities at his command. There were admitted to the Hospice des Enfants-Assistes from Jan. 1, 1881, to April 30, 1881, 2,197. Of these 1,869 were non-syphilitic, while 328 bore traces of the disease. Fifteen were attacked with a desquamative affection of the tongue. Of this latter number, thirteen bore unmistakable markings of hereditary syphilis. Upon one the marks were very indistinct; the other one was entirely free from all traces. In other words, in 1,869 non-syphilitic children, one only presented a desquamative affection, while in 328 syphilitic ones, fifteen were attacked with this lesion.—T. M. S.]

Necrosis of the Temporal Bone.—Dr. Michael describes a case of necrosis of the inner wall of the tympanum, and of the mastoid process, in which six pieces of bone were easily removed during life by syringing and with forceps, one piece being remarkable from the presence in it of the tympanic portion of the facial canal.—*London Med. Record.*

*IMPORTANCE OF PÆDOLOGY.**

Concentrated attention is the order of progress in science; and special investigation is rewarded by special results and it aids all by the general diffusion of such special information. Special observers are demanded in many fields. As Agassiz well observed we are all superficial observers. He kept his students for days observing a fish and then expected a minute description of it. It is a generally recognized fact (1) that those who make a special study of a subject know more of it, and, therefore, (2) are able to epitomize such observations in a few clear sentences.

I do not know of a finer, more extensive or more profitable field of study than diseases of children. We all observe children, but the peculiarities of their development, to say nothing of their diseases, have not received the scientific investigation they deserve.

If this special course will be the means of quickening observations great good will accrue to all.

We have assembled to-night to learn directly or indirectly something more about the diseases of children. To say that it is a neglected speciality would be to say what you would expect me to say, nevertheless it is true—perhaps in Chicago we do not recognize that neglect, for each of our colleges have lectures on pædology.

But I was rather surprised in looking over the catalogue of Haryard University to find that all reference to this specialty was the two words, "And children." This is but an index of the general condition of affairs, and reflects the conservative ideas of the past. I refer to the general feeling that the health of children depends upon the care that they receive on the one hand, and on the other, that they must have just so many diseases anyway e. g., measles, scarlet fever, chicken-pox, etc.

As physicians we are becoming more and more medical

* From the opening lecture to a Private Course to Physicians given by Dr. T. C. Duncan.

counselors and therefore the problem: "What is the proper or best care of children?" is one that frequently arises. "What shall I feed this child doctor?" is a question that is oftener asked than intelligently answered. "How shall I manage it?" Those are some of the vital questions that are elevating pædology into an important specialty.

How to bring plants and animals to their highest possible development has been the study of agriculturists for years, but the human plant has been sadly neglected.

Necessity and compassion compel attention to this specialty. This has been the history of all the specialties: surgery, gynæcology, ophthalmology, etc.

In peace the physician, with his knowledge of many diseases, stands at the front; but in this new country where accidents are common and especially during war the surgeon comes to the front, as the leading medical man. The sultry days of summer draw nigh and the thought goes to the little ones. What a relief to the parents when they know that their physician is "very successful with children." If he is not, and discreet he orders them into the country "where, of course, the medical skill is vastly inferior," (?) you know. Necessity hard study and country air usually help the country doctor out. I do not know of a finer or more profitable specialty than diseases of children.

Necessity has given us some of the best literature we have on this specialty. Young Billard finds himself ignorant of the pathological anatomy of infancy in the Hospice des Enfants Trouves, and from his careful study of a host of foundlings gives us what was the best treatise on Diseases of Infants extant. West in charge of the Hospital for Sick Children in London, gives us a work that, until recently, was the best practical English volume on diseases of children. M. Donne with his microscope, selected the milk that agreed with the baby Count of Paris. This gained him the office of inspector General of the schools of medicine in Paris. His work on Mothers and Nurses has had a wonderful influence on the proper feeding of children in France. Dr. Combe, with a copy of Graetzer's *Krankheiten des Fœtus* before him, sets

about giving popular instruction on the antenatal as well as the post-natal management of infants, and produces a work, highly endorsed by Sir Jas. Clark, Physician in Ordinary to the Queen (Victoria). I might go on enumerating these works, and refer particularly to my two volume work, a condensation of the literature on Diseases of Infants and Children, but you would not be listening to me, perhaps, had not the study of Chicago foundlings compelled a closer study of infantile development, diseases, food and treatment, thus giving a range of knowledge wide enough to attract busy practitioners to listen to practical observations.

Here I might be permitted to remark, that I do not attempt to give a clinical course, for that may be found in West, Vogel, Smith, Hillier, etc., nor an exhaustive series of essays, for these can be found in Bouchut, Condie, Meigs & Pepper, Churchill, Smith, Gerhardt, etc.* Nor to give special theories, for these have abounded from Underwood, Rilliet & Bartz, Dewees, etc., to the present. But I shall endeavor to give a concise outline of the various diseases found in different children. Infants, their food, diseases and management will receive the most attention, for I judge that they are the most neglected. A few diseases will be considered more in detail, *e. g.*, athrepsia, gastric catarrh, infantile gastritis, spinal irritation *vs.* enuresis, croupous pneumonia, cerebral anæmia, entero-colitis, etc. A comparative study of infants and children, and a differential diagnosis of their diseases, and necessary treatment will be salient features. The great and important food question will be fully considered. It is well said that "errors in feeding rank first among the many causes of infantile mortality." Many of these errors, or the most of them, arise from ignorance of the needs of particular children. Said a mother the other day; "with my first baby I thought I knew just how to feed and manage babies, but this one seems so

* Holland on Physiology of the Fœtus. Tiedmann on the Anatomy of the Fœtal Head. Jacobi on Dentition and Infant Diet. Taylor on Infantile Paralysis. Drury on Eruptive Fevers: Smith on Wasting Diseases. Bönninghausen on Hooping Cough. Merel on Disorders of Infantile Development. Quinn on Hydrocephalus. My own on the Diseases of Infants and Children, etc.

entirely different that I have come to the conclusion that I do not know anything. It is a different baby." This baby I hope to show the class and point out the nature of the troubles which were obscure to the ordinary observer but very clear to the close student of pædology. It was a case of antenatal and now chronic gastritis kept up by milk deficient in sugar.

We will now turn our attention to the outlines of a healthy child.

SEASONABLE INDICATIONS.

I here give as clinical experiences seasonable indications for a few remedies. Aconite in particular is taking the first place, with me in childrens acute, summer bowel complaints. Bryonia, the second.

Chamomilla cures two kinds of diarrhœa, not commonly observed, but very important, first frequent very small, colicky, painful, spirting stools; bilious nervous patient. Second, frequent passages of large masses of green mucus. After sitting in wet clothes.

Bryonia at sea shore, summer diarrhœa; with pain, worse on motion.

Nux moschata.—Colic, better by lying straight out on the back.

Rhatania.—Copious, thin, fetid stools; painless; sometimes windy; in mild children; sometimes resembles cholera infantum.

Aconitum.—Infantile diarrhœa, the stools come away like a blast of mingled wind and water; their appearance with other symptoms may suggest Cham., Merc., Pod., Bell., Puls., Argent. nit., or Arsenic; i. e. curdled, or slimy, yellow or like chopped grass, greenish, or with mealy looking sediment consisting of epithelium and bile-pigment; or fetid. Insists on being carried about, all the time; will not be put down in cradle or bed; at night lies on nurse's body; occasional frantic

spells, bites and pulls hair (of nurse and self) dashes its head against the bedstead on which it lies; alternatively, very prostrate; eyes sunken with bluish congestion of under lid; intense thirst. Lies on nurse's shoulder, then on arm, then on the other shoulder, etc., owing to restlessness. Teething.

J. C. M.

FATAL POISONING BY SANTONINE WORM LOZENGES.

BY W. R. ELDER, M. D., TERRE HAUTE, IND.

Read before the Indiana Institute of Homœopathy May 25, 1881.

About ten times one evening I was called to a little girl about eight years old and found her exhibiting the following symptoms: Face very pale; pulse quick about 140 per minute but easily compressible, breathing somewhat irregular and slightly stertorous; surface cool especially the extremities; occasional vomiting, with slight pain in the epigastrium; tongue clean; restlessness with moaning; eye inclined to roll upward, and have rather a sluggish motion. Her father told me that early in the morning she had suffered for a time with earache, and that he then noticed the peculiarity of her breathing, that she breathed too fast, and also that through the night her urine had been more scant than usual and of a yellowish color.

I also learned from the parents that she had for a long time been troubled with habitual constipation, and that she had not passed a stool for several days. She was now having an almost constant desire for a stool, and made frequent attempts but without effect. There was evidently impacted feces in the rectum.

The day previous to my visit, they had decided that she was "troubled with worms," that ever present ailment of all children, in the morbid imagination of most mothers, and had procured from one of the drug stores a quantity of worm lozenges, which they had given her, on both that,

and the succeeding day until I saw her. They had also given a dose of castor oil "*to work 'em off,*" but she did not retain it. Under the existing symptoms and condition of the case, I was puzzled to decide what was the matter. There was evident depression of the nerve centers, but from what cause I could not determine. Considering the fact that the child was of a very nervous temperament I thought probably the nerve symptoms might be due to the reflex action from the impacted condition of the bowels, and the effect of the worm lozenges she had taken, which I supposed to be a preparation of Santonine. I hoped therefore by relieving these conditions so far as I could, to be able to relieve the nerve symptoms, and ordered warm soap-water injections to be freely used to evacuate the rectum; and also, to remove any offending accumulations in the intestines, whether lozenges or otherwise, I gave a cathartic pill. I also prepared some Gels, and Ver. vir., in water and directed them given alternately every half hour.

I called again in the evening about ten o'clock, and found very little change in any of the symptoms or conditions. I insisted that the warm soap-water injections should be repeated until the rectum was relieved and continued the Gels., and Veratrum.

About one o'clock in the night they sent for me again. I found she had passed from the rectum an enormous amount of hard fæces in large hard lumps, which would seem almost impossible for a child of her age to pass, and that soon afterward she had two more stools, somewhat liquid in character probably the effect of the cathartic. She had not vomited for several hours and the temperature of the surface and extremities had become nearly normal, but the relief to the nervous system I had hoped for did not come. The restlessness and moaning had subsided, and she seemed to be verging into a comatose condition, although she could be easily aroused to consciousness. The sterterous character of the breathing had increased, the eye more sluggish in movement and more inclined to be fixed in its upturned position, and to my mind there was unmistakable evidence of alarm-

ing depression of the nerve centers. I did not at the time, think about toxical effect of the lozenges being the possible cause of this depression, though I am now quite certain of it, after careful study in reviewing the case; but I felt impressed the case would prove fatal.

Knowing the family were only semi-Homœopaths, and to avoid any opportunity for censure, should the child die, I thought best to tell them frankly my apprehensions. They at once proposed to call for counsel their old family physician; an Allopath. I of course assented, curious to know his diagnosis. He came and after what I considered a very hasty and superficial examination, pronounced it congestion of the stomach, and prescribed a powder composed of Quinine, Carb. ammonia and Opium, to be given every one and one-half hours. I could not endorse his diagnosis, and probably because of my doubtful prognosis, and his assurance, they chose to continue the case with him, but cordially invited me to make frequent calls. Being near at hand, I availed myself of the invitation because of the interest I felt in watching the case to the termination. The rest of the story is short. The unfavorable symptoms increased, the coma grew more and more profound, the eye more fixed and more drawn upward, the pupil largely dilated, increased stertor in breathing, with longer intervals between expirations, the face if possible more pallid, the action of the heart gradually diminished and notwithstanding the heroic efforts of my able counselor to relieve the "congestion of the stomach(?)" with Quinine, Opium, whisky and blisters, in twenty-six hours after the consultation she was dead.

Now let us examine the symptoms of poisoning by Santonine.

Giddiness; headache; nausea and vomiting; distress in the epigastrium; restlessness which at length gives place to apathy and sopor; cardiac pulsations accelerated; respiration at first hurried, then labored and stertorous; cramp-like jerking in the ear simulating earache; optical illusions in bright colors; pupils dilated; urine yellow; face pallid;

skin of a corpse-like hue; brain symptoms simulating hydrocephalus.

Now we find all these characteristic symptoms plainly exhibited in this case, except the optical illusions and it is not improbable that this might have been present also, had her attention been called to it, but being a child she did not notice it of her own accord.

(This comparison of symptoms makes it plainly evident to my mind that the death of the child was caused, not by "congestion of the stomach," but by a toxæmia, resulting from a reckless and ignorant use of Santonine.)

There are a large number of published reports on record which show that Santonine readily produces poisoning, and that the fatality depends upon the susceptibility of the individual. That while a large dose may be tolerated in some; small doses of even five or six grains have proved fatal in others.

Snyders describes two cases of poisoning by Santonine lozenges; one, that of a child who had taken six grains, and one, of an adult who was poisoned by four grains. Even two and one quarter grains are sufficient to produce symptoms of poisoning.

An eminent writer on poisons says: "The chief effect of Santonine is no doubt upon the nerve centers; at first their excitability is increased; later on, it is diminished. The headache, giddiness, and sopor, are to be referred to this action, the vomiting which occurs, must be regarded as cerebral and dependant on the effect of Santonine on the brain. The changes in the circulation and respiration are also due to the effect of the poison on the nerve centers."

Another writer on poisons says: "Santonine poisoning so simulates congestion of the brain and meningitis that it may be mistaken for these diseases, as well as for poisoning by other substances, especially narcotics."

Now after all this evidence in regard to the poisonous character of Santonine, and the characteristic symptoms it exhibits, when compared with the symptoms exhibited in the case of this child, there can be little doubt that the

worm lozenges she had taken, were the cause of her death, and proves that the wholesale vending of Santonine worm lozenges, as well as many other dangerous nostrums, put on sale in our drugstores and other places, and recommended for popular use, in disregard of professional advice and warning, are dangerous to life, and should be loudly proclaimed against by every medical man and intelligent citizen.

*EXPERIENCE WITH SUMMER DISEASES
IN CHILDREN.*

MY DEAR DUNCAN: You bring a heavy tax on me when you ask so long a letter from me, but I will curb my restless spirit, and try and answer you as good naturedly as possible.

For all are aware that I am eccentric and decidedly independent and original. Books have been only *helps* to me, *not guides* so I have sought to discover *causes* for myself. Long ago I discovered that Arsenicum and Causticum will prevent a *ferment* from taking place in the system, and will eradicate or destroy *all* humor in the system except syphilitic. My next step was to control and regulate the secretion of the mucous membrane both in regard to *quality* and *quantity*. That was not so easy, as the factor of diet would so often thwart my plans for success. I got mothers *unwittingly* to experiment on their dear children with certain kinds of food for my benefit. Thank heaven we have found (I believe) the best plan, and now I am mainly guided by experience in my treatment of children especially in those disturbances of the mucous membrane.

Diet is more than half in importance to a child under two years of age.

No fruit except raspberries or blackberries are allowed through those three dangerous months; June, July and August.

The mother must comply with these rules for her child the first summer. *Good coffee*, home made bread, beef, veal, or mutton must be used by the mother the first summer; by the child the next. Since 1870 it is very rare that I have lost a child from summer complaint. In that year I learned that the German children who lived mainly on "coffee soup" got along the best and for five years I experimented with and *it is* one of the keys to success. Fruits produce an excess of humidity or water, predisposing to diarrhœa. Sweets generate heat, causing gastric disturbances. Starchy food does the same thing. Hence no *fruit, cake, pie*, sauce or grease, and we avoid some of the disturbing causes. I order a child a few weeks old *half a teaspoonful of good coffee* daily, and if the mother does not let her child nurse too hot *milk* it will not *coagulate* or *curd* up in the stomach.

Round of steak, "fried" furnishes the best food for children, in the form of thick coagulated blood and meat juices to be used and dry bread. Next bread and coffee (with milk water, and loaf sugar) after that, to make the teeth grow, I order the soft cooked yellow of a boiled egg every other day with bread or cream.

The above constitute mainly my rules in regard to diet.

As to medication I will state that:

Belladonna will relieve all congestion and scatter the blood from the stomach and bowels to the extremities and so relieve pain.

Nux vomica will stimulate the secretion and thereby unload the burdened mucous follicles and glands as well as help to expel any morbid or objectionable substance present.

Arsenicum will throw off all that may be already decomposed or is undergoing that process and prevent the membrane from being made an escape valve for any humor that may lay latent in the system or be ready to generate there. If the discharges are offensive (good) the Arsenicum and Belladonna will relieve pain and expel all that should be thrown off, nothing more.

I generally give, first where there is nausea, pain,

no appetite, restlessness, and poor sleep Bell., and Nux one or two hours apart until better, or for hours then Bell., and Arsenicum two or three hours apart for 24 hours changing. If thirsty give cold water with a little (one tablespoonful to half a glass) cold tea or coffee in it, nothing else, no milk. Not any prepared or commercial food in any form.

I will not allow it to be given even if they have it in the house.

One dose of Veratrum or Colocynthis may be needed if the pain is very severe.

The above generally gets my children well in three days. Excuse haste and brevity. Yours Truly,

G. W. BOWEN.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

Owosso, Mich., July 19.—I am having quite a number of cases of cerebro-spinal meningitis. Gelsemium low is the genus epidemicus in this dread disease at this time. Bryonia continues to be the remedy for diarrhœa. Weather cooler.

A. B. SMITH.

*REMEDIES FOR RHEUMATISM.**

SEPIA IN ARTICULAR RHEUMATISM.

Hot flushes. (Lach., Ferr., Sulph.)

Profuse sweating (< morning hours,) (Acon., Bry., Merc.)

Sweat of foul odor (Merc.), or "as of elder-flowers."

*From Dr. Kunkel; translated by S. L. for *Hannemannian Monthly*; re-arranged by J. C. M.

Thirstlessness, (Puls.)

Migrating pains, (Puls., Rhus.)

Pains, < when quiet— < *beginning* of motion— < rising after sitting, with stiffness;— < *after* motion—> continuing to move about, (Rhus.)

Complexion, sallow, (Ars., Merc., China); chloasma, Headache — < waking, morning (Nux.); < till evening? > one and one-half hours after walking about.

Disgust for bread—for fat, (Puls.)

Uneasiness in stomach; > after eating— < after one-half to one and one-half hours, (Lach.)

Disordered liver, (Merc., Pod., Lyc., China.)

Feels *worse*— < in foggy, murky weather, (Natr. s.); < sitting, especially if working bent over.

Psoric diathesis, (Sulph.)

Syphilitic diathesis, (Ars., Nit. acid, Kali h.)

Mercurial diathesis, (Nit. acid, Hep., Kali h., China, Nux vom.)

NATRUM MUR. IN ARTICULAR RHEUMATISM.

Profuse sweating, (Acon., Bry., Merc.) — < forenoon— (also all symptoms.)

Increased cardiac action, (Acon.)

Intermittent, or irregular pulse, (Acon.)

Malarial complications, (China.)

Fever; with vascular excitement, (Acon., Bell.)

Thirst, (Bry.)

Disgust for bread, (tea); fat, (Puls.)

Pericarditis, (Apis., Spig.)

Fixed pains, (Bry., Merc.)— < knees.

Tormenting sleeplessness, (Bell.)

Dyspnœa, (Lach., Ars., Apis.)

Splenetic stitches, etc.

Gastric derangement; > after eating— < in one-half to one and one-half hours.

Languor—soon feels tired, (Gels.)

Lachrymose humor, (Puls.)

Symptoms < motion, (Bry.)—> toward evening— < forenoon, (Acon.)

Frontal headache, (Acon., Bell., Caps., Nux vom.)—< forenoon—> P. M.

Maculæ—erythematous, (Apis.)—somewhat bluish—< getting heated by walking—< during thunderstorm, (Gels); manual labor, (knitting, etc.) malarial dyscrasia.

MENINGITIS CEREBRO-SPINALIS.

BY J. A. HOFFMAN, M. D., MENDOTA, ILLS.

Read before the Illinois Valley Homœopathic Medical Association, at Mendota,
June 1, 1881.

The brain has three membranes, the dura-mater, the arachnoid, and the pia-mater. These membranes are called meninges. Meningitis then, means inflammation of the meninges, or membranes of the brain. The dura-mater may be affected without affecting the pia-mater, and the arachnoid is said to have been affected without involving either of the other membranes. But it seems impossible that the pia-mater should be inflamed, without involving to some extent, the surface of the brain. The extent of this inflammation is very different in different cases. When the meninges of the spine become affected, together with those of the brain, then we have cerebro-spinal meningitis. Many times the inflammation may extend to the substance of the brain, the medula oblongata and pons-varolii. Then there may be a comatose condition, convulsions, or paralysis. Such cases are more than meningitis, and much more dangerous.

What causes this disease is not always apparent. Sometimes it may be the transference of a rheumatic inflammation to some one of these membranes, or it may have a malarial origin, manifesting itself by an acute congestion: It is epidemic, sporadic, and in bad cases moderately contagious. Some writers have three varieties: the simple, the fulminant, and the puerperic. The last two are said to be almost universally fatal, especially the puerperic. Under Old School treatment this I know to be true. Some twenty

years since, the writer of this paper went to Hendersonville, Knox county, in this state, to investigate this disease. I called on Dr. Cooper, one of the most eminent and experienced physicians in that county, who told me that he had treated eighteen cases in one week, and that every one of them had died. It must have been of the puerpuric variety. The patient would be taken with a heavy chill. The surface of the body, lips, nose, face, hands, and feet is cold, while the upper part of the spine and the back part of the head exceedingly hot and painful. The sensation is that of violent contraction, and the head is irresistably drawn downward and backward. The patient may go into a comatose condition and die, without reaction from the chill. But when reaction from the chill takes place, a high fever supervenes, with delirium, and if allowed to deepen into a comatose condition, death is the inevitable sequence. I have given this outline sketch of this disease in order to more clearly indicate a better treatment. In all inflammatory diseases our grandfathers adopted what they called the antiphlogistic treatment. They gave Calomel and Jalap, and "bled to the point of relief," until it was said the disease had nothing to work on. This is a grand philosophy, and is as true to-day as it was thirty or forty years ago; but now we are able to accomplish an equivalent in a different way, and with better results. At one time Aconite was known as the "*bleeding powder*," and our materia medica tells us that in case of congestion or inflammation, it "bleeds the patient into his own vessels," thus relieving the arterial capillaries. What we want in cerebro-spinal meningitis is to cure the inflammation of the meninges at once. But the question is, "How shall this be done?" Let us see. When called to a person in the first stage, that is, during the chill, I put hot applications to every cold part of the body, and cold applications to every hot part of the body. Pounded ice should never be used on the upper part of the spine and back part of the head. It is too much; cold water is much better. A skillful use of cold and heat should be continued until reaction takes place and the circulation equalized. During this

stage, Arsenicum or Gelsemium will in all probability be indicated, which I give low and rapidly repeated, when the first stage has passed off, there will be an acute inflammatory condition, with a high fever. And right here at this point, were I an Old School physician, in all plethoric and full-blooded subjects I would bleed at once "to the point of relief." Fortunately, we can now accomplish the same thing with Aconite. No other remedy can possibly fill its place. When the subject is not plethoric or full-blooded, Veratrum viride or Gelsemium will likely be indicated, which should be given low and rapidly repeated until the force of the inflammation and fever is subdued, then after that Arnica, Bryonia, Belladonna, Rhus, Opium, and perhaps a few other remedies may be in place. At this stage the brain is magnified a thousand times in sensibility, and noise, fuss, and conversation may easily kill the patient. Every one should rigidly be excluded, except the immediate attendants. Perfect quiet is absolutely essential to recovery. The whole object during the first and second stages, should be to reduce as rapidly as possible the local inflammation and fever.

Diet.—The experiments of Dr. Tanner, Miss Buel and others, ought to teach us that in all inflammatory and febrile diseases, there is no danger of starving the patient to death, the danger is just the other way. I entirely repudiate this whole procedure of the modern orthodox school of an attempt, to keep up the patient by means of feeding, tonics, and stimulants, during the course of any high inflammatory or febrile disease. The indication is, to reduce the patient as rapidly as possible, for, just exactly in that same proportion, will the force of the inflammation be subdued and the safety of the patient secured.

To those who look on the surface of things, this may seem far from the truth. But what are the real facts in the case. It is well known that the most healthy full blooded persons, those who are running over with vital force, are the very victims of meningitis, pleuritis, peritonitis, and every other form of acute inflammatory disease, while the an-

æmic and cold blooded are the very patients who recover, and the reason is very obvious to those who understand the nature of inflammation. Plethoric and full blooded people are predisposed to high inflammatory and febrile diseases which run a rapid course. It is indigenous to the soil, while on the contrary, all inflammatory conditions in the anæmic, and cold blooded, are exotics, and tend to die out for the want of fuel, we want to change the hyperæsthenic into the anæmic as rapidly as possible, and this applies with great force, especially in cerebro-spinal meningitis. The skillful use of water, cold and hot together with the specific remedy, will rapidly reduce the inflammation and save a great majority, even in the most malignant variety. This I know to be true from actual observation. To my mind it is a very serious thing when a person puts his life into a physician's hands, whether he will probably kill him, or cure him.

A young man of about sixteen, full of life and energy, was taken with a severe pain in the upper part of the spine and back part of the head, an eminent Old School physician was called, who left several Dover powders with directions to take one every hour until relieved. After the second powder, the patient went into a comatose condition with a convulsive tendency and died in eight or ten hours. The great question to my mind is, whether meningitis cerebro-spinalis, or the treatment killed the patient.

A lady of about forty years of age, was taken with a violent pain in the upper part of the spine and in the occipital region, with a tendency to throw her head backward and downward, being an anæmic person, the treatment was quite different to that which would have been adopted, had the patient been plethoric or full blooded.

Hot applications were applied to the extremities, and cold parts of the body. The upper part of the spine and back part of the head being more painful than hot, I omitted the usual cold application and cathartic. The seat of the inflammation was in the pia-mater and of course, the surface of the brain, was more or less affected. Gave Aconite low rapidly repeated for the first twenty-four hours, which sub-

duced the force of the inflammation. The patient now was stupid, and partially unconscious, gave Arnica, for twenty-four hours. Less stupid and more conscious, but had stertorous breathing, gave Opium for one day, consciousness returned and respiration natural. At this stage sensation was wonderfully acute, the least noise was like a thunder-bolt, gave Belladonna high, which relieved in the course of a week. For sighing and extreme nervousness, gave Ignatia for a few days, could now see double, and every thing appeared to have a border, together with a great difficulty to adjust the eyes to objects, gave Physostigma for two or three weeks, and the patient appeared as well as usual, being sick in all about six or eight weeks. This is one of the most difficult and dangerous diseases which a physician is called upon to treat, but it appears to me that a Homœopathist who thoroughly understands the pathology of this disease, need not be ashamed of his record, in comparison with that of any other school.

THE PRESIDENT'S CASE.

EXECUTIVE MANSION, WASHINGTON, July 25.

T. C. DUNCAN, M. D.:

Yours of the 25th received asking for a statement of the president's case. At some future time I will with pleasure give you a full report, but time will only allow me at present to say that the ball struck the eleventh rib about three inches from the spine, fracturing the rib and driving the broken portion in toward the liver. The force of the ball being considerably spent upon the rib, was deflected downward and cutting its way through the muscular tissue found lodgment (probably) in the right iliac region just inside of the ilium. Neither the liver or peritoneum were wounded. The abdominal cavity was not entered.

The condition of the President was critical up to the 12th day. The disturbance on the 22d day was due to confined pus, and to the irritation arising from the loose portions of the fractured rib. These loose pieces of bone were removed and the president has improved daily since, and there can be no doubt of his recovery.

S. A. BOYNTON.

Medico-Legal Department.

MEDICAL EDUCATION AND REFORM.—II.

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

Having discovered the needs of the profession, and acknowledged the necessity for an improvement and elevation of the status of the practitioner, as well as the profession at large, it becomes our duty to seek for a remedy. The building depending for solidity and beauty upon the material used in its construction, the organized body depending upon the character of the elements furnished for its growth, so does the mind require proper training to develop in a healthy manner. We must address our remedies, therefore, to the formative stage of medical growth, to the pre-matriculate and undergraduate life of the aspirant for medical honors. One college can do little to effect desirable reform as it is compelled to compete with other colleges, and cannot live without patronage. A single state can do little, by the wisest laws, as the malady will be simply transferred to some *other* state, less happily situated. The only effectual remedy, therefore, is to ask for legislation that will effect the whole country; go to congress for a United States statute. I suggest, therefore, something like the following plan of action, and sincerely hope and trust that the matter will engage the attention of the profession, at least to the extent of a debate on the propositions.

The secretary of our National Association should address a circular letter to the secretary of every State Society in the country, and in states where they have no organization, to a number of the prominent physicians, as well as to the registrars of the various colleges, asking them to appoint delegates, in the proportion of one delegate for every fifty members, or fraction of the same, for a society, and one from each college. These delegates to be appointed after a

full discussion of the questions shortly to be submitted, and either instructed or sent with power. A delegate meeting will then be held at some central point, Detroit, Chicago, or St. Louis, at which time the whole question will be thoroughly discussed, a form of a bill and petition to congress agreed upon, and a fund created to meet necessary expenses in urging its passage. An active committee, composed of members living near the seat of government, must be appointed, and petitions circulated broadcast for signatures; the petitions to be of two kinds, one from the profession, and one from the laity. One petition, therefore, will represent the political strength and importance of our patronage, and the other the desire of the profession for an elevation in educational standing. The bill will provide for the establishment of a National Medical Board, or Council; for a sub-committee or committees in each State; the acceptance of the certificate or diploma of the National Board by the army and navy boards, as sufficient guarantee for appointment; and cognizance of the whole period of medical instruction, from the entrance of the student into his preceptors office, until he enters upon the active practice of his profession. Let us take up each of these separately, but before doing so add, that letters should be sent to the American Medical Association, asking co-operation, if a joint delegate meeting is thought to be impracticable.

The *National Medical Council*, or whatever name is to be applied to the central board, need not be an extensive or expensive affair. The army, navy, and marine hospital examining boards could be made permanent, as regards their *council* functions, sitting separately for their more legitimate duties. When sitting as a joint board, certain additions should be made of practitioners from civil life, either appointed by the president and confirmed by the senate, or one from each National Association, to be elected by the association they represent. If this last were done, the military portion of the council might be detailed, one from each service, for the purpose of lessening the number on the board, thus making it more manageable. The military

officers would, of course, serve in obedience to detail, and would receive their ordinary pay as in any other service. The civilians should receive a fixed compensation, with no interest in fees, not less than that received by the officer highest in rank of the military members, with transportation to and from their places of residence. This council shall elect a secretary or recorder, who shall be a medical practitioner, not a member of the council, nor in the service of the government, who shall devote his whole time to the duties of his office, shall reside at the seat of government and hold his office during good behavior. He should receive a salary of not less than \$3,000 a year.

The council shall meet quarterly, or oftener, and remain in session until the business before them is transacted. They shall pass upon all examination papers submitted to them by the state examiners, and issue licenses to successful candidates, under the seal of the United States, permitting the holder to practice medicine, surgery, and obstetrics, in any state or territory of the United States. They shall, also, determine the value of foreign licenses and degrees and provide for their acceptance by the several state authorities. They shall, also, endeavor to secure similar recognition of their license or certificate by foreign governments, and shall be the medium of communication between the profession and Congress. They shall issue a quarterly bulletin of the business they have transacted, and publish therein the names and residences of all who have been granted licenses to practice, with the standing of each licentiate, and the school or college in which he received his education in medicine. This council shall also determine a standard of excellence, placing licentiates in three grades; those licensed in the first or highest grade or class to be eligible to the honorary degree of *medicinar doctoris* from their alma mater, which may be conferred upon the application of the holder of such certificate, and the payment of a stipulated fee. Finally they shall be judges of the legal standing of all state boards, the state boards having the right of appeal to the United States courts.

Each state in the union shall be required to provide for the organization of a State Medical Society, of each of the two great schools of therapeutics, which shall be composed of delegates from each county society. The state society shall annually elect an examining board which shall meet from time to time in such places as shall seem most convenient and desirable, the members of which shall receive as compensation, transportation to and from their places of residence, and not less than ten dollars a day for each day and fraction of a day, of actual attendance on the meetings of the board. The secretary of the society shall be the secretary of the board, and shall receive sufficient compensation for his services. The state boards shall require from each applicant for examination, a certificate that he has received the requisite amount of medical teaching, or diploma from some reputable medical collegé, or an authorized certificate from foreign associations, as determined by the national council. The applicant is to furnish satisfactory evidence that he is the party named in such certificate or diploma, for which purpose the board shall be empowered to administer an oath. At the same time the applicant shall deposit ten dollars with the secretary, which shall be returned to him should he fail in his examination. If he passes the examination successfully, five dollars shall be set apart to meet the expenses of the board, and five dollars sent to the national council, of which such portion as is not used for necessary expenses is to be credited to the state society for a permanent fund for its use, and subject to its draft or order. The candidate failing to pass his examination, has the right of appeal to the national council. Should he fail again he can appeal to the United States courts, whereupon if any unfairness in his examination is shown, a mandamus may issue to compel the granting a license in the grade the applicant is eligible to. Should he pass his examination successfully, the state board may issue a certificate to that effect, which will entitle the holder to practice his profession in the state in which the examination is had, until the national council shall issue their license, which

must be within three months thereafter. Such licentiate must then complete his registration by becoming a member of the county medical society where he may reside, or if none is organized in the nearest county society. The state board shall require a medical society in each county to be formed, where ten physicians are resident, or unite counties where the number is too small in either for that purpose. The county societies shall send delegates, on a reasonable apportionment as to number of members, to the state societies, and pay a per-capita tax to the state societies for their maintenance. They shall have jurisdiction in all cases of ethics or local affairs, between their members, with a right of appeal to the state board, to the national council, or to the United States courts as a last resort. The county societies shall keep a correct list of qualified practitioners in their jurisdiction, and shall be required to prosecute all offenders of the law, or report the same to the state board for such purpose. A failure to do so, or a connivance at evasion of the law, shall be punishable as the law may direct, and none shall practice medicine in any of its departments, within the jurisdiction of the United States, who have not complied with the provisions of the law, under a penalty to be fixed by law.

This will fix the machinery of the law in gross; of course much in the way of detail must be carefully considered. It will have the effect to put the colleges in a better position, as the rivalry will necessarily be to graduate the best students, the quarterly bulletins unerringly showing the number accepted and rejected from each school. To enable their students to practice medicine they *must* furnish them with sufficient instruction to pass a successful examination by the state boards and receive the license from the United States. Their degree will have no value further than to entitle the holder to an examination.

This will abolish the degree of Doctor, the Bachelor being the highest to be attained in course. The M. D. is granted solely on the presentation of a "first-class" license from the national council. The requirements for practice will be a

Bachelor's degree from some medical college, a certificate from the state board, and license from the national council, with membership in the society in the county in which the practitioner resides.

It must be added to the law regulating the practice of medicine, that no college, no matter of what therapeutic faith, can have its degrees ignored, unless it shall appear from the official records, that more than half, or two-thirds of its graduates fail to pass the board. Furthermore all examinations are to be in writing, conducted in the presence of the examining board, upon a printed list of questions carefully prepared by the national council, and revised at each meeting of the council, to avoid collusion of any description. The certificate and license, as well as the grade or standing of the applicant, are to be based *entirely* upon these papers, which are filed, and become matters of record. Should a certificate be denied a candidate, his appeal to the national council may be for a new examination, or on a charge of error or favoritism, or prejudice on the part of the state board, and a new examination may be ordered; in no case, however, will an examination be repeated after the second. In appeals to the courts, the examination paper, properly certified as correct and unaltered, constitutes the case of the plaintiff, excepting prejudice may be shown by testimony. A license once granted is inalienable, excepting that it may be annulled upon conviction in a court of law of any crime or misdemeanor for which imprisonment or fine above ten dollars is inflicted, or upon conviction by the county society of which the holder is a member, of any immoral or unprofessional conduct inconsistent with his reputation as a practitioner of medicine or an honorable man, right of appeal being reserved in all cases.

Should such a law ever become effective, of course the colleges should be required to recall all their doctors degrees now in life, and issue to their alumni a Bachelor's degree as equivalent thereto. Of course the constitution of the United States could not take away any right to practice medicine now recognized by law; all graduates of reputable colleges

who fairly earned their degrees, must be entitled to a license and certificate upon proving the facts. All such, however, would have the right to ask an examination for a first-class license, and secure the Doctorate if they desire it, and all those who were of reputation and high standing, should receive such license on known and acknowledged merit. In fact nothing in the law should prohibit a holder of a second or third grade license, applying subsequently for an examination for a higher standing.

Let us now endeavor to lay down a scheme of systematic college instruction, that would offer the best opportunity for the student to attain a high standing in his state examination.

The Antagonism Between Opium and Belladonna.—Dr. Roberts Bartholow, in his Cartwright Lectures (*New York Med. Rec.*, Nov. 27, 1880), discusses the antagonism between Opium and Belladonna, and submits the following conclusions: 1. Morphia and Atropia are antagonistic in their effects on the cerebrum, and the result of the antagonism is to induce torpor; but this deepens into coma, if the quantity used be larger, and hence the antagonism does not extend to lethal doses. 2. They are antagonistic in their action on the pupil, though this is not constant, and the effect of the Atropia preponderates. 3. They are antagonistic in their action on the heart, but the effect of the Atropia is more powerful and more prolonged. 4. They are antagonistic in their action on respiration; Morphia retarding the respiratory movements, and diminishing the excretion of Carbonic acid, and Atropia increasing the respiratory movements, and the excretion of Carbonic acid. 5. They are antagonistic in their action on arterial tension; Opium retarding the heart and paralyzing the arterioles, and Atropia counteracting these effects. 6. Atropia prevents to a large extent, and often completely the depression, coldness of the surface, cold sweating, and cerebral nausea caused by Morphia. 7. Morphia and Atropia are antagonistic in their action on the kidneys, the one diminishing, and the other increasing the urinary discharge. 8. They differ also in their action on the bladder, the one diminishing the sensibility of the mucous membrane and impairing the vigor of the muscular coat of the viscus, and the other stimulating the sphincter; they are not, therefore, antagonistic in their effect on the bladder. 9. In therapeutics, these antagonistic actions may be utilized to secure effects which cannot be obtained by the employment of either agent alone.

Psychological Department.

PROGRESS IN NERVOUS DISEASES.

BY J. MARTINE KERSHAW, M. D., ST. LOUIS.

Peculiar Effect of Bromide of Potassium in Insane Epileptics.—In a paper read before the American Neurological Association (*Medical Record*) Dr. Bannister stated that he had observed the development of maniacal form in insane epileptics while under the influence of Bromide of Potassium. In a case reported, the maniacal excitement passed off on withdrawing the Bromide, but returned, on again resorting to the remedy. Dr. Jewell “thought it probable that quite a number of epileptic insane, placed in asylums and kept upon the classical Bromide treatment, were there as insane persons for that very reason. In all cases of epileptic insanity this possible effect produced by Bromide of Potassium should be constantly and distinctly borne in mind; that is one of the results of the Bromide treatment of epileptic insanity, whether directly or indirectly was not determined, was maniacal furors, which rendered the person dangerous, and liable to confinement and restraint.” Dr. Show had observed this effect of the Bromide especially among children in dispensary practice. Dr. Hammond had also known acute mania to follow the use of this drug. This action of the Bromides is worthy of attention.

Peripheral Paralysis from Pressure.—Dr. Rockwell, in a paper upon this subject, stated “that complete absence of electro-muscular contractility is not necessarily an unfavorable condition which cannot be removed.” The galvanic current is to be used persistently for a long time even in cases where there appears to be little hope of recovery. In one case, a month elapsed before any muscular reaction occurred and in another it required six weeks. Dr. Jewell thought that cases in which there was evidence of absolute destruc-

tion of nerves, should be looked upon as more favorable cases than has heretofore been done. He cited an instance in which the left lower extremity of a woman had been rendered useless for nearly a year, with loss of both sensation and motion. This trouble had followed a labor in which instruments had been used. By means of massage and the galvanic current, the woman was very nearly cured at the expiration of a year.

Morphine Antidoted by Atropine.—Dr. Ford in the *St. Louis Medical and Surgical Journal*, speaks of the use of Atropia in cases of Morphia poisoning. He reported a case in which this antidote was used, and with success. The patient had taken two grains of Morphine, or as he puts it, sixteen normal doses of the drug. He administered (hypodermically) sixteen minims of a solution of one grain of Atropine to two drachms of water. According to a rule of his own, he gave sixteen times more than a normal dose of Atropine, because the patient had taken as above stated, sixteen times more than a normal dose of Morphine. Fifteen minutes after the injection, she was better, and in twenty minutes turned over upon her side in a sharp manner. She was out of all danger in three hours and a half.

Feigned Paralysis.—Dr. Byron Brownell in an article (*Brain*) says: Feigned paralysis *is to be suspected* when:

(a.) The condition of the muscles, as regards their nutrition, irritability, (mechanical and electrical), tonicity, the conditions of the reflexes, etc., is quite normal.

(b.) There are no associated nerve symptoms; particularly (1.) No symptoms of hysteria, in which condition paralysis of a functional character often occurs. (2.) When there is no evidence of mental derangement. (In some cases of mental disease the patient does not or will not move a limb or limbs, but in such cases there is no intention to deceive; the paralysis is not therefore *feigned* in the sense in which I have used the term.) * * * *

The positive facts are:

1. The presence of any anomalous symptoms, such as:

(a.) Irregular distribution of the paralysis. In cases of

hemiplegia, the fact that the arm suffers less than the leg, or that the arm on one side and the leg on the other are affected.

(b.) Any peculiarity in the paralyzed parts. The circumstances that in walking the hemiplegic patient does not circumduct the leg, though not absolute, is of some weight.

The fact mentioned by Todd, that in cases of feigned paralysis, when the patient is told to stoop forward and pick up something from the ground, the paralyzed arm is kept fixed to the side instead of falling forwards of its own weight would be conclusive. (In cases of genuine paralysis the arm may be kept fixed to the side by rigidity [contracture]; but in such cases the other facts, especially the condition of the deep reflexes, are so distinctive as to be quite unmistakable).

2. Any peculiarity in the history, mode of onset of the attack, etc. The fact, for example, that the paralysis followed a railway collision, if coupled with negative evidence, is of some weight in form of imposture.

3. The fact that the patient has something to gain by the imposture. That he is claiming damages from a railway company; that he has no fixed abode; that he has been in and out of many hospitals; that he is in short, a "hospital bird," trying to keep a roof over his head by his deceit.

Four Years and Three Months without an Evacuation from the Bowels.
—Dr. G. Hungerford (Chicago *Medical Times*, Nov., 1877) reports a remarkable case (not of his own practice) of a lady aged twenty-eight, who during the last four years and three months of her life had nothing whatever pass her bowels, everything that should have gone that way being vomited. The urine also, during all this time passed only through the catheter, three weeks sometimes passing without emptying the bladder. The patient all the while was confined to her bed, took very little food, no offensive odor from her mouth, menses quite regular, slight and paler than natural. At the commencement of her illness "both cathartics and injections were required to produce a movement," the result no doubt of the occlusion that followed. No injections could be given, owing to a "contraction of the colon, probably its entire length." It is to be regretted that a post mortem was not allowed.

Materia Medica Department.

RHUS AROMATICA IN URINARY DISEASES.

BY J. T. M'CLANAHAN, M. D., BOONVILLE.

The above, though new to the medical world, so far as I am able to learn, has been thoroughly tested and its therapeutical powers proven, for more than a quarter of a century, and it may seem strange that a remedy so long in use, and one that has been used successfully and extensively, by at least a half dozen physicians in our family, should be left for the writer to introduce to the profession at this late day. For several years after its discovery, it was used exclusively in the treatment of all excessive discharges from the kidneys and bladder, especially diabetes. As regards the forms in which the remedy has been used, until within the past ten years, it was used in the form of a decoction and powder, but latterly it has been used in the form of a saturated tincture; the dose of the latter has varied from one drop to half a teaspoonful, and for the last two years I have rarely used a larger dose than ten drops. And now, to illustrate the action of the *Rhus aromatica* on the economy, I will select a few cases that have come under my personal observation, saying nothing of the many brilliant cures that have been effected with this remedy, by those more competent than myself.

Diabetes.—Some months ago I was called several miles from my office to see a lady who was said by her physician and friends to be in a critical condition; mother of four children, aged thirty-four, tall, spare made, dark hair, skin and eyes. I found her confined to her bed, though she was able to go about the house at times. The following was her condition: Skin sallow, eyes sunken, pulse feeble and quick, temperature $100\frac{1}{2}$, loss of flesh, slight cough, and sometimes night sweats, appetite variable, sometimes raven-

ous and sometimes not so good; thirst, more or less, all the time; bowels sometimes constipated and sometimes the contrary condition was present; there was also a general sense of lassitude and languor. The history of the case revealed the fact that several months previously her attention was attracted by frequent calls to urinate, and that she was compelled to get up at night to void large quantities of urine. This condition of things had been steadily increasing, until she was compelled to abandon her household duties. Under the usual tests the urine revealed a large saccharine deposit, specific gravity 1031. I left an ounce vial of the saturated tincture of *Rhus aromatica*, and ordered her to take ten drops every four hours, and report in a week. At the expiration of that time her husband reported that the amount of urine voided was greatly diminished, and that she appeared greatly improved in every respect, except she was troubled with considerable pain and soreness over region of kidneys, In addition I gave him a box of irritating plaster, which I ordered prepared, and to be worn over the kidneys, until the desired result was obtained; no other medicine was necessary, the dose of *Rhus aromatica* being varied from time to time as necessity required; this, together with proper bathing, clothing, exercise, and above all, proper diet, carefully avoiding anything that favored the sugar-forming processes in the body, completed treatment. At the expiration of four months my patient was enjoying reasonable health and has remained so to the present.

Enuresis, arising either from atony of the muscular, or irritation of nervous fibres, will be promptly met by the *Rhus aromatica*. I have relieved many cases in which the patient was unable to restrain the urine to normal distension of the bladder, and others who were unable to prevent constant dribbling of the urine which rendered them filthy and disagreeable, not only to themselves but to those around them, virtually debarring them from society. And if there is a specific for that troublesome condition which we so often meet in children, that of "bed-wetting," we certainly have it in *Rhus aromatica*. Let one or two illustrations suffice.

The mother of John D., aged five years, called January 3d, stating that two years previous her little boy suffered from a severe attack of scarlet fever, and ever since he had been more or less unable to control his urine, and for the past few months he had little or no control over it at all. Further, that he would wet the bed two or three times during the night, and himself during the day. She further stated that she had tried several doctors, and almost every remedy that had been suggested to her, for the disagreeable malady, and all without permanent benefit. The case had now become almost alarming and she wanted "something done." I accordingly gave an ounce vial of the first dilution of *Rhus aromatica* and ordered ten drops given three times a day, and to have him empty his bladder before retiring, and to get up immediately on feeling an inclination to urinate. Improvement was rapid; at the expiration of six weeks the morning and noon doses were discontinued, dose at night continued; at the end of three months I pronounced my patient cured.

Was called to see Mr. T., aged fifty-one, Nov. 13, 1878; for more than a year he had been unable to prevent an almost constant dribbling of urine, which rendered his existence miserable, rendering him unfit to associate with those around him because of the disagreeable and offensive odor produced by constant urination. For the urinary trouble, *Rhus aromatica*, \mathfrak{zj} , ten drops at 8, 11, 3, and 7 o'clock each day. Improvement was marked from the beginning, and after eight weeks he was able to hold his urine to normal distention of the bladder, and ultimately a cure was accomplished.

The great superiority of this remedy in the treatment of diabetes and enuresis led to its use in other abnormal conditions of the urinary and genital organs, viz., hæmaturia, uterine hæmorrhage, menorrhagia, leucorrhœa and other excessive discharges accompanied by a relaxed condition of the uterus. I have found the remedy to act well in hæmaturia arising from various causes; it will be found a fine remedy in hæmorrhage of the kidneys arising from a general dis-

eased condition of the blood, accompanied by general debility, that form which sometimes precedes Bright's disease, and it will, many times, relieve the same arising from falls, blows, calculus, etc. A friend of mine, Dr. Gray, has relieved two cases of chronic hæmaturia with the *Rhus. arom.*, which he could not manage with any other remedy. I am also delighted with its action in uterine hæmorrhage, indeed I have given it a place in my obstetric case. I regard it inferior to no remedy; I use it in the same capacity as cinnamon, erigeron, ergot, etc., the dose varying from five to twenty drops of the tincture, according to the urgency of the case. I have many times relied upon this remedy alone in urgent cases, hence I do not hesitate to pronounce the *Rhus aromatica* a remedy among the first in obstetric practice. My father, Dr. F. McClanahan, uses this remedy largely in all active and passive hæmorrhages, whether from lungs, kidneys, bowels or uterus, and his experience is, that there is no remedy of greater efficacy in the treatment of hæmorrhage of the kidneys and uterus, especially *post-partum* hæmorrhage. Furthermore, after twenty-five years' experience with the *Rhus aromatica*, he is very emphatic in saying that the curative powers for the remedy for each of the above described conditions cannot be too highly estimated.

For the last three years I have used this remedy largely in summer diseases of children; time and space will not permit of further examples, hence I will only describe the conditions to which it is applicable: stools profuse, skin cool and sallow, pulse small and feeble, loss of flesh, abdomen flabby, tongue pale, trembling and moist, trembling in lower limbs, general sense of lassitude and languor; dose for infants, ten to twenty drops in a half glass of water, teaspoonful as often as necessary; dose for children, perhaps five drops of the first dilution.

EPILEPSY AND WHITE PEONY.

A member of the American Institute, (the name escapes me now) reported that White Peony had the reputation of curing epilepsy. Try it and report. T. C. D.

PAPAYA IN CANCER.

Dr. E. Bouchut on these medicines reports: I have thought that the malignant growths, as cancers, adenomata, could be absorbed by the application of these agents. I have injected a solution three times into an adenoma of the neck, into one point and into many points according to the size of the tumor. At the end of two hours the pain is very great and attended with a violent fever. After three days the ganglia soften and are converted into abscesses, which may be opened with a bistoury. In three days more the abscess heals.

In three cases of cancer of the breast and in one of the inguinal ganglia, after castration in the hospital of St. Louis, the injections of papaya were efficacious.—*Journal de Médecine.*

Book Department.

THE DISEASES OF WOMEN. By R. LUDLAM, M. D., Professor of Gynæcology, in the Hahnemann Medical College. Chicago Chicago: Duncan Bros. Cloth, \$6.00; Leather, \$7.00.

We are favored with a fifth edition of Dr. Ludlam's Clinical Lectures upon the Diseases of Women. It is quite unnecessary to say that the distinguished author has had a ripe experience in private, as well as hospital practice, and these lectures which were delivered at the Hahnemann Medical College, and at the clinics of the Hahnemann Hospital in Chicago, complete his twentieth annual course as Professor.

In the first lecture upon general pathology and diagnosis, he divides the life of women, into seven critical periods. I. Puberty, II. Menstruation, III. Pregnancy, IV. Parturition, V. Puerperality, VI. Lactation, VII. Climacteric. In these seven critical periods of a woman's life, he says, "the whole subject of uterine pathology as it is termed, lies in these cycles." These different periods are well described, and the whole matter plainly and practically discussed. In the section upon puerperality, he speaks particularly of uterine involution—he says "most of the diseases of the puerperal period are

self-limited, * * * there is however one condition of puerperal convalescence which is indispensable to a perfect recovery from any and all of the diseases of child-bed; that condition is the proper involution or shrinkage of the uterus after delivery." This very important condition he fully treats—it is something which plays a great role in the diagnostics of gynæcology, indeed before J. Y. Simpson's time, he knew very little about the involution of the uterus, vagina, and perineum.

Lecture IV. is upon physical diagnosis in gynæcology. He says "the methods are practically the same as those which are employed in diagnosis of the diseases of the heart and lungs." This lecture is very good, and contains illustrations of uterine speculums such as Dr. L. uses, and recommends, as follows: Ferguson's, Sim's, Dawson's Cusco's, Nelson's, Neugebauers, and Sim's self-retaining speculum.

We are disposed to find a little fault with our esteemed author for not mentioning Higbee's speculum, instead of Cusco's, and Eric's self-retaining speculum, instead of the one he has illustrated in his work. As for Sim's speculum so excellent and indispensable he advises the busy practitioner especially to select for his use Hebron's modification of it. The Wilson gynæcological chair, as well as the gynæcological table illustrated upon page 72, especially recommended by Dr. L. cannot be improved upon. The introduction of the uterine sound, the touch, percussion, auscultation, and inspection, are all described, and upon pp. 94 and 95, are excellent diagrams to illustrate the diagnosis of abdominal tumors. We are especially pleased with our author's practical remarks upon the use of the uterine sound; they are sufficiently instructive to bear a very careful reading.

Lecture VI. is upon Chlorosis, a disease the pathology of which is little understood by the average practitioner. In this chapter the views of different authorities are quoted, but Dr. L. truly says, "its seat is in the nervous system, which is fully in accordance with the most recent investigations, or in other words, it is a neurosis of the ganglionic system of nerves." Clinical cases of the disease are cited, and the remedies prescribed were, Iron, Arsenic, Sepia, Strychnine, Ignatia, Phosph., etc., all of which are excellent.

Lecture VII., VIII., and IX., are upon Amenorrhœa, and run through 55 pages, under the heads of, I., delayed menstruation; II., suppressed menstruation; III, retention of the menses, vicarious menstruation, amenorrhœa of phthisis, (secondary amenorrhœa) menstrual headaches, uterine colic, etc. These subjects have been discussed in detail, very fully, and clinical cases are quoted all of which are particularly interesting. In these chapters he has also devoted several pages to menstrual retention as a cause of uterine displacement, and he has also mentioned as an excellent auxilliary to other treatment, the use of the sponge tent, which is of practical value and meets our approval. We do not see the tupelo tent, (*Nyssa aquatica*) mentioned, but from an experience of the past

fifteen months, we find it safer than sponge tents, or sea-tangle tents, and quite as effective.

Dr. Ludlam's treatment of uterine colic will be found well worthy of the attention of the busy practitioner. He recommends palliatives such as the vapor of Chloroform, injected or sprayed into the vagina, also vaginal injections of Chloroform, Glycerine and Olive oil, or applied by means of tampons, a practice which we have pursued often successfully for the past ten years; one other remedy he might have mentioned which will sometimes relieve almost instantly, and that is Chlorodyne in doses of twenty-four drops. Sometimes Gel-semium tincture is sufficient.

Lecture X. treats of menstrual epilepsy. In his treatment, he says, "complicated cases may expire by limitation of the climacteric," and remarks that "this curious affection is compounded of hysteria and epilepsy in varying proportions, and since the two nervous affections are always symptomatic of some uterine or ovarian disorder, a rational and successful treatment must be based on the indications that are furnished by these factors."

Lecture XI. which continues through forty-three pages, treats upon Dysmenorrhœa. Of all derangements of the uterine system, the experienced gynæcologist is ready to acknowledge, that in this affection our art has by no means reached perfection.

Dr. Thomas says,* "his experience leads him to dread the application for relief, of a patient with obstinate ovarian dysmenorrhœa," but Dr. Ludlam says, under treatment, "one of the most successful, and satisfactory achievements of modern gynæcology consists in having supplied us with means of cure for most cases of this disease." We hope this assertion is true, but alas! we have not found it so in practice. In obstructive, neuralgic and congestive dysmenorrhœa, the gynæcologist can do much for the relief of his patient, but in membranous, and ovarian dysmenorrhœa we are sadly deficient. Dr. Ludlam has given quite a number of clinical cases, all of which will be found very instructive, and his treatment presents a fair and almost complete resume of all that we know at present of the therapeutics of this disease, he has not mentioned electricity, but we will suggest that in our own experience we have found the electrode when applied directly within the uterine cavity, and the shocks by means of Faradization, to produce certainly favorable results — indeed we know of no other plan of treatment equal to it.

* (The review will be continued.)

T. G. COMSTOCK.

BRAINS OF CRIMINALS. By PROF. M. BENEDICT. Translated by E. P. Fowler, M. D. New York: W. Wood & Co. Chicago: W. T. Keener; Duncan Bros. 8vo. pp. 185. \$2.00.

The full title of this work is "Anatomical Studies upon Brains of Criminals. A Contribution to Anthropology, Medicine, Jurisprudence, and Psychology." First, a typical brain is given with its

*Diseases of Women, 5th edition, p. 627.

various normal convolutions carefully mapped out, then is given twelve observations, with three views each, on as many criminals. The comparison places the heads of criminals low in the order, and is perhaps the strongest proof of the truth of phrenology of anything that has been presented since Ferrier's experiments. The facts here given refute the idea that marked fissuring of the brain is a sign of high development. We find here an "excess of fissures, which obviously are fundamental defects."

The work is a curiosity and the comparison of these criminal brains with animals suggest the humanity, if not necessity, of keeping these low type of brains under control. Some of our Washington M. D.'s should take Guiteau's cranial measurement, as he evidently belongs to the class of feeble-minded men, who should be kept under confinement all his natural life.

Society Proceedings.

THE CENTRAL HOMŒOPATHIC MEDICAL ASSOCIATION OF IOWA.

The Central Homœopathic Medical Association of Iowa met in its third annual session at Cedar Rapids, July 13, 1881, at 10 A. M., in the office of Drs. Cogswell Bros., with J. R. Hindman, M. D., in the chair. Secretary R. H. Hurburt, M. D., of Marion, being absent, C. H. Cogswell, M. D., was appointed in his stead.

The following members answered to roll call: Drs. D. R. Hindman, Marion; E. V. N. Hall, Anamosa; G. E. Cogswell, Mt. Vernon; P. Moore, Mrs. C. Hickox and C. H. Cogswell, Cedar Rapids.

G. E. Cogswell read an interesting paper on the "Electricity of the planets and its relation to disease," which elicited considerable discussion. He cited several periods of time in the next six months which would have marked effect on the sick, and asked that the members of the association remember such periods and see if his theory was not correct, and to report at the next meeting in January, showing that great advancement in the control of disease by the aid of electricity.

This was followed by a paper from Dr. Hall, on the "Single Remedy and the Minimum Dose," reviewing the medicines from the sixth century, showing the changes and improvements in medicines, especially since the beginning of the present century. Several clinical cases were reported for diagnosis and treatment, particularly one brought by Dr. Hindman from Marion — a little girl, four years old, suffering with curvation of the spine.

The bill of the secretary was read and ordered paid.

On motion, proceeded to the election of officers, which resulted as follows: President, G. E. Cogswell, Mt. Vernon; vice president, P. Moor, Cedar Rapids; secretary, E. V. N. Hall, Anamosa; Censors, D. R. Hindman, Mrs. C. Hickox and C. H. Cogswell.

Marion was selected as the next place of meeting, the second Wednesday in January, 1882, in Dr. Hindman's office, at 10 A. M.

C. H. COGSWELL, Secretary *pro tem*.

Medical News.

The New York Ophthalmic Hospital.—Report for the month ending June 30, 1881: Number of prescriptions, 8,661; number of new patients, 569; number of patients resident in the hospital, 10; average daily attendance, 141; largest daily attendance, 181.

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

In Press.—In reply to many inquiries, we take pleasure in announcing that *The Text Book of Materia Medica* is in press. This second edition has been revised and enlarged, and will be a valuable work.

Duncan's Diseases of Children is also running rapidly through the press. This edition will be bound into one volume.

The Author of the long ago is obsolete, in medical literature at least. The best books are compilations carefully made by those well informed on the subject, and whose experience enables them to select the practical from the theoretical. Often the best compilations are from the experiences of a number of carefully-observing busy practitioners.

Weeding Them Out.—The State board of Health of Illinois is after the frauds. At their last session they revoked the license of Charles Koier, a pretending Homœopathic practitioner, who received his permission to practice on false affidavits, it seems. This board is doing good work, but could go a step farther and suppress some of the quacks who still violate the law.

Died.—July 10, wife of Dr. A. M. Cross, of What Cheer, Iowa. The doctor has the sympathies of our readers.

On the 14th of July, 1881, of consumption, aged 56 years, Dr. Eugenia L. Benham, wife of Dr. F. A. Benham, of Elkhart, Ind. Mrs. Dr. Benham was a devoted and successful physician in the treatment of diseases peculiar to her sex, and she has left a large circle of friends to mourn their loss.

The Southern Illinois Homœopathic Medical Society will meet at Effingham, Ill., Tuesday, Aug. 16. The essayists and topics are as follows: Diseases of Women, Dr. J. A. Wakeman, Centralia; Diseases of the Heart, Dr. J. W. Mitchell, Kinmuddy; Diseases of Children, Dr. G. S. Schmidt, Effingham; Obstetrics, Dr. B. F. Hoerman, St. Paul; Practice of Medicine, Dr. A. C. Davis, Farina; Surgery, Dr. C. N. Dunn, Centralia; *Materia Medica*, Dr. C. A. Dean, Salem; Medical Literature, Dr. A. P. Bowman, Chicago. Officers: Drs. J. W. Mitchell, President; B. F. Hoerman, Vice President; C. N. Dunn, Secretary; A. C. Dean, Corresponding Secretary; A. C. Davis Treasurer.

Honor to Whom Honor is Due.—Dr. Burt, in all of his publications of *materia medica* classification, "Ganglionics," etc., etc., is plagiarizing my work, *without credit*. I published this classification in *THE INVESTIGATOR* (folio) 1860 (article on Toothache); *Alton Courier* 1860; also, at the St. Louis meeting of the American Institute, 1868; in *New York State Transactions*, 1868; *North American Journal*, February, 1869, etc., etc. I think he ought to hear of it from your and other journals. He has displaced drugs, too, in arbitrary and unfounded ways, from one class to another. I. S. P. Lord did precisely as B. does, in his Intermittent Fever. 'Tain't right.

J. C. MORGAN.

Ludlam's Diseases of Women, so long promised, is out at last. When we announced it a year ago we supposed that with a few additions and revisions we could have it ready last fall, but it was deemed best to overhaul the whole work, and, in fact, write a new book. This, for various reasons, delayed the work, but has greatly enhanced its value as the reader will see. Those who have a former edition will be surprised at the wonderful advances made in gynæcology, and by comparison see at a glance what these are, and delighted at their practical nature. The great value of this sort of comparison is well understood by those well informed on any specialty. This work will put to the blush any Allopathic work on gynæcology extant.

Philadelphia vs. New York!—So it goes! Lea is awake. "To the Medical Profession: Messrs. William Wood & Co., of New York, in a recent announcement of their 'International Encyclopædia of Surgery,' have not been contented with describing the merits of their enterprise, but have gone out of their way to depreciate the character of the American edition of HOLMES' SYSTEM OF SURGERY in which we are engaged. A well grounded fear that the Americanized 'HOLMES' will prevent the success of their 'Encyclopædia' could alone prompt them to a course of action so unusual among reputable publishers, and we greatly regret that in defence of the interests entrusted to our care, we are forced into a controversy such as our house has never yet been called upon to engage in.

"Messrs. Wood & Co. inform the profession that they had themselves

long contemplated the revision of 'HOLMES' but had abandoned the plan as impracticable. That which they imagined impossible we have found little difficulty in accomplishing, by obtaining the assistance of American physicians and surgeons, prominent in every department of the science. The names of these gentlemen are too well known for the profession to doubt their satisfactory accomplishment of the task which they have undertaken. Such men as Professors Bartholow, Keyes, Cohen, McGuire, Hodgen, Lidell, Conner, Leidy, Markoe, etc., have not associated themselves in an undertaking which will disappoint the well grounded expectations of those who subscribe to the work, in reliance upon their faithful performance of their engagements; and we must in charity suppose that Messrs. Wood & Co. were unaware of the character of the collaborators to the American 'HOLMES' when they put forth so unguarded a statement.

"It may not be improper to add a word of caution to the profession with regard to the 'International Encyclopædia.' In the latest announcement of that work is embraced the name of one contributor, at least, of the highest eminence in the American profession, who, we happen to know, withdrew from the enterprise some time ago. Whether others are in the same category or not we do not know, but intending subscribers would perhaps not do amiss to delay pledging themselves until they have the opportunity of seeing at least one volume of the work and comparing it with the prospectus.

"The principal inducement to undertake the revision and Americanizing of 'HOLMES,' was the immense body of practical information contained in its pages, which will thus be brought down to the present day and rendered accessible to every practitioner throughout the land, to whose daily wants it is especially adapted. Less showy in its title than an 'International Cyclopædia,' it is by so much the more better suited to the physician who wants facts and information suited to the needs of his practice, not fine-spun theories from Spanish, French, and German writers. The profusion of hypotheses and the barrenness of therapeutical results in 'Ziensen's Cyclopædia' have already given a severe lesson to the purchasers of that work, and they will not be likely to run the risk of repeating so unfortunate an experience, when they will be able to obtain at a more moderate price, and in more convenient and condensed form, all that they need in the Americanized 'HOLMES.'

"It was doubtless the conviction of this that led Messrs. Wood & Co. to attack our enterprise. We trust that the controversy may be carried no further, and that we may not again be called upon to protect ourselves in a manner so wholly new to us.

We remain, yours very respectfully,

HENRY C. LEA'S SON & CO.

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Medico-Legal Department.

MEDICAL EDUCATION AND REFORM—III.

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

The prematriculate period of the medical student's life has, in most cases always been sadly misused. The reasons for the failure to properly employ this time are many, and so patent that we wonder why they have been so long unobserved, or at least not corrected. If it is borne in mind, that the medical calling is professional, and that characters are formed by the twenty-fifth year of life, much will be done towards correcting the evil. Thus a student, in the future, will necessarily be of gentlemanly habits, and extraction, because a *professional* training must commence in a school of arts and sciences. Such a student would disdain to serve his nominal pupilage as a bootblack, hostler, and errand boy; such a student's perceptor would shrink from reducing his future peer to menial servitude. Both would

realize that one was a probationer in the courts of science, the other a guide and a mentor to direct the aspirant to the highest achievements in the future. Again, students would not be accepted until they had attained their legal majority, and of an age when they could correctly judge of their tastes and fitness for the calling.

The student should select his perceptor, therefore with care; and should pay him a reasonable sum for his services. The perceptor would at all times treat his student as a gentleman, never exact services from him of a menial character; he should be in fact, a perceptor or teacher, not a master. During this pupilage the following should be the course of studies, and an outline of the daily routine.

No attempt should be made to study any part of medicine that requires demonstration, except in a purely general way. Such books as HINTON, "Physiology for practical use," or CLELAND, "Animal Physiology," and LEIDY, "Human Anatomy," with the aid of a good atlas, should be studied, and the perceptor should daily examine his student in what he had gone over the day before. To use LEIDY to advantage, a disarticulated skeleton should be procured. HAHNEMANN'S "Lesser Writings," the "Organon," by the same author, GROSS "History of Medicine," and the Historical Volume of the World's Homœopathic Convention in 1876, together with the periodical literature, should be read, and care should be taken, by discussion and comment, to see that the student properly appreciates and understands what he reads. He should attend medical society meetings, with his perceptor, and if living in a city, attend Hospital and Dispensary clinics. A year or more of this kind of work, will find our student in a condition to profit by what he will hear during his first college year.

Now let him select a *good school*; not one where the fees are lowest, and the promises of graduation flattering. His college must be one that has been proved by the National Council records, to give the most careful and thorough instruction; one with a faculty of acknowledged ability, and with facilities for teaching practically laboratory courses

necessary. My own studies and practices being purely surgical, I dare not attempt a scheme for each department; what is said of anatomy and surgery, can readily be paraphrased to make other branches conform to the general plan.

This course must be purely objective and elementary, as far as possible, more of a "reciting course" than the old-fashioned didactic. In *anatomy*, have the student first taught to use the microscope, and make him familiar with normal tissue. His studies should be mainly histological, and the work should be of a laboratory character. In *surgery*, he must be taught the principles upon which the science is based; the elements of diagnosis; the selection and care of instruments; the manufacture and application of all kinds of surgical dressings, plasters, poultices, bandages, and splints. He should be instructed in the legal, social, and professional relations of the surgeon, and a general account of accidents, with the methods of treatment. Accidents to regions must be reserved for the second year, because the consideration demands some considerable knowledge of pathology and physiology; but wounds of soft parts, the general symptoms, causes, etc., to muscles, blood-vessels, nerves, bones, and joints, must all receive attention. At the close of the year an examination is held, and if not successfully passed, another year must be spent in the same studies. Such a scheme demands a large part of the time to be spent in practical work, so that the classes must be broken up into sections, enabling each student's work to be superintended by the professor and his assistants.

During the vacation the perceptor should not fail to review the years work with his student, giving him every opportunity to put what he has learned into practice, under his supervision, and in every way confirm and strengthen what has been acquired. It is best, I think, not to do more than this; not to take up any more advanced studies, as some time must be devoted to recreation. Society meetings should be attended assiduously, when within reach, and the medical periodicals read carefully; beyond this the studies

should be confined to topics gone over the first year, more for review.

The second year must introduce the student to a higher grade of studies. In *anatomy* he goes through a thorough course, both in the lecture and dissecting room. His dissections should commence with the conclusion of the lectures on osteology, and should include a dissection of every part. The review should be studied from a fresh subject, and the microscope should be at hand to make out the minute anatomy. This year's dissections should include only the muscles and review, with such general study of the blood supply and nerves as can be got without sacrificing the former.

In *surgery*, the course must open with a *thorough* study of inflammation, preceded by lectures on irritation and hyperæmia; the study must be objective as well as didactic, the microscope, camera obscura, and the experiments necessary to fully demonstrate the process and its significance. Next will follow the natural terminations and accompaniments of the process, as well as the various modifications. This will include suppuration, ulceration, gangrene, pyæmia, septicæmia, erysipelas, etc. Next will follow such general subjects as shock, traumatism, and tumors; succeeded by a systematic treatment of the surgical pathology, etiology, and therapeutics of every region in the body, embracing a complete description of morbid process peculiar to surgical practice, with regional accidents carefully considered. In schools with a large faculty, this course may be divided among two or three teachers; including venereal and genito-urinary lesions in one department; diseases and accidents peculiar to women in another; and many other natural subdivisions. During this year, also, clinics should be more carefully attended, and the case-books inspected, and marked in accordance with a system that will indicate the excellence of the record. At the close of the year an examination in the studies of that year is had.

The *third* year must be an eminently practical one. In *anatomy* the dissections must be regional, and the distribution

of blood-vessels and nerves traced out carefully, the necessary instruction of muscles forbidding it in the previous year. The lymphatic circulation, and the genesis of tissue must be very carefully studied anew, and every pains taken to have thorough knowledge of the structure of the body, both general, surgical, and microscopical. Pathological anatomy, post-mortem exercises must be studied, and diagnosis made, thereby, in selected cases.

In *surgery*, operations, and the use of all the diagnostic appliance must be taught practically. The students must officiate as assistants, and in that capacity be called upon to make diagnosis, and perform some of the minor operations on the living, as well as all the major operations on the cadaver, as far as possible, in short, the range of surgical practice should be gone over practically by the students, the instructions being more in sections of classes, in the hospital, clinic, and anatomy room; rarely should there be merely didactic lectures.

The student now reaches the close of his undergraduate life, and comes up for final examination. What shall this examination be? It has always seemed to me that even the final examinations in the best college in the country, is the veriest farce, and often absolutely unjust. For instance in our colleges, each teacher asks, say, twenty questions, and the maximum marking will be 20. Any student failing to answer 15-20, is rejected. The votes of the whole faculty being added together, it will require at least 12-20 to pass a candidate. Now if the list of questions were written precisely alike for such candidate, and the answers written, in the possession of the faculty, perhaps the method might be more commendable, as it is—well, we all know how it is done. Under the most favorable circumstances, the record of the student in his classes, his general aptitude and intelligence, and his “quiz record,” are all put at one side, and his fate placed upon the result of the correctness of his answers to ten or twenty questions, many times testing only his *memory*, and having no relevancy to the question of intelligence. Let this be abolished. If we *must* have a

final examination, let it be conducted by an independent board of censors, in no way connected with the faculty or the corporation. The proper plan under our ideal scheme, would be to make up the vote on each candidate based largely upon the personal knowledge of the faculty of the student during his pupilage, his general record, and "quiz class standings." Of course a form of questions must be asked, but they should be of a character to elicit the appreciation of the topic, not to test his memory.

Having passed the examination, and completed his undergraduate studies, graduate the student as a bachelor of medicine, with an additional degree, as master of surgery, obstetrics, ophthalmology, etc., to those who are particularly distinguished in the special departments mentioned. The graduate has now a right to appear before the state board for a license to practice his calling. He will have this final ordeal before him during the whole of his student-life, and will be compelled to make the best use of his opportunities, with a knowledge that excellence can alone give him a full entrance into the profession. His teachers will for their own credit, do their utmost to give their graduates a good standing with those of rival schools, and with the healthy rivalry thus established, the profession, and society as well, will reap a lasting benefit.

In concluding these papers upon medical reform, it is hoped that enough interest will be awakened to arouse the profession to some action. That the reform is needed, none can doubt; that the inauguration of reform movement rests with ourselves, is equally clear. Let me earnestly invite my colleagues to take hold of the matter heartily, and make of our calling a *profession* indeed. None will suffer but the incompetent, and there is no law, human or divine, that compels us to honor and protect incompetency in such a trust as is committed to us.

Physiological Department.

PROGRESS IN NERVOUS DISEASES.

BY J. MARTINE KERSHAW, M. D. ST. LOUIS.

Mania.—Two cases of mania are reported in the *Medical Counselor*. CASE 1.—A single woman, at the climacteric began to imagine she had committed some great crime, and that the authorities were in pursuit of her; and that her neighbors are persecuting her; and that the devil is after her, and that he comes up into her room through the floor. Sleep is poor and unrefreshing—filled with tiresome dreams—she is dizzy, her gait is unsteady, and she is constipated. *Zincum oxydatum* was prescribed, one-sixth of a grain every four hours. At the expiration of one week these troublesome symptoms had disappeared.

CASE II. A man thirty-six years of age, had been insane for several months. ‘‘He thinks that he is lying in the grave, pleads, prays, demands that he be killed. Laughs as if some one was tickling him. Wants everybody to kiss him! accuses his wife of faithlessness. He scolds, strikes about him in a rage, cannot be held by his watchers. He thinks his watchers are dogs, and barks to make himself understood by them. He thinks the house is surrounded by wagons full of geese and of people, who make obscene gestures at him, which make him rave. He was cured in a few days by Stramonium 9th.

A Dirk in the Brain with no untoward Symptoms.—A case of the kind is reported in the *St. Louis Medical and Surgical Journal*. The man, to kill himself, drove a small dirk into the top and back part of the brain. It did not kill him, and failing in his efforts to extract the knife, he called upon two physicians, who tried various ways and among others suspended him in the air, holding on to the handle of the dirk, and even this failed to extract it.

They finally repaired to a shop, and after a deal of trouble and some rough usage, removed it. After this operation the man conducted the surgeons to their carriages. Fearing meningitis he was sent to a hospital where he remained eight days without a symptom of inflammation or paresis.

The Early Recognition of Epilepsy.—Dr. E. C. Seguin has an excellent article on this subject in the *Medical Record*. He cites a number of cases of true epilepsy, a number of which had been under the care of good physicians, but for some reason, they had failed to discover the epileptic character of the disease. Some had been treated for indigestion, others for worms, and more for general debility of the system. Dr. Seguin calls attention to these cases, because, as already stated, physicians into whose hands some the patient's first fell, were eminent men in their profession, and some of them noted teachers in medical schools. The remarks just made are well timed. Numerous cases of so-called fainting, are true attacks of epilepsy, and if a true diagnosis are not made at first, the disease may progress so far as to be quite incurable, even if at first there had been some chance of helping the patient.

Phosphorus in Softening of the Brain.—The *North American Journal of Homœopathy* contains an article by Dr. Arnold on this subject. Several cases with the symptoms are reported, showing the results under the treatment by Phosphorus. In the first case, there are some symptoms of mental decay due to organic disease, and there can be little doubt that the symptoms indicated organic change of the cerebral structure. In this case the action of the Phosphorus, was remarkable; for the mind improved, his speech became clear, and in every way his condition was greatly altered for the better. In the second case, that of a girl aged nineteen, the action of Phosphorus was also remarkable, and shows the remedy to be an excellent agent in functional as well as organic diseases. I cannot after a careful reading of the case, look at it as one of organic disease, but rather as one of a functional character. But it is in just such cases that Phosphorus is pretty sure to do good. The

girl was poorly developed, menses scanty at first but altogether absent for the last six months, she was over-worked, and under-fed. Many of these cases are to be classed as ones of "nervous exhaustion;" and Phosphorus, as I have frequently observed, is an excellent remedy. Cases of this kind do not usually recover, because of a want of patience and persistence on the part of the subject. Not unfrequently, the doctor is too blame also; for, as Dr. Arnold has shown in his cases, the remedy should be given patiently and persistently.

Allochiria.—Dr. H. Obersteiner describes in *Brain* what he terms "a peculiar sensory disorder." He refers to the uncertainty which some patients experience as to the location of an irritation. In other words a subject of some sensory disorder, on being irritated at some point of the body, feels the irritant, but locates the trouble at some distant point, or perhaps upon the opposite side of the body. He describes one case in which the toe was pricked, and which the patient felt at once, but located in the toe of the opposite foot. All of the subjects of this difficulty had some spinal trouble, such as locomotor ataxia, etc.

Insomnia and its Relation to Gout.—In the same journal Dr. Dyce Duckworth calls attention to sleeplessness as a symptom of, or as associated with gout. He states that it is usually due to some article of food which does not agree with the subject. After falling asleep and resting a few hours, the patient awakes, and cannot get sleep for two or more hours. This sleeplessness is not necessarily due to pain or great uneasiness, in fact, it stands alone in some cases. It frequently precedes gout, or an attack of gout, and in cases where there is no suspicion of such trouble. It also complicates and greatly aggravates regular attacks of gout. Dr. Duckworth says that in such cases sleep-producing medicine are useless, and that the treatment of the disease, under which the subject suffers, is the only rational way of meeting cases of this nature.

Reflex Urinary paraplegia.—Several cases of this kind are noted in the *New York Medical Times*, an extract being

made from *Le progres Medical*. Urethral calculus was found, on examination, to be the cause of not only the general urinary symptoms, but of the marked paraplegia which was present in the several cases reported. Removal of the calculus caused the disappearance of all untoward symptoms in a short time.

Materia Medica Department.

PROVING OF PIPER METHYSTICUM—(KAVA-KAVA, SAMOA.)

BY DR. M. A. A. WOLFF, SAN FRANCISCO, CAL.

Presented to the Western Academy of Homeopathy.

FIRST PROVING.—CHRONIC CYSTITIS CURED.

Subject. — Male, forty-nine years, middle height, dark complexion, dark curly hair, brown eyes, sedentary habits, very temperate, bilious temperament, general health good but for a *chronic cystitis*. Took of the drug three times a day from May 16 to June 15 (inclusive); in all one and one-half pint of tincture in varied strength.

First day, May 16, 2.30 P. M.—Six drops tincture; soon felt uneasiness in the head; laid down to sleep; was awakened, unusually lazy; lay down again; awakened at 4 P. M. extremely indisposed to mental effort; to arouse myself went out to walk; in the street, an aching pain in the whole left arm, and flushing heat in the left hand, which, in time, changed to aching pains in the middle and third fingers. 6.30 P. M. great drowsiness; pains in second joint of left thumb. 7.30 P. M. *pain in left toe*, fatigue in the femoral part of both legs, as if unable to stand on them. 8.30 P. M. In an interesting meeting felt languid and sleepy, hardly able to keep the eyes open; home at 11 P. M. headache and sleepiness, so great that I could hardly attend to a patient; slept excellently.

Second day. — When awakened at 3.30 A. M. had to exert myself unusually to keep awake during a serious case of obstetrics. Went home at 5.30 A. M. with great frontal headache, to lay down; awoke at 9 A. M.; 10 A. M. frontal headache came on and continued all day. 8 P. M. The ache especially over the eyes and deep seated; feverish heat in left ear-flap and left hand. 12 M. Very hungry but unable to eat much; for supper was able to eat but little. 11.30 P. M. Only symptoms felt, the flushing heat in left hand and ear; — six drops; went to bed; sensation as if the tongue was covered with fur or velvet; sleep during first hour interrupted, then slept till morning.

Third day. 5 A. M.—Feel well in every respect, ten drops of tincture. 7.30 A. M. Flushing heat of left hand and ear, but less strong than yesterday. 10.30 P. M. Have for a long while not gone through my daily work with such a cheerfulness and ease as to-day; good appetite; slept from 1.30 to 2.30 P. M., awoke with great dryness in the mouth and heavy perspiration (it is a very hot day;) fell asleep on the lounge; dreamed of fighting several unknown gents; left them to follow an unknown female, and when she left me, found she had conducted me to a prayer-meeting, which must have changed to a restaurant, for I ordered a Hamburg beefsteak, but awoke before it was served, no stool to-day, although *urging sensation*. 12 P. M. Ten drops of tincture.

Fourth day 5 A. M. — Slept well all night, flush in left hand and ear. 7 A. M. fifteen drops tincture in one-half tumbler of water. 10 A. M. Natural stool; *burning in urethra* when passing water, arthritic pain in left knee when walking; the flushing heat in head and ear continue. Sensation, *all day, of desiring a stool*,—twenty drops tincture; felt a little while, a pain in left foot, at outer and under border; the foot itself feels cold, with pain in the *big toe of right foot*; heaviness in upper part of chest, behind the sternum, as if filled with wind which cannot be eructated.

Fifth day. — Fragmentary sleep from 12.30 to 4.20 A. M. with varied and exciting dreams; great sleeplessness, so

much so that I had to get up at 4.30 A. M., did excitedly all kinds of unusual office work. 7 A. M. twenty drops. 12 M. Another dose of twenty-five drops, slept soundly from about 1.30 to 2.45 P. M.; an unusually hard and *very* large stool. 11.30 P. M. Thirty drops, to bed 12.15 A. M. *Seeing a great change in the urine, kept a clinical record in this respect.*

Sixth day. — Pain in left foot and toe; sleep like last night with curious, nonsensical, wild dreams. 6 A. M. One teaspoonful tincture. 12.45 P. M. Another teaspoonful; same very hard stool. 10.45 P. M. Two teaspoonfuls.

Seventh day. — 8 A. M. two teaspoonfuls. 11 A. M. Pains in the *joint of thumb of left hand, aggravated by pressure*; very small and very hard stool; heat of left ear and hand continue; pain in *toe of right foot*. 4 P. M. Two teaspoonfuls; continual desire for stool; pain in the thumb ceased. 11.45 P. M. Two teaspoonfuls in one-half tumbler of water; slept till 5 A. M.

Eighth day. — Two teaspoonfuls of tincture. Immediately after, pain in frontal part of head, pressure behind the eyes, a singular pressure in lobules of pinna of left ear, sensation of *weakness in left hand*. 3 P. M. Unusual drowsiness, also weariness of the lower extremities all day; two teaspoonfuls in water. 4.45. Frontal headache and *pressing* pain, especially on left side and deep in the upper part of the orbits; *moving the eyes hurts*. Pains in left thumb joint continues, with intermission for several hours (*while the mind is diverted by interesting topics*;) heat of left ear and hand unchanged *formidable appetite* at 8 P. M., have slept very much and very hard several times during the day (see first day,) a painful lump, threatening to become an abscess, has appeared on right forehead, above minor canthus of right eye, just above the brow; received to-day a new supply of *strong tincture* from Dr. F. Hiller jr. 12.15 P. M. Took a dose. (A dose when not otherwise mentioned means two teaspoonfuls of tincture in half a tumbler of water.)

Ninth day. — A dose at 7 A. M. pain in right foot. 9.30 A. M. Weariness in the legs and pain in right foot-sole. 12 M. pain in foot-sole continues; another dose. Swelling on

right forehead yet there, but redness disappeared and pain ceased. 12 P. M. Another dose sweetened with sugar; returned home from a patient at 1 A. M. fell asleep, only after great exertion, about 2.45 A. M. slept well for fifty-five minutes to 3 A. M.; feel completely worn out; took a dose of Cinchona; slept lightly to 5 A. M.

Tenth day.—5 A. M. Lump on forehead swollen; painful to touch; another dose. 5.30 A. M. Pain for a few moments in left knee. 10 A. M. Very hard stool. 2.45 P. M. Small stool; a dose. 5 P. M. Frontal headache just above the eyes, feverish feeling in face and hands, especially *left* hand; soreness in the back about second dorsal vertebra. 8.30 P. M. Feel worn out. 11 P. M. Continuance of the feverish sensation. 11.45 P. M. Pain in back, felt only by pressure; swelling on the forehead continues with diminished pain; usual dose; good sleep from 12 to 5 A. M.

Eleventh day. 2 P. M.—Stool twice as large as usual—else natural. 12 P. M. During the day unchanged heat of left ear and hand; size of lumps on forehead and back decreased; slept well from 12.30 to 5.30 A. M. (take the medicine regular three times a day when not mentioned.)

Twelfth day.—Heat of ear and hand continues; no stool.

Thirteenth day.—Dreamed, last night, of a great fire; heard the noise of the engines and firemen, the order to come down in a hurry, as the roof was going to fall in; saw them coming down; heard and saw the crash; *dreamed* that I was awakened, when to my consternation, I found it to be the immensely large hotel in which (I dreamt) I lived, which was on fire; my room was just a few feet outside the part that had been burned down; made hasty arrangements to have everything, belonging to me, gathered up to move; went out to find a fitting place for an office; was stopped by a unknown gentleman in an open carriage who wanted me to go a little up in the country, where he said it would pay well, but I turned away from him to find another place; I awoke from the dream at 5.30 A. M.; took *three teaspoonfuls* watery tincture. 2 P. M. Very hard stool. 2.45 P. M. Feel as if about to have another stool; four *teaspoonfuls*

watery tincture. (N.B. previously the tincture was a digestion of the root in alcohol, now it is digestion for several days in water when alcohol was added in equal parts to the water.) The threatening boils on forehead and back have disappeared (Absorption) 11.30 P. M. A dose.

Fourteenth day. — During the forenoon stool with less straining. 11.30 P. M. Pain and heat in whole right foot and back, side of left hand.

Fifteenth day. — Slept from 12.15 to 5 A. M., twice interrupted by desire to urinate; *amorous dreams*; erections, but no emissions. 2 P. M. Have had a heavy sleep, with dreams of travelling by railroad; feel very sleepy; pressure in the head, back of the eyes; weariness all day in lower extremities. 11 P. M. Pain in the calf of right leg.

Sixteenth day.—Slept till 5 A. M.; keen pain in right calf. 8.30 A. M. large stool. 8.45 another large, soft stool.

Seventeenth day. — Slept a great deal during the day.

Eighteenth day. — Slept soundly from 12.30 to 5 A. M. in spite of the much day-sleep yesterday (compare first and seventh days.) 12 M. Arthritic pains in right foot, in the first phalanges. 6 P. M. Walking, pain in left foot also. 7.30 P. M. Frontal pain, left side. 10.30 P. M. All day have felt *desire for stool*.

Nineteenth day.—Slept to 5.30 A. M. 10 A. M. Distressing desire for stool. About 1 P. M. forced a stool, light colored, hard, oblong (twice the size of a large peanut) fæces. 7 P. M. Another stool a little darker and larger; frontal headache; a curious sensation of fullness in face, as of pressure from inside out. 8 P. M. A disagreeable, dragging pain in the whole length of the left arm. 10 P. M. Pain in left arm better, but pain in right foot and wrist and big toe of left foot. 11 P. M. stomach bloated; continuous desire for stool.

Twentieth day. — Slept well from 12 to 4.45 A. M. got up to urinate; slept again till 5.50 A. M. 9 A. M. Frontal headache. 3 P. M. Headache worse. 8 P. M. Slept from 5 to 6 P. M. hoping to sleep the headache away, but the headache was so distressing as to compel me to take at 6.30 a drop Nux. vom.; pain got worse, took Bell. 3x forced a hard

stool which caused *prolapsus ani*. At 12 P. M. great headache.

Twenty-first day, June 5. — Lay awake to 2 A. M. when called to attend a little girl. The headache had disappeared, but reappeared at once when getting up. To bed again at 3.30 A. M. and fell asleep.

Twenty-second day, 5 A. M. — Headache gone, small stool, less straining; 10 A. M. Urging to stool; heat in left hand, fingers and ear. 12 M. Softer stool; pain in the great toe of right foot.

Twenty-third day. — Slept from 1 to 4.45 A. M.; attended business cheerfully. 11 P. M. Good stool.

Twenty-fourth day. — 10 A. M. Pain over the eyes, radiating from right frontal side, just above the eye. 2 P. M. Good stool.

Twenty-fifth day. — A restless night. After a good while succeeded in falling asleep, but awoke at 1.30; took an extra teaspoonful of tincture; fell asleep to 3 A. M. 6 A. M. Natural, large, stool. 9 A. M. Feverish heat. After the dose of tincture this 7 A. M. felt immediately headache, with pressure in upper parts of the orbits of the eye, and desire for stool. 9 P. M. Many uneasy sensations during the day; pain in both calfs after bathing.

Twenty-sixth day. — To bed at 12.45 A. M. no sleep; took an extra dose; fell soon asleep but awoke after one hour; fell asleep again until 4.45 A. M. Awakening, felt a keen, stinging, stitching pain in the end of left toe, lasting a few minutes. Great pain in lower part of right calf; passed a small quantity of urine; a small painful swelling in lower corner of left ear. 8 A. M. Soreness in right leg moved down to tendon Achilles. 9.45 A. M. Good stool. 4 A. M. Pain in leg removed to sole of left foot. 7 P. M. The pain hardly felt.

Twenty-seventh day. — Piper as usual. No effects or symptoms, lump in lower ear less painful.

Twenty-eighth day — Weakness in the extremities, from above knee-joint; lump under ear harder.

Twenty-ninth day. — Two very large stools; after the

first one in the forenoon, frequent colicky pains and distressing sensation of fullness in the bowels; another soft and large stool.

Thirtieth day. — 9.30 A. M. Soft stool; in the afternoon very weak in the lower extremities.

Thirty-first day. — Increased *weakness*, very sleepy and drowsy.

CEASED MEDICATING.

Thirty-second day. First day after ceasing medication. Awoke twice during the night. 7.30 A. M. Large soft stool. 9 A. M. Drowsy. 5.30 P. M. Weariness of limbs disappeared.

Thirty-third day, second day after. — Great continued drowsiness. 10 A. M. Weakness in the limbs. 6 P. M. Have not felt the want of afternoon sleep; weariness is gone. 11 P. M. Have felt satisfied and hilarious since 10 A. M. No desire for sleep these thirteen hours.

Thirty-fourth day, third day after.—Sleepless night from 12 to 2.30 A. M. Then fell asleep and dreamed of fighting (orally) for liberty and giving a surprise party to a friend in his own house; took dinner with him and enjoyed a roast excessively; awoke at 5.30 A. M. 10 A. M. Double sized, light colored stool; no inclination for after dinner sleep. 8 P. M. For the last few hours feel chilly and diarrhoea threatening, weakness or weariness in lower extremities.

Thirty-fifth day, fourth day after. — Arose at 6.30 A. M. 10 A. M. Light-colored easy stool. 1 P. M. Sensation of threatening diarrhoea.

Thirty-sixth day, fifth day after. — Disturbed sleep. 4 P. M. Stool, with straining; during evening continued desire for stool.

Thirty-seventh day, sixth day after.—Slept well. 8.45 A. M. Treble the usual size light-colored stool. Towards evening return of the sensation of urging to stool.

Thirty-eighth day, seventh day after.—Sensation of urging to stool.

Thirty-ninth day, eight days after. — Pain in left foot. 9.30 A. M. Large stool. Pain ceased. 6 P. M. Burning sensation in rectum.

Fortieth day, ninth day after. — 9 A. M. Good stool.

Forty-first day, tenth day after. — Feel weary, and completely broken down in lower extremities, 7 A. M. large stool. 9. A. M. Another stool. Weariness has disappeared.

July 4.—The only symptom left which has troubled me for some days past is the *sensation of going to have a stool every evening.*

SECOND PROVING.

All and every symptom which until lately I had considered to be caused by the Piper methysticum having ceased for some days ago, I took on

July 10. Six drops tinct. fort. in about two tablespoonfuls of water.

July 13. Since the 11th I suffer the most excruciating pains in the right arm, as if the marrow could be affected. I have used in succession until now single drop doses (with intervals between each of four to six hours) of Arn., Bry., Calc., Ars., Phos. The location of the pain changes in the whole length of the arm, from shoulder down to finger-ends. The hand felt several times as if paralyzed, that I was hardly able to hold (keep hold of) a pen. Contemporary therewith pain in the right big toe. After Bry. and after Calc. there was an interval of intermission in the pains. The medicine was only given when the pain reached a degree as to make me almost frantic. At 9 A. M. had one passage, at 5 P. M. another both of an enormous quantity but natural in shape and consistency. I can find no other cause for my sufferings than the Piper methysticum. 5½ P. M. Pain deep in left eye as if it were going to be pressed out; the pain came while in the street on my way to the restaurant. 6 P. M. Pain in eye disappeared but the big toe of right foot and the right leg in and around fibula hurt, the toe most. 9 P. M. Pain in toe disappeared but in its stead pain in right hand, especially in the metacarpal part below the little finger is distressing.

July 14, 1 A. M. Had to get up and do something for the pain in lower part of right arm which was almost un-

bearable; could hardly use the hand from weakness. (Bell. 3x one drop). 4 A. M. An equal paroxysm awoke me (Bell. repeated). 6 A. M. As soon as I got up the pain returned and was most excruciating. One drop *Rhus tox 3x*. 8 P. M. Since 9 A. M. have been completely delivered of pain in arm. Pain in right toe however has been distressing all day, but intend to leave it to itself except it should become unbearable.

CLINICAL OBSERVATION.

Condition May 16. Overdoses of Cubebs, Copaiba and several mental and physical troubles in 1854 to 1856 wound up with making me a subject of "*lithiasis*." Allopathic cures were tried and abolished, using Homœopathic means for a cure instead. The consequence was only a chronic cystitis which nothing seemed to alleviate until in 1874 "The washing the bladder out," recommended by Sir Henry Thompson was tried and always for a while gave satisfaction. Thus I had arrived to May 16, 1877 when the condition was:

Must pass water frequently during the day and several times during the night. Smell of urine fetid, color dirty, sediment: A gelatinous mass sticking to the chamber and hard to remove by the strong stream of water from the hydrant. A crust of uric acid crystals form at the sides and bottom of the chamber.

May 20. Observing, during the proving of Kava kava a great change, I propose to keep a record.

May 21. The stringy gelatinous mucus has greatly diminished in quantity. The crystal-formation is equally less.

May 22. Urine beautifully straw color; *almost clear* when passed; *smell* natural.

May 23. Crystal-formation ceased. No gelatinous sediment. Water passed more frequently, but less in quantity; in the morning thin stream as from stricture (may be only a consequence of nightly erections). Water from 6 P. M. viewed at 11.45 P. M. has left no sediment, and is perfectly

clear; film of a greasy rainbow-colored membrane covers the top. Smell of urine sour.

May 24. Urine from last night not clear; no sediment but skies floating in it; the rainbow-colored film covers it. Smell sour.

May 25. Color and smell unchanged; flocculi; on bottom of chamber an almost invisible deposit of *very* fine sand.

May 26. Only observation flocculi.

May 27. Urine of 6.30 P. M. viewed at 12.30 A. M. clear.

May 28. During night flocculi have been formed.

May 29. Urine from last night clear; a few atomic specks of sandy deposit. This A. M. urine darker but still not abnormal. Having suffered all the time a sensation of retention, passed a catheter; three ounces more were discharged; it was clear. 6 P. M. Urine passed during the day cloudy, covered with the rainbow film.

May 30. 9 A. M. Urine from yesterday had a greenish color like the Kava kava tincture. On side of chamber very fine sand is found glued, but contrary to what is was used to is very easily removed.

May 31. Improvement; urine clearer.

June 3. Hardly any sediment; *frothy, froth keeps standing on top.*

June 4. Urine from last night cloudy; froth remaining on top, below deposit of floury consistency.

June 5. Then, white streaked, gelatinous deposit.

June 8, 7 P. M. Slight burning in urethra when urinating.

June 10, 5 A. M. *Weak gonorrhœa like* pains, whereby passed a lump composed of gluey sand or rather floury stuff and then a few spoonfuls of urine.

June 11. Urination impeded this morning. Sensation of a cork suddenly closing up the urethra. 1 P. M. The difficulty increased. (Yesterday I had taken several glasses of water flavored with vinegar). Urine of four hours standing covered with greasy film, sediment, gelatinous and fine sand. 5 P. M. passed about two ounces. 10.30. The sediment has become mucous with purulent particles, these crumble when rubbed between the fingers.

June 12. Urine from last night gelatinous with crystals fastened to bottom of chamber. 5 P. M. passed a small quantity of a healthy color. 6 P. M. *Strangury* all day. 5.30. Took a bath and passed water there. Coming home used at once catheter No. 9. It went freely in causing a little smarting about half way, as from an obstruction. Emptied bladder of two and a half ounces of thick urine with shreds as from an abscess.

June 13. *Strangury* somewhat diminished to-day.

June 15. Passed water at 12 M. Immediately catheterized and emptied seven ounces.

June 16. Passed water more freely. *Kava kava* seems to have no more effect or to cause medicinal aggravation or reaction as there is again an abundance of gelatinous sediment, ceased taking it.

June 18. Tried to pass water; there was a stoppage until a part of a stringy substance, like thick mucus was yielded, the rest could be dragged out with the fingers being somewhat tough; color gonorrhœal, feels between fingers, as a membrane with fine sand imbedded in it. Having discharged about half an ounce of this kind, the urine came freely and clear. The urine from last night has a good sound color, but bottom of chamber full of gelatinous sediment. 6 P. M. Was compelled to hold my water for about three quarters of an hour, and now passed an enormous quantity, clear, greenish. 11 P. M. Find the urine passed five hours ago clear without sediment.

June 19. 5.15 A. M. passed some small mucous lumps and then a small quantity of urine. 11 P. M. Passed water freely and natural quantity.

June 20. 6 30. A. M. Very little sediment in yesterdays urine. The passage thereof this morning, commenced like yesterday, with a few mucous lumps; twenty minutes later passed urine freely but ending with a stream as from a stricture and then dribbling. Sensation as of stoppage prostate.

June 21. Urine from last night contains a moderate quantity of jelly like sediment, but neither transparent or tough as formerly, but brittle. Felt last night pain across

lower part of abdomen, and at present pressure in the bladder. 8 30. A. M. Passed water very clear, first with impediment, then a broad natural stream, but at last tinny and dribbling. 3 P. M. The urine from this morning yet clear without sediment. Had to pass water several times from 6 P. M. to 12 midnight.

June 25. Hardly any sediment but the oily film on top.

August 21. 8. A. M. Have found the urinary trouble which had ceased for six or seven weeks, commenced again. Took three drops *Brachyglottis repens* (puke-puke, Australia) in about one ounce of water. 3. P. M. Repeated the dose.

August 22. Every thing all right.

October 5. Again some mucous sediment. *Brachyglottis* one drop. 3. P. M. passed water.

October 6. Urine from 3. P. M. yesterday and to-day sound in every respect.

CONCLUSIONS.

Characteristics.—Relief by diversion of the mind by some new topic (Dr. W. N. Griswold). Pain disappears when lying on the back (20th day). Ammelioration by change of position. (July 14th). Paroxysms of drowsiness reappearing every seven to eight days. Constant sensation as if wanting a stool in spite of regularity. Heat of left ear and of left hand. Pain (gouty) in left toe (big).

Antidote *Rhus toxicodendron*.

Iodoform in Pruritus Vulvæ.—At a recent meeting of the New York Obstetrical Society (*New York Med. Jour.*, Oct. 1880), Dr. Mackenzie remarked that the plan of treatment which, in his hands, had yielded the best results was a local application of an ethereal solution of Iodoform in the form of a spray. It produced no pain, and was very rapid in its action. Dr. Warren also had used Iodoform in an ointment in these cases, and with more satisfactory results than from any thing else he had tried. [The Iodoform suppository has also worked nicely in these cases.]

Chemical Department.

MASS, MOLECULE AND MOTION.

The late references in THE UNITED STATES MEDICAL INVESTIGATOR to the molecule will account for a few remarks regarding the present attitude, of molecules and force in modern physics. We can expect little anchorage when the most learned are at sea. For a quarter of a century the school of positives swept away cherished landmarks and pierced popular prejudice—*en carte, en tierce* but to-day they assume a vigorous *riposte*.

Darwin has ever been an unpositive member of the school, although the most aggressive; but he retreats behind Pangenesis rather than openly avow the insufficiency of natural selection, as unsatisfactory a cosmogen to science, as fiat creation. Bastian's earnest labors in biogenesis have overthrown themselves—the failure of his experiment to establish spontaneity rendering the existence of special creation still more probable. The most pronounced failure of the school represented by Huxley has been the degradation of Bathybius, from the great protoplasmic source of ocean life, to offensive slime, lifeless and disorganized. Our substantial friends, the geologists are also modifying views formerly held as quite beyond hypothesis. The discovery of the crystalline abode of the once lively eozoon in the 47,000 feet of Huronian strata—thus demolishing the time honored boundary of the azoic age, and thrusting us seven miles deeper into mystery, has confounded us with the question—how much farther before bottom is reached. The increased importance of earthquake and volcanic action, the better understanding of substitution products, the developments in recent coal formation—researches in archeology and ethnology—all have tended to strengthen conservative views in the minds of modern scientists.

We wish to call attention to another direction in which our friends have advanced too rapidly. John Dalton's hypothesis of an atom and molecule to better illustrate microcosmic entities is being treated as an established fact! Writers speak of atomic relations, molecular forces, and atomicity as if the substrata of matter had actually been reached. Huxley and a swarm of admirers had even given "practical illustrations" of "molecular motion" in distinction from mass motion! and under certain molecular formula in the correlation of forces a principle is laid down in solid masonry—that force is a mode of motion. Both the atomic postulate and the latter principle are subjects of very great uncertainty.

There are two views of infinitesimal matter—the atomic and the force-point—the former fairly understood, but the latter the special property of physicists. Atoms give us tangible shapes, forms, geometrous to study, consider and talk about, as with friends, as with stars, planets, balls, marbles, pin-heads, Homœopathic pill. We are not afraid to take atoms, combine them into molecules, give them probable shape—engrave their pictures—and God forgive the sacrilege even to figure on their size. And yet on many grounds notably on that of noncompressibility, an atom is an utter impossibility. And Ampere, and Barker (whose laws we are now digesting in text-books) while using the term and idea for better conception of the subject know well that an "atom" is in name a paradox.

The "force-point" implies that matter is all force, such force as impedes the motion of other forces, as the table stops the finger; such force as impedes and reflects other forces, as the whitened wall impedes light and reflects it to the eye. Such force as trembles and imparts trembling of forces through media to the ear. Such force as affects nervous force by taste and smell. For lightning cleares as does a cannon ball. Nor can you force your hand through a stratum charged with electricity, and forces will deflect light! And more than all, force freely passes through matter of great "density" nor loses one tittle of its power as a force

which an *atomic* consideration requires. Hence, many of the modern scientists regard it as quite possible that the ideal atom is a *real force-point*.

Now to return to the proposition that force is a mode of motion. We will not throw in the face of this proposition the fact that if it were a mode of motion, still the motion would be a *resultant*. We will take the grandest force the mind has ever cognized, that of gravitation, an attraction of every atom in the universe, for every other atom, at every distance. Now the materials of our problem are lofty and grand, but the climax question is very feeble. What *motion* of an atom of silica floating in our atmosphere draws other atoms in the atmosphere of Saturn towards it? A linear motion pushes away, a revolution flings off by centrifugal force. But even the childish supposition of some connecting link between the two is denied us. Again, let us hastily refer to attraction of cohesion. What movement of a molecule of atoms will make its neighbor molecule stick closer to it? But motion of molecules may develop heat! With no shadow of a proof, let us admit. Yet heat destroys cohesion! And if it but transforms cohesion into sensible heat then a mode of motion is not the source of heat, but cohesion is, and motion a result! But what motion? Revolution? Then we are plunged into a more mysterious problem, for how can even resolution originate under a philosophy of which *vis inertia* is a prime factor?

There is a great wide spread misconception as to what mass motion and molecular motion is. Huxley has taught the error. Stearling his philosophical foe, has given the error recognition, and every modern scientist down to yesterday's writer who detect molecules with his microscope, has encouraged the error.

Huxley describes, (in his lecture on the Physical Basis of Life) the wonderful mechanism of the nettle-sting; and brings blood to the cheeks of the reader as he pictures the grand flood of cellular protoplasm cavorting about every leaf and tissue and microscopic cavity of the great forests miniature Niagaras! And all his peers have spoken with assur-

ance of the jelly-like molecular motion of protoplasm. But is the convective motion, or flowing of a fluid about an elongated cell, a mass motion or a molecular motion? Is there a student so constituted, that when he is brought face to face with the question, he can call it molecular motion? *Mass* motion is where the molecules all obey an equal impulse. Molecular motion is where each molecule obeys an individual impulse. In the flowing of a current *intermolecular* relations are unchanged. In the molecular motion, all these relations are changed, the surfaces approximating, distance, etc. Why, a microscope vastly more powerful than that required to detect the flow of nettle-juice, or any intercellular fluid will detect no molecular motion! Again, the elasticity of jelly or any other trembling, shaking substance is not a molecular motion, it is a mass motion, in which all molecules receiving a like impulse *from without* have the same impress and the same rebound.

We claim that a molecular motion never has been discovered, or any effect or force of matter which leads us to believe that atoms—if there are such inconsistencies,—have any motion of their own, although there may be a probability. The rolling of the Mississippi to the Gulf is a molecular motion, as surely as that restless miniature Niagara in the nettle sting. The beating of the wind against the sails of a ship are as surely molecular, as the trembling of jam or jelly; nor are there any other molecular motions which human eye or lens can distinguish. Molecules are, at least, free from human inspection. That they possess powers or forces which set other forces into activity we concede, but that motion of molecules *is* force, if true, is in opposition to every cosmical conception of the human mind. We may easily consider mass motion as an exhibition of force—we know of no other exhibition adapted to human senses. We also may imagine a molecular motion in the effects of heat. But no mind can enter the furnace of glowing atoms, and discover that plane or axial motion developed by heat or other force, nor does the universally admitted co-relation of forces require it. That force is a *mode* of motion, in the

wide-spread meaning, that the motion of molecules is the universal source of the forces will yet be quietly laid down on the stratum which bounds the azoic wrapped in Bathybius, and spiritualized by natural selection and Pangenesis—as an error! And some prolific genius will confound the world with that other proposition that “motion is a mode of force.”

ARCAEON.

EXPERIENCE WITH A RHUS TOX. POISONING ANTIIDOTE.

In July 15th number of THE MEDICAL INVESTIGATOR, page 105 a doctor Hickox presents an old formula for Rhus tox. poisoning in the shape of Olive oil and Bromine. We have read this statement repeatedly in different medical journals and newspapers during the past five years, and all add their testimony as to its efficacy in speedily removing the distress complained of. Five years ago we had a very distressing case of Rhus poisoning, and we thought that if we could procure a speedy relief with so simple a prescription we would try the Oil and Bromine, and instruct our patient how to use it. We put the desired quantity of Olive oil in a vial, and added Bromine not thinking that there was any antagonism between the two ingredients. Having our face closer to the vial than was necessary when no danger is apprehended, taking it for granted that the parties who published the statements had been successful in mixing the two ingredients together, without any precaution, we took it for granted we could repeat the process. We added the Bromine to the Oil, the contents of the vial flew into our face and eyes with the rapidity of lightning; and up to this time we have not been successful in making them mingle harmoniously together, we have repeatedly tried the experiment, and with us they unite in about the same way as gun powder and fire, with this difference, one goes off in smoke, the other in violent effervescence. We have tried different brands of Olive oil with the same results, will the doctor tell us how to make the two ingredients unites.

J. J. GRIFFITH.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

Owosso, Mich., August 1.—As usual at this time of the year we are having cholera infantum and entero-colitis. The aggravations occur in the morning; stools watery worse in the morning. Stool green with colic in the morning. Stools fetid some cases have pain, others do not, but all are aggravated in the morning and forenoon. The genus epidemicus remedy is Podophyllum 3d. and 30.

F. B. SMITH.

NURIOOTPG, S. Australia.—No acute epidemic diseases are prevailing here except ophthalmia. I have not yet treated a case of pneumonia here except a child of seven months with capillary bronchitis. I have been here two and a half years, and have a large practice. Ophthalmia during the dry summer heat has prevailed principally in the form of conjunctivitis with pannus and trachoma. Remedies used: Aurum mur., Cupr. alum., Merc. præc. The chronic form of disease met here are nervous and heart diseases; cancer is found much here. Three cases of cancer of the tongue, I had no effect from medicine. One of large ulcer cured quick with Merc. cyan.

J. MOLZ.

ELKHART, Ind., August 8.—In reply to your question "What is the remedy for dysentery in children this year?" I will say that since early summer I have not seen a case of this disease in children. Previous to June, Merc. corr., cured all cases that occurred in my practice. Later the type changed to entero-colitis and called for Arsenic and Podophyllum, chiefly. Now gastro-enteritis calls for Ipecac, Arsenic, Belladonna (teething complications) and Colocynth.

These for the babies, while the prevailing stomach and bowel complaint in adults call for Verat alb. Colocynth Ipecac, and Bryonia. A second visit is rarely needed. Potencies used Merc. cor. 6x. Pod. 30, Ars. 200, Bry. 200, Ipec. 200, Bell. 200, Colocy, 200, Verat alb. 200. Am quite busy.

A. L. FISHER.

**HOMŒOPATHY AMONG THE ENGLISH
NOBILITY.**

LONDON England, July 21, 1881.

As an addendum to my letter mailed you day before yesterday, I would like to add an item or two of interest gleaned this morning. I called at the Homœopathic pharmacy of W. F. Clayton, M. H. P. S., 315 Regent street, and in the course of conversation with him obtained the following information. But first let me state that I told him frankly that I wished to know what class of people patronized Homœopathy in London—whether any persons of distinction were interested in it or not, for upon such persons much depends in the progress of any movement here made. In answer, Mr. Clayton, who has a full and intelligent appreciation of the whole question involved, showed me his books, and gave me permission to copy therefrom for your journal the following names from among his patrons: Right Hon. Lady Llanover, The Viscountess Emlyn, The Viscountess Eslington, Lady Caroline Turner, The Duke of Westminster, Sir Thomas Bateson, M. P., The Earl of Dartmouth, Chancellor Lord Selborn, Earl of Essex, and many others of the Capel family. Lord Folkstone, Lady Fairbairn, Lord and Lady Henry Carr, Lady Knatchbull, Nathaniel Montefiore, Duke and Duchess of Northumberland, and many others of the Percy family. Earl Roslyn, Mitchell Henry Esq. M. P. The late Madame Titiens and Col. J. H. Maple on, both well known in Chicago. Simms Reeves, the great tenor Mrs. Col. Wyndham, widow of the late Col. Wyndham, keeper of the crown Jewels.

This is only a part of the list of distinguished names that I found on the books of a small Homœopathic pharmacy. Doubtless inquiry at the other London pharmacies would confirm still further the indications furnished here, viz., that Homœopathy easily win the refined and intelligent, but make very little progress with the lower classes. And it indicates still further that when the time does come, as come it will, when the English physician shall be free as the physician in the United States is to do his level best in whatever way his judgment may dictate, Homœopathy will be heard from here as no where else. Names like those above given are in England what the free popular vote is in America; they hold the balance of power. If an English cause wishes to succeed, the appeal is first made to the nobility and to the less influential afterward. In America the only appeal is to the people, and they constitute a tribunal that acts quickly and with power. These facts I now mention because a great many good and innocent souls in all schools of medicine are still under the impression that this is a great *therapeutic* fight in which we are all engaged,—a sort of crusade or holy war, where infallibility is grappling with schism. But the blessed infants who think thus are in great danger of becoming bigots or fanatics, tyrants or martyrs, as the case may be, while they are in no danger whatever of comprehending the question. This is simply and purely a little political scimmage—a scramble for office, rank, power, pay—for anything but medicine. This every sensible man may easily ascertain to be truth. For with medicine and its proper work there are but two things essential, *educated fitness first, and entire liberty afterwards.* These are the sacred rights and the solemn duty of every physician of whatever school, and when these are obtained and maintained, there is nothing left to fight for. Furthermore and finally, as to the infallibility and orthodoxy conceits which we see so beautifully illustrated in stray members of all schools, they are really the offspring of ignorance. They may be compared to the experience of your humble servant to-day in the matter of humming birds. Now I had heretofore

supposed that I knew a good deal about humming birds, having seen several, and read of more. But this morning I visited the British museum, and *saw fifteen hundred* humming birds in one room! Humming birds from every quarter of the globe where they exist; of every known variety; colored to surpass all rainbows, all the noble metals, and all brilliant and precious stones. Humming birds of such "infinite variety" that your brain hums to look at them. I felt sincerely convinced that I knew nothing worth mentioning about humming birds, and never shall. Now therapeutics is a more complicated subject than the humming bird; and please do not allow the fact to be erased from your remembrance.

R. N. F.

Gynecological Department.

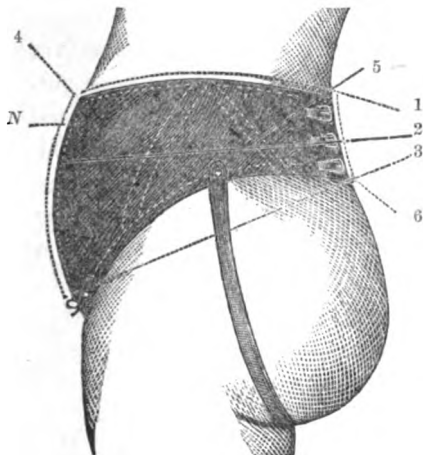
LACERATED PERINEUM AND EXCESSIVE FAT.

From a lady practitioner in India we have the following:

"Kindly send me, by first mail, after you receive this, an abdominal belt, or support, such as is mentioned in "Diet Rules." According to directions I send the size herewith, Measurement for abdominal belt; (1) $49\frac{1}{2}$ inches; (2) 53 inches; (3) $50\frac{3}{4}$ inches; (4) $5\frac{1}{2}$ inches; (5) 27 inches.

But my figure being very pendulous, the navel is not at all in its ordinary position, and the most *prominent* point is two inches *above* the navel. My *waist* measures 41 inches; distance from bones in front up to waist, $13\frac{1}{2}$ inches. I wish I could have had your belt years ago, it would have saved me much discomfort and suffering. I was badly lacerated in my first confinement ten years ago, and *left* in that state by both doctor and nurse who attended me. For two and a half years I went about in that state, till I could

go no longer. with an ever increasing train of evils and suffering consequent upon the laceration. The first doctor I consulted, an American lady M. D. would not undertake an operation for cure, except in a confinement. When my child was two and one-half years old I went to another lady doctor also an American M. D. who cured the laceration. Both these ladies are missionaries Allopaths; and I had to take long journeys to go to them, having no good doctor nearer at hand. But though the laceration was healed, and most of the consequent troubles removed, the ligaments of the uterus, as



DUNCAN'S NATURAL ABDOMINAL SUPPORT.

well as all the abdominal muscles, had lost their tone and become relaxed, and the prolapsus uteri persists. I seldom have an alvine evacuation (though habitually the reverse of constipated) without the uterus protruding, so that I have to hold it in position to effect the evacuation. I suffer no pain from it now, however. The menses are entirely irregular, appearing at intervals of from five to seven or even eight weeks; the discharge sometimes normal in quality and quantity, but generally pale and scanty. It lasts anywhere from five to ten days, generally finishing with a dribble of dirty brown streaky mucous. *Sometimes* the whole monthly discharge consists of nothing else, faintly tinged with blood. I shall be thirty-three next August. Seldom any pain at the monthly period. Have two children, boys,

one nearly ten, the other five years old; have never had an abortion. At fifteen I was sent to England to school for thirteen months. The lady principal had an idea that water was bad for children, and we were allowed but one small tumbler each, in the twenty-four hours. She also had an idea that rhubarb and magnesia was good, and we each had to take a half cupful of the mixture about once a week, besides extra doses for every little cold or headache, etc. I went to that school a perfectly healthy child, but left it with a chronic diarrhœa, which has never left me since, not even in pregnancy.

For the last eight years I have been troubled with pin-worms. The last six years I have been subject to neuralgia, chiefly on the left side of the head and face. There are no family diseases. I am a German, the child of a missionary, born in India where nearly all my life has been passed. I am fair, brown hair, green-gray eyes, height five feet four inches, weight 227 pounds. I grew fat while nursing my first child. When I was married, my waist measured twenty-four inches, when my baby was two years old, my waist had just doubled in size, though my limbs are not large in proportion. Have worn no corset for years and did not lace tight when I did wear them. If you can advise me what to do I shall be very grateful. I have good Homœopathic medicines, but not the skill to use them. If I could get rid of the prolapsus and the neuralgia and the fat, I should be perfectly satisfied.

With regard to my own case, I may add that for about a year past I have been subject to frequent transient attacks of dizziness, sometimes amounting to momentary unconsciousness. Also to attacks of extreme nervousness internally, with nervous tremor, but externally perfect calm.

E. A. M.

[This case is a confirmation of a fact that we have noticed and that is, that women who have had laceration of the perineum grow excessively fat. This is due doubtless to the position they are obliged to assume (a half stoop) and to the distention of the colon from retained fæces. The extra

strain on the rectum gives rise to constipation and in this case cracks of the rectal mucous membrane which she mistakes for pin worms, as many others do. The abdominal support (with a cup or stem) will do wonders for this case. Lycopodium ought to relieve the bloat and fat, and help the leucorrhœa and "pin worms". The case is a most interesting and practical one. The neuralgia and faintness may need Ignatia or Sulph. ac. The diet should be just the opposite to that given in How to be Plump.— ED.]

Children's Department.

CHRONIC ENTERIC CATARRH.

I want to consult you about our youngest child, now five years old. His father was nearly seventy years old when the child was born, I was nearly twenty-eight. When the baby was just two weeks old, his father was taken very ill, not expected to recover. None but an Allopathic doctor was available, but my husband preferred that I should treat him Homœopathically. He needed constant attention, and I had to be both nurse and doctor, besides minding the baby and managing the house, with scarcely any assistance. For four months this lasted, but the baby did not seem to suffer. I nursed him entirely for five and a half months; then not having enough, began giving him the bottle, good cow's milk slightly diluted. He throve well, cut his teeth easily, and at eight and a half months I weaned him entirely. At nine months had an attack of inflammation of the lungs, cured with Aconite and Bryonia. At twenty months, having to take a journey for several weeks, we left him, in perfect health with a missionary family, a doctor and his wife. Before our return, he had a severe attack of dysentery; the doctor gave him Carbohic acid and Pond's Extract of Hamamelis. He was better by

the time we got back, and I cured him with Homœopathy. This was in the Himalaya mountains, the child's birth place. He entirely recovered, had all his teeth but the two last, and was a picture of blooming health at twenty-two months, walking freely, and talking a little. We were transferred to this place, and on our way down stopping at a place at the foot of the hills, the baby was poisoned by bad milk. We brought him here with profuse watery diarrhœa. A week after our arrival his last teeth came through and I thought he would mend, but from that day to this, now over three years, he has never been well. My letter is already far too long, and I cannot describe all he has gone through; profuse, putrid, frothy diarrhœa, very pale, sometimes ashy in color, sometimes a little greenish. Intense unquenchable thirst. These were the symptoms at that time. After two months or so he was a little better, and has been up and down ever since. Two years ago he was almost at death's door, reduced to a skeleton, sleepless, restless, ravenous, yet starving. We had given up, when I saw in *THE INVESTIGATOR* an extract from *Diseases of Infants, etc.*, exactly describing his condition, advising rubbing with oil, and prescribing Sulp., Calc., and Phosph. Up to that time I had not known what was the matter, now I found it was consumption of the bowels. I began your prescription that very day, and from that day the child improved. He has never since been so low again, but neither does he advance beyond a certain point. One year ago he had a curious sort of fever and ague for five weeks, which reduced him a good deal. I controlled it with Ipecac, Nux., Ars., and cured with Ipecac, and China. After that he seemed rather better for a month or two, but soon relapsed into his average condition. At present his state is as follows: Stools from two to five daily, varying in color from pale to dark yellow, and in consistency from watery froth, to the consistency of thick mush, occasionally odorless (the color is darkest then) but generally of an exceedingly offensive, putrid, and sometimes sour smell. Once in a long while he has no evacuation for a day, then he will have, next day

a large, hard, almost healthy stool, followed by *very* bad ones. Occasionally he has an evacuation appearing in every respect entirely healthy, between two thin ones, on the same day. Evacuations do not excoriate. Appetite fair, sometimes very thirsty. Excellent spirits, very even good temper, romps and plays all the time. Sleeps very well at night, and takes a long nap in the day. Sometimes, not often, he has dreams, and starts, and cries in his sleep, but generally he sleeps very quietly. Age now five years and two months, height forty-five inches, he is tall, broad, and strong and active, has a large head, very prominent forehead, fine, large blue eyes, yellow hair. Face is generally pale, and does not look healthy, with a pink puffiness of the lower eyelids, especially after exposure to wind. This puffiness is not continuous, he rises with it in the morning, and it passes off in a few hours, or may last all day. Tongue red, nearly clean, with a slimy look, sometimes with raised papillæ. From babyhood he has always perspired profusely about the head, neck, face and chest, with comparative coldness of the lower extremities. His nose is short, thick, stubby, has lately been covered with small hard pimples, like prickly heat, and almost always has perspiration on it. His condition does not seem to be either better or worse in cold or hot weather. He is inclined to be fat, but is poorer just now than he has been. Is a thoughtful, as well as a merry child, and has a most mirthful, singing laugh. He is of an affectionate, clinging, sociable disposition.

From his earliest babyhood he has had very frequent erections, and have noticed that when he laughs, or coughs, or in his bath, the testicles are drawn completely up out of the scrotum. Excuse my telling you this, but I feel certain it shows an unhealthy, state, and needs treatment. It was never so with his brother. I have seen no signs of worms in the child, though I have watched closely, except that he is constantly boring with his finger in his nose. He likes being tickled. His brother can not bear it.

Now doctor, what shall I do? I was told last January by a lady M. D., who has studied children's diseases in the Lon-

don Hospitals, that he has the merest chance of life. Is that so?

I have not mentioned his diet. He has milk and buttered toast on rising; rice with dal, and sago for breakfast at 9 A. M.; mutton-broth, pish-pash (or else rice with boiled eggs,) and sago, for dinner at 4 P. M., and milk and buttered toast for supper at 7.30 or 8 P. M. Supper is necessarily late in the hot season, as we cannot get out till after 6 P. M. I have come to this course of food for him, by finding that it disagrees with him least. He has a great desire for meat, but it always makes him worse. So does all fruit, except the diminutive China plantain. Good potatoes are not obtainable *here*, and the meat is poor. Pish-pash, you may be aware, is chicken or mutton boiled with rice; dal is a pulse or lentil universally used in India, and considered by most doctors the most digestible of all foods for weak stomachs.

The climate of Dehera is an unusually good one, considering it is not on the mountains. It is a valley tending south east, sixty miles long, and ten to fifteen wide, at the foot of the Himalaya mountains, with the Sewalik Range for its outer boundry. The cold weather lasts here six or seven months, mild but bracing; the hot weather is shorter, and not so hot as on the plains, the rainy season less trying than in most other places. The elevation of the valley is about 4,000 feet above the sea. Dehera is situated about the middle of the valley, on the watershed between the rivers Jumna and Ganges. So that the climate is as favorable as anything we could get. If you can advise me what to do for the child, his father and I will be exceedingly grateful. I am giving him no medicine to speak of now; nothing seems to do any good beyond the point at which he now is. He has had, at different times, Puls., Calc., Sulph., Phosp., China, Ferr., Aconite, Rheum, Merc. sol., and others. Of these, I think Sulph. and Calc. have benefitted most, but only up this point. I have been told that he ought not to be bathed every day, but in this climate, and with his profuse perspiration, a daily bath is absolutely indispensable. We give him all the fresh air we can, and he loves to run

about out of doors. Of course he is taught nothing yet, i. e. he has no lessons.

In addition about my little boy, I should say that he has lately been having small ulcers on the inner side of his cheek, near the gum. His brother also has them occasionally. What should be given for such ulcers, when there is no other special symptom? I have tried Merc. but failed to benefit.

E. A. M.

[This is a graphic description of one of the most interesting cases that has come to our notice in many ways; and is here given for the interest of our readers. The description and experience of the mother given on page 192 throw much light on the case. It is one of hereditary chronic enteric catarrh—a form of disease that is given all sorts of names, but the right one. All the symptoms are catarrhal in their nature, and had he remained upon the mountains, would doubtless have escaped the enteric form. The lymphatic absorbent system is at fault, more from the deranged condition of the mucous membrane, as evinced by the mouth symptom, than from special lymphadinitis present. The catarrhal condition affects even the urethra and bladder and kidneys as evinced by the erections and puffiness of the lower eyelids. Fortunate that the mother is a Homœopath, or he would be dosed for “worms” because he starts in his sleep, and picks his nose—a nasal catarrhal symptom. The curious fever was enteric that Baptesia would have met nicely. Cold extremities is another symptom met in these catarrhal subjects. The first thing in the way of treatment is to change his food and drop off the late last meal. These catarrhal alkaline cases are great eaters, and they need light suppers. He should have less carbonaceous and more nitrogenous food, barley, whole wheat meal and other well cooked whole grain food—minus the husk or bran. Food digested high up and readily absorbed will be best for him. Several remedies are suggested. Kreosote would be a leading one if the teeth are dark. *Calcarea carbonicum* by the sweating about the head would occur to anyone, also Puls. from the temperament. Phosphorus also has a gay, active, happy disposition. Mer-

curius would occur for those sores in the mouth. Psórinum for the offensive stools, also Sulph., but the peculiar stools are not due to a low state of the system but to fermentation. Apis would occur for the puffy eyes, but this is a result, incidental and not a prominent phenomenon. Cina would occur also, but although an excellent remedy for enteric catarrh, still the disposition does not correspond, neither is there stools at night. China would occur, but there is not enough weakness to account for the symptoms, nor for its use. Arsenicum although it has a red tongue has also a dry one, and the stomach symptoms are not prominent enough. The remedy that covers the case best is Calc. phos., but whether the 6th, 30th, or 200th, will be best ascertained by trying. This is a case that a proper diet ought to cure alone. The child should, unless carried off by some other disease, get strong and well.—T. C. D.]

Consultation Department.

ANSWER TO CASE.

In answer to Dr. F. M. Clarke's case for counsel in the July 1st number of *THE INVESTIGATOR*, I would recommend an examination for stone in the bladder. The remedy which covers the symptoms best is Alumina.

The excessively hot weather has brought a shower of diarrhoea cases, which are cured quickly with *Bryonia alba*.

T. B. SMITH.

CHILDREN PUTTING THEIR FINGERS INTO THE MOUTH.

Concerning the symptom, "Children put their hands (or fingers) into the mouth," I think that, as Hering said, we must "read between the lines." I interpret that as either "dryness of the fingers," or as "itching of the tongue." For the former especially *Ant. c.*, *Natr. m.*, *Puls.*, *Sil.* (dry hands, a list in Allen's Index—also for itching of tongue.) "Better by wetting," see Bonninghausen's Repertory. *Asarum*, *Puls.*, etc. *Puls.* stands first.

SEWERAGE, DRAINAGE, ETC.

We are going to put in sewer-pipes in our city (Moline), and

whereas I am a member of the City Council, I would like to post myself a little better in regard to sewerage. Now, if you know of a work where I could find the necessary information, you would greatly oblige me.

S. H. W.

[The most practical work I know of is Varona's work on "Sewer Gas and How to Protect our Dwellings." Price, 50 cents. Of course, there are others.--ED.]

REMEDIES FOR LOCOMOTOR ATAXIA.

Besides those given by J. C. are, first and most prominent, Arg. nit., second decimal, two doses per day for a few days, then leave off a few days, then use again. Arsenicum, Iodium, and especially Acetate of Manganum 3 are found of benefit. Argentum and Manganum have proved most effective in my hands. Gratiola (see Allen's Cyclopædia, page 492, line 5) has symptoms calling for its use. Cyclamen has been used with benefit also. It is likely that among these remedies, J. C. will be able to select one which will most completely cover his case and cure.

W. N. GRISWOLD.

RHUS POISONING.

Had I the cases of Rhus poisoning spoken of by Dr. L. Hamersmidt I would use *Cirsium lanceolatum* or tincture of Bull thistle, both internally and locally. Put ten drops of the second attenuation to as many spoonfuls of water. A spoonful every hour the first day, every two hours the second day; every three hours the third day, when if not before, a cure will have set in which will result satisfactorily to all concerned. If any one needs the tincture he can make it by putting the thistles under water and alcohol. I have a quantity of it, and can supply it. It has not failed me so far, and as it is a new remedy unproved so far as I know, I take the liberty to mention it. A solution of the same dilution may be applied by means of a soft linen cloth or lint every two or three hours.

W. N. GRISWOLD.

CASE FOR COUNSEL.

I have a case I would like counsel on. A gentleman forty-one years old is subjected to sneezing spells, with a watery discharge from the nose. No excoriation of the nostrils. It generally comes on first thing in the morning, lasts all day, and goes off at sundown, and does not appear at regular intervals. May stay off, one, two, or three days or weeks, but can be produced by handling hay. He has it summer and winter, warm or cold weather. A wet east wind will produce it. He cannot sit out of doors the warmest weather without coat and hat. If he rides with the wind after a shower, the heat from the earth will produce or aggravate it. He has no stuffing of the nose. Has no headache, and feels as well as ever on his well days. When the spell is on if he lies down all the time he does not sneeze, nor does he require the handkerchief so much. The sneezing

is awful. He will sneeze four to six times at a time, and repeats that every eighteen or thirty minutes until 1 o'clock when it grows gradually less as the sun goes down. He has taken Arsenicum, etc., to his and my satisfaction, but no benefit. He also has used a snuff of Gum acacia ζi , Sub. nit. bismuth ζi , Morphine 10 grains, but can not use it only on going to bed, as it causes sneezing. Does any one know what it is and what will cure it? If so I would be pleased to hear from him.

H. M. B.

[Cyclamen.—Ed.]

Society Proceedings.

THE INTERNATIONAL HOMŒOPATHIC CONVENTION.

(Special report to THE UNITED STATES MEDICAL INVESTIGATOR.)

LONDON, ENGLAND, July, 19, 1881.

It has occurred to me that some brief account of the doings of the International Homœopathic Convention which has just been held in this city, might interest your readers. Our party consisting of Drs. Mitchell, Woodward, and myself were the only male representatives from Chicago. Cincinnati, Pittsburg, New York, Philadelphia, and Boston, and other places of less note were well represented, but the English people were surprised that the American delegation was so small. The number of American physicians was about thirty, whereas they had expected at least twice as many. Italy, France, Russia, and Great Britain made up the number to about one hundred and thirty. Germany was not represented except by papers and letters. Neither was Spain nor Austria. In general character, however, the convention was, I should think, perfectly representative of our school in its present state. Soon after our arrival in London, we reported ourselves to Dr. Burnett, the secretary of the convention, and were forthwith invited to attend the president's reception on the evening of the 11th of July, at the rooms of the Dilettante Society, Argyll street. This reception was a very pleasant affair indeed, and quite judiciously planned, as it enabled the members to become acquainted with the president, Dr. Richard Hughes, and with each other in a purely social way. General conversation, music, and refreshments (*obligato*) were the programme for the evening. The best social feeling prevailed, for our British friends are never remiss in their duties to a guest. On Tuesday the regular business of the convention was begun. And here we encountered at once a peculiar difference between the London or European method of conducting such meetings and our own. The Convention was called to order

only in the afternoons, from 2:30 to 5:30. This three hours daily was all the time set apart for regular business—the forenoon was at the disposal of the individual members to hold sectional meetings if they chose. The evening was vacant—so far as business was concerned. On the whole we like the method better than that adopted at our own national meeting for instance, where they work members remorselessly from morn till nearly midnight. But *est modus in rebus*, and I do not believe it would have been burdensome or less profitable had two or three hours more of each day been occupied with the work of the meeting. In plain terms it strikes me that our European brethren are just about as much too slow as we are too fast. Mutual visiting would improve us both.

The first day was occupied with reports of the history of Homœopathy in different countries during the last five years. These reports covered the ground pretty thoroughly, reaching from Canada and the United States to Australia in longitude, and from Italy to Russia in latitude. The summing up would seem to indicate an unmistakable relation between republicanism and Homœopathy; or between the general intelligence of a nation and Homœopathy; or between the progress of enlightenment and Homœopathy; or between the liberty of a people to direct their own affairs and Homœopathy. A writer in the *Medical Record* of New York saw a connection between a “neurotic civilization” and Homœopathy. Three cheers for “neurotic civilization!” It has produced other ameliorations also, and they all rise or fall together. Homœopathy would spread in England almost as rapidly as it has done in the United States, were it not that the hands of its advocates are politically fettered by an element of their civilization which is not neurotic but hereditary. Every inch of ground in this country is pre-empted; every field is fast held and worked to the uttermost. This is just as true in religion and politics and social life and in medicine, as it is of the green material fields which in England constitute one unbroken picture of the sweetest possible pastoral beauty. In a word a man in the United States can study medicine as he may prefer, can adopt whatever practice he deems best, and can teach as he believes is true and right. Also the layman can take the kind of medicine he prefers. But in Europe, both pill and doctor are prescribed by the state—more or less—and this is the most potent factor in retarding our progress here. It is not the only factor. The burden of tradition and long established custom, and of vast vested interests, and of great and venerable institutions, are, to some extent necessarily, so interwoven with the living structure of society, that to alter anything is to shock the whole system. In America all this is well nigh reversed, and therefore Homœopathy flourishes with us as no where else.

The reading of the above mentioned reports was followed by a general discussion as to the best means of furthering the interests of Homœopathy. Reports from America (including Canada) and Australia showed that in those countries the Homœopathic school

was more or less in the full enjoyment of equal rights with other schools, and that its adherents had little more to do than to practice all the professional virtues and they would be happy. But in Europe it seemed agreed on by all that very little progress could be made until the state will accord to Homœopathy equal rights and privileges. There is now a movement on foot in Great Britain to have an examining board appointed by the state, which board shall examine all candidates for the medical degree, and shall confer diplomas according to merit—that is to say to all candidates who can pass the required examinations—thus depriving the existing medical schools of the monopoly of conferring degrees (which they now enjoy), and giving an equal chance to those instructed in a Homœopathic school. Manifestly it is useless in Great Britain to establish such a school until the right to confer a degree shall be granted. This will give an impetus to Homœopathy, I doubt not, in Great Britain, and the influence of such a movement would not be lost on the continent. Moreover our British brethren are far more thorough than we are in any such work, and if they ever get the opportunity they will give us some well trained and well taught physicians to represent our cause. The conclusions of the men assembled at this convention were undoubtedly sound, that we must work hard, educate more and more thoroughly, keep free from partisanship and quackery, and leave the rest to the virtue of our therapy.

The second day, Wednesday, was devoted to the "Institutes of Homœopathy and Materia Medica." This topic called out a series of interesting and valuable papers, and an unusually bright discussion. The drift of European thought is not towards high potencies, neither was that of the Americans here present. Their attitude, and I may say the attitude of the whole convention, almost unanimously was that there ought to be *some* limit to drug attenuation both in theory and in practice. All seemed convinced that the efficacy, not to say superiority of the *small dose* is abundantly demonstrable, sufficiently so not only to satisfy us, but also to draw towards it the progressive therapists of the regular school. But the high potencies are recognized as resting on a less secure basis, because not scientifically "thinkable" even. So long as the senses demonstrate drug presence, or so long as the microscope or chemistry will do so, or so long even as the spectroscope will endorse an attenuation, the feeling seemed to be one of security, a certainty born of past experience, that the final, crucial (for our purpose), *clinical* experiment would be conclusive. Whereas when the medicine can be submitted to the clinical test only, and when all other tests are positive against its very existence, it becomes, to say the least, a very heavy logical burden to carry in the face of an exhaustive scientific criticism. It is just about as easy to doubt *all* clinical evidence as to believe *any* when you have a high potency to deal with.

Yet so strong, so irresistible is the cumulative clinical evidence in favor of the occasional use of high potencies, that not a man in this

convention would deny them. They were admitted, but with a full understanding of their logical and scientific defects. And just because of these defects they are to us a public obstacle. For my own part, I have no objection to any safe experiment in medicine, and welcome all thoughtful reports whether from high attenuations or low; but when a man claims that the high potency is the acme of *scientific* medicine, I can only say that he is intellectually hopeless. And therefore I concurred fully and rejoiced in the thorough and discriminating manner in which the problem was here debated.

The evening of this day was devoted to a reception given by the president and members of the British Society of Homœopathists to the members of the Convention and their friends. Music, singing, refreshments, the presence of many ladies, and about 500 pictures belonging to the British Art Society (at whose hall we met) made the evening one to be long and gratefully remembered. The pictures were many of them real gems of art, even for a London collection.

The third day practical medicine and gynæcology were in order. The first brought out some good papers and a lively discussion. The latter topic was handled more cautiously—perhaps I may as well say less thoroughly.

The last day, Friday, was given up to the therapeutics of surgery, ophthalmology and otology. The surgery department was very well represented, but the others seemed to lack representatives, which I do not know how to explain, seeing that they are sufficiently numerous in our school. But there was no lack of admirable papers for the entertainment and instruction of the Convention. If one department gave out, there was a superabundance in others.

The method of conducting these discussions deserves a word of notice. The only paper read in full during the week was the president's address, which was a masterly affair, scholarly, finished, moderate, thoughtful—in fact, a perfect paper. The other papers were read by title, and then a resume was given by the president of their contents, and each in turn was thus given to the society for debate—a certain number of debaters being called upon or appointed by the president, and after their time was up (fifteen minutes each) the subject was given to the meeting in general, everyone that chose continuing the discussion, until the time for that subject was exhausted. This plan has some fine practical elements in it, but it is not incapable of improvement. It would be better to have the papers all printed and to hand them to the members on the day preceding their discussion. Thus each paper could be read at leisure by those interested in its special subject, and the time otherwise consumed in listening to a long paper would be saved. Then, on meeting the next day those who were prepared to debate the paper, should communicate the fact to the president, and he could call upon them in turn to do so. In that way a meeting would be spared the suffering of listening to off-hand, ill-digested arguments, and speakers the mortification of feeling sure that they had made fools of themselves. In the debate on

the gynæcological papers, one member declaimed quite rhetorically against the practice of unnecessary examinations of female patients, assuring us that he was simply appalled at the thought of such a thing. A few minutes further on he stated that his own examinations amounted to about *twenty daily*; he probably did not pause to make the calculation, but that means over *six thousand* examinations annually. The statement made an unhealthy impression upon the Europeans. I suggest to the members of our medical organizations in America a trial of printed papers previously distributed, of prepared debaters, and of shorter daily sessions. Let every paper be debated until the meeting calls for another, and let those that may be thus left over be the first in order for the next meeting. Our American doctors do not know the mental and physical comfort of a meeting that is not *driven* to death by hurry and eternal worry, but is conducted quietly and carefully through just as much work as it can do well and no more.

President Hughes makes a fine presiding officer. He had throughout the perfect respect and confidence of the meeting, and seemed with the greatest ease to discharge the complicated duties of his position. The arrangements for the next international meeting are in his hands largely, nothing being decided absolutely respecting such meeting. The probabilities are, however, that such a meeting will be called in five years, and that the place chosen will be Brussels, the capital of Belgium. The last night the Convention was entertained by the British members at a public dinner, where everything passed off in a most delightful manner. The guests assembled in a handsome club room placed at their disposal, at half-past seven, and did not disperse until midnight, the long interval being passed in toasting, music, feasting speech-making and general conviviality.

Everybody was more than satisfied with the convention and its work, also with the hospitality shown us by our English brethren, which was as cheerful and generous as could possibly be imagined.

R. N. FOSTER.

ANOTHER REPORT OF THE WORLD'S HOMŒOPATHIC CONVENTION.

The World's Homœopathic Convention has come and gone. It really was a meeting of the "British Homœopathic Society," to which physicians practicing according to that faith in all portions of the civilized world were invited, for the purpose of taking counsel together with regard to the interests of those practicing according to the method of Hahnemann. It would be meagre praise to say that the British physicians entertained their foreign guests well. They did royally; nothing was wanting on their part to make the social feature a success. But in our judgment the professional part was less so.

To omit *materia medica* on such an occasion is like the play of Hamlet, with the principal character left out. There was properly no report upon this subject. A single paper was presented (not read) prepared by Dr. Chillianò which cannot be said to be a contribution to Homœopathy. His experiment in relation to the absorption of drugs when largely diluted are old, and are simply a repetition with other drugs of experiments made by Orfila, Christison, and numerous other toxicologists. The great error of the paper consists in the effort to maintain that absorption of medicinal substance is essential to its therapeutic influence, totally ignoring and even denying all dynamic influence. He however makes a fatal admission that may be other ways and means by which drug impressions reach the organism, and thus removing further the possibility of securing a uniform basis for drug action; the great desideratum with the Homœopathic physician. The paper will be published in the proceedings when it may get a further notice.

Another fault and that which gave great cause for complaint was that the document which were the subject for discussion were carefully withheld from all but a favored few, numerous, and some exceedingly valuable papers were rejected because they did not square with the views of the B. H. Society. One by our own Helmuth on Operative Surgery, though a valuable paper was not presented, rejected because the call did not include operative surgery. O.

LONDON, July 16, 1881.

ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION.

The twenty-sixth annual session was held in Galesburg May 17 and 18. The attendance was large and the enthusiasm and scientific interest was marked throughout.

The association came to order, Tuesday May 17, with Dr. T. C. Duncan, of Chicago, in the chair. Rev. R. G. Pearce offered prayer. Dr. Foote introduced Col. Clark E. Carr, who delivered the following address of welcome:

Mr. President and Gentlemen of the Illinois State Homœopathic Society:

By request of the Mayor, who is absent from the city, the pleasing duty of greeting you devolves upon me.

It is always a pleasure to receive patriotic and worthy American citizens, but when they represent so great a number of the cities and villages of our common wealth, and hold such honorable and influential positions as are held by members of your profession, it is a matter of pride as well as of pleasure, that you should deem ours a proper and suitable city in which to assemble and deliberate.

A distinguished author has said "that men who are occupied in the restoration of health to other men by the joint exertion of skill and humanity, are above all the great of the earth. They even partake of divinity; since to preserve and renew is almost as noble as to create." I may be permitted to add that were you called upon only to mitigate the horrors incident to our entrance upon the stage of life, and of our exit therefrom, yours would still be a most noble profession; but all through the drama of our existence from "the babe mewling and puking in the nurse's arms" to "mere oblivion, sans teeth, sans eyes, sans taste, sans everything," you are constantly our benefactors.

Doctors disagree. There are in the profession, as we have been informed, unenlightened and even bad men. I have observed that the best have made mistakes. Physicians of many years of practice have failed to effect cures, and have lost patients. I have known doctors themselves to be ill, and doctors have been known to die. I have heard that in other localities, (never within an hundred miles of Galesburg or of any of the locations which you represent,) there have been quacks and imposters, and on this account I have heard men condemn the entire profession, but I have observed that those who in robust health, are loudest in condemnation, are the first to cry, when overtaken by disease or accident, "run for the doctor." The just will consider, when they estimate the medical profession, that man is mortal. But for this we might dispense with the physician altogether. Because of this, we should not forget that the time must come when nature will give way despite him and the whole faculty. When the hour comes and a higher power calls, and a better life is opening, as we wave our adieus, we may yet feel grateful for the skill and experience which assisted nature to hold out for so many years.

It will scarcely be expected that I make more than a passing allusion to the particular school of practice to which you belong, but it will not I hope be inappropriate for me to refer to the heroism of the founder of Homœopathy, who through evil and through good report, in the midst of persecution and ostracism, fearlessly proclaimed his opinions and discoveries, infusing his own ideas into those who were near him and creating unbounded enthusiasm among his disciples and followers.

Whether the apothegm *similia similibus eurentur* is all that he and you claim it to be, is not for me to decide, but recognizing you as members of a profession which heals the sick, makes the blind to see, the lame to walk and the deaf to hear, a profession which constantly performs the office of good samaritan, in the name of the Mayor, of the common council and of my fellow citizens, I welcome you to Galesburg.

President Duncan responded and then delivered the annual address

Dr. M. Ayers, of Rushville was made secretary *pro tem* in the absence of Dr. Ballard in Colorado, sick.

The association first considered the report of the bureau of clinical medicine; Dr. W. H. Keener, of Princeton, chairman. Prof. J. S. Mitchell, of Chicago, read a paper on the treatment of Diphtheritis, in which he contended that topical applications were useless except for cleanliness. The papers gave rise to an interesting discussion concerning Diphtheria, participated in by Drs. H. N. Keener, Princeton; W. H. Hall, Aledo; J. V. Vivion, Galesburg; R. N. Foster, T. C. Duncan, Chicago; G. W. Foote, M. S. Carr, Galesburg; Miss Caldwell, Chicago; M. Ayers, Rushville; E. H. Stillson, of Knoxville. The discussion was closed by Prof. Mitchell, after which the Association adjourned to meet at 2 o'clock in the afternoon.

AFTERNOON SESSION.

Upon reassembling in the afternoon, Dr. Edgar Smith, of Quincy. J. H. Miller of Abingdon and N. H. Lowry, of Woodhull, were appointed a committee on the president's address.

From the Bureau of Diseases of Women, Dr. M. M. Dowler read a paper on *Macrotys* as a *Partus Preparatur*. Dr. H. N. Keener read a paper on the external use of Muriatic acid dilute in the treatment of some cases of dyspepsia.

Dr. E. A. Guilbert, Sen., of Dubuque, Iowa, and Dr. J. G. Gilchrist, Detroit, Mich., were elected honorary members.

Dr. M. Ayers read a paper on Rectal Alimentation. Discussed by Dr. Dowler, of Beardstown; Dr. Keener looked upon it as a means of rest to diseased organs; Dr. Foster recommended milk whey as rectal food.

Dr. R. N. Foster of Chicago, made a valuable report on pelvic cellulitis diagnosing it from peritonitis and ovaritis illustrations with cases. A free discussion followed, in which Dr. Foster was asked a host of questions, to which he made very practical and profitable replies.

Headaches at the menstrual period occupied the balance of the afternoon session.

EVENING SESSION.

At the evening session Dr. R. Ludlam, of Chicago, delivered a lecture on Ovariectomy, practically illustrated with specimens of ovarian tumor, having performed ovariectomy the day before.

The tumor removed by Dr. Ludlam weighed forty pounds. A practical point made was that tapping should only be done for diagnostic purposes.

Dr. R. N. Foster, from the Bureau of Statistics and Necrology, reported the deaths of C. H. Von Tagen and A. R. Bartlett, of Aurora during the past year, with suitable resolutions. The report was adopted.

Drs. Duncan and Gullbert testified to the virtues of Dr. Bartlett.

From the Bureau of Ophthalmology, Dr. J. H. Buffum, Chicago read a paper on the difference between Cataract and Glaucoma.

At this point the meeting adjourned to accept the hospitalities of Dr. and Mrs. Geo. W. Foote.

SECOND DAY.

The association continued its session Wednesday morning with an increased attendance, President Duncan in the chair.

The report of the committee on Ophthalmology was continued.

Dr. C. H. Vilas, of Chicago, discussed cataracts. The doctor explained the true eye cataract, illustrating by blackboard demonstration. A certain class of the forty grades of cataracts are amenable to medical treatment, he concluded, while the majority are not. The paper was discussed by Dr. F. H. Foster, of Chicago, who thought in congenital infantile cases the surgical operation should be early performed; he had known of a few cases cured by internal remedies. Dr. Vilas said that many diseases of the eye are hidden by the cataract; did not believe a real cataract had ever been cured by remedies. Dr. Foster thought that no actual results had as yet been attained by the use of electric methods.

The subject of color-blindness was treated in a paper by Dr. F. H. Foster. The paper was discussed by Drs. Vilas, and George Hall, of Chicago.

(To be continued.)

Medical News.

Mass, Molecule and Motion will interest our profound scientific readers.

Drs. Danforth & Carlson, of Milwaukee, are a firm that will make a stir in the Cream City.

Prof. R. N. Foster has returned from Europe with a bundle of "good things." See his letters.

Dr. C. C. Omstead, of Milwaukee, has taken A. J. Hare, M. D., into partnership. A strong firm.

The New York Homeopathic Medical Society meets in semi-annual session at Watkins, on Lake Senega, Sept. 6th and 7th.

A. M. Cushing, M. D. says: My P. O. address will be hereafter 161 West Newton Street, Boston, Mass., instead of Lynn, Mass.

Died.—We regret to chronicle the demise of our old friend, Dr. S. P. Cole, M. D., of Bridgeport, Ct. He died suddenly of heart disease.

Prof. H. P. Cole has resigned his position in Hahnemann Medical College and gone to Bridgeport, Ct., to take his father's practice. We wish him abundant surgical success.

G. F. Roberts, M. D., has resigned the chair of surgery in the Homœopathic Department of the Iowa University and accepted a position on the Faculty of the Chicago Homœopathic Medical College. The doctor removes from Waterloo to Chicago. *

Prof. A. W. Woodward has returned from his trip to Europe. He reports that the convention was a very profitable one. His paper on "The New Similimum" was well received. Our interviewer got from him full statements of its essential features which will appear in our next.

The New York Ophthalmic Hospital.—Report for the month ending July 31, 1881: Number of prescriptions, 3,299; number of new patients, 506; number of patients resident in the hospital, 12; average daily attendance, 127; largest daily attendance, 197.

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

Another Asylum this time at Binghamton is placed in charge of Homœopathy. The Chronic Insane will be under the charge of Dr. Armstrong. The Binghamton Homœopathic Medical Association went over in a body, May 30, to welcome and congratulate Dr. A. on his appointment.

International Convention Transactions.—DEAR DR. DUNCAN: Thank you for getting subscribers for us. When the Transactions are ready they will receive a postal card notifying them that on receipt of a certain sum the volume will be forwarded to them. Thus there will be no collections. We had a capital time, and were sorry you were not able to come.

RICHARD HUGHES.

The Chicago Homœopathic College building is up to the fifth story and getting the roof on. Everything is being pushed to get ready for a large class of students. The new building by the side of Rush Medical College is creating a good deal of comment, and Homœopathy is raising in the esteem of the regulars in this city. Success anywhere commends respect.

K.

J. H. Henry, M. D., of Selma, Ala., a veteran in our ranks, gave us a call. He reports only four Homœopathic physicians in Alabama. A rigid medical law compels all to be examined, and if the slightest tinctured with Homœopathy they cannot pass. The same law holds in North Carolina and Florida. He had a large experience in Yellow Fever. His opinion is that if charcoal is taken and gun powder burned in the room at night, no one need have yellow fever. He thinks that the free use of Carbolic acid is deleterious and kills off the children.

Chicago as a Medical Centre.—The push and enthusiasm in other branches of business in Chicago has extended to the medical colleges. A third Allopathic college is organized and the two old ones vie with each other to excel in thoroughness. This healthy rivalry extends to the colleges of our own school. The Chicago Homœopathic Medical College is putting up a large building by the side of one of the largest hospitals in the country, as a rival of the largest Allopathic college in the west is a bold move, and one that is arresting general attention. The time is not far distant when its faculty will form part of the staff of the great hospital. The rivalry in thoroughness and clinical facilities is certainly commendable. These features with low fees are powerful attractions to students. Chicago is rapidly assuming a front rank as a medical centre.

Arapahoe County Hospital.—A comparative report of the Arapahoe County Hospital for the month of July 1881, now under Homœopathic management.

	All. 1880.	Hom. 1881.
Number of patients remaining from last month,	47	55
Number of patients admitted during the month,	73	57
Number of patients discharged during the month	53	57
Number of patients born during the month,	0	3
Number of patients died during the month,	8	4
Number of patients treated outside during the month,	22	11
Number of patients treated in jail,	0	5
Total number of patients treated,	142	128
Average daily attendance at hospital,	51.1+	63.3+
Number remaining at the close of the month,	59	54
Death rate with the number of discharges from the hos- pital as a basis,	13+	6+
Drugs and surgical appliances,	\$88.65	\$25.20
Whisky,	18.00	3.00
Brandy,	1.25	1.00

The nomenclature of the diseases treated and the number of cases were as follows :

Aneurism, 1; Alcoholism, 2; Asthma, 2; Bronchitis, 2; Contusion of the Spine, 1; Contusion of the Knee, 1; Contusion of the Scalp, 1; Conjunctivitis, 2; Cardiac Disease, 4; Cystitis Chronic, 1; Compression of the Brain, 2; Diarrhœa, 7; Dementia, 3; Dysentery, 4; Diphtheria, 2; Dyspepsia, 2; Erysipelas, 2; Enciente, 1; Encephetitis, 1; Fever, Intermittent, 1; Fever, Typhoid, 9; Fracture of the leg, 2; Gastritis, 2; Gastralgia, 1; Gonorrhœa, 1; Hernia, 1; Insanity, 3; Inanition, 3; Lupus, 1; Miscarriage, 1; Neurasthenia, 1; Necrosis, 1; Orchitis, 2; Otitis, 1; Opium Poisoning, 1; Phthisis, 11; Paralysis, 5; Proctitis, 1; Puerperal State, 3; Pharyngitis, 1; Rheumatism Acute, 7; Rheumatism Sub., 5; Rheumatism Chronic, 6; Sprain, 1; Syphilis, Primary, 3; Syphilis, Secondary, 2; Syphilis, Tertiary, 4; Spermatorrhœa, 1; Ulcers Chronic, 2; Wounds, 0; Gun Shot, 4.

AMBROSE S. EVERETT, M. D.,
Surgeon in Charge.

THE
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Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

CHICAGO, August 29.—A decided tendency toward typhoid that Gels., Bry., or Ars. meets. Seventy cases of typhoid are reported in the County Hospital. T. C. D.

CHAMPAIGN, Ill., Aug. 16.—Prevailing diseases are: (1) Gastric and intestinal irritation. (2). Intermittents. (3). Continual fevers. Remedies indicated: (1). Principally Coloc., Colchic. and Ars.; also Chin., Merc., Mag., Æth., Verat., Enothera, Cham., Verat. alb., Croc. tig., Diosc. (2). Principally Ipec. 2c. Also, Gels., Ars., Chin., Nux., Apis. (3). Bapt., Gels., Rhus., Bry. T. J. MERRYMAN.

HOW I CURE AGUE.

Although four years ago I published my successful treatment of intermittent fever, at your suggestion, I will give it again. I know that you like concise practical articles and will therefore, be brief. Hints are valuable and like wit, appreciated when to the point—a characteristic of this journal.

My method then, is as follows: During the chill I give *Veratrum viride* 2x, ten drops in one-third of a glass of water, and direct that a teaspoonful be given every five or ten minutes, while the chill lasts, according to the severity of the case. When the heat begins to appear, I then give *Aconite* in the same manner, for the fever. If you like *Phos. acid.* for the sweat, when the paroxysm is over, then I give the indicated Homœopathic medicine once in four to six hours till the next chill makes its appearance, then I repeat the above treatment for the chill, fever and sweat.

I have used the above treatment for the past five years and, with but one exception, never had the third chill. Nor did it return in seven, fourteen or twenty-one days. The patients were *cured*.

I treated a large number of cases during the summer and fall of 1876, in one of the worst locations in Michigan, and since then have treated several sporadic cases with the same gratifying results.

I wish others would try this treatment and report results.

BARRINGTON. .

W. P. ROBERTS.

HAY FEVER THIS YEAR.

Dr. Duncan: "I thought you were going to give us a work on Hay Fever before this, so we could know how to treat the large crop of annual sneezers. Can you, will you give us through THE UNITED STATES MEDICAL INVESTIGATOR some hints for its treatment?"

H. L. B.

I respond to your kind invitation with pleasure. Although

I have collected a large number of cases of this singular disease, the collection of indications are very meagre indeed, but I hope to get more this year. I believe that I have got at the natural history of the disease, and therefore the key to the selection of the remedy, and will gladly give you all the help I am able, and believe that our readers will do likewise. Cases controlled or ameliorated are just as valuable as cures. They serve as valuable pointers.

I. The disease takes about three years, or seasons to fully develop.

a. The nasal symptoms belong to the first stage of the disease.

b. The asthmatic (broncho-catarrhal) symptoms are of the second stage, and are met only in the fully developed cases.

c. In the nervo-bilious, the naso-catarrhal or naso-pharyngeal form is more frequently met.

d. In the sanguine temperament or sanguo-nervous the full disease is more rapidly developed and most severe.

Like a broncho-pneumonia, it may be aborted or mitigated and cured. Like that disease, it runs a definite course of about six weeks.

II. It is caused (1) by the abrupt cold change of weather that occurs about the middle of August, and (2) by the sensitiveness of the mucous membrane of the individuals attacked. While many people have pharyngitis, laryngitis, bronchitis and many more gastro-enteric catarrh (cholera morbus) at this time of year, these have the severe form of catarrh known as hay fever. It is aggravated by heat, cold, exposure and mental anxiety. The aggravations are many and significant.

III. *a.* The popular remedy is removal to a steady cool, moist locality, *e. g.*, White mountains and the northern lake region. Sometimes other localities help individual cases. Quiet in a cool dark room, as in broncho-pneumonia relieves many of these cases. So does steam, hot or cold spray.

b. There has been little attempt at a systematic study

and treatment of this disease under the general impression that it is inevitable, and like whooping cough *must* run a definite course. So deep-seated is this impression that few cases can be found to give us a fair chance for medical treatment. Those who have had the disease for several seasons will try nothing (for they have tried everything) and will discourage others from trying. Most of these persons are affected by the July heat, and therefore easily take a severe cold in August and fly away for relief. They should previously be under medical supervision so as to render the system less liable to be affected by changes. Those who have this form of catarrhal fever severely in the fall, have it also frequently during the winter, spring and summer months.

c. The remedy that meets the under current of this condition best is Arsenicum album 3d, 6th, or 30th. These subjects are very sensitive and therefore are often made worse by strong medicine and this is one (and the chief) reason why these cases have given up medicine and looked upon the disease as incurable. Homœopathy with its small doses will yet cure all these cases, I am fully persuaded.

d. Arsenicum iodatum 200 has cured cases, taken for several years. It takes three years and sometimes longer to radically cure these cases. I have had several that I have relieved more and more each year, and believe that the system will be by and by so fortified that these annual attacks will not recur.

Attention must be given, to the general system, to the aggravations and ameliorations, to the form of the disease and to the latest symptoms. The last are the most important guides. In one case of the asthmatic form in a child with persistent nausea, Ipecac controlled at once—saving a trip to the north. In the asthmatic form, Arsenicum, Kali bichromicum, Ipecac, and Grindelia have been chiefly indicated. Where the eyes, nose and throat are affected the choice is usually between Arsenicum, Belladonna, Aurum, Euphorbia, Arum mac., Natrum sulph., Kali bich.

This disease like intermittent fever is never twice exactly

alike in succeeding years, and seems influenced by the genius epidemicus. What will cure or help one year in one case will often have little effect the next year, and will need careful selection of the individual similia or Homœopathic remedy. Arsenicum and Bryonia are the principal remedies this year, and will be often needed in the treatment of hay fever this season.

I have experienced great difficulty in getting a *full* history of individual cases, and shall be *very* glad of your assistance in this direction. I look forward to the time when we will understand this disease so well, and the remedies for its various varieties, that we can control and cure it as promptly as we can any other disease.

T. C. DUNCAN.

POISONING BY SANTONINE.

Noticing the "Fatal case of Poisoning by Santonine" in August 1st number of THE UNITED STATES MEDICAL INVESTIGATOR, I thought of a case in my note book:

Mr. — aged forty, sanguine temperament, brain worker, rather sedentary and of constipated habit, stools scanty and foul "like as if worms blocked up the passage after a little had escaped." Took a very large dose of crude Santonine at 9 P. M. About 12 P. M. awoke in troubled dreams general commotion in the bowels and felt queer. Soon got worse from general sick feeling and commotion in the bowels and desire for stool. Nausea increased, deathly feeling, thirst, cold water relieves. Got out of bed but must lay down again. Stool with great urging as if never would get through and that never would get well—a miserable dejected feeling, at this stage gave a dose of Ipecac 2x as an antidote. It aggravated the bad feeling but this was soon followed by relief.

Next day better in air and on the move but the face is of a yellowish color.

P. S. DUFF..

FOOD FOR CHILDREN.

COFFEE SOUP.

DEAR DOCTOR: Please ask Dr. G. W. Bowen to give the formula for the "*Coffee Soup*" which his good common sense article in No 291 lauds so highly. "We all want it."

Respectfully

H. C. K.

My letter written in haste was supposed by me to be a private affair but as you have given it to the public let me add a few words more to your readers. "*Coffee Soup*" is a German name for a cheap and valuable article of diet for their children. It is usually made of one-third coffee, two-thirds milk, (if they have it,) if not, one-third milk and one-third hot water, with white sugar to make it agreeable, then bread crumbed or soaked up in it. This is often the main diet for children in some families, and a splendid one too in this locality. The coffee does sustain the system, and not only that, but it aids digestion and guards it against the absorption or acquisition of malaria.

To make good coffee for drinking purposes as to sustain the system the best is good Rio or Java (home browned) or roasted medium finely ground and one tablespoonful of coffee for a large cup of coffee. *It should not be boiled.* Then add cream and white sugar.

The greatest trouble I have to contend with in teething children, is the frequency in their nursing. Too often a child's stomach is treated as a "charity box," the mother must put something in it every time she passes, or oftener, if she is not too busy, or it cries or frets. This is the greatest mistake, and a very serious one. To some this mistaken kindness proves their death, from over feeding. The stomach of a child at six months should not receive food *in any shape* oftener than every six hours. It must have time to digest it, and let it be assimilated. There is no earthly need of a child nursing through the night, as it would be detrimental to both mother and child to do so.

One more important factor in teething children, is to keep

the feet warm, for it not only aids their digestion, but protects the brain and nervous system, and helps to secure good sleep.

G. W. BOWEN.

SEA-SICKNESS.—A NEW THEORY AS TO ITS CAUSE.

It would be wholly unprofessional for any physician to cross the Atlantic and return without bringing with him a theory of, and cure for, sea-sickness. Hence, these remarks, which are founded upon an observation of about fifty cases of that malady. Before witnessing these cases, I had always entertained the notion (which I think is the prevailing one), that sea-sickness was invariably a disturbance of the stomach — consisting essentially in a state of extreme nausea accompanied by more or less vomiting. But in fact there are many forms of sea-sickness, in some of which nausea is not present at all. Without attempting anything like a pathological classification of these forms, I may say briefly that the one only and essential factor of sea-sickness in every form is

MOTION.

By which I mean that it is not primarily a disease of the gastric mucous membrane, or of the liver, or of the cerebellum, or of the nerve periphery. Any organ in the body may be diseased or sensitive, and this fact may cause such organ to feel more quickly the influence that occasions sea-sickness, or it may not. The nervous system is perhaps that part of the organism most generally involved, but it is not necessarily the first or only part affected. The circulatory apparatus may in many cases be the first to feel the disturbance of motion; which it then transmits to the terminal nerves. The whole body of a terrene animal is by habit, and by nature, accustomed and adapted to life on a motionless foundation. All of the movements, automatic and volitional, of such organisms, are accustomed to refer themselves

to a fixed *pon eto* or basis, which is the constant fulcrum of their operations. And whenever this foundation or fulcrum is itself set in motion, as in earthquakes, carriage-riding, swinging, or sailing, (all of which alike cause the same symptoms), then this motion of the animal's resting-place, clashes with the motions of the animal fluids, and solids, with the movements muscular and molecular of the whole frame, and with the sense of security to which they have been accustomed—in a word, the little animal world is thrown into utter confusion by the introduction of this one new element of a moving basis. It is as if every element in the body experienced the sensation that the individual feels when in descending a stairway he miscalculates the number of steps, and unexpectedly descends one step more when he thought he had taken the last. Everyone has experienced the brief but unpleasant sinking at the epigastrium, or "all-gone"-ness, occasioned by such a misstep. Now the motion of a ship on the water is an endless series of such missteps, with the additional mischief that the steps are irregular in time, inconstant in direction, and of ever varying length. Something similar is witnessed also in the sudden taking away of any mental, moral, or emotional support, to which we are accustomed. In such cases, as when shocked by the quick announcement of the death of a much beloved friend or relative, the subject whirls around as from vertigo, falls helpless, and is oftentimes attacked with nausea and vomiting. When Robert Dale Owen learned that Katie King, the wonder working medium, was an imposter, his belief in spiritualism, upon which he had built the whole of a life-long series of thoughts and philosophies, tottered to its base, and the whole fabric tumbled into the chaos of insanity—in his case a mental sea-sickness, not seldom encountered by those who go down into deep waters.

The peculiar swells of the vessel are thought by some to have much to do with sea-sickness, and doubtless they do aggravate the condition. But that is all. The sick stomach is the more easily nauseated, whether by the odor of food or by the mere thought of it, or by the odor observed on board of ships.

This then is probably the sole cause of sea-sickness, *the motion of the vessel.*

But let me not forget another illustration, which is this: We all know how variations of altitude affect the heart's action, and how intimately such disturbance is associated with nausea. It is probable therefore that the sudden variations of altitude experienced on ship-board have much to do, by suddenly altering the blood pressure in various organs, with the phenomena of sea-sickness. That a very slight increase or decrease of the normal blood-pressure will cause very great disturbance, we know from many illustrations furnished by pathology.

Furthermore, sea-sickness is not always a *sick-ness*. Some are rendered very nervous, apprehensive, and sleepless; some enter into a state of torpor or semi-somnolence; some are afflicted with diarrhœa, and some with nausea and vomiting. All these phases of the disease may be observed among any twenty passengers selected at random from those on board. At least it was so on my voyage out, and also on the voyage back. There are probably other forms of the malady, which I did not detect.

But howsoever numerous the disturbances may be, they all refer to one cause—the undulations of our temporary habitat. A final negative evidence of this fact is shown in the sudden sickness which seizes upon many when the vessel suddenly “heaves to” in mid-ocean. By this time many organisms have adjusted themselves nicely to the undulatory regime, and likewise to the forward movement of three hundred miles daily. But the instant this rapid forward movement ceases, the adjustment is broken, and there is a sudden surge of cerebral congestion, flushings, vertigo, and nausea. A similar feeling arises when an earthquake shock is felt, although this arises from an exact reversal of conditions. In both cases, however, the disturbance is due to the interruption of the long-established equilibrium between the motions and-so-forth of the organism and the motion of its environment. Doubtless if the rotary movement of the earth were to be slightly altered at any time, a universal

sickness would ensue. How many of our physical ailments are due to causes of some such character, we have no means of knowing. At all events neither the sewer nor the germ theory have as yet explained the rates of mortality.

THE CURE.

If the above is the correct theory of sea-sickness, and certainly it approximates thereto, then is it quite unnecessary to exhibit our iodocy by seeking the similimum. The one certain and scientific remedy is that proposed by a Boston medicus, *viz.*, *stay on shore*. The next best remedy is a little thing of my own, *viz.*, *stay on board*. This latter is a cure: the former is merely a preventive; which in this case is *not* better than the cure. For many persons are wonderfully benefitted in more ways than one by a sea-voyage, and the Boston man's prescription robs them of this gain, while mine does not.

The third cure is motor-pathic. *Stay on deck*. Keep on your feet. Keep moving. Walk all you can. In this case the energetic movements of the body and of its organs are set actively against the sickening movement of the ship. This latter movement is not given entire control. It is interrupted every moment by counter and accustomed movements of the body and its parts. This treatment must be continued until the adjustment of movements is complete, when we have again a cure. Moreover this proves that something may be done to moderate sea-sickness.

The fourth cure is to *stay in bed*. This is the necessary course for those who have not the strength for the heroic treatment just set forth. In this case the motion of the vessel is allowed to rule, and the organism is allowed by its involuntary resources alone to adjust itself to the new conditions, which sooner or later it nearly always does.

The fifth cure is by symptomatic treatment, disregarding the cause, if we like, and seeking for a remedy which will produce a similar disturbance. This is Homœopathy. In a certain number of cases, perhaps in a large percentage, this treatment will ameliorate very promptly, and so will aid to

hasten the coming adjustment. In the milder cases of nausea, or of cerebral disturbance, it will prove, according to what I have seen and heard on careful inquiry, a very great relief, and it would be my own first experiment. It is not unreasonable to infer that an equal amelioration occurs in severe cases also, but in such cases the result falls so far short of the desideratum that neither physician nor patient feels much confidence in the method. At all events, the physician who has gone to sea with his pocket case and cured *tuto, cito, et jucunde*, every case of sea-sickness, has not yet been heard from. But let us not wholly despair. We have some few on land who come pretty near to that standard of precision, and why should they not yet be found at sea?

The sixth cure is the administration of sedatives, such as Apomorphia, Opium, Choral, and the Bromides of Sodium and Potash. This, I am informed is "regular" treatment, though I see no difference in the regularity involved in any of these methods. Experience must decide for or against them all alike. Several persons told me that they obtained a little relief from the Bromides, but that the remedy was almost as unpleasant as the disease; while in other cases they certainly make matters worse. This is still more true of the opiates and hypnotics.

Finally, after all these "cures" have been tried faithfully, except the first, there will still remain a large number of patients who experience no sense of relief from any of them, and who have come doggedly to the conclusion that "nothing does any good but time and patience." In severe cases this is so nearly true, that no amount of medication, high or low, regular or irregular, theoretical or practical, can disprove it. In which respect there is a goodly amount of similar sickness on land.

To this it may be added that while some persons claim a decided benefit from the sedative treatment, and many more from the Homœopathic treatment, yet the "cures" are most frequent, with that class who would doubtless do just as well under the motor-pathic system, or under a strictly

expectant regime. However, we must admit that up to this time systematic observations and comparisons are wholly wanting, and that opinions are therefore of very little value. They are all liable to be vitiated by erroneous notions, by faith, or prejudice, and some even by fraud. If ten thousand victims could be systematically treated by one method, and as many more by another, and so on, and if carefully compiled records of the results could be compared, the merits of the various methods of treatment might then be estimated to some purpose. But nothing less can be of much value. Meanwhile like Bunthorne in the new play we must continue to "long for whirlwinds, and have to do the best we can with the bellows."

Finally I am sure that many of our readers would be happier if I should wind up with a series of "indications" for certain remedies. For such I will simply say that *Ipecac* is good for nausea and vomiting, *Belladonna* for cerebral congestion, Gels. for occipital congestion, and any drug for any symptom that it characteristically produces.—(Vide Allen's *Materia Medica*.)

R. N. FOSTER.

Sanitary Department.

A MEDICAL VIEW OF ROME.

ROME, July 30, 1881.

DEAR DOCTOR DUNCAN: "*Roma Eternal City*, shall thy brow of seven hills ever again be imperial? Shalt thou, richest of all in art treasures, poorest in thy present people ever again lead the world? Seems to me thou mayst."

Of the poverty and squalor of the inhabitants of Rome, and the causes which have led to them, the future promise which the unification of Italy and the present more liberal government give, I will not take time to write. I must confine

myself more to matters which will interest doctors rather than a general reader.

One hears much about the climate of Rome at this season of the year, and the danger to a foreigner of even a short stay. Since most of my medical friends take their vacation at this season, and if they visit Europe forbear to come here on account of the heat, my experience may not be without profit. Yesterday, who should I notice first of all at the dinner table, but Dr. Helmuth, of New York. He said he had made several trips abroad, but had not before been here. He was in the best of health and most genial mood, and in the evening started still further south to Naples.

It is warm here without question, but it is not a depressing debilitating heat. The sun is almost unendurable yet, thus far—and it is notably a hot season—there have been in all Italy only six cases of sunstroke. Compare this with your fatal heated week of July in the United States. The greater exemption from *Coup de soleil* here lies in a more bracing air. On one side we have the Adriatic, on the other the Mediterranean, and Italy is not very wide. Thus one may readily realize that the more northern cities, Milan and Florence are warmer than Rome and Naples. Roman fever of which so much is said is but a form of malaria. It is one of the more intense forms in some cases being pernicious at once. Usually, however, it is a simple intermittent and very amenable to Homœopathic treatment. Dr. Cigliani informs me that it is most prevalent and dangerous in September. I am quite positive that ordinarily, if it is properly treated early, it will prove quite simple. It is sometimes in the debilitated, despite good treatment, very severe. I once had a consumptive patient who could not possibly have lived two years longer, contract this fever and die at Florence.

“When you are among Romans you must do as Romans do,” is most applicable as regards sanitary precautions. There is much evidence of the presence of sewer gas, the old parts of the city are filthy, the streets very nar-

row, the shops and dwellings dingy and sunless, and the Tiber has marshy ground in proximity. Moreover, while the sun's rays are pitiless at noon, at night the air is cool and damp. Beware therefore that you do not check perspiration suddenly. At night it is the custom here to sedulously close the windows and avoid a draught. But in avoiding Scylla, one must not strike Charybdis. Though guide, porter and chambermaid insist that you should close your window, if you stop where I am at the Hotel Costanzi, or at the Hotel Quirinale, the two best here, you may safely leave your window partly open and have fresh air, taking the precaution that your bed is out of the draught. In going into damp buildings, no matter how warm the day, slip on your overcoat. Eat plainly but heartily, if you have appetite; keep in doors between eleven o'clock and four; avoid overtaxing body and mind sight-seeing, for it is very fatiguing work, and you may do Rome in summer if you like, and with more comfort than you imagine. A visit abroad is like Hamlet with Hamlet left out if you do not thoroughly study the marvelous works, ancient and modern of this centre of art. One would fain avoid the commonplaces of tourists as he stands under the arch of Titus and thinks who may have passed over the Via Sacra. I felt more in a mood for the silence of deep appreciation as reminiscences of the studies of my college days crowded fast upon the mind. Here was a favorite walk for Horace, here Cicero cogitated over his famous speech against Cataline, near by Marc Anthony roused the populace, at the other extremity rears the Coliseum,

" Which in its public shows unpeopled Rome
And held uncrowded nations in its womb."

Were we a Byron and could speak of

" A nameless column with a buried base."

or a Hawthorn and assert "that the very ghosts of that massive and stately epoch have so much density that the people of to-day seem the thinner of the two," we would write long and eloquently of the grand old ruins we have

so much enjoyed the last two days. But let us not linger at this shrine.

How did an ancient city of some three million people manage itself from a sanitary point of view. Let the Catacombs, the baths of Caracalla and the viaducts speak. Before entering the Catacombs, the guide furnishes you a glass of most excellent Roman wine. You have a good excuse for taking a generous sip, since he tells you it is cold and damp there, and it is essential to health to partake freely. Though a doctor you do not question his opinion. As there are some six hundred miles of subterranean passages you suddenly acquire a very close regard for your guide. Still I verily believe if the American resurrectionist had lived in by-gone days, he would have taken a dark lantern, a pocket compass and a map and emerged some dark and gloomy night with a well laden sack. Those early day chaps knew what to do with the dead. They had no need of a crematory. Imbedded in solid rock they hermetically sealed their dead millions for centuries. You must visit the place and see the myriad avenues for those who once went along the "Appian Way" to make it greater to be a Roman citizen than a king. Then and not until then will you appreciate the vastness and adaptability to its purpose of the Catacombs. The baths of Caracalla which are the best preserved of the old Roman baths are capable of enabling 600 people to bathe at one time. There are other bathing establishments here, notably those of Diocletianus, which accommodate 3,000 bathers at once. The immense outflow from these baths served to flush the sewers of which the Cloaca Maxima was the largest and it is still in use. The aqueducts,—the longest about sixty miles—supplied the city abundantly with pure water.

Of the many art treasures I will only say, that to a doctor's eye the facial expressions and the attitudes are the points most striking. The old masters needed no Shakespeare to tell them not to tear a passion to tatters. The controlled death agony of the dying gladiator impels you to linger long over the wonderful face, while every muscle

instinct with life and the faultless attitude stamp it as the masterpiece among masterpieces. Since the early painters delighted in human faces and figures, the doctor is from his very profession at once quite an amateur art critic.

But my train for Florence is about ready, and I must soon close this already too long letter. Rome has a large hospital, the Clinica Medica, with 2,000 beds. Under the impetus given to all good things by the liberal government, she is soon to have another, the Polyclinic, with 2,000 more. Medical education has not now the standing it once had in Italy. *Salerno how thy glory has departed!* You remember this was once the best university in Europe. Its medical school was famous over the whole continent. It is very inferior now. But wait a few years. Never have I seen finer looking men than in Italy. Rambling along the Corso one evening, I noted at least a dozen, either one of whom would have made no mean Apollo Belvidere. But I looked in vain for their mothers. Pavia and Palermo have good medical schools. They require six years study in Italy. Their system of examinations is good. They are held by a commission consisting of professors with associates who have no connection with the school, but who are nominated by the government. Could American medical students only be examined by a commission outside the school, which *could rise above partisanship and merit the respect of the profession*, what a glorious thing it would be for higher medical education.

J. S. MITCHELL.

Calabar Bean in Traumatic Tetanus.—Mr. C. C. Burman, in the *Lancet*, Jan. 1881, p. 172, gives the history of a boy, aged 11 years, who on Sept. 8, met with a severe lacerated wound on the heel. On Sept. 17th he began to complain of a stiff neck, and on the 21st the first convulsion was developed. Many remedies were used, such as Chloral, Belladonna, Morphia, ice to the spine, etc., without avail, and on the 29th Calabar bean lamels, as prepared by Messrs. Savory & Moore, containing the one-sixtieth of a grain of extract, were inserted between the clenched teeth every four hours. On Oct. 3rd there was a decided improvement, which continued so that on the 7th food could be taken, and the lad made an uninterrupted recovery.

Materia Medica Department.

A NEW SIMILIA.*

BY A. W. WOODWARD, M. D., PROFESSOR OF MATERIA MEDICA
AND THERAPEUTICS, CHICAGO HOMŒOPATHIC
MEDICAL COLLEGE.

No one will deny that disease is a cumulative process, soon involving by sympathy various organs and functions. Then it must be, theoretically considered, a combined picture of pathological lesion, plus the special sympathetic disturbances attending. Hence our therapeutic efforts will often prove unavailing until we can discover a remedy which is a simillimum, not only to the local lesion, but to all the symptoms in the order of their relative importance.

While our drug pathogenesis is greatly superior to empiricism, the practical application of remedies is greatly embarrassed by the failure of our provings to give the combination and subordination of symptoms peculiar to and characteristic of each drug. We may find the key-note symptoms of the disease and adapt the remedy precisely, and yet we fail too often in effecting a cure, because we cannot estimate correctly the attending symptoms which govern the success of the remedy.

With such uncertainties before us, should we be content with so partial a grasp of the law of similars? Shall we be satisfied to know no more of our remedies in their grand totality than simply the individual and isolated symptoms produced thereby? As well might we judge of a tree by the color and shape of its leaf, which bears no relation to the grandeur, strength, and proportions of the tree itself. No. If the law "*similia*" is true in general, and has so often guided to the cure of disease by such slight re-

* Revision of an article presented to the International Homœopathic Convention,
July 11, 1881.

semblances, it must also be true that a drug will be radically curative only when it presents a complete parallel to the totality of the disease symptoms. If it cures to-day and fails to-morrow in the same disease, it must be owing to differences existing, not in the local lesion itself, but in the epi-phenomena, which modify and prevent a favorable result, and to which the drug is not Homœopathic.

Theoretically there is nothing new in this proposition, as every student of Hahnemann knows. But practically it has been, and is still, the great problem of the best minds in our profession—How we may arrive at this broader knowledge of our remedies?

It is evident this desideratum cannot be attained by the methods generally pursued heretofore, and it would, therefore, be well if we returned to that first advised by Hahnemann, *i. e.* “*provings made upon the healthy body by a single dose,*” taken in sufficient quantity (not toxic) to produce disturbance of the entire economy. It will not require “a full dose” to produce such results in selected subjects, and it will be found that in many cases drug effects appreciable to the educated observer will appear at intervals for several days after taking.

The effects will not be serious, often only suggestive. The symptoms may seem few and unimportant in themselves, *but by their character and succession, they will serve to interpret and rearrange the more important symptoms of our full provings.*

A series of provings made in this manner by myself and the members of the class in the Chicago Homœopathic Medical College, during the past two years, exhibit some facts worthy of mention here.

First, that the same drug when taken in health, and in a single dose, will affect many persons in the same general manner, though the special symptoms produced will vary.

Second, that all medicines begin their action by *excitement*, either of the motor, the sensory, or the excretory functions; and that they divide themselves naturally into

three groups or classes, according to the order in which these general functions are disturbed successively.

Third, that each drug, while exhibiting the general method of action belonging to its class, shows *its individuality by the succession in which it disturbs the special organs and functions of the body*, thus presenting a combination of symptoms peculiar to that drug alone.

To illustrate, let me give very briefly some of our provings made by this method.

FIRST PROVING OF ARSENICUM ALB.

A. W. W., in full health, pulse 65 and regular, took three drops 1x dilution Arsenicum alb. in one-half ounce water at 1 P. M.

Immediately occurred *offensive taste* in mouth, followed by sudden *neuralgic pains in right temporal region*.

1:10. *Painful formication* of right arm and forearm.

1:20. *Oppression of the lungs*, with asthmatic cough.

1:30. Sneezing and catarrhal discharges from the nose.

2. Slight nausea and weariness.

2:30. *Copious urine*, (had been relieved at 12:30.)

3. Neuralgic pains in left temple, with nausea and *flatulent bowels*.

3:30. *Feverish heat*, pulse 85, temperature $99\frac{1}{4}^{\circ}$.

4. Copious urine, with increased weariness and desire to sleep.

5. Entire body feels swollen and œdematous, especially the hands, with continued heat.

6. Epigastric distension, with soreness and aversion to food; slept long and profoundly during the night.

Second day. General malaise during forenoon; no special symptoms until about 3 P. M., slight rise of pulse, with heat and thirst (first time apparent), attended by weariness and mental depression.

8. Drawing and cramps in left hand, with restlessness and mental activity. Thirst attends. No sleep until after midnight.

SECOND PROVING OF ARSENICUM.

C. S., in full health, pulse 72 and regular, took one and one-half grains 1x trituration Arsenicum alb., well dissolved in water, at 12 M.

Immediately occurred *distressing nausea*, with *failure of vision*, *pallor of countenance*, and difficult breathing; followed by cardiac oppression and *prostration*.

12:30. *A painless watery evacuation of the bowels*, with increased exhaustion.

3. A second diarrhœic stool, attended by tenesmus.

3:30. *Feverish heat*, with *pulse 90*, much restlessness, thirst, and apprehension.

5. Fever continues; the face exhibits œdema, especially about the eyes.

10. On retiring offensive foot sweat, could not breathe easily in a reclining position; was restless and sleepless until midnight.

This fever continued slightly for a week, exhibiting exacerbations during the afternoon and evening. During this time there was soreness and tenderness of epigastric region, with variable appetites, the bowels also were irregular, alternately torpid and loose, and my bodily weight decreased four pounds.

THIRD PROVING OF ARSENICUM ALB.

Mrs. M. W., in full health, pulse 72 and regular, took three grains 2x trituration Arsenicum alb. in water at 10 A. M.

Soon *burning pains in stomach*, with nausea and desire for cold water; pain extends upward to pharynx.

10.10. *Sharp lancinating pain in head*, relieved by cold wet towel, or *open air on affected part*.

10:25. Burning pains in eyes with photophobia, followed by *sharp stitches in chest*, and heaviness on sternum. This was attended by mental anxiety and fear of consequences.

11. *Felt very weary*, but could not keep still, back ached as if bruised, with rheumatic pains in shoulders and hips.

11:30. Headache, with soreness of scalp and itching, followed by fluent coryza.

12:10. *Unusual call to stool*, abdomen felt hard and full, stool offensive and watery, afterward *ineffectual desire to urinate*.

1. A slight but *irritating leucorrhœa* for a short time.

3:45. *Fever, pulse 84*, and intermittent, internal heat and external coldness, followed by external heat attended by throbbing headache and thirst. At night sleepless from pain and involuntary twitching of limbs.

These provings were made by different individuals who were with one exception ignorant of the remedy to be proved, the special symptoms of course vary, but you will observe a general uniformity of action, the first symptoms produced in each prover being *morbid sensations*, these are soon attended by increased or *altered secretions* or excretions, and the final general result in every case, was an *elevated pulse* with feverish heats and *motor excitement*.

In these general effects, Arsenic is only one of many medicinal agents where action develops in the same manner. It is well, therefore, before we pass to the special study of this drug, we should glance at the disease forms, to which, as a class, these remedies are adapted. If the law of similia be true, these diseases must exhibit a predominance of morbid sensations, pains, debility, etc., attended by deranged secretions or excretions (the consequent morbid nutrition), with fever of secondary or minor importance. We might classify them as follows:

Non-febrile painful affections.

Non-febrile paralytic affections.

Non-febrile painful organic lesions.

Non-febrile fluxes or dropsies, with pain or debility.

The same conditions with sympathetic fever.

The prodromal stage of continued fevers.

The developed stage of continued fevers and inflammations—when the sensory and excretory symptoms are more important than the fever.

To secondary fevers consequent upon structural changes antedating the fever.

And to *chronic* motor disturbances, such as chorea or epilepsies dependent upon reflex irritations.

These drugs cannot be curative in primary fevers or primary convulsions, for in the provings, motor excitement is secondary, to disturbances of sensation and nutrition. With these limitations before us, let us proceed to study the special features of Arsenicum and learn its therapeutic indications.

If we can divest ourselves from the habit of studying the particular symptoms produced, and can read them physiologically, we will find a further similarity in these provings, shown in the succession of organs or functions disturbed.

A. W. W. reports first offensive taste.

C. S. reports first distressing nausea.

M. W. reports first pain in stomach.

These are all gastric symptoms. Next.

A. W. W. suffers neuralgic pains in head.

C. S. suffers failure of vision.

M. W. suffers pain in head.

All of cephalic origin. Again.

A. W. W. experienced formication of arms.

C. S. exhibited pallid and blanched countenance.

M. W. had pains relieved by cold applications.

All cutaneous symptoms. Then—

A. W. W. was troubled with sneezing, coryza and cough.

C. S. was troubled with difficult breathing.

M. W. was troubled with stitches in chest.

These are all of the respiratory tract, and are succeeded in—

A. W. W. by weariness.

C. S. by prostration.

M. W. by restlessness and backache.

These are of spinal origin, doubtless, and are followed in case of—

A. W. W. by repeated and copious urine.

C. S. by watery stool.

M. W. by offensive stool.

This is the first material disagreement in their reports. Other provings show that renal irritation precedes disturbance of the bowels in the majority of cases. They differ also in this respect, that M. W. is the only prover who observed sexual irritation from this remedy. Finally, all report elevated pulse, with restlessness and motor excitement, and increase of former sufferings.

These provings then, justify the conclusion that Arsenicum acts upon the human organism in a manner peculiar to itself, and always with the same specific combination of organic disturbances, which are cumulative.

Its successful use clinically, must in consequence be governed, not so much by the local symptoms of disease, for these may belong to many drugs, but by the associated sympathetic disorders, and these will be prominent or subordinate in the same order as developed in the provings. What then are the indications? (excluding the *locus morbi*) gastric symptoms are always leading, *cephalic next importance*, and *cutaneous, respiratory, spinal, renal, and enteric*, each progressively decreasing in prominence, except when one of these becomes the leading feature as the seat of the disease.

Let us illustrate by cases. Arsenicum will be curative in *skin diseases* or *dropsies*, when besides the local condition, *thirst* or morbid appetites (*gastric*) are the leading indication, then *insomnia* or anxiety (*cephalic*) comes next in importance, *dyspnœa* or cough (*respiratory*) next, debility or restlessness (*spinal*) next in order, and irregularity of bowels of less consequence than these mentioned.

In *cholera Asiatica* when there is *incessant thirst*, nausea or vomiting, *anxiety* or apathy, cold *Hippocratic* countenance, *intermittent respiration* or pulse, *restlessness*, and *suppression of urine*.

In *intermittents*, when during apyrexia we have *thirst*, nausea or morbid appetites leading, *melancholy, sallow skin, bronchial cough* or dyspnœa, *prostration* and *irregular action of kidneys* and *bowels*.

In other *fevers* and inflammatory forms of disease, when

there are gastric, cephalic, cutaneous disorders, preceding and attending the fever, with the relative degree of prominence above mentioned, then Arsenicum will prove curative, provided the sensory and excretory disturbances continue to be more prominent than the fever itself, in brief, they will be *typhoid forms of fever*.

In *epilepsies, chorea*, and other spasmodic diseases, when they are secondary to, and attended by gastric, cephalic, cutaneous and respiratory symptoms, of which each will be of prominence and importance in the order named.

This, then, is the *new similia*, governing the use of Arsenicum in disease; that whatever the disease may be called, the indications for this drug are invariable, and will be limited only by two conditions. First, that the sufferings and derangement of secretions, shall be of more importance than the fever; and second, that the chief sympathetic disorder must always be gastric, the second in order of prominence will be cephalic, the third cutaneous, etc., the special symptoms varying with the type and location of the disease.

Repeated provings might be given, illustrating the uniform action of Nux vomica upon the organs and functions of the body. To be brief we will furnish but one.

FOURTH PROVING OF NUX VOMICA.

M. C., in full health, pulse 72 and regular, took three drops 1x dilution in water, at 7 A. M.

7:10. *Vertigo* when moving, with burning pain in the temple.

7:25. Vision indistinct, head feels dull and stupefied, *stomach distended* and tender to touch.

7:45. Pulse 64 and weak, feel despondent, cannot apply the mind to study.

8. Nausea and feeling of lump in throat, *unusual weariness without cause*; legs feel heavy and unwieldy, with sleepiness.

8:30. *Rumbling in bowels*, with bitter eructations.

9:15. Desire for stool with colic pains; passed only flatus.

11. Debility continues, with *frequent sighing and irregular respirations*.

11:20. *Urging to urinate*, urine scant, occasional cough.

8 P. M. Dull headache, and occasional regurgitation of food, *perspiration on face and hands*.

3. *Pulse 84, irregular*; creeping chills in back, with restlessness, and occasional griping in bowels.

3:30. Pulse 90, flushes of heat with mental irritability, and rheumatic pains in shoulders and hips.

10. Joints feel stiff and sore, as from a cold, pulse 78; when falling asleep awakened by violent jerks of the limbs, causing palpitation of the heart.

Second day, 7 A. M. Mouth bitter, no desire for food, feel gloomy and sad. Two stools during forenoon with straining.

If you will observe, *Nux vomica*, like *Arsenicum*, exhibits fever or excitement of motor functions, as the last effects developed, and therefore of least significance therapeutically. You will also see in this proving, what was less apparent in *Arsenicum*, that during the primary effects of the drug, we find motor depression shown in lowered pulse, and paraplegic symptoms; this is an important feature of all this class of remedies—that during the non-febrile stage, we find debility or paresis attending the pains.

These being the conditions limiting its usefulness, we shall find *Nux vomica* Homœopathic to pathological forms, chiefly without fever or motor excitement, and therefore it belongs to the same class of drugs with *Arsenicum*, namely the *sensory excretory*. But how shall we differentiate between the two? By the fact that *Nux* exhibits *as its leading disturbance cerebral irritation*, with *gastric second in prominence, spinal third, enteric fourth respiratory fifth, and the uriaary of least importance* of all those mentioned.

To illustrate by special diseases, *Nux vomica* will be curative in *paralysis* when it is attended by *headache* or vertigo,

nausea or vomiting, *constipation* or diarrhœa, *labored respirations* and retention or *incontinence of urine*.

It will remove *dyspepsia*, when attended by *headache*, confusion of mind, irritability, *lassitude* or pains in back, *ineffectual calls to stool*, *shortness of breath* or cough, and *frequent urination*.

It will cure *apoplexies*, when associated with *nausea* or indigestion, *paresis*, *irregular bowels*, *stertorous breathing*, and *incontinence of urine*.

It will be specific to *dysentery*, only when mental or *head symptoms* are the leading sympathetic disturbance, with *nausea*, anorexia, *backache*, labored, or *short breathing*, and *urinary tenesmus attendant*.

It will cure promptly when given in *intermittents* which exhibit during *apyrexia headache*, anorexia, *nausea*, *debility*, painful and *irregular stools*, irritable *coughs* and *scant urine*.

In other *fevers*, when there is a predominance of *irritability of mind* and special senses, *pasty tongue*, *desire to lie down to rest*, *constipation*, *scant urine*.

Cases might be multiplied, showing that the combination of sympathies requiring *Nux vomica* is always the same, whatever the disease may be called. The special symptoms will vary with the disease. We cannot expect to find every case will exhibit irascibility, except they are dyspeptic, neither will they necessarily complain of headache or vertigo, for in the apoplectic or paraplegic we find the mental obtuseness, or coma, an equally good indication, when attended by retching, involuntary stools, stertorous breathing, and vesical failure.

In contrast with these remedies whose *first action* is to disturb the sentient spheres, let me invite your attention to another class of drugs that induce sensory disturbances only as sequelæ or *secondary effects*. These medicines begin their action by exciting the *secretory* and *excretory* organs to increased activity; this is soon attended by *febrile* or *muscular excitement*, the final result of their action being manifested in *hyperæsthesias*, *neuralgias*, *mental alienation*, etc. This class of drugs is typified in *Cinchona*.

FOURTH PROVING OF CINCHONA OFF.

C. F. S., in full health, pulse 60 and regular. Took ten drops tincture in water at 8 A. M. Soon *distension of stomach*, and repeated watery regurgitations.

8:10. *Warm perspiration on face and hands*, without cause.

8:25. *Fullness and rumbling in abdomen*, with griping, passed much flatus, perspiration continues.

8:45. *Copious urine*.

9:30. Stool urgent and loose, increased saliva, tongue whitish, skin moist all over.

10:30. Pulse 80, thin and irregular, feel *restless* and *uneasy*, occasional twitching of the limbs.

11. Head and face hot and congested, veins full and swollen.

11:15. *Fluent coryza*, with sneezing and lachrymation, slight photophobia.

12. *Pulsating headache* with heat, cold hands and feet, repugnance to food.

2 P. M. Pulse 84, full and hard, headache continues, palpitation of heart after slight exercise, with oppressed breathing, slight chilliness, increased by drinking.

5. Aching in sacral region extending down thighs, with languor, abdomen distended, ineffectual desire for stool.

Night. Sleep dreamful, wakened with languor, coated tongue and anorexia, urgent call to stool soon after rising.

The disease forms to which this class of drugs will be adapted, must be such as exhibit like phenomena or history. In their incubation and acute stage, there will have been and *excretory motor* disturbances predominant, shown in a subacute congestion or catarrhal inflammation attended by little or no complaints, *suffering* will develop only after the case becomes chronic has induced reflex disturbances. Let me enumerate a few of these conditions:

Non-painful catarrhal conditions with sub-acute fever.

Non-painful coughs, that may be spasmodic.

Non-painful diarrhœas or constipation with slight fever.

Non-painful exudations or indurations with febrile excitement.

Non-painful or debilitating diphtheritis with extensive deposits.

Non-painful suppurations with fever.

Non-painful endo-metritis.

To secondary or reflex neuralgias, headaches, etc.

To secondary or reflex affections of sight or hearing.

To secondary or reflex mental disturbances.

To secondary or reflex paralysis.

This class of drugs cannot be curative in *primary* neuralgias, debility, etc., they can only palliate when used in such cases, for these symptoms are developed in the provings only after other disturbances have preceded. The same rule applies to the former class (*sensory-excretory*), they can be Homœopathic only in *primary* affections of the sentient nerves, and for the same reasons can act palliatively only, in secondary affections of this nature.

If this proving of Cinchona is correct in its special features, it can prove curative only in diseases that take their origin in, or are attended by gastric catarrh, as the leading sympathetic disorder with disturbance of the functions of the skin second in importance, diarrhœas or engorgement of abdominal organs third, increased or saturated urine fourth, and febrile or muscular excitement fifth in importance, these symptoms will occur as prodroma, and the patient may not consider himself ill until the secondary symptoms develop, namely anorexia, nausea, or craving appetites, increasing debility, faintness, headache, ringing in ears, or sleeplessness, now added to the above, warns him of danger.

Thus the diseases to which Cinchona is adapted, may exhibit two phases, according to their duration: to illustrate, a *cholera morbus*, beginning with sudden vomiting (without nausea), attended by perspiration, and soon followed by copious stools (without pain), frequent urination, and slight fever, is curable by this remedy. This is one phase.

Another is a *lienteric diarrhœa*, with craving appetites, great thirst, painful digestion, great emaciation or sweats,

copious stools with much pain, sleeplessness, and debility.

Again, in *hæmorrhages*, we find this drug useful under differing circumstances: first, when the occurrence is attended by retching and vomiting, perspirations, tympanitis, and feverish pulse; and subsequently, when we find craving appetites, fullness of bowels, constipation, debility, headache, insomnia, etc.

We shall find Cinchona useful in a great variety of secondary diseases, dependent upon engorgement of the chylipoietic viscera, as witness its usefulness in *hectic fever* and suppurative processes, provided they are attended by craving appetites, profuse sweats, diarrhœa, and loaded urine.

It is curative in *intermittents*, under like conditions, viz., coated tongue and morbid digestion, attended by icterus and enlargement of liver or spleen, feverish pulse, and saturated urine.

It will cure *sexual exhaustion*, when it occurs in "bilious subjects" who have craving appetites, easy sweats, disordered bowels, a feverish pulse, debility, and mental depression.

It will cure *influenzas*, *bronchitis*, or *pneumonias*, under like conditions, when with slight local pains, the coated tongue, nausea, thirst, fullness of stomach and bowels, jaundiced skin, constipation, and heavy urine are presented.

It will be curative in *neuralgias* of any type, when attended by the above conditions.

Other remedies of the same group, such as Calcarea carb., Conium, Cimicifuga, illustrate the therapeutic importance of this class of remedies, in secondary or reflex neuralgias, and other sensory disturbances as they arise from gastric catarrh, or a chronic metritis or ovaritis.

To complete the classification of our remedies by groups, let us consider a third class, which differ from both the others in the combination of general symptoms.

This class is typified in Aconite or Belladonna. You will observe they begin their action by exciting, *first, the motor functions*, then the *sensory*, and, lastly, *the excretory*; there-

fore we shall find the indications for the remedies of this group to be *motor*—*sensory excitement*, with excretory functions passive, or of little prominence at the beginning.

SIXTH PROVING OF ACONITE NAP.

J. F. B., in full health, pulse 70 and regular, took two drops tincture Aconite in water at 11 A. M.

11:5. *Pulse* 78.

11:15. *Pulse* 90, hard and thin; slight *rigors along spine*, internal heat with *external coldness and pallor*.

11:25. Great restlessness, with numbness of left arm and *oppression of breathing*.

11:45. *Sharp pains in ears*, with heat and redness of cheeks; felt anxious and uneasy; desired fresh air.

12. Asthmatic breathing, with palpitation of heart.

12:15. Drawing pains in extremities; stinging pains in throat *with thirst*.

12:30. Sight of food causes nausea.

1:20 P. M. *Pulse* 84; occasional stitches through chest during inspiration.

3. *Stitches and soreness in hepatic region*, with heat in abdomen; soreness and stiffness of muscles all over.

3:15. *Pulse* 80; perspiration on face and hands without cause; feeling as if diarrhœa would occur.

4:15. *Called to urinate*, urine scant.

6:30. *Pulse* 75; urging to stool, copious, and attended by colic and tenesmus; perspiration increased after stool.

8:45. A second call to stool, watery and copious, with complete relief of all symptoms. Slept well, and wakened in usual health next morning.*

The forms of disease to which this class of remedies would be Homœopathic, are:

* It will be observed that this proving is in marked opposition to the recorded effects of toxic doses of Aconite, that always exhibit sensory excretory disturbances first, followed by a feverish reaction (same as the Arsenic group), and totally unlike the method of development of inflammatory fever (which has no prodromata), and to which Aconite is admitted to be a specific. This suggests the question—How far may we be guided by toxic symptoms in estimating the character and mode of action of this or any other drug?

Synochal fevers with acute sufferings, and scant secretions and excretions.

Acute congestions or inflammations, with scant exudate, characterized by high fever, great heat and hyperæsthesias.

First stage of painful inflammations, to prevent exudation.

Second stage of painful inflammations, to promote suppuration or discharges.

Painful pneumonias, and scant sputa.

Painful diarrhœas or dysenteries, and scant stool.

Painful nephritis or cystitis, and scant urine.

Febrile and painful ailments, from suppression of habitual discharges.

Flushings of climacteric.

Sudden spasms or convulsions with pain, fright, or mental excitement, relieved by natural discharges.

Acute mania, with restlessness and fever.

Febrile sleeplessness.

Febrile hyperæsthesias.

To *secondary* exudations, dropsies, fluxes, hypertrophies, and tumors, when attended by marked motor and sensory disturbance.

The combination of symptoms calling for Aconite according to this proving, will exhibit *fever and pain* as the leading features, with the elevated pulse, both *before* and *during the chill stage*, and *afterwards*, soon attended by rigors or chills, or restlessness, or "pains all over" (spinal) pallor or flushed countenance (skin), sneezing, cough, or dyspnœa (lungs), anxiety of mind (head), thirst or nausea (stomach), and, until the fever abates, little or no action of the bowels, kidneys, and sweat glands. This signifies that this drug can be Homœopathic, only in forms of disease which exhibit a minimum of secretory or excretory disturbances; that it cannot be curative to true catarrhal fevers (China), or to typhoid fevers (Arsenic), for the reason that both these drugs exhibit increased fluxes; and fever a minus element proportionately. Neither can it be useful in inflammatory fevers after free exudation takes place, for then remedies, of another class are called for, and we see by this

proving that the fever subsides with the occurrence of sweats, urination, or copious stool.

Aconite will be curative in *pneumonia*, when a rapid pulse, restlessness, flushed face, great anxiety, thirst, constipation, and scant urine attend.

It is Homœopathic to *enteritis*, when we find high fever, restlessness, hot dry skin, guarded respirations, fear or headache, nausea or thirst, and scant urine as concomitants.

It will cure *meningitis*, when attended by high fever, aching all over, flushed face, irregular breathing, delirium, nausea, or thirst, constipation, and scant urine attend. It will speedily conquer *rheumatism* (if unattended by much swelling), when high fever, restlessness, hot dry skin, short breathing, anxiety or sleeplessness, thirst, etc., attend.

It will allay spasmodic diseases, *laryngismus stridulus*, and spasms of other parts, when of primary origin, and attended by the above sympathetic disturbances, in like prominence. It will be curative in *catarrhal affections*, if they exhibit *scant discharges*, with a *predominance of fever and pain*, and the above special irritations are manifested.

To show the importance of keeping in view the order and succession of organs disturbed during the provings, as a guide to the character of the drug and its uses in disease, we will now study Belladonna, which exhibits a broad distinction from Aconite, in this manner.

TENTH PROVING OF BELLADONNA.

A. W. W., in full health, pulse 65, and regular, took two drops of Belladonna tincture in half an ounce of water at 9 A. M.

9:5. *Pulse 78.*

9:10. *Pulse 90, irregular and uneven; pulsations of carotid; fullness and throbbing in head.*

9:20. *Heat of face without redness, afterwards flushed and swollen; sharp pains in cheek.*

9:35. *Painful twitching in arms, soon followed by restlessness and stiff neck.*

9:50. Mouth dry, *thirst*, constant desire to swallow, after drinking, pains in stomach.

10:30. Throbbing headache with heat; pulse 90, hard and full.

11. Palpitation of heart when exercising, with *labored breathing*.

12:30 p. m. No desire for food, throat sore when swallowing.

2. Cramp-like *pain in abdomen*, extending to spine, occasional sharp pains in hypochondriac region.

3:45. Feel very sleepy, but unable to sleep because of itching; scratching causes erythema.

4. Pulse 84, occasional bitter eructations.

4:30. *Desire to urinate*, scant and dark, followed by slight stool and colic.

6:30. Pulse 80; perspiration on upper parts; congested feeling in pelvic region, with *excited sexual desires*.

8. Called to stool, watery, but scant, attended by tenesmus.

8:30. Overcome with sleep, slept profoundly until late morning, wakened with dull headache and languor, no appetite for breakfast.

This proving shows the same general features as Aconite; you will observe, however, that while both begin their action with elevated pulse, it is followed in Aconite by *chills or restlessness* (spinal), pallor (skin), sneezing (lungs), anxiety of mind (head), etc. The picture of Aconite, then, is a predominance of spinal, skin, and respiratory symptoms, before the head symptoms develop. In Belladonna, on the contrary, we find, after the rise of pulse, throbbing and pain in cheek (head), flushed face (skin), twitching in arms (spine), dry mouth and thirst (stomach), irregular breathing (lungs), etc. The combination of Belladonna is then quite different—fever and predominance of head and skin symptoms before the spinal develop.

If this is true, Belladonna will be a better remedy for inflammatory fevers, when they exhibit head and skin symptoms as leading features, and it will do better when given

alone, than when alternated with Aconite, which cannot be Homœopathic to such fever, any more than Arsenic or Nux vomica.

Permit me, before closing, to recapitulate. These provings have developed the essential therapeutic differences, between the various types of fever, which seem to be sustained by bedside experience. Our pathologists tell us that the typhoid or nervous fever, begins with a prodromal stage of pains and debility, attended by morbid excretions, and these derangements continue until a chill occurs and fever rises. Then the case is developed, and the debility and delirium now shown, are a better criterion of danger than is the fever itself. This corresponds to our first group of drugs, as we have seen.

Again, they tell us that catarrhal fevers, show fluxes, with feverish states, as prodroma; at last, a chill and pains inaugurate the disease. This corresponds to our second class of remedies. Finally, our authorities say, "Inflammatory fevers are inaugurated by a sudden chill" (sensory) (?) This is doubtful. Niemeyer says,* "An elevated pulse attends the chill of croupous pneumonia, and the chill is followed by heat and pains, which continue unabated until exudation is complete. Then the fever and pains suddenly subside." This corresponds with the results of our provings of Aconite and Belladonna upon the healthy, and confirms their usefulness in this form of fever.

Every physician has been perplexed by the uncertain and sometimes contradictory statements of our pathologists concerning the mode of beginning, and the termination of acute diseases. Let me quote in brief, as having relation to my subject, some of their descriptions,—of the invasion of *diphtheria*:

Niemeyer says, "Generally, prodromata of lassitude and pain, then enlarged glands and patches, lastly fever, adds to the complication" (*sensory-excretory*).

* See Niemeyer Practice of Medicine, seventh edition. "Initial Symptoms of Croupous Pneumonia."

Flint says, "It is often insidious, exudations first, then fever, and finally pains and sufferings" (*excretory-motor*).

Ziemssen and Wood (speaking of croupous form), say, "It begins with high pulse and fever, then sopor or pains, finally swelling of glands and exudations appear" (*motor-sensory*).

Of *scarlet fever*, Ziemssen says, "Urgent vomiting and convulsions are often initial to the fever, then follows sopor, pains, etc." (*excretory-motor*). "Other cases exhibit—first, high feverish pulse, then pains in head and throat, then the eruption appears" (*motor-sensory*).

Niemeyer says, "As a rule, fretfulness, nausea, and pains, increasing to vomiting, and perhaps epistaxis, as prodromata, finally fever and increase of all symptoms" (*sensory-excretory*).

Of *measles*, Ziemssen and Flint agree, "they frequently begin like influenza, then rigors and fever follow, finally pains and general complaints" (*excretory-motor*).

Niemeyer and Wood "usually begin with prodroma of lassitude and pains, gradually catarrhal symptoms develop, and finally fever rises" (*sensory-excretory*).

Similar disagreements might be noticed concerning the beginning of most acute diseases, these suffice to illustrate our needs; not only of more precise knowledge of the evolution of disease, but also of a more available and scientific knowledge of the action of our remedial agents. For there can be no conflict between scientific pathology, and scientific therapeutics, they must eventually go hand in hand. And as they approach nearer and nearer to each other, the glorious truth of the principle for which Hahnemann was persecuted will be recognized and admitted the world over. When that time comes, "*the similia*" will be the philosopher's stone, which every true physician will strive to attain.

[NOTE.—Those who are disposed to experiment, and prove the truth of these statements concerning the order of development of symptoms, will observe that unless the prover is in full health with every function acting normally, he will not obtain either the general, or the particular succession of symptoms belonging to any remedy, as it should be, to illustrate: Having a slight headache I attempted a proving of Aconite, taking ten drops of 1x in water. In five minutes pro-

fuse perspiration on face and hands, soon followed by increased headache and pains all over, finally a feverish reaction occurred. In short, repeated experiments with this and other remedies confirms this idea, that the true succession can be obtained, only when a proving is made during perfect equilibrium of health.—A. W. W.]

RHUS AROMATICA.

Some two years or more ago our attention was called to this remedy in the *Therapeutic Gazette* published at Detroit, Michigan. It was announced as a new remedy for urinary troubles by Park, Davis & Co., and from the description that was given of its virtues, it would prove a great benefit to suffering humanity. At that time we had an irritable bladder to treat that caused the patient great pain and intense suffering, and for its relief we used many remedies without any benefit.

One day in a fit of desperation we started out to procure some *Rhus aromatica*. We went to Messrs. Boericke & Tafel, feeling sure that they like editors of medical journals knew or had everything that was in existence. But to my surprise they did not have the article, and had not even heard of its birth. We next called at the wholesale house where Park, Davis & Co. sell their new remedies, and made our errand known, the person that waited upon us consulted a catalogue and informed us that they did not have the article, and he could not give me any information in regard to it, but referred me to a retail drug house who kept Park, Davis & Co.'s medicines; but we were again disappointed, and they did not know where it could be procured.

Not willing to give it up, we thought that we would make one more effort. We called at the house of Hance Bros. & White, Manufacturing Chemists, feeling assured that with their knowledge of drugs that we would receive the desired information. You may imagine our surprise when they told me that there was no plant or drug known

to them by that name; and with a smile at our credulity, remarked that it was an imaginary article or fancy name given to it and published in the list of new remedies to take in such. We felt disappointed in not getting the remedy and a little chagrined.

THE MEDICAL INVESTIGATOR, August 1, page 152, contains an article on the virtues of this remedy, and it tells us that it has been used for a quarter of a century. Will Dr. McClanahan or the editors of THE MEDICAL INVESTIGATOR inform us through its columns where *Rhus aromatica* can be found? Give such a description of it that it can be known when seen?

J. J. GRIFFITH.

[The plant grows plentifully in the west, especially in Missouri, and the tincture can be supplied in any quantity by Duncan Bros.]

EXPERIENCE WITH NATRUM MURIATICUM.

BY J. C. NOTTINGHAM, M. D., MARION, IND.

Read before the Indiana Institute of Homœopathy at the last session, May 25, '81.

August 8, 1876. Mr. —, bookkeeper, single, nervous temperament, tall, slender, walks erect, had tertian chills for three years with only brief respite by the use of the usual anti-periodic drugs of the Eclectics and Allopaths, and the hydropathic hygiene and movement treatment peculiar to Drs. Trall, Jackson, Walters, and the Battle Creek institution. A strict vegetable diet of wheat meal bread, vegetables and fruits, without *salt* or condiments of any kind, using freely of lemons, oranges, etc., and a rigid regimen. Chill began at 9 A. M. with intense thirst, extreme coldness of extremities, (fingers and toes), violent frontal headache causing great anxiety and delirium, vomiting of mucus and bile. This the third chill in spite of wet packs, baths, massage and rigid abstinence from stimulating food, each chill becoming more intense. *Natrum mur.* 3x, two

powders two hours apart; no other medicine. No more chills for four years.

Aug. 13. Mr. —, aged fourteen, *nervo-sanguine* temperament, had been having chills for about one year, with only short intermissions created by the usual anti-periodics, was attacked with a chill while in the woods gathering walnuts; headache and paroxysm so violent was unable to return home, a distance of one mile. Parents found him in a semi-conscious condition; was called at 1 P. M., found him still suffering with the headache and fever; hydroa upon the lips and intense thirst. Said chills usually came on about 9 to 11 A. M. Chill fever and sweat in regular order. Chill began in extremities and head; chill of the tertian type. Aconite for fever until began declining, then *Nat. mur. 3x.*, two powders two hours apart; no other medicine. The young man's father related the circumstance in my office quite recently and stated that "he has not had a chill since."

March 27. Mrs. —, married, aged forty-one, *nervolymphatic*. Had chills every autumn for three years in succession, always "broke" them by repeated large doses of Quinine, nothing else would stop them. Following their suppression, the third autumn was attacked with "fits" at irregular intervals, aggravated by overwork, exposure to damp changeable weather or excitement; the paroxysms would begin by an involuntary jerking of first and second fingers of the left hand, with increasing contraction of the flexor muscles, until the fingers were bent upon the hand, the hand upon forearm, forearm upon the arm and the arm upon the body, when she would recognize a trickling sensation in shoulder and neck, then would become unconscious and sink to the floor, relaxed, and helpless; paroxysms would last from a half to two hours; complained of great numbness all over, involuntary twitching of the muscles, and erratic quivering of the flesh, and an aching lameness in left side. The chills at first were of the tertian type, but the last were quartan, began at 9 A. M. in the extremities gradually approaching the body. Chill intense with "unbearable headache," great thirst, sometimes vomiting of mucus and

bile, had desire for and used large quantities of salt in her food. Nat. mur. 3x, every four hours; Sac. lac. between. The following day had a chill at 9 A. M. with entire relief from all other symptoms. This lady has not had chills since nor the paroxysms, but has "difficulty of thinking; absence of mind, memory and will weak," etc., the mind symptoms of Nat. m. which from more recent experience I conclude would have been avoided by the single dose of a high potency.

May 1, 1879. Mr. —, aged twenty-four, sanguine lymphatic temperament, railroad agent, said he had "gastric fever previous autumn and chills ever since;" chill of the quartan type, beginning at 5 P. M. in the extremities, with great thirst and intense frontal headache, vomiting, and craves salt food, chews tobacco and uses whisky excessively; said he remembered that his gastric fever began with a chill at about 11 A. M., was unconscious when the doctor came, was sick about four weeks. Nat. mur. 200, twelve powders, one every four hours. At succeeding chill time had a frontal headache so extreme, was compelled to resort to Morphine for relief. No symptoms of chill or fever since.

November 22, 1878. Mr. —, colored man, aged twenty-two, farmer; indurated lumps on right leg near external malleolus, said "one had become soft by continued poulticing and broke a few months ago." Leg painful on pressure, slightly inflamed with constant aching and lameness, aggravated by changeable weather and use; could not rest at night, otherwise in good health. Prescribed liniments and tissue remedies which relieved. May 20, 1880, a messenger summoned me to "come and operate upon left knee;" found bursa enlarged and very painful affecting the entire joint. A doctor had been called who said it was an abscess, and commenced an incision for the relief of the pus, but became alarmed and quit before penetrating the sac. Large quantities of "all sorts" of medicine had been taken since I saw him first, without relief. Had irresistible desire for large quantities of salt. Gave Nat. m. 200, two powders, two hours

apart, and Sac lac. to follow every four hours, with orders to use no salt; nothing more was given. In one week went to work on farm; said I gave him medicine to take away his appetite for salt, had not wanted any since. Is well and hearty, without any trouble of any kind, April 14, 1880.

January 17, 1880. —, lad, aged fourteen, chill quartan type at between 3 and 4 P. M.; headache when chilling; chill would last two hours, fever nearly all night; no sweat, pale face after paroxysm; aching in left side and tender on pressure; many remedies tried. Quinquina stopped chill for one week, returned, repeated same remedy, but the chills continued. February 16, parents becoming anxious, wanted him to go to school. Nat. mur. 200, two powders, two hours apart, followed with Sac lac. and brisk friction over left side with Cosmoline (plain). Chills grew later and lighter, until they disappeared without any further medicine, (except Sac lac., nothing more was given). No more chills to this day. As a prophylactic when indicated.

August 13. Mr. —, aged twenty-six, student; said he felt "aguish," would ache all over as if were going to have a chill; had frontal headache in forenoon about 9 to 11 o'clock, with thirst; drank water with unusual relish; lips felt as if were about to break out with blisters. Nat. mur. 200, one powder; all the symptoms disappeared within twenty-four hours. (*Many cases.*)

The above is intended to illustrate my varied experience with Nat. m. in its varied potencies. Many cases parallel to each might have been given which would have made the evidence of the influence of the drug stronger, but it is presumable that Homœopaths will not need such evidence, but will try it, which if they will do properly, the result will be satisfactory proof of the extended usefulness of Nat. m. In Indiana when the people have been educated to use salt freely to prevent chills, in this manner producing many diseases, which will require another paper at some future time, perhaps, to set forth our views.

Gynécological Department.

"MACROTYS AS A PARTUS PREPARATUR."

Forty years since, my oldest brother by the light of Thompson's Guide, Matson's Practice and all the "Botanico-literature of that day, including the "Botanico-Medical Recorder" published by A. Curtis, practiced the art of healing. His mode of administering remedies was, large draughts of a tea made of the fresh roots and herbs. He was well acquainted with the power of Macrotys in parturent cases; and depended entirely upon it and Composition in all such cases. The tea of Macrotys being used from one to two weeks before expected time of confinement, up to the inception of labor, then if tardy, the Composition tea was given most of the cases thus prepared. Experienced short and easy labor, though exception occasionally dotted the rule.

For more than twenty years I have used the Macrotys more or less in my obstetrical practice. The first ten years, I used it much as my brother had, with the addition of the Composition in slow cases. After becoming a convert to Similia, and the use of single remedies, I discarded Composition and have used Macrotys in all dilutions from the 30x to tincture, in doses from five grains to one globule, one to three times per day, often with the happiest results; but occasionally the most tedious cases, have followed its administration, apparently the expulsive power of the uterus was wanting. I am inclined to the opinion that most of the latter cases followed the use of the higher dilutions too often repeated. But having tried this view on but a single case—primipara, I am not in possession of data to sustain my view. To this lady, two weeks before her expected time were administered one pellet three times per day for three days making nine No. 30 saturated with Macrotys 30x. One week after the longest time—two hundred and eighty seven days after the

cessation of the last menses, labor came on, presentation natural, and in two hours after first symptoms she was delivered of a nine pound girl.

A peculiarity in this case was, three severe labor pains after the expulsion of the placenta, which passed from the vagina with the amnion and corion complete in five minutes after the birth of the child. Neither could there be detected any clots in the os or uterus to occasion the pains.

Z. HOCKETT.

AMENORRHŒA AND TONSILAR ABSCESS.

Dr. C. McKelroy's case of "Tonsilar Abscess and Amenorrhœa," page 521 of *THE INVESTIGATOR* for June 1, 1881, points to a disease often met with by the gynæcologist. In women who often suffer from follicular disease of the pharynx there is most sure to be co-existent congestion of the pelvic viscera, uterine disturbance, and very commonly hepatic derangement and hæmorrhoids, etc. Therefore we must treat the whole constitutional diathesis instead of the consequent local affection. We usually have more trouble with such cases than Dr. McKelroy. However, had he treated his case directly for the throat trouble, he or some one else might still treat the case, and still at every monthly epoch the trouble would return. Did one but know how to recognize the various manifestations of the different times and organs as they present themselves to our reason, we should discover that each of them has its characteristic of health and disease. Therefore when called upon to prescribe, I regard it, the duty of a physician, first to ask himself, What association of nerves will explain this or that symptom, and to what pathological condition does it point? If we know what nerves supply the part, and trace them from the part complained of, we are able not only to locate the disease but ascertain the nature of the malady, and so divest the case of obscurity. How often do we prescribe for a condition far from that of

our patient, in consequence of this lack of scientific investigation. I treated an old man who had gone the "round" and had been treated by all for disease of the stomach; I discovered that he had tenderness of the spine, about sixth or seventh dorsal vertebra, I regarded the spinal trouble as the seat of all his suffering, and directed my treatment in accordance therewith and cured my case. We may often see earache caused by a bad tooth, or an abrasion of the side of the tongue. Also in women, obstinate, gastric ailments, due to some uterine trouble. A case in point: Mrs. D. had been vomiting for days, and no amount of treatment seemed to help her. I was called and gave the usual remedies, but to no effect. I then asked her to allow a vaginal examination, which after assuring me there was nothing wrong "there," she granted it. I found a small fibrous polypus, as long as an almond, with short pedicle, in the cervix uteri, which I removed, and vomiting and other trouble ceased.

The manner in which sympathetic communication is maintained between distant parts, is well illustrated by the pain in the knee from diseased hip, the sympathy is displayed between the irritated part and the sentient extremity of the nerve.

Irritation of the spinal cord may produce phenomena, differing according as the irritation may be located higher or lower. If said irritation be located in the lower dorsal and lumbar region, we may have pain along the crural and sciatic nerves, neuralgia of the abdominal walls, colic, overalgia and vesical spasms are especially noticeable.

It is of first importance that we learn the location, pathology and nature of the disease, and not devote all our attention to drug symptomatology. Let us be accurate in our diagnosis. I see many cases of what I call bad practice, reported, where the case has recovered after the use of *shadowy* potency of a drug poorly indicated, and the bungler claims the praise, and the drug the credit. F. B. HOME.

Society Proceedings.

WESTERN ACADEMY OF HOMŒOPATHY.

THIRD DAY.

Our report on p. 96 closed with the second day proceedings and the banquet. The session the third day was brief but full of interest for those who watch and wait for honors. The session opened with President Vilas in the chair, which he soon relinquished to Vice-President McAfee.

The first report was the practical one of materia medica, Dr L. Sherman, chairman. Only one paper was presented, and that was by himself.

Dr. M. T. Runnels, of Indianapolis, was appointed chairman.

The next bureau to report was on Pharmacy. Dr. T. C. Duncan presented a paper on the distinctive features of Homœopathic Pharmacutics. The preparation of these in attenuated form, simple and uncontaminated, was so different from ordinary dispensing that ordinary druggists make sad work in their management. He advocated the plan of Homœopathic physicians supplying all the demands of their patrons.

Dr. L. Sherman illustrated the effect of light on remedies in different colored vials—those in the amber vial showing the least change. In the discussion that followed, Dr. Duncan called attention to the fact that the coloring matters in the green glass being Arsenic, and in the amber Kali bich., some medicines would surely dissolve out, and that it was best to use the clearest and purest glass obtainable. Remedies affected by the light could be set in the dark. These and other facts will be brought out in the new edition of *The United States Homœopathic Pharmacopœa* soon to appear.

Dr. E. Gross was appointed chairman for the next meeting.

The Academy then proceeded to the election of officers, which resulted as follows:

President, Dr. E. M. McAfee, Clinton, Iowa; Vice-Presidents, Drs. A. S. Everett, of Denver, and R. L. Hill, of Sacramento; General Secretary, Dr. C. H. Goodman, of St. Louis; Provisional Secretary, Dr. H. W. Robey, Topeka; Treasurer, Dr. G. W. Foote, Galesburg; Board of Censors, Drs. J. Harts Miller, Abingdon, Ill.; W. C. Barker, Waukegan; R. F. Baker, Davenport; T. C. Duncan and C. H. Vilas, Chicago. The place of meeting for next year caused a good deal of excitement. A pressing invitation was presented by Dr. Roby, president Kansas Society, to meet with them next year.

Denver presented a strong invitation through her city council, presented by Dr. Everett. The contest was so strong between these two

places that the decision was left to a committee consisting of Drs. Everett, Goodman, Gross, Vilas, and Robey. The executive committee was authorized to determine the exact date of the meeting next June, and also to decide between Denver and Kansas City as the place of meeting.

Dr. A. W. Woodward was elected a delegate from the Academy to the World's Homœopathic Convention to be held in London next month. Votes of thanks were then passed to the physicians of the city, the railroad companies, and the press.

Adjourned for one year.

Thus closed one of the best meetings of the Western Academy. The experiment of holding a separate meeting proved such a success that many of the members favor Denver as the next place of meeting. The competition in railroads will secure low fares and a good attendance.

Consultation Department.

DOSE OF RHUS AROMATICA.

Be pleased to give through the column of *THE INVESTIGATOR*, a statement regarding the potencies as given in cases of the most successful cures by the use of *Rhus Aromatica*, and oblige

A SUBSCRIBER.

[The tincture and the third have been used, but if Homœopathic to the case possibly the higher will "act like a charm."]

ANSWERS TO CASES FOR COUNSEL.

Study *Psorinum* for that beautiful case of hereditary chronic enteric catarrh, to be followed up by *Calcarea phosphorica* or *Calcarea jodat*. It may take a long while, but that child can be cured.

I never found a remedy equal to *Rhus tox.* for sneezing spells, and here especially indicated as the patient feels worse when a wet east wind blows.

LILIENTHAL.

EPILEPSY—AND WHAT WILL CURE?

I see through *THE INVESTIGATOR* that "White peony has the reputation as a specific in *Epilepsy*." There is a young man here who says "he has taken all the medicine that doctors could furnish," and he simply grows a subject to this terrible malady. He has frequently asked me if I had anything that could relieve him. His symptoms are, profound sleep, (at night only) then sudden startings with wildness and apparent delirium and swoon, in a state unconscious, falls into a succession of terrible fits. Health apparently good, occasionally complains of pains in the region of the kidneys.

H. C. C.

[Examine the urine.—Ed.]

“DREADS THE SUN”—WHAT WILL CURE?

Mr. M.—, aged about forty-two, has been afflicted for some six weeks with nervousness, attended with fear and apprehensiveness, especially evenings. Especially fear of the sun and the rays of the sun, and great dread of heat. He is a thin spare made man and says that for six years he has not had any trouble; that he has enjoyed life and that nothing has troubled him, is very quiet and of mild temperament. When I first took his case, he complained of a troublesome night sweat, with flushes of heat especially in the head and up between the shoulders and back of the neck [spinal irritation.—ED.]. Bowels were costive and absence of appetite with inability to sleep. Very nervous, accompanied with this terrible dread of heat and sun rays. I prescribed Nux 30 three times a day, one dose produced a great change in his condition, and as he had never taken Homœopathic medicines before made a wonderful impression on his mind. His tongue cleaned, his appetite returned and he slept well. The sweats seemed to abate, but still he is suffering with dread and apprehension especially of the rays of the sun. I followed Nux with Sulph. 30 and Puls. 30. The last of which benefitted him considerably.

For twelve years I have studied and practiced Allopathy and am a graduate of the Allopathic School. For two years I have been struggling with Homœopathy and almost single handed and alone have discovered the wonderful beauty and truth of this system. I could never until quite recently bring my mind to the belief that a medicine of the 30th potency could accomplish anything, but infidelity and skepticism have vanished and I am able to grasp the grand truth. Give me a little light on the above case please. I mean to follow up with Phosphorus and Lycopodium.

W. L. W.

CASE FOR COUNSEL. WHAT IS IT AND WHAT WILL CURE?

G. B., aged thirty-five, Farmer, dark complected, medium height, square built, will weigh when well about one hundred and sixty, is married but has no children. Fifteen years ago was bitten in right wrist by a vicious dog. The dog was not rabid and the wound though severe healed readily. Seven years ago was seized with severe pain in the region of the kidneys which was soon followed by severe cramps all over the body. He became wild and unmanagable, had to be held, by several men, would strike, bite and snap like a dog. Was attended by five Allopathic physicians, one of whom, pronounced it hydrophobia, but none of them done him any good, so he quit taking any medicine and after a time got apparently well, was sick about two months. Two years ago had a similar attack during which I attended him, was sick one week in October 1880. He came to me complaining of pain and soreness in back and region of the bladder, soreness and burning along the course of the urethra, burning and stabbing pains in urethra and penis during and after urinating. Prescribed Canth. 3x followed by Can, sat. 1x which relieved the trouble in ten days,

and he did not feel anything more of it till in May, 1881 when he again complained of the same trouble as above, was relieved in a short time by the same remedies. Went to work and in a short time he was as bad as ever, and since that time has not improved only for a short time on anything I could give him. July 2nd got one prescription from an Allopathic physician which made him worse. During latter half of July had treatment from a Homœopath in a neighboring city, July 30 was sent for in the night, found him in terrible distress with cramps and burning pains in all parts of body but principally about the chest, could not swallow anything on account of spasmodic closure of throat and œsophagus, every few minutes was seized with severe spasmodic retching when after a minute he would bring up a little tough slime and still complained of terrible heat and burning in chest and back. Sharp burning pains in all the joints, soreness of all the muscles, especially along the neck and back. Pulse 48 and full Temperature 98, urine suppressed for nearly two days. Tongue coated with a thick yellow fur, extremities cold and covered with cold sweat. After trying for six hours such remedies as Verat. Ars. Bell. and Cup. in the order named and not getting any better, but begging me to kill him if I could not help him. I dissolved about half a grain of Morphine in half a teacup full of water and threw it into the rectum. This relieved the cramp sufficiently in one hour so that he could swallow. I then prepared about fifteen grains of pulv. Ipecac in half a pint of warm water and got him to drink it, this soon caused him to heave up, in a few minutes, a quantity of phlegm, and his supper, and relaxed him still more. The main symptoms were now: Double vision and inability to see distinctly more than a few feet away. Great muscular soreness and inability to control muscular action. Slow pulse and suppression of the urine, gave Gels. 1x and Digitalis 1x in alternation every hour. Under these remedies he improved so that in four days he was about as well as he had been before attack came on.

The symptoms now are: Pulse 85 small and weak, tongue coated at times with a thick yellow coating, breath smelling like fæces. Not much appetite nor thirst, severe pain under right angle of scapula running through to middle of the sternum, pain and soreness in both hypochondria. Burning pain in region of the kidneys, burning in soles of feet and in legs, severe itching and burning in different parts of body. Profuse cool sweat at times, face sometimes puffy and red, urine contains neither albumen or sugar, specific gravity 18 to 22, sometimes clear and profuse, sometimes scanty and high colored and fetid like "decayed flesh," almost constant contractions of the scrotum and muscles of the perineum and penis sometimes causing difficulty in passing water.

But the description of this case is already too long and I will not give any further account of the treatment. I have given him remedies as they seemed indicated in the 1x to 6x with the above exceptions. I do not mention the case for the purpose of displaying my skill (for I

think the display will be the other way) but the case is and has been desperate, and if any of your readers can tell me how I can cure my patient, and how I can control those cramps (for he is liable to get them again at any time) without resorting to the use of Morph. I will be very thankful.

F. C. STIENGRAVER.

Book Department.

TRICHINÆ; How to Detect Them and How to Avoid Them. By J. Phin, New York, is a valuable little pamphlet intended for the people. It ought to have a wide circulation at this time.

A TEXT-BOOK OF PHYSIOLOGY. By M. Foster, M. D. Third edition edited with notes by E. T. Reichert, M. D. Philadelphia: Henry C. Lea's Son & Co. Chicago: Jansen, McClurg & Co.; Duncan Bros.; 12mo., 1,080 pages. Price, \$3.00.

This popular text-book on a vital subject has already reached a third edition. Its favor consists in a concise presentation of this interesting branch in a compact form. The arrangement is very attractive, and the additions by the American editor are many and valuable. This work is especially adapted to a beginner.

PHARMACOGRAPHIÆ. A History of the Principal Drugs of Vegetative Origin met with in Great Britain and British India. By F. A. Fluckiger and D. Haubrey. London: Macmillan & Co. Chicago: Jansen, McClurg & Co.; Duncan Bros.; 803 pp.; price \$5.00.

As its name indicates this work is made up of "writings about drugs." The work is exhaustive in a botanical, historical, industrial, chemical, commercial and pharmaceutical way. It shows great research, especially concerning the oriental drugs. That it is appreciated is evinced by the fact that a "second edition" is called for. The publisher's part is very neat.

THE ANNUAL ADDRESS by President Dowling, delivered before the American Institute is issued in pamphlet form. It deserves a careful perusal. Send to Dr. Burgher, Pittsburg, for a copy.

SOIL AND WATER POLLUTION OF INDIANAPOLIS. By Moses T. Runnels, M. D. Chicago: Duncan Bros. 25 cents.

The above bi-monograph on the sanitary conditions of the soil and water of Indianapolis, read before the American Public Health Association at New Orleans, Dec. 7, 1880, is full of practical truths and suggestions. In fact so full that it is impossible to conceive how any, physician can, after reading this pamphlet, longer remain totally indifferent to the necessity of learning, at least superficially if not profoundly *something* of sanitary science. I believe none possess faculties so obtuse that they cannot learn, at least when disposed,

one or two things (which fundamentally are enough) namely, that *cleanliness* means health and that *filth* means disease.

Dr. Runnels certainly deserves great credit for his indefatigable labor and also for the intelligible manner in which he has brought this subject before the people. The microscopic delineations (with one or two exceptions) are excellent; indeed they alone (not as a whole) depict the presence of filth.

T. D. WILLIAMS.

A MANUAL OF PATHOLOGICAL HISTOLOGY. By Messieurs. V. Cornil and L. Rauvier. Translated with notes and additions by P. O. Shakespeare, M. D., and J. H. C. Simes. Philadelphia: Henry C. Lea's Son & Co. Chicago: Jansen, McClurg & Co.; Duncan Bros.: pages 784; leather, \$6.50.

Histology is a modern science and has a pathological as well as normal side. Pathology is also an extensive science and may be divided into general pathology, special pathology, and histological or cellular pathology. Since Beale's writings against the cell-idea as set forth by Virchow, the latter term has been abandoned and histological (tissue description) substituted as more convenient though less definite than the old term "microscopical pathological anatomy." This work from a French source and of modern date takes the place of Reindfleisch for the present. This manual presents in a brief, elementary, and succinct explanations the descriptions, definitions and classification of morbid products as seen under the microscope. Not only this but also the normal histology is first given in all cases so that we have some standard of comparison. On the pathological points it is clear and practical. It is a work that the physician or student can refer to with great profit. The illustrations are numerous and the general appearance of the work creditable to the publisher.

INVALID COOKERY. By Mrs. E. A. Aitkin. Chicago: Duncan Bros.; \$1.50.

This is "a manual of recipes for the preparation of food for the sick and convalescent, and occupies much the same field as Gatchell's Hand-book of Diet on Health and Disease. The recipes have all been tested and offer a wide field for scientific selection.

SEWER GAS AND ITS DANGERS; With an Exposition of Common Defects in House Drainage and Practical Information Relating to their Remedy. By George Preston Brown. Chicago: Jansen, McClurg & Co., 1881; Duncan Bros.; \$1.00.

Mr. Brown is, by occupation, a journalist. His book, written in a plain popular manner, a fact characteristic of newspaper writers, is an abridgement or compendium of the sanitary labor actually performed by him in the city of Chicago during the past two years.

In his writing, Mr. Brown has conscientiously adhered to the depiction of facts; nothing bordering on to the ideal is herein chronicled, but all things mentioned, are, indeed, strangely realistic. His investigations into the sanitary surroundings, of many of the premises named, I can personally vouch for; as on several occasions

I met him or subsequently visited the said premises in an alike interest, and found the conditions such in many instances, as to more than corroborate his published statements.

As remarked, the book is written in a popular matter-of-fact way, void of all scientific technicalities, and is, therefore, in every sense readily comprehensible. In my opinion the book is not only instructive, presenting as it does indisputable facts, the effects of which are reasonably thought to induce certain forms of disease, but it is because, it gives an exposition of the defects in house drainage and suggests practical means as a remedy, an actual household desideratum.

T. D. WILLIAMS.

Medical News.

Dr. J. Dickson has removed from Louisville to Canal Dover, Ohio.

Mammary Cancer.—It is proposed by Prof. Bouchut to abolish the nutrition of mammary cancer by checking the flow of blood to the gland. This is to be done by the constant pressure of a wadded canvass of vulcanized caoutchouc.

Bogus M. D's.—Dean Buchanan of the suspended medical mill, confesses to have sold 60,000 diplomas. He ran a University and able to confer the LL. D. degree. The joke of it is, that fully 15,000 diplomas of this University are scattered over Europe.

And still they come—The last one comes from Arkansas, called *The Arkansas Doctor*.

Its page is long,
Its belly thin.

"See my new Journal," says Dr. Collins.

C. B. Kinyon M. D., was appointed on the Board of Health of Rock Island. The Allopathic members took fright and resigned. We can assure the regulars that Kinyon is a peaceable fellow and they need have no fear of disappearing in any "sinkhole." Dr. Kinyon is a graduate of the Chicago Homœopathic Medical College and a man of promise.

Post Partem Hæmorrhage.—When "dreadful gaping" occurs in a woman just delivered, Prof. Pepper regards it as almost pathognomonic of post partem hæmorrhage. For the latter he recommends the application of vinegar, dipping a handkerchief in this, carrying it into the uterus and squeezing it out there. If this is not at hand a lemon gashed and introduced and squeezed accomplishes the same purpose.—*Medical and Surgical Journal*. [See Ipecac.]

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Children's Department.

PÆDOLOGY AS A SPECIALTY.

ADDRESS OF PRESIDENT T. C. DUNCAN, M. D., CHICAGO.

LADIES AND GENTLEMEN, MEMBERS OF THE AMERICAN PÆDOLOGICAL SOCIETY: We assemble to-day on one of the most important missions that ever brought physicians together. We come to consider some of the causes of the many diseases of children, and the enormous mortality among those under five years of age. Glancing over the statistics of the last census of this and every other country, we are confronted by the fact, sad as it is, that about one-third of all born, die before they reach the age of five years. In studying the mortuary reports of the principal cities, we are met with the astonishing fact that about one-half of the total mortality are children under five years. A simple contemplation of these facts is enough to arouse

a deeper interest in this subject, and to elevate pædology into an important specialty.

The American people are coming to recognize the necessity and appreciate the advantages of specialties,—specialties in business and in all the departments of industry and philanthropy. It is but recently that the practice of medicine has become divided into specialties. Necessity or accident elevates one specialty in medicine above another. War with its weapons and wounds elevated surgery into a prominent specialty. Brilliant artificial lights, accidents and over-taxing the eyesight developed ophthalmology into a specialty. The perils of maternity and the requirements of society, domestic toil and care have multiplied women's diseases and made gynæcology an important specialty. "A pestilence that walketh in darkness and wasteth at noon-day," has brought sanitary science prominent as a specialty. But the sultry days of summer come, the little ones sicken and die, even a thousand in a week, as in this city (New York) and the demand for physicians skilled in the treatment of their diseases increases and multiplies.

The greater the scientific demand of any specialty the slower is its growth. Perhaps no specialty makes such a great demand on such a variety of knowledge as the one we have chosen. The pædologist must be skilled in physiology, histology, hygiene, sanitation, dietetics, materia medica, and therapeutics; and more than all, while grappling with disease, he must be able to comprehend physiological development that it be not interfered with nor diverted by pathological change. He must ward off disease and at the same time build and develop the child, and here at this point is really an important center of attention, and upon this point turns the skill and success of the pædologist. The pædologist is truly the family physician. He must visit his cases. His practice is an arduous and exacting one. While the surgeon, the oculist and the gynæcologist can take a vacation during the hot months, the pædologist, however, must ever be at his post. Little ones sicken so easily and rapidly, he must ever be within easy call. The successful

pædologist has the mother or other attendants well trained in observing the least sign of ailing from close observation, and able to give a concise detailed account of the leading elements of the case and its consecutive development. In pædology the succession of symptoms are of the utmost importance in arriving at the correct diagnosis and prognosis. He will necessarily have them well instructed in dietetics and the care and management of the little ones demanded by our changeable seasons. He will be a close student of the genus epidemicus or the drift of disease, as these little animal plants are markedly affected by this undercurrent. When necessary he will give instructions what to do in emergencies, so that the best and right thing may be done during the early moments of the sickness before he can reach the case. I have found that this knowledge instead of lessening my business as many would suppose has really increased it. It is a little knowledge that is a dangerous thing. When a mother comprehends the whole situation of her child, its tendency to disease and its peculiar development, the drifts of disease of that season and year, and the many problems arising to decide the food question, she will have less confidence in her ability and more reliance in her physician, and feel the importance of giving him the best opportunity possible in the case, by calling him early and repeatedly. "I shall feel better and you will have a better opportunity to manage the case if you see it every day," is an oft' repeated expression to me, by these knowing ones.

The time is coming when the pædologist will be afforded more opportunity to conduct the development of the child in utero. Unless something is radically wrong the physician is rarely consulted before the hour of labor. More attention is being given to the development of the child before birth. How often does the pædologist recognize the fact that all he can do with a premature imperfect child is to enable it to make the best struggle it can for life. Yet how many are the cases we can recall where the mother has lamented that she was so reckless and so ignorant during

these vital months of child development. "As the twig is bent the tree's inclined" is applicable here with peculiar force.

I was very much pleased the other day in receiving from the secretary of the educational department of the American Social Science Association, a series of questions bearing on the physical and mental development of the child during its early months. As the circular well remarked, "to study the natural development of a single child is worth more than a Noah's ark full of animals." This is a beginning in the right direction, for of all the subjects of natural history babies, their development, physical and mental, have received the least attention. It becomes us as pædologists to take the lead in this matter. In fact there are thousands of physicians and mothers ready and willing to act as our assistants in collecting multitudes of facts of vital importance on child growth and diseased tendencies, including developmental physiology and developmental pathology. A careful study of these two latter will unravel many of the problems that are now unsolved. It seems to me that the chief attention of pædologists should be given to studying: ante-natal development, normal and abnormal, and post-natal development, normal and abnormal. How few can describe the length, breadth, thickness, and weight of the healthy child from birth to five years. I would recommend that a committee be appointed to map out a series of observations on ante-natal and post-natal normal development and abnormal deviations.

Why one-seventh to one-tenth of the total mortality are still, and premature births is a problem that demands the closest investigation. I am satisfied that Homœopathic physicians present no such record.

It is well said that errors in diet rank first among the causes of infantile mortality. That the cause of malnutrition is largely due to lack of development, rather than to the food, is a question that is attracting the attention of pædologists more and more. The old stereotyped uniform diet for children is giving place to a more intelligent selec-

tion of the food for each child. Ignorance here is the cause of much sickness and many deaths. Some two years ago I devised a set of diet rules that have been extensively circulated and very generally adopted and with very favorable results, but I am satisfied that they are too unvariable—too arbitrary. In many cases I have found that an intelligent guide, allowing a large latitude for individual judgment of the requirements of the individual case, has given better satisfaction. The modified dietetic council found in my work on the Feeding and Management of Infants and Children has given better satisfaction on this most important topic. I am of the opinion that a properly arranged set of diet rules with judicious latitude and emanating from a committee appointed by this body, would have a marked bearing upon the prevention of sickness and deaths among children, arising from errors in feeding.

It is perhaps needless to remind you of the peculiar nature of children's diseases as recognized by Hufeland more than fifty years ago. They differ essentially from those of the adults and require a special study. The symptoms are different and the changes present a modified pathology. I am satisfied that as the importance and peculiarities of pædology is recognized more and more by physicians and intelligent people, that its importance will become more and more appreciated, and that the pædologist will yet outrank any other specialist in medicine.

The board of censors were constituted a committee on the President's Address, and to carry out his suggestions.

W. P. ARMSTRONG, Sec.

Turpentine in Cancer.—Mr. Richard Neale calls in question the conclusions arrived at by Mr. Allbutt, and would rather attribute the improvement to the effects of the strychnine and iron, pressure upon some sensitive nerves being coincidentally removed by the spread of the ulceration. This explanation, however, Mr. Allbutt repudiates.

Surgical Department.

TREATMENT OF PYÆMIA.

[The following treatment of pyæmia, by the late Dr. von Grauvogl, corps surgeon of the Bavarian (German) army, will be read with interest in connection with the President's case. We only wish he had been on Arnica, followed by Arsenicum.—Ed.]

The diagnosis in pyæmia is unattended with any difficulties. But whether pyæmia arises from the puerperal state, from wounds or other causes, under all circumstances it must be preceded by a production of pus, as the only possible condition of its development. Hence it will be most appropriate in all these cases, *utterly to prevent the formation of pus*. But the physiological school maintains that, without pus, the formation of a cicatrix in wounded parts, is impossible. So long, however, as it maintains this view, which, as we shall see, is unjustifiable, so long it will not succeed in preventing the invasion of pyæmia; on the contrary, it will at all times be overtaken by pyæmic disease-forms.

Homœopathic drug provings, in the meantime, teach us another view. From them we know that Arnica and Arsenic chiefly, very decidedly delay, or utterly prevent the formation of pus, or even prevent its development, and that for this very reason, cicatrization and cure *are especially hastened*.

Even in smaller injuries, in cuts of small extent, this effect of Arnica may be perceived without the aid of any magnifying glass. One sees clearly how the serum of the wound becomes thickened, how the edges of the wound approach each other, and finally agglutinate, *and that without the formation of pus*. This can only happen by the withdrawal of a certain quantity of water from the serum.

This phenomenon and the observation of an increase of the watery contents of the urine after the internal use of Arnica, without increased drinking, and, indeed, without any other quantitative or qualitative change of the other constituents of the urine, lead to the conclusion that the fundamental action of Arnica consists in the withdrawal of water from the organic tissues in general,

Great injuries, which, as a rule, are followed by enormously profuse suppurations, for instance, complicated fractures and carbuncles give the best opportunity for counterproofs. But as long as Arnica is taken (from the 1st to the 3rd), so long the suppuration is delayed, and finally becomes null, while the cure goes on very rapidly and without pain. But, if we neglect the internal use for twenty-four hours, and, in case of fractures, the external even (in which cases compresses should be used wet with a mixture in the proportion of a teaspoonful of Arnica to a quart of water), we shall find considerable quantities of pus formed and collected again in the wounds.

Hence, where it is possible, I always give a few doses of Arnica a day or two before and after every bloody operation, whether occurring in the domain of surgery, ophthalmology, or obstetrics, or before and after every delivery, even where it is quite normal, and since I have pursued this course I have never met with a case of child-bed fever.

The case is different when we have to treat pyæmia already fully developed, or cases which lead one to look for the appearance of pyæmia at an earlier or later date; for instance fistulous abscesses of years' standing, discharging watery pus, surrounded by a broad bluish border, or burrowing abscesses, etc. In such cases, a single dose of Thuja 30 often suffices, or Natrum sulph. 3rd, etc., gives everything a favorable turn; the abscesses collapse, the fistulous canals dry up. Extensive phlegmonous abscesses, of course, should be freely opened. Yet a case in which it was necessary to use Arsenic, made me doubt, somewhat the absolute necessity of opening such abscesses.

I was called as second physician to a man suffering from

pyæmia. In consequence of taking cold, as I was told, the patient had experienced acute pains in the right thigh, for which he was subjected to a so-called anti-rheumatic treatment, by a follower of the physiological school, with Opium, Colchicum, and frictions of *Ol. Hyoscyam.* The pain, however, increased every day, the thigh swelled, the superficial lymphatics became inflamed till the seventh day, when suddenly, a violent chill set in; cataplasms were used externally and Nitre internally. On the eighth day, as I was told, the whole extremity had become, erysipelatously inflamed, pulse at 100; sleeplessness and delirium at night ensued, with unquenchable thirst and loss of appetite. The next day, vomiting occurred; tongue, lips, and nostrils became dry; difficulty of breathing and auscultation indicated a lobular pneumonia; instep œdematous, leg and thigh very much swollen, the skin of those parts quite erysipelatous; violent pains in the region of the groins, thrombosis of the great veins of that region.

The man was thirty-two years of age; had never been sick before, except having had gonorrhœa several times in his earlier days, the discharge of which had always been checked by injections.

I promised my assistance on the condition that nothing further should be done, and that only *Arsenicum 10th* should be given, five drops every two hours which was agreed to. On the tenth day remission of all the symptoms, without exception, a state of things very remarkable in the eyes of my colleague. On the eleventh, the swelling on the thigh began to sink in, the pains concentrated themselves again more upon the middle of the thigh; patient breathed more freely. On the fourteenth day the swelling was so far diminished that, in the middle of the thigh, on its outer aspect, a very evident fluctuation was apparently deeply seated. Now an incision was to be made. However I succeeded in preventing it, and in view of the general improvement, persuaded my colleague to give but four doses of *Arsenic* a day. On the sixteenth day the general condition was extremely satisfactory. The pulse was still 100, but

the tongue was moist; there was no thirst; respiration was free and uninterruptedly audible again over the whole chest; delirium had already ceased for three days, and quiet sleep at night had taken its place; the redness of the thigh had disappeared for two days; the pain was endurable, at least did not disturb the sleep any more; in short, all the functions began to fall into their accustomed courses; the diseased lower extremity, however, was still immovable; the patient during this time had fallen away very much, and his debilitated condition was not free from danger. All about the patient urged the opening of the abscess, and his great weakness led me to yield, and to make an incision about four inches deep. To the extreme and unconcealed astonishment of my colleague, who prophesied an enormous discharge of stinking ichor, the most beautiful pus *bonum et laudabile* flowed therefrom. This last circumstance led to the question whether the cure would not have gone on and been completed without the incision. The use of Arsenic was now naturally discontinued; in fact, nothing was given internally; the dressing was renewed twice a day; the pus remained benign, became gradually less, and the patient improved manifestly every day under appropriate diet, but was not able to leave his bed till fourteen days afterward. The leg still remained stiff, but this stiffness disappeared by the use of methodic movements, with spontaneous closing of the incision after ten days more. I allowed the patient to resume his official duties after another two weeks had passed without accident, and that was the end of the matter.

Ethylate of Sodium in the Treatment of Nævus.—Mr. M. W. Richardson records, in the *Lancet*, Jan. 1881, p. 168, his latest experiences of the use of the Ethylate of Sodium, which he prefers to the Ethylate of Potassium, in the treatment of nævi. Several very severe cases are reported, in all of which a complete cure eventually resulted. One very important point in the treatment is to allow the dry crust to fall off itself, and never to use force to remove it, nor to allow a poultice to be applied to hasten the removal; for, if this be done, the scab becomes putrid and septicæmia may arise, a result that actually followed in one case, although in a very slight degree.

Psychological Department.

PROGRESS IN NERVOUS DISEASES.

BY J. MARTINE KERSHAW, M. D., ST. LOUIS.

Insanity produced by Quinine.—Dr. Kierman in the Journal of Nervous and Mental Diseases, reports the case of a man who suffered from headache, and, under the supposition of its being of a malarial character, he received Quinine in three grain doses. After taking three doses he became maniacal, with hallucinations of hearing and dimness of vision. The Quinine was continued, and the insanity persisted. He was finally sent to an asylum, the treatment was changed and in six weeks he was well. Just as he was about to be discharged, some symptoms of malaria appeared, when Quinine was given, with the result that the mental trouble returned. The treatment was stopped, the mania disappeared, and the man was discharged, well. Within a year he was again sent to the asylum, insane, having received Quinine for some malarial trouble. He recovered on stopping the use of this drug.

Dementia Induced by Quinine.—A man was admitted to the New York City asylum in a condition of extreme dementia, unable to utter but a few words. He had been in fair health to within a few weeks previous to his admission, when, having had a chill, he was given ten grains of Quinine. In three hours thereafter he fell into the mental state which was observed at the time of his admission to the asylum. He recovered in three months. On another occasion, Quinine produced the same effect in this man's case, and before he had entirely recovered, Quinine was given, which brought about a relapse. He finally got entirely well.

Mental disturbance due to Lead Poisoning.—Three cases of the kind are reported, all decidedly maniacal. One thought

the Fenians were shooting at him, another screamed and ran wildly about crying "mercy! mercy!" while the third imagined he was being sprinkled with hot water, and that he saw and heard the most frightful things. He closed his eyes and ears to shut out the disagreeable sights and sounds. Two of the cases had drop-wrist, and all three the characteristic blue line on the gums. They were treated for lead poisoning and all recovered. All of these cases, were honored members of decidedly neurotic families.

Stealing as a premonitory symptom of progressive paresis.

—A number of cases are reported by different authors. A man who had been honest and hard-working up to the time of his criminal act, suddenly walked into a store, and, in the view of every one carried off four shirts. He was arrested, tried, and sentenced to six months in the penitentiary. His uncleanly habits, suggested a medical examination when he was found to have "expansive delusions" and the other usual symptoms of progressive paresis. He died of the disease a year and a half later.

Electrotheraphy of the Brain.—The same journal contains an extract of an article from the *Central blatt fur die Med. Wissensch*, by Dr. Leopold Lowenfeld. His conclusions are as follows:

1. A descending current (positive pole to the forehead, negative pole to the neck) causes a contraction of the arteries of the pia.

2. An ascending current [positive pole to the neck, negative to the forehead] causes dilatation of the arteries.

3. With a current sent transversely through the head, there is a dilatation of the arteries on the side of the anode, and contraction on that of the cathode.

4. Induction currents carried through the head, in a longitudinal direction cause increase of the amount of blood in the brain.

Therapeutical Department.

THE INFLUENCE OF CLIMATE ON DISEASE.

BY W. T. BRANSTRUP, M. D., VINCENNES, IND.

Read before the Indiana Institute of Homœopathy at its last session, May 25, 1881

There are few subjects that interest the medical man more than the remedial effects of climate on disease. And there are but few who have not felt the need of more knowledge on the subject. Change of climate has been suggested, and recommended from the earliest times to aid the feeble in restoring them to health. One place after another has been lauded by those that favored one place over another, only to afterwards decry them, concluding in time that the mecca for the weary diseased, laden being has not been found. Still we go on recommending one place after another, with little or no hope from any. This kind of folly has been practiced so long that I think it about time to call a halt. Ever bear in mind that there are no comforts in a strange land, like those of home. Experience proves that change of climate as well as of scene and habits, often result in producing reaction from a morbid and diseased condition.

But the physician should not recommend a change unless he is fully satisfied the patient can bear the fatigue of travel, and even then he should be very careful in his choice of places. The resident of a city finds health in the country. The countryman often obtains relief by a temporary sojourn in the city. The citizen of the interior finds relief on the seashore. The inhabitants of the plain on the mountain. In fact, an invalid still able to bear the fatigue of travel finds wholesome reaction by a temporary change, even though it may be to a country not noted for its salubrity. Asthma, catarrhal affections, etc., have been relieved, and often cured by a removal to a country infested with miasmatic and other diseases. Unfortunately, long residence in

a country where relief has been found does not always establish perfect restoration to health.

While much has been written upon this subject in England, but little is found in the medical literature of our own country. From the experience of the physicians abroad, and what we can learn at home, we deduce the following practical observations, where change of climate could be thought of as a remedial measure:

First, that the change has too often been resorted to too late in the progress of the disease.

Second, that the condition of the patient has not been properly considered.

Third, that a too stimulating a climate has been chosen. Many a patient has been brought to their death-bed by a trip to Lake Superior, or to Minnesota, with their chill winds and cold nights, when a journey southward would have resulted favorably.

Fourth, that due consideration has not been given to cheerful surroundings, the pleasant landscape and accommodations of the place selected. The advantages of the mild climate of Florida are more than met by the sandy wastes, pine barrens, and sluggish bayous.

Fifth, proper care has not always been taken to learn the true effects of the locality to which the patient is consigned.

Sixth, that too much reliance has been placed on travel and change of climate as an all sufficient remedy, either through ignorance of the proper medication or want of faith in medical treatment. The Homœopathic physician with his specific means for combatting disease never can omit the properly selected remedy, if he estimates it at its true value. In fact neither change of climate nor any other means can take the place of proper medication.

This fact remains, that oftentimes we have close at hand just the place needed for our patient. A few miles from home where a little rock, or stream, or grove of trees please the eye and tempt to exercise. A warm hillside farm with pure air and water, with fresh eggs and milk, wholesome diet, carriage jaunts in beautiful country not far away,

cheerful sea, or mountain-side watering places, or even pleasant shaded villages, often furnish every requirement where wife, friends, nurse, physician, and all the pleasant accustomed and comfortable appliances are within easy reach. While a trip across the sea with sojourn in foreign lands, at great expense of money and comfort would end disastrously.

The ill-advised patient in far off lands obliged to sacrifice the society of his family to raise the necessary means for foreign travel, often finds himself stranded in some inhospitable place sick with nostalgia, jaded and discouraged, only to die regretting his absence from friends and home.

Through want of discrimination and good judgment on the part of the physician, many a sensitive and æsthetic person has succumbed to the fatigue necessary to reach the place to which he has been recommended. While through an error of diagnosis patients who should never have left their homes, have died from the effects of a journey, or of too stimulating an atmosphere, where persons of a stronger constitution would have felt the blood warmed into life, the pulse quickened and healthy reaction induced. In conclusion, will say, that the physician should have an intelligent comprehension of what patients to send from home and where to send them.

CIMICIFUGA IN PARTURITION.

In THE INVESTIGATOR of July 1, I notice an article by Dr. Dowler on the use of *Actea rac.* in parturition. According to this paper the Eclectics claim about all the credit for the present use of the drug for this purpose. They may have introduced it to the profession for all I know; but if you will turn to Marsden's Practical Midwifery, page 59, you will notice that a Homœopathic author recommends *Actea* for the same purpose, and says he has used it for many years.

On Dr. Marsden's suggestion, I have used *Actea* in a number of cases with varying success. In some cases it certainly seemed to shorten labor, while in others it had no perceptible effect.

S. C. DELAP.

ON THE ADVANCEMENT OF HOMŒOPATHY.

In my last communication to your journal, I made an observation to which I beg leave to add a caveat. I said that there existed a pretty constant relation between the freedom and intelligence of any community, and the progress of Homœopathy therein. Now I fear that some of my kind readers may misinterpret this remark as meaning that Homœopathic physicians are intellectually in advance of the gentlemen of the Old School. That they are more free to practice as they prefer is undoubtedly true. And in the one matter of *materia medica* and therapeutics, they are also more intelligent, because they have studied drugs and drug-action in the one only right and systematic way. At least this is true of a few eminent writers on drugs in our school. But the success of our school in refined communities is due to the intelligence of the communities—not of the physicians, and to the simple therapeutic force of the one little dogma, *similia similibus curentur*. Indeed were it not for the comparative superiority of Homœopathic medication, the intellectual incompetency of the majority of our practitioners would have swamped our handful of really good men long ago. If ignorance, crotchets, absurdities, visionary theories, unscientific diagnosis, illogical reports, frightful poetry, bad spelling, scizzoring, and general weakness in everything but the administration of remedies—if these things could annihilate the practice of Homœopathy, it would have been dead and forgotten twenty years ago. But its strong hold is the confidence of intelligent communities, who by the logic of events and common sense have seen, first, that Homœopathic treatment is certainly followed by

as good results (to speak moderately) as any other treatment; secondly, that it is not accompanied by any disagreeable features, and does not incur the risk of injury that impends gloomily over every "heroic" dose that is administered; and thirdly, the persecution which the system has suffered at the hands of the bourbon element in medicine, has served to render it more interesting and better known than it would otherwise have been. It is true that *vox populi* is not *vox experti* in medicine. And yet in great questions of this kind, as in momentous political issues, the free popular vote has an instinctive trend towards the right. These and many allied influences have favored and must continue to favor Homœopathy.

But our intelligence as a professional body is very far short of what it ought to be. The best measure of this is our literature, three-fourths of which is simply trash. I am sorry to have to say that it would be only too easy to prove the truth of this statement. And yet the men who produce this literature are organized into colleges, and send out annually scores of young doctors whom they have "educated" for the serious and responsible work of our profession. Then they stand aghast, because the really educated authors and gentlemen of the regular school are not converted to Homœopathy by their efforts! I have no means of knowing how the mass of our students compare in the matter of educated and native fitness with those of our neighbors. But one thing is very clear, that such is the discipline of this latter body, that the best elements are kept uppermost in its literature, and the poorer are not allowed to rush forth unclad, unkempt, and conspicuously impotent to cover their friends with shame and dismay. In our own case it is different. Will not some one who has the time, and who wants neither office nor advertisement, undertake the disagreeable duty of openly criticizing our scientific abortions, and thus render such things impossible for the future. The men of brains and culture among us ought to be able to control the field of books and journals and

public meetings, so as to eliminate and subjugate forever the wretched twaddlers who disgrace us all.

Among the honest men of the regular school of medicine, there does not exist to-day in this country any serious design or desire to embarrass intelligent Homœopathy, or any other therapy that is free from quackery. But we must not blame them too severely if after reading some of our journalistic and other efforts, they hesitate to accord us any very marked degree of respect and sympathy.

R. N. FOSTER.

OUR PRESIDENT'S CASE.

When about the 14th or 15th of last month the President's stomach would no more retain food, it was evident that after six weeks drugging with opiates, this difficulty arose from the medicine. It is certain that by the influence of Homœopathy his physicians were induced to confess "they believed they had given him too much Opium." Since this confession, as we can judge from the daily reports, no more Opium was given, and the stomach resumed its functions again.

When the parotid glands inflamed, we can judge that septicæmia and pyæmia had been existing before, as the parotids became affected by metastasis. Against all expectation this parotitis took a favorable turn, and why? Because the patient was brought, no doubt, and indeed none too early, under the influence of *Carbo veg.* But even this great remedy came too late to prevent secondary, croupous inflammation of the lungs, of which the President is suffering now. If he comes victorious out of this pneumonia and the almost sure following abscess of the lungs, then *Carbo veg.* and perhaps *Kreos.* are to be credited for it. If the president had been brought four or five days later under these remedies, he could not have recovered, if indeed he recovers now.

P.

HYDROPHOBIA A NEURITIS.

The following will be read with interest: "The New York *Times* of the 10th inst. says: Dr. V. Galtier, a veterinary surgeon of Lyons, France, has lately made a most remarkable and valuable discovery in regard to rabies. It is well known that the virus by which rabies is communicated from one animal to another, and which produces hydrophobia in the human subject, is contained in the saliva of rabid animals. Hitherto it has been supposed that in order to communicate disease the virus must enter into circulation, but Dr. Galtier has found that this is a mistake. The virus acts by being brought in contact with the nerves, and when introduced into circulation it acts as a preventive of the disease. Astonishing as this assertion may seem, there is, apparently, no room for doubting it. Dr. Galtier injected the saliva of a mad dog into the veins of ten sheep, and at the same time placed the saliva of the same dog in contact with the nerves of ten other sheep. The latter all died with every symptom of rabies, while the other ten remained perfectly well. He also ascertained that when the virus of rabies was injected into the veins of sheep it was impossible to produce rabies in them by any subsequent experiments. He has thus discovered that hydrophobia is purely a disease of the nerves, and that to inject the virus of rabies into the circulation is a certain protection against the disease, at least in the case of sheep. What is this but a vindication of the doctrine of the Homœopathists?"

[Because the virus injected into the blood of those sheep did not develop hydrophobia, does not prove its Homœopathicity nor its preventive power. There is, however, a point about that experiment that is of special significance, and that is that hydrophobia is a neuritis—an inflammation of the origin of the nerves doubtless, communicated from the peripheral extremity—in other words it is a form of tetanus due to the mechanical injury. The cautery so often resorted to, doubtless heals the lacerated nerve and prevents the re-

current neuritis from traversing the nerve to its origin. The true course of treatment then would be to protect the lacerated nerve at the time of injury, and failing in that, to meet the inflammatory symptoms at the on-set of the hydrophobic or tetanic symptoms with the exactly acting similar remedy. The difficulty of deglutition as in tetanus should not be aggravated, but the remedy administered by olfaction, enema or hyperdermically. Understanding the true pathology of the affection, much of the superstitious fear will disappear and the cases will have a better chance to get well. Many of those cases are doubtless "frightened to death." Possibly Galtier's experiments if given in full might prove what is claimed, but the truth of Homœopathy does not rest on such flimsy logic as that presented.—ED.]

ARTIFICIAL DIGESTION.

[From Fothergill's recent work on Indigestion and Biliousness we extract the following on Artificial digestion, that will be of special value just now, as the number of cases of difficult and defective digestion are very numerous. "In thus giving Dr. Roberts directions verbatim," says Fothergill, "I am hopeful that the perusal of them will incline many readers to order the liquor pancreaticus for their patients, who without the formula might not see the practical forms in which it may be made useful. For the purposes of general indigestion it is mainly indicated, and will be found to be of much advantage. The indicated remedy will be greatly aided by this artificial digestive agent. These are the latest and most practical directions on the subject and we hasten to give them to our readers.]

1.—FOR THE PREPARATION OF PEPTONISED FOOD.

In peptonising or partially-digesting food by means of "Liquor Pancreaticus (Benger)," it is important to remember that the liquor must not be added to food of any kind

at a higher temperature than 140° Fah. This temperature can be estimated with sufficient accuracy, should no suitable thermometer be at hand, by tasting. If too hot to sip without burning the mouth, it would entirely destroy the activity of the liquor pancreaticus, and must be allowed to cool before such addition is made.

Peptonised Milk.—A pint of milk is diluted with a quarter of a pint of water, and heated to a temperature of about 140° F. (60° C.), (or the diluted milk may be divided into two equal portions, one of which may be heated to the boiling point and then added to the cold portion, the mixture will then be of the required temperature.) Two or three tea-spoonfuls of liquor pancreaticus, together with ten or twenty grains of bicarbonate of soda (about half a small tea-spoonful) are then mixed therewith. The mixture is then poured into a covered jug, and the jug is placed in a warm situation under a covey, in order to keep up the heat. At the end of an hour, or an hour and a half the product is boiled for two or three minutes. It can then be used like ordinary milk. The object of diluting the milk is to prevent the curdling which would otherwise occur and greatly delay the peptonising process. The addition of bicarbonate of soda prevents coagulation during the final boiling, and also hastens the process. The purpose of the final boiling is to put a stop to the ferment action when this has reached the desired degree, and thereby to prevent certain ulterior changes which would render the product less palatable. The degree to which the peptonising change has advanced is best judged of by the development of the bitter flavour. The point aimed at is to carry the change so far that the bitter taste is distinctly perceived, but is not unpleasantly pronounced. The extent of the peptonising action can be regulated either by increasing or diminishing the dose of the liquor pancreaticus or by increasing or diminishing the time during which it is allowed to operate. By skimming the milk beforehand, and restoring the cream after the final boiling, the product is rendered more palatable and more milk-like in appearance.

Peptonised Gruel.—Gruel may be prepared from any of the numerous farinaceous articles which are in common use—wheaten flour, oatmeal, arrowroot, sago, pearl barley, pea or lentil flour. The gruel should be very well boiled, and made thick and strong. It is then poured into a covered jug, and allowed to cool to a temperature of about 140° F. Liquor pancreaticus is then added in the proportion of a table-spoonful to the pint of gruel, and the jug is kept warm under a cosey, as before. At the end of a couple of hours, the product is boiled, and finally strained. The action of the pancreatic extract on gruel is two-fold: the starch of the meal is converted into sugar, and the albuminoid matters are peptonised. The conversion of the starch causes the gruel, however thick it may have been at starting, to become quite thin and watery. Peptonised gruel is not generally, by itself, acceptable food for invalids, but in conjunction with peptonised milk (peptonised milk-gruel), or as a basis for peptonised soups, jellies, and blanc-manges it is likely to prove valuable.

Peptonised Milk-Gruel.—This is the preparation of which I have had the most experience in the treatment of the sick, and with which I have obtained the most satisfactory results. It may be regarded as an artificially digested bread and milk, and as forming by itself a complete and highly nutritious food for weak digestions. It is very readily made, and does not require the thermometer. First, a good thick gruel is prepared from any of the farinaceous articles above mentioned. The gruel, while still boiling hot, is added to an equal quantity of cold milk. The mixture will have a temperature of about 125° F. (52° C.). To each pint of this mixture, two or three tea-spoonfuls of liquor pancreaticus and twenty grains of bicarbonate of soda (half a small tea-spoonful) are added. It is then kept warm in a covered jug under a 'cosey,' for a couple of hours, and then boiled for a few minutes, and strained. The bitterness of the digested milk is almost completely covered in the peptonised milk-gruel; and invalids take this compound, if not with relish, without the least objection.

Peptonised Soups, Jellies, and Blanc-Manges.—I have sought to give variety to peptonised dishes by preparing soups, jellies, and blanc-manges containing peptonised aliments. In this endeavour I have been assisted by a member of my family, who has succeeded beyond my expectations. She has been able to place on my table soups, jellies, and blanc-manges, containing a large amount of digested starch and digested proteids, possessing excellent flavour; and which the most delicate palate could not accuse of having been tampered with. Soups were prepared in two ways. The first way was to add what cooks call 'stock' to an equal quantity of peptonised gruel or peptonised milk-gruel. A second and better way was to use peptonised gruel, which is quite thin and watery, instead of simple water, for the purpose of extracting shins of beef and other materials employed for the preparation of soup. Jellies were prepared simply by adding the due quantity of gelatin or isinglass to hot peptonised gruel, and flavouring the mixture according to taste. Blanc-manges were made by treating peptonised milk in the same way, and then adding cream. In preparing all these dishes, it is absolutely necessary to complete the operation of peptonising the gruel or the milk, even to the final boiling, before adding the stiffening ingredient. For, if liquor pancreaticus be allowed to act on the gelatin, the gelatin itself undergoes a process of digestion, and its power of setting on cooling is utterly abolished.

Peptonised Beef-tea.—Half a pound of finely minced lean beef is mixed with a pint of water and twenty grains (half a small tea-spoonful) of bicarbonate of soda. This is simmered for an hour and a half. When it is cooled down to about 140° Fahr. (60° C.) a tablespoonful of the liquor pancreaticus is added. The mixture is then kept warm under a covey for two hours, and occasionally shaken. At the end of this time, the liquid portions are decanted and boiled for five minutes. Beef tea prepared in this way is rich in peptone. It contains about 4.5 per cent. of organic residue, of which more than three-fourths consist of peptone; so that its nutritive value in regard to nitrogenised

materials is about equivalent to that of milk. When seasoned with salt, it is scarcely distinguishable in taste from ordinary beef-tea.

Another way.—One pound of finely minced lean beef is mixed with a pint of water, and simmered for an hour and a half. The resulting beef tea is then decanted off into a covered jug. The undissolved beef-residue is beaten with a spoon into a pulp or paste, and added to the beef tea in the covered jug. When the mixture has cooled down to 140° Fahr. (or when it is cool enough to be tolerated in the mouth), a table-spoonful of the liquor pancreaticus is added, and the whole well stirred together. The covered jug is then kept warm under a cosey for two hours; at the end of this time the contents of the jug are boiled briskly for two or three minutes and finally strained; it is then ready for use.

The extreme solubility of digested products, whether of starch or of proteids, detracts from their acceptability to the healthy. To them they appear thin and watery; they miss the sense of substance and solidity which is characteristic of their ordinary food. But to the weak invalid without appetite, this sense of substance or thickening is generally an objection, and they take with more ease an aliment which they can drink like water. The jellies and blanc manges, on the other hand, give to invalids of more power that sense of resistance and solidity which is desired by those of stronger appetite. The greater variety which can now be given to this form of food will obviate the monotony sometimes complained of under the continuous use of peptonised milk-gruel.

The Use of Liquor Pancreaticus as an Addition to Food shortly before it is Eaten.—Certain dishes commonly used by invalids—farinaceous gruels, milk, bread and milk, milk flavoured with tea, or coffee or cocoa, and soups strengthened with farinaceous matters or with milk—are suitable for this mode of treatment. A teaspoonful or two of the liquor pancreaticus should be stirred up with the warm food as soon as it comes to table. And such is the activity

of the preparation that even as the invalid is engaged in eating—if he eat leisurely, as an invalid should—a change comes over the contents of the cup or basin; the gruel becomes thinner; the milk alters a shade in colour, or perhaps curdles softly; and the pieces of bread soften. The transformation thus begun goes on for a time in the stomach; and one may believe that, before the gastric acid puts a stop to the process, the work of digestion is already far advanced.

This mode of administering liquor pancreaticus is simple and convenient. No addition of alkali is required, and of course no final boiling. The only precaution to be observed is that the temperature of the food, when the extract is added, should not exceed 150° F. (65° C.). This point is very easily ascertained; for no liquid can be tolerated in the mouth, even when taken in sips, which has a temperature above 140° (60° C.). If, therefore, the food is sufficiently cool to be borne in the mouth, the liquor pancreaticus may be added to it without any risk of injuring the activity of the ferments.

2.—FOR MEDICINAL ADMINISTRATION.

When given with a view of aiding the digestion of starchy food, one to two teaspoonfuls should be administered in a little water *with* meals. Taken in this way it acts in the same manner as Malt Extract, but much more powerfully.

When liquor pancreaticus is given with a view of aiding intestinal digestion, one to two teaspoonfuls, with a pinch of bicarbonate of soda, dissolved in half a wine-glass of water, should be taken two or three hours *after* a meal.

3.—LIQUOR PANCREATICUS AS AN ADDITION TO NUTRITIVE ENEMATA.

Liquor pancreaticus is peculiarly adapted for administration with nutritive enemata. The enema may be prepared in the usual way with milk-gruel and beef-tea; and a dessert-spoonful of liquor pancreaticus should be added to

it just before administration. In the warm temperature of the bowel, the ferments find a favourable medium for their action on the nutritive materials with which they are mixed; and there is no acid secretion to interfere with the completion of the digestive process, or the preparations of pepsin, or of the vegetable papuan, which is a most potent agent in the digestion of albuminoids—vegetable though it be.

CURE FOR HAY FEVER.

BY J. D. GRABILL, M. D., UNION CITY, IND.

In the last issue of *THE INVESTIGATOR* H. L. B., makes some inquiry regarding hay fever. I have had a little experience in this direction, and I find that I can cure my patient very nicely and quickly with *Kali hydriodicum*, and *Arum tryphyllum*. I use from the first decimal to the third. And for a chronic case of asthma that has stood the list of drugs for years *Kali hyd* and *Ipec.* will relieve and in most instances make a complete cure.

Materia Medica Department.

BRYONIA.

A CHARACTERISTIC OUTLINE AND COMPARATIVE ANALYSIS.

As *Bryonia*, according to the experience of many physicians, seems to be the epidemic remedy, a study of its pathogenesis from an analytical, characteristic and comparative standpoint, will be of practical value just now. The following extract from the new edition of the *TEXT BOOK OF MATERIA MEDICA*, "in press and soon to appear," shows the leading features of *Bryonia*, as well as the practical charac-

ter of this popular work. To beginners we would say: study closely this remedy alone, without a thought of disease, and after mastering it, compare one after another, its similarly acting medicines as here given. The italicised characteristic symptoms could be studied alone, then grouped according to the "analysis," and then all the symptoms arranged into the desired forms to which they correspond.

BRYONIA.

Bryonia alba. *Natural Order.* Cucurbitaceæ.

Common name. White Bryony.

GENERAL ANALYSIS.—Bryonia acts especially and powerfully upon the serous membranes and the viscera they contain, more particularly the pleuræ and lungs; next the brain, and finally the liver. Then comes the action upon the synovial membranes and muscular fibre, and last upon the mucous membranes of the respiratory and alimentary tracts. The condition set up is not one of acute inflammation, but rather of subacute; more closely simulating that condition when infiltrations, exudations or effusions are about to occur, the symptoms indicating a condition intermediate between inflammation and nervous irritation. When, however, the synovial membranes and the muscular fibre are involved, the inflammation, while still being more subacute in its character, partakes more decidedly of a rheumatic or arthritic nature, and possibly this condition may be said to always characterize the Bryonia inflammation, regardless of the tissues involved.

The most characteristic expressions of Bryonia are its stitching, tearing pains, and the aggravation of all its symptoms by motion.

CHARACTERISTIC SYMPTOMS.

MIND.—*Very morose, ill-humored (Agar., Ail., Borax, Cham., Nux.) inclined to needless anxiety; fright, fear and vexation. (Acon.)*

Exceedingly irritable and inclined to be angry. (Aur. Cinch. Cham. Hep., Kali c. Nux. Ign.)

Great anxiety, mental depression and apprehension. (Aur., Ars., Nat., Nux m., Puls.)

Delirium about his business; worse at night.

Sensation in bed as if she were sinking deep down.

HEAD—Confusion of the head.

Confusion in the head and aching, as after a night's dissipation; does not wish to rise (*Nux v.*); morning on awaking.

Confusion in the head with drawing in occiput, extending into the neck, before going to sleep.

Vertigo, as though objects were reeling; as though brain were turning around; as if head were turning in a circle, (*Bell., Con., Nux.*) causing him to reel backward; on rising from the chair. (*Sulph.*) or bed (*Phos., Rhus*); on sitting up in bed; on raising the head. (*Acon., Cinch.*)

- *Headache commences in the morning, not on waking, but when first opening the eyes.*

Great heaviness of the head, and pressure of the brain forwards.

Pressure on the head as if the brain were too full, and pressed outwards. (*Acon., Cinch., Nat. m., Merc., Sulph.*)

Headache as if everything would press out of the forehead, (Ac. Asaf.); worse on stooping.

Pressive pain above the left eye, followed by dull pressive pains in occipital protuberances; thence spreading over the whole body; on quick motion, and after eating, pain so severe that it seemed a distinct pulsation within the head.

Slight drawing in the temporal bones from above downwards towards zygoma.

Throbbing headache on top of head. (*Glon., Stram.*) morning when waking.

Continued deep stitch in brain, left side, on coughing, (*Carb. v.*)

Pressive pains in the occiput, drawing down into neck; relieved towards noon.

Headache as if head would split open. (*Am. c., Caps., Cinch. Merc., Nat. m., Puls.*)

Headache from ironing; from washing perspiring face in cold water.

EYES.—Severe burning and lachrymation of right eye. (*Ars.*)

Puffiness of right upper lid. (*Apis., Kali c.*)

Very sensitive pressive pain (coming and going) in left eyeball, especially violent on moving the ball, (*Spig.*) with feeling as if eye became smaller, and were retracted within the orbit.

EARS.—Roaring in the ears.

NOSE —Swelling of the nose, with very sore pain when touched. (Al., Merc.)

Nosebleed, (Ac. Bell.) especially in morning when rising. (Agar., Amb., Calc., Cinch.)

FACE.—Hot, red, soft puffiness of the face.

Pinching pressure in articular cavity of right jaw, more violent on motion.

Upper lip and nose swollen, red and hot. (Bell. Merc.)

MOUTH.—Great dryness of mouth, lips and tongue, (Ac., Ars., Hyos., Nux. m.); tip of tongue moist. (Merc.)

Drawing, sticking toothache while eating, extending to muscles of neck, aggravated by warmth.

Toothache relieved by cold water (Bism., Coffea., Clem.) aggravated by taking anything warm in mouth (Calc., Merc., Puls.); aggravated by lying on painless side, goes away if one lies on painful side.

Jerking toothache; when smoking. (Ign.)

Tongue thickly coated white. (Ant. c., Merc.)

Taste flat, insipid; sweetish (Merc.); intensely bitter. (Ars. Coloc., Cinch., Nux., Puls., Sulph.)

Frequent drinking of cold water relieves the bitter taste and the inclination to vomit.

THROAT.—Great dryness in throat. (Bap. Bell.)

Stitches in throat when swallowing. (Calc., Bell. Hep.)

Back of the throat seems swollen. (Cina.)

STOMACH.—Too great appetite. (Fer. Iod., Lyc.)

Desires things immediately, which when offered are refused. (Cham., Rhod.)

Excessive thirst (Bell., Rhus.); desire for large quantities of water. (Podo., reverse Ars.)

Great thirst with longing for wine. (Cinch.)

Hiccough after eating. (Hyos., Ign.)

Bitter eructations after eating. (Cinch. Nux. v.)

Nausea and vomiting from slightest motion.

Stomach full and sensitive to pressure. (Ars. Bell.)

Pressure in stomach after eating, as from a stone, (Ac., Æs., Ars. Nux. v. Puls.); makes him fretful.

Epigastric region painful to touch and pressure. (Ars., Ant. c., Bell., Lyc.)

Soreness in pit of stomach when coughing.

ABDOMEN.—Tensive pains or transient stitches below false ribs, right side; especially sensitive on deep inspiration. (Ac. *Chel.* Cinch Merc.)

Distention of abdomen and colic. (Aloe., *Coloc.*, Lyc.)

Passage of offensive flatus. (Aloe.)

Pain in abdomen as if diarrhœa would ensue.

Gripping, pinching colic, painful cuttings, and digging pains; relieved by diarrhœa. (*Coloc.*)

Abdomen very sensitive and sore. (Apis., *Bell.*)

STOOL AND ANUS.—*Stools followed by a burning in anus.* (Ars., *Canth.*)
Stools offensive, pasty or bilious and acrid.

Obstinate constipation, stools large, hard and dry (Calc.) *as if burnt* (Sulph.), *with great effort.* (*Æs.*)

URINARY ORGANS.—*Urine dark* (Ars., Ant. tart.), *almost brown* (Caust.); like beer (*Coloc.*); scanty and dark. (Acon.)

FEMALE ORGANS.—Stitching pain in ovaries on deep inspiration.

Menses too early and too profuse (Ars., Calc., *Nux.*); suppressed, with bleeding of the nose. (Ham., Puls., *Sepia.*)

Breasts swollen, very tender, painful, red, worse on motion and deep inspiration.

RESPIRATORY ORGANS.—Tough mucus in trachea (*Nux vom.*), loosened only after frequent hawking. (Kali b.)

Coming into warm room from cold air excites a cough. (Nat. carb., Verat. alb.)

Voice rough and hoarse. (*Carb v. Phos.*, *Spong.*)

Hacking dry cough from upper part of trachea.

Dry cough; as if coming from stomach (*Sepia.*); with sticking pains under sternum.

Cough from constant crawling upward in throat, followed by expectoration of mucus.

Constriction of chest, must breathe deeply, but so doing causes pain in chest.

Intense sticking pains or stitches in chest (Acon., Kali c., Phos Puls.); *can not bear to move or to draw a deep breath.* (Act., Bor., *Bell.*, Merc., Phos., *Sulph.*)

Sensation of heaviness beneath the sternum, extending towards the right shoulder. impeding respiration; deep inspiration difficult; oppression of right side of chest, with very fine, extremely severe stitches in right axillary gland.

HEART.—Pressive pain in præcordial region.

Heart beats violently and rapidly.

Pulse full, hard and rapid. (Acon.)

NECK AND BACK.—Pain in nape of neck as after taking cold.

Drawing and stiffness in muscles of right side of neck.

Shooting stitches from the back through to the chest.

Pain in small of back making walking or turning difficult.

Pain in small of back as if bruised (Arn., Ars.), when lying on it.

LIMBS.—*Weariness and heaviness in all the limbs; weakness; stiffness.*

Joints red, swelling (Act., Puls.) stiff, with stitching pains from slightest motion.

Transient drawing and tension in almost all limbs and joints.

Stitches in the joints on motion and on touch.

UPPER LIMBS.—Painful tension and pressure in right shoulder when at rest.

Swelling of the right elbow joint, with stitches.

Tearing pains on inner surface of forearms, in a line from elbow to wrist.

Pain in wrists as if wrenched or sprained on every motion. (Acon., Calc., Eupat., Rhus.)

Swelling and sticking pangs in finger joints (Colch.), worse on exertion and touch.

LOWER LIMBS.—Legs so weak they will scarcely hold him.

Stitches in hips; in hip joint extending to knees.

Great weariness in thighs, worse going up steps.

Tensive painful stiffness of the knees.

Pain and stitches in knees.

Pinching, tearing, or bruised pains in calves.

Tension in ankle on motion.

Hot swelling of the feet; of instep, with bruised pain on stretching out the feet. (Ars., Puls.)

Pains as if sprained in the feet; stitches.

GENERALITIES.—*Great weakness and exhaustion (Ars., Phos., Sec.), worse from walking.*

Sitting up in bed causes nausea and fainting. (Acon.)

Every spot in body painful to pressure.

Drawing rheumatic pains in various parts of the body. (Coloc., Led., Puls.)

SKIN.—Yellow skin of the whole body, even of the face.

Red, round hot spot on the cheek over the malar bone.

Red elevated rash like eruption over the whole body. (*Bell., Rhus.*)

Slow development of rash in eruptive fevers; or sudden receding of rash, causing respiratory or meningeal troubles or dropsy. (*Gels., Hell.*)

SLEEP.—Frequent yawning the whole day.

Much sleepiness during the day. (*Ant. t., Apis., Merc., Nux. v., Nux. m., Phos., Sep.*)

Sleeplessness and restless sleep.

Dreams, vivid, frightful (*Arn., Aur., Bell.*); *about business or household affairs.*

Starts in affright before falling asleep. (*Agar., Ars., Bell., Hyos., Stram.*)

FEVER.—Intermittent: chill commences on the lip, and on tips of fingers and toes. Great thirst during all stages.

Dry, burning heat, internal, blood seems to burn in the veins. (*Ars.*)

Profuse, easily excited sweat, *sour* or oily sweat. (*Merc.*)

AGGRAVATION.—Mornings and evenings. From motion; from heat; from warm food; after eating; while coughing.

AMELIORATION.—In cool weather; in cool room; from cold food; while sitting; while lying, especially on painful side.

THERAPEUTIC RANGE.—Rheumatic and congestive headaches.

Pneumonia (Croupal); *pleurisy*; bronchitis. Hepatitis. Peritonitis. Pericarditis. *Rheumatism* and rheumatic and arthritic inflammations in general; gastralgia. Dyspepsia. Constipation. Metrorrhagia. Menorrhagia. Amenorrhœa. Mastitis. Vicarious menstruation.

Eruptive fevers, measles and scarlatina.

CONDITIONS.—Complaints from exposure to heat of fire.

Complaints when warm weather sets in after cold days.

Bilious, gastric and typhoid fevers.

Compare: Acon., Antim., Ant. tart., Arn., Ars., Bapt., Cham., Chel., Colch., Cinch., Ign., Lyc., Merc., Nux v., Puls., Phos., Rhus.

Bryonia follows well after *Acon., Nux v., Opi., Rhus tox.*

Following Bryonia, are frequently indicated Alumina, Kali carb., Nux v., Phos., Pulsatilla, Rhus tox., Sulphur.

Antidotes: Acon., Alum., *Camph.*, *Cham.*, Clem., *Coff.*, Ignat., Mur. ac., Nux v., Puls., *Rhus*, Senega.

Bryonia antidotes: Rhus., Chlorine.

Consultation Department.

CATARACT CURABLE.

On page 210, current volume of THE UNITED STATES MEDICAL INVESTIGATOR, your report says that "Dr. Vilas * * * did not believe a real cataract had ever been cured by remedies." As I did not say any such thing, and as in the preceding paragraph you had just reported what I did say, viz: that a certain class of cataracts are amenable to medical treatment, I hope you will make a correction before some person rises to scourge me for heresy.

C. H. VILAS.

EATS GLASS.

I have come across a most remarkable instance of stomach endurance. Mr. Charles White, aged thirty-six, born in England, a laborer. He can eat glass tumblers, goblets and glass lamp-chimneys for the amusement of the crowd in any drinking saloon; and for a quarter of a dollar, he will eat any amount of glass you give him. He drinks hard. How can this be accounted for. Please give it a place in your valuable INVESTIGATOR. My health is much better.

JOHN H. HENRY.

CASE OF CHOREA.

I have a case of chorea which I would like to report through THE UNITED STATES MEDICAL INVESTIGATOR for counsel. H. B., aged fifteen years. Parents healthy. At five years of age was attacked with chorea, involving muscles of face, neck, and shoulders. Had been healthy up to this time, so far as I can learn. The above symptoms gradually increased, and extended over the whole body. When at the age of twelve years a new symptom made its appearance. He would swear and repeat any words he might hear others speak, and use obscene language contrary to his will; this has followed him all of the time during his wakeful hours, unless he is interested in reading or conversation at which time he is not so bad. All of the will power that he can control will not prevent him from saying anything that he may dislike to say. He is a very intelligent boy; learns easily, but is

very nervous, and feels as if some one is after him. If he goes out of the house in the evening, he will run with all of his might to get away from them. He is well nourished. Appetite and digestion good. Sleeps well. No twitching or talking during sleep. Urine normal, except at times when there is red sand in it. There is adhesion between the gland penis and foreskin, all around the neck, extending forward to nearly the end of the penis. Does not know how this originated, but think it caused by neglect during infancy. The foreskin is much elongated, which has caused soreness at the meatus, which I removed by an operation, causing the foreskin to retract a little, so that now he passes the urine easily, and the soreness is gone. I have just discovered that he has ascarides, and has had since his memory. Over-exertion, taking cold, bathing in water aggravate all of his symptoms much, particularly bathing, which makes him worse immediately. During the first seven years was under Allopathic treatment. Strychnine was used until he could not stand up, and Chloroform spray was used on the spine. He has been under my care twelve weeks. Remedies used have been Ignatia 3, Caust. 3, 30, Hyos. 3, Santonium 2, Cina 200, Cuprum met. 3, Scutellaria \emptyset , Stram. 3, Anac. 3x to 30x, Phos. 3x, Rhus 30x, and Sulphur as an intercurrent. Phos. helps some, that is to say, he feels better when taking it. The other remedies done no good. Any suggestions with regard to cause of the trouble and treatment through THE INVESTIGATOR will be thankfully received, and any measure that may help the case will be reported and due credit given to the party conferring the favor.

F. M. BISHOP.

Book Department.

DISEASES OF THE EYE. By E. Nettleship, F. R. C. S. Philadelphia H. C. Lea. Chicago: Jansen, McClurg & Co.; Duncan Bros.; \$2.00.

This is a student's guide written by a surgeon of St. Thomas' Hospital. It is compact and its field fills very creditably.

THE HEART AND HOW TO TAKE CARE OF IT. By E. M. Hale, M.D. New York: A. L. Chatterton & Co. Chicago: Duncan Bros. 12mo; square. 50 cts.

This is a very compact popular little work on a very practical subject by a practical writer.

EYESIGHT GOOD AND BAD. By R. Carter. London: McMillan & Co. Chicago: Jansen, McClurg & Co.; Duncan Bros. 12mo. \$1.50.

This is a popular treatise on the exercise and preservation of vision by a prominent London specialist. A valuable work.

THE PRESCRIBER'S MEMORANDA. By W. Wood & Co. Chicago: W. T. Keener; Duncan Bros. 24 mo. \$1.00.

This is a hand book for Allopathic prescribers arranged very conveniently. If one wants to have an evidence of wild prescribing we turn to Diphtheria or almost any serious disease. Many of the gleanings contain, however, ideas of value.

GENERAL MEDICAL CHEMISTRY. By R. A. Witthans, A. M., M. D. New York: W. Wood & Co., Chicago: W. T. Keener.

This is the August issue of Wood's Library. Medical Chemistry is a catch word usually. This one purports to be prepared for the use of practitioners of medicine but this fails like all the rest to give us what we want and sadly need, and that is Chemistry in medicine. The only article that "comes anywhere near it are the ones on water," "glucoses" and "albuminoides" while the one on the "glucosides" show how little help chemistry is to the practitioner. There are many valuable and practical hints to be found in this work that will well repay the search for them.

A NEW FORM OF NERVOUS DISEASE WITH AN ESSAY ON ERYTHROXYLON COCA. By W. S. Searle, M. D. New York: Fords, Howards & Hulbert. Chicago: Jansen, McClurg & Co.; Duncan Bros.; \$1.00.

This is a contribution to medical science in more ways than one. We, too, had been puzzled by two patients complaining of explosions in the head. Both were anæmic. One was suffering with syphilitic gummata on the forehead. In this case we attributed the shocks to a Zinc ointment—at least they disappeared after its use was discontinued and an antidote (Hepar) given. A victim himself to these shocks followed by vertigo, Dr. S. has been an interested student, and although his views of course met severe criticism by Drs. Hammond and Beard, still the eminent M. Charcot sees in them a valuable contribution to science. The doctor has dressed his essay in a pleasing style and his popular publishers have given it a neat appearance. Score another contribution to science from the Homœopathic side!

THE WILDERNESS CURE. By Marc Cook, New York: W. Wood & Co. Chicago: W. T. Keener; Duncan Bros.; 60 cts.

This is a novel work written by one who went to the Adirondacks with a chronic bronchial catarrh and was benefitted and writes like any other enthusiastic newspaper man can write. It simply proves the value of elevation for catarrhal troubles. The most singular part of this work is that written by a layman, dedicated to a Homœopathic (friend, W. H. Watson, M.D., Surgeon General of New York), and issued by an Allopathic publishing house! Where is Palmer with his hedgehog fence and Oliver Wendell Holmes with his "dessert" on Homœopathy (?).

There are many things in this work that will interest and benefit the medical seacher. It will be the means, doubtless of sending many

a patient "up" *nolens volens* into the mountains. It is the new remedy. As we read this case here how we longed to put him upon *Belladonna* and *Arsenicum*—twin giants for bronchia] catarrh. If any one knows of a single remedy that covers the field better we would like to know it.

Society Proceedings.

ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION.

(Concluded from page 210.)

The report of the Bureau of the Diseases of Children was presented by Dr. Juliet Caldwell of Chicago. A paper by Dr. Duncan, on the "Feeding of Children," was read. He believed that many children suffer with diseases of digestion caused in ante-natal life by the improper diet of the mother. The report was discussed by Drs. Mitchell, and Ludlam, of Chicago; Dr. Duncan being asked explained more fully the point of gastric catarrh, caused by the great appetite of the mother,—a point of much importance. Dr. Caldwell, of Chicago, asked concerning diarrhoea caused by teething. Dr. Pratt, of Chicago, mentioned remedies he had used therefor, and the matter was further discussed by Dr. Duncan.

Upon suggestion of Dr. Foote the society suspended the discussion a few moments for the discussion of Sanitary Science. Dr. Ludlam of Chicago, and Baker of Davenport, spoke concerning the importance of the society taking more interest in this work and advised the appointment of a committee to superintend the matter.

Dr. Hall, from the Bureau of Surgery, presented a paper on the disease of the knee joint.

Dr. Pratt, from the Bureau of Anatomy, read a paper on the Diaphragm and respiration which gave rise to an interesting discussion participated in by Drs. Ayers, Duncan and Peiro.

'Adjourned till 2 p. m.

AFTERNOON SESSION.

The society met pursuant to adjournment.

Dr. Foster, chairman of the Board of Censors, reported the following for membership: F. H. Lowry, Woodhull; Edgar Schmidt, Quincy; W. H. Stiles, Chicago; T. M. Watson, Griggsville; C. B. Kinyon, Rock Island; M. M. Dowler, Beardstown; R. Harris, Macomb, H. P. Stipp, Lewistown; F. M. Martin, La Harpe; W. H. Hall, Aledo; H. R. Wood, Avon; A. A. Whipple, Quincy; G. H. Breed, Monmouth; Mrs. M. F. Perry, Peoria; J. W. Coyner, Peoria; J. B. Vivion, Galesburg; J. W. Primus, Hannibal, Mo. They were admitted.

Upon motion the following were appointed delegates to the American Public Health Association : Drs. R. F. Baker, Davenport, Iowa ; J. S. Mitchell, R. Ludlam, George Hall, Chicago ; G. W. Foote, Galesburg.

A volunteer paper upon the evils arising from the use of tobacco was read by Dr. M. L. Reed, of Farmer City. He considered its effects upon the nervous system and the eye sight.

The courtesy of the society was extended to Dr E. A. Guilbert, to explain the history of the early organization of the association.

The report of the necrologist, R. N. Foster, M. D., was then presented: Alvin R. Bartlett, M. D., of Aurora, Ill., died in March, 1881. C. H. Von Tagen, M. D., of Chicago, died in September, 1880.

WHEREAS, Death has removed from our Association the above most worthy and respected members ; therefore,

Resolved, That we deeply deplore their loss, and desire to place upon the records of this society in permanent form our high esteem for their many excellent qualities, both personal and professional ; and finally we urge upon all our members to emulate the virtues which have made their names so illustrious in our annuals.

The report was adopted by a standing vote.

This closed the reports of Bureaus. The election of officers came next and resulted as follows :

President—H. N. Keener, Princeton. Vice Presidents—J. P. Willard, Jacksonville ; J. H. Miller, Abingdon ; Miss Juliet Caldwell, Chicago. Secretary—H. M. Hobart, Chicago. Treasurer—A. G. Beebe, Chicago. Board of Censors—J. H. Miller, Abingdon ; D. S. Smith, L. Pratt, Chicago ; R. Harris, Macomb ; A. A. Whipple, Quincy.

The thanks of the association was extended to the C., B. & Q. R. R., P., Ft. W. & C. R. R., to Dr. and Mrs. Foote, to the press, and to retiring officers, Masons, Mayor, and citizens of Galesburg.

The president appointed the following scientific committees:

Bureau of Ophthalmology and Otology.—Drs. J. H. Buffam, Chairman ; C. H. Vilas, F. H. Foster, Chicago.

Bureau of Materia Medica.—Drs. A. W. Woodward, Chairman, Chicago ; T. Bacmeister, Toulon ; T. S. Hoyne, W. H. Burt, E. A. Ballard, Chicago ; M. C. Bragdon, Evanston ; P. H. Wales, Lanark ; T. M. Watson, Greggsville.

Bureau of Obstetrics.—Drs. R. N. Foster, chairman, Chicago ; M. J. Chase, Galesburg ; S. Leavitt, Chicago ; A. H. Potter, Maquon ; W. H. Hall, Aledo.

Bureau of Pharmacy.—Drs. C. H. Evans, chairman ; J. E. Gross, F. H. Newman, Chicago.

Bureau of Medical Legislation, Jurisprudence, and Education.—Drs. J. A. Vincent, chairman, Springfield ; F. L. Bartlett, Aurora ; G. W. Foote, Galesburg ; D. S. Smith, Chicago ; W. D. McAfee, Rockford ; J. H. Beaumont, Freeport.

Bureau of Surgery.—Drs. G. A. Hall, chairman, Chicago ; W. B. Campbell, Joliet ; Chas. Adams, Chicago ; S. E. Trott, Wilmington ;

J. C. Burbank, Freeport; J. A. Vincent, Springfield; A. G. Beebe, C. F. Ely, Chicago; W. O. Blaisdell, Macomb.

Bureau of Pathology, Physiology and Histology.—Drs. M. Ayres, Rushville; C. Mitchell, Chicago; E. Perkins, Peoria; J. P. Mills, Chicago.

Sanitary Science and Hygiene.—Drs. G. W. Foote, Galesburg; T. D. Williams, Chicago; W. F. Dodge, Earlville; R. F. Baker, Davenport; O. H. Crandall, Quincy.

Bureau of Clinical Medicine.—Drs. J. S. Mitchell, Chicago, Chairman; H. N. Keener, Princeton; J. P. Willard, Jacksonville; L. Pratt, Chicago. A. E. Small, Chicago; W. J. Hawkes, Chicago; W. C. Barker, Waukegan; R. Harris, Macomb; F. L. Peiro, Chicago; J. H. Miller, Abingdon; H. P. Stipp, Lewiston, Ill.; E. H. Stilson, Knoxville.

Bureau of Diseases of Women.—Drs. R. Ludlam, Chicago, Chairman; J. W. Streeter, Chicago; M. S. Carr, Galesburg; M. M. Dowler, Beardstown; A. A. Whipple, Quincy; Edgar Schmidt, Quincy; M. A. Parry, Peoria; O. H. Mann, Evanston; E. M. Hale, Chicago; E. E. Holman, Warren; R. F. Hayes, Freeport.

Bureau of Diseases of Children.—Drs. H. M. Hobart, Chicago, chairman; N. H. Lowry, Woodhull; H. R. Hood, Avon; J. T. Thompson, Altona; W. H. Stiles, Lexington; Juliet Caldwell, Chicago; A. H. Van Patten, Mt. Carroll.

Bureau of Anatomy.—Drs. E. H. Pratt, Chicago, Chairman; F. M. Martin, La Harpe; R. B. McLeary, Monmouth.

Bureau of Medical Literature.—Dr. J. P. Mills, Chicago.

Necrology and Statistics.—Dr. F. H. Van Liew, Aurora.

Bureau of Neurology, Psychology and Electrology.—Drs. N. B. Delamater, Chicago; N. F. Cooke, Chicago; J. B. Vivion, Galesburg; M. L. Reed, Farmer City; C. B. Kinyon, Rock Island.

Committee of Arrangements.—Chicago members. Dr. S. P. Hedges, chairman.

This closed one of the most profitable sessions of this society.

M. AYRES, Sec. pro tem.

AMERICAN PÆDOLOGICAL SOCIETY.

This young and rapidly growing society held its second annual session in New York, Monday, June 13, 1881. The society was called to order in the Homœopathic Medical College Building at 10 o'clock A. M., the President, Dr. T. C. Duncan, of Chicago, in the chair. Dr. Lilienthal welcomed the society to the city of New York, after which the president delivered his address. (See page 283.)

The secretary, Dr. Cranch, of Erie, being absent, Dr. W. P. Armstrong, of Lafayette, Ind., was elected secretary *pro tem*.

On motion, it was decided that all those present be considered as members of the society, and invited to take part in the proceedings.

A committee previously appointed, reported a draft of a constitution and by-laws, which, with some modifications were adopted. The by-laws provide that the meeting of the society shall hereafter be held during the meetings of the American Institute, that applications for membership must be approved by the board of censors, and confirmed by a regular vote of the society, and that each member shall pay one dollar per annum for the purpose of meeting expenses.

Infantile eczema being the first subject for consideration, the president read a paper on that disease by Dr. Cranch. Drs. Lillienthal and Deschere also read able papers on the same subject. Dr. Owens, of Cincinnati, then opened the discussion, which was participated in by a large number of those present, and occupied the remaining portion of the morning hours, and the beginning of the afternoon session. On motion of Dr. Owens, the subject was continued for the next meeting.

On the remaining three subjects, no papers were presented. Dr. Armstrong opened the discussion on Infantile Tonsillitis. Dr. Duncan that on Chronic Gastro-Enteritis of Infants, and Dr. Lillienthal on Cephalic Symptoms of Capillary Bronchitis. Many of those present took part in the discussions, which were both interesting and highly instructive.

Dr. A. A. Camp, of Minneapolis, and Dr. E. Hasbrouck, of Brooklyn, having, made formal application by letter, were then elected to membership.

|| On motion the officers of the society were made a committee to select a subject or subjects for discussion at the next meeting. After some deliberation the president appointed the following gentlemen to prepare papers to be read at the next meeting of the society: Dr. Wm. Owen, Chronic Eczema; Dr. M. Deschere, Capillary Bronchitis; Dr. W. C. Earle, of Chicago, Diphtheritic Croup. and Dr. J. P. Mills, of Chicago, Elementary Infantile Foods.

The following officers were then elected for the ensuing year: President, Dr. S. Lillienthal, of New York; Vice-President, Dr. W. B. Chamberlain, of Worcester, Mass.; Secretary and Treasurer, Dr. W. P. Armstrong, of LaFayette, Ind.; Censors, Drs. Geo. F. Foote, of Stamford, Conn.; T. C. Duncan, Chicago; M. Deschere, New York; E. U. Jones, Taunton, Mass., and D. Foss, Newburyport, Mass.

On motion, the society adjourned to meet again next year during the annual session, of the American Institute of Homœopathy, and at some place convenient to the same. W. P. ARMSTRONG, Sec'y.

AMERICAN INSTITUTE OF HOMŒOPATHY.

SECOND DAY.

The Bureau of Pædology took time by the forelock and met early in special session. In the absence of the chairman, Dr. Duncan was made chairman *pro tem.*, by the president. Several papers were read on Infantile Syphilis. The one by Dr. J. C. Morgan was very profound and exhaustive. The fact that the American Pædological Society had just closed an interesting session and also that infantile syphilis is a stale subject, this sectional meeting was not especially interesting.

The regular session opened at 10 A. M.

The President in the Chair. The report of the Auditing Committee was presented and accepted for publication.

The Executive Committee recommended Friday evening as a suitable time for the reception tendered to the Institute by the Homœopathic Medical Society of the City and County of New York, and the recommendation was adopted, with the thanks of the institute to the New York society.

Communications were received from the commissioners of Public Charities and Corrections and from the medical staff of Ward's Island Hospital, inviting the members to visit that institution during the afternoon. The invitations were accepted with thanks.

The Reports from Institutions.—Verbal reports from a large number of State and local societies were then presented by their delegates, the reports embracing statements of the age of the societies, number of members, times of stated meetings, etc., together with a general account of the condition and progress of Homœopathy in the respective States and localities. Nearly all these reports were of an exceedingly interesting and encouraging character. But because they were given a sort of advertisement by some of the delegates, the Institute soon tired of these reports and they were closed by the president.

An incident. Upon the presentation of the report from the Pennsylvania State Society by Dr. T. M. Strong, it was mentioned that Dr. Henry Detwiler, the venerable pioneer of Homœopathy in the State, was present. The announcement was received with hearty applause, in response to which Dr. Detwiler, tottering from age, rose in his place and presented a report from the Lehigh Valley Medical Society, from which he was the accredited delegate. He was loudly applauded.

The Board of Censors recommended twenty-four additional candidates for membership and they were duly elected.

Dr. Pemberton Dudley, chairman of the Committee on Medical Literature then read his report. It embraces the titles of thirty-six volumes issued during the year, and of twenty American and English journals, also of nine foreign journals. The books contain an aggregate of about 16,000 pages, and the American and English journals, about 11,300 pages, making an aggregate of over 27,000 pages of English Homœopathic literature printed during the year.

The following bureaus then presented their papers by title, which were accepted and referred for discussion and publication, viz.: the Bureau of Obstetrics, of Pædology, of Ophthalmology, Otology and Laryngology, and Gynæcology. Adjourned.

THIRD DAY.

President Dowling presiding. This day opened with the largest attendance. Dr. W. H. Winslow, chairman of the Committee on Foreign Correspondence, reported that during the year he had received no letters of importance from foreign correspondence; most of the correspondence of the last year having been sent to the Committee on the International Homœopathic Convention.

The President expressed the view that during the next year there would be some very important correspondence, and therefore reappointed Dr. Winslow, as chairman of the committee.

Dr. J. P. Dake, of Nashville, reported as a delegate to the American Public Health Association. He said that several Homœopaths were members of that body and presented papers at the last meeting, which was a very interesting one.

Drs. A. R. Wright of Buffalo, and M. T. Runnels, of Indianapolis, Ind., were appointed delegates for the ensuing year.

Dr. J. C. Morgan was appointed chairman of the Committee on Legislation for the next year.

Dr. C. H. Vilas reported on the subject of railroad fares. Committee for next year, Drs. C. H. Vilas, A. C. Cowperthwaite and N. R. Morse.

The report of the Committee on the International Homœopathic Convention was presented by Dr. I. T. Talbot, chairman. About thirty American physicians expect to attend the convention.

Dr. A. C. Cowperthwaite offered a resolution providing for the abolishment of the sectional meetings and the presentation of a synopsis of the papers, to be prepared by the bureau chairman for discussion in general session. The resolution was adopted.

The Board of Censors reported the names of thirteen additional candidates for membership, and they were duly elected.

At 12 o'clock the Institute proceeded to elect officers.

The contest for president was close and exciting, the candidates being Drs. W. L. Breyfogle of Louisville, N. F. Cooke of Chicago, S. R. Beckwith of Cincinnati, and H. F. Biggar of Cleveland.

The desire to have the Institute represented at the coming International Homœopathic Convention had great weight with many members and doubtless decided the choice which was as follows:

PRESIDENT—Dr. W. L. Breyfogle, Louisville, Kentucky.

VICE-PRESIDENT—Dr. Bushrod W. James, Philadelphia, Pennsylvania.

GENERAL SECRETARY—Dr. J. C. Burgher, Pittsburg, Pennsylvania.

PROVISIONAL SECRETARY—Dr. J. C. Guernsey, Philadelphia, Pennsylvania.

TREASURER—Dr. E. M. Kellogg, New York, N. Y.

NECROLOGIST—Dr. Henry D. Paine, New York, N. Y.

CENSORS—Drs. F. R. McManus, Baltimore, Maryland; Millie J. Chapman, Pittsburgh, Pennsylvania; L. S. Ordway, Hot Springs, Arkansas; J. R. Reading, Somerton Pennsylvania; R. B. Rush, Salem, Ohio.

Propositions were then received relative to the place and time of holding the next annual session, and Richmond, Va., Chatauqua Lake, N. Y., and Omaha, Neb., were mentioned, and the claims and advantages of each were discussed. It was finally ordered, that the next session be held in Richmond, Va., beginning on Tuesday, June 6th, 1882. (This is in response to an invitation of several years standing).

The Bureaus of Surgery, of Microscopy and Histology, and of Anatomy and Physiology, then presented their papers by title, which were referred as usual.

A number of announcements were made, and the session then adjourned until the next morning.

FOURTH DAY.

President Dowling in the chair.

On motion, it was ordered that the entire list of censors be printed in the programme of the next annual session.

The Board of Censors made their final report recommending five physicians, who were then duly elected to membership.

The Institute then held A Memorial Session in honor of the eleven members who had died during the year.

Dr. J. C. Burgher read an appropriate eulogy, and Dr. J. C. Morgan, spoke on behalf of the Philadelphia County Society in memoriam of the late Dr. Constantine Hering.

Appropriate remarks were also offered by Drs. J. F. Dake, of Nashville, Tenn.; H. M. Smith, of New York; F. R. McManus, of Baltimore; T. C. Duncan, of Chicago, Ill.; Dr. Fisher, of Montreal; I. T. Talbot, of Boston, Mass.; P. G. Valentine, of St. Louis, Mo.; S. R. Beckwith, of Washington, D. C.; M. M. Eaton, of Cincinnati, O.; and William Von Gottschalk, of Providence, R. I.

Dr. Charles Mohr, of Philadelphia, asked that the Memorial Address just delivered, in so far as it refers to Dr. Hering, as also the remarks upon the same subject by the President in his annual address, be added to the prospective memorial volume now in course of preparation by the literary executors of Dr. Hering.

Dr. J. P. Dake moved, and the Institute ordered that Dr. Mohr's request be complied with.

On motion, a committee, consisting of Drs. H. M. Smith, T. F. Allen, H. D. Paine, S. R. Beckwith and A. R. Thomas was appointed upon the subject of the purchase of Dr. Hering's library.

Dr. H. M. Smith read a letter from Bogota, referring to the death, on April 18th, of Dr. Ignacio Pereira, president of the Homœopathic

Institute of the U. S. of Columbia. A committee consisting of Drs. H. M. Smith, A. C. Cowperthwaite, and E. A. Farrington was appointed to draw up appropriate resolutions in view of this event.

The Intercollegiate Committee reported, recommending that the list of graduates of the Homœopathic colleges, as furnished by the committee, be published in the *Transactions* as already ordered by the Institute. The committee also reported that evidence had been received tending to show that the organization now carrying on business under the name and title of the Homœopathic College of Missouri may possibly not be in all respects a regularly chartered college. The committee recommends that the censors be instructed not to recommend the election to membership in the Institute of any person graduating from said institution, from and after March, 1880, pending an investigation into the character of the college.

Dr. J. P. Dake offered a resolution providing that whereas, in the Edinburgh subscription edition of the *Encyclopædia Britannica*, the article "Homœopathy" does gross injustice to the new school of medicine, Dr. J. F. Cooper, of Allegheny City, be appointed to bring the matter to the attention of the publisher and of the public. The resolution was adopted, as also was a similar resolution in reference to the American reprint of the *Encyclopædia*, the committee consisting of Drs. C. Mohr, J. C. Morgan, and J. C. Guernsey.

During the discussion on the above resolutions, Dr. Cowperthwaite stated that he had been in correspondence with the publishers of the *Encyclopædia* previous to the publication of the article referred to, showing that the injustice of the article was due either to willfulness or to inexcusable neglect.

A discussion then ensued upon the practice of members serving upon two or more bureaus at the same time, but no action was taken thereon.

The by-laws were so amended as to include the subject of pathology in the Bureau of Anatomy and Physiology.

On motion of Dr. W. H. Winslow, of Pittsburg, Dr. A. Claude, of Paris, was elected a corresponding member of the American Institute of Homœopathy.

The following preamble and resolution were offered by John C. Morgan, M. D., of Philadelphia, and adopted.

WHEREAS, The members of the American Institute of Homœopathy have watched with intense interest the progress of our cause in Great Britain and other foreign countries, and especially as to hospital and educational interests; and,

WHEREAS, The possession of a "Fellowship" conferred by some medical corporation is said to be a necessary qualification of candidates for hospital and other public appointments in London and elsewhere; therefore.

Resolved. That the Bureau of Organization, Registration and Statistics be instructed to consider the question whether this body may properly adopt amendments to its constitution and by-laws, establishing a new order of membership, to which Homœopathic physicians of great eminence, American and foreign, may be elected under suitable con-

ditions and requirements, and report at the next meeting of the Institute.

A vote of thanks was tendered to the chairmen and members of the bureaux for the valuable papers presented at the session, also to the officers of the Institute for the faithful manner in which they had performed their duties. Also to James H. Breslin, Esq., proprietor of Hotel Brighton, for the kindness and courtesy shown to the members and their friends.

A special vote of thanks was tendered to President Dowling for his kindness and courtesy to the Institute, and the magnificent manner in which he had entertained the members and their friends. The vote was taken with a rousing and unanimous "Aye."

The *New York Medical Times* was also tendered a hearty vote of special thanks for its careful daily published bulletin of the proceedings.

The Institute then adjourned, to meet in Richmond, Va., June 6, 1882.

There were present about three hundred and twenty-five physicians, and one hundred and eight new members were received. The largest for some years.

The following is the list of bureaux and committees appointed for the ensuing year:

Bureau of Materia Medica, Pharmacy, and Provings.—Drs. E. A. Farrington, chairman; A. C. Cowperthwaite, T. F. Allen, W. Owens, W. J. Hawkes, W. P. Armstrong, K. Parsons, W. H. Leonard, L. D. Morse, H. C. Allen, W. B. Kenyon, A. W. Woodward.

Bureau of Clinical Medicine.—Drs. T. F. Pomeroy, chairman; D. Thayer, N. F. Cooke, S. Lilienthal, A. Lippe, P. G. Valentine, N. R. Morse, J. C. Morgan, J. W. Dowling, J. S. Mitchell, E. A. Farrington, E. Rushmore, A. R. Barrett, W. M. Cate.

Bureau of Surgery.—Drs. A. R. Thomas, chairman; W. T. Helmut, I. T. Talbot, W. A. Reed, S. R. Beckwith, L. H. Willard, J. H. McClelland, J. E. James, E. C. Franklin, C. L. Green, A. M. Thomas, F. E. Doughty, N. W. Kneass, N. Schneider.

Bureau of Gynecology.—Dr. H. Minton, chairman.

Bureau of Obstetrics.—Drs. G. C. Higbee, chairman; C. Ormes, George B. Peck, Jr., S. M. Cate, Mary L. Swain, E. C. Morrill, H. H. Hofmann, S. P. Burdick, J. N. Mitchell, J. P. Mills, M. J. Chapman, Mary D. M. Matthews.

Bureau of Pædology. Dr. A. K. Hills, chairman.

Bureau of Psychological Medicine.—Drs. S. Lilienthal, chairman; J. R. Haynes, O. P. Baer, T. L. Brown, M. Deschere, S. H. Talcott, W. M. Butler, E. H. Lawton, J. C. Guernsey, P. G. Valentine, S. Worcester, Mary A. B. Woods.

Bureau of Ophthalmology, Otology, and Laryngology.—Drs. F. Park Lewis, chairman; G. S. Norton, H. C. Houghton, J. H. Buffum, J. M. Schley, W. A. Phillips, W. H. Winslow, C. H. Vilas, D. J. McGuire, D. B. Hunt.

Bureau of General Sanitary Science, Climatology, and Hygiene.—Drs. E. U. Jones, chairman; A. R. Wright, B. W. James, D. H. Beckwith, Geo. M. Ockford, B. H. Wheeler, L. D. Morse, W. M. Cate.

Bureau of Anatomy, Physiology, and Pathology.—Drs. William von Gottschalk, chairman; George A. Hall, J. P. Mills, William Owens, H. B. Bellows, T. H. Mann, C. Van Artsdalen, W. H. Winslow, E. H. Pratt, W. B. Trites.

Bureau of Microscopy and Histology.—Drs. J. Edwards Smith, chairman; W. H. Winslow, C. Wesselhæft, Edward Rushmore, J. C. Morgan, W. B. Trites, L. B. Couch, R. R. Gregg.

Bureau of Organization, Registration, and Statistics.—Drs. I. T. Talbot, chairman; H. M. Smith, P. G. Valentine, R. B. House, J. Pettet, T. F. Smith, J. J. Youlin, B. W. James.

Committee on Legislation.—Drs. J. C. Morgan, chairman; J. P. Dake, A. J. Sawyer, T. S. Verdi, A. E. Small, J. H. McClelland, Mary J. Safford, C. E. Jones, P. G. Valentine.

Committee on Medical Literature.—Pemberton Dudley, chairman, Philadelphia, Pa.

Committee on Foreign Correspondence.—Dr. W. H. Winslow, chairman, Pittsburg, Pa.

Intercollegiate Committee.—Dr. A. R. Thomas, chairman, Philadelphia, Pa.

Committee on Railroad Fares.—Drs. C. H. Vilas, chairman, Chicago, Ill.; A. C. Cowperthwaite, N. R. Morse.

Delegates to the American Public Health Association.—Drs. A. R. Wright, Buffalo, N. Y.; M. T. Runnels, Indianapolis, Ind.

Committee on Dr. Hering's Library.—Drs. H. M. Smith, New York, chairman; T. F. Allen, H. D. Paine, S. R. Beckwith, A. R. Thomas.

Committee on Encyclopædia Britannica.—1. For the Edinburgh Edition, J. F. Cooper, Allegheny City, Pa.; 2. For the American Reprint, Charles Mohr, J. C. Morgan, J. C. Guernsey, of Philadelphia.

Executive and Publication Committee.—Drs. J. W. Dowling, New York, N. Y.; W. L. Breyfogle, Louisville, Ky.; J. C. Burgher, Pittsburg, Pa.; J. H. McClelland, Pittsburg, Pa.; E. M. Kellogg, New York, N. Y.

BUREAU OF PSYCHOLOGICAL MEDICINE.

This bureau held a sectional meeting early in the evening, Dr. T. L. Brown, chairman of the bureau, presided, and papers were read on

1. "The Relation of Phthisis and Insanity," by Dr. S. Lilienthal, of New York, and

2. "Indispensables in the Cure of the Insane," by Dr. T. L. Brown, of Binghamton, N. Y.

In the paper of Dr. Lilienthal, a parallel was drawn between certain tissue changes in the cerebral tissues found in connection with insanity and those alterations of lung-structure observed in tubercu-

lar phthisis. He argued that as the pulmonary disease is in its earlier stages amenable to judicious treatment, so we may expect to find the incipient stage of insanity to yield to proper medicinal and hygienic measures.

Dr. Brown's paper held the view that as mental diseases are always due to disorder of some one or more of the general functions, it follows that no method of treating these disorders can avail which does not include careful attention to the physiological requirements of the organism,—rest, exercise, food, pure and abundant air, mental repose, etc.

These papers were discussed at great length by Drs. Grosvenor, Thayer, S. M. Cate, S. R. Beckwith, Guy, Korndærfer, Dudley, McManus, Owens, J. B. Wood, Lukers, Morse, Jenney, Lillenthal, Brown, and others.

BUREAU OF SURGERY.

The sectional meeting for the consideration of the papers presented by the Bureau of Surgery was held in the afternoon and was largely attended; Dr. H. F. Biggar, chairman of the bureau, presiding. The papers before the meeting were as follows:

1. "Septicæmia," by Dr. S. R. Beckwith, Washington, D. C.
2. "Lateral Curvature of the Spine," by Dr. J. H. McClelland, Pittsburgh, Pa.
3. "Modes of Treatment of Fracture of the Neck of the Femur in the Aged and Feeble," by Dr. J. E. James, Philadelphia, Pa.
4. "Perinæorrhaphy," by Dr. I. T. Talbot, Boston, Mass.
5. "Stricture of the Œsophagus," by Dr. C. W. Hartshorne, Cincinnati, O.
6. "Varicocele," by Dr. J. G. Gilchrist, Detroit, Mich.
7. "Amputations," by Dr. J. G. Jones, Cleveland, O.
8. "Suprapubic Lithotomy," by Dr. W. Tod Helmuth, New York, N. Y.
9. "Spinal Abscesses," by Dr. H. F. Biggar, Cleveland, O.

Dr. McClelland's paper on "Lateral Spinal Curvature" introduced what he called the "Pittsburgh modification" of the Vance jacket, as an improved adjuvant in the treatment. He described his method of making and applying the apparatus, and enumerated its advantages over the Sayre plaster jacket and other somewhat similar apparatus. He insists that as there is so generally a constitutional involvement, there must be also a carefully-selected Homœopathic medication, without which, good results are not to be hoped for.

Dr. Helmuth said he had reason to change some of his views in reference to the etiology of curvature, and that he holds that besides the mechanical etiology there is in a large number of cases a reflex, or constitutional cause. He advocated, along with other treatment, such calisthenic exercises as are adapted to strengthen those muscles which are involved in the weakening process. He described the

method of making the ordinary plaster jacket in such a manner as to allow of its daily removal for purposes of rest and cleanliness. He, too, insists upon the use of the proper Homœopathic remedy.

Dr. S. R. Beckwith had found the plaster and Vance jackets of greatest use when the curvature involves the "small of the back," and of little use in other cases. He thought that if the old splint was applied with equal care as regards suspension, etc., it would prove almost as useful in many cases as the Sayre or Vance jackets.

Dr. J. E. James, in the course of somewhat extended remarks on the subject, called attention to the cheapness of the Vance jacket as an important desideratum in view of the fact that the great majority of curvatures come from the lower walks of life, where expensive apparatus is not to be thought of.

The discussion was further continued by Drs. Peer, Korndorfer, Morgan, Cheney, and McClelland.

Dr. Beckwith, in his paper on septicæmia, argued that the nomenclature and also the pathology of blood-poisoning is incorrect, and gave forcible reasons why they should be revised. His paper embraced the results of personal observation in connection with various forms blood-poisoning, and pointed out that the most dangerous cases are those preceded by a long period of incubation. He closed by describing the malady as occurring in his own person about a year ago, giving its causes, symptoms, and treatment.

The paper was discussed by Drs. B. W. James, Helmuth, McClelland, Morgan and Keim, each of whom detailed personal experiences somewhat similar to that of Dr. Beckwith.

Dr. Talbot next read his paper on the "Treatment of Ruptured Perineum," giving some suggestions drawn from his own experience.

Dr. Helmuth: The great difficulty is not merely to heal the laceration, but to make a new perineal body. He gave minute details of the operation as he now performs it, and closed with a description of a case in which profuse bleeding had attended the operation, which was followed in a few days by the sudden sinking and death of his patient. Dr. J. C. Morgan subsequently suggested that an embolism of the splenic artery, with its train of pathological sequences, might have been instrumental in causing the death of Dr. Helmuth's patient.

Dr. J. E. James's paper on "Fracture of the Neck of the Femur" urged the importance of devising methods by which the aged or enfeebled patient could at times assume the semi-recumbent posture without danger of displacing the fragments of bone. He cited two cases in which he had succeeded in obtaining such comfort for his patient, and without interfering with their progress toward recovery.

Drs. Thompson, Spaulding, and Morgan followed in a discussion of the paper, all of them urging the importance of the propositions advanced in the paper, and reciting similar experiences.

Dr. Biggar read his paper on "Spinal Abscesses," giving its causes, symptoms, prognosis and treatment. Dr. Poulson then mentioned

two cases, both of which had been declared by the Allopathic surgeons to be due to or connected with caries of the spine, but which recovered, the treatment consisting of incision, carbolic injections, and the administration of Phos. ac. zoo , on Homœopathic principles.

Dr. W. T. Helmuth then gave a verbal dissertation on "Suprapubic Lithotomy."

"Though I have no written paper to present to this meeting, I desire to say a few words upon a subject which has interested me for some years past, and which I am sure has not—for reasons which are self-evident—received the attention which it deserves. I refer to the high operation for the removal of stone in the bladder.

"Before, however, I say a word upon this subject, I wish to be understood as in no way disparaging litholopaxy, as introduced by Dr. Bigelow, and now practiced with wondrous success by surgeons in all parts of the world; but I am of the opinion, when cutting operations are required, either from sensitive urethræ, enlarged prostate, tight strictures, or other disease, which would render the knife preferable to the lithotrite, that epicystotomy is the most simple and safe operation.

"I may be met at the outset, however, by the fact that the statistics of the operation, rated generally but erroneously at 1 to 3 $\frac{1}{4}$, are sufficient evidence of the unsuccessful nature of the operation; to which I reply, that this percentage of mortality would be greatly diminished if a fair proportion of cases had been subjected to the suprapubic method. It is a well-known fact that hypogastric lithotomy receives but little notice in the text-books of the day; that surgical lecturers briefly allude to it as only to be performed when other methods have failed; and since the time of Souberbienne, the majority of students go out from the medical colleges with a very imperfect knowledge of the operation, and with a vague idea that only the worst cases must be subjected to it. Franco, in 1560, is accredited with the first suprapubic lithotomy—although Cooper, in his Dictionary, gives priority to Callot, in 1475. Others go further into antiquity, and state that the operation dates 1000 years before the Christian era.

"From time to time it has had many advocates: Douglass, Cheselden—who cut nine consecutive cases successfully—Middleton, Thornhill, Berrier, and especially Frere Come—who made one hundred suprapubic operations with but nineteen deaths—being its strenuous upholders.

"It is a remarkable fact that, whenever a surgeon has advocated and practiced suprapubic lithotomy in most of the cases presented to his notice, that the rate of mortality has been very small. Dupuytren, and especially Souberbienne, have been its advocates in France; Gunther and Petersen in Germany; and C. W. Dulles in America. It was from reading Dr. Dulles's papers that I was convinced of the efficiency of the operation."

(To be continued

Medical News.

Dr. H. W. Brazie has located at Minneapolis, Minn., formerly of Bristol, India.

The Missouri Institute of Homœopathy will meet in St. Louis on Wednesday and Thursday evening of Fair-Week. Parlor 22., Lindell Hotel is the place.

New York Ophthalmic Hospital.—Report for the month ending Aug. 31, 1881: Number of prescriptions, 3,775; number of new patients, 620; number of patients resident in the hospital, 17; average daily attendance, 140; largest daily attendance, 191.

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

The opening of the New Building of the Chicago Homœopathic Medical College promises to be a memorable affair. The governor of the state, mayor of Chicago, president of the American Institute of Homœopathy, Western Academy of Homœopathy, and the officers of our various state societies and other distinguished visitors will be present at the dedication of this new medical temple.

The clinical facilities of Cook County Hospital are fully appreciated by 500 to 800 students every year. We are assured by some of the medical staff that every case of interest is presented to the "classes." There is more clinical material than can be used, and students are given every advantage consistent with sensible practice. They do not, however, get traumatic lesions instead of disease to study." This last remark is significant. Patients that have been "pummeled" and "poked" present lesions misleading to the student and do him more harm than good.

Report of Homœopathic Hospital, W. I.—Thinking that possibly the readers of the "INVESTIGATOR" might feel interested in the workings of this hospital, I enclose you our census report for August.

Census report of patients in Homœopathic hospital, for the month ending Aug. 31, 1881: Remaining last report, males, 277; females, 110; total, 387; native, 113; foreign, 274. Admissions, males, 261; females, 122; total, 383; native, 96; foreign, 287. Total, males, 538; females, 232; total, 770; native, 209; foreign, 261. Discharged, males, 260; females, 115; total, 375; native, 94; foreign, 281. Died, males, 18; females, 4; total, 22; native, 8; foreign, 14. Total, males, 278; females, 119; total, 397; native, 102; foreign, 295. Remaining, males, 260; females, 113; total, 373; native, 107; foreign, 266; 2.85 per cent. is our death rate on number treated in August.

Respectfully submitted, A. P. WILLIAMSON, Chief of Staff.

A word to Medical Students.—The students of our thousands of readers are discussing the question of "which Homœopathic Medical College shall I attend." Possibly some are thinking of attending an Allopathic college for the first year. We hope our readers will commit no such indiscretion of sending or consenting to allow a single Homœopathic student to go to an Allopathic college. It is an injustice to the student and a dishonor to the cause we represent. Any of our colleges teach more than the Allopathic schools and better in fact they beat them on their own ground. The spectacle of a nation criticising the medical treatment of President Garfield speaks volumes for the general lack of faith in Allopathic drugging. Study Homœopathy in one of our own colleges and you will never no never egret it. Said a venerable Allopathic professor, "If I were a young man I would study Homœopathy!" Scientific, profound, exact Homœopathy commands the respect of the brains of the world!

THE
UNITED STATES
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

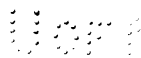
VOL. XIV. OCTOBER 1, 1881. No. 7.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

ELLSWORTH, Me., Sept. 17.—Perhaps a word from the largest (in area) city in the country may be interesting to your numerous readers. We have had a very sickly spring and summer, prevalence of bowel troubles; dysenteric diarrhœas of varying character attacking adults and children. Many different remedies used. *Rhus tox.* when *complete remission of pains after stool*, never fails. *Podoph.*, *Gummi gutti*, *Coloc.*, *Canth.*, *Merc. cor.* have been used, but *Bry.* has met and cured more than one-half of these bowel troubles alone. Much malaria seems present this summer, giving rise to many symptoms. One-half of all deaths here are from phthisis. Each day convinces me of the contagiousness of consumption, the injurious effects of living and sleeping with such patients being daily seen, but I find it very hard to convince patients of that fact. Where shall I



send my consumptive patients before it is too late? Our city Board of Health is composed of three Allopaths and two Homœopaths. At least two-thirds of the paying practice is Homœopathic.

W. M. HAINES.

A DOUBLE VAGINA.

Mrs. H. T., aged thirty-one, married two years, has been treated before and after marriage by two physicians for uterine displacement. Each physician discovered malformation. One diagnosed double vagina, the other double vagina and uterus, and consequently assured her she could not possibly bear *living* children. He instructed, however, that she need not on this account refrain from a contemplated marriage, but if she should become pregnant, should apply to him and he would relieve her of her pregnancy.

The patient came under my care July 22, suffering with an acute metritis and incipient enteritis. When the acute stage was overcome, by digital examination I detected a fibro-elastic ligament joining the antero-posterior walls of the vagina, the posterior attachment two and one-half inches and the anterior attachment two inches within the vagina, perfectly bisecting the vaginal canal. Careful examination ascertained that this ligament, which was one inch in length and one-fourth inch in diameter, was without arterial or venous vessels, the circulation being purely capillary. It was also devoid of sensory nerves. Danger from hæmorrhage being thus ascertained to be slight, on the 21st day of August I removed the ligament by excision, which operation was painless. Having clipped more closely to the vagina than intended, the hæmorrhage was greater than expected, but was easily controlled by an application of saturated solution of Per-sulphate of Iron. The wounds healed readily and with hardly a perceptible inflammation, and thus an obstruction that had always rendered coitus painful, often *extreme agony*, was removed without danger,

and the sexual act rendered natural and pleasant. A congenital malformation that had caused a wife to often wish that she had never been born was as easily overcome as a congenital shortening of the *frœnum lingue*.

N. ANTHONY.

EXPOSE THE FRAUD.

EDITOR INVESTIGATOR: The inclosed contract is being largely invested in by physicians all through the country as signatures and writing with which I am acquainted fully indicates. The victimizer is an Englishman, small stature, dark complexion and of medium legs—smarter than chain lightning and just as dishonorable. He sells in every town and to every one who will buy; the scheme is fine and I hope you will be willing to help give it all away. In this section he has taken from \$20 to \$50 a day.

My suspicions caused me to watch, and I found where he sold to the second person, thus violating the contract. I was offered \$20 and *free use of the thing* to keep mum, but could not combine quite so cheap to practice fraud upon the profession, and yet if he had not broken the contract I would not dare to publish his formulas.

The formulæ are as follows:

FOR RHEUMATISM, NEURALGIA, AND NERVOUS HEADACHE.

Raw Linseed oil	3iii
Oil of Hemlock (pure)	3ii
Oil of Sassafras	3ii
Oil of Peppermint	3ii
Oil of Wintergreen	3ii
Oil of Lemon	3ii

Put in eight-ounce bottle and fill with headlight oil 175 test. Shake well before using. Dose, from five to twenty drops from three to five times a day, until in acute cases there is a change of urine, then give only once a day at bed time until cured.

For chronic cases give from ten to forty drops four times

a day after meals and bed time for one month, and then night and morning until cured. For a bad case of neuralgia add from one to five drops of the liniment twice a day to the internal remedy.

LINIMENT FOR SWELLING, ACHES, AND PAINS.

Raw Linseed oil	3ii
Oil of Hemlock	3ii
Oil of Horse radish	3ii
Oil of Celery	3ii

Put into eight-ounce bottle and fill up with headlight oil 175 test. Shake well and keep in glass stoppered bottle. Apply to affected parts with camel-hair brush. Three to seven drops over seat of pain hypodermically for sciatica. Good in lame back and lumbago. G. W. W.

CONTRACT.

For and in consideration of a contract to furnish me a formula to compound and use two specific remedies for the cure of acute and chronic rheumatism, neuralgia and allied diseases, I agree to pay William Mullen of Newark, Ohio, the sum of fifty dollars for the exclusive use of said remedies and formulas in _____ County _____ Ten dollars of which is paid and the remainder to be paid out of the money received from patients who have been treated with said remedies. And I further agree not to sell the secret to any one without permission of said Mullen. Should the said remedies fail to be superior to other remedies in the treatment of said diseases, then this agreement to be null and void and the money paid said Mullen to be refunded and should the receipt be sold to others than _____ in _____ County _____, this agreement to be null and void and the money paid refunded. WILLIAM MULLEN.

“*Brush up.*”—It pays a physician every few years to spend a few weeks at a Medical college. Medicine is a progressive science and as a rule few physicians keep abreast of the times, therefore many find it very profitable to attend a senior course, and the clinics. The recreation, diversion and instruction are very beneficial—especially if one contemplates a removal to a new field.

Hygiene Department.

PHYSICAL DEGENERACY—STIMULANTS AND NARCOTICS.

BY O. S. RUNNELS, M. D., INDIANAPOLIS, IND.

Questions that relate to the genesis and development of the best type of individual and social life are of paramount importance.

How people shall be born and reared so that they shall naturally attain to the highest order of happiness and usefulness is *the* matter of vast consequence, both to themselves individually and to their fellows and social co-operators collectively. For the individual life-struggle under the best physical circumstances commands about all the resistance and energy resident in each, and when one morally, physically, or intellectually, fails to act the part assigned him, he becomes by so much an impediment to all the others; which, if multiplied by many recurrences, soon becomes a burden too grievous to be borne. In the world's history this has come to be common experience—alas! too common—and the sigh for relief is heard on every hand. Happily, society is beginning to think upon these matters, and in looking about itself is indelibly stamping the interrogation point upon every incapable person. The question is, how did you become so; what are the causes that have operated to produce this result, and what is still keeping you in this condition? For, you *were not always so*. Created in the image and likeness of God, originally you were perfect. “God saw everything that he had created, and, behold *it was very good.*”

Searching for causes we do not now rest *all* the blame upon the far-away Adam of Eden; for we have come to know that everyone is in a large sense *the* “Adam”—both for himself and his progeny.

In the cool of the day, walking in the garden of every soul, God may yet be heard asking: "Adam, where art thou?" And in answer, how many must again say on these questions of sin against self and the physical order: "I heard thy voice in the garden and was afraid because I was naked?"

"Hast thou," then, "eaten of the tree, whereof I commanded thee that thou shouldst not eat?"

The time, then, for the consideration of the subject of *physical degradation* is at hand, and in making a survey of this question, we are struck with the prominence of some of its factors.

As students of sociology we cannot longer postpone the analysis of the so-called "stimulants and narcotics;" nor escape the fearless definition of their uses and abuses. As social scientists we find many of the predisposing and exciting causes of human degeneracy resident among them, and we are not only face to face with, but are called to answer the following stupendous questions: How shall vice, crime, pauperism, the increasing brood of nervous and structural diseases, such as insomnia, organic headache, lunacy, apoplexy, epilepsy, catalepsy, hysteria, idiocy, consumption, heart-disease, Bright's disease, congenital deformity, infant death, impotence and sterility, together with their congeners—how shall this increasing brood, I ask, be stayed and prevented? Do you deny that the race is degenerating, as here implied? It is an easy matter, I grant, to make such a broad statement, but quite as ready a thing to enter a general denial of it, as all are inclined to do. In adducing evidence as to the verity of the fact I shall not be able, because of the brevity of time allotted, to more than touch the general features.

Consider the vast and increasing army who are required to give their lives and fortunes to the rectification of moral and physical obliquity. Here are three great professions—the clerical, the legal and the medical—solely given up to the treatment of human depravity; and here, also, must be included the multitude of penal and charitable workers in the same field.

Churches, charity societies and jails are in greater pro rata demand in this country than ever before; and what is true of this country in this respect, is more largely true in any other quarter of the globe. The raid upon human life by homicide and suicide in all their variations was never before at so high a pitch. There is a greater percentage of apoplexy and paralysis, epilepsy and insanity, consumption and heart disease, infant death and general debility, and a less percentage of death from "old age" than heretofore in our statistical history. We have pro rata more organic headache, hysteria, neuralgia, dyspepsia and constipation than formerly, and the crimes against the generative functions dwarf all ante-present practices. This is not mere assertion. Turning to the vital statistics of the United States, I find figures that may well attract your earnest consideration. These data are taken from the tables of the years 1850-'60 and '70. Prior to the year 1850 the statistics relative to these matters were incomplete and untrustworthy, and those for 1880 have not yet been received. But inasmuch as all the causes that operated to produce this condition in the three decades prior to the one just passed are still in full blast and activity, it will be safe to conclude that the tables for 1880 will show no improvement in these particulars. In 1850 there was one insane person in the United States to every 1,479 sane persons in the entire population; in 1860, one to every 1,310, and in 1870, one to every 1,030. In 1850 the ratio of deaths from consumption was one to every 692; in 1860, one to every 640, and in 1870, one to every 550. In 1850 the ratio of deaths from apoplexy and paralysis was one to every 5,000; in 1860, one to every 4,000, and in 1870 one to every 3,000.

In 1850 one died of convulsions, or diseases of the intellect, to every 3,400; in 1860, one to every 3,100, and in 1870, one to every 2,600.

In 1850 one died of heart disease to every 7,000; in 1860, one to every 4,000, and in 1870, one to every 2,250.

In 1850 one died of diarrhœa, or cholera infantum, to every 1,900; in 1860, one to every 2,500, and in 1870, one to every 1,100.

In 1850 one died of spinal disease, or debility, to every 11,000; in 1860, one to every 7,600, and in 1870, one to every 2,300.

In 1850 one homicide was committed to every 102,000; in 1860, one to every 31,000, and in 1870, one to every 18,000.

In 1860 one suicide was committed to every 31,000, and in 1870, one to every 28,000.

Contrast now with these astounding figures the percentage of deaths from "old age." To be sure, the term "old age," as found in the tables, does not definitely determine *what age*, and is relatively inexact; but, considering the time covered by the observations, and the vast army of reporters, and also that the collations were made through successive decades, it is sufficiently definite to indicate the trend of the current and prove the general fact.

In 1850 one died of old age to every 2,600; in 1860, one to every 2,900, and in 1870, one to every 4,800. This will stand out more prominently when I state that the total number of deaths from old age in 1850 was 9,027, and in 1870, 7,986—a decrease of 1,041—while the population had increased by about 18,000,000.

This is most certainly a dark page, and were we to stop in the current of its mighty suggestion, its pessimistic logic would well nigh overwhelm us. Continuing the investigation further, however, I find a vast improvement in the records regarding the sporadic, epidemic, endemic, inflammatory, eruptive, febrile and *functional* diseases generally. The medical men, whatever else may be said of them, have done yeoman service in reducing the percentage of death in all these classes. Thirty years ago, and a loss of 35 per cent. in the one disease of typhoid fever alone was the fact. Now, a doctor that loses more than one in ten, with that disease, is passed by.

Pneumonia, instead of being one of the most deadly maladies known to the healer, has come to be one of the most tractable of all the major affections. The deadly malaria that formerly covered, like a cloud, the hills and valleys of

this great west has now practically vanished. Dysentery, cholera, small pox, and even yellow fever, no longer march over the land like an army of death, but are throttled and pent up wherever found. Human sympathy is fast being withdrawn from that family or community that will persist in the violation of the best established sanitary provisions; and the town that will yearly spend its scores of thousands upon a senseless Mardi Gras, while its foundations are forever soaked with stagnant water, loaded with sewerage and excremental matters, will not again touch, in the popular heart, so sensitive and sympathetic a chord of response as she once did.

Herein is encouragement, and it is because of these reasons that the tables furnish us the following happier statistics:

There died in the United States, from *all causes*, in 1850, one to every seventy-two; in 1860, one to every eighty, and in 1870, one to every seventy-eight. So that, notwithstanding the marked and increasing degeneracy in the several lines, as before shown, the general percentage of mortality has been so far, by dint of tremendous struggle, kept at about the one figure. But while this is cheering, it is far from satisfactory. We can not be content to rest from our labor, or abate one tittle of our effort, while the choicest part of our individual and collective life is being destroyed with augmenting rapidity.

With a plague worse than "black death" constantly at work before our very eyes, we are impelled onward. Again and again the question comes: What produces such early and disproportionate decay in the vital centres? Why, as in an increasing arithmetical progression, is reason dethroned, the will emasculated, the nervous life rendered irritable, restless and impulsive as never before; the calm and inertness of paralysis settling down upon the bodily members in the very midst of activity and continued life, and the major organs of the body refusing to perform their functions, as intended, before the expiration of natural existence?

Extenuate and apologize for this condition as we may, the great fact of *human agency* remains untouched. It all means infraction of law—benign, but irrevocable—and is the first installment of the penalty of disobedience. This transgression, to be sure, is not restricted to a single act or indulgence, but has a seemingly wide range, and many forms of expression. Summing it all up, however, the causes resolve themselves into one—*deterioration of the blood*—the life current of the body. Whether this is accomplished by overcrowding, overfeeding, overworking, the inhalation, ingestion, or absorption of things hurtful, or by the expression of depraved sensual appetites, the result is the same; and being finally manifest in this very vitally plastic and formative material, the blood, is thus built into the very structure. This is the very essence of physiological deduction, and is indisputable. Given an infant life, the determination of what that life shall be—physically, morally and intellectually—is almost entirely in human hands. Aye, more; the very predetermination of the course the new life shall take when it comes; the instinct, impulse, bias, is *parental*. God gives the spirit, or life, but we gather the materials put them into the structure of the house, and determine the environment. What is this but “working together with Him?”

Emerson says: “We are all entitled to beauty, *should have been* beautiful, if our ancestors had kept the laws; as every lily and every rose is well. Because of this, our bodies caricature us and satirize us.” We talk about *free-will*, but give it an imperfect machine, a damaged brain, through which it is to express itself, and then pass pharisaic judgment upon the results! Well may we begin the review of human accountability, and the reformation of many of our notions of “God’s mysterious providence.”

But, admitting all this, how are we to account definitely for the increasing and alarming degeneracy of our time? In what respect do people now differ from those of past centuries? What disease agencies are operative in greater potency than formerly? It is not denied that we know

more about the rules of living, and insist upon a better observance of them generally, than did our predecessors; that it takes about the same amount of healthful nutriment to sustain us as it did to sustain them, and that, so far as the outside environment goes, the balance is in our favor. If that were all, as it ought to be, we should undoubtedly find in all the phases of correct living the *whole balance* on our side, and our race a long distance further on toward the dawn of the millenium than we do. But about six generations ago, an influence was let loose among the civilized nations, in the signal generation and augmentation of a depraved sensual appetite, that has woefully marred the result. From that day to this it has swept down the decades with an ever increasing fury and power, until, like a devil incarnate, it defies all restraint, and threatens the very bulwarks of existence. This is none other than the craving for narcotics, which I shall endeavor to la bare.

It was about the middle of the seventeenth century that tea, coffee, tobacco and opium were introduced to civilization in their present use. Although tea had been growing in China and Japan since the seventh and ninth centuries, respectively, it was not until 1664 that the East India Company brought it to Europe and the west. Coffee, from the Turks, followed about five years later, and tobacco, from America, preceded both by about fifteen or twenty years. Opium was carried into the Chinese Empire by the Tartar hordes at the era of the conquest, in 1644. With a Persian origin, it gradually permeated all the nations, but did not have more than a medicinal use till a century later, when DeQuincy, by his most unfortunate "Confessions," gave it its chief send-off in the current of appetite. Alcohol, the chief of these poisons, is in some of its forms very old, having mention in our bible and the sacred writings of Zoroaster and the Brahmins. The Moon plant, or Soma plant, was the forerunner of the vine, and Soma juice was the intoxicating beverage for an untold time before wine was known. Wine is hoary with age, being heard of in Egypt thousands of years ago. Distillation however, is a modern

process, and is not mentioned prior to the seventh century of the Christian Era.

Chloroform, Ether and laughing gas, the anæsthetic members of this family, have been added to the list within the last half century; while Chloral hydrate, the youngest and one of the most vigorous of the type, is only twelve years old. The voluminous history relative to the introduction and habitual consumption of these agents is replete with a sad but intense interest. How their seductive ministrations have appealed to the animal in man, thereby gaining for them quick introduction and partisan defenders; how opposition has met them at the threshold, in the handful of sentinels ever sounding alarm at the onset of danger, and how, in spite of the analysis and denunciations of these true physicians of the race, they have gone rapidly on, making friends with the innocent, sapping the foundations of good resolve, and leaving in their pathway the broken hopes, in mind and body, of their deluded victims. So far in their history, like the kite against the wind, they have seemed to flourish by opposition. For the most part they have defended themselves with silence and apology; have sought to neutralize, by every device known to ingenuity, the visible marks of their degeneracy; have argued their importance by pleading their commercial value, in quick fortune and large revenue to the individual and the state, and by long familiarity have at last assumed the role of virtue, and attempted to prove to us that they are in the form of "Stimulants" necessary to our very existence, second only to our food and air—our nutriment—of which they form a part! They sophistically argue further, that we make better soldiers, statesmen, ministers, lawyers and doctors, when under their "mild" influence, and that our brains, hearts, stomachs, muscles and nerves, are not competent to make their best expression without them. Thoughtless and unkind Creator! That poor humanity should be left till the noonday of the seventeenth century, in want of such cardinal necessities! I am constrained, in the presence of this argument, to cast a glance over history prior to 1650. Have these narcotic

times produced soldiers better capable of enduring the fatigue and hardship incident to mountain march and bivouac than were those of Alexander, Hannibal or Cæsar? Has our pulpit any brighter example of what can be accomplished for God and Christian logic than Paul and Luther evinced? Does our bar train better jurists and statesmen than those of Rome and early England? Shakspeare, Michael Angelo and the Grecian sculptors still lead the world, although they knew not the "cups that cheer, but do not inebriate," the smoke that clarifies, by its very density, or the opium-produced dreams of the morbid DeQuincy.

We have then the history of the narcotic inception and the methods of its progress, but have not been fully conscious of the rapidity of its advancement. Turning again to the statistics of our own country, we find that in 1820 the amount of tea consumed was $6\frac{1}{2}$ ounces per capita; in 1850 it had increased to $12\frac{1}{2}$ ounces per capita, while in 1878 we were using 22 ounces per capita.

The consumption of coffee in 1820 was $2\frac{1}{2}$ pounds per capita; in 1850 it was $9\frac{1}{2}$ pounds per capita, and in 1878 it was 11 pounds per capita.

Regarding opium, tobacco and alcohol, our first reliable data were furnished by the internal revenue department in 1869.

The increase in the importation of opium for the eleven years ending 1880 was about 80 per cent, while the increase in population was about 35 per cent. We are now consuming as nearly as can be ascertained, about 400,000 pounds of the crude drug per annum. And we have not many Chinamen with us either!

Since 1869 each man, woman and child in the United States has statistically consumed yearly $4\frac{1}{2}$ pounds of tobacco. As shown by the revenue reports, the consumption has increased during that period 66 per cent. In 1876 the Revenue Commissioner made the following very low estimate of the tobacco consumption:

Number using it—two-thirds of the adult male population.....	8,000,000
--	-----------

Number of pounds used for chewing and pipe smoking..	119,435,874
Number of cigars and cigarettes smoked.....	1,969,939,662
Number of pounds of tobacco per head per year.....	15
Number of cigars and cigarettes per head per year.....	240

Which makes about five ounces of tobacco and five cigars per week to each consumer.

(To be continued.)

Gynecological Department.

PROGRESS IN GYNÆCOLOGY.

BY W. DANFORTH, M. D., MILWAUKEE.

The gynæcology of to-day is but fifty years old. Prior to that time, isolated cases or surgical interference are here and there reported, but no general action along the line of present work was known. Uterine and ovarion tumors were both unrecognized and unremoved, recto- and vesico-vaginal fistulæ were left to time, while the patient was reduced to worse than a lepers fate.

Lacerations of the cervix and perineum were unremedied, entailing upon their victims lives of pain and great suffering. Uterine deviations, ulcerations, strictures and morbid conditions were left to chance, while the unfortunate sufferers were in too many instances sent to insane asylums, there to drag out a miserable existence.

The ancient doctor, notwithstanding this deplorable state of things, was, in his own estimation, an indispensable factor of society he then, as now, looked wise and talked doubtfully, often assuring the anxious mother that Mary might recover if the solution of the continuity of the stomach had not gone beyond the possibility of recuperation, or words to that effect. The priest found shelter behind his creeds, while the doctor flourished his Latin phrases with surprising effect, charging the incurability of his cases upon planetary movements or the visitations of God.

This condition of things was not due to stolidity of medical brain, so much as to the unfortuitous circumstance, it was then, and still is, utterly impossible to make a thorough and satisfactory examination of the pelvic and uterine cavities by the use of the cylindrical speculum, with the patient in the recumbent position. Working then with such appliances the practitioner progressed *at best* in a circle, establishing such a diagnosis, as a few years since obtained in amaurosis, i. e. "a disease in which the physician *sees nothing*, and the patient *sees nothing* also."

It remained for modern discovery to provide ways and means of more practical and profitable progress.

The discovery and use of anæsthetics in 1846, placed the patient "*Hors du Combat*," and the surgeon at ease also, in the investigation and treatment of uterine disease. The introduction of Sims' speculum, and associate instruments (with the patient in the lateral, semi-prone position), removed the last obstacle to a grand forward movement in this domain of practice, and from 1850 to 1860 greater actual progress was made than had been experienced before in five hundred years. Progress in medicine, politics, and religion, has heretofore always occurred in pyroxysms or spasms, and *never* been marked by steady, monotonous and gradual advancement. Some discoverer of rare genius, whose intellect towered above his fellows, dominating the field of thought, has here and there flashed upon the plodding times, making his epoch as an era.

Without collusion, and widely separated from one another, Simpson, of Scotland; Brown, of England; Sims, of America; and Simon, of Germany; each announced important advances in gynæcology, marking such simultaneous and complimentary progress as had never been made before.

The average doctor awaking to a comprehension of the new and realistic of his times, has elaborated the products of genius and filled not only the journals but our libraries as well, with records of new inventions, and curious mechanical devices, calculated to facilitate practice, and increase the chances of our success.

The impetus given, still continues, and the doctor of to-day, who hesitates to perform any required operation in this field of work, must, per consequence, take rank as a second class practitioner. Not alone this, but the time is near at hand when he, who does not possess a knowledge and operative ability to properly care for those committed to his keeping, will be deemed guilty of malpractice, and held for damages.

In the treatment of fractures, the courts now hold the surgeon responsible for average results; i. e. he must show that he has used proper splints, applied in the most approved manner, and further, that he has so adjusted and secured his appliances, as to have permitted the blood to flow to, and return from the extremities with the least possible embarrassment, so that nutrition and repair shall attain average results. Failing in this, he is deemed guilty of malpractice, and asked to make up in cash what he lacked in brains.

We shall soon be held for like average results in gynecological practice. We should not fail to stitch a lacerated perineum at the moment of its occurrence, to deliver with forceps in protracted labor, with impaction of foetal head (lest recto- or vesico-vaginal fistula result), or fail to diagnose and properly treat pelvic hematocele, to cut cervical stricture for dysmenorrhœa, to diagnose and treat in the most approved manner uterine and ovarion tumors, in a word, to possess *and use* average skill in the treatment of female disease.

I would not be harsh in the criticism of Homœopathic practitioners in this domain of professional work, but feel warranted in saying that our average is below that of the dominant school; and that consequently, we ought to bestir ourselves, look well about us, gird ourselves for the competitive battle, and make bolder advances into this now brilliantly illuminated field of practice.

Our fault lies less at the door of the busy practitioner than with the college teacher. Until very recently nothing whatever of practical value has been taught in our schools

of medicine on the subject under consideration. A learned professor now prominent in our school, instead of teaching his class by ocular demonstration, advised them that they would recognize the cervix by the touch, because it so resembled the end of the nose in feeling — with such meager information the graduating classes went forth for ten years.

Happily now, the speculum is occasionally used, and the newly fledged doctor is supposed to have seen the cervix several times, before he is called upon to stand up in defence of moder gynæcology.

Another cause of non-development in our school, is found in the opposition to local and surgical treatment for the cure or removal of any morbid condition or uterine growth. We have full fledged doctors, some of them sporting heavy beards, and boasting of a long and successful practice, who cure and remove ovarian cystomas with the higher potencies, say from the 30 to 81,000 of Apis or Colocynth, *long continued*, and they deplore and condemn local treatment for chronic cervicitis, endo-metritis, cervical ulceration, and kindred conditions, assuming that patients can always be cured by the potencies quicker and better than by any other means.

The reasonable explanation and reconciliation of all this apparent discrepancy of doctrine and practice, is found in the fact of these non-development doctors having graduated from colleges where the old cylindrical speculum was (not used), but recommended, and no particular line of treatment advised or practiced, find themselves unable to perform local treatment in any practical or satisfactory manner — and, being doctors, of course, must be more or less bigoted (the more the less they know), and so conclude and believe they know all that is essential to be done for the welfare of their patients. Not being able to treat locally, they treat medically, and soon come to know the end of the law — (or at least, the end of their law of practice).

All this conflict of teaching and practice will soon pass away. We are to-day in the transition stage, building a bridge between the old and new, so that Ephraim may

leave his idol to go over to the Philistines and learn the art of warfare from them. "Narrow mindedness is a misfortune; obstinate and perverse opposition to the truth in the face of evidence, is a crime." And so we have the unfortunate and criminal to deal with. *Meanwhile* the world moves; our newest and most progressive colleges are getting abreast of the times; the speculum and all its accessories are now used and advised by them, and the graduates to be turned out in the near future, will be a match for Sims, Emmett, Thomas, or Goodall. We must brace up, take courage, keep alive our watch fires, and help one another to a better understanding of every advanced method of treatment known among us.

To that end, I beg to submit for your consideration a few cases which have cost me a good deal of anxiety, and which illustrate the necessity of advanced knowledge, and a bolder practice than belongs to the potential doctor.

CASE I. Mrs. P., American; forty years of age; small in stature; married twenty years; five children; youngest three years old; of previous good health; has not been as well since last child; menstrual irregularities, with occasional menorrhagies and increasing general debility; for past two years has experienced profuse flow at monthly epoch, accompanied by membranous shreds, coagula and ichor. She was under the care of a well known practitioner of our school, in this state; had taken most of the remedies indicated, for years without any appreciable benefit. I was called in consultation, and asked the attending doctor what his diagnosis was. He replied that he had treated her symptoms, had made frequent examinations, could find nothing wrong, but believed that there must be retained placenta from last confinement, etc. I made a careful examination in Sims's position, found cervix normal, but manifest uterine enlargement; sound indicating six inches; interior of cavity rough, nodulated, and bleeding easily on touch. The patient was very much reduced by the excessive and exhausting discharge so long continued; looking like a person in the last stages of consumption. My diagnosis was *mucous-polypi*,

resulting from chronic endo-metritis, with degeneration of mucous membrane, and, notwithstanding the extreme prostration, I advised the use of the curette, so as to freely scrape the uterine cavity, thereby destroying the diseased membrane, and trusting to nature and fortuitous circumstance for subsequent recovery. The attending physician still held to his diagnosis of retained placenta. The husband of patient was very much perplexed to know what to do. Finally I got the consent of patient and husband to an operation; introduced a large sponge and several small laminaria tents, and in fourteen hours afterwards found good dilatation. Patient etherized and brought upon high table in Sim's position; a wide speculum introduced, bringing the cervix plainly into view. Securing the tenaculum, I introduced the curette, and freely scraped the uterine cavity, removing a coffee cup full of debris (shreds and polypi); finally applying a strong solution of persulphate of iron to the denuded surfaces. Patient reacted well; had no flowing or febrile disturbances afterward; rode out on the tenth day following; health improving rapidly; menses perfectly normal since, and is now (over a year since) in robust health.

CASE II. Mrs. S; German; small stature; aged thirty-eight; married fifteen years; three children; conditions in all essential particulars similar to case I. This case occurred some years since. She had been under treatment two months at St. Luke's Hospital, Chicago, without any benefit, and also about the same time at Hahnemann Hospital, where she was treated for cancerous degeneration, without benefit. She became discouraged; left the hospital, and fell into the hands of a German physician, who called me to see her. I examined and diagnosed; mucous polypi again. Although naturally of a very robust constitution, she had become very much reduced, having night sweats and really presenting the cancerous cachexia.

On sounding, I found the uterus enlarged, and presenting the same nodular feeling that obtained in the case just recited. I introduced the sponge and laminaria tents, securing a good dilatation, and then freely scraped out the uterine

cavity, using persulphate of iron as before recited. She reacted well; there was no flowing or inflammatory disturbance following. She soon regained good health; became pregnant, and was delivered of a healthy child at full term, sixteen months after the operation.

I have no less than a dozen cases similar to the above, all of which were treated with the curette, and in every instance with a like good result.

CASE III. Mrs. C; American; aged thirty; married nine years; no children; never pregnant, but has been subject to severe dysmenorrhœa, and at times epileptiform convulsions; in apparant good health; has doctored a great deal without any appreciable benefit. She is a lady of culture, moving in the higher walks of life. Had been under continuous medical treatment for past three years; the three months prior to my visit, under the care of a specialist of our school in Chicago, who gave her Stibium 30th, without affecting her any more than rain water. I was called in consultation by Dr. Burt, at whose house she was then stooping. The doctor faithfully described her case, informing me that a specular examination would, in all probability, bring on convulsions. However, she was placed on her left side, and a bi-valve speculum carefully introduced, bringing the cervix plainly into view. There was no inflammation, deviation, or in fact, any trace of disease present. On attempting to pass the sound, however, the most *intense pain* was provoked, resulting in tetanoid convulsions. *Here then* was the cause of her long suffering—*hypereasthesia of cervical canal*. There being no stricture present I informet Dr. B. of my intention of introducing a cloth tent, saturated with 95 per cent. Carbolic acid. The doctor declared that that would finish her at once—kill her outright. He remonstrated with me, said her father was one of our Supreme Judges, and that we should certainly raise a whirlwind that would wreck our estates quickly.

I assured the doctor that I did not intend to kill our patient or crush our estates, and that while that was possible, that the discovery of this condition in this particular

case, suffering for years as she had, surrounded as she was by wealthy and influential friends, every one of whom was intensely anxious for her recovery, devolved a great responsibility upon me, and I proposed to discharge my duty, and take the results as philosophically as I could. Accordingly I introduced the tent, and to the great joy of the doctor no convulsions followed. Beyond a muscular tremor of the whole system, there was no trouble experienced. (Of course I also used the cotton tampon with glycerine.) She rested well that night; tent removed in twelve hours, and on the third and sixth days following, she was similarly treated, and a most perfect cure effected.

Anatomical Department.

POETRY IN MEDICINE.—A NEW DEPARTURE.

The Homœopathic school has always claimed for itself a precedence in the science of therapeutics, and it may indeed be honestly claimed for it that it has made the most exhaustive and critical researches in materia medica that have yet been made. Its method of research, that is, the proving of drugs on the healthy, is irreproachable by any logic or science whatever—in fact it must rank as the one, the only, and the necessary method of such research. The work may sometimes have been done very imperfectly, and in all cases much that is useless may have been evolved. But this is perhaps unavoidable, and anyhow the fact remains, that a solid and reliable body of therapeutic indications have been garnered by this method—which indications are cheerfully appropriated far beyond the pale of our own immediate influence. Nothing can disguise this fact, or prevent its just interpretation in the near future.

But there have been occasional indications of late from

various quarters, that the scientific "form" is not altogether satisfactory to some of our workers. I allude to the marked tendency to "drop into poetry," which has now and then cropped out in some of our periodicals, and even in the reports of so august a body as our American Institute of Homœopathy. The latest touch has just appeared in the last issue of "*The Homœopathic Journal of Obstetrics*," where the neuralgic indications for the use of Pulsatilla are set forth in rhythmic numbers. It was this phenomenon that roused me. Heretofore I had thought that poetry in medicine, or in medical literature, ought to be confined to post-prandial celebrations, or to the use of a classic quotation on the fly-leaf of a new volume, or of a pet verse or two in the same situation, or to such extra-professional literature as every doctor has an undoubted right to put forth. But when I encountered this morceau in the *Journal of Obstetrics*, at the close too of a number distinguished by a series of papers of more than usual value, I confess that I felt compelled to re-examine carefully my position on the medical poetry question, in order to ascertain, if possible, whether after all there may not be something in it, which I had not before discerned. The result has not been as decisive as I could wish, indeed I am more perplexed than before. And it is for this reason that I present the subject to the readers of THE INVESTIGATOR to-day. The whole matter ought to be submitted to the judgment of the profession on as large a scale as possible. To be brief, I have conceded to myself that there may be a great deal in the poetic movement just mentioned, and that the real significance thereof has not as yet begun even to dawn upon us. I see herein a possible way for our school to distinguish itself as it has never yet done. The monopoly of therapeutic science is all very well, but if to this we can add the claim of being foremost to discover and demonstrate the high use of poetry in medicine, it will be glorious indeed. That something can be done here is obvious. I propose to make a beginning. I suggest that we take, for example Gray's Anatomy, a work confessedly of a very dry and prosaic character. Let us cast this

work in poetic form. Opening the volume at random our eye falls upon the section on the spine (Gray, Second American Edition, 1862, p. 40.)

THE SPINE.

“The spine is a flexuous column, formed of a series of bones called *vertebræ*.”

“The *vertebræ* are thirty-three in number, exclusive of those which form the skull, and have received the names *cervical, dorsal, lumbar, sacral, and coccygeal*, according to the position which they occupy, etc.”

So much for Gray, (the reader is respectfully requested to read the whole section). Now observe how much more pleasantly this may be presented in the form which I propose:

The spine is a flexuous column
Made up of a series of bones,
Which anatomists learned and solemn
Call *vertebræ*: every man owns

Some thirty-three pieces in number
(Excluding those forming the skull),
Named *cervical, dorsal, and lumbar*,
And *sacral and coccyge—ul*.

These segments are named from the places
They hold in the osseous frame,
The cluster of seven which graces
The neck being called from the same.

Then twelve you must know in the back are em-
Bedded, and five in the loins;
While a series of five in the sacrum
To four in the coccyx adjoins.

Sometimes an additional segment
Does one of the regions adorn,
But in that case a similar fragment
From some other region is gone.

But the cervical part is so finished
In style and in form that it's rare
To find or increased or diminished
The segments that multiply there.

The *vertebræ* in the three upper-
Most regions stand each one alone,

And never like those in the crupper
Grow all into one solid bone.

(We said "in the crupper" your pardon ;
The coccyx and sacrum we meant ;
The rhyme here, you see, was a hard one.
Which I must as I could circumvent.)

Well, in these two segments—the nether
And next—as I wished to explain,
The five sacral bones grow together,
And the coccygeal four do the same.

Of course, the metrical style should not be allowed to grow monotonous. A suitable rhythm must be chosen for each topic. The above has about it something of rigidity, a style naturally suggested by such a subject as the spine.

But now suppose we take a chipper little muscle like that described by Gray on p. 253, where he says, "The *Flexor Brevis Pollicis* arises, by a pointed tendinous process, from the inner border of the cuboid bone, from the contiguous portion of the external cuneiform, and from the prolongation of the tendon of the *Tibialis posticus*, which is attached to that bone."

Here is absolutely demanded a nervous jerky little metre, something like the following :

THE FLEXOR BREVIS POLLICIS.

The *flexor brevis pollicis*
Quite interesting allus is,
For by a process tendinous
It fastens its one end in us
Just at the inner bordering
Of the cuboid bone, so ordering

Its course that the contiguous
Cuneiform (ambiguous)
And tendon found in most of us
Called *tibialis posticus*
Do also hold a part of it—
No muscle gets the start of it.

Or again, take a subject of more intricacy, like the fœtal circulation for example. Here, it is obvious, the above choppy metre would be quite unsuitable. We now require

a metre with a touch of the real cardiac rhythm in it, smooth, sinuous, pattering, yet not wholly devoid of majesty. (See Gray, p. 700.) How is this?

THE FETAL CIRCULATION.

The foetal circulation is in man somewhat peculiar,
(And when I say "in man" of course I also mean in *mulier*);
The nutrition of the fœtus is maintained by blood arterial,
Which an appointed circuit keeps just like the orbs sidereal.

It flows from the placenta out along the cord umbilical,
Of which the doctor sometimes meets a demonstration clinical;
The pathway it pursues is the umbilic vein which enters the
Abdomen at the navel; then the ligament suspensory

It crawls along until it strikes the liver, when it branches off
In many veins of goodly size, which presently it launches off,
One sending to the left hand lobe, the others to—well, really I
Forget—but think its to the lobes quadratus and Spigelli.

Then at the transverse fissure it does yet again dichotomize
(That is, unless anatomists have told an awful lot o' lies),
The big twig joins the portal vein and then the right lobe entereth;
The little one keeps on to where a mighty business centereth;

For it strikes where the inferior cava joins the vein hepatical,
And all together stablish here a junction mathematical.
These sanguiferous vessels then (to shun terms sophomorical)
Via vena cava send their blood straight into the right auricle;

And thence it passes to the left, led by the valve Eustachian
(Remember this does not apply to aught below batrachian),
When guided on its pathway by arrangements quite identical,
It finds itself enclosed at last within the strong left ventricle.

By this the ruddy tide enrobed in crimson garb imperial
Is hurled the great aorta through and whirled by paths arterial
In multitudinous rivulets throughout the whole economy.
Behold! a most stupendous feat of animal autonomy!

There! we venture the remark that the man who cannot detect the foetal heart sounds in these lines has no ear for poetry of any kind. Furthermore, for the express use of classes in the dissecting room, a pretty little dramatic addition might be made to such pieces. For instance, this piece may be sung by a quartette of dissectors to the air in the opera of *Patience* commencing "Then go to him and say to him with compliment ironical," and to each verse might be

added an inspiring refrain to be sung by all the dissectors in chorus, as follows:—

Oh! then sing the circulation of the foetus and its history,
Which thus have been revealed to us by poetry and bistoury;
Let us revel in its beauty, while we bow before its mystery.
Oh! Poetical anatomy the coming study is to be!!

This is probably enough to enable your readers to form a pretty correct estimate of the value of the poetic idea in our literature. Responses and criticism are anxiously awaited. If generally favorable, the whole of Gray's Anatomy could be ready for the press in about a year. Pathology and physiology would follow at once as a matter of course. A few samples from either of these latter sources can be furnished at any time. As a *nom de plume* for this kind of work I have decided to adopt the apt Horatian dictum concerning the poet, *Nascitur non fit*, which may be abbreviated thus;

N—R N. F.

Consultation Department.

ANSWER TO CASE.

If W. L. W. who asks for suggestions on page 258 of *THE MEDICAL INVESTIGATOR* will consider *Natrum carb.*, he may derive some advantage therefrom. This same *Natrum c.* is probably the most important of all remedies in cases of injury (especially chronic) from exposure to the rays of the sun, and overheating from that as well as other sources. It has served me well and often in the 30th and 200th, mostly the former. Never have used it in lower potency. T. B.

THAT CASE OF EPILEPSY CURED.

In my case of epilepsy, I see in *THE INVESTIGATOR* that you advise an examination of the urine. The week before I penned that communication to your house for a quantity of White Peony tincture. I sold the young man an ounce of *Monotropa 4x*. The day I mailed the letter he reported no particular improvement. He at this time complained of his kidneys. I sold him an ounce of the tincture of *Rhus aromatica* (this acts best with me), with directions to continue the *Monotropa*, five to eight drops in a little water; one dose on rising and again at 10 A. M., and half teaspoonful of *Rhus ar.* in a little water, a dose at 3 P. M., at 5 P. M., and again on retiring. This day

he reports his troubles all gone, and says "that last medicine done the work, and after the second night the spasms ceased." H. C. CONE.

CASE FOR COUNSEL.

Mrs. R., aged thirty-eight, mother of nine children; youngest, one year old. Five years ago she contracted a severe cold. At that time her trouble commenced. Upon going to sleep she would suddenly awaken, trembling all over remaining so for a few minutes and then she would go to sleep and rest well the remainder of the night. Her cold soon getting better this trouble ceased, but returned at intervals. For the last two years has had this trouble (when first going to sleep) every night without an exception. She is feeling very well every other way; appetite good. No gastric trouble. Is regular, and does not suffer any pain at the monthly flow. She suffers the same when pregnant. Has been under Old School treatment for the last two years, without any relief. Will some one tell me what is the cause, prognosis, remedies, and oblige,

M. F. B.

CALL FOR HELP.

Patient male, aged thirty-two; temperament *nervo-sanguine*. Had an attack of malarial fever six years ago; prior to this the sexual functions were normal; during convalescence performed copulation, and noticed at the time a weakness. Ever since then, during coition, if performed in early part of night, the erection is normal, but the semen is ejaculated too soon, sometimes almost immediately after commencing the act of coition. The quantity of semen is apparently normal. If coition takes place during the morning hours after waking from the night's sleep, not only is the semen discharged too soon, but also without much, if any, sensation or thrill. The patient is free from involuntary emissions, and has no other complaints to make. I have given him *Berberis vulg.* 3x and *Calc. carb.* 30x, but apparently without any good results. I have to-day prescribed *Zinc met.* 30x, and if not sufficient had thought of *Carbo veg.* Any suggestions as to treatment would be thankfully received and results acknowledged.

J. F.

REPORT OF A FEW CASES OF RHUS POISONING.

CASE I. J. H., a young man of twenty-two years, of a very robust constitution, was last spring with poisoned by *Rhus tox.* I prescribed July 14, *Bryonia* according to Dr. T. H. Henry. July 16 was called in haste; found him excited with high fever, pain in both sides; in short, the primary effect of *Bryonia*. Prescription: *Gelsemium tincture* in drop doses. Cured in one week.

CASE II. R. N., aged about forty years, presented himself on July 4 with sore throat, bronchial affection, and an eczema on his body, likeness of *Rhus* poisoning; very severe itching, etc. Has been this way over two years, and has tried a good many remedies, but all in vain. Prescription: *Sanguinaria canad.*, according to Dr. A. F. Randall, but giving the remedy only twice daily. Cured in two weeks.

CASE III. A boy of fourteen, was very bad with the poison. Cured by *Sanguinaria canad.* 3x, five drops in aqua ζ ii every evening one teaspoonfull.

CASE IV. T. F., a young man of twenty-four years, has been poisoned off and on for the last ten years, presented himself July 18. Prescribed for him *Sanguinaria canad.* tincture five drops in aqua ζ ii every evening one teaspoonfull. July 20 he called on me again with fever, chills in the afternoon. Stupor, sleepiness, vertigo, headache, sore throat, loss of appetite, nausea, rheumatic pain in the extremities, (with stiffness and tightness in the joints) especially the knees. Prescribed *Bryonia*, *Belladonna*. August 9, prescribed again *Sanguinaria* 3 every other evening one drop, but with no benefit up till now. Will try *Mercurius* on him.

Had several more cases of *Rhus* poisoning. Will try the extract of the Bullthistle next time. Generally prescribe Glycerine and Peru balsam externally to stop the itching.

No acute epidemic diseases are prevailing here now, except sore throat. Remedies used: *Merc. iod.*, *Bell.*, *Ars.*, *Bry.*

L. HAMERSHMIDT.

Society Proceedings.

AMERICAN INSTITUTE OF HOMŒOPATHY.

(Report continued from page 309.)

Dr. Helmuth then described the varied methods of performing the operation, and exhibited his modification of the *sonde-a-dard*, continuing as follows: "The real dangers of the operation are, 1st and most important, urinary infiltration; 2d, peritonitis. The last-named, however, does not happen if moderate care be taken in the performance of the operation. In order to ascertain how high the bladder rises above the pubis when fully distended, and how much of its face remain uncovered by peritoneum, I had a number of experiments made in the Ward's Island Hospital, by injecting the bladder after death with water, and in some instances pushing the injection to the extent of rupturing that viscus. I found that it is safe to make a cut two inches and a half long in the median line, and in some instances even more, without coming in contact with the peritoneum; and even if this membrane be cut, it is not in these days considered such a terrible mishap as in former years.

"I may mention here, that what I consider the most remarkable suprapubic lithotomy on record, is that performed by Jean Root, the smith, of Amsterdam, who cut himself with a shoemaker's knife above the pubis, removed a stone and recovered. I may say, too, that I

journeyed to Leyden for the express purpose of seeing the stone, the knife, and the certificate of the notary public, now preserved in the Medical Museum of that ancient city, and that I was well repaid for my trouble.

"The very fact that after both perineal sections have been unavailing, and that lithotripsy impossible and of none effect, stones have been successfully removed by the hypogastric method, should incite us all to inquire into this method; and when, in addition, we consider the simplicity of the operation, and remember the class of cases which have been subjected to it, we will say that it has scarcely been justly represented, or a fair trial of its merits been given to it. I hope the members of this society will give the matter their serious consideration."

While this bureau was holding its session, the veterans held a meeting of their own. There was a large attendance of gray heads.

BUREAU OF GYNÆCOLOGY.

In this department, at whose meeting Dr. H. E. Spaulding presided, the papers presented were:

1. "Laceration of the Cervix treated without Operation," by Dr. R. C. Allen, Philadelphia, Pa.
2. "Laceration of the Cervix," by Dr. T. G. Comstock, St. Louis, Mo.
3. "Intra-mural Tumor of the Uterus — Removal," by Dr. C. Ormes, Jamestown, N. Y.

Dr. Allen's paper described the use of topical methods, without sutures, in combination with a Fowler pessary. The ring pessary in such cases being inapplicable and injurious.

Dr. Ormes' article gave an account of an interesting case of intramural uterine growth of fibro-cellular character. The tumor was removed through an abdominal incision, and recovery was steady and rapid, the pulse never rising above 95 nor the temperature above 100° F.

Dr. Owens cited five successful cases in his own practice, in which Ergotin hypodermically injected had effected cures of fibroids and similar conditions of hyperplasia. As he also used Ergot, per os, and administered the hypodermic injections at comparatively long intervals, Dr. Whittier was led to ask if it was by any means certain that the cures in such cases are due to the injections of the drug? Dr. Owens replied that in his opinion, all his cases got well from the effects of the hypodermic use of the remedy. If it be administered too frequently, ergotism will follow. The Ergot, by exciting strong and continuous contractions in the vascular walls, through the vaso-motor nerves, obstructs the nutritive blood-supply and thus favors atrophy of the peripheral tissues. In answer to a question by Dr. R. R. Gregg, Dr. Owens said the Ergotin treatment, if judiciously applied, did not prevent subsequent pregnancy.

Dr. Gregg believes that such cases ought to be treated on purely

Homœopathic methods, citing, in illustration, a case of uterine fibroid with co-existing lung symptoms. Pulsatilla "high" was given and recovery followed in six months, the health remaining good for the ten years which have now elapsed. Two other cases were cured with Bell. and another with Nux vom. Two of these patients subsequently bore children.

Dr. Fisk mentioned a case of extramural fibroid which he had cured with Ergot, fluid extract, ten drops three times a day. No trace of the tumor remains. Dr. J. C. Morgan learning that this patient was anæmic, thin, short of breath on going up a flight of stairs, and had a scrawny "witch-like" appearance, claimed that this cure was Homœopathic, even though the remedy was given in large doses.

The discussion was further continued by Drs. Owens and Biggar, after which the section adjourned.

BUREAU OF OBSTETRICS.

Dr. Geo. B. Peck, chairman of the bureau, presided, and gave a collated report of cases sent him from ninety physicians on the subject of "Puerperal Mortality." From the tenor of these reported cases he was led to the following inferences, viz.: that in post-partum hæmorrhage, no physician should excuse himself from a resort to external manipulation, and, if necessary, the use of hot-water injections; that in puerperal convulsions, palliation is often called for and does not contravene the teachings of Hahnemann, and that the forceps and syringe cover more of the contingencies of parturition than the most ample medicine case." In nervous exhaustion, the treatment suggested varies greatly, — cinnamon-water, drop-doses of Ammonia, stimulants, dry friction. A number advocate the prompt use of the forceps. One recommends cold applications to the spinal region. Arn., Bell., China, Camph., Acon., Ars., Calc. c., Coff., Hyperic., Phos. ac., Verat. alb., in about this order of frequency. Opiates, Cimicif., and Quin. sulph., are also mentioned.

Six physicians report deaths from hæmorrhages, and thirty-four have never lost such a case. In abortion, Ipec. and Secale seem to be favorites, but Sabina and Bell. follow them closely in order of preference, then Ham., China, etc. Tampons, etc., are in common use. Hot water used by one reporter who knows of "nothing like it." Vinegar, Iron, etc., are used topically to some extent.

In convulsions there is reported a mortality of fourteen in seventy or eighty cases. Remedies used have been, Gels., Bell., Chloroform, Hyos., Apis, Canth., Tereb., Verat. v., Cicuta, etc.

Deaths among children at birth are too numerous. The reports indicate that eighteen of those mentioned could have been saved if forceps had been used. The writer concludes that we, as a school, do not pay sufficient attention to mechanical obstetrics.

The other papers read at the sectional meeting were:

2. "Hæmorrhage as a cause of Puerperal Mortality," by Dr. Millie J. Chapman, Pittsburg, Pa.

3. "Infantile Mortality due to Labor," by Prof. O. B. Gause, Philadelphia, Pa.
4. "The Prevention of Puerperal Fever," by Dr. C. G. Higbee, St. Paul, Minn.
5. "Post-partum Perils," by Dr. I. W. Sawin, Providence, R. I.
6. "Extra-uterine Fœtation," by Dr. R. C. Allen, Philadelphia, Pa.

Dr. Eaton, discussing Dr. Chapman's paper, said the author says that a *slow* pulse sometimes precedes hæmorrhage, whereas it were perhaps correct to say that a slow pulse indicates that hæmorrhage is, not that it will be.

Dr. Grosvenor described a case of shoulder presentation, the protruding arm being black upon his arrival. He placed the patient in the knee elbow position, and turned by the vertex, saving both mother and child. Another case, similar to the first, had been fifteen hours under the care of a midwife. Prolapse of the cord had also occurred, evidently but a short time before his arrival. He gave Chloroform, turned by the vertex and delivered with forceps, then restored the asphyxiated child with a bath of 102 to 104° F. This method of treating the asphyxiated infant he had often found effective. Always has the child bathed with warm lard or oil, never with water, thus avoiding catarrhs, etc.; dresses the cord with cotton-batting, not with stiff linen, and applies a soft flannel band without hems, and avoiding any incumbrance of the lungs or heart. He recommends loose clothing extending a short distance below the feet, has the child fed at regular intervals of about three hours during the day and once during the night. If the hygienic treatment be correct, the dentition is painless.

Dr. Mills, of Chicago, approved the methods of Drs. Gause and Grosvenor. He doesn't allow the mother to be bandaged.

Dr. Spaulding thought Dr. Grosvenor's ideas sounded well, but it was not always possible to carry them out, and their good effects were not always apparent. He mentioned his own children as a case in point. The one who ate and slept at its own will was thrice as healthy as the other, which was brought up "on rule." He always bandages the mother, sees that the lower part is pinned close, and the upper part loose, and never saw any ill effects from it. On the contrary, cannot understand why we should support the abdominal walls after an operation for ascites, while we refuse the same support to the same structures overstrained by a pregnancy and the parturient process. He keeps the bandage on about seven to ten days.

Dr. Gause thought that as the death of the infant is so frequently due to premature labor, it is important for us to know how best to check premature labor-pains. He always endeavors to ascertain and remedy the cause, if it be susceptible of a remedy. If these fail, a resort to a rectal injection of starch and Opium may often suffice to avert the danger. He indorses Dr. Grosvenor's method of dressing the cord, but always ties it to avoid the possibility of hæmorrhage from the umbilical vessels. He prefers regular feeding by the clock,

but there are exceptions, and the time of nursing must depend much upon the amount taken at each time.

Dr. Farrington, referring to the popular notion, that a seven months' child is more likely to live than eight months' child, said that Grauvogel found that the woman is *in crescendo* at seven months, and in *diminuendo* at eight months. Hence her child is likely to be weaker for its growth at the eighth than at the seventh month.

As regards the use of Chloroform in labor, Dr. Ross had employed it for ten years and Dr. Guy for twenty-five years, and neither had any ill effects to report from its action. Dr. Guy had kept up its effects for eight or nine hours continuously. If the pulse becomes intermittent or flickering, the anæsthetic must of course be at once withdrawn.

BUREAU OF MICROSCOPY AND HISTOLOGY.

This bureau reported for discussion the following papers :

1. "Cancer and its Diagnosis," by Dr. J. Edwards Smith, Cleveland, Ohio.
2. "Pseudo-Membrane, Especially the Diphtheritic," by Dr. W. H. Winslow, Pittsburgh, Pa.

MICROSCOPIC DIAGNOSIS OF CANCER.

Dr. Smith's paper opens with Dr. Francis Donaldson's description of the histological elements of cancer,—“cell, nucleus, and nucleolus, all of which are peculiar to it.” He (Donaldson) says :

“In all the varieties of cancerous tissues, nuclei are to be found, either enveloped by a cell or floating free. . . . Within these nuclei there is found, habitually, a small body, or nucleolus . . . having somewhat of a yellowish tinge, with a brilliant centre and dark borders, refracting light like the fat-vesicles. Attention is particularly called to the peculiar brilliancy of the centre of these nucleoli, which, we think, is characteristic. It can be almost invariably noticed if the focus is varied.”

Dr. Donaldson further calls attention to the relatively large size of the nucleus seen in cancer-cells.

Professor Smith, while admitting that the cells as described by Donaldson are constantly found present as cancer elements, does not agree with him that they “are peculiar to it,” because it would be easy to demonstrate that they are very often present in perfectly innocent growths. Dr. Smith then proceeds to give his own observations as follows :

Fourteen years ago I repeated, with the imperfect instruments at that date in vogue, the observations by Dr. Donaldson here quoted working at times over known as well as unknown (but suspected) specimens, meeting, however, with varied success.

In the year 1874 it was my good fortune to obtain one of the first wide-apertured duplex object-glasses, then just introduced by the eminent optician, R. B. Tolles, of Boston, Mass., and after perfect-

ing myself tolerably well in the manipulations, I again returned to the examination of malignant growths, keeping well in mind the salient points contained in Dr. Donaldson's paper. Very many specimens, known to be malignant, were examined by me with the new object-glass, my attention being constantly drawn to the study of the nucleolus with the "bright centre and dark border," mentioned by Dr. Donaldson. These we worked over, striving by various changes of the collar adjustment to obtain the most perfect possible correction of the objective.

It subsequently became noticeable that the nucleolus seen in malignant specimens was in truth a first-class test object over which any error in the adjustment of the objective easily became apparent. With such an object-glass in perfect adjustment, the nucleolus, appertaining to a malignant cell, becomes a most beautiful object, exhibiting a point or points of light of the extremest intensity. By slightly changing the focus of the objective these vivid points of light vanish and are instantly replaced by points of the most intense and (so to speak) luminous blackness; this peculiar optical effect when once seen by the microscopist, will never be forgotten,—but it must be remembered that the said effect cannot be well seen without the employment of an objective having Balsam (or interior) aperture greater than 82° .

Thus far I have considered the nucleolus *in situ*, that is, accompanied by nucleus and surrounding cell. The microscopist will thus at times meet with perfect entire cells, but this is by no means always the case; in fact, specimen after specimen may be consecutively examined, exhibiting scarcely a single perfect cell, while on the other hand such specimens may exhibit thousands of "agglomerated nuclei" described by Dr. Donaldson, which, if "malignant," will with proper manipulation behave as I have described above. Beginners often mistake these nuclei for entire cells.

I have space only to record in the briefest manner the fact that in the microscope examination of sputum from patients suffering from acute tuberculosis, or from either of the structural changes accompanying phthisis pulmonalis, thousands of detached "agglomerated nuclei" are to be seen. These, if malignant, when cross-questioned by modern wide-angled objectives, exhibit precisely the same characteristics before mentioned. These, too, are quite as sensitive objects over which to adjust the objectives, and require the same nicety of manipulation; and when these appearances are thus seen there need be no hesitancy in rendering an unfavorable prognosis.

Since the introduction of the wide-angled objectives I have had a somewhat active experience in microscope examination of urines, and in several instances have observed in such specimens entire cancer-cells, as well as the "agglomerated nuclei" before referred to, and have thus been enabled to diagnosticate the existence of "cancer" many months in advance of any objective or subjective symptoms pointing thereto.

Through the kindness of Professor Schnieder, dean of the Cleveland College, I am enabled to supplement the foregoing with the following report of an interesting case from his own practice. I give the doctor's own words as follows :

"In the month of October, 1877, I was called professionally to see Mrs. S., who had been suffering for ten years with a urinary trouble. She had just returned from New York, where she had been under treatment for eighteen months for the above trouble.

"She was improved by surgical treatment,—the establishment of a vesico-vaginal fistula, which had been left open ten months and then closed. The symptoms of vesical and urethral irritation were very prominent and distressing when I first saw her. Before beginning my treatment I subjected a specimen of her urine to Professor J. Edwards Smith for chemical and microscopic examination, which revealed the fact that there was chronic inflammation of the bladder, also suspicious cells, which Professor Smith denominated cancer-cells. These microscope examinations were made frequently for several weeks, until, say, ten such examinations were made. During this time I treated the case by its subjective symptoms, the indicated remedy being Sarsaparilla, under which she improved much. She also drank freely of Bethesda water, which I consider pure water. Her general health being much improved, she went to spend the winter with friends in Illinois. I continued the treatment of her case for some time after her departure, and had several specimens of her urine sent me for examination, in all of which appeared the suspicious cells.

"The following summer she returned to Cleveland, when she called my attention to a small tumor, the size of an almond, in the right breast, which made its appearance in the month of February, in which were the characteristic pains of cancer. I changed her prescription to Conium 6x, and it relieved the pains to some extent, and the growth subsided one-third in size.

"Subsequently, however, to her return from Illinois it again grew rapidly and became alarming, so that the next February, 1879, she went to Chicago, where the breast was amputated, and it healed kindly, and for some months she supposed she was quite well. She returned to Cleveland about one year after (1880), and the tumor developed in the cicatrix, growing rapidly for the past year. She has had it removed time and again by the use of plaster. She has been under my care for the past three months, and during that time Professor Smith has examined her urine, and still finds the same suspicious cells. I will add that in the latter specimens examined, Professor Smith had no knowledge of the personal history of the case—that there was a suspicion of cancer—as this was kept from him.

"I append this case in confirmation of the theory which is developed by the observations of Professor Smith, that cancer-cells can be detected and may be found in the excretions long before there appear any known pathological lesions, or when the lesion is far removed from the excretory organ."

Dr. Winslow's paper divides the diphtheritic exudation into three forms :

1. A simple morbid, amorphous protoplasm, composed of blood-serum, albumen, and mucin. This cannot be separated from the detritus of epithelium and mucus-corpuscles, which come from the diseased surface through which the exudation passes.

2. The semifluid constituents of number one, with the addition of nuclei, leucocytes, and red blood-corpuscles, lying in interstices of a loose, fibrinous matrix.

3. The constituents of numbers 1 and 2 in moderate quantity, with a larger amount of fibrin than in number 2, having its fibres running in every direction, and forming a dense, leathery membrane, resembling that which lines the egg-shell of the fowl. The free surface is the densest, and the stroma diminishes and becomes looser towards the mucous membrane.

One case of diphtheria may have only the jelly-like exudate of the first; another, the jelly and slight organization of the second; and another, the truly-organized membrane of the third group. It may be possible for a case to have, at different stages of the disease, each of these products in succession, not always regular.

Bacteria are found in all, but are not considered significant.

The first and second groups occur frequently upon the velum and pharynx the third in the larynx. When appearing in the pharynx, the fibres are arranged indefinitely, but *when formed in the larynx, there is a great preponderance of fibres running in a direction parallel to the vocal cords.*

BUREAU OF ANATOMY AND PHYSIOLOGY.

This Bureau, at the sectional meeting, at which Dr. W. Von Gottschalk presided, presented papers on :

1. "Some Points of Similarity in the Eye and Ear," by Dr. W. H. Winslow, Pittsburg, Pa.

2. "Surface Marks of the Abdomen," by Dr. A. S. Everett, Denver, Col.

3. "How Shall We Teach Anatomy?" by Dr. A. S. Everett,

4. "Physiology of Menstruation," by Dr. William Von Gottschalk, Providence, R. I.

These were read, and a brief discussion followed.

BUREAU OF OPHTHALMOLOGY, OTOTOLOGY, AND LARYNGOLOGY.

This Section held a meeting, at which papers were read, entitled :

1. "Hyperæmia of the Internal Ear," by Dr. W. H. Winslow, Pittsburg, Pa.

2. "Relaxation of the Membrana Tympani," by Dr. J. H. Buffum, Chicago, Ill.

3. "Kali Phosphorica in Suppurative Otitis," by Dr. H. C. Houghton, New York.

4. "Color Blindness," by Dr. C. H. Vilas, Chicago, Ill.

These papers were read, discussed, and referred for publication.

THE EXCURSION TO WARDS ISLAND.

On Wednesday afternoon, the physicians attending the sessions of the American Institute of Homœopathy and their friends were made the recipients of a delightful excursion. The steamer carried a large number of excursionists up the harbor—past the Brooklyn bridge, through Hell Gate to Ward's Island; the objective point being the Homœopathic Hospital, with its six hundred beds, located here and under the direction of the Commissioners of Public Charities and Correction. The company on arriving at the hospital were welcomed by Dr. Egbert Guernsey, President of the Medical Board, and by Dr. A. P. Williamson, Chief of Staff of the hospital. Dr. Dowling, the President of the Institute, unfortunately found himself in the position of host and guest, and, therefore, introduced Dr. William L. Breyfogle, the Vice-president, who responded to the welcome, and tendered the thanks of the Institute for the hospitality extended by the medical officers and by the Board of Commissioners.

Then followed a rapid but general inspection of the hospital, the resident physicians and other officials exerting themselves to the utmost to make the brief visit of their guests as pleasant and as satisfactory as possible.

On the return trip, a collation was served on board the steamer, the guests entering into this part of the programme with the keenest zest and evident enjoyment. All were loud and hearty in their praises of the generosity of President Dowling, through whose big-hearted liberality this delightful occasion had been provided.

THE BANQUET.

On Thursday evening, the proprietor of Hotel Brighton tendered a banquet to the members of the Institute and their friends. After ample justice had been done to the tempting viands, a number of toasts were offered (Dr. Selden H. Talcott acting as toast-master), which were appropriately responded to by various members of the Institute, the exercises closing at a late hour.

In making up our report we are indebted to the *New York Times*, *Hahnemannian Monthly*, New York papers and personal friends.

This report will only increase the longing to see the full transactions.

The International Hahnemannian Association held an earnest meeting. They listened to an able address by Dr. Wells and some very practical papers.

THE HOMŒOPATHIC MEDICAL SOCIETY OF
MICHIGAN.

The Twelfth Annual Session of the Homœopathic Medical Society of the State of Michigan, was convened in the upper lecture room of the Homœopathic College Building, University of Michigan, and called to order at 9 o'clock A. M., by the President, O. R. Long, M. D., of Ionia.

Prof. H. C. Allen, on behalf of the resident physicians, delivered the following address of welcome :

Mr. President and Members of the State Society:—As chairman of the Executive Committee, it becomes my pleasant duty, on behalf of the resident physicians of Ann Arbor, to extend to you a most cordial welcome to our beautiful city—the Athens of the Peninsula State. But Mr. President, I need not tell you you are welcome; you are already aware of that; *we are the honored by your presence.* Without seeming disrespect on my part, has not the time arrived when this farce of courtesy, which has become little else than a personal advertisement of the unfortunate victim selected to deliver the “address,” give place to *time* which could be much more profitably occupied in aiding the object of your mission, viz: the advancement of scientific medicine. And yet, this time-honored custom is symbolic of the age in which we live, an age so prone to adhere to the old well beaten path, so ready to point the finger of suspicion at or load with calumny and abuse the venturesome fellow-mortal, who with the eye of faith sees—or believe he sees—what we do not, and consequently has the courage to put into practice what we never would attempt. Hence, the distinction which the world, makes between a *fanatic* and a *genius*, is often imperceptible. If he succeed, the derision and contempt with which he was first greeted is converted into applause if not into hero worship, and from a more than suspected lunatic, he suddenly become the genius of his age, the benefactor of his race. “A prophet is not without honor save in his own country;” and if he fail, “I told you so” is heard on every side, and the unfortunate dreamer is soon forgotten in the busy race. On the other hand, “Nothing succeeds like success.” The partition which divides the fanatical dreamer from the man of genius, is often very thin; in fact, both are often found in the same person. A man may be the former during his lifetime, the latter after his death; often the former at home, the latter abroad. Whether success or failure attends their efforts, either in demonstrating the law of gravitation or constructing a perpetual motion, in the simple faith of their convictions as well as in their indomitable perseverance they are wonderfully alike; it is *failure* which to the world makes one incredible folly, and *success* that transforms the other into the clearest of prophetic prevision. Columbus was a dreamer and a fanatic in the age in which he lived; and it was only after he had demonstrated that an egg could stand on

end, that he was permitted to successfully guide the rudder which wrested an undiscovered continent from darkness. He then became a success; and with each succeeding age his discoveries have been more important and his memory more secure.

The social and professional ostracism which befel Edward Jenner, when in his simple undoubting faith, in the enthusiastic flush of conquest, he proclaimed to his stricken and helpless brethren in great discovery, has rarely been equalled in severity in the history of medicine. Yet the succeeding century has placed the laurel wreath upon his brow and written his name high on the roll of fame among the world's great benefactors.

In mechanics, dreamers have for years been in search of a perpetual motion, thus far in vain; while in the medical arena not only years, but centuries have been spent in search of a universal remedy—a specific—for the name of a disease, with equal success. To Hahnemann was reserved the discovery; but he found it not in a universal remedy but in a universal "Law of Cure," to be applied to all diseased conditions irrespective of technical names. Like Jenner, not only social and professional ostracism were meted out to Hahnemann when he proclaimed his great discovery to his medical cotemporaries; but unlike Jenner, the discovery which Hahnemann bequeathed to his disciples, carried with it the bitter persecution so liberally bestowed upon its founder.

In Grecian mythology, it is said that Prometheus first brought fire from heaven for the benefit of men. In memory of him the torch-light races of ancient Greece were instituted, in which the contestants ran with lighted torches, the strife being to preserve alive the flame and to hand his burning torch to his successor. Dishonor was the penalty for allowing the light to go out in his hands. We have received from our predecessors the torch transmitted to them by Hahnemann. For our honor, the honor of our cause, the honor of our state, let us see to it that at this meeting the torch be kept burning, and that when our time shall come may it be said of us that we transmitted it with flame unextinguished, with light undimmed, a beacon-guide to our successors in the race.

The President made a brief reply, and then introduced the Acting President of the University of Michigan, Henry S. Frieze, L. L. D., who spoke as follows:

Mr. President and Members of the Homœopathic Medical Society of the State of Michigan:—It gives me great pleasure to stand here before you to-day to welcome you to the University of Michigan, in behalf of its officers and faculty. It has often been our pleasure to welcome to these grounds societies of science, art and industry, and it has always been a part of our plan to show our guests through all the departments of the University. We therefore welcome you on this occasion to make your stay as pleasant and profitable as may be, by feeling that the university, in all its departments, is open to you at all hours.

The University now consists of six departments, complete in themselves, with their separate corps of faculty and students, and as a marked result of the liberal-minded people of this state, who have thought their legislature so munificently endowed us with appropriations to meet the needs of this great institution, so that now the privileges of a liberal education are provided for in all its departments. It is my privilege to welcome to this institution, and to invite you so far as your duties may permit during your brief stay, to visit the class rooms, the laboratory, the museum, the library, and in short, all the departments, feeling that there are no restrictions, but that everything is open to you all. I trust that your meeting here may be so pleasant and profitable that you may find it to your interests to hold many of your anniversaries here.

Dr. T. P. Wilson moved that the reading of the minutes be temporarily laid on the table. Agreed to.

Dr. H. C. Allen moved that the annual circular as issued by the secretary be adopted as the order of business. Agreed to.

The president delivered his annual address as follows :

My thanks are due and are most heartily tendered to this Association for the honor courteously conferred upon me at last year's meeting, in the election to preside over the deliberations of this session. I am deeply conscious of the kindness and gentlemanly feeling which dictated that procedure, and which meets me in my new arena of duty with sympathy and regard, which render my task a pleasure

According to an old custom, more honored in the breach than in the observance, I should here and now weary your patience and consume your time by making a show of modesty, disclaiming personal fitness for the task you have assigned me; as of old when the priests in the higher degrees were looking for the laying on of hands as bishops, they always said *nolo episcopari* ! I shall not conform to that time-honored precedent, having faith in your courtesy and having no wish to question your motive in your selection of an incumbent. I accept your conclusion as final for the time being, and shall endeavor to render myself deserving your kind forbearance and consideration, though I may not your approbation.

My faith to satisfy my friends to whose generous confidence I am entitled to this honor, must not rest on the address which I offer as my inaugural. The medical man is seldom an orator. Deeds, not words, are demanded at his hands. A practitioner laboriously engaged in the duties of an arduous profession, liable to be summoned at any moment of the day or night to cases of severest suffering and most imminent danger, in which the issues of life and death seem to be in his hands, and where the slightest misapprehension might be fatal, can hardly hope to prepare such an oration as would do justice to our aims and objects, and befit an occasion such as the present. The audience which I immediately address, and the wider and perhaps less indulgent public which we meet in our ever growing circle of learned societies, with which we are affiliated, seem to

require from one who occupies a representative office in this connection, a model of literary excellence in form and construction, conveying an epitome of all that we have yet attained in medical jurisprudence.

It is in the sheer impossibility of my fulfilling such exalted conditions that I take refuge while presenting the *resume* of progress, which it is my purpose to submit, in the simplest phrases that can express my beliefs and apprehension as to the status we have obtained and the prospect that opens before this branch of the healing art. My consciousness of many reasons why this deliverance must fall short of the standard which my ideal offers for realization does not express itself in faltering terms, because I am aware that among my judges to whom at this moment I appeal, there are those who have passed through similar ordeals, know how hurriedly the meditations of the undisciplined speaker are thrown together, and will make generous allowance for blemishes and drawbacks in manner and arrangement, if not as to conclusions, which in the very essence of things are inevitable where nature has withheld its supreme endowment—genius.

There is one merit and only one which I shall claim for my address, and shall endeavor to sustain the claim, and hope for your favorable verdict though all else should go amiss. My brevity will I hope challenge your admiration and friendly regard, in consideration of the fact that your every moment is preciously freighted with duties and responsibility.

The serious responsibilities which properly and of necessity attach to the proceedings of a medical association convened in regular session, to consider from every possible point of view all matters that pertain to the maintenance of health, and treatment of disease, require that we should glance at such incidents in current history as will enable us to perceive the trend of non-professional thought, touching our departure from ancient landmarks and conventions which for centuries made medicine only a profession in the emptiest possible sense. There was a time when favored portions of the human race, much less ably served than the average laborer of to-day, actually defied the founders of schools of medicine, and even Socrates was content to offer a sacrifice to Æsculapius. When Greek civilization, and that of Rome which followed it, had been forgotten in the dreamy torpor of the dark ages, it was natural that the art of healing should partake in the general submergence, but it does appear astounding that so late as the latter part of the sixteenth century, the president of the Society of Physicians in London, Sir George Ent, addressing that body, should have had the candor to mention that the medical profession did not know, and probably never would know, what purpose was served by the process of breathing. The speech of the learned president, a gem in its way, may be found preserved, with many other remarkable facts, in the curious memoirs of Samuel Pepys.

One century later than Sir George Ent's explicit confession of igno-

rance, so little progress had been made by medical men in comprehending the process of breathing with its vitalizing function in ærating the blood, that in 1774, in old Plymouth Sound, a man was allowed to sink himself for one hour under the sea, in fulfillment of a wager which had been published months beforehand; yet no surgeon or physician had enough scientific knowledge to warn the deluded wagerer that his enterprise meant death; and even after the adventure had terminated fatally, there was no follower of Æsculapius in England wise enough to suggest the cause of the personal calamity. The rediscovery of the circulation of the blood was already an old story, but its significance had not been perceived by Harvey nor his successors, in the hide bound profession. They wanted neither facts nor reasoning; old conditions were good enough to last their time. Dr. Hunter's lectures, which are now recognized as the basis of anatomical knowledge, were held as of so little importance among his cotemporaries in the profession, for, whose advantage they were chiefly designed, that we are told it was a rare circumstance for more than a dozen medical men to be seen in his audience.

There is an almost irresistible tendency among men who are surrounded by legal and social privileges, from which all but their own class are excluded, to convert their close corporation into a veritable "Sleepy Hollow," and the medical profession in the mass was not a kindly *Kip Van Winkle* during the term of its unquestioned supremacy. They gave only a grim welcome to workers and reformers within their own body, when their long slumbers were disturbed by heated accessions of knowledge; and those who were not privileged to write after their names the cabalistic signs of medical degrees were not thought worthy of notice, however great and reliable might be their information on the kindred subjects of health and disease or methods for the maintenance of hygienic conditions in society. It was necessary for public welfare that a better system should be inaugurated by the establishment of new schools of medicine, that the progress of the science of medicine might be *pari passu* with the progress made in other arts and sciences.

We live under much better conditions than those which ruled among the pioneers of our system of practice, a fact which needs no fitter illustration than our assembling to-day under the recognition and protection of law, to discuss measures and means for the preservation of health in the community, irrespective of the claims of so-called orthodox practitioners, who might at one time have invoked the terrors and penalties of police prosecution against men daring to preserve human life by medical treatment without their leave and license; nor is that all for which we have cause to be thankful. This city is consecrated to learning by the erection and endowment of the Michigan University, an institution which reflects honor upon the state of Michigan, and is remembered with gratitude as the *alma mater* of thousands all over the United States; and in this home of science and philosophy our system of medicine is represented. This benefit is

largely due to the liberalizing influence of popular rule, which has no interest in the maintenance of unwarranted class privilege, and we cannot hope to preserve the advantages we have attained unless we persevere in that watchful regard for the common welfare which first won for Homœopathic practitioners the advanced position we now enjoy. A satirical lady said of the European aristocracy that "they resembled a potato, as all that was of value was, under ground." When any profession relies upon the past so entirely as that it ceases to maintain vigilant observation and research in the present, the welfare of the state demands that its charter be cancelled as a preliminary to adequate provision with a Mausoleum. The fault in England was, and to some extent to-day, in the so-called regular medical profession, that mummies that should lie swathed in cerements presume to dictate the code that shall govern the modern practitioner and dictate to men and women in all ranks, how and by whom they shall be treated, when sickness assails them, but there is every indication that the rule long maintained has lost its hold on the people. Law is relaxing its exactions, fashion is extending its favors, thought is exciting its great prerogative in favor of scientific treatment, and by the time another generation shall have disappeared the successor of P. T. Barnum may have caught the last practitioner of the once dominant system of medicine in some rural village, and secure him to adorn a side-show.

Iron-bound orthodoxy which refuses to amend its formulæ and improve its pharmacopœia, while around it new systems are in operation enriching their arsenals with forces from all the domains of nature illumined by science, has before it no goal but the grave, and no hope of rescue from reprobation but in the speediest interment. There are those in the old profession who are approaching Homœopathic methods, and to those who are willing to prove all things resolved to "hold fast to that which is good," we should extend a welcoming hand as co-workers in the field of labor in which we, less trammelled by antediluvian prejudices have long since found our appropriate spheres of usefulness. The mountain cannot go to Mahomet, but there is nothing to prevent the prophet coming to the mountain, when he shall have discovered his limitation and the power of the eternal verities.

As an illustration that bigotry still exists in the so-called regular school, we have but to refer to the case of the late Earl of Beaconsfield. For many reasons the statesman, then on his death bed, was an especial favorite with the Queen of England, whose responsible adviser he had been for many years, at different times, and in various offices, using his power as premier with much success to increase the titular dignity of the Queen as Empress of India, and to augment her personal authority. So great was the regard of Victoria for Disraeli, that we are informed she would have been at his bedside during his last illness but for the fears of the medical attendants that her presence might injure their patient whose sudden prostration caused disquietude in every court in Europe. Among the medical attendants of the Queen was one in whom her majesty had special confidence

as a man of large attainments. Sir Wm. Jenner had been Court physician twenty years, was chief attendant on Prince Albert at the time of his death, was made Knight Commander of the Bath for services to the Prince of Wales during his dangerous sickness in 1872, having been created a baronet four years previously; and it was perfectly natural that the Queen should recognize in that gentleman a peculiar aptitude to deal with disease. When the sickness of Lord Beaconsfield assumed an aspect which seemed to threaten his life, Queen Victoria unaware that a minister and subject otherwise faithful, might be guilty of sins against orthodoxy in drugs, that would justify the priests and levites in passing by on the other side, expressed her wish that Sir Wm. Jenner should visit the Earl, and render such help as might be within his power. The Commands of the Sovereign by whom he had been enriched and honored, and the impulses of humanity might have been sufficient to send a Good Samaritan to the rescue of the sufferer, even though he had fallen among thieves; but the modern Court physician knows nothing of Samaria; and the grievous wrong inflicted upon Allopathic practitioners generally, by the Earl, in retaining the services of a physician who was a reputed if not an avowed believer in the Homœopathic law of cure, required that the conventions of the old *regime* should be vindicated by a pointed refusal to visit the sick nobleman while this physician was in attendance, regardless of the consequences to the patient. It does not appear that Earl Beaconsfield was much concerned about the refusal of Sir Wm. Jenner to bestow his attentions upon him, as he could have removed the only obstacle by requesting the attending physician to discontinue his visits, and he made no such arrangement. There was another medical man included in the command of the Queen, one Dr. Quain, who seems for some reason to have had scruples as to his duty in the premises; and he finding upon inquiry that the attending physician was willing to follow any line of treatment that might be ordered as the result of consultation, all difficulties were arranged so that the Earl could be gathered to his Father's, according to the old drug system without delay, and very soon after that settlement of the case was arrived at the Earl very naturally succumbed.

It is gratifying to the Homœopath to know that men of intellect and culture, moving in the highest society in the world, coming in contact on terms of equality with the most advanced thinkers in every profession, and of every country, conversant with the views of *littérateurs* and scientist, able to hold their own with Darwin, Huxley, Tyndall and their numberless advanced disciples, are among the upholders of the philosophy and practice of Hahnemann, resolutely working for the time not distant, when Allopathy will have surrendered its special privileges, and medicine all the world over will be redeemed from the thralldom which has made its practice one of the worst scourges of our common humanity for many centuries.

It is especially curious that a gentleman named Jenner, a name identified with one of the most gallant fights ever made in the inter-

ests of humanity against ignorance and intolerance, should be found arrayed on the side of bigotry, in a struggle to prevent medical reform ; but as certainly as the non-professional public enabled his great namesake to make good his discovery of the blessings of vaccination, the same great tribunal is now giving the weight of its authority against the system which Sir Wm. Jenner vainly tried to perpetuate. It is a pity that a mind in many respects great and commanding should lack the power to free itself from the incumbrance of mere conventionalities ; but the intellect cannot pass beyond its *meteor*.

There are many points bearing immediately upon our professional and legislative requirements, on which I deem it my duty to speak, but so much time has been spent in the general survey that I fear your patience may not endure. I would urge upon you the importance of special attention to climatology, to which end a bureau might be established to gather, sift and systematize information ; as I am convinced that there are stages and forms of disease in which medicine, however "craftily qualified," and skillfully applied, can hardly be expected to achieve great results, yet in which adaptation of climate, reinforcing other well-known remedies at our disposal, will give to our system of therapeutics wider and more beneficent application. I must leave to you and the future more complete elucidation of the subject.

Our legislature should be urged with peculiar emphasis to guard the uneducated public against the allurements of quackery. The sham and counterfeit are never more dangerous than when they take on themselves the form and privileges of the medical profession, as comparatively few can test the acquirements and skill of the bogus practitioner without submitting themselves and families to ordeals which society has a special interest in reducing to a minimum. Men may properly be called upon to choose the system of treatment for their families and themselves, but it is fitly a part of our duty as the commonwealth to determine and certify the capacity of those, who offer themselves as the guides of the people in matters that effect health and vital power.

There is one fact which threatens to minimize the respectability and usefulness of our medical colleges, and that is the undue haste with which persons not fully competent to practice medicine are permitted not to earn, but to carry off their degrees. The curriculum is evaded, when the welfare of the student, no less than that of the public, demands that it should be lived up to in the spirit as well as in the letter. A great responsibility is involved in graduating incompetency, and granting certificates of apocryphal merit, when the degree so attained lowers the character of an institution which every well ordered mind desires to respect, and places it within the power of a licensed quack to experiment on human lives, until the worthlessness of his credentials has been established by means that would justify the indictment of the man, and the college as accomplices in an infamous fraud. The minimum on which any student should be

graduated, as I view the matter, should be three courses of lectures of six months each, or that number of months divided into two courses, and an exhaustive examination to determine the important fact that the brain as well as the ears had been exercised, and that the truths offered in the class-room had been assimilated.

It is a matter of sincere regret that we hear so little from the bureau of hygiene, as the people have a right to expect authoritative deliverance from that quarter on the science of daily life. The maintenance of health and the promotion of longevity are matters in which not only the wealth and happiness of the individual and the family, but the welfare of the community and the nation are involved; and the suggestion from sources which have the respect of mankind, or rules which may be relied upon in the mass, to increase the duration of vigorous life, will not fail to command regard and observance. Males of life are prolific sources of disease in many households supposed to be well governed, but in which really the insidious approaches of ill health are favored by practices daily repeated in mistaken faith that they assist to maintain hygienic conditions; we cannot too soon utilize that willingness to adopt sound discipline by making known to the non-professional classes through simple trustworthy and self-vouching instructions what means may be used with the best probabilities of success in the status of daily existence attained by the mass of mankind, to promote health and strength in the household, and to minimize the demand for professional treatment. But that my promise to be brief operates as a seasonable limitation, I could hardly forbear to enlarge at this point on the consequences that fall with blighting effect on many families within my immediate knowledge from their persistent abstinence from certain classes of food which are actually craved by their constitutions. There are other matters not one whit less important to which attention should be daily and hourly invited by brief formulas for home government similar to those with which we are familiar, which instruct the otherwise untaught as to the proper series of proceedings for the recovery of persons apparently dead from drowning. There are at the very least one thousand victims sacrificed through unwise dietetic arrangements, carelessness in cookery, irregularities as to meals, observed caprices as to clothing, smallness and too much furnishing of sleeping apartments, insufficient or improper bathing, lack of cleanliness and ventilation and the use of water contaminated by surface drainage or other preventible causes, for every life that is lost through drowning; and yet the major evil in which all mankind should realize an absorbing interest, and which might be met by simple rules of life, applicable to all households, is left to the capricious suggestion of individuals, instead of being handled as it should be, in a comprehensive way by a body whose fitness is beyond dispute. This idea is not new by any means, but its importance as bearing on the general welfare will be my justification for urging it upon your attention.

There is one topic which must not be omitted from my address, yet

which cannot be referred to otherwise than in a critical spirit, which some may call captious. Our share, as a profession, in the magazine and newspaper literature of the country is not such as we should be contented withal, considering how much might be done with such agencies in the hands of a body of practitioners, so large, well trained and influential, and addressed to the educated readers of the great west. There are medical journals to which the profession owes nothing but its anathema. They might come out in every issue, with that part of the episcopal service which says. "We have done those things which we ought not to have done; we have left undone those things which we ought to have done; and there is no help in us." Facts of the gravest moment knock in vain at the door of the sanctum of such publications, while their columns are crowded with labored trifles that serve the purpose of an advertisement for some village solon,

"Who mistakes the rustic murmurs of his woods,
For the big waves that echo 'round the world."

I do not object to any man's name in print; it is to his honor that he should have the courage of his opinions. but I want to see a higher and wider range of subjects discussed in our periodicals, commensurate with the talent and information of this body which they are now wrongly supposed to represent.

There is one stumbling block in our road that I would gladly assist to remove, could any ingenuity suggest the means by which it might be accomplished. I refer to the sale of domestic medicine cases with books for the guidance of non-professional persons in ministering to their families and friends. Odium is brought on Homœopathy through many channels by these little chests. Often they are all but valueless, or they are wrongly applied; in either case the recipient of the inefficient medicine conceives a contempt for the system whose depths he believes have been sounded. Many men with no other shadow of qualification than just such a medicine case and book, have the unbounded assurance to prescribe, [for all diseases from certain ague to calculi in the bladder.

(To be continued.)

Medical News.

The dedication of the new building and opening of the Chicago Homœopathic Medical College was a gorgeous affair. A full report in our next.

Died.—C. S. Weber, M. D., of St. Cloud, Minn., an old friend we regret to learn of his demise. There is no Homœopathic physician in that city and they want one badly.

The hospital wards in connection with the Chicago Homœopathic Medical College now open. Operations before the class free. Private wards in the County Hospital are open to Homœopathic patients.

The Infirmary at the Hahnemann Hospital, 2811-2815 Groveland Park ave., is now finished. Elegant private rooms, commodious wards, and all accommodations needed for patients are furnished at moderate rates.

J. G. Gilchrist, M. D.—Dr. Gilchrist has been secured to deliver a special course of lectures on the Homœopathic Therapeutics of Surgical Diseases the coming winter in the Homœopathic department of the State University of Iowa.

The New York Ophthalmic Hospital.—Report for the month ending Sept. 30, 1881: Prescriptions, 4,042; new patients, 602; patients resident in the hospital, 18; average daily attendance, 168; largest daily attendance, 207. CHAS. DEADY, M. D., Resident Surgeon.

A Warning.—I wish to warn the readers of your journal against a Wm. Muller, who is travelling around the country selling a formula for a medicine for rheumatism and neuralgia. He is a fraud of the worst character, and has no authority whatever to use my name, as I am informed he is doing. Yours fraternally,

A. C. COWPERTHWAITÉ.

Errata.—In our last issue in the proceedings of the American Institute, Dr. Farrington was named as chairman of the Bureau of Materia Medica, which is an error. Dr. Cowperthwaite, the former efficient chairman was continued in that capacity. Dr. Cowperthwaite is also chairman of the committee on railroad fares instead of Dr. Vilas as named.

Sea-sickness.—Please correct the heading of my article on sea-sickness which appeared in your last issue. While the special caption was left in part to the judgment of the editor, I beg leave to say that I did not suppose for a moment that I was offering any specially "new" theory of sea-sickness, but rather that I had given a new summing up in brief of the phenomena, its causes, varieties and "cures."

R. N. FOSTER.

Dr. J. Carlos Gardiner, of Madrid, Spain, called at our office recently. He is stopping with his father-in-law, Dr. E. M. Hale, of this city, on his way to Florida. He reports Homœopathy as flourishing in Spain. There are about a half dozen prominent Homœopathic physicians in Madrid of large practice among the nobility and middle classes. They have a hospital built by Marquis Munez, one of the most noted and enthusiastic Homœopathic physicians in Spain now deceased.

The Pennsylvania Homœopathic Medical Society held its seventeenth annual session at Westchester, Pa., Sept. 20 to 22; the largest meeting yet; full list of papers; interesting discussions. Papers on Epilepsy by a committee of the Philadelphia County Society, viz., Symp-

toms and Causes, by J. C. Morgan, M. D.; Diagnosis and Prognosis, by Aug. Korndorfer, M. D.; Morbid Anatomy and Pathology, by W. C. Goodno, M. D.; General Treatment, by C. Mohr, M. D.; Homœopathic Treatment, by E. A. Farrington, M. D. Officers elected, J. C. Morgan, M. D., president; P. Dudley, M. D., first vice-president; J. B. Wood, M. D. second vice-president; Z. T. Miller, M. D., recording secretary; J. C. Cooper, M. D., treasurer; R. E. Caruthers, M. D. corresponding secretary.

PARVULA PARS.

Report of Homœopathic Hospital, W. I.—The following is the census report of patients in Homœopathic hospital for the month of September, 1881: Remaining last report, males, 260; females, 113; total, 373; native, 107; foreign. Births, 0. Admissions, males, 227; females, 100; total, 327; native, 79; foreign, 248. Total, males, 487; females, 213; total, 700; native, 186; foreign, 514. Discharged, males, 209; females, 85; total, 294; native, 72; foreign, 222. Died, males, 15; females, 5; total, 20; (native, 3; foreign, 17. Transferred, 0. Eloped, 0. Total, males, 224; females, 90; total, 314; native, 75; foreign, 239. Remaining, males, 263; females, 123; total, 386; native 111; foreign, 275. Percentage of deaths on whole number treated 2.86. Respectfully submitted,

A. P. WILLIAMSON, M. D., Chief of Staff.

Bi-Annual Session of the Homœopathic Medical Society of the State of Wisconsin has been decided upon by the enthusiastic physicians of Wisconsin, and the following circular is issued: In accordance with the recommendation of the president, and the expressed wishes of a majority of the members in attendance upon our last annual convention, a bi-annual session of our society is hereby called to convene at 425 Milwaukee St., Milwaukee, Nov. 16, 1881. The especial reason for this call is to give opportunity for the active workers and thinkers *i. e.*, the busy practitioners of our membership, to exchange opinions and compare experiences in the management of prevailing diseases. Moreover, it has been found that the necessary work of the convention cannot be satisfactorily accomplished in the two days of our annual session, and it is therefore proposed that the Bureau of Clinical Medicine be requested to report at this Bi-Annual Session, and the president suggests and *earnestly* recommends that the chairman, Dr. R. K. Paine, of Manitowoc, present the subject of zymotic diseases, more especially *typhoid fever*, for consideration at this time. What do we know of its etiology? Is the modern idea of its being caused by imperfect sewerage worthy of serious consideration? Have we any remedies that will arrest it in its inception? If not, why? What general or particular treatment is best calculated to carry our patients successfully through it? Answers to these queries will not only bring out the current literature on the subject, but individual *experience* also; the time is near at hand, when an advanced and better theory and treatment of zymotic diseases must obtain,—great improvement and immense results are not only possible, but within the grasp of earnest inquiry. It would be an everlasting honor to point the way to this new departure. The session will open at 9 o'clock A. M., and continue two days, *i. e.*, Wednesday and Thursday; it is earnestly hoped that there may be a large attendance.

WILLIS DANFORTH, M. D., Pres. State Society.

The most exhaustive work on the subject is Panelli, revised by Dr. Shipman, and its perusal will add zest to the discussion.

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Hygiene Department.

*PHYSICAL DEGENERACY — STIMULANTS
AND NARCOTICS.*

BY O. S. RUNNELS, M. D., INDIANAPOLIS, IND.

(Continued from page 324.)

The increase in the consumption of liquors has been equally marked and steady. During the decade, or a little more, from 1869 to 1880, the increase in the use of distilled spirits, as shown by the revenue (which, as you know, had much evasion) was 36 per cent. We get a better light on this percentage, when we remember that during the later years of this period malt liquors largely superseded spirituous liquors. Since 1869 the use of beer, ale, porter and other malt drinks has increased 120 per cent. As to Chloral hydrate—introduced to the profession in 1869—we have no statistics; but Dr. Richardson, its father, has already painfully lamented the effort he put forth in pointing out its forces—so greatly is it being abused. Having the power of

producing sleep for the sleepless, the debauchees of narcotism fly to it, and guilty doctors continue to build appetites for it in innocent and unsuspecting patients.

So that in taking all these agents together, tea, coffee, tobacco, opium, alcohol and Chloral, we find (what is true of no other class of agents, medicinal or nutritious the world over) a steady parallel and marvelous increase of consumption. This is a fact not to be forgotten in the further consideration of this question; for in this truth is markedly shown, what becomes more and more apparent in the study of the problem, namely: that these agents are members of a common class, have kindred characteristics, and lead finally to a common goal; that they must be regarded, not as independent elements *only*, with actions individual, unlike and unconnected; but as integers of a family, having similar features, a common pathway and a difference only in degree. The tremendous failure of the past, to meet and cure intemperance is painfully familiar to all. I am convinced that the cause lies just here. These agents have only been weighed separately; inattention has been paid to relationships, similarities and tendencies, and the aggregate effects upon the race, both for the generation that now is, and for those that are to come, totally disregarded. Such a scheme of temperance work as we have had has *not reached the case*, and cannot prove effective. It will never eventuate in driving the demon of intemperance—with all that that implies—from our firesides.

The first thing that confronts the student of this question is confusion as to definitions. Studiously or unconsciously the popular thought has been led away from accuracy on this point and left in a maze of debate and uncertainty. Men like George M. Beard, John Fisk and Chancellor Crosby, to whom the world has the right to look for counsel and guidance in these matters, have prostituted their high authority by using it to render less severe the teachings of honest science in this department; to unsettle the lines of accurate definition and demarcation between the good and bad in appetite, and finally to apologize for all except the gutter-drunkard and opium slave, and attempt to prove that after

all "in moderation" it is the "correct thing," and that the "coming man"—the perfect man, the millennial man, *will* smoke tobacco and *will* drink wine!

Terms have thus been so tampered with that one hardly knows what is meant when they are used. The words "food" and "stimulant" have been so modified in their use as to be transposed without a differentiation, "food" being used in the sense of "stimulant," and *vice versa*.

The word narcotic is pushed into the background and modified by qualifiers as much as possible, so that we seldom see a reference to an agent of that class, except in the broader compound term, "stimulant-and-narcotic." Because of this state of things the debaters of these agents have been forced to employ inexact and very comprehensive terms. Now, *science* everywhere demands that the nomenclature be exact, and that it be made up of signs always meaning one thing, so that what is meant shall be definitely expressed. A good name carries the picture of an individuality. It stands for a peculiar, characteristic, distinctive entity, and tells of what is different from all else. Such names are needed here; but in order to get them out of "food," "narcotic" and "stimulant," we must recoin them, and make their meaning definite.

We have in nature two general classes of substances capable of affecting the forces of the animal economy, namely: food and medicine.

1. *Food* comprises all those substances that enter the body endowed with power that acts *primarily upon its matter and secondarily upon its force*.

2. Food *requires digestion*; enters the body in a *new guise* and *furnishes the only positive increment of heat or force*.

3. Food is the *building material*—all *nutritious* substances—and its office is to *furnish energy*, both for the present use and possible and probable demands at times of need.

1. *Medicine* comprises all those substances that enter the body endowed with power that acts *primarily upon its force and secondarily upon its matter*.

2. Medicine *does not require digestion*; practically enters the body in its *native guise* and *does not furnish any increment of heat or force*.

3. Medicine is the *repair material*—the great *materia medica*—and its office is to *liberate energy already resident and stored up* in the ganglionic centers and body reservoirs;

4. True food will not generate for itself a peculiar wide-spread and generally devastating appetite; is self corrective; can be substituted for other food without inconvenience, and, except the drugs combined as condiments, does not ultimate in physical destruction.

to *antidote* and *neutralize* noxious agents there found, and to *equalize* and *harmonize* the *disturbed forces* generally.

4. Every medicinal drug will generate for itself a peculiar augmenting appetite; is not self-corrective; will not be readily pacified by substitution, and leads, through *habitual use*, invariably to mental and physical destruction.

The agents of both classes, when properly employed, conduce to *health*—the one by *preservation*, the other by *restoration*.

Health means the life forces in a state of *equilibrium*. The normal tracing of this equilibrium, as drawn upon a chart by our recently perfected methods of measurement, shows a straight and even horizontal line from the cradle to the grave. But it is commonly observed that this life-line is an easily variable line—exalted or depressed readily by actions and reactions—and that these variations form the *right line* constitute essentially what we know of disease.

We have further found that all drug forces have the power to affect, or disturb, or vary the life-force in this normal expression; that this line—*sensitive as a balance*—is thrown into perturbation by them, as well as by other noxious forces, and that this irregularity, or non-equilibrium expressed either in exaltation or in depression, means at first functional, and then, if continued, organic derangement. But drugs, like individuals, possess forces peculiar to themselves, so that no two are exactly alike. They split up, however, into genera—as men do into races—and we see great class distinctions. One class has the power to elevate, and another to depress the life-force, and these first powers we must keep rigidly in view, regardless of the reactions that always attend them. A “stimulant,” then, is a drug, when fully expressed, capable of exciting or increasing the organic or nervous action of the different systems of the body. Its chief business is to elevate into greater activity

that upon which it acts. This is its primary and characteristic action, and is followed by reaction or depression.

This force in varying degree is possessed by a great many agents—the list is very long, and includes the most of the substances of the *materia medica*. They are not, for the most part, very powerful—with exceptions—do not have much reaction, and do not exert any marked influence on the intellectual part of the brain, or affect the four special senses immediately associated with it. The effect upon the animal economy of every stimulant, however, is strictly that of a poison, and every poison possesses stimulant properties. A “narcotic” is a force, when fully expressed, capable of paralyzing the organic or nervous action of the different systems of the body. Its chief business is to depress that upon which it acts. This depression is usually attended by more or less elevation, but its legitimate and characteristic ending is torpor, stupor, paralysis and death.

At the same time it affects the mind in various ways, exciting it, confusing it, lulling it, and is the only drug force capable of doing so. This force is resident in a great many agents, among which are Aconite, Absinthe, the Ethers, Alcohol in all its varieties, Belladonna, Betel nut, Calabar bean, Chloroform, Hashish, Chocolate, Chloral hydrate, Coffee, Conium, Creosote, Hyoseyamus, Opium and its alkaloids, Prussic acid, Stramonium, Strychnia, tea, Tobacco, the venom of reptiles, and many mineral bases; all of which, taken in lethal doses will kill by paralysis, and if taken in lesser but considerable quantities, will induce a state of the nerves known as “narcosis,” which is incipient paralysis. But narcotics, while varying in intensity and power, differ also in their capacities to affect the intellect, this quality being entirely absent in some, while resident in others to a marked degree. This is a peculiar self-generating and demoralizing power, expressed in that irresistible physical craving, the narcotic appetite so familiar to all. This sub-order is very properly termed by Headland, the *inebriantia*, or *intoxicants*, and comprises, among other things tea, coffee, tobacco Chloroform, Chloral, Opium and alcohol, which, because of their

seductiveness, destructiveness, and very general use, are further known as *the* narcotics, over which—their place, power and influence—the social combat is waged to-day. I have been thus careful in the definition of these questions, that the true relation of foods, stimulants and narcotics might be set forth, and that further time might not be wasted in the pursuit of confusion. I would gladly now omit all reference to the narcotic powers of these individual agents, inasmuch as there are many volumes of well-attested facts on this point, to which I could remand you; and as I believe further, that the *plaintiffs* in this case should no longer be put to the daily proof, on propositions that long since became axiomatic. Instead of this, I would have the *defendants* themselves, these physical bondmen, the narcotic indulgers, take the witness stand, and prove to us that they are free from the accusations; that these narcotics by which they are enslaved are benign and useful, and that they pave the way to physical salvation for all; so that their fellow mortals, particularly the *young*, may not as heretofore, have the *example only*, but the *precept also*, of the good, to guide them.

But in order to show these influences, as a connected whole, in their progress and results, I crave your further attention to a very brief outline. Tea, though it disturbs most readily those constitutions whose tone has been lowered from the healthy standard by fatigue, sickness, loss of blood, etc., has itself the power of reducing the normal vitality to that state most accessible to its own deleterious influence. In a brief time, after first taking a sufficient amount of the *unadulterated decoction*, an uncomfortable feeling arises in the stomach, a craving, sinking emptiness, which soon acquires a degree of intensity almost insupportable. This hunger-like gnawing and craving is described as being to the last degree painful to endure. By degrees, a palpitation of the heart is super-added, together with a feeling of great fullness in the chest, want of breath and frequent sighing. When *black* tea has been used, marked excitement often ushers in the succession of phenomena;

the face is flushed, the eyes sparkle with unusual brilliance, and all of the earlier effects of intoxication from alcohol are observable, the pulse being full and throbbing, and considerably quickened. If *green* tea has been taken, the *early* excitement is less, or perhaps not at all perceptible. The skin soon becomes pale, the eyes sunken, and the pulse feeble, quick and fluttering, or slow and weak. In the further effects of either variety, the hands and feet often become as cold as marble and bedewed with a clammy sweat. Efforts to warm them, even in the hottest weather, are made in vain, and this feeling of coldness and numbness also invades the spine and back part of the head. This state is familiarly proven by ladies, who aver that a cup of tea, on a hot day, is a refrigerating agent, and who are perpetually complaining of ice-cold feet. These milder effects are succeeded, after excessive or long use, by a very marked intensity in all the forms, and in addition, there appears violent headache, dimness of vision, unsteady gait and vertigo; threatened suffocation, insensibility and convulsions; the sufferings of the stomach increase to violent spasms, the heart evinces acute pain, violent palpitation or enfeebled action, with syncope, and the mind, partaking of these physical disturbances, is seen in a temper so peevish, irritable and generally uncertain as to render the sufferer a torment to all about.

That coffee is not an infant narcotic is at once shown by its universal employment as an antidote to the whole list of vegetable poisons, including Belladonna, Opium and tobacco, the decoction of black coffee being resorted to in all such poison cases.

Very similar to the effects of tea are the primary influences of coffee; increased circulation and exalted sensitiveness of the nervous system generally, followed by the familiar reaction into irritability, peevishness and unhappiness. After long continuance and excess, the lethal effects are more marked, and we have insomnia, intense headache, coolness of the extremities and clammy sweat of forehead and palms. The digestion is interrupted and dyspepsia established. The intestinal motion is more difficult and painful, and ultimates

in constipation; muscular action is irksome, hypochondriasis and hysteria familiar, and the functions of the brain, stomach, heart and nerves are markedly interfered with.

In the use of tea and coffee we get the chief causes of the greater prevalence of the nervous diathesis, soured, peevish natures, with increasing domestic incompatibility and divorce. Here, too, we get the parentage of organic headache, gastralgia, functional and organic heart disease, the continous fear and fact of paralysis so frequently met, and the inception of the tobacco and major appetites.

The paralyzing effect of tobacco is familiar to every tyro. The death-like sickness that suddenly steals over the body, causing faintness, vomiting, general cold sweat and pallor, together with exceeding great nervousness, is an indisputable voice as to the power for ill that it contains. And this is not at all disproved by the fact that, sooner or later, the system becomes tolerant of it and learns to crave it.

“There is no bane,” says Oswald, “in the South American swamps, no virulent compound in the North American drug stores, chemistry knows no deadliest poison, whose gradual and persistent obtrusion on the human organism, will not create an unnatural craving after a repetition of the lethal dose—a morbid appetency in every way analogous to the hankering of the toper after his favorite tipple. Swallow a teaspoonful of Laudanum or a few grains of Arsenious acid every night; at first your physical conscience protests by every means in its power; nausea, gripes, gastric spasms, and nervous headache warn you again and again, and the struggle of the digestive organs against the fell intruder, convulses your whole system. But, you continue the dose, and Nature, true to her highest law, to *preserve life at any price*, finally adapts herself to an abnormal condition—adapts your system to the poison at whatever cost of health, strength and happiness. Your body becomes an opium-machine and arsenic mill, a physiological engine, moved by poison, and performing its vital functions only under the spur of the unnatural stimulus.” The effects in the organism this drug will *not* produce, would be, I am

sure—as in the case of Opium and alcohol—much more easily told, than to particularly enumerate all that it *does* produce—the functional derangement in every organ and tissue following upon its introduction and use. These phenomena I repeat, as before, are not wholly observable and measurable in the individual instance, but are witnessed most markedly in the aggregate—the general current of the race life—in broken constitution and unbalanced body and brain function. Enough, however, is discoverable in every single case to cause a halt, and order a double-quick retreat. It matters little whether chewing, “dipping,” snuffing or smoking be the method, the result is essentially the same, as summed up in the following brief resume: It causes undue fluidity of the blood and change of form in the red corpuscles; gives rise to gastric debility, nausea and confirmed dyspepsia; enlargement and soreness of tonsils—smokers’ sore throat—and morbid condition of mucous membrane and gums; debility of the heart, with irregular action, and finally, positive morbidity; irritation of bronchial surfaces and cough; confusion of vision and inability to clearly define sounds; and, finally, impairment of brain activity, with brief delusory “stimulation” and subsequent clouds of depression, that hang like an incubus upon the mind. * * *

With Opium and alcohol the effects are so similar to the foregoing as to render their mention here tautological. We have the catalogue of sensations expressed in the three stages of excitement, depression and fatuity—the rule universal in all narcotic procedures, and eventuating in functional and organic diseases. Following these effects is their profounder action, in remarkably brief periods, in destruction of will and mind and life.

And so in alcohol we reach the *profoundest depths* of debauchery—the very bottomless pit of depravity, *toward which all these influences tend*, and where, if time is granted, *they all end*. For all narcotics kill when they have full play. They reach their effects through common channels and exhibit similar phenomena. They establish for themselves a common demand in the nature which it is very difficult, if

not impossible, ever to eradicate, and which in every case is *a creature of rapacity and marvelous growth*. The craving is the same in kind in every instance, and leads by a scale of easy gradation through all the degrees, from the lowest to the highest, or more properly, from the top to the bottom—from tea to alcohol. This is observable in the case of every on-going inebriate.

Take a pat instance, as shown in the experiences of the debauchee of tobacco. Sickened with his first cud or cigar, he finally conquers his repugnance and learns to like it. From the mild cigarette or infinitesimal cud the demand goes on through cigars and “fine-cut” of greater and increasing strength and more frequent repetition to “perique” and “dog-leg” by the pound, until finally the “old pipe”—and the older the better—with all its death load of accumulated essential oils, is the *sine qua non*.

During this progress the victim finds beer, wine and whisky agreeable, and in his estimation no disgrace, and down grade rapid and easy.

Millions have already gone this way to alcohol, and ninety-nine out of every hundred “drinkers” are tobacco-users—tobacco having preceded and led into the valley of alcoholic death.

The steps are similar through Opium and Chloral, and tea, coffee and chocolate are the initial gateways in narcotism through which come, as through rivulets to a stream, the first disturbances of function and appetite. If this be not apparent in the first generation, the effects will be broadly manifest in the second, third or fourth generations, in the children or the children’s children.

I repeat that the consequences of habitual indulgence in any one or more of the narcotics are *inevitable*, and are *without exception shadowed forth*, both in the individual and subsequent members of his family.

These effects may not be acknowledged, or in the given instance always traceable, but the hyper-sensitive human organism, like the delicate balance of the chemist, *invariably* receives and reflects the impression. If the single dose

be *large* enough or the smaller doses be repeated *long* enough, this impression will reach such a magnitude as to challenge the notice of the observer in the pain and inconvenience of functional or organic disease; but long before the mind is made conscious of effects the conflict has been going on—the characteristic paralysis in molecule and atom progressing.

We continually forget that the real health-battles are fought by nature in that realm of molecular and vital activity which lies far below the range of our professional lenses—below even that more delicate and refinedly critical apparatus, the sensorium or perceptions, that thousands of skirmishes with death-forces are never reported to us at all, and that in this great *sub-kingdom*, or better, *real kingdom of life*, it is only when disease incursions have been too long continued, and threaten to overwhelm us, that adjuvants are called for by pain, and the doctor comes in.

So it is that changes and deviations from the normal and their return within certain limits occur, and the *danger is passed unseen*; but it can not be denied that the physiological conditions often fluctuate so near the border of pathological affections that they gradually pass over into them. They can as such, however, only be *recognized* where they produce permanent changes in the structural constituents of the parts affected—palpable lesions—which require for their return to the normal state the intervention of other agents beyond the physiological remedial power of the organism.

All are willing to admit the effects of narcotics in aggravated cases, but the world is still full of people who are saying: “I have habitually used one or several of these agents for years, and they *have not hurt me*,” while others sadly acknowledge the havoc wrought, but say, after repeated ineffectual attempts to do so, “*I can't quit*.” There you have it in a nut-shell; emphasize it. That mental and physical impotence is the legitimate termination of the narcotic influence; that that is the goal towards which every indulger is traveling, and which he, or *the child that bears his image*, will inevitably reach!

Every moderate narcotizer will surely awaken, sooner or later, to the consciousness of thralldom; will find his *will* inadequate to express itself; his efforts at reformation futile, and be led finally to exclaim with poor Hartley Coleridge:

“O, woeful impotence of weak resolve!”

The presence alone of this physical importunity—this organic demand for any narcotic, “mild though it be—is itself proof that one is under the domination of a higher power, and already a diseased or abnormal man. Richardson says, “Much craving for one thing is the most certain sign of a mad mind. When the physiological truth is understood, that what is called ‘stimulation’ or excitement, is in absolute fact *relaxation*, a partial paralysis of one of the most important mechanisms in the animal body, the minute, resisting, compensating circulation, we grasp quickly the error in respect to the action of ‘stimulants’ in which we have been educated, and obtain a clear solution of the well-known experience, that all excitement, all passion, leaves after its departure, lowness of heart, depression of mind and sadness of spirit. We learn, then, in respect to narcotics, that the temporary excitement they produce is at the *expense of the normal animal force*, and that the ideas of its being necessary to resort to them, that they may lift up the forces into true, firm and even activity, or that they may *add something useful* to the living tissues, are errors as solemn as they are widely disseminated.”

The sooner the fallacy is dropped, that they possess “food-action,” or are “negative foods”—whatever that may mean—the better will it be for us. These delusions must ever be laid bare. Words of definite meaning, by those in authority must be spoken relative to these demoralizing influences, so that earnest lives can be ordered in accordance with the teachings of honest science. For the effects of these agents on the individual and his progeny are so markedly pronounced as to leave no uncertainty; they are so crystalized in race-defects as to defy successful controversion. This is shown in the pro rata increase in the amount of narcotics consumed and the parallel increase in the moral, mental and

physical decrepitude of the consumers; in the growing herd of indigent, unthrifty, uneconomical tramps; in the multitude of moral weaklings and matriculants in crime, and in the worldful of those who, either in mind or body, are paralyzed, broken, or deformed, such as all inebriates and the larger percentage of the idiots, lunatics, congenital cripples, and those with functional and organic diseases.

In the light of these facts, it is necessary that we "walk worthy of the vocation wherewith we are called;" that nursing mothers be taught that milk which is the product of percolated tea and beer is decidedly poor nutriment, and laudanum, paragoric, "soothing syrup," *et id omne genus*, are not the influences to exert on the formative brain of an immortal soul, either ante or post natal; that all parents understand, that their traits and appetites, as well as their diseases, are handed down to their progeny, to the third and fourth generations, and that it is their duty, not only to keep their children from eating poisons, but to inculcate such fear and loathing for them that they will never for the love of life, touch them.

Guardians and teachers must impress upon the minds of the young and old that physical destruction is a crime against all good, and that over all the gateways to it rests the stamp of ignominy and disgrace.

Doctors of medicine must remember that they hold the throttle of the narcotic engine, and that the forces they let loose may hurl their patients down the road of appetency to ruin. Alcoholic prescriptions, Chloral and Opium, by the mouth and hypodermically, are already, in the candid mind, undergoing the most solemn inquisition. These narcotics should never be resorted to without the most serious and comprehensive consideration. It is safe to say that, so far, the world is not the better for their having been in it.

Philanthropists—temperance people generally—must observe that little can be done with a hatchet in the branches of the tree, but that the "ax must be laid at the root;" that damming a river at the mouth is a fruitless job and a failure, if the mountain streams are not choked also; and that the

love of Alcohol, whisky, wine and beer, is but the creation of—thus far regarded—“innocent forces,” exerted a long way back from the saloon, and that prohibition and restriction must inevitably fail—*as so far they have*—unless the work include causes as well as effects—tea, coffee, tobacco and opium, as well as alcohol.

People are gradually coming to understand that it is an unsafe thing to go boating in Niagara river above the falls. Boatmen do not know how far up-stream the mighty force reaches that is more powerful than all human self resistance. Consequently, for many miles above that infinite water power, you do not care to assert your “right” to self-indulgence in boating. You know that *only* in “total abstinence” from that pleasure is security.

It is a hopeful sign that there is a growing knowledge regarding the grasp resident in the stream of the narcotics, which, before our very eyes—and alas, by our *individual and social help*—is hurling men and their families over the awful cataract of appetite and disease.

We can not do better to-day than to heed the danger-signal set up by Buddha, three thousand years ago:

“Shun drugs and drinks,
That work the wit abuse ;
Clear minds, clean bodies.
Need no Soma-juice.”

Progress of Medical Science.—A little over a hundred years ago, Haller, in Gottingen, was professor of anatomy, botany, physiology, surgery, and obstetrics, and lecturer on medical jurisprudence. At the same time he was writing one review a week, and summing up existing medical science in his “Bibliotheca.” To-day any one of these branches requires all the time of the most energetic and learned of our contemporaries, but, on the other hand, the well-educated medical graduate of to-day could give Haller valuable instruction in each of the branches of which he was professor.

Therapeutical Department.

ON THE ADVANCEMENT OF HOMŒOPATHY.

OUR LITERATURE DEFENDED.

Criticism, even if somewhat severe, is often of great service in correcting faults and in stimulating virtues; but exaggerated and unjust criticism cannot be beneficial. In *THE INVESTIGATOR* of Sept. 15th, under the heading "On the Advancement of Homœopathy," a writer (presumably a friend of the cause) whose prominence gives additional weight to his words, makes, it seems to me, altogether too many caustic and sweeping assertions concerning the exponents of our system of medical practice. Not content with this wholesale "slaughter of the innocents" in our own school, he manifests so profound a reverence for the men and literature of what he is pleased to term "the regular school" that some of his "kind readers" may misinterpret his words and so lose sight of the valuable suggestions they contain.

Whatever may have been the error of our school in the past through "ignorance, unscientific diagnosis, scissoring, etc." the day has passed when either its men or its literature will compare unfavorably with those of any school. How many of our honest men will admit that "three-fourths of our literature is simply trash?" Look over our books just as they stand on our office shelves—Dunham, Hughes, Ludlam, Guernsey, Hale, Raue, Helmuth, Allen, Hering, Hempel, Jousset, Duncan, Dudgeon and a dozen others. Such books as these constitute the bulk of our real literature, a literature young but sturdy. In my own library I have many standard Allopathic as well as Homœopathic works, and in practice daily compare the diagnosis and treatment of disease, as set forth in each. It will put none of us to shame to compare the diagnosis of Baehr with that of DaCosta. For a clear, complete picture of disease—for

terse and scientific wording, how much the former excels the latter! Take the therapeutics of Ruddock and of Ringer and there can be no question between them, whether you look for science or for common sense. We have trash it is true—what branch of science is there that has not? Our journals undoubtedly need weeding, but so do those of other schools; and in journalistic literature, especially, the sieve of utility soon separates the wheat from the chaff. Let us claim the full measure of our merit. C. F. BARKER.

WHY GUTEAU'S BULLET TOOK THE COURSE IT DID.

Our Old School friends are in much tribulation to render a satisfactory explanation for their blunder in diagnosis. If we cannot help them out, we can show by after wisdom why they should have known more nearly the course of the ball.

The bullet struck the lower margin of the eleventh rib and was deflected from its course. Had the rib stood horizontal and been struck at right angles, the general direction would have been maintained, but the ball would have glanced downward and forward. Instead of a horizontal rib, let us incline it downward and forward, as it stands in the body. Now struck by a ball at right angles, the direction will be inward and downward—the very course taken. It could not possibly have gone towards the right groin, as thought by the surgeons, for the body of the rib would prevent. It must fly off in the line of least resistance and that is inward.

The failure to apply the natural law governing projectiles, to the President's case, was one of the strangest oversights. Even to this day I have not seen a pen stroke from a surgeon, giving a reason for the bullet taking the only course it could under the circumstances.

A symptom indicating spinal irritation, pain in the legs

and feet, should have given another clue to the course of the ball. Homœopaths have a right to exult a little over this tremendous blunder of our brothers in their boasted sphere. The very elect were whirled to Washington on special trains, to diagnose the President's case. What was the result? An error that would put to shame a country doctor. And now they console themselves with "nothing could have been done to save the President, it was a mortal wound"

L. D. TEO.

ORIGIN OF OVARIAN TUMORS.

From the frequency with which small cysts are found in the ovaries of young children and infants after death, and the difficulty experienced in tracing the origin of these tumors to any definite cause after birth, it is reasonable to suppose that they often arise from defects in the foetal development of the ovaries. If this is the case, it seems probable that these defects are as often corrected, by Homœopathic treatment, as are those found in other parts of the body, and therefore ovarian tumors develop less frequently in females who have habitually used this system of medicine from childhood, than in those who have used the other practice.

As the history of a large number of cases is the only evidence from which correct conclusions can be drawn, you are most earnestly requested to report all cases that have come under your notice by answers to the questions here submitted:

- (1). Patient's name and address.
- (2). Did the tumor seem to be cystic or solid?
- (3). At what age was it first recognized?
- (4). What was the treatment for the tumor?
- (5). Result of treatment?

(6). Did the patient have Homœopathic treatment during childhood, or when did she commence to use it habitually? With remarks.

If you have met with patients suffering from ovarian dropsy, will you please be kind enough to obtain the necessary information to enable you to fill out the above questions and forward them to my address, so that it may be duly acknowledged in the report to be presented to the American Institute of Homœopathy. Very truly yours,

B. F. BETTS, M. D.,

Girard Ave., above 16th St., Philadelphia.

ON THE INTERNATIONAL CONVENTION.

TO THE EDITOR OF THE UNITED STATES MEDICAL INVESTIGATOR. *Sir.*—I have just received your number for August 15th, and am sorry to find that your correspondent "O." has not derived satisfaction from the professional arrangements of our recent International Convention. I cannot, of course, impugn his right of criticism; but I must ask you to allow me to say a few words upon the specific allegations he makes.

First, that *materia medica* contributed no subject for discussion was owing to the simple fact that no papers relating to it were sent in. Several were asked for, and some promised, but none came.

Second, "O." is quite mistaken in saying that "numerous and some exceedingly valuable papers were rejected because they did not square with the views of the British Homœopathic Society. The society in question had nothing to do with the convention beyond giving a *conversazione* to its members. All papers sent in were submitted (as was intended beforehand) to a board of censors, and *none were rejected*. Dr. Eaton, on his arrival in England the week before the gathering, kindly offered to read a paper on "Vaginal Examinations," but our list was then complete and an opportunity was found for him at a sectional meeting. That we could make no use of Dr. Helmuth's valuable MSS. on operative surgery was our loss, but was unavoidable, as he himself recognized and acknowledged.

Third, "O." is equally in error in saying that "the documents which were the subjects for discussion were carefully withheld from all but a favored few." A limited number of course were printed; but debaters were invited from all quarters, and I am not aware that any applicant for a specific paper was disappointed.

In this last statement I have touched upon a point revised by Dr. Foster, for whose sympathetic account of our gathering I am much obliged. The improvements he suggests in our plan of working were really included in it. The papers *were* all printed beforehand, and handed to those interested in this special subject who intimated their desire to take part in the debate upon them.

I am, sir, faithfully yours,

RICHARD HUGHES.

Brighton, Sept. 22, 1881.

HOW GENERAL WASHINGTON DIED.

By consulting the third volume of the "*Medical and Physical Journal*," published in London, in the year 1800, by "T. Bradley, M. D., R. Battley, M. D., and A. A. Nœhden, M. D.," there will be found on page 409 a description or report of the last illness of Washington, and the treatment given him. At present it is interesting as an example of too much doctoring, to say the least. It is as follows:

Some time on the night of Friday, the 10th inst., having been exposed to a rain on the preceding day, Gen. Washington was attacked with an inflammatory affection of the upper part of the windpipe, called in technical language cynache trachealis. The disease commenced with a violent ague, accompanied with some pain in the upper and fore part of the throat, a sense of stricture in the same part, a cough, and a difficult rather than a painful deglutition, which was soon succeeded by fever and a quick and laborious respiration. The necessity of blood-letting suggesting it-

self to the General, he procured a bleeder in the neighborhood, who took from his arm in the night twelve or fourteen ounces of blood.

He could not by any means be prevailed on by the family to send for his attending physician till the following morning, who arrived at Mount Vernon at about 11 o'clock on Saturday. Discovering the case to be highly alarming, and foreseeing the fatal tendency of the disease, two consulting physicians were immediately sent for, who arrived, one at 3.30 and the other at 4 o'clock in the afternoon. In the meantime employed two pretty copious bleedings, a blister was applied to the part affected, two doses of Calomel were given, and an injection administered, which operated on the lower intestines, but all without perceptible advantage, the respiration becoming still more difficult and distressing. Upon the arrival of the first of the consulting physicians, it was agreed, as there were yet no signs of accumulation in the bronchial vessels of the lungs, to try the result of another bleeding, when about thirty-two ounces were drawn without the smallest apparent alleviation of the disease.

Vapors of vinegar and water were frequently inhaled; ten grains of Calomel were given, succeeded by repeated doses of Tartar emetic, amounting to five or six grains, with no other effect than a copious discharge from the bowels. The powers of life seemed now manifestly yielding to the force of the disorder. Blisters were applied to the extremities, together with a cataplasm of vinegar and bran, to the throat. Speaking, which was painful from the beginning, now became almost impracticable. Respiration grew more and more contracted and imperfect till 11.30 on Saturday night, retaining the full possession of his intellect, when he expired without a struggle.

He was fully impressed at the beginning of his complaint, as well as through every succeeding stage of it, that its conclusion would be mortal; submitting to the several exertions made for his recovery rather as a duty than from any expectation of their efficiency. He considered the operations of death upon his system as co-eval with disease; and, several

hours before his death, after repeated efforts to be understood, succeeded in expressing a desire that he might be permitted to die without further interruption.

During the short period of his illness he economized his time in the arrangements of such few concerns as required his attention with the utmost serenity, and anticipated his approaching dissolution with every demonstration of that equanimity for which his whole life has been so uniformly and singularly conspicuous.

JAMES CLARK, Attending Physician.

ELISHA C. DICK, Consulting Physician.

[We clip the above article of interest which is going the rounds of the daily press. The comment about "too much doctoring" is significant of the revolution going on in the public mind. There is a deep and wide spread protest against too much medicine. Homœopaths should take advantage of this general feeling and circulate freely literature that gives a clear conception of our law of cure.

Homœopathy would have selected Aconite for President Washington and would have cured him as it has hundreds of similar cases. She would have selected Arnica and Arsenicum for President Garfield and he doubtless would have been alive and well to-day. At least they would not have stood in the way of recovery.

The people long ago protested against a system that draws the life blood away and then expects a recovery. They will protest as emphatically against a plan of treatment that depresses the system so that pus pockets and pyæmia are necessary results, when they come to understand that there is "a better way." Homœopathy will yet come to the front in surgical as it has in medical science.

The demand for Homœopathic surgical works will be greatly increased by this failure of Allopathy.]

*TOBACCO POISONING. ITS EFFECTS UPON
THE NERVOUS SYSTEM AND EYE-SIGHT.*

(Read before the Illinois Homœopathic Medical Society, by M. L. Reed, M. D., of
Farmer City, Ill.)

The custom of smoking is next to universal, and the habit of chewing much too common. It is maintained we are aware that smoking after dinner promotes the secretion of the gastric and intestinal fluids, and thus promotes digestion. And the habit of after dinner smoking has become so general as to give the color of probability to the suggestion. But it should not be forgotten that if food be properly prepared and properly masticated, there will be no necessity for using a stimulant to aid digestion. Besides the use of such a stimulant when not needed will result in such gastric debility as to render a continuance of the stimulant in a degree necessary. This is in accordance with a well-known physiological law. But the habit of smoking usually implies much more than an after dinner cigar, for the habit grows very rapidly, and the appetite becomes so strong that the victim is not satisfied without tobacco in his mouth in some shape nearly all the time. Thus keeping his system saturated with the poison from morning till night. It is not necessary to go far out of your way to find many persons who justly attribute their unsteady gait, their tremulous hand, and general nervousness, directly to the habit of chewing or smoking or both. I doubt not, but that each one of you here can call to mind some friends or acquaintances, whose mental as well physical strength has been seriously undermined, if not wrecked by tobacco poisoning. Such cases are almost daily presenting themselves to us for treatment, and in the majority of such cases lay all their symptoms to some cause other than the right one. Their idea of the cause of the mischief in many instances, is what is so-called biliousness, (which by the way is a very common term, but its meaning I cannot explain) yet to the patient this is a very convenient word to apply to almost any disease with which he may be suffering. It is sometimes prescribed at by physicians more than

ordinarily high in rank. The term is often a convenient one to cloak the weakness of the pretender, and the liver makes a good scape-goat to carry off the *suis* of the doctor's ignorance. The term is too sweeping to define a condition in pathology, yet with modern physicians I opine the word is rather obsolete. But with the more ancient I am inclined to think it has a place and will not be displaced. I will mention a case or two.

Mr. F. aged forty, a large, robust looking farmer came to my office, and throwing himself into a chair, said—"Doctor I am very bilious, I have always been called bilious, and my old family physician always said I was bilious, and I am very sick. Shows me a prescription from a very wise old physician containing Pod., Blue mass., and Rhubarb to be made into pills, said he these pills used to help me, but since my doctor has grown so old they do not help me, and I thought a younger doctor could do better, therefore I was consulted. Examination proved him to be suffering from an extreme frontal headache, some pain in pit of the stomach, with tenderness, and much irritability of the stomach, especially after meals, tongue coated whitish yellow, food not digested well, bowels constipated, was very nervous, sleep much disturbed, and great lack of energy and ambition, but the most distressing symptom was the headache, he also complained much of weakness of the eyesight. He had been subject to these attacks about once or twice a month for several years. By inquiring into his diet and habits, I learned he had been in the habit of smoking from eight to ten cigars a day or an equal amount of tobacco from a pipe, and also that he drank from two to four cups of strong coffee at each meal three times a day. His old family physician had told him that the coffee and tobacco were a great help to him. That he could not live long without these stimulants. I asked no more questions, but told him that the only wonder to me was, that these had not killed him long ago, I made him promise to quit tobacco entirely, and to only drink one cup of coffee a day at breakfast. I prescribed *Nux vomica* to antidote the effects of the tobacco and coffee in the system, and to increase the

nervous energy of the stomach and thereby improve digestion. I also gave him *Chelidonium* to increase the portal circulation, and thus gradually overcome the constipation. Three weeks of this treatment relieved the headache, and the patient of a long and tedious depression of the nerve centres, and none of his symptoms have since returned.

A young man consulted me about a year ago saying, he was bilious, he knew he was very bilious, for he felt such a depression of spirits, and such a lack of energy, was very nervous, had some pain and occasionally palpitation of the heart, tongue furred whitish yellow, digestion poor, with much irritability of the stomach, appetite poor, bowels torpid, skin normal, pulse 100 to the minute. Examination of the heart revealed no organic heart trouble, lungs were in good condition. He was addicted to smoking strong cigars, several a day, which at my request he stopped. My prescription was *Cactus* and *Nux vomica* in alternation four times a day, before meals and at bedtime. The relief was immediate, and all unpleasant symptoms soon disappeared, digestion soon improved and bowels became quite regular, and after two months treatment he declared himself well. That the leaving off of tobacco was largely the cause of this speedy relief, is quite evident. This man was suffering from functional heart trouble, yet he was very bilious in the eyes of many. I say functional heart trouble which is admissible only from a superficial view. The cause which was embarrassing his heart efforts, was also depressing the formative forces in all the organs of vegetative life. This exciting cause was tobacco, which had produced an impairment of the nerve centres. Sometimes I find stomach lesions and at other times kidney and heart troubles, but oftener the seat of the trouble is in the nerve centres, commonly the spinal cord.

This simply shows that a diversity of conditions due to tobacco poisoning has been attributed to the liver, and it seems that any kind of indisposition might as well be called biliousness. And whoever is just sick enough to call at a doctor's office and not sick enough to die is bilious, and the

only treatment has usually been from cathartics. Pod., Rhubarb, salts, etc. But these will not cure a single case, and when good has ever followed them, it was by chance. Such treatment is wild and blind quackery, and as nauseous for a reasoner to contemplate as for its victims to swallow. The assertion has been made that the liver should always be looked after when the patient presents the usual line of such symptoms. This is sometimes true, but the liver will oftener be found faultless, and the doctor's mind on the other hand needs attention. My experience teaches me that in the majority of these cases where the liver has been drugged by Pod. and other cathartics that by prescribing abstinence from tobacco and other stimulating and irritating poisons, such as alcohol and coffee, and by applying one or two gentle agents to the nerves that have been shocked, as taught by our old wheel-horse (Samuel Hahneman) our patients will soon forget that they have been indisposed.

That so palpable a fact as tobacco blindness should have so long remained unknown to the world, is indeed astonishing. Many physicians and people in general are still skeptical, but among oculists it has long been known that the excessive and in many instances the very moderate use of tobacco, will produce a train of symptoms which if let alone, and the same cause be continued, will ultimately end in a partial or complete loss of sight, known as tobacco amaurosis. That it does more or less damage in almost every instance can be readily demonstrated by examining the throat of any smoker, where you will find unmistakable evidence of slight or severe pharyngitis. While tobacco used in any manner is injurious it is mainly through smoking that the system becomes so filled with the poison, that the optic nerve undergoes partial or complete atrophy, with corresponding blindness. There is perhaps nothing surprising in the fact that a large majority of ones acquaintances smoke. But there is something amazingly fearful in the quantity of tobacco used each day by an old smoker. The

active principle nicotine is very abundant in tobacco and is readily developed by burning.

The smoker takes this poisonous principle into the mouth which is absorbed by the glands and mucous membranes. This fact you can demonstrate any time by noticing one smoking a cigar. The smoke as it passes up from the tobacco when not in the mouth is of a deep blue color, but when the smoke that has been taken into the mouth is expelled it is perfectly white, another experiment I have frequently tried, to prove that the active principle is contained in this coloring matter of the smoke, is to hold a burning cigar in my hand and let the smoke pass into my nose and eyes, which nearly put my eyes out, causing pain and extreme burning and smarting of the conjunctiva and also of the membranes of the nose and throat as I drew the smoke in, and on the other hand I have frequently had others blow the white smoke as it came from their mouths into my eyes and at the same time I would inhale it freely through my nose to my throat and lungs without the least inconvenience either to the eyes or mucous membranes of my nose and throat. I have many times tried the same experiment on others and on the lower animals, horses and dogs, with the same result as on myself. It not only affected the eyes and membranes of the nose etc., for the time, but the effects lasted some time leaving the eyes weak for several days. This with other reasons has proven to me that the nicotine or active principle is absorbed in the mouth and throat while smoking, and from there the system becomes saturated with the poison, the delicate and sensitive nerves of vision become diseased and then atrophy or death is the termination.

That men in many instances use tobacco for a long time, apparently without harm, is no more an argument against its evil effects, than that alcoholic stimulants can be taken in exceptional cases for a long life time without serious detriment to the person. (Some men can digest raw dog, but I cannot.) That tobacco injures the nervous system will scarcely be doubted by any one acquainted with its physiological effects, and that it takes the life of the nerves of sight is

now a fact beyond doubt. The history of two cases taken from a number I have treated will give a fair insight into the nature of the disease under consideration.

Mr. H. A. Banker, aged forty-two has smoked ten to fifteen cigars a day for several years past, but remains in tolerably fair general health. For the past six months he has seen floating bodies before him, and sees everything through a mist; toward night this mist increases in thickness like smoke, and nearly obscures all objects. He has had no pain. The ophthalmoscope shows an almost perfectly white papilla, atrophy of the optic nerve of the left eye, and an anæmia condition of the retina and optic nerve of the right eye. He suffered also more or less from irritability of the stomach, general nervousness, and depression of spirits.

The treatment in this case was to stop the use of tobacco entirely, to take *Nux vomica* three times a day, and a one sixtieth grain *Strychnia* pill at bed-time each night, and to so regulate his business so that he could spend a good part of the day in open air. It has now been six months and the right eye has been restored to its normal condition. The left eye has been considerably improved so that the man is again actively engaged in his business.

Mr. B.—A machinist, aged forty, smokes his pipe twelve or fifteen times a day, and one cigar after each meal, when not smoking he is chewing tobacco. He is a very early riser, and begins either chewing or smoking, and sometimes both before breakfast. Says he has noticed gnats, or something like strings of beads floating before his eyes for one or two years, but only for the past ten months has everything appeared covered with a thin veil, which has by degrees grown thicker till it now incapacitates him for work; no kind of glasses has the slightest beneficial effect. He has had no pain but as in the majority of other cases his vision is absolutely useless at night. The ophthalmoscope shows a white atropic nerve with anæmic retina in both eyes, the pupils contract and dilate slowly under the influence of light and shade. He himself suspected the cause of his trouble, and in part proposed the treatment. He resolved

to stop the use of tobacco, and has never touched it since. I gave him Nux three times a day, and used electricity once a day for a while, then only every other day. His vision has been greatly improved, the increased blindness at night has been relieved, and most of the cloud before his eyes has been removed. These two cases will suffice as a specimen of the most favorable class of cases of tobacco poisoning.

Some cases had already complete atrophy of the optic nerve, and others various other stages of the disease in which treatment was of little service.

Perfect and incurable blindness from tobacco is of much more frequent occurrence than many would suspect. Indeed one writer says. "Not only does the optic nerve suffer such injury from tobacco smoking, but the brain and spinal cord become affected to so great an extent that in several cases delirium tremens has resulted." Atrophy of the auditory nerve (nervous deafness) has also been traced to tobacco poisoning. From the cases here reported the following will be noted as prominent and more or less invariable symptoms. Misty vision. The cloud gradually thickening, usually absence of pain, small bodies floating before the eyes, (*mouches volantes.*) The vision becoming more blurred at night. The peripheral being much clearer than central vision, and more or less irritability of the stomach, depression of spirits, and general nervousness. Some or all of these symptoms will be found in every well marked case. Successful treatment depends upon total abstinence from tobacco. This is the first and most important step towards a cure. It is no easy matter to give up the habit. But I am surprised with the willingness with which patients abstain from its use, when once they are convinced that their health and vision are endangered. One or two cigars daily, or a few cigarettes suffice to keep up the poisoning, whereas discarding it at once, and entirely, will often effect a perfect cure, without any other treatment. Electricity aids materially in strengthening the nerves. But Nux is the main reliance so far as medicines are concerned.

Hypodermic injections of Sulphate of Strychina will often produce good results.

My object in writing this short article has not been done to present an exhaustive discourse on tobacco poisoning, but simply to throw out a few ideas taken from the experience of myself and others, in order to bring out a discussion of this much neglected subject, by the members of this society. That others with myself might get new ideas of the subject and be better prepared to treat it in the future. Or if by these notes of warning I may be the means of preventing in any one this seductive and dangerous indulgence, or of restoring sight to some dimmed eye. I shall feel fully repaid for my self-imposed task.

Children's Department.

HEREDITARY SYPHILIS—THE TEETH.

BY M. PARROT, PARIS.

(Continued from page 24.)

After describing the anatomy and the course of evolution of the teeth, the lecturer proceeds as follows: Syphilis impresses upon the teeth, marks which you cannot efface, and whose importance are of the greatest value in a diagnostic point of view. I am not afraid of exaggerating when I say that the chronology and intensity of the disease are here found inscribed with indelible characters; and for the purpose of affirming its existence their testimony is as certain as that of the medals which fix certain dates of an historical period. It is not only during life that this importance is manifest, but also after death, and during a space of time which does not seem to have any limit, as we shall try to demonstrate a little later.

The dental alterations which I shall describe have been

observed for a long time, but have only been described in an incomplete manner, and their pathological anatomy has been very much neglected; or rather, almost all of those who have observed these conditions have mistaken their true origin. I shall dwell especially then upon these two points of their history.

It is under the name of *erosion* that Fouchard, a surgeon dentist of the first half of the last century, has described them. Bunon and Mahon adopted the same term, and by a series of valuable observations and figures have still further contributed to our knowledge. Duval, Fournier, and more recently Oudet, have studied them under the name of *atrophy*.

All these writers being specialists, have confined themselves to a descriptive view of the condition. Those who followed, on the contrary, have occupied themselves with the etiology, thus restoring the dental alteration to common pathology. Among these I would mention M. M. Jonathan, Hutchinson, Magitot, Broca, Castanie (*Erosion and alteration of the permanent teeth, in consequence of the diseases of infancy, 1874*), G. Ratlier (*Contribution to the study of dental erosion, 1879*), Sophus Davidson, Horner, O. Becker, and Nicate.

Without entirely proscribing this term which has been generally accepted until this time, I would substitute for it, in order to designate the evil in its entirety, the term *odont-atrophia*, which has the advantage that it does not prejudice either its nature or its appearances.

I will first describe to you the alterations which our clinic has furnished us, then the pathological anatomy, reserving the etiology for the last.

In the study of the alterations it is necessary to carefully distinguish the primitive, that which depends directly on the cause, and the later modifications, such as the diverse coloration of the teeth at affected points, the incrustation with tartar, caries, fractures, etc.

Primitive atrophy appears under very different aspects, but is capable of being brought down to a small number of

typical forms, which alone are entitled to a description. These are five, and are as follows: Cup-shaped; furrowed; spear-shaped or pointed; notched or Hutchinsonii; hatchet. The exactness of these terms will, I hope, be sufficiently justified by that which follows.

Nearly all the authors are exclusively occupied with permanent dentition. It is true that this is attacked much more frequent than the temporary; nevertheless I will show you that the latter is often affected.

The first three varieties of atrophy are rarely separated, we generally find them associated in pairs, or even united upon the same tooth.

The *cupped* is without doubt the most frequent as well as the simplest; it enters as an habitual element into the constitution of the second and third forms. It presents the clearest marks upon the permanent incisors; especially upon the middle superiors. The excavations are small so that the smallest can only be discovered by the aid of a glass, while the diameter of the largest may reach 2 mm (.078 ins); which rarely, at least in the beginning, pass through the enamel, but may very often be separated from the ivory by the very slightest layer of this substance. The number, location, and diameter of the cups bear a constant relation. They are located nearest the free edge, and at a height almost always inferior to that of the remaining healthy portion. Often disposed according to a single and horizontal line, they mark out in a very clear manner two segments upon the crown. The first thinner than the second, when atrophied, is also less smooth and regular. Other excavations may also appear, sometimes ranged like the first, at other times scattered without order. In very many subjects the diseased surface is only of a limited extent. We may find two or three excavations very deep, and very close to the free edges upon which they enter. Oftentimes they extend along the axis of the tooth in true channels, a disposition which favors in a marked degree the wearing and destruction of this part of the tooth.

When the cups are numerous they are of small dimensions,

less large and deep, and covered with sufficient enamel to preserve its whitish tint. This is generally the case when they form upon the crown a single horizontal zone; but when they are only two or three in number, upon the anterior face of the crown, they are more irregular, larger, and deeper, and by their yellow tint, we realize that the covering of enamel is very thin or else has completely disappeared.

It may happen that the cups whatever may be their disposition otherwise, may be primarily very distinct from each other; but slowly, or it may be very rapidly, the portions of enamel which separate them are destroyed, and they become so mingled that it is difficult to recognize their primitive form. When they form, in the beginning, two horizontal and superimposed lines, we see in their place, a large and deep furrow with irregular edges, which closely divides the crown. Should they be isolated upon the superior segment, by their union they form round cavities of irregular depths, which, like the preceding lesion, notably diminish the solidity of the organ.

The preceding remarks apply to the entire crown, but more particularly to its anterior face. Upon the posterior surface, the lesion is always more marked. The cups form in more numerous rows, and they have besides greater dimensions. The changes which follow are also more rapid and more destructive. If the excavations form a single line in front we can affirm that there are two or three behind. In the former location their length and depth may be only a millimetre; these dimensions are doubled or even tripled in the latter. Sometimes, since the alterations upon the lingual surface are very difficult to detect during life, their clinical importance is surpassed by the lesions of the labial surface. *Furrows or sulci* are frequently confounded with the preceding. It has had the privilege of particularly attracting the attention of observers, although it leaves upon the teeth traces which are less deep and characteristic than the cupuliform and cuspidian. It may attack all the teeth, but it is especially frequent upon the in-

cisors where a thing worthy of interest, it finds itself in a rudimentary state physiologically. In effect we frequently notice, by means of a glass or even by the naked eye, upon the anterior face of these teeth, as also upon the canines, a large number of small horizontal and parallel channels, corresponding to the separation of the layers of enamel. Under pathological influence they form themselves into groups and dig deep in order to form the sulciform atrophy. Sometimes there is only one furrow, but at other times there may be as many as four. They are always horizontal and parallel. Their height may attain and even exceed two millimetres; in this case it is rare that it is the same upon the entire length of the tooth. Their depth and anatomical construction are variable. The layer of enamel is not always wanting, but it is thinner than at other points. When the furrows are high and deep the dentine is nearly always encroached upon, and their base instead of being smooth is rough and irregular. Between them the enamel is plainly perceptible and appears thick. It is this disposition which some authors have termed *erosion by stages or steps* (*en etages ou en escalier*). M. Nicate thinks that it is not the lesion of one tooth which we ought to qualify in this manner, but the totality of the dental anomalies. I do not see any advantage in preserving a term which recalls but a very distant resemblance; and as I have already said I prefer the expression much less confined of *odontatrophia*.

In this as in the former variety a distinction must be drawn between the anterior and posterior faces. The grooves upon the latter are more numerous and deeper, and are frequently found over its whole extent, but they have not the same direction. When this atrophy co-exists with the cuspidian, the grooves, at the point of the weakened segment, are horizontal as in front; but they have a vertical direction or very slightly oblique to the axis of the tooth, and form deep channels, when they are upon the lower part and where the enameled part has the form of a triangle.

It is not only with cuspidian atrophy that the furrowed form is associated, but it may also appear with the cupped

form. In fact when the cupules are large, less numerous and horizontally located, there exists, ordinarily, small furrows, which serve as traces of union between them. At other times, on the contrary, it is in consequence of the very large number of cupules, microscopic in size and close together, to which is due the sulciform appearance of the lesion.

Cuspidian atrophy attacks the crown on a level with its free surface which appears first, that is to say, the triturating surface of the molars, the point of the canines, and the cutting surface of the incisors. I have never seen it upon temporary incisors and it is very rare upon the permanent premolars. In order to describe it I will keep especially in view the first molars, on which it appears with its typical characters. The crown is here divided into two distinct parts, so that it sometimes seems as though we had under our view two portions of different teeth. The segment bordering the gum is healthy; the other is atrophied, lessened in all its dimensions especially in its horizontal diameters, so that it appears enclosed, or set into, the first. The cups which are blunt in the normal condition are here replaced by very acute cones, irregular in height and form. In place of a united and smooth surface, of a milky white or pearl color, hard and resistant, we find one which is rough, dull, yellowish or brown in color, and of a sordid and friable appearance. We will find a number of depressions, sinuous furrows, at the bottom of which the layer of enamel is very thin, if it has not completely disappeared. The dentine has also undergone a marked diminution. The segment, altered in this manner, constitutes often two-thirds of the crown; at other times it only extends the length of one to two millimetres. That which supports it is surrounded with a thick collar of enamel (Magitot), which *in relief* seems still further to lessen, at least in appearance, the atrophied portion which seems to repose on a sort of platform.

All these peculiarities exist, in different degrees, upon the first molars. The other teeth also present them but with

modifications, agreeing with their form and which change the appearance of the lesion.

In the premolars of the first dentition, the retraction is less marked. In a great number of cases even, it is impossible to distinguish it, the cups form but a slight projection, and the collar is often unnoticeable; the crown, on the contrary, in its greatest extent, is very unequal and covered with rugæ. It looks as if the enamel had been broken. When the permanent premolars are attacked, which is exceptional, the atrophy appears as upon the first molars, but in lighter proportions. Under the influence of this lesion, the canines assume a form almost identical with that of a steel cone inserted in a cylindrical ferule. They are frequently altered during their temporary period, which no other deciduous tooth has to the same degree. I will give you later the simple explanation which is given for this fact.

Morphologically the lesion of the incisors and especially that of the median superiors, in which it attains its maximum, approaches very closely to that of the canines, with this difference that the affected segment has the appearance of a plate and not a point, and the layer of enamel preserves, ordinarily, a greater degree of thickness.

This atrophy is very often united with the two preceding, as I have already intimated. Almost all of the contracted portion of the tooth is separated from that which has preserved its normal proportions, by a deep furrow, or by a series of large cupules. I have seen, although rarely, upon the first molars, one or two horizontal layers of cupules grouped around the diseased segment. It is more usual to notice a large number of alveoli irregularly distributed over the entire diseased surface. They are very irregular in form and dimensions, and give a peculiar appearance to the crown which Ch. Tomes has attempted to describe by the term honey-comb.

The same peculiarity exists upon the cusps of the canines, but with less distinctness. It is very rare that the incisors of the permanent dentition, so often attacked by cuspidian atrophy, do not present upon their labial face, and especially

upon the posterior, a certain number of cusps and furrows, disposed in horizontal series or irregularly scattered.

Whatever may be the combinations of these different forms of atrophy, it is always easy to notice the predominance of one of them which serves to qualify the alteration. It is not necessary, besides, to be mistaken upon the value of the term employed in this study. Only destined to facilitate the description, they do not implicate the different morbid states. In fact the disease, whatever may be its appearance, recognizes one cause and one identical primitive alteration. The diversity is only apparent and can be reduced to a question of form, and it is this which limits the importance of the denominations employed.

The atrophy in *notches* or of *Hutchinson* has only been observed by this author upon the permanent teeth; but it also attacks those of the first dentition, as I have been enabled to observe a number of times, notably upon an infant under two years of age. Without denying the fact that the canines may undergo a certain alteration, I would still affirm that it attacks almost exclusively the incisors and especially the median superiors. It consists of a loss of substance of the crown, along its cutting edge, where we see a notch, a hollow in the form of a crescent or triangle.

The tooth is otherwise healthy, and the alteration, contrary to that which has been said of the preceding, is almost always isolated. But the development of this form of atrophy has not been the same in all its periods. This condition in fact, is not primary, but is the result of a traumatic action exercised upon the tooth after its appearance. In the alveolus it is the cupuliform alteration which exists upon a point of the crown very near the edge, occupying its centre and leaving the edges intact. As soon as it is exposed to the action of external agents, this diseased portion is rapidly destroyed, and leaves behind a loss of substance which is nothing else than the notching described by J. Hutchinson.

The *last form* differs from all the others in that it belongs^s exclusively to the temporary dentition. I have only observed

it upon the upper middle incisors. The free edge and the portion of the crown which supports it are intact, while in the neighborhood of the neck the tooth is eroded over all its periphery, and reduced to an irregular cylindrical, black, and rough pedicle. The appearance presented is very similar to that of a hatchet. When the lesion is very marked, the lateral incisors present upon their internal edge a notch which is much deeper in the neighborhood of the gums than at the edge. These modifications give to the upper jaw an appearance which is in every way typical and which I have never met with in subjects who were not under the influence of that disease, of which the dental alteration is a part. Like the former variety this form does not belong to the intra-alveolar period of the tooth, for it emerges with a normal aspect and is only eroded later.

Such are the modalities, the better characterized, of atrophic affections of the teeth, the only ones which have an indisputable significance in a diagnostic point of view. I would add with Hutchinson that in certain subjects, the teeth either isolated or with the alterations already described, in variable number, are attacked with an atrophy of the entire tooth, if I may so speak, and which consists in a diminution of their volume. They are shorter and smaller than normal, have lost their characteristic traits, and very often consist only of small misshapen stumps, placed irregularly over the maxillæ, and leaving between them wide spaces which are in direct proportion with the importance of the atrophy.

T. M. S.

Fees worth having.—According to newspaper reports, the four surgeons in attendance on President Garfield, Bliss, Barnes, Woodward and Reyburn, charged the Government \$4,200 each, or \$100 each per day, for 42 days attendance. Dr. Agnew's bill for the same number of days for "consultations, operations and visits" was \$32,600, and Dr. Hamilton for "visits and consultations," rendered a bill for a similar amount. The remaining 38 days will no doubt be charged at the same rate.

College News.

DEDICATION OF THE NEW COLLEGE BUILDING.

The dedication of the new building of the Chicago Homœopathic Medical College, October 5th, was an event in the progress of Homœopathy in the west most worthy of special note. The interest of the governor of Illinois, mayor of Chicago, presidents of the American Institute of Homœopathy and of the Western Academy of Homœopathy, officers of State Societies and prominent members of the profession throughout the country, and especially the large gathering of distinguished citizens, rendered it an occasion not soon to be forgotten.

The committee of arrangements planned for a grand time and the programme was successfully carried out. The announcement was a surprise to many that the vast Cook County Hospital would be open that night; and the invitation to visit its wards was accepted in the same cordial spirit in which it was tendered.

VISIT TO COOK COUNTY HOSPITAL.

The night was auspicious and a long procession of people and carriages were seen early wending their way to the hospital. The whole building was lighted up and presented a grand appearance. At 8 o'clock Hon. D. V. Purington, chairman of the Board of Commissioners welcomed the assembly in the amphitheatre in a few well chosen words.

He extended a cordial welcome to the visitors, inviting them to an inspection of the hospital, which he felt would meet their approbation. He also said he hoped the time would come, while not disparaging in any way those now in charge, when Homœopathy would be represented in the hospital as fully as he felt it ought to be.

Dr. Mitchell in behalf of those who were their guests that evening, thanked him for the cordial invitation extended. He referred to a recent tour of inspection he had made of the hospital, and complimented those in charge on its excellent service, its cleanliness and freedom from hospital odor. Inspection of European hospitals during the last summer, had convinced him that in all respects Cook County Hospital compared favorably with any. In conclusion he thanked President Purington for the sincere wish he had expressed that Homœopathy should be represented in the hospital, and stated that if it were he was satisfied the best interests of the hospital would be maintained and great benefits accrue.

The company was then escorted through the large and numerous wards by the courteous and efficient manager, Mr. Mills.



A brief description of this model hospital will be interesting when it is known that the Emperor of Brazil who had visited the hospitals of Europe, declared this the most complete of them all. He secured copies of the plans and has erected a similar edifice in Rio Janeiro, so we are informed.

It will be seen by the very accurate illustration (kindly loaned us by the Chicago Homœopathic Medical College) that this hospital is built in pavilions, tall, long and narrow. Two are already finished. When complete it will have six, one of which will without doubt be under Homœopathic management. The one to the right contains the surgical cases. There are now twelve separate wards. Four in each pavilion run nearly the whole length of the building with cots on each side. The offices are on the first floor. The administrative portion is yet to be built in front. The culinary department is to the rear. The square building in the distance is the dead-house where autopsies are held in the amphitheatre by the pathologist. This affords students a rare opportunity to see pathological lesions—an opportunity not afforded outside of Germany. The clinical amphitheatre is between the pavilions with a glass skylight. Its seating capacity is about 600. The corridors in front with elevators, enables the lecturers to present any case however sick, before the students. The verandas with glass walls at each end of the wards, afford an excellent place for convalescents to rapidly recruit their wasted energies. Each ward has two nurses and one M. D., and each pavillion is in charge of a resident physician or surgeon. There is a medical board of twelve physicians and surgeons* who serve three months each. Five lectures, two medical, two surgical and one gynæcological are given each week by experts, besides the invaluable post-mortem demonstrations already referred to.

As we passed through the wards lined on each side with iron cots, with woven wire mattresses with straw beds, all occupied with sick under the cleanest of bedding, many interesting cases met our eye. The two upper wards are filled with sick women. The attic ward on one side is the lying-in and the other is for sick children. The neat and tidy appearance of every part is noteworthy. The chief disinfectants used are: Soap, water and "elbow grease." The walls are all painted and under the present efficient management, twice a year each ward is emptied and fumigated. About 200 pounds of Sulphur are used which not only disinfects but exterminates any vermin that may have gained excess. The building is well lighted and excellently ventilated by a shaft passing up the centre of each ward above the roof, as seen in the picture, and by flues carry off the foul air by the aid of steam. The whole is heated by steam, generated by six large boilers. Each ward has its own cooking range for delicacies and dining-room. The sick are well cared for, well fed, and seemed comfortable. There was less of hospital odor than is usual in such

* The Commissioners have now a proposition before them to place three Homœopaths on the medical staff.

places. This was remarked by those who have recently visited European hospitals.

After inspecting the hospital the company crossed the street to the college amphitheatre which was soon filled to its utmost capacity and hundreds failed to gain even standing room. President Mitchell called the assembly to order, and the famous Chicago Quartette opened the exercises with a choice selection. Rt. Rev. Bishop Fallows then came forward in his sacerdotal robes and made the dedicatory prayer.

THE REPORT OF THE BUILDING COMMITTEE

was made by Prof. A. W. Woodward, chairman, as follows :

MR. PRESIDENT AND GENTLEMEN OF THE FACULTY, LADIES AND GENTLEMEN : One year ago when we opened our last course of lectures, we did so with many misgivings, fearing that our accommodations would be inadequate to our wants. As the season progressed we became fully convinced that our college had outgrown its birth-place, and our accommodations were already too small for the rapid growth of this young institution.

As a consequence of this conviction came the appointment of your building committee who were instructed to procure desirable grounds and plans, and devise ways and means for building. Your committee were unanimous in recommending the purchase of the present site, and this accomplished, we presented to your consideration several designs for a building of which the present structure is the result.

It having been found desirable that the college should be re-organized on a stock basis ; by your order an application was made to the secretary of state, who appointed commissioners to open books and receive subscriptions for stock. It was our purpose to receive subscriptions first from members of the faculty only, and if any stock remained unsold after their wants were supplied, we would give our friends outside an opportunity to subscribe. It is needless to tell you the entire capital stock was at once taken by the faculty, and we shall as a college have the proud satisfaction of knowing (when this structure is complete) that it will belong to ourselves alone.

Ground was broken about June 1st, and since that time, with true Chicago enterprise, the building has been pushed to its present state of completeness, care having been taken to make it not only beautiful to look upon, but also substantial and enduring, for we expect to fill it *to the roof*, and no ordinary walls and floors would suffice for such a multitude of enthusiastic students as will soon congregate here.

But something more was required for the accomplishment of this great work, besides a united determination on our part as a faculty, and it was something rarely met with among medical men, I mean a business manager, a man who possessed both financial and business ability sufficient to the difficulties before us. It is therefore suitable that I call your attention to our good fortune in finding such a man among our number, who was eminently qualified and was equal to

our needs. Prof. N. B. Delamater has taken responsibilities and borne burdens which few of us dream of, and to him, more than all of us besides, belongs the credit of this successful issue. It is but just also, that I should mention that Prof. Delamater has been ably assisted by another member of your committee (our worthy treasurer) Prof. J. H. Buffum, who has been untiring in season and out of season, sacrificing his time and giving his talents and enthusiasm to the work, without which it would at least have languished.

We are now prepared, Mr. President, to receive from the hands of your most efficient and excellent architect and superintendent the keys of the building.

Mr. Geo. H. Edbrooke, the architect then stepped forward and delivered the keys to President Mitchell declining to make any remarks, his work speaking eloquently for him.

ADDRESS OF THE PRESIDENT.

After the ceremony of receiving the keys of this modern temple of Hygeia, the president delivered his address as follows :

LADIES AND GENTLEMEN: I congratulate the profession whose zeal for Homœopathy, whose advocacy of higher medical education made possible this grand building which we dedicate to-night. I congratulate the counsellors and faculty whose constant interest and earnest work were the real architects. I congratulate the city which has secured not only an architectural ornament but a substantial addition to that solid prosperity which educational institutions always afford. I congratulate myself that I have lived to see this college whose success has been so near my heart, established on an enduring basis.

History shows that the great centres for students of our art have always been near large hospitals. Hence it is matter for congratulation that another fine building has been added to this locality which is destined to be the American medical Vienna. Clustered about the county hospital as a focus, are three medical colleges. Chicago can claim the rank of being the first medical centre for our branch of the profession. More students annually assemble here for the study of Homœopathy than in any other city of the world. It is therefore fitting, that, in this region where two medical colleges of the other school have made a worthy record, where a hospital second to none in its appointment and conduct already stands, there should be erected the finest building yet devoted to the teaching of Homœopathy. We are justly proud of it and of what it represents.

The faculty realize the necessity of making the course of instruction commensurate with our surroundings. To you who are most directly interested, our students, we have the heartiest congratulations of all. You will reap immediately the comforts and benefits of the better facilities we now afford. You should have studied about twenty years ago, or seek even in some localities now for medical instruction to realize the superiority of your accommodations. I

venture the assertion that they are unexcelled. With such quarters come other advantages. Instead of a limited faculty giving you merely a brief digest of medicine in the few weeks allotted, you will find the various departments of medicine and surgery, now so rapidly developing, assigned to a full corps of professors who will have the time and ability to educate in the true sense, to lead up to a comprehensive knowledge of that science, which, it has so aptly been said, combines novelty, utility and *charity* in the broad sense of the word. You will have clinical advantages, which are the most necessary factors to such knowledge, in that abundance which permits the fullest illustration of the facts and principles taught. Experience alone enables us to test our views. Webster said once that a man was not educated until he had the ability to summon in an emergency this mental powers in vigorous exercise to effect its proposed object. How true is this of medicine. Book learning avails nothing if you lack the ability to make its application prompt and efficacious.

The most celebrated case of modern times, indeed I may say of all times, that of our martyr, President Garfield, teaches us two things. First, that medical and surgical science has not reached its acme. We are not to be held responsible *now* for the knowledge that another century will add, which may make mistakes impossible. Again, it illustrates the advantage of criticism in our treatment. Doctors in private practice have too little intelligent survey of their work. We ought to *treat* cases as lawyers try theirs under close scrutiny. Of course this is not always possible, but it could be oftener done. Hospital practice is the best field for such surveillance. Practical Homœopathy should be tried in the fiery furnace of criticism by other schools of medicine.

We are ready for the test. For my part I cannot understand why our Allopathic friends do not very earnestly desire us to be admitted into the army and navy and our public hospitals. If Homœopathy is valueless, they would have capital opportunities to demonstrate it and they would be gainers. It is evident, then, that *students* should avail themselves redulously from the beginning of their studies of every clinical facility. I have known some to leave a clinical lecture to prepare for an examination. This is contrary to sound educational principles as at present held by the most practical men. Get every bit of personal experience you can, get it where it can be well criticised. Ask the successful man of fifty, and he will tell you how much better he could have done if he had known at first what experience had taught him. The young physician who has had a year's practice in our dispensary, or as *interne* in a hospital, is five years ahead of his fellow graduates and usually keeps the lead.

Gentlemen of the profession, so many of whom I have the pleasure of seeing to-night as we stand here, faculty, student, and building, for a fight; not a contest to be waged with the musket and sword, with strife and bloodshed, with the fierce passions of physical battles but with the calm persistent efforts, with the moral discipline, with

the quiet force which win finally in every struggle for principle. I know that I voice the views of my colleagues when I assert that the true foundations of this building are advocacy of the equal right of every worthy man and woman to acquire the best medical education,—the elevation of the standard of medical education to a degree, commensurate with the dignity of the profession and the sacredness of the work of relieving suffering humanity, and the more universal dissemination of the truth of Homœopathy. In support of principles like these who doubts success. The smile of the God of battles is secured in advance. We can already realize that victory perched upon our banner. Wait for the next half decade and scan the record. Since the previous one has brought us from upper stories to full possession of a goodly building—every way adapted to our work.

Ladies and gentlemen, students of medicine, we welcome you most heartily. Years of experience have taught us that those of you who come here have an earnest purpose. Aristotle says a statue lies hid in a block of marble. The future Hahnemanns, Dunhams, Herings, Pagets and Charcots may be sitting to-night on these very benches. To develop the inherent qualities, the latent powers, the hidden talents you possess is our aim. There are those on this faculty who love the work and realize its value. So they have labored many years with no recompense save the thought that if we work on immortal minds, we engrave on these tablets something which will brighten to all eternity. My colleague who has the pleasing duty of delivering, the introductory will speak to you more fully, but let me say improve every opportunity. The best and most earnest instructors must be supplemented by the personal education you alone can give. Be not afraid to study. Worry not work exhausts the mind. You have your part as well as we to bring results. We believe you will do your level best and make the first year of the Chicago Homœopathic College in our new building a grand success.

ADDRESS OF THE GOVERNOR.

In lieu of an address, the following letter of regret was read :

EXECUTIVE MANSION, SPRINGFIELD, ILL.

CHAIRMAN COMMITTEE OF ARRANGEMENTS.—*Dear Sir* : Your favor of 12th inst. enclosing a card of invitation to attend the dedication of the Chicago Homœopathic Medical College on 5th of October has been received. I thank you for the invitation and would attend with pleasure if my engagements would permit. I expect, however, to be in New York about that time.

Respectfully yours,

S. M. CULLOM.

Those who know the deep interest his excellency takes in Homœopathy will see the force of these words of regret.

ADDRESS OF MAYOR HARRISON.

His honor, Carter H. Harrison, mayor of Chicago, was then introduced and made a spirited and humorous address. Looking up at the rising tiers of seats around him and the sea of faces, he said that this was the first time that he had ever looked up at his audience. He felt that before he got through his speech he would have to undergo the same process that some other bodies were put through when laid out on a table in such a place—he dissected by his audience. The speaker then spoke of the early history of the locality where the new building was located, and of his early experiences within sight of the present building. He believed that Chicago would keep in the advance of other cities in the prosecution of medical science, as it did in the prosecution of commerce. He was proud of the beautiful building here erected to the cause which Hahnemann gave forth to the world.

He said he had no particular desire to make a speech, but that, nevertheless, he had come down to the building at 8 o'clock in the morning to make one. He thought it was pretty early to begin business, but he supposed they wanted to get ahead of Rush Medical College. He found that he had mistaken the time of day. His wife, in case he should say anything against the Allopaths, that his Homeopathic bearers wouldn't say anything about it, for he would want Allopathic votes one of these days. The foundations of Chicago Homeopathic College had been referred to as solid. He had helped to lay the foundations of Rush Medical College, deep and strong years ago. His cow had died, and, as he didn't want to cart her away, he buried her on the spot now occupied by Rush Medical College. Her ghost has scared the students in the dissecting room since then.

He was glad that the builders of this college had secured an architect who had made a sightly building, not one built to cover a highway, as they had done over at Rush College.

Homeopathy believed in small doses often, which compelled good nursing, one of the best things in the world for the sick. The Allopath believed in a strong dose; and after the nurse had given it she generally went to sleep and left the patient worry through. He was a Homeopath in politics, and when sick of office, the way to cure him was to give him another. (Applause.)

ADDRESS OF THE PRESIDENT OF THE AMERICAN INSTITUTE OF HOMEOPATHY.

After a spirited musical selection, W. L. Breyfogle, M. D., of Louisville, Ky., President elect of the American Institute of Homeopathy, was introduced, and delivered the following stirring address:

MR. PRESIDENT, LADIES, AND GENTLEMEN: His honor the mayor of Chicago and the distinguished gentlemen who preceded me in their very felicitous remarks, has left me but little to say of this magnificent college building and its credit as a city and state institution. The incalculable benefit, every well established,

well regulated medical college can be to a state, is alike understood by this vast and intelligent audience. It is therefore left for me, as a representative from another city and state, to say something of its effect upon, and its relation to the medical profession. In referring to the interest taken in the dedication of this building, it is but proper that I go back a few years, in the history of Homœopathy, review its progress, and briefly discuss its merits. It is now but a little more than half a century since Homœopathy was first introduced in America. Its progress for a few years was necessarily slow, but soon the medical profession began investigating, and many converts were made from among the Old School physicians. Soon a Homœopathic college was established, and the system became a recognized science. Its growth has been simply wonderful. Notwithstanding the prediction that it was but a small affair, another Thompsonianism, Perkerism or mesmerism springing up like Jonah's gourd a night, to perish in a day; notwithstanding the constant and united in opposition of the Old School, reaching through every avenue of society, and controlling every arm of the government; with wealth, power, influence mighty and irresistible against it, the battle was fought and won, and it has prospered and grown until it has its representatives in nearly every habitable portion of the country. It has its representatives both national and state on boards of health and in state universities. It has eleven Homœopathic colleges, thirty-eight Homœopathic hospitals, twenty-nine dispensaries, twenty-three state societies, ninety-two local societies, and sixteen Homœopathic medical journals. It embraces in the profession over six thousand physicians, and numbers its cliental by the million, and that, too, among the best and most intelligent of our citizens. Nor is it alone in our own country, that Homœopathy has prospered so greatly. At the International Homœopathic Medical Congress, held in London a few weeks ago, at which, together with several of the faculty of this college, I had the honor to serve as a delegate, statistics and reports were brought from all parts of the world, showing the same ratio of increase wherever Homœopathy was properly represented. Our system of medicine has also done much for the Old School. It has taught them to give their great medicines, "Calomel, Quinine and Opium," less frequently and in smaller doses. It has taught them the value of small doses of medicine, and has completely revolutionized their practice. It has divided them among themselves, one portion having adopted the name of "scientific" physicians, have availed themselves of many of the improvements in medicine furnished them by Homœopathy, while the other portion under the old sign of "Regulars," realizing that their educated, intelligent patrons are deserting them, are *begging, threatening, entreating* the public to avoid every other system of medicine as deceptive and fraudulent, and as representing the vilest quackery.

But, ladies and gentlemen, the time has come and gone for such arguments to avail. The great mass of mankind recognizing the

fact that it is very unfortunate to have to take medicine at all, have determined to take as little as possible, and can no longer be deluded into the belief, that it is "scientific," to keep the diseased body in a continual state of semi-intoxication with Quinine, Opium, and its analogues. They prefer a system of practice that will leave the patient in a healthy condition after a disease is cured, and will not be obliged to carry for months the effects of some mischievous practitioner's random shots at the liver, or other vital organ. One of the strongest arguments in favor of Homœopathy in the treatment of disease is the fact that its physicians are guided by principle, a law of cure as unchangeable as any other law of nature. This law is so perfectly understood that for the same conditions you would receive the same remedy, whether you chanced to be in Illinois, Maine or Texas. As an illustration of the perfect workings of this great fundamental principle or law in therapeutics, I beg leave to refer to the yellow fever epidemic of 1878, in which Homœopathy so distinguished itself by its remarkable successes. Having had the honor of serving on the Yellow Fever Commission, which visited the infected districts, I had an opportunity of investigating the reports as to the treatment and the various remedies used in the different stages of the disease. In these reports we found that in 95 per cent. of the cases, exactly the same remedies were used in exactly the same stages of the fever.

Let us now turn to the Old School and see what principle or law of cure guides them in the practice of what they choose to call "scientific" medicine. To do this, you will allow me to read a few extracts from distinguished Allopathic authors. Lord Bacon has said of them, "that they were like a horse in a treadmill, that every few years they came around to where they started from." Dr. Rush, one of the most eminent professors in the University of Pennsylvania says, "I am here insensibly led to make an apology for the instability of the theories and practice of physic."

In another place he declares, "what mischief have we done under the belief of false facts, (if I may be allowed to use the expression) and false theories; we have assisted in multiplying disease, we have done more, we have increased their mortality." "Thousands are annually slaughtered in the quiet sick room," says Dr. Frank, "Government should at once, either banish medical men, and proscribe their blundering art, or they should adopt some better means to protect the lives of the people, than at present prevail, when they look far less after the practice of this dangerous profession and the *murders* (the italics are his) committed in it, than after the lowest trades." "The medical practice of our day," says Dr. Evans, "is at best a most uncertain and unsatisfactory system, it has neither philosophy nor common sense to commend it to confidence." "Every dose of medicine given by Allopathy," says Dr. Bostock, "is a blind experiment upon the vitality of the patient." The distinguished writer, Dr. James Johnston says, "I declare my conscientious opinion founded on long experience and reflection, that if there was not a single

physicians, surgeon, apothecary, chemist, druggist or druggion on the face of the earth, there would be less sickness and less mortality than now prevail. "Gentlemen," exclaims Professor Gregory, "ninety-nine out of every hundred medical facts are medical lies, and medical doctrines are for the most part, stark, staring nonsense." Magendie, a physiologist of France, says, "let us no longer wonder at the lamentable want of success, which marks our practice, when there is scarcely a sound philosophical principle among us." Dr. Mason Good, said to be the most learned and accomplished Allopathic physician of modern times declares "that the science of medicine is a barbarous jargon, and the effects of our medicine on the human system, are in the highest degree uncertain, except indeed, that they have already destroyed more lives than war, pestilence and famine combined."

These quotations might be continued indefinitely, but enough has been said to enable you to estimate the chances of life, should you be so unfortunate as to require treatment at the hands of a system of medicine so vague and uncertain. It was from the inestimable benefits resulting from this so-called "scientific" treatment then, that an ex-president of the American Medical Association, (the National Allopathic Medical Society), in an open letter, published in a prominent newspaper, a few weeks since, threatened the people with excommunication and abandonment, if they persisted in employing Homœopathy. Homœopathy has also done much for itself. In the first few years of its existence, we were charged with devoting too little attention to pathological investigations, and the collateral branches of medicine, but these are no longer slighted by Homœopathic physicians. In pathology, pathological anatomy, diagnosis, and indeed in every department of medicine, the graduates from our colleges will compare favorably with those from Old School institutions, and in therapeutics, or all that pertains to the treatment of disease, we are far in advance of the Old School. It is not surprising then, that we find here in Chicago, that same progress in our system of medicine, that is found in other places. That we see a disposition to excel, in their untiring energy, excellent management, and magnificent liberality, displayed in the erection of so complete an institution as the Chicago Homœopathic Medical College. The profession congratulates Chicago on the two Homœopathic Medical Colleges, and accords to its learned faculty, a place in the front rank of medical education in America. We congratulate you on your state and municipal patronage. It is gratifying to see present on this occasion, so many of your distinguished citizens; and you are especially to be congratulated, on the presence of the mayor of your city. In his very able address, he has shown himself to be a liberal minded independent thinker, who dares to act from his own convictions, and who is disposed to place his own merit, dealing justly to all. Also upon the sentiments contained in the letter of regret from his Excellency the Governor. I am sorry I can not say as much for the great state of Kentucky. Ladies and gentlemen I thank you for your attention, and

ADDRESS OF PRESIDENT M'AFFEE
M. M. McAfee, M. D., of Clinton, Iowa, President of the Western Academy of Homoeopathy, read his remarks, which were read by Dr.

CHAIRMAN OF COMMITTEE OF ARRANGEMENTS. *My Dear Doctor,* I regret exceedingly my inability to be present at the dedication and opening of the Chicago Homoeopathic Medical College. But from present appearances, I fear such a pleasure will be impossible. I sincerely rejoice that the long felt need is at last supplied, and most heartily congratulate the faculty upon their energy and perseverance, which has accomplished such fine results. Every enthusiastic worker in the good cause of Homoeopathy cannot fail to take just pride in such substantial evidences of rapidly increasing power and prosperity. The ancients had a saying "That the gods will all things for labor," and in nothing do we realize its truth and force more, than in reviewing the history of the growth of Homoeopathy. The great results which the world beholds to-day is but the success which, follows indefatigable, well directed labor. Since the illustrious Hahnemann gave this, the greatest of blessings, to the world, there has been a series of noble workers, whose lives have been devoted to advancing the cause upon which we, too are bestowing earnest, thoughtful labor, and whose names posterity will ever hold dear. Such occasions as these are our best assurances that the luster which their brilliant intellects shed upon the cause we love is not growing dim.

Then let us not grow faint hearted in our great work. Let our aim be high; let our zeal be unquenched; our energies boundless. And the gods will not fail to bestow upon us success and prosperity for united, untiring labor.

Again, with heartfelt congratulations and best wishes for the future of the Chicago Homoeopathic Medical College, I remain fraternally yours.

ADDRESS OF PRESIDENT KEENER.

H. N. Keener, M. D., President of the Illinois Homoeopathic Medical Association, was next introduced, and spoke as follows:

MR. PRESIDENT AND GENTLEMEN OF THE FACULTY, LADIES AND GENTLEMEN; I count myself fortunate to be with you on so important, and so happy an occasion. Important, because we, to-night, celebrate the dedication and opening of another Homoeopathic College building. The opening of any institution of learning is a notable event, but to us as Homoeopaths, the dedication and opening of a new college building is a thrice happy time. This is a happy time because of the presence of so many warm and sympathizing friends, happy also, because it is an Illinois Homoeopathic College building.

We realize how rapid has been the growth of Homoeopathy in our state, when we remember that in 1832 the first Homoeopathic prescription was made. The organization of our State Association in

1856, at Peoria, by less than a dozen Homœopathic physicians, all that were in the state at that time, whereas, we now number over five hundred, is another evidence of our rapid progress, and we number our patrons by the hundred thousand.

Our State Association has always taken an active interest in the medical education of our Homœopathic students. For in four years after our organization the first course of lectures were given, and so earnest have we been in this matter, that our colleges are in the very front rank, in point of thoroughness, and breadth of endeavor, and to-night, how happy we are, to possess the largest Homœopathic College building in the world in our energetic metropolitan city. The time was when one was sufficient, but the rapid growth of your city, and a corresponding increase of clinical facilities, the populating of the great northwest, of which this city yearly becomes more and more truly the centre, is sufficient warranty for another Homœopathic school. We need no better proof of this, than the size of the classes in both of our colleges in this city, and their gratifying increase from year to year. I bid you therefore, a hearty God-speed from the Homœopathic physicians of this state.

You are to be congratulated, for your success in rearing such a commodious and even palatial college building. May your increased energy manifest such thoroughness, as will fill your seats, giving us such a corps of Homœopathic physicians as shall be a credit to Homœopathy, and gain to yourselves the control of yonder hospital. (Loud applause).

ADDRESS OF PRESIDENT DANFORTH.

Prof. W. Danforth, M. D., of Milwaukee, Wis., President of the Wisconsin Homœopathic Medical Society was next introduced, and spoke as follows :

MR. PRESIDENT: The Homœopathic Medical Society of the State of Wisconsin, congratulates the profession of the west and particularly compliments the faculty here present on the erection and more especially the formal dedication of this magnificent college edifice to the purposes of medical teaching.

Your location here, sir shows that you have discerned the want of the times ; *namely* a large college building at a hospital centre. Cook County has already expended over a million of money in the establishment of hospital accommodations here, and no rival college can ever present the clinical advantages you now possess. Other classes will become sleepy and monotonous over the prosaic delivery of didactic lectures. Yours sir, will glow with active enthusiasm at your clinically illustrated teaching. It is said that "things seen are mightier than things heard"—blood tells and anxious students will seek these halls where sanguinary streams flow in the interest of humanity and science.

"With charity for all and malice towards none," yet it must be said that the greater contains the less, and that coming years will attest

the wisdom of your present action and crown your laudable efforts with signal success.

Homœopathy is no longer fearful of competitors, or competitive work. She is in the van, and ready to compare notes and measure swords with anybody. Aye! with everybody. It may be said in all fairness that her doctors kill as few as the Allopaths, and that her surgeons are as likely to find a bullet in the flesh as some of our much renowned moderns. On this spot sir,—in these and adjacent halls—there will be put to the crucial test and worked out to its logical sequence, the doctrine of "survival to the fittest."

The result is not doubtful, I clearly foresee that the present decade will give you the balance of power in our school of practice west of the Alleghanies.

Where the carcass is, there the eagles shall be gathered together. You sir, have the carcass, and the eagles are coming.

Again I say that the empire of Wisconsin, which I have the honor to represent to-night, congratulates you on the advanced position you now occupy, and promises to stand by you with her men and money.

(To be continued.)

Medical News.

Died.—Dr. J. Hunt, of McGregor, Iowa, September 18th, aged sixty-seven.

It Pays.—An advertiser writes: You will please discontinue my ad. as I have sold. Thanks to the ad.

A Financial Hint.—Now is the time to settle up all around and collect as many bills as possible while everything is booming.

Knighthed.—Dr. Gillard, of Brussels, and Dr. Moor, of Alort, were made Knights of the Leopold Order of Belgium.

The College of Physicians and Surgeons of Buffalo is hibernating until its legal status is decided by a legal tribunal.

The Zeitschrift des Berliner Vereins Homœopathischer Aerzte is a new journal issued in Germany, Drs. Windleband and Salzer are editors.

Dr. Kock, of Munich, has received permission from the Academic Senate of Munich to give lectures on Homœopathy to medical students.

Dr. Eugene A. Guilbert, of Dubuque, Iowa, has located at McGregor, and has been elected health officer of Mendon township, Clayton county.

O. R. Long, M. D., of Ionia, Michigan, gave the State Society of Michigan a fine address that deserves wide circulation and careful reading.

Glycerine for Acidity.—A drachm or two of Glycerine, taken after meals, by those troubled with acidity is said to relieve and eventually cure.—*Ec. Med. Jour.*

The Allgemeine Homœopathische Zeitung for some time the only Homœopathic medical journal has entered its CIII volume. It is a weekly publication.

of twenty years standing. Examine that rectum for disease, incise there, and then report.

Medical Counsellor is now issued weekly. This is a bold move for our young cotemporary, and we fear premature, still if backed by money and men it ought to succeed.

Silver stains may be removed from the hands and clothes by ten parts each of Sal ammoniac and Corrosive sublimate in one hundred parts of water, for the *Journal of Pharmacy* tells us.

The *Homœopathic Hospital* at Munich was seized by Dr. Buchnars widow, and sold for 40,000 marks (about \$10,000). The friends of the cause have collected \$5,000 to establish a new hospital.

Patience.—The putting in of new presses and radical changes in our office has interfered with our work, but hereafter we expect to appear promptly on time, or a little before. Send in your articles.

A new move in Germany.—A Dr. Rigler wrote invectives against Homœopathy which was published in two Allopathic journals. All were prosecuted and heavily fined. This has aroused the Homœopaths in Germany to greater zeal for the cause.

Homœopathy in Chicago.—An effort is being made by a large number of Homœopathic physicians in this city, to get a portion of the Cook county hospital under Homœopathic control. Strange to say that this move is being opposed by members of the Hahnemann College!

Obstacles to Homœopathic Progress in Germany seem to be many. One noted by Ruckert is gigantic medicine chest full of medicines the people can never use, or if they do mercilessly misuse and thus lose faith in Homœopathy. He thinks that "ten to fifteen remedies are quite enough for a domestic box."

Addresses of Presidents.—The address of a president of any organization calls out usually the best there is in a man. How often have we been surprised and again disappointed. For solid thought, logical analysis and practical bearing most of the addresses given this year are remarkable and deserve careful perusal.

Homœopathy in Germany seems to make slow progress, only one convert was reported for last year. Internal dissensions seems responsible. This year fresh zeal is manifest by union and activity in the propagation of the cause. At Stuttgart and Berlin strong effort is being made to establish Homœopathic hospitals.

Hæmaturia cured by Phosphorus.—Dr. C. Smith, of Alba, Pa., reports (*Physicians and Surgeons Investigator*) a case of hæmaturia cured by Phos. 3, (four pellets three times a day) after the failure of several regulars with Iron, Copalia, Verbascom, etc., and inquires "who is regular, the one who cured or those who failed to cure?"

O. S. Runnels, M. D., of Indianapolis, as president of the Indiana Institute of Homœopathy gave a splendid address on "Stimulants and Narcotics," which will be found published in our Hygiene Department. It shows deep, scientific, logical thought, and furnishes heavy artillery for the Allopathic camp, whose chief remedies are narcotics and stimulants.

A Favor.—Between now and January we shall expend a large sum of money in presses, paper and large publications, and it will be a great favor if our readers will now forward their subscriptions for 1882. Any who are in arrears will confer a special favor by forwarding their money as soon as possible within this time. All those "paid up" and steady on our books for 1882 by January, can get a copy of How to be Plump, if they wish, or credit to the amount of their dues on any other book or bill of goods.

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Surgical Department.

NUCLEATION OF THE LUNG IN TUBERCULOSIS.

In fifteen cases of tuberculosis where I found my remedies unavailing to produce absorption, before the demise of my patient I have operated on the lung, either removing part of the lung or using the drainage tube as seemed necessary, the operation being followed by my favorite medical treatment of Iodium. I report one case, giving the mode of surgical operation in which the entire right lung was nucleated.

CASE. Mr. W., lawyer, aged forty-one, consulted me July 9th, had constant cough, great difficulty of breathing. Expectoration profuse and very offensive; much emaciated; alternate diarrhoea and constipation; appetite gone. Temperature, $101\frac{1}{2}$; pulse, 98 and irritable. Aconite 6x, Sulphur 3x and Iodium 3x were prescribed. By July 17th we found our patient rapidly growing worse and decided to

operate on the right lung; the left in our judgment, being only slightly affected. An incision was made over the articulation of the costal cartilage and rib, extending from the first to the sixth rib. On the separation of the ribs with the costal cartilages, a blunt hook was introduced and the lung exposed on the chest. It was found to be a degenerated mass of putrefaction, and after securing the blood vessels and the right bronchus, it was nucleated at the root. Silver wire sutures were used to ligate the vessels and bronchus. We then thoroughly cleansed the cavity with carbolated water and closed up the incision, using again silver wire sutures and leaving open the dependent portion for drainage. Carbolated Calendula and water was used to dress the wound, and a figure of 8 bandage used to keep the ribs and costal cartilages in apposition. Aconite 6x and Silicea 6x were given for a few days, then Iodum 3x was added for its specific action on the diseased state of the left and now only lung. The greatest difficulty we found in the operation was in getting the patient under the influence of the anæsthetic without producing asphyxia.

September 1. The patient was discharged. Had no further difficulty with the left lung and is now able to ride out and attend to some business.

L. R. PALMER.

TERRE HAUTE, Ind.

CYSTIC TUMOR OF SPERMATIC CORD.

BY W. A. FORSTER M. D. NEVADA MO.

Mr. F., aged twenty-four, single. About four years ago while riding on horse-back, felt severe pain in left testicle, a few days after which, he noticed swelling of cord just above testicle. He used some liniment on it which eased the pain, and did not have any more trouble with it until two years later, when he had to ride on horse-back to school, six miles a day, besides riding after the cattle in the evening, it commenced to swell again and adhered to the anterior wall of

the scrotum, about a quarter of an inch from the raplia. He then "applied some plaster to draw," which it did, and a considerable quantity of pus was discharged; after which it receded from the scrotum and a very hard tumor remained, larger and more solid than it had been at any previous time.

In the spring and early part of summer it remained stationary and did not trouble him much, but when working in the harvest field, it grew worse, when in the winter he again rode on horse-back a good deal, it kept steadily getting worse and increased in size. The following summer he did not work much and the tumor remained about the same, with the exception that its weight anteverted the testicle.

In the winter he went off to collége when it did not trouble him much, but in the spring he was taken sick and it got so bad that he consulted a physician about it, who gave him some liniment to apply, which relieved him to a certain extent. At that time it was quite inflamed and he had to wear a suspensory bandage, but the liniment subdued the inflammation and reduced the size of the tumor somewhat.

Last fall he came to college in the city where I was practicing at that time, and he consulted me about his condition, having again grown worse.

I found the patient in considerable distress of mind about it. The tumor which was not quite as large as the testicle had completely inverted the testicle. It was round, smooth and quite firm, situated on the anterior of the spermatic cord just above the testicle (that is when the testicle is in its normal position). It was very painful at times, and by its weight caused an uneasy tension, and bore on his mind a great deal, so much so, that he was unable to apply his mind closely to any thing else at times.

I suspected and told him that I thought it was a cystic tumor, and in order to make the diagnosis more certain, I introduced the exploring needle and withdrew a cheesy looking substance. Besides this, he was also troubled with varicocele, for which I gave him Hamamelis lotion for local

application, and Hamamelis 3x internally. I also tried Phytolacca externally, but with no particular benefit.

After about two months trial of local and internal medication of different kinds, he thought that he could endure it no longer, not so much from the pain as from the constant uneasy sensation, and the preying upon his mind, so he concluded that he would have it removed.

Feb. 24, was the day set for the operation. Having put him under the influence of an anæsthetic (Chloroform and Ether mixed) I seized the tumor with a pair of curved polypus forceps, and secured them with a ligature, over the most dependent part of the scrotum. Having thoroughly disinfected the parts by means of carbolized solution, and the spray kept over it, I cut down upon the tumor perpendicularly, and dissected it carefully from the cord, in which it was very tenaciously imbedded; the membrane of the cord covering the tumor, while its base was firmly adherent to the cord proper. Having removed the tumor, I washed the wound carefully, introduced a piece of lint saturated with Phenol-sodique for drainage, left the wound open and dressed with Phenoled lint and antiseptic gauze. Gave Acon. 3x to keep down arterial excitement.

Late in the evening when I called on him, found the scrotum very much swollen and congested, suffered considerable pain, pulse about 100, full and bounding. Gave Bell 3x and applied snow in cloths wrapped around parts, which I directed to be kept up.

Feb. 25, A. M. Found patient had rested but little during the night, was delirious a good deal of the time, throbbing headache; scrotum enormously swollen and black, as were also the surrounding parts; wound gaping, edges everted, and discharged a sanæous fluid. Pulse 116. Injected Phenol solution, and continued Bell 3x and snow treatment.

Feb. 26. Very restless through the night, high fever, great thirst, nausea and very weak, parts still swollen, black and burning hot; wound almost closed by the swelling, pulse 120 and rather weak, rigors and general symptoms of septicæmia. Local treatment continued, Arsen. 3x.

He continued in about this condition for some days with but slight sanious discharge from the wound, when quite a passive hæmorrhage took place, the swelling decreased somewhat, and the color became a little more natural. Suppuration set in with swelling of the inguinal glands. Gave Hepar 3x, and injected wound thoroughly two or three times a day with Phenol solution.

There was, and had been for some time, swelling of the spermatic cord, with severe pain extending up into the abdomen, but the more serious symptoms had subsided, and his appetite and nights rest were better.

Quite an extensive sloughing set in and long stringy sloughs were discharged, which on examination were found to be the varicose veins sloughing away. The sloughing process continued for some time and the recovery was gradual and very satisfactory. In due time the wound healed kindly, but a slight swelling of the scrotum continued for some time, and also a hard tumor on the cord, which gradually subsided, and when I last saw him (about three months ago) there were but slight traces left of it. In a letter of Sept. 19th, 1881, he writes to me "Riding horse-back does not appear to injure me now, as I am careful. The tumor has entirely disappeared and the varicose veins are disappearing gradually, I feel better than I have for years."

This case looked very foreboding for some time and I feared serious results, but by the use of such reliable remedies as Arsen., Carbo veg., Hepar, and Lachesis, it terminated with the most favorable and satisfactory results.

As far as I have been able to learn this is a case of very rare occurrence and may therefore be of some interest to the medical fraternity.

Four rules for the preparation of article for a journal: 1. Have something to say. 2. Say it. 3. Stop as soon as you have said it. 4. Give the paper a proper title.—*Billings*.

Eye and Ear Department.

AN IMPROVED EYE SPECULUM.

BY E. W. BEEBE, M. D., MILWAUKEE.

(Read before the Wisconsin State Society.)

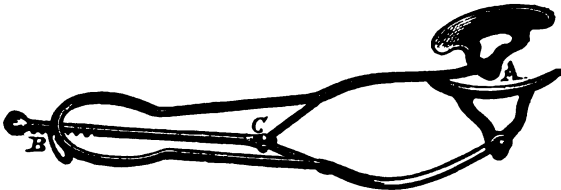
MR. PRESIDENT: In the early history of ophthalmic surgery, we find the surgeon depended entirely upon the fingers of an assistant to separate the eyelids during operations upon the globe; a method which severely taxed the assistant, and which was but imperfectly performed at the best; especially so in warm weather, or when the patient was perspiring freely.

In some operations also requiring several assistants, the one who controlled the lids was frequently in the way, and materially interfered with the success of the operation.

To take the place of the assistant, and to render the surgeon less dependent upon help, which was frequently absent when most needed, the wire spring speculum was devised, which was, of course, very imperfectly made, and which depended alone upon the strength of the spring to prevent the lids from closing, and which, when sufficiently strong to accomplish the object, was extremely painful to the patient. This instrument, in some form or other, was used for some years; in fact, a modification of the instrument is still in use, I am sorry to say, by some operators.

The next important improvement made in the instrument, was by adding a cross-bar and some form of stop, to rigidly fix the instrument when placed in position. The difficulties attending the use of these instruments which are now in general use are, that while they hold the lids from closing, they unduly press upon the globe, and the stops are in the way of the surgeon in many operations, requiring the use of a special instrument for each eye.

There are many forms of stops or fastenings used, some of which are novel, and answer the purpose nicely, but with all the other improvements, nothing has been done for that portion which is placed beneath the lids—the crooked wire still doing duty as in the first instrument made, showing clearly that the comfort of the patient was considered but of minor importance, compared with the convenience of the surgeon.



This little instrument is an improved eye speculum, which is designed with especial reference to the feelings and comfort of the patient, as well as to its adaptability to the various conditions and uses of an universal eye speculum. The comparatively slight suffering which is experienced in its use, renders it possible for the surgeon to perform many operations without an anæsthetic, when heretofore these agents have been resorted to, it being a fact that the ordinary operations upon the globe are much less painful than have been the means employed to fix the globe and separate the lids. The blades which are placed beneath the lids are hinged to the body of the instrument, which renders it adjustable in a moment, to meet every possible condition or circumstance, the single instrument being sufficient for all cases. They are curved and flattened, so as to conform to the shape of the eyeball and under-surface of the lids, and it will be readily seen that a broad surface of the same curve of the lid, must be much less painful to the patient when the lids are forcibly separated by them, than when the ordinary instrument is used, the blades of which are of small wire, and which do not conform to the shape or curvature of the lids. It will also be seen that the pressure upon the globe, so apparent in the old instruments, and which is so objectionable in cataract extractions, is in this instrument

almost entirely, or quite avoided; the separating of the lids with a curved blade having a tendency to take the pressure of the lids from the globe.

The body of the instrument being adjustable to any angle with the blades, it is made to fit closely to the face in every case, whether the eye be prominent or deeply sunken, therefore being entirely out of the way of the surgeon, which is a very essential feature, especially in severe or complicated operations.

The fastening, or stop, can be of any desired kind to suit the fancies of the surgeon—that shown in the wood cut is the one adopted by myself as having all the requisites necessary for successful operation—to wit: simplicity; rigidly fixing the lids so they can be neither opened nor closed, can be instantly fastened or released by moving the serrated bar from side to side, while the instrument is opened or closed by the other hand, and which can always be reached, whether the instrument be adjusted over the nose for the inner, or over the temple for the outer canthus. In adjusting the instrument for the inner canthus, the blades are turned opposite to the position shown in the cut.

Another very important and entirely new use to which the instrument may be put, is to separate the lids and fix the globe at the same time, without the suffering attending the use of fixation forceps, so generally in use for this purpose. The patient reclining upon the operating chair, or couch, the surgeon, standing behind him, places the blades of the instrument on a line with the body, or opened (they being in the half-closed position, as ordinarily used), when they are to be inserted beneath the lids in the usual manner and opened just sufficiently to expose the cornea, where they are fastened by the stop; then by slight pressure upon the globe with the instrument, the eyeball will be fixed, with but little suffering to the patient.

It is admirably adapted to the removal of foreign bodies from the cornea, and many other minor operations which will suggest themselves to the surgeon [and practicing physician].

Gynecological Department.

PROGRESS IN GYNÆCOLOGY.

BY W. DANFORTH, M. D. MILWAUKEE.

(Continued from from page 331.)

CASE IV. Mrs. R. P., of Iowa, placed under my care February, 1880. She was thirty years of age; married eight years; one child, six years of age; formerly well, but has had backache and kidney trouble for past two years. For a year previous to her coming to Milwaukee, she noticed an abdominal enlargement and a decided loss of strength.

She had frequent chills, profuse perspiration, severe pain in left breast, and, at times, great dyspnoea; bowels absolutely constipated, and urine scanty, with deposit of urates and mucus. Her menses were quite regular, and unattended with any special symptoms. I made a careful examination, and found uterus in normal condition, but found an enlargement in Douglass cul de sac about the size of a goose egg, and painful to the touch; palpation and percussion over the abdomen revealed noticeable enlargement, but no defined tumor. There was complete resonance on percussion.

I was in doubt about the pathology of my case; was it hæmatocele, prolapsed ovary, or what was it? And again, could either of these conditions cause and continue the extreme suffering and symptoms she had endured? As she was rapidly growing worse, being almost unable to walk and completely discouraged, I felt anxious to begin active and effective treatment; so I gave her remedies to regulate her bowels and kidneys, and build up her general health, re-examining her from time to time, to determine more positively the actual condition of things.

She had never experienced any severe strain, fall, or in-

jury, in fact nothing to cause an hæmatocele, or displacement of ovary. Being still in doubt, I treated my case on general principles, regulating and building up her general health as much as I could. Instead of improving, she continued to get rapidly worse, so that at the expiration of the first month her abdomen was as full as at the fifth month of pregnancy. The tumor in Douglass cul de sac had enlarged, and seemed lost in the general tumefaction of the parts. There was still complete resonance on percussion all over the abdomen; not a particle of dullness anywhere.

I now passed an exploring needle well into the tumefaction, posterior to cervix, with only negative results. There being such pronounced resonance on percussion all over the hypochondria and hypogastric region (in fact I could find no dullness over any part of abdomen), disarmed my suspicion of its being an ovarian cystoma. The question of *what is it*, was now becoming painful. I was treating a pronounced pathological lesion, and could not write a satisfactory diagnosis. Rectal exploration was now resorted to; the left hand was introduced up to the sigmoid flexure, and my diagnosis was at once made. It was not a uterine tumor, but was actually a right ovarian growth, or tumor; there was not a doubt of it. Undoubtedly there was universal adhesion of intestines to anterior surface of tumor, which alone would account for resonance all over the abdomen; but the tumor was there, and as I review the case now, I do not know of any other way of determining the *fact*, except by rectal exploration. And I certainly know of several, and believe that many valuable lives have been sacrificed, which might have been saved by the use of this wise and prudential means of diagnosis.

The way was now clear to a proper treatment; the aspirator was boldly pushed (through Douglass cul de sac) into the enlargement; a stream of creamy and *highly* offensive pus flowed freely, filling a vessel containing seven (7) pints. (The fœtor from this pus was simply *intolerable*.)

Of course our patient was relieved; there was a truce with death; but what next? I had discovered an ovarian

cystoma in a state of suppuration, the intestines being so adherent anteriorly, as to forbid aspiration through abdominal wall, and it being in such a suppurative condition, forbid ovariectomy.

Manifestly I was to wait and watch, and in ten days I drew off five pints more of pus, and in another week three pints, and so on, for another month, during which time I injected Carbolic acid (3 per cent.), Permanganate potass, and finally one-quarter alcohol, which latter proved *altogether* the best disinfectant, though not in any sense obviating the extreme fœtor of the next aspiration. It was something unusual, in fact, entirely beyond my experience, to find such persistent stench and suppuration. Finally, at the tenth aspiration, on withdrawing the canula, a wisp of hair followed. Like a flash of lightning the mystery vanished. We were dealing with a *dermoid cyst*. It was this that caused the intolerable fœtor and persistent suppuration. Again surveying and reviewing the ground, I could not see how I could have done better, or could now do otherwise than to keep straight on, aspirating and injecting alcohol, until the sac should shrink down to zero, so that I should be warranted in laying it open and curetting it. Manifestly the sac was, by the nature of things, so adherent to the uterus and adjacent tissues, as to *absolutely* forbid its removal.

Consequently I must treat it the other way, and pocket the result, and this I did, aspirating every third or fourth day, for two months. My patient did not improve in strength as much as I had hoped. She had night sweats, capricious appetite, dyspnœa, neuralgic pains in left breast, and such general debility as to cloud her prospect of final recovery. It seemed as though this nemesis was eating her vitals away.

I finally cut through the vaginal wall into the cyst, and curetted it freely. A quantity of debris *i. e.*, hair and osseous degeneration was removed, and although I used every precaution, cauterizing the fresh edges of the wound with 95 per cent. Carbolic acid at the moment of the incision, still my patient suffered an extreme chill, and a severe septicæmic fever ensued, almost collapsing her. The intolerable fœtor

which attended these cases for the weeks following the operation, made everybody sorry that the sac had been opened at all.

The sac—the sac—the sac. What are you going to do with the sac? saluted me at every turn.

Reviewing the case again, I dare not cut out the whole mass, because I should thereby take away the floor of the abdomen—and all the intestines would at once (and permanently) protrude. I dare not curette more freely, for fear of cutting through the sac, and thereby emptying its contents into the peritoneal cavity, causing certain death. Indeed, I dare not do otherwise than inject the sac with absolute alcohol and Bromo-chloralum daily and bi-daily, until we should reach zero again. *And this I did*; and the friends and household had to use all kinds of smelling salts, making frequent excursions into the surrounding country for fresh air, while awaiting results. Sixty days of such treatment had reduced the sac to the capacity of a goose egg, but it was still implacable, refusing to close, and sending forth the same intolerable fœtor. My patient could not walk with the least comfort, there was such a dragging sensation or stirring about that she was obliged to keep her bed, and even then was very uncomfortable.

We were now ready for another review, and a final campaign movement. I consulted all the literature I could command on the subject, without getting a ray of light. No such case had ever been recorded.

We were still dealing with a dermoid cyst, and so long as any epithelial cells remained in it, so long would it reproduce hair, bone and sebaceous matter.

The cry of the sac—the sac—what are you going to do with the sac? still haunted me. Finally because all things have an end, *I resolved* to inject phenolized Iodine, until I should cut away the last vestige of epithelial tissue, getting down to the quick, or normal structure, and trusting and believing that then it would close, determine, and finally heal. This was to be the battle of the wilderness, a tedious, careful, persistent struggle for life. To one ounce of crystals

of Carbolic acid, I added one-half ounce of crystals of Iodine ; a dark and dense liquid resulted. Of this I daily injected about a dessert-spoonful well into and against the roof of the sac. How to do this without injury to the vaginal membrane, was an important question. I accomplished it by first introducing my bi-valve speculum (patient on left side), and then pushing a large tampon of absorbent cotton (dry) forcibly against the sac, withdrawing the speculum ; then introducing my finger to locate the vaginal opening, passing the tube of the uterine syringe into the sac, and packing the cotton well about the aperture, so as to absorb the drip or overflow. By following this course carefully, not a drop of the caustic solution reached the mucous membrane of the vagina. The tampon was allowed to remain about an hour, and then withdrawn by the patient's seizing the attached string. This practice was continued for over two months, indeed, until the sac was obliterated, *i. e.*, so closed as to admit no fluid at all. All foetor disappeared ; the discharge ceased ; the patient *was well*.

It should be remarked, that for a month following she experienced a good deal of nervous irritation about the pelvis, especially upon going up stairs, and at times she was greatly discouraged, fearing that she would never be herself again. But finally this trouble melted away, and since last Christmas she has remained perfectly well in every particular.

This was the most tedious and difficult case that has fallen to my lot to treat. Ten months of daily attention clouded every day with serious fears of final failure, emerging at last into perfect health. In reviewing the case from this stand-point, I cannot see how anything better could have been done for her, and I do not think she will, or can have any return of her old trouble, as the sac, or at least the epithelial portion of it, is removed, and a firm cicatrix remains as a guarantee against a recurrence of inflammation or abscess. A valuable life has been saved, a young and despairing mother restored to health, and her generation made happy. It may now be fairly said that dermoids cysts can be cured, sometimes, by persistent treatment in the right direction.

CASE V. Mrs. D. K. T., American; married; has three children; youngest twelve years of age; herself forty-two; of previous good health; menses regular; spent the summer abroad, last season, with her husband; while in Switzerland last August, experienced her first menorrhagia; became exsanguine, and was confined to her bed for several weeks, finally recovering and continuing in usual health, until her return to Chicago. The physician who attended her in Switzerland made an examination; found no growth or enlargement; said the menorrhagia was caused by change of life, *i. e.*, climactic; during last fall and through the early winter Mrs. T. experienced several menorrhagias, relying upon rest and usual remedies for control. She lost flesh, became weak, and showed unmistakable evidence of loss of health. Finally toward the latter part of January last, she had another fearful menorrhagia. My colleague, Prof. J. S. Mitchell, was called, made an examination, and at once discovered the cause, *i. e.* a submucous fibroid, causing manifest uterine enlargement, and no doubt causing her severe flooding. She became exsanguine, pulseless at the wrist, in fact almost died before Dr. M. could control the hæmorrhage; finally it was controlled, and she slowly reacted. At this juncture Dr. M. wrote me, asking my advice about her case. I told the doctor I knew of no rational curative treatment short of removal, everything else was simply palliative; and as to an operation, that was the last appeal, the Supreme Court of Surgery, the battle for life or death. It must be so regarded, and stated to her husband and friends, and then if he, Dr. M. believed it was a case for an operation I would come and operate. Feb. 15th, I received a call, and visited the patient, prepared for emergencies; on a careful examination found a submucous fibroid of several years growth as large as a child's head at full term; tumor did not present through the cervix. Dr. M. had used sponge tents and so dilated the os that the finger could easily touch the growth, which was very dense; and firmly entrenched. Mrs. T. was very weak; unable to leave her bed, and not in good condition for an operation. An unusual feature in this case, consisted in

the fact, that the patient had never noticed any special enlargement, and of the physicians who had attended and examined her, not one hinted at the real cause of her flowing until Dr. M. was called, who diagnosed her case. A consultation was held, and the case discussed. Her husband, who is an eminent lawyer, chatechised us categorically. Was there great danger? *yes*. Could you bring her through safe? *cannot promise positively*. What are the probabilities? *doubtful*, but it is the only way in which she has *any prospect* of a final escape. Yes, but you say there is great danger. You cannot promise success, and the probabilities are so balanced that it is doubtful whether she survives the operation. Now I would rather she would take her chances as she is, than to be killed to-day. Yes; but, Mr. T., the probabilities are that Mrs. T. cannot survive another such a menorrhagia as she has just experienced; certainly she cannot survive many of them. If we knew that she was about through the climactic, there might be a reasonable hope of her living for years to come, but these tumors always extend the menstrual life, sometimes for five years. So that viewed from all sides, it is clearly our duty to advise the operation and take the chances. "Gentlemen, I have nothing more to say, do what you think best, but recollect there is a judgment day coming." And Mr. T. walked out, leaving the doctors to decide as grave a question as ever fell to the the lot of man to determine. Had it been an ovarian tumor, the care and responsibility of the operation would have been nothing in comparison. So much is known; so many hundreds, I might say thousands of such tumors have been removed and with such average results, that there is now no great strain of brain in deciding upon the propriety of another operation. But in this class of cases it is entirely a different and more difficult matter to decide and treat. I well remember when Dr. Atlee, of Philadelphia, undertook his first operation of this kind, was about twenty-six years ago. At that time nothing was known about these operations. No one had ever undertaken them. Dr. Atlee removed some small tumors, and Dr. Simpson, of Edinburgh

essayed to operate on one. He very graphically describes this operation, i. e. the cutting through the uterine wall with potassa fusa and final sloughing off the tumor which weighed seven ounces, a little larger than a hen's egg. From that memorable time to this, these operations have always been regarded as very difficult and dangerous. Drs. Thomas and Emmett, of New York, have done more in this field of work than all the rest of the American profession, and the largest solid tumor they have put on record weighed less than four pounds. With such a condition of things before us, and a valuable life hanging upon our decision, with a larger tumor than had ever been successfully removed, was it at all strange that we were perplexed? However, we decided to operate, put our patient in Sim's position, Ether was administered by my son, and, assisted by Prof. Mitchell, the operation was commenced at 2.30 P. M., Feb. 15th, 1881. The day being clear, and a west window convenient, the sunlight was utilized. A wide Sim's Speculum was introduced and held in position, while with an enucleator the lower portion of the tumor was freed from its attachments, and the work of separating the body of the mass from the uterine walls pushed with all reasonable dispatch; the adhesions were found to be *very firm* requiring all the nerve and strength of operator and assistant to sever them. Two hours and a half of time elapsed before we had sufficiently freed the body of the tumor so as to warrant its seizure by the forceps for removal, and even then, the fundal attachments were not severed. Just at this juncture, our patient collapsed became pulseless, and was apparently dead; artificial respiration long continued, with Ammonia freely given, finally restored the circulation and respiration. She could not, however, be brought up so as to warrant any further operative interference. She was in a bad condition when we began the operation; the adhesions were so *very* strong, and the uterus so contracted as to almost defy our best endeavors at removal.

(In this class of cases we have so much to learn, as we go along with our work, that we cannot fortell, with any certainty just how long, or what actual results will obtain).

So, all things considered, we decided to suspend work, and await results. She had lost considerable blood and could not tolerate further shock. Mr. T. was informed of the condition of affairs, and at once declared that "he had feared as much, and that now the tumor would fester and kill her sure. He wished that he had adhered to his better judgment and have saved her life." However this might have been, we had now to do the best we could with what remained. The patient was put to bed, and made as comfortable as possible. She reacted fairly well, and spent a tolerable night. There was no hæmorrhage, no chill, or sharp fever. It was decided that Dr. Mitchell was to irrigate the uterine cavity twice a day with Arnicated water, sustaining patient the best he could on general principles.

During the first and second days there was so much turgescence of both the uterus and tumor, as to make it almost impossible to pass the flexible catheter for the purpose of irrigation. However, on the third, fourth and fifth days, there was a decided subsidence of the tumefaction; not only so but a very fetid discharge obtained, and our patient became restless, more or less delirious; tongue dry; no appetite; in fact was unmistakably failing. Ergot was given, but no contractious effects followed, and I was summoned again on the sixth day to further determine what had better be done; and here again we had to repeat our first discussion. There was present Drs. Mitchell, Streeter and myself. Mr. T. also attended upon our deliberations. The whole ground was traversed again and again, bringing us at last face to face with what seemed a forlorn hope.

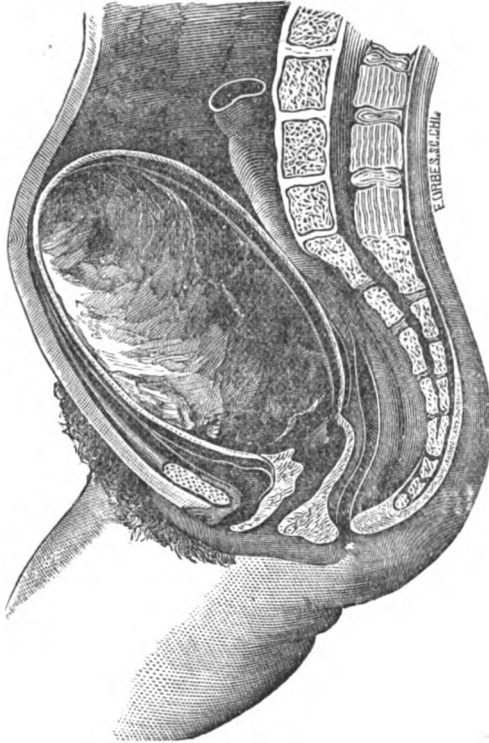
Would she survive an attempt at removal of the decaying mass? *Doubtful*. Could she long survive without removal? *Certainly not*.

Was there anything in expectancy that promise possible recovery. *No*.

At this juncture Mr. T. said, "Gentlemen, I told you so." "My wife is gone." "I wish we had let her alone." It was in vain that my colleagues expostulated with him; his wife

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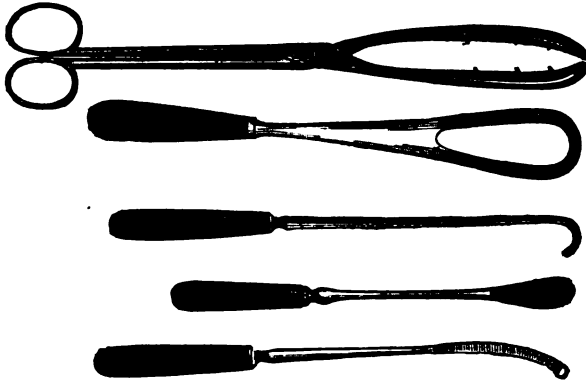
was killed. The moment was a critical one; not soon to be forgotten. Finally I decided to at once attempt the removal of the mass. Patient was put in position; Etherized by my son Harry, and active interference begun. The lower portion of the tumor was so softened and decayed as to admit of speedy removal, and fully three pounds was taken,



bringing us upon the solid structure again, the upper portion of which was very firmly attached to the fundus. My hand became so paralyzed that I could not lift a pound weight. My colleague, Dr. Mitchell, continued the operation until his hand too suffered the same fate. Dr. Streeter came to our relief, working with his will, until he too began to weaken. Finally Dr. Mitchell introduced his hand, and insinuating it with great force severed the last fundal attachment and removed the mass. One hour and three quarters

of time had elapsed; the tumor was removed, and our patient, though extremely weak, was still alive.

The accompanying cuts show the location and character of the tumor, and some of the instruments used in its removal.



Press of business and want of time alone prevented our singing the Doxology. Reaction slowly followed this last great battle for life. Every care and attention was bestowed upon our now royal patient. The catheter was used twice a day, and the uterine cavity thoroughly irrigated also. On the fifth day she voided urine naturally; her bowels were kept open by enemata. She was able to take beef tea, koumiss and milk, and so carried along by slow degrees toward final recovery.

The most remarkable feature during convalescence was the persistent discharge of fearfully fetid pus from the uterine cavity. Notwithstanding the frequent injection of *alcohol*, *Carbolic acid*, *Permanganate potass.*, and many other disinfectants, the discharge and fetor continued for six weeks. Finally, *because all things have an end*, it ceased, and she improved more rapidly to a state of good health. *She is to-day well.*

Mr. T. now says "I told you so; but I am glad you did it, gentlemen."

The mass removed weighed six pounds, which is the largest solid tumor successfully removed within my knowledge, except the one I successfully removed from Mrs. G.

W. H., of Joliet, Ill., in 1876, which weighed eight pounds.

As before remarked, ovariectomy is child's play in comparison with this most difficult surgery, and I am proud to be able to compare notes with operators in all schools of medicine on the subject matter under discussion. They cannot say we are ignorant, timid, hesitating, or even wanting in muscle.

I might extend this report of cases indefinitely, but believe these will serve the purpose designed—namely, to show the absolute necessity of not alone understanding symptomatology but also of properly interpreting the symptoms—recognizing their cause and at once attacking it in the most resolute, rational, and effective manner,—not that I love symptomatology less, or pathology more—but willing to accord each their due share of importance demanding only the full and fair recognition of both as essential to a complete medical education.

Etiological Department.

PREVENTIVE MEDICINE.

A SCIENTIFIC BASIS FOR ISOPATHY.

The recent experiments made in the propagation of disease germs and vaccination with them to prevent more serious attacks of the same disease, has enveloped the whole subject of preventive medicine with a new glory and added greatly to the interest in etiology. A little idea of what is going on is gleaned from the article on Hydrophobia in our September 15th number, p. 280, 1881. It is found that inoculation not only prevents small pox, as discovered a hundred years ago, but also hydrophobia and many other diseases. Here we find a vindication for the use of "the disgusting nosodes." But more, we have also a scientific basis

for Isopathy. Is it not strange that Homœopaths have been using variolin, hydrophobin, glanderin, etc., although under protest, and can now come forward on the tidal wave of this new (?) discovery and say, we have been using these "civilized" poisons not only to prevent but also to arrest the "parent disease" in its very outset? Instead of inoculating, we can show them a better way of prescribing the appropriate nosode.

A very clear account of the progress now being made in these remarkable investigations in various parts of the world was given by Dr. Cameron at the recent meeting of the Social Science Congress at Dublin. The first idea to be grasped is that specific diseases are like specific forms of animal or vegetable life—they can be produced only by specific pre-existing germs or seeds. It is a remarkable illustration of the impossibility of foreseeing to what results any scientific investigation or discovery may lead that the great advance recently made in our knowledge as to the causation of disease is to be traced to a very large extent to certain investigations made by a French chemist, M. Pasteur, with regard to fermentation.

It is thirty years since Dr. Davaine discovered that in the splenic fever of sheep and cattle a tiny microscopic organism was to be found in the blood, and that this was the true cause of that disease. As time passed, other microscopic beings were discovered in the blood and tissues in other diseases.

In 1876 Dr. Koch, a German physician, succeeded in isolating the little rod-like organism, or bacterium, which gave rise to the splenic fever and in cultivating it outside the animal body. Dr. Koch's success was of immense scientific importance, for it now became practicable to remove them from all possible contamination, and to prove that this or that organism was really the cause of this or that malady. These prophetic words were used by Prof. Tyndall when giving an account to a Glasgow audience in 1876 of Koch's then fresh researches: "The very first step towards the extirpation of these contagia is the knowledge

of their nature, and the knowledge brought us by Dr. Koch will render as certain the stamping out of splenic fever as the stoppage of the plague of Pebrine by the researches of Pasteur."

Dr. Koch's discovery was rapidly followed up by that of Dr. Klein, who showed by methods similar to those adopted by Koch, that the disease known as pig-typhoid, or pig-plague, was also the result of a microscopic organism, which he succeeded in cultivating.

About two years ago M. Toussaint, a veterinary surgeon of Toulouse, achieved a like success with the bacterium of fowl cholera. Through cultivation in chicken soup under prolonged exposure to oxygen, M. Pasteur succeeded in "attenuating" the microbes or organisms which give rise to fowl cholera and splenic fever, and in producing artificial vaccines, which protect animals inoculated with them against subsequent attacks of the respective diseases.

Another disease, which has caused great havoc among cattle in certain districts of France, is known as the *maladie de Chabert*. In the course of his investigations into the operations of various contagia, M. Chauveau has proved that very different results followed on the introduction of certain morbid viruses into the animal system, according as they are carried right into the blood by injection into a vein, or simply introduced into the tissues outside the circulation. More recently, in investigating the strange resistance displayed by Algerian sheep to the power of splenic fever, M. Chauveau found that it could be overcome by the introduction of large amounts of the specific organism into the system. By carefully limiting the number of bacilli introduced, however, he found he could give rise to a trivial infection, which increased the natural resistance of the animal to subsequent experimental inoculation with the disease. Working on the lines thus disclosed, three young veterinary surgeons of Lyons, MM. Arloing, Cornevin, and Thomas, discovered that if the micro-organism which gives rise to the *maladie de Chabert*, and which can also be artificially cultivated, be injected in carefully graduated doses into the torrent of the

blood, so that the tissues shall not be contaminated, it gives rise to but very trifling constitutional disturbances, but at the same time produces a change in the system of the animal which effectually protects it against subsequent attacks of the disease. The discovery was publicly tested in Lyons in June last, and it, too, the French Government are now engaged in testing on a large commercial scale.

M. Pasteur has been working at rabies or hydrophobia for some time past, and he has made some extraordinary discoveries, but as yet no practical result of his investigations has been published. Meanwhile, M Galtier, another veterinary surgeon of Lyons, who for years past has made a special study of rabies, adopting a hint from the result of the investigation of his colleagues, tried the effect of introducing the virus of hydrophobia into the torrent of the blood, by injecting it into the veins of a number of sheep and goats, with the results already noticed, (See Sept. No. p. 280.) To his delight he found that the same results followed the practice which had attended it in the *maladie de Chabert*. Animals which received the virus directly into their circulation not only did not suffer the least inconvenience from it, but when subsequently exposed to repeated inoculations of hydrophobic virus, it produced on them no effect, while unprotected animals subjected to the same test invariably succumbed to the disease. Hydrophobia communicated in the ordinary way is generally a long time before it takes a hold upon the system, and M. Galtier is at present endeavoring to ascertain whether by stepping in with his intra-venous inoculations in animals which have been bitten by rabid dogs, he cannot anticipate and neutralize the natural development of the disease, as we can the slower development of small-pox infection by the more rapid action of vaccine lymph.

Another disease which until within the last few years was believed to be absolutely non-contagious is consumption and yet it and the whole class of tubercular diseases to which it belongs have been proven to be eminently infectious. They have been transmitted from man to the lower animals, and

from one lower animal to another. The important fact in connection with the organism is that it can stand a high degree of heat without perishing, M. Toussaint having succeeded in inoculating the malady from juice expressed from the steak of a tubercular ox cooked so as to be but slightly underdone. If this be true, it affords us a certainty of at least being able to limit the ravages of tubercular human disease by directing our attention to what must be a most fruitful source of infection—namely: the sale of diseased meat.

Ague, again, has long been known to be associated with exposure to exhalations from marshy ground. Of late years it has been known that a microscopic organism—also a bacillus—was to be found in the blood of persons afflicted with the disease. Within the last couple of years Dr. Klebs, a German, who has done much work in this field, and Dr. Tomassi Crudelli, an Italian savant associated with him in the investigation, discovered that by treating with water the soil of a fever-haunted marsh of the Campagna the germs of an organism which flourished in the soil could be washed out; that germs of this organism floated—though in much smaller numbers—in the air which rested on the marsh; that by shaking it up with water they, too, might be washed out, and that by repeating the operation again and again an appreciable number of them might be collected from the air. Water suspending the organisms thus obtained, introduced into the circulation of a dog, produced ague more or less rapidly and more or less violent, according to the numbers in which the bacilli were present. In many forms of malarial fever the poison is too virulent and the course of the disease too rapid for routine medicine to be of any avail. But guided by an exact knowledge, you can go straight at the source of the mischief.

With this object, Dr. Declat suggested the vigorous use of phenic acid, by injection into the veins and otherwise, as a means likely to prove effective against the organisms of yellow-fever and kindred acute forms of malarial poisoning. It should be the duty of public sanitary authorities to provide

convalescent homes for patients recovering from serious infectious diseases, where they might be taken care of until all danger of the propagation of infection by them had ceased.

Were this duty attended to, the recent discoveries as to the nature and causation of disease, in Dr. Cameron's mind, leave not the smallest doubt that we might be spared many epidemics, and that one disease especially—scarlatina—might be made to show a very different death-tale in our tables of mortality. In the second place, the whole history of the chain of discoveries teaches the enormous importance of the study of comparative medicine and pathology—of medicine and pathology not in their connection with human diseases alone, but as branches of a science affecting the whole animal and vegetable world.

Perhaps the most remarkable part of Pasteur's work, in relation to splenic fever, has been his discovery of the agency of earthworms in conveying the germs of deadly bacteria from buried carcasses to living cattle. It has long been suspected that the grass grown over the graves of cattle dead of splenic fever, and buried even for years, was a source of infection to others, but the manner in which the disease was communicated was neither known nor suspected. It was reserved for Pasteur, by one of the most remarkable instances on record of "the scientific use of the imagination," to suspect that earthworms were possible agents in the matter; and, with him, to suspect was the first step to careful and complete investigation. He obtained earthworms from the soil filling a pit into which the carcasses of animals dead of splenic fever had long before been thrown, and from the intestines of these worms he obtained the means of reproducing the disease in its most virulent form by inoculation. He showed that the worms, by casting out over the surface earth containing the bacteria germs, provided for their presence upon the vegetation which grew upon the spot, and that the animals which ate of this vegetation were as certainly killed by the germs which they swallowed as were those which received the same germs through the prick of

the inoculator's needle. To complete his triumph, he showed that inoculation with bacteria cultivated to a state of harmlessness, while it produced an attack of feverishness so slight as to be scarcely recognizable, afforded complete safety against the otherwise deadly food, and against the otherwise deadly inoculation. Experiments were made on flocks of sheep sufficiently numerous to exclude sources of accidental error, and these conclusions were fully established. Since then the preventive inoculation has been widely employed in France, with results promising the agriculturists of that country an almost complete immunity from a scourge by which their cattle have formerly been destroyed in large numbers. It is estimated that the pecuniary loss entailed upon French farmers by diseases of the splenic-fever class has not been less than five million dollars annually. The whole of this loss, there is good reason to hope, will for the future be entirely avoided.

In six fatal cases of puerperal fever, Pasteur found microscopic parasites in the pus. He argues the cause of death to be that after delivery the pus that forms naturally, instead of remaining pure, becomes associated with germs from without, which cause death. This fatal result can be prevented by the Listerian or antiseptic treatment, with Carbolic acid or with Borax. This Listerian treatment is itself one of the most immediate and practical results that have followed Pasteur's discoveries about the deadly nature of microscopic germs, and has done more than anything else to mitigate the horrors of hospitals and the danger of surgery.

Two American doctors, Prof. H. C. Wood and Dr. Henry F. Formad, have the credit of having proved that what Pasteur had shown with regard to splenic fever and other diseases was true of diphtheria as well. Dr. Formad visited an infected town on Lake Michigan where one-third of all the children in a marshy district died of the epidemic, and brought back with him specimens of the diphtheric virus, several of the false membranes which are invariably formed in the throat of afflicted persons, and portions of their viscera. It was found that this infinitesimal plant fastens

upon the white corpuscles of the blood and multiplies its cells, altering their character until, with the interior destroyed, they burst, and plants, set loose in an irregular mass, separate and go off individually to continue the destructive work on other corpuscles. Thus increased, they poison the blood, choke the vessels, and are found in myriad numbers in the spleen and bone marrow, where the blood is manufactured. Prof. Wood's investigations show that the false membrane, supposed to invariably indicate the presence of diphtheria, may be caused by Ammonia, Spanish fly, or any other irritating influence in the throat, so that its presence is not infallible as indicating the existence of this disease. But in any case the false membrane is built up by this parasitical plant, which grows and multiplies upon its inflamed surroundings, whatever may be the cause. It is when the plants grow strong enough to extend to the blood, either poisoning it themselves or carrying the poison with them, that diphtheria sets in. This little plant is exactly the same as found upon the coated tongue. When Prof. Wood put plants such as are found upon a healthy tongue in sterilized matter they failed to grow. On the contrary, plants from the throat or blood of a person affected with diphtheria multiplied rapidly. The practical result of the investigation pointed out was the possibility that diphtheria, if existing theories hold good, may be prevented by artificial vaccination.

This diphtheric plant, scientifically known as "micrococci," may in time be cultivated so that when inoculated with it the system will no longer be subject to the disease in its fatal form.

Pasteur's study of the nature of disease germs established principles, which are summarized by W. B. Carpenter, They are:

1. That no organic fluid undergoes *spontaneous* fermentation or decomposition, even in the presence of atmospheric air; any such action being originated and maintained only by the developmental action of definite organic germs.
2. That different kinds of fermentation (using that term

in its large sense) are produced by organic germs of different species. Thus, while *torula* sets going the alcoholic fermentation in a saccharine wort, other fungoid germs will set up the acetous, and others, again, the putrefactive fermentation, when introduced into fluids of the same kind.

3. That many different kinds of germs—notably, *bacteria* which produce putrefactive fermentation—are constantly floating in the ordinary atmosphere, so as to be almost certainly self-sown in any organic fluid freely exposed to it.

4. That if these germs be removed by mechanical filtration, or be got rid of by subsidence, or be deprived of their potency by chemical agents which destroy their vitality, the most readily decomposable organic fluid may be subjected to the freest contact with the air from which the germs have been thus eliminated without undergoing any change.

5. That as there is no such thing as fermentation without the presence of germ-particles, so there is no such thing as the spontaneous origination of such germs; each kind, when sown in the liquid, reproducing itself with the same regularity as in higher plants, and thus continuously maintaining its own type.

6. That such germ particles, when dried up, can not only maintain their germinal power for unlimited periods, starting into renewed activity so soon as the requisite conditions are supplied; but that, in this state of dormant vitality they can be subjected to influences which would destroy the life of the growing plants—such as very high or very low temperature, the action of strong acid or alkaline solutions and the like. The first application of these doctrines to the study of disease in the living animal was made in a very important investigation, committed to Pasteur by his old master in chemistry (the eminent and eloquent Dumas) into the nature of the pebrine which was threatening to destroy the whole silk culture of France and Italy. It had been previously ascertained that the bodies of the animals affected with this disease (whether in the worm, chrysalis, or moth stage) swarm with peculiar minute corpuscles, which even

pass into the undeveloped eggs of the female moth; but there was no evidence that these corpuscles were independent, self-developing organisms introduced from without; many regarding their presence as a mere expression or concomitant of the disorder, not as its cause. This most complicated and difficult inquiry not only proved completely successful as to what may be termed its commercial object, but that, though it concerned only a humble worm, it laid the foundation of an entirely new system and method of research into the nature and causes of a large class of diseases in man and the higher animals, of which we are now only beginning to see the important results.

(To be continued.)

College News.

DEDICATION OF THE NEW COLLEGE BUILDING.

(Continued from page 409.)

ADDRESS OF PRESIDENT FAHNESTOCK.

MR. PRESIDENT, LADIES AND GENTLEMEN. Since the organization of your college it has been my pleasure to meet at each annual assembly of the Indiana Institute of Homœopathy, some member of your faculty as delegate to the same. Our society has for years extended to each Homœopathic college an invitation to be represented at its meetings, and have always granted such representatives the courtesy of the floor. In this way have we evinced the interest we take in the educational institutions of our school.

The advance made by Homœopathy in Indiana is most rapid and is evidenced by the fact of its practitioners having tripled within the last ten years. Our society too is in a most flourishing condition. Organized in 1867 by a few physicians in our capital city, it has now grown to a body numbering over 200 active members, residing in every part of the state. Twenty years ago there were in Indiana, many practitioners of our faith who were debarred from advantages such as students now have, and consequently were uneducated in the various branches of medicine and surgery. At that time medical colleges were few and far between, attendance on a course of lectures an item

of great expense, and even the few colleges then organized, closed its doors against all who showed any liberality of thought or action.

These physicians though doing good work, and honest in purpose were a hindrance and detriment to the advance of Homœopathy. For the finger of arrogant medicine was pointed in scorn at the doctor who knew little, and cared still less, about physiology, pathology and similar studies. Educated people too, recognized this fact and attributing, not to the individual but to us, in consequence of withheld confidence and patronage. To-day it is very different and we can convince any physician on the face of the earth, who will attend our meetings, that Homœopathy in Indiana is above par; that we are educated and as a school, better than any other class of physicians in the state; that while Homœopathic in therapeutics, we have not neglected the study of electricity, Hydropathy and other methods of cure; that the expression Homœopathic surgeons, which twenty years ago was greeted with a smile of derision is now an established fact and commands both respect and confidence; that in matters pertaining to public health and hygiene we have out-stripped all competitors; that we embrace within our state, successful oculists and aurists, ovariologists, microscopists, chemists, in fact specialists in every branch of medicine. The papers presented at our meetings are eagerly solicited by the editors of the various Homœopathic journals and that visiting physicians from colleges and other states compliment Indiana upon the best state society west of the Alleghenys. All this we owe to the excellency of our own medical colleges, and though the doors closed against us for nearly a century are not yet ajar, why should we care. Have we not schools where all medicine is taught as well, schools that have produced bright members, who now stand forth as living evidence of Homœopathic strength, among whom I am happy to number an ex-treasurer of Indiana Institute of Homœopathy the President of the American Institute of Homœopathy, the oldest national medical organization in America.

Gentlemen, competition is a healthy stimulus. Your college is yet young, but we can see from the work already accomplished that your heart is all engrossed in it. This beautiful building will in future years be Alma Mater of many physicians, who will be of all grades of aptitude, from the brilliant genius, to the slow steady mental plodder. Their success in life as physicians will depend upon the thoroughness of his instruction and the habits of investigation and study formed while at college. To do this properly will be your work. The Indiana Institute will compare your graduates with those of all other Homœopathic colleges, and its influence will be towards that one which best fits the young physician for the responsibilities of his profession.

Gentlemen, in behalf of the Indiana Institute of Homœopathy, I congratulate you upon your new and beautiful home.

May your success in the future be brilliant. May you send forth from this college dedicated to the only rational and scientific system of medicine, many brilliant physicians who shall be an ornament to

society, an honor to Homœopathy and whose life and deeds shall cast lasting glory upon their Alma Mater. May such be your fruit and by such fruit may ye be known. (Applause.)

The chairman of the committee of arrangements announced that he had letters of congratulation from officers of state societies and leading physicians of Michigan, Ohio, Minnesota, Iowa, Nebraska, Missouri, Kansas, Colorado, Tennessee, Pennsylvania, New York, District of Columbia, and Ontario.

SALUTATORY BY PROF. R. N. FOSTER.

Prof. R. N. Foster then delivered the following able introductory address:

Ladies and Gentlemen: Gladly do we salute you this evening at the inauguration of this our enterprise; the more so because we feel gratefully that it is not our enterprise only but also yours. For the work which the faculty of this college has undertaken and accomplished within the short space of five years would hardly have been a possibility anywhere else than in the city of Chicago. This city is known both at home and abroad as the most progressive and characteristic of all American cities; and accordingly every kind of enterprise receives within its limits the steady sunshine of encouragement.

In London, able and learned men, members of royal colleges, lifelong trusted advisers of rank and wealth and refinement, can barely succeed after a pertinacious British fight of half a century, in establishing a small school where they may give a few annual lectures on Homœopathic therapeutics. Some might imagine this due to a weakness in Homœopathy, which rendered it incapable of progress when confronted by a system so intellectually mighty as that represented by the enormous hospitals and colleges of London. But the true explanation is quite different, and indeed is very simple. In Chicago the new and the old start on equal footing, and there is plenty of room and freedom for both. In London the room is all occupied; everything old is long established, deeply rooted, and intensely exclusive. London is the paradise of him who possesses a privilege, but the purgatory of him who seeks one. Chicago almost reverses the picture.

Not long ago a friend of mine visited Oxford, which might be called one of the cerebral lobes of old England (Cambridge being the other), and he there saw an Anglicized American, or an Americanized Englishman, he did not know which, laying down the track for a horse railway; and one of the venerable pundits of that megaloccephalic burg—"megaloccephalic" is a technical term used by doctors, and means *big-headed*—told my friend, sadly and seriously, that he regarded that "tramway" as the beginning of the end of Oxford.

In this same city our astonished Chicago traveler saw numbers of fine looking men, with the muscles of prize-fighters and the forms of

grenadiers engaged apparently in nothing else than reading liturgies and praying every day in very dim and rather damp old churches. And finally, just in the suburbs of this same saintly antiquity, he saw the cottages of laboring men, and learned that by an old law of the place no such man could keep or own cow or pig or fowl, or any such thing. In Oxford they revere the men who enact such a law. My friend astounded his guide by informing him quietly that in Chicago they would hang the man who should propose such a law. These little things are full of significance; they explain greater things. Reflecting upon them we see at once that a country where men of great attainments believe that a horse-railroad writes the doom of an ancient seat of learning; where many mighty men do nothing but read litanies; and where a poor laborer cannot own a live chicken, is precisely the kind of country where Homœopathy cannot flourish—and the reason is the same in all the cases—the same law governs both the chicken and the medicine.

This is the whole matter, one might say, in an egg-shell. Oxford is old, and cherishes ancient traditions; is great in learning and in historic associations, in wealth and art and architecture. Chicago is new; has no past to speak of, and therefore cherishes great hopes of the future. All things new and progressive are at home here. Therefore are we all here to-night.

Of course Oxford and Chicago are thus contrasted, because they are fair representatives of two very distinct, if not antagonistic movements in modern history, a knowledge of which movements is necessary in order to understand the position and progress of Homœopathy in this country. You are all aware that Homœopathy has been a very great puzzle to a large class of deeply interested persons for about a hundred years. Its funeral has been cheerfully anticipated daily during all that period; but notwithstanding the amount of "regular" surgery to which it has been subjected, there are still no positive signs of its early demise. Poets have sung its requiem. Prophets have foretold its destruction. Savants have criticized its philosophy adversely. And medical scientists have pronounced it a delusion. At first, as a matter of course, Homœopathy was purely a doctrine. Wait, said its opponents, until it is brought to the test of practice. That will end it. But that was the thing which precisely did *not* end it. It grew stronger. Introduced into families it soon made for itself there a domestic stronghold. Wait longer, said its opponents. It may flourish in private and grow fat upon domestic ignorance, but let it be brought to the public test in hospital and other public service; then it will assuredly collapse. But now for many years Homœopathy has been increasingly represented in armies, and public hospitals, and everywhere its history has been the same. Not one word drawn from its practical results in these departments has ever been uttered against it. Furthermore the death records of great cities are open to the inspection of all men. If Homœopathy were a failure in practice, those records would show it, and we and our patients alike would

desert it in terror. Now if the theory of any system of therapeutics were to be proved absurd in a hundred different ways, it would not avail, so long as the practical results all point the other way. Neither will any amount of demonstration of the scientific superiority of a medical system avail anything, so long as practical results fail to attest such superiority. Of course this proves nothing for or against the theory of our school. It simply declares its practical success. In my opinion all medical theories repose upon a substratum or solid earth of science, but soon rise up and expand into the vague and borderless atmosphere of faith, hope, and charity. But there is a good deal more in Homœopathy, that will account for its contagious prosperity, than can be found in either its theory or its clinical history. It is really a part of modern civilization. It is the therapeutic phase of a movement that has made itself felt especially during the past century in every department of human thought, but which is especially manifest in religion, philosophy, politics and medicine. During the period in question there has arisen everywhere in the civilized world a new element of thought, which has everywhere been, in the best acceptation of the word, radical. In religion this thinking force has been independent, in philosophy universal, in politics republican; and in medicine Homœopathic. This style of modern thought, which is essentially a mental revolt against the old order of things, a grand intellectual revolution, divides the mind of the world into two pretty equal parts, one of which loves the old, the other, the new, in all things. So well defined are the two great parties in this movement, that one could run through a long list of representative men in religion, or politics, or anything almost, and distinguish them into adherents of the old regime and adherents of the new, as readily as one can distinguish between a formal and courteous gentleman of the old school of manners, and the perfect quiet simplicity of the gentleman of to-day.

To state it briefly. There are two types of mind both pretty actively manifest in the life of the world to-day. In philosophy, one of these types tends to materialism, the other to spirituality. And when these two types of philosophers come to choose their medicine, the materialist takes the larger dose. In religion, the same typical difference appears—one class tending strongly towards an orthodox conservatism, the other towards liberalism; and again when it comes to a choice of medicines, it is the man who questions traditions that takes to the Homœopathic globule. There is a notable example of this in at least one remarkably intellectual religious organization in this country, in which at least ninety-nine per cent of the members, men, women, and children, are Homœopaths. Draw a line between the two political parties of the United States, at least ninety per cent of Homœopaths in the country will be found in one of those parties, and only ten per cent in the other. Divide the inhabitants of any city into classes, say the educated and the uneducated—or the more intelligent and the less intelligent—you will not find more than five per cent of Homœopaths among the uneducated class

I do not mean to insinuate that all the wisdom of the world is to be found in either of these two divisions of civilized intelligence. Noble principles are represented by both. I simply call attention as impartially as possible to this sharp division line existing in all departments of thought or work, and to the fact that Homœopathy lies substantially only on one and always the same side of this line. In short Homœopathy is the one new, live, aggressive, quite untraditional element in modern therapeutics. All other therapeutic systems are largely traditional, and the traditional mind clings to them. If this be true, it will explain to some the reason of the unexpected delay in the demise of Homœopathy. It will also explain, as no scientific hypothesis can, the intense and peculiar antagonism which traditional medicine has so long manifested towards Homœopathy. Otherwise there is nothing in any new theory of therapeutics that ought to disturb the serenity of a great school of medicine for a moment. And finally it will explain why the school of medicine split on a mere theory of therapeutics (as the Christian church once divided on a diphthong), because other branches of medical learning are predominantly scientific; and about the ascertained facts of science there can be no dispute. In therapeutics it is different.

Here the exact indisputable facts *cannot* be ascertained. A *scientific* settlement of the dispute is impossible therefore. To illustrate, if every man in this room were asked to state its temperature at this moment, each would be obliged to answer according to his own feeling. A hot man would say ninety. A cold man would say forty. And so on. And doubtless the average of all opinions would be nearly correct. But that is not a scientific opinion nevertheless. A scientific answer could only be given by a thermometer. No man would venture to have an opinion on the subject after the reading of the instrument. That is positive science settling disputes. Well, in therapeutics there is no thermometer that will measure exactly the precise effect of treatment, and we are driven perforce to trust the average of opinion, which so far is largely in our favor. Yet medicine is on the whole a progressive science, and the opposition offered by it to the study and practice of Homœopathy was a violation of its own historic spirit and purpose, and the immense "row" (for we cannot call it by any more dignified name) that has been raised about it is one of the anomalies of medical history, and one of the most serious mistakes it has to record. In other departments the history of medicine is consistent and glorious.

In surgery, from the days of Hippocrates until the present hour, that is to say, for nearly 2,500 years, its pathway has been illumined by one continuous succession of brilliant achievements, the very conception of which is an "honor to the human race." Anæsthesia alone is almost equal to another gospel of salvation, by the peace which it has shed over a great world of torture. Obstetrics has so far advanced within the memory of men now living, so complete has become its knowledge of principles, and so perfect are its appliances

of means to emergencies, that even the great lying-in hospitals now report one death where formerly they reported ten! Physiology and pathology have shared equally with these other branches in the astounding progress, while the morning newspaper thrusts the principles of sanitary science in house building, draining, lighting and ventilating, in clothing, eating, sleeping and working, upon every man's breakfast table. Indeed this sanitary work has become so engrossing and noisy as to provoke an English physician to ask whether a sanitary life is worth living? He says. "Whether longevity purchased at the price of passing a lifetime in running away from death would be worth having, I must leave to be determined by those who set a value on sanitary progress, which I for one fail to recognize. * * * What to eat, drink and avoid, what to wear, where and how to live, by what means to avoid infection, to keep off disease, and to escape death for a few weary and worried years, are questions which so engross the thoughts, if they do not embitter the lives of the multitude," that the "taxed and harassed community" will be compelled sooner or later to consider whether the whole thing had not better be brought to a close.

I sympathize with that doctor; with him I feel "tired;" but yet I think that the net result of the fuss and furor will be a general improvement, organized as a habit and a method, in all that closely affects the sanitary side of human life. At all events, inasmuch as we are here to-night with something of the odor of schismatics about us, I would like, before saying what further I have to say, if I can, to say a fitting tribute of praise and admiration to the work of the great undivided school of medicine, which has lived and labored so long and covered itself with an historic renown that reaches from Egypt to America. The more we know of the work done by the medical profession, the better we understand the zeal, the industry, the courage, and the perseverance with which it has ransacked every storehouse of nature in order to learn the laws, causes, and remedies for the physical sufferings of mankind, I say, the more we know of this Titanic toil, the greater grows our admiration for the grand army that accomplished it. And still the noble work goes on. And we who stand before you to-night as physicians, and as educators of physicians, though regarded by some as aliens from the commonwealth of medicine and accursed therefrom for Homœopathy's sake, are yet in our humble way in every essential form and feature, members of the same historic body, and laboring to carry onward our small share of the same unending duty. How far we shall succeed in doing our part, we well know, depends upon how far we shall be able to emulate the zeal and the fidelity and the high purpose of our illustrious predecessors, and likewise depends upon how far *you*, representing the people of this state and nation shall emulate the people who aided and cherished them. For ourselves we acknowledge no alienship in the matter. We stand firmly upon the broad natural platform of the science of medicine, and we acknowledge our rela-

tionship to every man who recognizes the fundamental principles thereof. In fact, our history will show that we are the most "regular" of all the regulars in the medical profession. The question between the schools being so largely one of "orthodoxy," this point is important. We have diligently adhered to the time-honored routine of medical study in all the older elements; we have promptly adopted every new science as it has appeared; we have explored *materia medica* by the one only rational and scientific method—by the only *method*; we have applied the resultant theory; we have succeeded with it. We are now open to every future improvement. Thus beginning with the real apostolic succession as it exists in medicine, and going on to full scientific ordination into the service, we have followed this up by persistent adherence to the legitimate work of the profession to this day. And best of all, the great body of our school is wholly uncommitted to any twaddle about heresy, and so can give its entire energies to legitimate business. If this constitutes regularity, then again we say, we are the truly Catholic, strictly orthodox, and only regular doctors now living.

We recognize in medicine a science and an art, both necessarily progressive—not founded on tradition or divine revelation, but on the simple basis of experience which includes both experiment and study. The medical profession, consequently, is not in our view a priesthood, endowed with authority human or divine, legal or ecclesiastical, real or assumed, to formulate a creed for its members; and to determine what, under pain of excommunication and official damnation, they shall believe or disbelieve in anatomy, therapeutics, and so forth. It is simply a body of men educated, more or less for a special work; organized into associations great or small for the better furtherance of that work. Medical colleges are examples of such associations; so likewise are medical societies, local, state, or national. But in all this there is involved nothing whatsoever but the endeavor to discover by all possible research the laws, the causes, the cures, or the preventions, of disease. Now whether we have become so divinely perfect in the knowledge of these four fundamental elements as to be quite ready to persecute and defame each other for differences of opinion respecting them, let good sense and the facts determine. As to the laws of disease, that is to say, its modes, varieties, periods, course etc., in a word as to pathology, a good deal is known. Respecting the causes of disease, we know nothing precisely, and precisely nothing. Neither must we be blamed above all men for this. Prof. Huxley doubtless knows a great deal about nettles and the simian family, but he does not know the *cause* of nettles or of the simiæ. As to the cures of disease, they are in perpetual dispute in every school and always have been. And as to prevention, it is a fact that we have not yet driven any disease from off the face of the earth, or prevented its reappearance when for a time it has been absent. That medical skill and science diminish human mortality immensely, we of course know. But half the human race still perishes in childhood

—a generation of men still lives, on an average thirty-three years, not thirty-five, much less forty or seventy—just as they did 3000 years ago. While this is so we must maintain that it is too soon for schools of medicine to put on airs of infallibility. It is even too soon for any one of them to try to appropriate all the honors, public offices, and powers and privileges.

In this view of medical science and its present state of progress, it may well be asked, How did it come to pass that a great organization like that of the medical profession, whose exact function is to admit, study, and test by experiment every theory and practice that can be brought before it—whose entire history is an unbroken repetition of such work, How did it come to pass that this body has made such a marked exception to its course in the one matter of Homœopathy? Why has it entertained a thousand other camel like doctrines with ease, and so “gagged” at this one? After fifteen years of faithful endeavor to fathom this mystery, I confess that it is still somewhat obscure to me. The nearest I can approach to an explanation, is to give you first the view taken by the British Medical Association; secondly the view taken by the American Medical Association; and thirdly my own view.

In the month of August the British Medical Association met at Ryde, England, and the President, Dr. Barrow announced his views of us as follows: No one can I think, deny that the Homœopath stands upon very peculiar ground. He practices a system of medicine (although I have no belief in it), nevertheless it is a *system*, * * * and as long as the Homœopath adheres strictly thereto, I fail to see how he can be called a quack, or why he should be tabooed by the profession, as it were, cut off from a position among medical men, forbidden to gather together with them, and prevented from discussing publicly his system, and hearing the contrary from those practicing legitimate medicine. The benefit would be mutual, and these discussions would be of benefit to the public.” * * *

Following Dr. Barrow came the most promising surgeon in London, Dr. Hutchinson, and he too affirmed the general good standing of the Homœopathist, his right to free consultation with “regular” physicians, and claimed that the only thing with which we and all our patrons are alike chargeable is that we are a little weak-minded—an awkward compliment for about one-half of the English nobility, to say the least of it. Still Dr. Hutchinson ought to know.

Then came at the same meeting, Dr. Bristowe, and he devotes an entire paper to Hahneman and Homœopathy. The paper is very able and doubtless sincere. He styles his own school “orthodox practitioners,” and says that Homœopathy is still a protest against the best traditions of orthodox clinical medicine.”

“There is a natural tendency among us to look upon Homœopathic practitioners as knaves or fools. But * * * it is quite impossible that a large sect should have arisen, Homœopathic schools and hospitals have been established, periodicals devoted to Homœopathic

medicine be maintained, and a whole literature in relation to it have been created, if it were all merely to support a conscious imposture. No, gentlemen; the whole history of the movement and its present position are amply sufficient to prove that those, at any rate, who take the intellectual lead in it are men who believe in the doctrines they profess, and in their mission; and who practice their profession with as much honesty of purpose, and with as much confidence in their power to benefit their patients, as we do. * * * It is absolutely certain that men of ability and learning are contained within their ranks. If you care to dive into Homœopathic literature, you will find in it plenty of literary ability. * * * Further on he adds—"It is more conducive to the maintenance of true dignity to treat with respect and consideration * * those whose opinions differ from ours, than to make broad our phylacteries and enlarge the borders of our garments, and wrap ourselves in regard to them, in a Pharisaic pride. * * * Breadth of view and liberality of conduct are the fitting characteristics of men of science."

So much from the British Medical Association. Now let us hear from the American Medical Association. It is more brief and to the point. This Association at its last meeting condensed the whole charge against us into one comprehensive resolution (which by the way could only be passed by a piece of trickery that would discredit a Chicago ward-politician, for the majority of that association are gentlemen of too much good sense to vote for it,)

The resolution simply describes us as "*those who practice according to an exclusive system of medicine.*" And we ourselves, and those gentlemen of the older school who associate with us professionally, and even those who undertake (as in the university of Michigan for example) to teach us a little anatomy and such, are all alike to suffer the pangs of excommunication, and to be unto them as heathen men and publicans.

I think sensible persons will agree that taking it all in all this is about the weakest, sickliest indictment that ever was formulated by one body of men against another. It is impossible to criticise it, for it has no meaning. If there is any physician in this or any school that practices according to any system other than this, to find out by all possible means what is best to do for the sick and then to do it, it is not a writ of excommunication but a writ *de lunatico inquirendo* that ought to be issued against him, immediately. And if the American Medical Association knows of any other system, it ought by all means to formulate and promulgate it without delay.

The fact is these utterances of these two great Medical Associations ought to be regarded as a remarkable instance of agreement among doctors on a large scale. For the British Medical Association criticized us and found no valid indictment against us, and said so; and the American Medical Association criticised us also, and found no valid indictment against us, and said so likewise.

The third view, which is my own, coincides with these two precisely,

and this renders the agreement still more remarkable. The curious feature in the case is that the British Medical Association talks as if what is supposed to be American freedom had been introduced into Oxford; while the American Medical Association talks as if the Oxford chicken-laws had been imported into America. "If any poor laborer in the medical vineyard," it says in effect, shall be found with a Homœopathic pullet in his back-yard, let him be "anathema maranatha." The jocular element involved appears in the fact that the generalissimo of that American resolution cannot practice legally one hour in his own state without a certificate from the Homœopathic school of medicine affirming that he is properly educated for that purpose.

But what now is really the right and truth of this whole matter? Right for all concerned, right for the American people, right for all schools of medicine, right for medical science itself? Simply this: That the schools of medicine in America should study for half an hour the constitution of their country, and the genius of its people, and see at once that the United States will legally recognize no orthodoxy, no tradition, no Protestant, no Catholic, in religion, in law, in learning, or in medicine, but will cover with the ægis of her laws and institutions, the equal rights of them all. Medicine cannot maintain in this country a professional feudal system (howsoever adorned by professional nobility), for such a system is radically at variance with the fundamental law of the land and the determined spirit of the people. But medicine can here quickly ally itself with the state for the express purpose of establishing a national system of medical education, to apply to all schools and doctrines and physicians alike. It can diminish the pettifogging in medical ethics, and the namby-pamby resolutions of medical societies, and increase the years of instruction in medical colleges necessary to turn an honest and ambitious plough-boy into an orthodox (or heterodox) doctor. It can institute a national diploma, which shall be conferred only after a sufficiency and proficiency of study in all the sciences, and in every department of medicine, and can make it obligatory upon all alike to deserve and obtain it before entering upon the practice of medicine. If the professed desire to perfect medical science be sincere, let it be attested by sincere work. There is something like a complete national school system in the United States. Let the medical schools work towards the formation in like manner of a national curriculum for the education of physicians. Construct a national diploma to correspond with such curriculum. And when that diploma is once conferred let it be to him that holds it as sacred as the franchise held by every American citizen—a right which only conviction for criminal offense can take away. Not even for the gravest political offense will the United States deprive a citizen of the franchise. Yet the noble school of medicine, drawing its inspiration from other than republican sources, has condescended in times past, and the endeavor still persists throughout a great part of that school, to deprive the defense-

less individual physician of "all the rights, immunities, emoluments and privileges," which their diploma conferred and guaranteed—and this for no offense whatever. A more atrocious violation of a solemn compact could not well be perpetrated. It is both a crime and a blunder. In conformity with American institutions it is now possible to undo them both.

See how beautifully the American constitution has settled the question of religious heresy. While other nations are vexed to death to know what to do with their heretics, you cannot in all this broad land find one heretic that really deserves to be destroyed, or can be. And if heresy has crept, nay, boldly stalked, into the school of medicine, let it be eliminated in the same spirit and by the same method. If it cannot be excommunicated, and cannot be legislated out, try if it can be *educated* out. We ourselves will cheerfully assist in the good work, and have no selfish fears as to the result.

PORTRAIT PRESENTATION.

After the address, Dr. W. Danforth made the following happy presentation speech :

MR. PRESIDENT: Your building committee requested me to present this portrait to the college on their behalf. This finished picture is the work of C. D. Mosher, one of the leading artists of the west. It certainly does credit to him, for in every respect it is life like. Need I say that it faithfully represents the chairman of the building committee, Prof. N. B. Delamater. It is designed as a testimonial from his colleagues who have labored with him in the building of this magnificent edifice; it is to hang upon the wall as a perpetual reminder of honorable and earnest work faithfully performed.

Do you ask me if he did all the work upon this college? I answer, no. The first and most important was done by the architect, Mr. Geo. H. Edbrook, whose fertile brain and dexterous hand fashioned the plan; and it is an elegant one. Dr. Delamater then accepted the chairmanship of the building committee, and he probably did not then realize any more fully than he now does the import and importance of such an acceptance.

Suffice it to say, that having put his hand to the plough, he turned not back. And you behold to-night the completed work, a \$40,000 college piercing the clouds of heaven at the medical centre of the great west. Did time permit I could give you some life-like *pen pictures* of the doctor's associates, his backers, *the faculty*. what they sought and suffered, how they prayed and labored for this result. But beyond all question the chairman had to, and did, carry the burden of the building upon his own shoulders, and well deserves the honorable mention here made. "May his shadow never grow less."

The president announced that the register contained 160 names of students, and that the regular course would begin at 9 A. M. next

morning. After a happy rendering of good night, the large company was dismissed by the benediction by Rev. Mr. Mercer.

The picture of the building is very accurate. The college is an imposing structure, 160x170 feet in dimensions and four stories and a basement in height, or five stories in all. It is of red brick with white stone trimmings, and cost about \$45,000.

The basement story contains the furnaces, janitor's rooms, etc. The floor above contains a free dispensary, waiting and drug rooms, and nine clinic rooms. The second story has the senior and junior lecture rooms, library, anatomical museum, microscopical and chemical laboratories. The third floor has the clinical amphitheatre and three patients' wards. The fourth has two large dissecting-rooms shut off from the rest of the building by solid brick walls.

There are also several small rooms for students. It is perhaps the most complete, as well as the largest Homœopathic college yet built. It is well adapted to its purposes of a medical college with added facilities for numerous out-door and in-door patients, especially after surgical, gynecological or obstetrical operations.

Consultation Department.

ANSWER TO CASE.

In F. M. Bishop's case of chorea, I would advise the use of *Cocculus* 1st decimal, ten drops every three hours, continuing patiently for two or three weeks. In all such cases where the patient is quiet during sleep, *Cocculus indicus* is the remedy. The speedy and thorough removal of the *ascarides* is essential to a cure. R.

ANSWER TO CASE OF CHOREA.

F. M. Bishop's case of chorea is complicated with suppressed psora by the use of drugs. *Stramonium* 200, two doses two hours apart, then *Sac. lac.* for two weeks, or until improvement ceases, then repeat in the same way if necessary. After all illusions are vanished and improvement ceases, give the indicated remedy, perhaps *Calc. phos.*

J. C. NOTTINGHAM.

MONOTROPA IN FITS.

Thinking that you might see fit to publish the statement made to you on a postal card some two weeks ago, I have thought to state further in regard to the case the young man was at my office Sunday, the 1st inst., and complained of a return of his fits. I advised a return to *Monotropa* 3x, ten drop doses four times a day. His father was in to-day and he says Monday night he had a slight fit, and next night none at all. No more kidney symptoms. H. C. CONE.

BEST PRESCRIPTION FORM.

Will you allow a beginner in Homœopathy to ask what are the most convenient forms to dispense Homœopathic remedies—best for both patient and physician ?

J. K. L.

I use chiefly a drachm vial and No. 40 pellets, and order two at a dose. For triturations a four-grain powder to be put in water.

F. D.

[We will be glad to give space to many replies to this practical question.—ED.]

FOR DR. BISHOP'S CASE.

Let Dr. Bishop study up the Barium salts and *Nux moschata*, as both have strongly aggravation from washing or bathing. (See Worcester's Modalities, a splendid little book as far as it goes.) He will find in Allen or Hering plenty symptoms hinting to such a state as he describes, though chorea is not mentioned. The pin-worms are to me always a sign of mal-assimilation, and remedies correcting this state will also correct the chorea, as for example, *Silicea* gives in chorea with verminous irritation, especially from *ascarides*. Iodine is another great remedy for abdominal reflex chorea. Get your total-ity of the case and take pains to keep the penis quiet and clean, even circumcision might do him good.

S. L.

Book Department.

CLINICAL LECTURES ON DISEASES OF WOMEN. By J. M. Duncan, M. D. Philadelphia: Henry C. Lea. Chicago: Jansen, McClurg & Co.; Duncan Bros.; pp. 175; \$1.50.

This is a series of lectures delivered in Saint Bartholomew's Hospital on old subjects, just as a large clinic will afford. This is one of the practical advantages of a clinical work over a treatise, and one reason why Ludlam's work is so deservedly popular. This work of Prof. Duncan's is a valuable addition to gynæcological literature.

A SYSTEM OF SURGERY, THEORETICAL AND PRACTICAL IN TREATMENT BY VARIOUS AUTHORS. Edited by T. Holmes. First American from second English edition thoroughly revised and much enlarged by J. H. Packard, M. D., with a large corps of assistants. Philadelphia: Henry C. Lea's Son & Co.

This is a large, compact work and Vol. I. of a series of three. This volume treats at length general pathology, morbid processes, injuries in general, complications of injuries and injuries of regions—a wide range with many separate subjects exhaustively treated, of course from an Allopathic standpoint. This is a most exhaustive work and moreover, very practical. No surgeon's library will be complete without it. The work is most neat in appearance.

A PRACTICAL TREATISE ON IMPOTENCE, STERILITY AND ALLIED DISORDERS OF THE MALE SEXUAL ORGANS. By S. W. Gross, M.

D. Philadelphia. Henry C. Lea's Son & Co. Chicago: Jansen, McClurg & Co.; Duncan Bros.; \$1.50.

This work attempts to prove that impotence and spermatorrhœa are due to "reflex disturbances of the genito-spinal centre, and are almost invariably induced or maintained by appreciable lesions of the prostatic portion of the urethra." His remedy is local and surgical. While this view is true they no doubt arise also from a general catarrhal condition, as well as from direct spinal irritation. Direct catarrhal irritation deserves more attention than it has received. This work is practical and forms a valuable companion to Small's Decline of Manhood.

A TREATISE ON DISEASES PECULIAR TO INFANTS AND CHILDREN.

By W. A. Edmonds, M. D. New York: Boericke & Tafel. Chicago: Duncan Bros.; pp. 300; \$2.50.

We received this work with a good deal of curiosity, for it has been incubating some time. It is a condensed work and like all infantile efforts we suppose should be kindly considered, especially when the author is a personal friend, but our thousands of readers are also to be considered. Perhaps we are not a competent judge of this abridged work, seeing we have worked on an exhaustive one. For the people and mothers especially we tried a condensed elementary work, and therefore know something of the difficulties of the "boiling down" process, but we were not prepared for the jumble met in this work. Such terms as brain fever, catarrhal fever, gastric fever, remittent fever, cutaneous inflammation, etc., might have passed muster twenty years ago, but to-day, from a professor of pædology and from a Homeopath, we are dismayed. To treat all the diseases of the lower air passages under the head of "broncho-pneumonia," is doing violence to diagnosis and pathology, as well as misleading in therapeutics. Perhaps the early "anxious" use of Tartar emetic loz, explains the uniformity of lung cases met by this author. We are sorry to see so much routine diagnosis and treatment. The style of this author is pleasing, but it seems to us lacking in the exactness demanded on this occasion. There are some good things in this work and many practical suggestions, while many of the faults referred to can be corrected in a subsequent edition, if the author allows himself more space.

Medical News.

The American Specialist is a new medical journal issued by P. Blakiston, Phil.

L. D. Coombs M. D., of Colorado Springs is in the city visiting the new college and friends in this section.

Dr. A. G. Leland, of Whitewater, Wis., is very low with typhoid fever which is prevailing severely in that city.

Dr. J. P. Duke of Nashville, Tenn., is quite sick with malarial fever. Dr. Breyfogle has been summoned in consultation.

M. Ayers, M. D., of Rushville, Ill., amputated the arm of a man that was crushed in a cane mill recently. Dr. Ayers is one of our rising surgeons.

Wanted.—A good Homeopathic physician is wanted at Victor, B. C. A place of 6,000 inhabitants. For particulars, write to Dr. C. E. Geiger, Portland, Oregon.

The Introductory Lecture by Prof. W. Owen, delivered before the college class of Pulte College is one of increasing interest as elucidating the fundamental principles of drug action.

The St. Louis Society of Homœopathic Physicians and Surgeons, meets the second and fourth Mondays of each month. All visiting physicians are cordially invited to attend the meetings of this body. K.

Removals.—F. B. Hoermann, M. D., from St. Paul, Ill., to Watertown, Wis.

C. R. Muzzy, M. D., from Watertown to Milwaukee, Wis.

Dr. W. Meyer from Kewanee to St. Paul, Ill.

Phil. Porter, M. D., visiting Vienna, writes: Dr. Billroth and Dr. Wolfier are performing re-section of the stomach for cancer of the pylorus quite often, with good results, and Woelfler has just published a short pamphlet, giving a historical review as well as method of operation. The operation has never been performed with curative results in our country, if at all. I have seen them operate four times and all of the patients living, and one woman that was operated upon one year ago, is alive and as well as ever. Abdominal surgery is almost perfect here and anything you would like from me on this or any subject, ask for it, and as fast as my time will permit I will respond. Homœopathy is down at the heels here as near as I can ascertain.

A *Homœopathic Dispensary* has been established in Indianapolis, Ind., with *Wm. Lee, M. D.*, as dispensary physician. The consulting staff and service are as follows: *C. T. Corliss, M. D.*, Diseases of Brain, Spine and Nervous System, Monday and Thursday, 3 P. M.; *D. Haggart, M. D.*, Affections of Genito-urinary Organs, Skin and Venereal Diseases, Monday and Friday, 9:30 A. M.; *J. A. Compton, M. D.*, Surgery and Obstetrics, Tuesday, 11 A. M., Friday, 3 P. M.; *S. D. Jones, M. D.*, Diseases of Children, Saturday, 2 P. M.; *Moses T. Runnels, M. D.*, Diseases of Eye and Ear, Monday, 11 A. M.; *B. F. French, M. D.*, Nasal Catarrh and Diseases of Chest, Monday and Thursday, 10 A. M.; *O. S. Runnels, M. D.*, Medical and Surgical Diseases of Women, Wednesday, 11 A. M.

D. D. Miles M. D., of Boonville, Mo., is in Chicago posting up on, some of the specialties. Dr. Miles stands high in his city. He is Health officer and also examining surgeon for the Pension Department. His son (a promising addition to the medical ranks) is taking care of the practice. Dr. Miles speaks highly of *Rhus aromatica* in irritable bladder.

The President's Case.—The very first act of Congress should be to vote a LEATHER MEDAL to the physicians of the late lamented President. What abominable treatment and what a farce of an autopsy! It ought to be discussed and ventilated in every journal and a petition signed by every physician in our country exonerating the miserable vagabond of a Guiteau from murder, and convicting him of manslaughter with imprisonment for life and let the crime of murder rest where it belongs.

Let an expression of every physician of every school throughout our land be signed and presented to the Court by his counsel in hindrance of the death penalty, for one wrong does not right another wrong and two deaths does not produce a life, but only adds crime to crime in more ways than one, by freeing the spirit of a bad man to commit further, greater depredations with greater facility.

I hope Dr. Boynton will give us a correct autopsy.

D. S. KIMBALL.

[Dr. B., promises us a report after the official report is issued. It will be best to wait his expression in the matter. Remember that President Garfield was a very near and dear friend of Dr. B.]

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Etiological Department.

PREVENTIVE MEDICINE.

A SCIENTIFIC BASIS FOR ISOPATHY.

(Continued from page 439.)

As epizootic malady extensively prevails on the continent of Europe, though little known in England or America, which is sometimes designated "splenic fever" and sometimes "anthrax" or "carbuncular" disease, while it is known in France as "carbon" or "pustule maligne." In its most malignant form it causes the death of the horses, cattle and sheep affected by it in the course of four and twenty hours. In the less severe form of anthrax disease it occasions great and prolonged suffering, even when final recovery takes place. Both forms seem propagable to man. Between the years 1867 and 1870, above 56,000 deaths from this disease are recorded as having occurred among horses, cattle and sheep, and 528 deaths among the human population, in the

single district of Novgorod in Russia. It appears to be scarcely ever absent from France, and is estimated to involve an annual loss of many millions of francs on the part of breeders in that country; whole flocks and herds being carried off at once, and their proprietors ruined.

A mild epizootic of this type seems to have prevailed in England between 1850 and 1860; while the "plague of boils," under which many of the human population suffered during some part of that decennium, was probably brought on by infection from animals. Attention has lately been drawn to a severe and often fatal malady occurring among the "wool-sorters" at Bradford. The next important step in this investigation was the discovery of the modification in the potency of the poison, which can be produced by the "cultivation" of the bacillus or bacterium. Every one knows that some of our most valuable esculent plants and fruits are the "cultured" varieties of types which man would scarcely care to use in their original state, on account of the unpleasantness of their flavor or their semi-poisonous qualities. And now that we know that these disease-germs are types of vegetation, the idea naturally suggests itself whether they, too, may not be so far modified by the "environment" in the midst of which they are developed as to undergo some analogous modification. Two modes of such "culture" suggest themselves—the introduction of the germs into the circulating current of animals of a different type and its repeated transmission from one such animal to another, and cultivation carried on out of the living body in fluids (such as blood-serum or meat juice) which are found favorable to its growth, the temperature of the fluid in the latter case being kept up nearly to blood-heat. Both these methods have been used by Pasteur himself and by Prof. Burdon Sanderson; and the latter especially by M. Toussaint, of Toulouse, who, as well as Pasteur, has experienced also another bacillus which he had found to be the disease-germ of a malady termed "fowl cholera," which proves very fatal among poultry in France and Switzerland. It has been by Pasteur that the conditions of the mitigation of the poison

by culture have been most completely determined; so that the disease produced by the inoculation of his "cultivated" virus may be rendered so trivial as to be scarcely worth notice. His method consists in cultivating the bacillus in meat-juice or chicken broth, to which access of air is permitted while dust is excluded; and then allowing a certain time to elapse before it is made use of in inoculation experiments. If the period does not exceed two months, the potency of the bacillus seems but little diminished; but if the interval be extended to three or four months, it is found that though animals inoculated with the organism take the disease, they have it in a milder form, and a considerable proportion recover; while, if the time be still further prolonged, say to eight months, the disease produced by it is so mild as not to be at all serious, the inoculated animals speedily regaining perfect health and vigor.

Thus, then it becomes possible to affect sheep and cattle with a form of anthrax disease so mild as to bear much the same relation to the severer forms that cow-pox bears to small-pox; and for this artificial affection with the mitigated disorder Pasteur uses the term "vaccination." The question that now arises—to which the whole previous investigation has led up—is the most important of all: Does this "vaccination" with the mild virus afford the same protection against the action of the severe, that is imparted by cow-pox vaccination against small-pox? To this question affirmative answers were last year obtained by Prof. Greenfield (on Prof. Burdon Sanderson's suggestion) in regard to bovine animals, and by M. Toussaint in regard to sheep and dogs; the former, when "vaccinated" from rodents, and the latter from fluids "cultivated" outside the living body after a method devised by M. Toussaint, proving themselves incapable of being infected with any form of anthrax disease, though repeatedly inoculated with the malignant virus; and remaining free from all disorder, either constitutional or local. The same result having been obtained from experiments made by Pasteur himself, probably about the same date, with charbon-virus cultivated in the manner previously

described, it was deemed expedient by one of the provincial Agricultural Societies of France, that this important discovery should be publicly demonstrated on a great scale. Accordingly, a farm and a flock of fifty sheep having been placed at M. Pasteur's disposal, he "vaccinated" twenty-five of the flock (distinguished by a perforation of their ears) with the *mild* virus on the 3rd of May last, and repeated the operation on the 17th of the same month. The animals all passed through a slight indisposition; but at the end of the month none of them were found to have lost either fat, appetite, or liveliness. On the 31st of that month all the fifty sheep without distinction, were inoculated with the *strongest* charbon-virus; and M. Pasteur predicted that on the following day the twenty-five sheep inoculated for the first time would be dead, whilst those protected by previous 'vaccination' with the mild virus would be perfectly free from even slight indisposition. A large assemblage of agricultural authorities, cavalry officers, and veterinary surgeons having met at the field the next afternoon (June 1), *the result was found to be exactly in accordance with M. Pasteur's predictions.* At 2 o'clock *twenty-three* of the 'unprotected' sheep were dead; the *twenty-fourth* died within an hour, and the *twenty-fifth* an hour afterwards. But the twenty-five 'vaccinated' sheep were all *in perfectly good condition*; one of them which had been designedly inoculated with an extra dose of the poison, having been slightly indisposed for a few hours, but having then recovered. The twenty-five carcasses were then buried in a selected spot, with a view to the further experimental testing of the poisonous effect produced upon the grass which will grow over their graves. But the result, says the reporter of the *Times* (June 2), "is already certain, and the agricultural public now know that an infallible preventive exists against the charbon-poison, which is neither costly nor difficult, as a single man can inoculate a thousand sheep in a day." I have since learned that this protection is being eagerly sought by the French owners of flocks and herds; and if any severe epidemic of the same kind were to break out in this country,

our own agriculturists would probably show themselves quite ready to avail themselves of it. To the "wool-sorters" of Bradford it must prove a most important boon, if they can be led to understand its value.

That this is not to remain an isolated fact but will be the first of a series of discoveries of surpassing importance (some of them already approaching maturity), is shown by the fact that Pasteur has found himself able to impart a like protection against fowl-cholera, by "vaccinating" chickens with its cultivated bacillus.

These wonderful results obviously hold out an almost sure hope of preventing the ravages, not merely of the destructive animal plagues that show themselves from time to time among us, but of doing that for some of the most fatal forms of human infectious disease, which Jennerian vaccination has already done—as shown by Sir Thomas Watson for what was once the most dreaded of them—small pox. It is unfortunately too true that with the reduction of small pox mortality there has been an increase in the mortality from measles and scarlatina exceeding that which increase of population would account for; the number of deaths in England and Wales from the former of these diseases frequently exceeding 10,000 in the year; while the annual mortality from the latter averages nearly 20,000, sometimes exceeding 30,000. It scarcely seems too much to expect that before long, as Prof. Lister last year suggested, "an appropriate 'vaccine' may be discovered for measles, scarlet fever, and other acute specific diseases in the human subject;" for already in the United States researches have been made, with very promising results, on the "cultivation" of the *diphtheritic* virus—the mortality from which, in England and Wales, during the last decade, has averaged nearly 3,000 annually, being, for the seven years, 1873-'79, *half as great again* as the mortality from small pox during the same period.

Another important line of inquiry, which was supposed by many able pathologists to have been closed by the negative results of previous investigations, has now to be re-

opened under the new light shed upon it by Pasteur's discoveries, the relation between cow pox and small pox. Mr. Carpenter describes with great fullness the experiments which have been made to prove that cow pox is small pox cultivated, like Pasteur's tamed germs of splenic fever. Mr. Carpenter does not conceal his feeling that this is the case, though Pasteur, with true Newtonian self-restraint, expressed himself strongly in favor of regarding the question as still *open* to be decided by further researches carried on under the new light afforded by the results of his own recent investigations. Mr. Carpenter found M. Chauveau himself not less willing to admit the force of the strong analogy between the protective agency of the Jennerian and the Pasteurian 'vaccination,' and not less ready to accept the results of any thorough re-investigation of the subject.

Now, putting altogether on one side the purely scientific interest of this investigation, let us see in what position we shall be, if it should issue in the confirmation of Jenner's view of the *vaccinia* and *variola*; proving cow pox to be not a disease *sui generis*, but small pox modified by passing through the cow.

In the first place, we shall have the *scientific basis* for the practice of vaccination, which it has never yet possessed. For it will be then clear that the protective power of vaccination is exactly the same in *kind*—as it has long been known to be about the same in *degree*—as that of a first attack of small pox.

Secondly, the "common-sense" argument in favor of vaccination will be greatly strengthened by the proof that we are not poisoning the blood of our children with a new disease (which some of the most vehement of the anti-vaccinationists maintain to be already destroying the vitality of the nation), but are merely imparting to them in its mildest form a disease which every one is liable, without such protection, to take at any time. Those who would hasten to protect their flocks and herds by Pasteurian "vaccination" against a deadly "charbon" raging in their neighborhood—as who would not?—cannot, in common consistency, refuse Jennerian vaccination for their children.

And thirdly, we shall be furnished with the means of obtaining, at any time, an original stock of *vaccinia*, the continuous transmission of which through a succession of heifers will at the same time secure the maintenance of its potency, and exclude the chance of human contamination.

Among the numerous other researches now being followed out on the Pasteurian lines, two are likely to prove of the highest practical importance; those which, in the hands of Drs. Klebs and Tommasi Grudeli, seems likely to demonstrate that *marsh-malaria* derive their potency from organic germs (an idea that singularly harmonizes with the *periodicity* which is the special character of the varied forms of disease they induce); and those which, based on the original discovery of Villemin (in 1865) as to the communicability of *tubercle* by inoculation, are rendering it probable that this terrible scourge (including not only pulmonary consumption, but scrofulous disease in all its varied forms) really depends upon the presence of a microphyte, which may be introduced into the body, not merely by direct passage into the blood-current (as in inoculation), but also through the alimentary canal, or even through the lungs. This doctrine, which was first advanced by Prof. Klebs four years ago, has lately been the subject of most careful research by Dr. Schuller of Greifswald, who has shown that every form of tuberculosis can thus be artificially induced, the characteristic micrococcus spreading rapidly in the blood and tissues of the animal inoculated with it; and that it, in an animal so infected, any joint is experimentally injured, that joint at once becomes a place of preferential resort to the micrococcus, and the special or exclusive seat of characteristic tubercular changes—a fact of the utmost practical interest in its relation to human joint-diseases. Another line of inquiry which has obviously the most important bearing upon human welfare, is the propagability of the micrococcus of tubercle by the milk of cows affected with tuberculosis; a question in regard to which some very striking facts were brought before the medical congress by a promising young pathologist, Dr. Creighton.

Well might M. Simon conclude his admirable address as president of the public health section of the congress with these pregnant words: "I venture to say that in the records of human industry it would be impossible to point to work of more promise to the world than these various contributions to the knowledge of disease, and of its cure and prevention; and they are contributions which, from the nature of the case, have come, and could only have come, from the performance of experiments on living animals."

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

SHREVEPORT, La., Oct. 23.—No yellow fever. Plenty of typho-malarial fever which I treat by the indicated remedy, usually Arsenicum, Gels., Eup. perf., Nux, China and Puls. My ordinary potency from 30th to 200th decimal.

G. E. BLACKBURN.

A NEW CLIMATE FOR CONSUMPTIVES.

BY C. L. KING, M. D., SPRINGFIELD, MO.

Dr. W. M. Haines asks in the October 1st number of THE INVESTIGATOR, "Where shall I send my consumptive patients before it is too late?"

From Personal Experience.—In 1866, I was living in Connecticut, where I had a hæmorrhage from the lungs; and mother at this time being slowly dying of consumption, alarmed me, and I started for the then mecca of consumptives, Minnesota, where I staid six years greatly improved,

but having the catarrh so bad, from its cold dry winds, that life was a burden. Then I wandered around for a year or so, and finally brought up in southwest Missouri, where I have found the most favorable climate for lung diseases I believe can be found in this country.

First, we are not way off from anywhere, being only ten hours' ride from St. Louis, and 1,000 feet higher than that place, on the summit of the Ozark Mountains, though our mountains are not bold peaks and rugged ridges, but broad table lands. Most of the way from St. Louis the railroad runs along the summit of the mountains, and on these table lands similar to the table lands of Mexico in health qualities we have air and water pure enough to put new life into any invalid. In latitude we are far enough south to escape the cold of northern winters, and far enough north to escape the debilitating heats of southern summer, a climate good for all the year for consumptives; we seldom have a fog here and usually but little dew, and owing to our elevation above the surrounding country and high altitudes, 1,400 feet above sea level, we always have a good breeze; not the high wind of prairie countries, but a cool breeze from the gulf that makes the days in summer pleasant and the nights universally cool. I have not known here one of those hot, sultry nights of the eastern states, when waking in the morning finds one so unrefreshed as when he went to bed.

The expense of getting here is not great and the patient can easily return home at any time if discontented. This city of about 7,000 inhabitants is large enough to have every convenience and comfort for the invalid, and not so large as to crowd him. Socially he can have every advantage that money or education can bring, and if he desires business this place has been on "the boom" for two years, there not being at this time a single business or dwelling house vacant in the city to my knowledge.

Several of my patients of consumptive tendency, after exhaustive diseases have seemed ready to drop into consumption but have rallied and recovered health again without even a cough left, something I believe they would not have

done in an unfavorable climate, and so many I can point out who came here invalids, who are now hale, rugged and hearty.

Mr. Editor, I could take up the whole space in one number of your valuable journal, with the advantages of southwest Missouri that I have only just sketched here, but I am afraid I have already written more than you will want to print, so if anyone wishes to know more of this country they must write to me, and I shall be happy to answer their letters.

[In conformation of the above, two of our patients (ladies) with consumption (second stage) went to Maries county, Mo., (Vichy Springs), and both report that they are "well." The climate they report delightful, especially in winter.—Ed.]

USE OF THE SPIROMETER.

In England and also upon the continent Dr. Hutchinson's Spirometer, or instruments of equal merit by other makers, are in use among the examiners of some of the leading life insurance companies, and are reported as assisting very materially in establishing the degree of *vital capacity* in health and disease. The spirometer, it will be remembered, is an instrument for measuring the *volume of air expired from the lungs*, and in connection with the fact that Marsh's spirometer* is within the reach of every physician, the remarks of the distinguished Dr. Tilbury Fox, of London, with tables compiled by Dr. Hutchinson will prove interesting. Dr. Fox says:

"The vital capacity volume is affected by height, by attitude, by weight, by age, and by disease.

"THE VITAL CAPACITY AS AFFECTED BY HEIGHT."

From a very large number of experiments, Dr. Hutchin-

*Marsh's Spirometer will be sent to any address post paid on receipt of price \$2.00. Duncan Bros.

son has deduced the curious fact that the height of an individual is the chief condition which regulates his vital capacity, and he lays down the following rules: That in the erect position, for every inch of stature from five to six feet, eight additional cubic inches of air, 60° Fahr., are given out in one volume, by the deepest expiration, immediately following the deepest inspiration. This table is intended to show the capacity in health and in the three stages of phthisis.

Height.				Capacity in health.	Capacity in Phthisis Pulmonalis.		
Ft.	In.	Ft.	In.	Cub. In.	1st Stage. Cub. In.	2nd Stage. Cub. In.	3rd Stage. Cub. In.
5	0	to	5	174	117	99	82
5	1	to	5	182	122	102	86
5	2	to	5	190	127	108	89
5	3	to	5	198	133	113	93
5	4	to	5	206	138	117	97
5	5	to	5	214	143	122	100
5	6	to	5	222	149	127	104
5	7	to	5	230	154	131	108
5	8	to	5	238	159	136	112
5	9	to	5	246	165	140	116
5	10	to	5	254	170	145	119
5	11	to	6	262	176	149	123

“This reads thus: A man between five feet seven inches, and five feet eight inches, in height, should be able to breathe, in health, 230 cubic inches; in the first stage of consumption this will be reduced to 154; in the second to 131; and in the third to 108 cubic inches. A knowledge of these facts on the part of the practitioner is of importance in reference to the examinations of persons assuring their lives, in guiding him in doubtful cases.

“WEIGHT AS AFFECTING THE VITAL CAPACITY.

“In examining diseases of the lungs, the indications afforded by the weight of the individual are invaluable. One of the first signs of disease, generally, is loss of weight; a steady loss always precedes consumption, and is the earliest symptom of tubercular disease. Dr. Hutchinson has observed, that a slow and gradual loss is more serious than a rapid and irregular diminution. A person may lose weight, but he

cannot do this gradually without some severe exciting cause.

“Weight in excess begins mechanically to diminish the breathing movements when it has increased to 7 per cent. beyond the mean weight; and from this point the vital capacity decreases one cubic inch per pound for the next thirty-five pounds. The ordinary weight increases with the height, probably about six and one-half pounds per inch of stature. It is unnecessary, however to make the correction for weight, unless it be much in excess. From an examination of 2650 healthy men at the middle period of life, Dr. Hutchinson has deduced the following table:

Exact Stature.		Mean Weight.		Weight increased by 7 per cent.	
Ft.	In.	St.	lbs.	St.	lbs.
5	1	8	8 or 120	9	2 or 128
5	2	9	0 or 126	9	9 or 135
5	3	9	7 or 133	10	2 or 142
5	4	9	13 or 139	10	9 or 149
5	5	10	2 or 142	10	12 or 152
5	6	10	5 or 145	11	1 or 155
5	7	10	8 or 148	11	4 or 158
5	8	11	1 or 155	11	12 or 166
5	9	11	8 or 162	12	5 or 173
5	10	12	1 or 169	12	13 or 181
5	11	12	6 or 174	13	4 or 186
6	0	12	10 or 178	13	8 or 190

“This table reads: A man of five feet eight inches should weigh eleven stone, one pound, or 155 pounds, (14 lbs. = 1 stone;) he may exceed this by 7 per cent., and so attain eleven stone, 12 pounds, or 166 pounds, without affecting his vital capacity; beyond this rate his respiration becomes diminished.

“AGE AS AFFECTING HIS VITAL CAPACITY.

“The vital capacity is found to be at a maximum between the ages of thirty and thirty-five, though the effect of age is not very manifest, *until a person has attained fifty-five years, when the capacity diminishes sufficiently to render it necessary*

to make a subtraction. This we must do according to the annexed table:

Height.		Mean.			Minimum.
Ft.	In.	Age. 15 to 55.	Age. 55 to 65.	Age. 65 to 75	16 per cent below mean.
5	0 to 5	174	163	161	148
5	1 to 5	182	173	168	153
5	2 to 5	190	181	175	160
5	3 to 5	198	186	182	166
5	4 to 5	206	196	190	173
5	5 to 5	214	203	197	180
5	6 to 5	222	211	204	187
5	7 to 5	230	219	212	193
5	8 to 5	238	226	219	200
5	9 to 5	246	234	226	207
5	10 to 5	254	242	234	213
5	11 to 6	262	249	241	220

“Thus it appears that a man five feet eight inches, of the mean weight, may be expected to breathe 230 cubic inches until the age of fifty-five, 219 cubic inches from fifty-five to sixty-five, and 212 from sixty-five to seventy-five years of age. The vital capacity is somewhat reduced by a moderate meal, and by a full meal nine to fourteen inches.

“In all the foregoing calculations, it is supposed that the patients are dressed in ordinary attire. We therefore have to make no allowance for boot-heels, weight of dress, etc. It may be remarked, however that M. Quetelet estimates the average weight of the clothes, at different ages, one-eighth of the total weight of the male body, and one-twenty-fourth of the total weight of the female. The value of spirometry in the detection of lung diseases is very great.

H. P. G.

SCIATIC RHEUMATISM CURED.

May 24, 1881. J. F. D., male, aged thirty-five, farmer, has had rheumatic pains on outer side of left leg since last November, but not so severe as to prevent work until four weeks ago, since which time could not walk and some of the

time could not ride. While sitting in daytime limb does not trouble him, but at night when he straightens the limb the pain seizes him. Pain is felt before a storm or when he tries to walk the pain increases the more steps he takes. Pain shoots from thigh to ankle but does not swell any. Toes have been almost stiff but can move them now; appetite good; bowels usually regular, but have been constipated since he has had the rheumatism. He has used liniments considerable, and some Allopathic treatment including electricity without any permanent relief. Prescribed Nux vom. 3x trit. night and morning, and Bry. 2x dilution once in two hours during the day.

June 11. Sent a messenger for some more of the medicine. Reports considerable improvement, so much so that he has plowed corn for several days. Prescription same; directions same.

July 4. Reports by messenger again that is nearly well, can work all day, and wants another prescription of same remedies, which were sent. So far as I know he has been well ever since.

D. E. FORISTALL.

SCARLATINAL NEPHRITIS.

BY J. A. HOFFMAN, M. D., MENDOTA, ILL.

Read before the Illinois Valley Homœopathic Medical Association at Amboy
Aug. 3, 1881.

In order to a more complete understanding of the case about to be represented, I will quote from Green's Pathology as follows: "The changes which take place in the kidney in scarlatina have usually been regarded as precisely similar to those as tubular nephritis. Recent investigations, however, show that this view requires considerable modification. The earlier changes, those occurring during the first week of the disease, compromise first, increase of the nuclei covering the glomeruli of the malpighian corpuscles. Second, hyaline degeneration of the elastic intima of minute

arteries, especially of the afferent arterioles of the malpighian corpuscles. This change produces a swelling of the intima, so as in some places to cause a direct narrowing of the lumen of the vessel. The capillaries of the malpighian corpuscles are in parts altered in the same way, and in consequence of which many of them become impermeable. Third, multiplication of the nuclei of the muscular coat of the minute arteries, and a corresponding increase in the thickness of the walls of these vessels. Fourth, a cloudy swelling of the epithelium in the convoluted tubes, with multiplication of the epithelial nuclei. Granular matter and even blood may also be found in the tubes, and in the cavity of Bowman's capsules. These parenchymatous changes are in the early stages of the disease but little marked. *The later changes, those occurring after the first week, consist in a cellular infiltration of the intertubular connective tissue of the cortex, (interstitial nephritis) together with an increase in the epithelial changes, and a crowding of the tubes with small round cells (leucocytes.) The cellular infiltration commences around the larger vascular trunks, whence it spreads rapidly into the bases of the pyramids, and especially into the cortex. As it increases, the epithelium undergoes fatty degeneration, and the urine tubes gradually become obliterated."*

Now if we have thoroughly mastered the information contained in the above quotation, we have a solid basis upon which to predicate our diagnosis, prognosis, and treatment. We are now prepared in some measure, to understand the following important case, the presentation of which is the real object of this paper:

An unmarried man of about twenty-six, March 20th, was taken with a red rash on his legs, and on the 21st the rash receded on account of exposure. A high fever supervened, with a red, dry tongue; great thirst; skin dry; urine almost entirely suppressed. On the 28th, anasarca made its appearance; the face and eyelids swollen; the scrotum, feet and legs cedematous and spongy, and the bowels largely distended and costive. April 1st a physician was called to see

the patient, and found in addition to the symptoms above described about 90 per cent. of albumen in the urine. The patient not improving, eminent counsel was called, who at my request, afterward furnished me the following report: "The specimens examined by me, when I first saw the patient April 16th, contained about 50 per cent. of albumen; color of urine was of a reddish hue, acid in reaction; specific gravity 1,030. I next tested for albumen on the 22d; found an increase of albumen; urine less red, and more of a smoky hue. Microscopical examination revealed a few pale, transparent, hyaline casts, with an occasional epithelial cell adherent. Tested urine May 4th; found 90 per cent. albumen. Urine smoky, faintly acid; amount discharged, twenty-five ounces per twenty-four hours. Microscopical examination revealed about the same as before, with the addition of a few triple phosphates." Diagnosis, "acute morbus brightii." "Prognosis, unfavorable." I am much pleased to learn that Mr. V. is improving, and bids fair to recover under your treatment. Yours truly, M. D.

These physicians continued to treat the patient until the 7th of May, just five weeks, and had given up all hope of recovery. I found the symptoms very much as before described, except deepened, and more chronic in character. Urine nearly as clear as well or spring water, without the least color or urinous smell, and contained about 75 per cent. of albumen. Specific gravity 1,030. It was simply albumen and water. Diagnosis, "*morbus brightii*" as a *sequence of scarlet fever*, "*scarlatinal nephritis*," or *exudative interstitial nephritis*. Prognosis, unfavorable. Gave Arsenicum 3d dec. every two hours. May 12th, appetite better; skin more moist; tongue not quite so red; other symptoms about the same. On account of a scrofulous diathesis prescribed Iod. ars 3d dec. May 16th, "*in statu quo*," symptoms about the same. Prescribed Apis mel. in alternation with Iod. ars., both in 2d dec., and by the 18th the urine had increased to 140 ounces per day, and continued at about that rate for two weeks, then gradually came down to forty-five ounces, his natural quantity. Deducting his natural

discharge, and we have over seven gallons of fluid taken from the cellular tissue of the entire body and abdominal cavity. The œdematous condition has entirely disappeared and the patient appears very much emaciated, but feels well, eats, digests and sleeps well, bowels regular and has no discomfort of any kind except being weak. The urine is still pale, has some urinous smell, and but little albumen. All of the symptoms are now looking favorable, but on account of the great changes which take place in the kidney during five weeks of active inflammation, I had still grave doubts as to his recovery. So I sent an outline description of the case together with a specimen of urine, to Prof. Cooke, of Chicago, and received from him the following report:

CHICAGO, June 8, 1881.

“Report on a specimen of urine, said to have been voided by V., examined June 6th and 7th. Color pale yellow; specific gravity 1,012; reaction strongly acid; abnormal constituents; albumen 5 per cent.; microscopical examination of sediment; granular and hyaline casts; epithelial scales; crystals of uric acid and of triple phosphates. Diagnosis, case of scarlatinal nephritis, (acute Bright’s disease in the (process of recovery.)

“Your treatment of the case has been magnificent. Your patient will make a perfect recovery unless the heart be already involved; great care must be exercised in this regard. When your patient shall have completely recovered you cannot, alas, be allowed the privilege of vaunting a cure of *chronic morbus brightii*. This crown is still like the goose (hanging high) for some one, it may be for you.”

N. F. COOKE, M. D.

Prof. Cooke says that a real genuine case of chronic Bright’s disease of the kidney has never been cured. Many cases claiming to be chronic morbus brightii have been reported as cured, and some of them in a few days. To any one who is posted up in the morbid anatomy of chronic Bright’s disease, all such claims amount to nothing. “*Albumenuria* is not Bright’s disease. In fact many cases of genuine morbus brightii run on to a fatal termination, with

but little if any albumen in the urine. As a general rule, albumen in the urine is one, and only one, of the symptoms of Bright's disease." Dr. Cooke is no doubt correct. When we bear in mind the changes which occur in the kidney during an active inflammation after the first week, and consider that five weeks had passed away and the patient not improving, it is difficult to determine whether it was acute, sub-acute, or chronic, especially as no one can possibly know when or where the acute shades off into the chronic, or where the first stage ends and the second stage begins. At all events, if acute when I took charge of the case, it was certainly shading off very close to the chronic.

June 10th left off the *Arsenicum* and *Apis* and gave *Phytolacca* 3d dec. every four hours. Continued the same for three weeks, and now some cardiac symptoms made their appearance a weakened and irregular pulse, which called for *Digitalis* 3d every six hours. Continued this for two weeks when nearly all abnormal symptoms have subsided, and now on account of his general anæmic condition attendant upon, or as a sequence of the anasarca, prescribed beef, iron, and wine, one teaspoonful morning, noon and night. And now gentlemen, I have the pleasure of presenting this patient to you for examination, who is rapidly gaining in weight, strength and general appearance. I will answer any question you may be pleased to ask.

Question. Have you any general plan in the treatment of this disease?

Answer. Yes. As the changes or disorganization of the kidney is in consequence of the inflammation, the first thing to be done is to cure that as soon as possible, and then build up afterward. Neglect this order and the patient will be much less likely to recover.

Question. What hygienic measures were adopted?

Answer. He had an alcoholic bath every night for the first two weeks, and then once per week. And as to diet, of course that had to be varied. Oysters, meat soups, raw eggs, oatmeal, Graham gems, potatoes, bread and butter, tea and coffee if wanted. The plan was to use an easily digested, yet a substantial diet.

Question. Why did you give *Phytolacca decandria*?

Answer. *Phytolacca* has a specific effect on all glandular organs in a condition of induration from interstitial deposits. The kidney is a glandular organ, and in interstitial nephritis from scarlatina the infiltration of the exudation must produce a condition of enlargement and induration, and then the subjective symptoms of "indifference to exposure of person," "weakness and dull pain and soreness in region of kidneys," "albuminous urine excessive or scanty" led me to select *Phytolacca*, which is rarely used in such cases, but it acted grandly every way.

Question. How is his urine at the present time?

Answer. Let us see; a specimen being obtained it was found to be of a natural color and smell; specific gravity 1,020; normal, acid reaction, and in every way was all right except a slight trace of albumen. Continued beef, iron, and wine, morning and night, with *Phytolacca* at noon.

September 15th. All traces of albumen has disappeared from the urine, and the patient has gone about his business and says that he feels all right in all respects. But it will be at least a year before the partially disorganized kidneys can adjust themselves to the changed condition, without special danger of relapse.

October 20th. Still doing well; lacks only a few pounds of his usual weight. Not quite as strong as he was; does not take any medicine. Every prospect of a complete recovery.

EPIDEMICS IN THE OLD WORLD.

Cholera is spreading in the east and advancing toward Europe. It has already made considerable ravages at Aden, and has reached Mecca, where the Mussulmans are imploring their Prophet.

Two other epidemics attract serious attention. The first is the yellow fever in Senegal, where the number of victims

has been great, and the second, diphtheria, which has killed more people in the south of Russia than any other epidemic not excepting the plague. It has prevailed there since 1872. In Beassarabia, 15,000 out of 36,000 persons who were attacked have succumbed to it. Out of 46,000 cases, 19,000 ended fatally, and in Kharkoff, out of 29,000 cases there have been 17,000 deaths.

A NEW MEDICAL BATTERY.

ELECTRICITY AS A REMEDIAL AGENT.

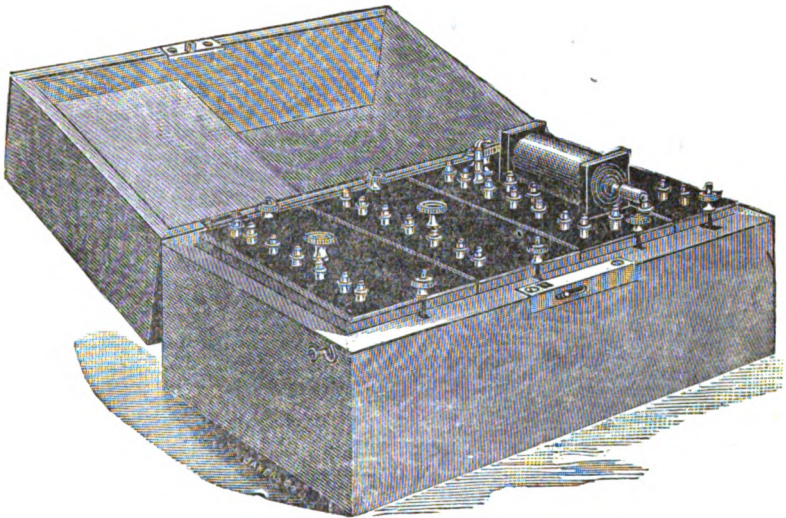
We call the attention of our readers to this new electric machine for various reasons:

The use of electricity by the medical profession as a remedial agent has been, until within a few years, confined to a few specialists, who made it a scientific study. These men have been instrumental by their research and success, in bringing this agent before the medical profession. Yet all credit is not due to them, but must be shared with the inventor and manufacturer, as electricity can only be used successfully with suitable apparatus to generate it.

Almost every practitioner of medicine is supposed to receive a thorough knowledge of this agent as a part of his medical education, and to-day a large majority of physicians acknowledge it as *one* of the most potent remedies, and many would as soon think of discarding the use of Aconite, Bell., or Nux, etc.

It is also an acknowledged fact that electricity is indicated in as large a number of nervous diseases as any other remedy, and no practitioner can afford to leave it out of his list. To substantiate the above statements, one need only consult the medical literature of the day, and he will find almost every medical journal contains one or more articles from prominent medical men, giving diagnosis and treatment of some obstinate chronic disease by electricity, and in a majority of cases with successful results.

In a large list of diseases electricity is held by specialists as almost a specific. The following are a few of the most prominent in which it is frequently indicated: Rheumatism, chorea, epilepsy, paralysis, nervous exhaustion, neuralgia, ulcers, tumors, diseases of the genito-urinary organs, dyspepsia, constipation, etc.



Many physicians have not used electricity for the want of portable and convenient instruments. Dr. McIntosh long felt this need while using the old style of batteries in his practice, and from necessity arranged the following described combination battery for his own use. After a thorough test, finding it far superior to any in the market, and confident that such a combination would meet a want long felt by the profession, we are now offered the best *Portable Combined Galvanic and Faradic Battery*, which is here illustrated.

The internal arrangement is different from any we have seen. The cut represents an eighteen-cell battery with a Faradic coil on one section of six cells, while the other two sections are galvanic cells only. This enables us to use either the Faradic or Galvanic currents as the case may demand. It is very easy to change from one to the other.

Fig. 1 shows the hard rubber plate of a section (on the under surface of which is cemented a sheet of soft vulcanized rubber), and binding posts which project through the hard and soft rubber and screw into the brass piece holding the zinc and carbon couples.

The Faradic coil is securely fastened on the upper surface of the hard rubber plate, and has polished hard rubber ends and cover.

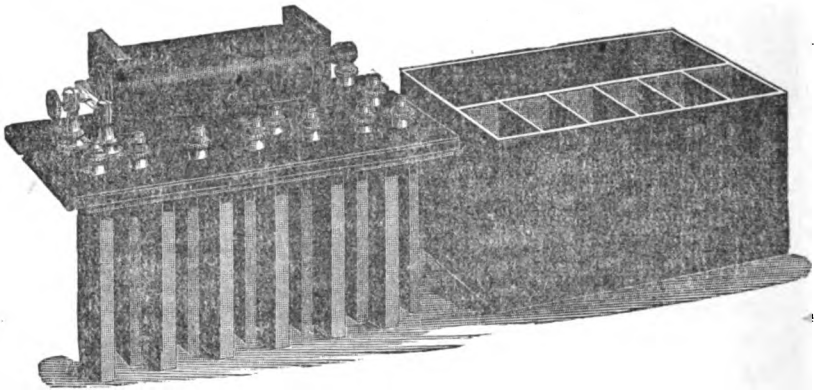


Fig. 2 shows a section of six cells made of one piece of hard vulcanized rubber, and a drip-cup of the same material to receive the zinc and carbon couples when not in use.

This battery as will be seen is constructed on an improved plan. The zinc and carbon plates are arranged in couples, and securely clamped to hard rubber plates with thumb screws. Thus any of the couples can be removed by simply loosening a screw. The thumb screws are also used for binding posts. By this manner of connecting, the plates are brought nearer together than in any other battery, thus giving less internal resistance. The cells are made in sections of six composed of one solid piece of hard rubber. By this arrangement, one section can be handled, emptied and cleansed as easily and quickly as one cell. It also prevents the liquid from running between the cells, as is the case when single cells are used, and danger of breaking, as is the case with glass cells. A hard rubber drip-cup is placed by

the side of each section of cells to receive the zinc and carbon plates when removed from the cells.

The rubber plate on which the couples are clamped projects over on one side enough to cover the cells when the zinc and carbon plates are reversed and placed in the drip-cups. The under side of this projection is covered with soft rubber. When the cells are not in use, this is clamped over them by means of thumb screws and spring bolts; the latter are fastened in the bottom of the box near the ends of each cell section and projecting above the hard rubber plates to receive the thumb screws. By this arrangement the hydrotat is made water tight, enabling us to carry it anywhere.

By the aid of a simple current selector, any number of cells can be used. The Faradic coil, from which the induced current is obtained, is securely fastened on one of the rubber covers; by connecting with one or more cells, any intensity of current desired can be obtained.

A battery of six cells gives a galvanic current of sufficient intensity for treating the eye, ear, uterus, nasal cavity for catarrh, and for electrolysis of small tumors. With twelve cells, the galvanic current is of sufficient intensity for almost any case the physician may be called to treat and is the best one to buy. With eighteen or twenty-four cells, the physician has at his command all the strength and intensity he will ever require. We have an eighteen cell one that we have used daily for six months and it gives excellent satisfaction.

The cable connecting cord is made with a spiral copper wire, insulated, inside of which is a bundle of small copper wires surrounding a strong cord. The tips are securely fastened to the spiral wire, which makes the connection perfect. This feature alone recommends the battery to the profession.

Anatomical Department.

FILARIA SANGUINIS HOMINIS.

Since the announcement, first made in 1872, that under certain conditions the blood of human beings may be found charged with minute nematoid worms, and that these bear an invariable association with some form of disease of the lymphatic system, the microscopic organisms to which Dr. F. R. Lewis gave the name *filaria sanguinis hominis*, have been a subject of patient investigation by several competent observers. For a considerable period the knowledge gained concerning them amounted to little beyond the facts of their existence and morphology, so that even in 1879, Dr. Cobbold, in the latest edition of his masterly volume on parasites, was unable to assert positively as to the genesis of the *filaria sanguinis hominis*, holding in contradiction to Dr. Lewis that the worm is genetically related to *Bilharzia*. The clinical history of the parasite had, however, even then received a much more complete explanation; and it had been well demonstrated that the mosquito insect was an essential agent in its development. Those patients who suffered from its presence exhibited certain definite symptoms, the most prominent of which had been assumed to be chyluria; and so far it was asserted that chylous urine was an invariable concomitant of the existence of *filaria* in the blood. Moreover, the disease was confined to those climates in which the mosquito made its *habitat*, so that little by little the life history of the worm became unravelled; and, at length, accumulated evidence points to its genesis as dependent on an alternation of generations, in which, however, there still remain more than one link to be discovered. In this country the disease has been wholly unknown, or, at any rate, unnoticed, until the advent of a patient at the London Hospital, in whom Dr. S. Mackenzie speedily recognized the symptoms produced by the presence of the para-

sites. This patient, a soldier, twenty-six years of age, had lived all his life in India, enjoying excellent health, and exhibiting no signs of the affection now troubling him until he had been some little time in England, having come here during the present year. A month after his arrival, he noticed that his urine was passed in greater quantity than usual, and quickly assumed a milky appearance. A month or so later pain was experienced in the loins and testicles, and almost pure blood was passed per urethram. Hæmaturia persisted for a few days, when the quantity of urine again underwent large increase, with a return to the milkiness, in which state it has since remained. Dr. Stephen Mackenzie first had charge of the case in August, and during the whole time he has observed it, it has presented all the characters of hæmato-chyluria. The condition of the excretion varies in several particulars at different periods; thus, that passed by day usually contains more blood and fibrin; the night discharge is more milky; the day urine is believed to contain more filariæ than the nocturnal. The especially remarkable features of the case, however, are presented by the characters of the blood; and it must be said that the care and skill displayed by Dr. Mackenzie in connection with it have been the means of obtaining, not only a fresh record of the facts already familiarized by the researches of other observers, but also of eliciting certain hitherto unascertained details of the greatest interest and importance, bearing on the history of filaria disease. During the daytime, blood drawn from the patient (and for two months regular examinations of the circulating fluid have been carefully made every three hours) is found, under ordinary circumstances, to be free from filariæ; but in the evening, at about nine o'clock, these begin to appear, and progressively increase to midnight, when they exist in greatest abundance. At three o'clock in the morning they sensibly decrease; at six o'clock but a few are to be distinguished; and at nine they are not to be observed in the blood. This periodicity had been previously noticed and commented on by Dr. Manson, who enjoyed many opportunities of study-

ing the disease in China. The particular discovery made by Dr. Mackenzie relates to the fact that a complete change of periodicity may be brought about by altering the relative times of sleeping and waking. When his patient spent the daytime in bed, giving the night hours to being about and active, filariæ appeared in the blood during the day, and were absent from it at night. Return to the ordinary arrangement was followed by a return of filarial migration to its previous course. These are the salient points in the case; their significance is as yet far from being determined. Dr. S. Mackenzie described and exhibited the case he has been so fortunate as to have under his care at the last meeting of the Pathological Society, the members of which then enjoyed the rare opportunity of seeing the living worms under the microscope. Beyond a statement of his experiences Dr. Mackenzie did not venture at that time, and it remains for future workers to assign the special pathological importance attaching to the various details.

Drs. Cobbold and Vandyke Carter, who are well-known in connection with the study of nematoid parasites, discussed the case before the Society, but they succeeded in throwing little new light on the mystery still surrounding *filaria sanguinis hominis*. That the worm requires for its due development the services of more than one "host" is now abundantly proven; as also is it that the human being and the mosquito are both concerned in its production. The filariæ of human blood are apparently embryonic forms which are received into the body of the mosquito at those times when the troublesome fly makes its raids upon men. It is, moreover, a curious coincidence that the immature worms should appear in the blood always at the time of evening, when the mosquito is most actively engaged in foraging. We must now, however, in consequence of Dr. Mackenzie's discovery, modify in great measure the inferences hitherto drawn from the coincidences, if indeed it be not further found that too much importance has in the past been attached to the phenomenon. That the mosquito does receive filariæ from its human victim needs no further demonstration, flies gorged with filarious

blood having been again and again exhibited. These young filariæ, develop in the mosquito into sexually mature nematoid worms, which are subsequently liberated at the death of their host, the mosquito, which always makes its way to a collection of water to die. Thus far the history is certain; but in what precisely further progress consists, we are as yet unable to tell, since in some way there develops a worm nearly three inches long, the original filariæ averaging 1-75 inch long, by 1-3500 inch in diameter. The free mature worm finds access to the bodies of human beings in a similar way to that by which *dracunculus* gains a hold on its victims. What is the course of events regarding it when once *in situ* in the tissues, is another problem awaiting solution, the series of changes occupying the interval between such mature worms and the hæmatozo found in the blood of Dr. Mackenzie's and all similar patients, being still unknown to science? It may indeed turn out that in these changes we shall by-and-bye find elucidation of the many dark points surrounding our knowledge of the disease in which chyluria is a prominent symptom; and it can scarcely be more than profitless labor to speculate on them in the absence of such information. In this respect the discussion at the Pathological Society was commendable. Dr. Mackenzie taking the lead, those facts only were dwelt upon which are already firmly established, and it was left for a future occasion to enter into pathological details. Some few facts, notwithstanding, are even now worthy of note, about which there is still a suspicion of improbability. Thus on the invariable or occasional relation of chyluria to filariæ in the blood, some authorities, as Dr. Vandyke Carter, assert that chyluria is produced only in cases where the parent worm is lodged in some part of the urinary tract; others insist on the constancy with which chylous urine is a symptom of the disease; but it should be said that Dr. Carter paid exceptional attention to the subject for a lengthened period, and that his observations deserve the highest consideration. Again, it is tolerably clear that filariæ may exist in the blood without any untoward symptom arising to indicate their presence,

a fact difficult to associate with invariable chyluria in such cases. It may even be that Dr. Mackenzie's patient while in India had been infected with the worm, but that not until he became submitted to changed conditions of life in England was a stimulus afforded to its development. How long, and in what manner, the parent worm may exist ere giving birth to the embryonic nematodes, we know not as *filariæ sanguinis hominis* is, as we have said, as yet a mystery, and thus are we without the means of determining what is probably the most important point in connection with the whole question of the disease.

Dr. Mackenzie's contribution is exceptionally valuable in that it is an accurate and reliable record of what he has seen. Its worth is only increased by the avoidance of theoretical explanations, and we feel sure that the result of it will be to lead up to a better and surer knowledge than we yet possess regarding the subject treated in it.—*Medical Press and Circular*.

Psychological Department.

PROGRESS IN NERVOUS DISEASES.

BY J. MARTINE KERSHAW, M. D., ST. LOUIS.

Diphtheritic Paralysis.—Dr. Abercrombie writing upon this subject, says: That the paralysis generally makes its appearance from two to five weeks after the commencement of the diphtheria. One of the earliest symptoms is the return of fluids through the nose. Irregular action of the heart was observed in several cases, as also albuminuria. Paralysis of the muscles of the chest wall is present in more than half the cases, and is a grave symptom. The "patella-tendon reflex" was absent in all the cases investigated. Paralysis of the soft palate was usually accompanied by

anæsthesia of the same parts. The paralysis lasts about five or six weeks. Of fatal cases, two died the ninth day, the average duration of fatal cases, being however, about three weeks. Belladonna was the only drug which seemed to exert any influence over the disease.

The Relationship of Chorea to Rheumatism and Cardiac Troubles.—Dr. Stephen Mackenzie says:

1. That some cardiac abnormality is present in more than half the cases of chorea.

2. That the cardiac abnormality is due to endocarditis affecting almost exclusively the mitral valve.

3. That in over 80 per cent. of cases the heart lesion persists.

4. That absence of murmurs is no proof of absence of organic heart disease.

5. That rheumatism has pre-existed in nearly half the cases for centuries; and that there are strong grounds for believing that it has been an antecedent in a very much larger proportion of cases.

6. That no other very frequent exciting cause of endocarditis is shown to have persisted, or to be more frequent amongst the non-rheumatic than the rheumatic.

7. That the form of heart disease met with in chorea is that seen in connection with rheumatism.

8. That rheumatism is in nearly all cases the cause of the heart murmur which so frequently attends chorea.—*American Journal of Obstetrics.*

Uses of Glonoine by Allopathic Physicians.—At a meeting of the New York Neurological Society, Dr. W. A. Hammond, gave his experience with this drug, in the treatment of some nervous troubles. He obtained a reliable preparation of the drug from Boericke & Tafel, Homœopathic pharmacists, in New York. In the angiospastic form of *migraine*, he had obtained excellent results from the employment of this drug. He relieved one patient during a severe attack in fifteen minutes; and, continuing the use of the remedy, she had had no paroxysm of headache for nine months. He had given Glonoine to fifteen or twenty

patients, who suffered with migraine, and the relief obtained, was, in almost every case satisfactory. In the status epilepticus, and in other forms of epilepsy where the bromides failed to do good, he had obtained good results from the use of Glonoine. In several subjects of angina pectoris, no attacks occurred while under the influence of the medicine.—*The Medical Record.*

The Tendon Reflex.—From the *Revue Med. de la Suisse Romande*, the following conclusions from Professor Prevost's experiments are made: 1. Sections of the spinal cord and nerve roots in rabbits have proved that the integrity of the sixth pair of lumbar nerves (corresponding to the third or fourth lumbar pair and nerve), is necessary for the production of this phenomenon. 2. A section made at the level of, or a little above the emergence of the sixth pair of lumbar nerves, abolishes the phenomenon. 3. Anæmia of the spinal cord of the rabbit, produced by the compression of the aorta, modifies the phenomenon of the tendon reflex; after a few seconds' compression, it is exaggerated, but subsequently it diminishes progressively and disappears entirely after forty-five seconds. 4. When the blood is again allowed to flow, the phenomenon reappears after an interval of time varying from a few seconds to a minute or more. The more thorough and the more prolonged compression has been, the more retarded will the return be. 5. *Anæsthetics, if anæsthesia be profound, abolish the tendon reflex. The disappearance of the phenomenon during anæsthesia may be considered as a prodromatic symptom of collapse.*—*The Medical Record.*

Ready Method of Preparing Fomentations.—Take your flannel, folded to the required thickness and size, dampned quite perceptibly with water, not enough to drip, and place it between the folds of a large newspaper, having the edges of the paper lap well over the cloth so as to give no vent to the steam. Thus prepared, lay it on the heated surface of the stove or register, and in a moment steam is generated from the under surface and has permeated the whole cloth sufficient to heat it to the required temperature. This method is often very convenient and efficient where there is no opportunity to heat much water at a time.—*Michigan Medical News.*

EPILEPSY: ITS RELATION TO CRIME.

BY J. MARTINE KERSHAW, M. D., ST. LOUIS, MO.

Presented to the Missouri Institute of Homœopathy, at its meeting in St. Louis, October, 1881.

There is a kind of mania, or rather maniacal excitement, which is intimately related to epilepsy; and, during the time the subject is under its influence, he is commonly impelled to acts of violence. Epileptic mania, as it is called, is one manifestation of the disease known as epilepsy. It is observed, according to *Reynolds, in about one-tenth of those cases of convulsive disease which may be properly termed epilepsy, "falling sickness," or "fits." The maniacal excitement may precede a regular epileptic seizure, it may take the place of one, or a regular paroxysm of epilepsy may be followed by a *furor transitoria*. †Rosenthal says that epileptic insanity may last from several hours to two days, and that in the most severe forms the subjects "suffer from great excitement with mania, from frightful visions, hallucinations, and complete delirium."

‡This excitement, almost without exception, has a maniacal character, and is evidenced by the violence and suddenness of the acts which the patients perform. It disappears almost as rapidly and unexpectedly as it comes, and the patient returns to his previous mental condition; he has afterwards either no recollection at all of the paroxysm and the act done in it, or a very dim and confused one.

* * Most frequently they throw themselves upon other persons and strike them, or they destroy objects about them, or they even wound themselves in a senseless way.

* * * The severe form of epileptic delirium exhibits much more formidable features than the mild, for in this a transient, furious mania of the most violent kind breaks out, and is hardly surpassed in intensity by any other sort of maniacal aberration. * * We have indicated above,

*Reynolds System of Medicine.

†Diseases of the Nervous System.

‡Nothnagel-Ziemssensm Cyclopædia of Medicine.

after Falret, the general characteristics of this delirium. Still we must here call special attention to the reckless impulsiveness of the acts, for they generally culminate in a senseless destructive fury. Patients annihilate everything about them; the most shocking murders, perpetrated in this way, are recorded in the annals of science. At times certain mental prodroma make the unhappy patient aware of the approach of the seizure, so that he can warn those around him to protect themselves, (we ourselves know of a pronounced case of this kind); but at other times the passion for destruction breaks upon him so suddenly that no escape is possible." The average duration of this excitement is from two to four days.

* Hamilton relates the case of a man who had an attack which was "undoubtedly epileptic mania," and during which he "pursued his wife through the streets, and, drawing a pistol, shot her through the heart. After the deed he expressed great remorse, and gave himself up to the authorities; but notwithstanding the medical testimony, was sentenced to the state prison for life." A physician of this city was treating an epileptic, and, while the subject was in his office one day, a fit of the *grande mal* type ensued. Shortly after the seizure, the patient arose, looked about vacantly for a few seconds, and then seeing the doctor, pulled a large knife from his pocket, and started toward him with the utmost fury depicted in every feature. Fortunately a large table was between the doctor and the epileptic, and which he managed to keep in that position until he could escape by means of a back door and lock it behind him. After his recovery, the patient had no recollection of what he had done, nor any idea of how near he had come to being a criminal.

† Dr. Henry Maudsley, the eminent English alienist, in speaking of the maniacal manifestations of epilepsy, says: "The most desperate examples of homicidal impulses are undoubtedly met with in connexion with epilepsy. Sometimes

* On Nervous Diseases.

† Physiology and Pathology of Mind.

an attack of mania notably precedes an epileptic fit or a series of epileptic fits; but it is not so clearly understood that the mental derangement so occurring may have the form of profound moral disturbance with homicidal propensity, but without manifest intellectual derangement. A shoemaker was subject to severe epileptic fits, and was often furious for awhile immediately after them; but in the intervals he was sensible, amiable, and industrious. One day, when in the gloomy and morose frame of mind, that often foretells an attack of epileptic fits, he met the superintendent of the asylum, to whom he was much attached, and stabbed him to the heart. He had not had a fit for three weeks, but on the night following his homicidal deed, he had a severe fit, and for some time the attacks continued to be frequent and severe. In such cases, as indeed in the above case, there are often sudden and vivid temporary hallucinations. Again, the mental disorder which sometimes takes the place of an epileptic attack, representing in fact a *masked* epilepsy, may appear as simple impulsive insanity.

A peasant, aged twenty-seven, had suffered from epilepsy since he was eight years old; but when he was twenty-five the character of his disease changed, and instead of epileptic attacks he was seized with an irresistible impulse to commit murder. He felt the approach of his attack sometimes for days beforehand, and then begged to be restrained in order to prevent a crime. 'When it seizes me,' he cried, 'I must kill some one were it only a child.' Before the attacks he complained of great weariness; he could not sleep; felt much depressed, and had slight convulsive movements of his limbs."

A gentleman under my charge has had epileptic fits at intervals for a number of years. He is a man of some means, of good business qualifications, married, and the head of an interesting family. It has so happened that the epileptic seizures have usually occurred at night or at home, so that many of his quite intimate friends are not aware of his having any such trouble. It has happened, however, on several occasions, that he has found himself with his hands clutch-

ing his wife's throat, and trying to strangle her. Fearing he might do her some great bodily injury, he concluded to occupy another apartment; but, however, without result, the acts of violence being repeated notwithstanding the precautions taken to prevent them. He has no knowledge of what he is doing until he finds himself in the position described and his wife struggling to make her escape. He has confessed to me besides, that on numerous occasions he has met men upon the streets, toward whom, without cause or provocation, he felt strongly incensed. It has frequently happened that he has felt strongly impelled to do some violent injury, although his reason and judgment protested against any such procedure. The impulse has been so nearly irresistible at times, that he has frequently turned down another street, or gone into some store near at hand, to get away from the danger of committing some uncalled for and violent assault. It has happened sometimes that a little misunderstanding with some party in business made him so angry that it required all his will force to refrain from violently attacking the party provoking him. On several occasions he found himself in distant parts of the city and could not account for his being there. His tongue was found lacerated and bleeding at different times but he had no knowledge of how it was done. The subject of this sketch is, as already mentioned, an epileptic. His mind is in a sufficiently good condition to enable him to conduct his business fairly well, and many of his most intimate friends are not aware of his affliction. He has, however, assaulted his wife on several occasions, and, in every instance he has been unconscious of what he was doing. His wife is convinced that he intends no harm to her, but deems it prudent to occupy a separate sleeping apartment, which she does. He confesses to a weakened condition of his will, and to being the subject of a morbid impulse which impels him to deeds of violence, and which is at times almost irresistible. Supposing that in the course of time, this man becomes a homicide; will his history as an epileptic and a subject of marked morbid impulse, and greatly impaired will-force, have any bear-

ing on the question of his responsibility at the time of the commission of the criminal act?

° A remarkable case was tried in the St. Louis Criminal court a few months ago, Judge Henry D. Laughlin presiding. The hypothetical case presented by the defense and which embraced the facts in the case, was as follows: The defendant is thirty-seven years of age, born in Germany, came to America when about seven years of age, has resided for the most part since that time in this city, was married when twenty-four years of age, and has been the father of six children. His trade is that of a tobacco roller, in which he has been almost continuously employed since coming to America.

When about one year or one year and a half old, in his native land, he began to have fits, and continued to have them during his boyhood at frequent intervals, sometimes every two months, sometimes every six months, and continuously on up to the date of the alleged homicide, which fits are characterized and described as follows:

By one witness, "he would fall down and be shaking and foaming at the mouth, it lasted ten or fifteen minutes, he bit his tongue sometimes, he was not conscious, and did not know what was going on."

By another witness: "In one of his fits, his hands were clenched and his arms were hard. It lasted an hour or an hour and a half, with no consciousness. He did not know right from wrong, he was frothing at the mouth, and his muscles were contracted. He was numb to all feeling—I stuck a pin in the muscle of his arm, and he did not move."

By another witness: "He gets all black in the face, works his hands and arms around, he breathes and then he is gone, and foam comes out of his mouth."

By another witness: "He fell down and got black and blue in the face; his eyes rolled, his hands were stiff, and he was about an hour and a half in the fit."

Another witness: "He got black in the face and grabbed with his hands."

* This case was prosecuted by the Circuit attorney, J. C. Normille, assisted by Mr. David Murphy; the defence by Messrs A. N. Merrick and C. O. Bishop,

By another witness: "He screamed and fell on his face with his arms thrown up in front of his breast, and when turned on his back was doubled up, and foaming at the mouth, with his fists as tight as he could get them, and was in the fit an hour or so." That he would sometimes have these fits in the night when asleep in bed; that in July of 1878 in one day he had four of these fits; that on several occasions he would have two or more in succession; that in the spring of 1878, he had an *epileptic* fit at the place where he was working in which he was treated by a physician of seventeen years practice in the city and the army, who was with him ten or fifteen minutes, and who states that at that time the defendant was in an *epileptic* fit, was then frothing at the mouth * * * that he was in an unconscious state, his eyes rigid and set, and that, although the physician placed his finger upon the eye-ball of the prostrate man, he did not wince; that on Monday the 15th day of March, 1880 (three days before the alleged homicide) he had five of these fits, characterized as above, in close succession, followed by great nervous excitement and restlessness; and on Tuesday the 16th, he remained about his home, sick and depressed; that on Wednesday, the 17th, he went to work at seven o'clock and continued until about five in the afternoon, during which time it was observed by his fellow workmen that he "looked very curious," said nothing to anybody, only gave short answers, looked flushed and red, and seemed to be studying; that he was working in a long room warmed by two steam heaters, which was a "pretty warm place," kept warm for working purposes, that he left his working place a little earlier than usual, and on arriving at home it was noticed that he "looked very wild," that soon afterwards he requested his brother to go with him to a physician, and that the physician prescribed for him the following medicine for epilepsy: Bromide of Potassium, one-half ounce, syrup of manna one-half ounce, and fennel water three ounces, with directions that the same be taken in the dose of one teaspoonful every two or three hours and that the medicine was taken by the defendant as prescribed, dur-

ing the night; that at his request his brother remained with him all night, giving him his medicine, his wife having prepared for him hop pillows to place about his head; that during the night he did not sleep, was restless and excited and complained constantly of feeling badly; that he so continued until morning when his brother left him; early in the morning of Thursday the 18th of March, he was seen by different members of his family connections lying on his bed—at one time fondling and caressing the child in question—at another complaining that the pictures upon the wall had been talking to him, and kept him awake all night; that he requested his sister-in-law about six o'clock to go for a priest to whom he wanted to make an "open confession" although neither he nor his wife were Catholics, and that upon his pressing the point in an incoherent manner and to humor him, his sister-in-law went off for not more than ten minutes, and returning finds that defendant within that time has fatally stabbed his wife (who dies almost instantly), and the little child in question (who lived for about a month afterward) with a pocket-knife and is pursuing his brother-in-law whom he also stabs—all in the space of ten minutes; he then turns upon his nephew, who rushes out upon the street, and is pursued by defendant upon the street for half a block; defendant stops to replace his slipper, which has come off, then returns to the house in which the stabbing has occurred, gets his hat, and comes again upon the street.

After leaving the house he went to the southern part of the city where he was found upon an open prairie, by an officer, it being about one o'clock in the afternoon. He made no resistance and said he was about to give himself up. The prisoner, was, it seems, a quiet, industrious, peaceable man; his domestic relations were pleasant, and besides he thought a great deal of his children, but he was especially devoted to the little child he had killed. I testified upon the stand as an expert witness for the defense, taking the position that the epileptic criminal was irresponsible and could not justly be held accountable for a deed committed while under the influence of epilepsy. Dr. Charles W.

Stevens, late superintendent of the St. Louis County Insane Asylum, also testified as to the insanity of the accused. He was at first sentenced to fifteen years in the penitentiary, but Judge Laughlin in view of the facts presented in the testimony set aside the verdict of the jury. The following is the opinion as given by Judge Laughlin:

When the verdict in this case was rendered I thought it correct. I thought so because I thought the proof failed to show the accused to be so insane as to wholly excuse him. But after more mature reflection I am of a different opinion. The evidence convinces me that at the time he committed the double homicide of his own wife and infant child he was so insane that he did not comprehend the nature or character of the act. This is irresponsibility, and for this the law holds him guiltless.

The accused is an epileptic, and has been subject to epilepsy all his life. At the time he did the killing, and for some three or four days prior to it, he was undoubtedly suffering from this terrible disease, and was being actually treated for it by Dr. Lingenfelder, his physician. He was obliged to remain from his work at his home, and virtually in bed. In an explosion of the disease he suddenly stabbed and killed his wife and his babe, and with the same weapon, an ordinary pocket-knife, attempted the life of his brother and also of his brother's son, to all of whom he was much attached. He was not a man of vicious propensities, but rather the contrary. He drank, but was an industrious, hard-working tobacco roller, and was regularly employed. Some of the witnesses say he drank to excess and had delirium tremens, but from other facts proved I am strongly inclined to doubt this, and to believe that much of his apparent intoxication was only the manifestation in his face, actions and speech, of this hidden malady. But whether he drank to excess or not, he certainly was an epileptic, and at the time of the homicide was supposed to be recovering from five successive and violent attacks of it. He was under the influence of the disease and under such circumstances the highest medical authority teaches us that just such acts of violence as he

committed may be expected. But I need not quote them. I am convinced that the epileptic delirium which followed these epileptic seizures made of him the madman that he was when he did the cruel killing.

It was argued before the jury and with success that this killing was not without motive. Before the coroner the defendant said and on the trial the state urged that he killed his wife because she refused to go for the doctor, and that he killed his child to save it from "an institution." This will not do. These may have been motives, but under the circumstances of this case they were not the motives of a sane man. They were not rational motives.

But I need not enlarge on this. Every fact and circumstance of the case tend to establish the truth of the prisoner's plea. He was insane. Though the jury was not, the court is convinced of it. I am, therefore, bound to withhold my approval of their verdict. When this is done, what then? Shall the case be tried over again? This would be useless, since if this verdict cannot stand none could without the concurrence of both court and jury in a conviction of his guilt. Though his act was ever so brutal the law does not permit him to be punished. He would be grossly outraged in his punishment. It may be unsafe to turn him loose, afflicted as he is, but I have no right and no authority to do else. This court deals with criminals only, not lunatics. The power to confine the insane is lodged elsewhere, not here. There is but one thing under the law which I can do, and that is to set aside the verdict and recommend the circuit attorney to enter a *nolle prosequi* in the case, which is done.

Thus ended a remarkable case, and one that will, in all probability, become historical as illustrating the influence of epilepsy in the production of acts of violence, and it may be, those of a criminal character. With reference to the extreme violence of some epileptics when under the influence of maniacal excitement.

Dr. Henry Maudsley, says: "When the furious epileptic maniac strikes and injures whatsoever and whomsoever he

meets, and, like some destructive tempest, storms through a ward with convulsed energy, he has no notion, no consciousness of what he is doing; to all intents and purposes he is an organic machine, set in the most destructive motion; friend or foe alike perish before him; all his energy is absorbed in the convulsive explosion. And yet he does not rage quite aimlessly, but makes more or less definite attacks upon objects; he sees what is before him and destroys it; there is some method in his madness; his convulsive fury is more or less co-ordinate. These desperate deeds are respondent to morbid sensations; there often exist terrible hallucinations, such as blood red flame before the eyes, loud roaring noises, or imperative voices in the ears, or sulphurous smells in the nostrils; and any real object that does present itself before the eyes is seen with the strangest and most unreal characters; lifeless objects seem to threaten, and the pitying face of a friend becomes the menacing face of a devil; his movements therefore do not answer to the realities around *him*, but to *the unreal surroundings* his disease has created.†

From the *Journal de Med. et de Chir. Pratiques*, an article by Magnan, under the title of *Epileptic Impulses and Insanity*, is quoted:

Dr. Magnan has cited in this relation, the account of a young man accused of committing murder, whom he has been able to show at his clinic, and in whom the diagnosis presented some difficulties. The following particulars were gathered: The attack of mania in which he had committed the crime, and which persisted with great intensity, had followed a vertigo and not a convulsion, which might cause a mistake in regard to epilepsy; for we should have believed it a case of simple mania, if the mother of the patient had not been minutely questioned. Although she had at first affirmed that he had never had convulsions, it was learned that at the age of three years he had fallen in slight spasms; the same occurred again at eight years, without any special importance having been attached to

† *Physiology and Pathology of Mind.*

them; at thirteen years he had been found unconscious in a garret; since that time it was not known that anything in particular had occurred to him; it was only known that, employed to carry milk for a dairyman for whom he worked, it happened that he had fallen several times with his burden, without being able to give any reason for falling.

It was under these circumstances that, some months since, on coming out of a cold bath, he was seen to be very pale and with a distracted air probably following a vertigo, for from this moment there was a complete blank in his memory; then, waking in the midst of the night he seized a pistol and beat his comrade to death, who slept with him; disordered and violent agitation followed for more than twenty hours; at the end of this time he became calm without preserving the least remembrance of what had occurred. At present he is calm and no one would believe him capable of doing that of which he is accused.

Dr. Magnan remarked on this case, that if attentive search had not been made into his antecedents, we should have easily believed this to have been a simple attack of acute mania, a diagnosis entirely insufficient from every point of view. It may be added, that if this patient had been on bad terms with his comrade; if he had remained silent in place of becoming noisy; if, finally he had opened the furniture and overturned the objects contained therein, as epileptics so often do after their attacks, this man would doubtless have been considered simply a common malefactor, especially by reason of the difficulties in reconstructing his antecedents.

*Falret states that the epileptic delirium is violent in character, and that destructive acts are generally destructive in the extreme. Rage of the most marked character is symptomatic of epileptic mania. He also says that some maniacal epileptics know nothing of what occurs during the attacks of mania, while there are others that have a confused sense of what is going on. He states further that the

*Archives Generales de Medecine.

epileptic maniac articulates with surprising distinctness, his ideas are markedly coherent and he answers questions more or less clearly—mania not related to epilepsy being strikingly different. He thinks that several destructive acts, committed in close succession, point strongly to epileptic mania. I agree with him: Conrad Heuman killed his wife, mortally wounded his child, and attempted the lives of two other persons—all within the space of five minutes. Max Klingler killed one person, and used violence toward another within a few moments. There is one other point that Falret makes, and it is that any dislike an epileptic may entertain toward another person becomes intensified by the disease, and thus it sometimes happens that a little matter becomes, to the subjects of epilepsy, a grievous wrong; and acted upon, a violent assault, or appalling crime is committed. Friedreich of Bavaria says: "Criminal responsibility is absent in epileptics, even should it be proved that determination to commit a criminal action resulted from revenge or malignity," and hence, what appears to have all the factors of responsibility may be an entirely irresponsible act. In the preceding pages I have endeavored to show the influence of the disease known as epilepsy in the production of acts of violence, and especially of those of an apparently criminal character. I have depended mainly upon the report of cases bearing upon the subject, as the most practical and convincing mode of attaining the end in view, and I am forced to believe that the history of these cases will tend to throw light upon some other obscure and difficult cases akin to those just considered.

*Bauduy—Disease of the Nervous System.

Consultation Department.

DIPLOMA SELLING.

EDITOR MEDICAL INVESTIGATOR: Please give an account of the so-called school that opened in Chicago a few years ago by the name of *Edinburg University*. Nathan S. Dodge, M. D., president, and J. M. Roberts, M. D., secretary. A few of the diplomas from the school are out here; some claim to be Homœopaths, others Eclectics, and one I hear of calls himself a Regular. From what we can hear about the thing it must be a fraud; give us its history, whether good or bad.

DR. SAUNDERS.

AMITY, Oregon, Oct. 25.

[Neither of these parties are known in Chicago. The thing has fraud on the face of it.—ED.]

EXPERIENCE WITH HAY FEVER.

I would remark in reference to my attack of hay fever, in *confirmation* of yours that this three years attack is much more severe and intractable, still troubling me, and a peculiarity I omitted to mention before accompanied with an intolerable itching and tingling of the skin, more on the head and face and a fever; rather elevated red blotches the size of a five-cent piece; one or two on each arm, one on the shoulder blades, and one or two on the body which came out later in the disease and soon after my last a dose of Arum was serviceable (Nitrate of Sanguinaria.)

D. S. KIMBALL.

SPLENITIS-CHRONIC.

In my practice, I am meeting a great deal of acute and chronic diseases of the spleen, among children and grown people. At present I am treating a man for chronic enlargement of the *spleen*. Four years since, he had chills, living in a marshy malarial section of the country. Chilled two years, resulting in the enlargement of the spleen; has not had a chill in two years. He is at present troubled with distention of the stomach, eructations of wind, and flatulence which has grown better under *Cocculus*. But the spleen is large and hard, some times pain midway from exercise or labor. Last few days more at the point, slight pain on pressure. Am giving *Cocculus*, *China* and *Arsen*. How would *Secale* do? Please advise me on the treatment of same. This gentleman's appetite is good, digestion good, bowels in normal condition, complexion pale, breathing but little disturbed, and that only from exercise, at times his stomach and abdomen will fill up with gas. Hope you can give me a specific.

R. S. D.

HOW I PRESCRIBE.

For the benefit of J. K. L., I give my mode of prescribing. In general office practice I give a one or two drachm vial containing 10 to 20 drops of medicine, the balance diluted alcohol, ordering the patient to take two to four drops in a tea-spoonful of water, or on a piece of sugar. Or after giving a trituration, I make up several powders, each one containing one or two grains of the trituration, one to be taken at a dose. For children or such persons as prefer them, or when giving a higher potency, (6-200), I use pellets No. 30, five to twelve at a dose. When a patient comes to me, who has never given Homœopathy a trial, I put ten to thirty drops of the selected remedy into a two or four drachm vial and fill it up with diluted alcohol, letting him take 5 to 15 drops into a table spoonful of water at a dose. I find they are better satisfied when taking appreciable doses, (as they think), and besides, they think, they receive the value of their money, when they get a half ounce vial. When I commenced practice, I gave a few drops on milk sugar, to be dissolved in a tumbler half full of water, and often had to hear this remark: "Don't you charge too much for so little medicine?"

When I go to see a patient I give 10 to 20 drops into a half tumbler full of water, two tea spoonfuls of this solution at a dose, or if giving a trituration I put 4 to 6 grains to so much water, to be taken in the same manner. However, I have my case so arranged, to enable me to carry a dozen each of one and two drachm vials, a bottle of pellets, No. 30, and a bottle of diluted alcohol, and whenever I find the tumblers or cups greasy and dirty, or when I wish the medicine to reach over several days, I prescribe as given above. Respectfully yours,

G. S. S.

A CLOUDED BRAIN.—WHAT IT IS AND WHAT WILL CURE.

I would like to contribute to your consultation department an article for opinion in regard to diagnosis and suggestions as to treatment.

CASE.—May 22, 1881. N. T. male, American, aged six years, eyes blue, hair brown.—taken sick when two months old—had convulsions which lasted until he was three and a half years old. Six weeks of the time while sick was not expected to live. No diagnosis was ever given. His father thinks the stomach was affected. Fits probably due to pressure upon the brain, anterior fontanelle elevated during entire sickness. Father believes the left side was paralyzed for a few days, has grown rapidly in body since he recovered. He talked more when he was two years old than he does now and would sing any tune he had ever heard. Status praesens. He repeats a word occasionally after the children, but can not be made to utter a word. Sleeps well; eats well; bowels regular; only occasionally constipated urine passes too often and copious. Involuntarily places his hands upon genital and urinates wherever the desire overtakes him. Hears

and apparently understands all that is said to him. He never complains of pain but is sensitive to a hurt. Takes a great fancy to papers, pictures and tin cans that he finds in the streets. Both tonsils enlarged, throat otherwise normal. Has had and does now have gatherings in his ears. He knows when he is abused and retaliates when occasion presents itself, picks up things and runs away with them. I decided that the brain was partly dormant and gave Phos. 30c, in small and not oft repeated doses.

Nov. He talks more and asks for all he wants at home and I can understand a good many words he utters. He seems to me to be improving but I am not positive that it was the treatment. Will some one who has had experience with such cases give us a little light upon the case. I ought to say that he seems to have no *fear* as he climbs to the tops of houses and walks the ridges more fearless than a carpenter would. His father has doctored him so much that he does not care to treat him very heroically and has not much faith in medicine, though I think he believes the Phos. has helped the boy. Any suggestions will be gratefully received.

D. E. FORISTALL.

[Respectfully referred to our brain men.]

Society Proceedings.

THE MISSOURI INSTITUTE OF HOMŒOPATHY.

The fifth annual meeting of this society was held in St. Louis on the evenings of August fifth and sixth. The meetings were pretty well attended, and a number of excellent papers were read and discussed. The president, Dr. D. T. Abell of Sedalia presided, and Dr. H. W. Westover, of St. Joseph, provisional secretary, kept the minutes of the session. Dr. W. A. Edmunds, president of the St. Louis Society of Homœopathic Physicians and Surgeons, delivered the address of welcome, which was responded to by Dr. D. T. Abell, president of the Institute. The following papers were presented to the society :

- "Keratitis Specifica," by Dr. J. A. Campbell, of St. Louis.
- "Otitis Media Purulenti," by Dr. H. W. Westover, of St. Joseph.
- "Inhalation of Ether," by Dr. W. J. Harris, of St. Louis.
- "Anæsthetics," by Dr. H. W. Westover, of St. Joseph.
- "Intestinal Obstructions," by Dr. S. B. Parsons, of St. Louis.
- "Epilepsy, its Relation to Crime," by Dr. J. Martine Kershaw, St. Louis.
- "Hysteria," by Dr. D. T. Abell, Sedalia.
- "Symptoms of Hydrocephalus," by Dr. Josie Johnson, St. Louis.
- "Hydrocephaloid," by Dr. W. A. Edmunds, St. Louis.

- "Puerperal Convulsions," by Dr. D. T. Abell, Sedalia.
 "Diseases of Women," by Dr. J. Field, Kansas City.
 "Anæsthesia," by Dr. Wm. Collison, St. Louis.
 "Obstetric Aphorisms," by Dr. J. W. Primm, Hannibal.
 "Diseases of Women," by Dr. J. R. Taylor, St. Joseph.
 "Hot Water as a Medical Measure," by Dr. H. W. Westover, St Joseph.
 "Post Partum Difficulties," by Dr. H. W. Westover, St. Joseph.
 "Materia Medica," by Dr. J. W. Primm, Hannibal.
 "Lacerated Cervix," by Dr. Wm. Collison, St. Louis.
 "Diseases of Women," by Dr. C. J. Burger, Boonville.
 "Erythoxylon Coca," by Dr. L. D. Whitney, Carthage.
 "Facial Neuralgia," by Dr. N. V. Wright, Ocmulgee, Indian territory.
 "Crustea Lactea," by Dr. P. G. Valentine, St. Louis.
 "Scalds and Burns," by Dr. P. G. Valentine, St. Louis.
 The election of officers for the following year resulted as follows :
 President—Dr. C. J. Burger, Boonville.
 Vice-President—Dr. H. W. Westover, St. Joseph.
 General Secretary—Dr. W. J. Harris, St. Louis.
 Provisional Secretary—Dr. W. B. Morgan, St. Louis.
 Treasurer—Dr. D. T. Abell, Sedalia.
 Board of Censors—Dr. J. Martine Kershaw, chairman, St. Louis ;
 Dr. S. B. Parsons, St. Louis ; Dr. W. C. Richardson, St. Louis.
 The next meeting of the Institute will be held at St. Joseph, on the
 third Wednesday in May 1882.

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

SEMI-ANNUAL MEETING—DEMAND FOR CHARGE OF AN INSANE ASYLUM.

The semi-annual meeting of the Massachusetts Homœopathic Medical Society was opened at the Meionaon at 10 A. M. October 12, the president, Dr. J. T. Harris, of Boston Highlands in the chair. The records of the last meeting were read by the secretary, Dr. Herbert A. Chase, of Cambridge. The president made mention of several deceased members. The following were elected members of the society: Frank Joy Fesler, M. D., D. D. S., Lowell; Annie E. Fisher, M. D., Boston.

Dr. I. T. Taibot, of Boston, read a paper on the "Uses and Abuses of the Probe," in which he referred to the case of President Garfield, as showing how the probe may deceive and prove injurious. He pointed out the fact that the wound untouched by the probe had shown a healing tendency, and that even in the hands of skillful surgeons the probe had taken a wrong direction and in the pus cavity had doubled on itself

Dr. J. Heber Smith, on the part of the committee on insane hospitals, read a report, in which it was stated that they were prepared to demand that an insane hospital in this state be placed under Homœopathic care. It was claimed that even the showing of the Allopaths indicated that little had been done in the work of cure. The report urged that the large element of believers in Homœopathy in the population of the state are entitled to representation in the work of caring for the insane. It also claimed that women physicians should be placed on the medical staff of every insane asylum. At the close of the report the following resolution was adopted :

Resolved, That the Massachusetts Homœopathic Medical Society heartily indorses the report of its committee on a Homœopathic insane hospital and considers that the time has fully come when the state should furnish to its dependent insane the more efficient as well as more humane treatment of Homœopathy.

Resolved, That the committee be requested to prepare and circulate petitions to the state legislature, and that the members of this society, the Homœopathic physicians, and the friends of Homœopathy in Massachusetts, be earnestly requested to use their influence with the press, the people, and the legislature, that this want be provided for at the earliest possible moment.

An amendment to the by-laws, offered by Dr. H. C. Clapp, of Boston, was held over for future action, providing that members, in the year of their admission, be not liable to assessment.

Dr. S. M. Cate, as chairman of the committee on gynæcology, read a paper on "Antiflexion of the Uterus." Papers were read on "Etiology and Diagnosis," by Dr. Porter, and one on "Treatment," by Dr. Bennett.

The society adjourned to lunch in Social Hall at 1 o'clock.

AFTERNOON SESSION.

The oration was delivered at the beginning of the afternoon session by John L. Coffin, M. D., of West Medford, who reviewed the advance in public estimation which Homœopathy has made, especially within the last few years, citing the tendency toward a coalition of the two schools, which has been manifested in conservative England, and was strikingly manifested in the remarkable address of Dr. Bristowe before the British Medical Association at Rye. The speaker urged that hereafter pathology and physiology must not be subordinate to therapeutics, and voiced objections to the present imperfect conditions of the *materia medica* which, judging from the applause which greeted his words, are entertained by his hearers. While the Allopathic school has devoted itself to objective experiments with drugs, the Homœopathic school has perhaps spent too much time in determining subjective symptoms, and that school which in the near future rises to the gravity of the situation and makes free use of the excellencies of both will be the school which will succeed. On motion of Dr. Thayer a vote of thanks was passed the orator, and a copy of the oration requested for publication.

W. B. Chamberlain, M. D., of Boston, presented a paper on the use

of cold water in cases of typhoid fever, advocating this treatment, and citing from his own experience.

J. H. Sherman, M. D., of Boston, read a paper on Obesity, which he considered a disease. The doctor reduced his own weight forty-three pounds in ten months by the Bautaing system of diet.

The society then adjourned.

Progress of the Medical Sciences.

Abernethy on Table-Hygiene.—There are still, we believe, some apostles of rapid eating among the doctors in this country. We commend to their attention the following interview (from "Sam Slick"), which is worth a hundred lectures: "The Honorable Alden Gobble was dyspeptic, so he goes to Abernethy for advice. 'What's the matter with you?' says the doctor. 'Why,' says Alden, 'I presume I have the dyspepsia.' 'Ahl' says he, 'a Yankee swallowed more dollars than you can digest.' 'I am an American citizen,' says Alden, with great dignity, 'I am secretary to our Legation at the Court of St. James.' The devil you are!' says Abernethy, 'then you'll soon get rid of your dyspepsia. 'I don't see that inference,' said Alden. 'But I tell you it does follow,' says the doctor, 'for in the company you'll have to keep you'll have to eat like a Christian.' It was an everlasting pity Alden contradicted him, for he broke out like one moon-distracted mad 'I'll be d—d,' says he, 'if ever I saw a Yankee that didn't bolt his food whole like a boa constrictor. How the devil can you expect to digest food that you neither take the trouble to dissect nor time to masticate? It's no wonder you loose your teeth, for you never use them; nor your digeston, for you over load it, nor your saliva, for you expend it upon the carpets. You Yankees load your stomachs as a Devonshire man does his cart, as full it can hold and as fast as he can pitch it in with a fork, and drive off. And then you complain that such a load is too heavy for you.'"—*Med. Record.*

Chrysophanic Acid in Psoriasis.—Chrysophanic acid has been used successfully for some time as a remedy for psoriasis. It is, perhaps, the best remedy we possess for that affection. Where however, the skin affection is extensive, or the remedy too strong, it sometimes causes sickness and vomiting. It may be applied in combination with melted lard or what is better, with vaseline, in the proportion of from 30 to 60 grains to the ounce. Dr. M. Charteris' of England, has been using the remedy, in combination with vaseline, with complete success in quite a number of cases. In a case where the disease (*psoriasis*) exten-

ded over the whole body the usual formula of 1 to 8 of vaseline was found too strong; nausea and vomiting occurred, so that he was compelled to apply it of a much weaker strength, viz. : 1 to 16. During his experience he learned one singular fact, that where the disease was nearly equal on both sides, or was symmetrical, the application of Chrysophanic acid and vaseline to one side of the body acted equally on both sides. He took patients so afflicted, covered the arm and leg with close-fitting flannel, so that nothing could touch it, and made the application to the arm and leg of the opposite side. The covered limbs recovered from the affection nearly, if not altogether, as soon as those receiving the ointment.

Cases affected for months and years, and which had resisted all kinds of treatment, readily yielded to this plan in from 10 to 14 days.

It would appear from the disappearance of the affection on one side by the application of the remedy to the other, and also from the sickness it occasioned, that the acid is absorbed into the blood and acts as a constitutional as well as a local remedy. This fact explains the observations of Dr. R. Crocker, who applied the acid to one side of the body and turpentine to the other, and found the respective sides healed in about the same time. He concluded, therefore, that turpentine was as good a remedy for psoriasis as Chrysophanic acid.

From the above experiments of Prof. Charteris, it is evident that the acid acts both locally and constitutionally, and that in Crocker's case the disease yielded to the constitutional effect of the acid, and not to the turpentine.—*Pittsburg Medical Journal*.

Medical News.

D. A. Gorton, M. D., Brooklyn N.Y., severely reviews the "report of the case of President Garfield," in the *Medical Times*.

Dr. J. Cooper sends us an elegant register of the Homœopathic physicians of New Jersey, arranged by counties.

Good Locations for Homœopath doctors at Wanatoma, Planfield, Waukesha County, Wis.; Grand Rapids, Wood County, Iowa.

The New Jersey State Homœopathic Medical Society is one of the most enterprising bodies we have. The high standing Homœopathy enjoys in that state is due to its energetic members.

H. M. Paine, M. D., Albany, believes that the theory of dynamization is a singular delusion and that dynamization is an element of force, having no essential connection with Homœopathy.

Cholera prevails extensively at Mecca, among the pilgrims, who will, doubtless, spread the disease far and near. The weather seems to forbode its advent next year on the American Continent.

French Medical Writers.—France, far below other countries in the number of medical men, has, nevertheless, the largest number of medi-

cal writers, nearly all her physicians contributing more or less to medical literature.

The next International Homœopathic Convention is, we learn, to be held on the continent of Europe. Perhaps that is well but why not hold them oftener say three years, and alternate between America and Europe. The interest would increase with their frequency.

The London School of Homœopathy, is rising in note. Dr. Hughes' opening address on "Hahnemann, the Medical Philosopher," was listened to by a large audience "composed for the most part of Old School students." Homœopathy is receiving a new impetus over there.

The New York Ophthalmic Hospital.—Report for the month ending Oct. 31, 1881: Number of prescriptions, 4,136; number of new patients, 574; number of patients resident in the hospital, 27; average daily attendance, 159; largest daily attendance, 231.

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

Homœopathy in Chicago.—I noted with sorrow the item relating to the professors of the old college taking stand against representation in the county hospital. It should be done, and we as a school demand it. If any of our sect oppose, we all know it to be a personal matter, and as such the whole profession should know it. F.

S. A. Jones, M. D., is out in a caustic but wise expose of the status of Homœopathy in America. He thinks that if Homœopathy survives it will be by the thorough training of educated men. If Dr. Jones will mark out a course of strictly premedical, medical and post graduate, the reform he so much desires will be well inaugurated.

R. Martin, M. D., of Milwaukee, has been made Health Commissioner of that city in spite of strong opposition. Twenty-seven regulars presented a "remonstrance." The charge made against Dr. M. was that he was a Homœopath. The animus was too apparent and he was confirmed by a vote of twenty for, and only six against. Score one for Homœopathy and "fair play."

County Hospital, Denver, Col.—A copy of our comparative summary for the six months under Homœopathic management ending Sept. 31 may be of some interest to the readers of your journal, so I enclose the same: Total number of cases treated in 1880, 428; in 1881, 464. Total number of deaths in 1880, 74; in 1881, 36. Mortality rate in 1880, 114; in 1881, 74. W. L. BRETE, House Physician.

London Medical Students.—The Hospital, with the largest class, is St. Bartholomews, with 170 students. University comes next, with 147; Durham, 125; St. James, ninety-four; Owens, eighty-six; Guy's eighty-four; St. George's, sixty-six; King's, fifty-six; Middlesex, fifty-four; Charing Cross, forty-four; Bristol, twenty-nine; O. V. Maly's, twenty-one; Westminster, twenty-three. Total, 793.

Consultation with Homœopaths.—The favorable views of Drs. Bristowe, Barrows and Hutchinson, at the recent meeting of the British

Society seems to have alarmed some of the regulars. The South Midland Branch of the British Medical Society, recently resolved: "That under no circumstances do we consider it right to meet in consultation with any practitioner of Homœopathy, and that this branch very much regrets the remarks on the subject of Homœopathy, made by the readers of addresses, at the last annual general meeting at Ryde." That has the old ring. "No quarter!"

R. E. Dudgeon, M. D., of London, writes the *Medical Press and Circular*, Allopathic organ, complaining that the famous Mr. Lister refused to set a dislocated arm for him, because he (Dr. D.) was a "bloody Homœopath." Have we not a Homœopath in London, who is a surgeon, who can help out in these cases? If not, we can export one on short order, famous for his surgical dexterity, as Mr. L. is with his atomizer. A little organization by our English colleagues, and resolution not to employ an Allopathic surgeon, would bring these regulars to their senses.

Moses T. Runnels, M. D., of Indianapolis who is devoting special attention to sanitary matters says: There are very few cities in the United States where zymotic diseases are more prevalent than in Indianapolis—a city of 75,500 inhabitants. From January 1st to November 1st, 1881, there occurred in this city the following deaths:

From dysentery and diarrhœa.....	67
From typhoid fever.....	52
From malarial, congestive, remittent and bilious fevers.....	47
From cholera infantum, inanition and infantile marasmus.....	149
From diphtheria.....	21
From scarlet fever.....	13
From measles.....	6

Nearly every case of typhoid fever can be traced to impure water, defective drainage, or filthiness of the home of the patient.

To the Homœopathic Physicians of the South.—Brethren: From interviews that I have had during the past few months, with physicians of our school in the South, it has seemed advisable that we should have an organization similar in character to the Western Academy of Homœopathy, to bring together those of our school in this section. So far as my knowledge extends, there are but one or two Homœopathic societies of any kind, south of Mason and Dixon's line, and it is high time that we were more thoroughly organized. In this way, our beloved science can be more effectually placed before the public, and we can be brought together for mental improvement, and encouragement. There are many Homœopaths who are completely isolated, and who do not have an opportunity to meet one of their own school from one year's end to the other, and to them especially such an organization would be of the greatest value. The meetings of this association could be held yearly, in the cities that would be most central to all, and May or June would probably be the best months to hold them. The American Institute holds its next meeting in Richmond, for the

purpose of giving more prominence to Homœopathy in the south, and the meeting for the organization of this proposed association might be held at such time and place, that those who wished could continue on to the Institute, or the organization might take place in Richmond, at the same time as the meeting of the Institute. I have made bold to act as secretary *pro tem*, to bring the matter before you, and I would respectfully urge upon every Homœopathic physician in the south, to send me his name to attach to a call, and also any suggestions as to time, and place of meeting, etc. I will see that this call is issued at the proper time, and will do all in my power to perfect arrangements for the meeting.

H. R. STOUT, JACKSONVILLE, FLORIDA.

The American Public Health Association will hold its seventh annual meeting at Savannah, Ga., commencing Nov. 29, 1881, and continuing four days. Full information regarding this meeting can be obtained by addressing the secretary, Dr. Azel Ames, Jr., P. O. box 1198, Boston, Mass. It is very important that there should be at this meeting a large attendance of Homœopaths. This association brings together the leading sanitarians of the United States, and affords rare opportunities of gaining information regarding matters pertaining to the public health. Homœopathic physicians who are making a special study of sanitary science should be members of this association. It is especially desired that you should attend this meeting and present a paper on some subject relating to the public health. Inform the secretary immediately what the title of your paper will be, and state how much of the time of the association you would like to occupy. Notify Mr. Geo. C. Freeman, Chairman Local Committee, Savannah, Ga., that you propose to attend the meeting, and he will obtain for you, through the transportation committee, the most advantageous rates from the railroads and transportation companies for passage to and from Savannah. He desires to know at once whether or not you will attend the meeting. If you conclude to go, do not fail to give him your most direct route to Savannah. You will oblige me by considering this circular letter a special appeal to you for help to make Homœopathic influences felt in the American Public Health Association—an organization composed largely of Allopathic sanitarians, who entertain the most bitter feelings against their fellow Homœopathic members of the association, and have not hesitated to embarrass them in every possible way. But truth is mighty, and will prevail; and the time will come when we shall have all the rights in the association that we deserve. Will you not lend your influence to hasten that time? Please let me know immediately whether you can attend the meeting. Fraternally, MOSES T. RUNNELS, M. D.

Chairman of Delegation from Am. Inst. of Hom.

[Of the 600 members of this society about 500 are Allopathic physicians. Quite a number of Homœopaths are also members. Every sanitarian ought to be a member. Send in your names with the \$5.00 annual dues. Let us join this association, not as partisans, but as those deeply interested in preventive medicine.—Ed.]

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Etiological Department.

ON THE CAUSES OF TYPHOID FEVER.

BY W. DANFORTH M. D. MILWAUKEE, PRESIDENT.

FELLOWS AND MEMBERS OF THE HOMOEOPATHIC MEDICAL SOCIETY OF THE STATE OF WISCONSIN: Our convocation in this semi-annual convention to-day is a testimony to the world of the zeal and earnestness with which we are pursuing our professional work.

It certifies that our profession in Wisconsin, as represented by the membership of our state society, is desirous of more information in practical medicine, and that we count no sacrifice too great, if perchance, a single original thought is thereby put on record!

Much as we laud practical ideas, and decry the theoretic in medicine, yet candor compels me to admit that the prac-

tical is born of the theoretic, and that little true or real advance along the path of our present inquiry has been made, which is not the result of severe study, of careful, painstaking observation, of facts and phenomena, which were again and again revolved in the alchemic mind of some student of medicine; yet no amount of study, unless it is in conformity to the laws regulating and governing the subject under investigation, will put the mind in the possession of any really valuable information.

Students of the Ptolemic philosophy for centuries did not, and as we can readily see, could not, arrive at any practical or satisfactory solution of the phenomenon of sunrise or the movement of the planets. It was equally impossible, for practical medicine and surgery to advance, before the circulation of the blood was discovered. Step by step, we go forward in investigation and discovery. When the requisite and essential facts concerning small-pox became known to Jenner, vaccination with its manifold blessings was soon made public property. Of the great multitude of practitioners, writers and thinkers in our profession, very few indeed are original. Nine hundred and ninety-nine of every thousand, are camp-followers, brooding and plodding their way along. Witness the *materia medica* of the Regular school how utterly impossible it is, and always must be, for their students to advance in curative medicine; their practice is, and must remain empirical.

It was only after long, patient and painful study that Hahnemann announced the law of similars; and at once the way of scientific progress in therapeutics was forever open to medicine. Of the thousands and tens of thousands of practitioners, only in the one, was found the originality and ability to see the true law of cure. Such is the law of progress and development on this globe. The grand man is composed of many members and it is only after they have elaborated the collateral sciences, to a certain point (to us indeterminate) that it seems possible, for an original and practical idea to evolve from the human brain. It is our province to work and patiently await the evolution.

Webster and Sumner, although very learned, did not live long enough to give us an original thought. They simply kept abreast their times; and we must turn our mental vision backward to again behold them. Jefferson and Jackson were prophetic, a single inspired thought of theirs', like "Eternal vigilance is the price of liberty," is worth more to the race than volumes of common-place matter.

There seems to be a kind of kingship in the realm of thought that we have been taught to respect and that awes us into obedience to authority. But we should remember that no man's theory, physical or metaphysical, is entitled to respect as authority, unless it squares with reason, or furnishes a solution of the vexed problems it assumes to explain. At just what point of evolution or discovery we stand to-day remains to be demonstrated. It is plainly our duty, however, to discuss the questions of the hour, with the best ability we can summon, and solve, as far as possible, the undetermined questions before us.

Doctors, you have been called together for the purpose of considering the subject of zymotic disease; more especially typhoid fever, to ascertain, so far as may be, what our members know of its etiology and treatment. Is it in any proper sense caused by any known local external conditions among us—either of faulty sewerage, poisoned wells, decomposing animal or vegetable matter, or from malaria, arising from these conditions? Is it not rather caused by internal conditions—such as congestion of the medulla oblongata, which is now conceded to be the governing vaso-motor centre? And do not these congestions cause partial paralysis of nerves presiding over glandular action? And, if so, does not interrupted human sewerage result, thereby loading the system with effete and corrupting matter, which would stimulate reaction, increase of bodily temperature and general pyrexia? And is the increased bodily temperature due to an increase of the amount of heat produced? Or, is it not rather caused by a failure of the body to throw off its heat?

We know that the human organism is a perfect galvanic battery, the brain and spinal system being its positive, and

the organic or sympathetic nerves, the negative elements; and that health is maintained only when the positive and negative currents pass in their physiological rhythm. If now, from some congestion the polarities become changed, or seriously interrupted, may not febrile reaction result? And glandular action suffer serious derangement, entailing septic fever as a consequence? "We know that in man there is a fixed mean temperature and a normal diurnal variation of temperature, having a regular rhythm, which is always beyond the control of all disturbing causes, that do not force the organism beyond the limits of health." If now from inverted electrical polarities, congestions result, secretions become obstructed, and thence perverted; may we not have septic or typhoid fever as a result?

And here again, the question arises whether such septic fever would take on real typhoid symptoms? Doubtless the fever would in some degree simulate typhoid, it would be continual with diurnal exacerbations, but the intestinal lesion of typhoid might not be present. Its duration would be variable according to the constitution of the affected person; in many cases proving to be ephemeral only, while in others it would thoroughly prostrate the whole system, and drag on to a chronic and perhaps fatal issue. This brings us to consider the question whether typhoid fever can ever be produced in the human organism by pythogenic influences, or whether for its inception the specific germ is not absolutely necessary.

If pythogenic influences (*i. e.*, putrefaction) were sufficient to cause typhoid, we should find it very much more prevalent than it now is. It is claimed that sewer-gas and decomposing animal matter causes zymotic disease. This claim is specious, but will not bear the test of experience. Zymotic disease, as classified, includes diphtheria, typhoid and typhus fevers, scarlatina, yellow fever, cholera, the plague, and many other diseased conditions presenting specific and well-determined symptoms, each observing its own habit, symptoms and sequelæ.

How then can sewer-gas, at one and the same moment,

cause a case of diphtheria and typhoid fever, or cholera and scarlatina.

The very proposition is preposterous, and only uttered by pedantic sanitarians. If concentrated sewer-gas is inhaled to any considerable extent, it will produce intense irritation of the mucous surfaces, and a high grade of nervous fever, delirium and death; but never a case of scarlatina or diphtheria. If, however, sewer-gas is diffused through the atmosphere, it is thereby rendered innocuous. The atmosphere is composed of oxygen and nitrogen, not in combination, but free; each existing independent of the other, ready and anxious to seize upon any intruding element, and oxidize and antidote its noxious properties. If this were not practically true, the whole human race would be swept from the face of the earth in ninety days, from the effects of rank poisons and irritants that are poured into it. The atmosphere then, is the great laboratory, supervised by the grand and Almighty Chemist of the universe, in such a manner as to render the shafts of death harmless as they fly about us.

I beg you not to mistake my proposition. It is that sewer-gas is innocuous when freely mixed with the atmosphere. That sewer-gas has never yet produced a case of diphtheria or typhoid fever and, per consequence, never can.

And further it is, that what is true of sewer-gas is equally true of decomposing animal matter. It, too, cannot cause specific zymotic disease. Both reason and experience teach us that specific forms of disease are, and must be, produced by particular forces.

Again, I beg you not to misunderstand me. I have more than once been reported as saying that sewer-gas and decomposing animal remains were in no sense noxious or injurious to health. This I have never yet said, nor do I believe it. But I do say and believe, that both are noxious, extremely disagreeable, and more or less injurious to health. But neither of them are the cause of specific zymotic disease. Neither will produce scarlatina nor diphtheria, although it is more or less probable that they may aggravate

such disease when it is present; "only this and nothing more." A much more fruitful cause of sickness, is to be found in contaminated drinking water. Both springs and wells may become so infected with excreta, or decomposing animal remains, as to render them actually poisonous, and when partaken of freely excite choleric discharges from the bowels, and low forms of irritative or continued fever, in many respects resembling typhoid, but never scarlatina or specific zymotic disease.

Where then do the specific zymotic diseases come from? The man is not yet born who can answer this question satisfactorily. And yet, while it is not possible to determine this query, we can do much toward its solution. We have decided to my satisfaction, and I doubt not to that of every unprejudiced mind, that specific zymotic disease is not produced by bad sewerage, sewer-gas, or decomposing animal or vegetable matter.

I sincerely wish that time would permit me to cite a thousand proofs of this seemingly dogmatic assertion; proofs such as this: That scavengers and river-dredgers, who are constantly inhaling the most putrid odors (after their admixture with that great disinfectant, the atmosphere) rarely, or never take sick at all. They are the very last to take typhoid fever or any zymotic disease. And, further, malarial fevers, supposed to be engendered by decomposing vegetation only, are found, upon the contrary, to be the most noxious and deadly in the dry sands of the great Sahara Desert, of Africa: sailors, who go ashore, only for a few hours, being frequently stricken with a fatal collapse. And, again, we find in Peking, Canton, and other large cities of China, for the most part totally unprovided with sewers, that the offal and excreta from those millions of people, are deposited in ditches and open drains, laying there in the open air, festering in the blazing sun, until the atmosphere is reeking with the pollution and intolerable effluvia. And yet zymoses are very rarely met with. Resident English physicians of eleven years practice say that they have not seen a half dozen cases of typhoid fever, in all that time. The well and river water

used for drinking and culinary purposes, is also, fearfully contaminated. And more strangely yet, here in Milwaukee, situated on this lake bluff, with absolutely perfect drainage, open and broad streets, beautiful and carefully sprinkled lawns, large lots, and comfortable houses, widely separated from one another; right here, where we ought not to have diphtheria or typhoid, we find that about 44 per cent. of our deaths result from specific disease.

I append our health commissioner's mortality reports for the year ending Sept. 30, 1881: Whole number of deaths, 2,814; number of deaths reported under the head of zymotic, 891; under the head of consumption, 354. It is now conceded, that phthisis should be classified as a zymotic affection, thus giving 1,245 deaths from zymoses, in a total of 2,814. Almost one-half; and all this in the city of Milwaukee.

I could multiply these instructive and interesting facts almost infinitely, showing conclusively that my seemingly dogmatic assertion that zymoses are not in any proper sense the result of effluvia from decomposing animal or vegetable matter is literally and absolutely true. If now zymotic disease does not result from the filth of Peking and Canton; if malarial fevers, in their most pernicious forms, are found in a desert where not a blade of grass ever grows; if 44 per cent. of the mortality of Milwaukee is found to be the result of zymoses, what shall we say is the probable cause of malarial and zymotic disease?

Manifestly not decomposing vegetable and animal remains; neither sewer gas nor contaminated drinking water; in a word, not any of the causes commonly assigned by modern sanitarians—not any of them.

Pasteur, Tyndall, and a host of recent experimenters, have demonstrated that minute organisms—*i. e.*, bacteria—are found in myriad numbers upon the free and affected surfaces of most zymotic patients; such as the throat of diphtheritics; and that these parasites are the cause of such diseases. Too great praise cannot be accorded for the careful and painstaking work of these observers. They have demon-

strated the practicability of successfully inoculating sheep, so as to prevent the deadly anthrax.

This was accomplished by cultivating, or preparing some of the malignant anthrax in warm blood serum or meat juice; and then vaccinating twenty-five, or a flock of fifty sheep with this cultivated or modified disease. This was done on the first of the month; after they had entirely recovered from the quite moderate symptoms engendered—*i. e.*, on the thirtieth of the same month—the whole flock of fifty was inoculated with the malignant anthrax itself; and in twenty-six hours the twenty-five sheep not protected by previous vaccination, were dead; while all those protected by the mild vaccination lived. (See p. 458.)

This experiment was a grand success, and suggests the possibility of successful vaccination for every form of specific zymotic disease; but in all sincerity, it does not prove that bacteria is the cause of the disease. That we may find bacteria on diseased surfaces is quite true, but I protest that they only come of, and because of the diseased condition. You cannot successfully inoculate 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 quantities into the blood or tissues of a healthy animal, or applied to a sore on its skin, without producing the least effect; they are not in any sense parasitic on the living tissues. But once a sheep is taken with malignant anthrax, and bacteria swarm upon its surface. Given, a case of severe membranous diphtheria and they swarm upon it also. Suppurating surfaces invite them to assist in the work of decomposition. Chemists and physicists finding them in such diseased conditions, at once regard them as the cause of the morbid state. The experiment of Pasteur in the inoculation of the sheep, simply proves that by macerating portions of the anthrax tumor, containing probably some bacteria, he was enabled to successfully inoculate, and thereby prevent the more malignant disease. But I protest that the bacteria were in no sense essential to the success he achieved.

Life as it now proceeds on the earth's surface, begins with the chlorophyll body, which is the only form of protoplasm that obtains all its nutriment from inorganic sources; living at the maximum of integration, and the minimum of disintegration, and it ends with the saphrophyte, (including bacteria and micrococi), living at the maximum of disintegration, and the minimum of integration; agents of fermentation and destruction of tissues; the first organizing and the last disorganizing animal tissues. But the chlorophyll body is not the man or animal; it does not originate its form, but only assists in its growth.

And so the saphrophyte does not attack living tissues, but only hastens disintegration when inflammation or diseased action has sufficiently destroyed such tissues as to admit of its destructive operations. If bacteria caused diphtheria, the disease would always prove fatal; because the parasites would increase as the case progressed, and destroy in an increasing ratio, as the forces of life became weakened.

On the contrary, some of our very worst cases suddenly stop, and recover rapidly; and that too, when there are myriads of the death-dealing parasites present, and busily at work. The same reasoning applies with logical force to typhoid fever; and indeed to all forms of specific zymotic disease. If our patients has the stamina to react from the last stages of typhoid or diphtheria, he will throw off the bacteria and recover; if not—not. The parasites are powerless against a robust constitution, otherwise death would reign supreme. If then, zymoses are not caused by germs or spores, we may properly ask again, what are they caused by?

I unhesitatingly answer, by perverted electrical conditions, which invert the physiological processes, thereby interrupting glandular action, and producing glandular disease.

You will observe that the number of distinctly communicable diseases, are closely related to the number of the secretions: Hydrophobia to the salivary; diphtheria to the mucous glands of the throat; of the exanthemations (including scarlatina) to the lymphatic glandular secretions;

typhoid fever to the mucous glands of the intestinal surface, and so on.

In fact, we cannot name a proper zymotic disease, but what finds its root in some interrupted glandular structure; inverted electrical action produces glandular derangement, which may (and often does) result in perverted secretions; the extent of such perversion depending upon the amount of electrical derangement; in many cases so paralyzing nerve-fibres as to completely arrest glandular action, thereby converting the normal into the abnormal, and so poisoning the whole system.

Every physician of extended observation will recall cases of severe—even fatal—consequences, which were the result of fear (i. e. purely nervous impression), as in cholera, extreme grief and mental anxiety. We call these “nervous” cases, and yet they take on all the symptoms and consequences of malignant types.

In these instances the blood itself is infected, and the corpuscular matter becomes the seat of the catalytic change. If, then, fear or flight can produce true zymotic disease, is it strange that the changed electrical status of our organism should also produce other forms of zymoses? Manifestly not.

We know that electricity is the ever present and all sustaining power of our very being; but we do not familiarly know to just what an extent our health is dependent upon the orderly play of the positive and negative currents along our spinal columns and nerves.

More particularly in reference to the subject of our present inquiry—typhoid fever—I have no doubt that perverted electrical action is the primary cause of it. And I am confident that this statement, whether new or not to our members, will bear and repay investigation.

You will recall many curious experiences in this field of practice; such as typhoid cases occurring in the most healthy localities and seasons; and among persons of the most robust constitutions; in places where the water is pure, and the particular and general surroundings are in accord with the

strictest sanitary requirements. Yet fatal disease is sometimes ushered in, under these circumstances, and its presence and cause cannot be satisfactorily explained upon any other hypothesis.

Is it objected that typhoid is sometimes epidemic? Yes; but what causes the epidemic? I assert that it is caused by a changed electrical status; which in itself, effects not only the nervous action, and thence glandular secretions, but the surrounding media as well. Why it is that the electrical change does cause typhoid in one case and diphtheria in another, I do not know; but we can readily see that it may result from predisposition or heredity. That there are an infinite variety of conditions we do know; that in general terms they are alike we also know.

The mean temperature in ninety-eight, respirations and pulsations average, or nearly so, in all; and yet no two faces are alike, and there is the greatest possible variety of temperaments, consequently of predispositions. And these varieties may be acted upon by the changed electrical status, and effect different constitutions in different ways, in the one producing typhoid and in the other typhus, and so on.

It is more than probable that some of the diseases classified as zymotic, and known to be strongly contagious, like variola are propagated by germs, but that typhoid fever, scarlatina and diphtheria are so propagated I do not believe. Neither reason nor experience will warrant or sustain such a view.

We must remember that in attempting to explain and account for the existence and propagation of zymoses we are dealing with the vital principle of life; and that this principle is *sui generis*, and not to be comprehended or explained upon any germicidal theory, whatever. And further, that of all the imponderables, electricity is the nearest to, and the most intimately connected with vitality; consequently acts most cogently to sustain or derange its forces.

There is no doubt that the vital principle of our lives, contains in itself (so to speak) negatives of the conditions of disease, we are discussing, to-day. And that these con-

ditions are awakened into activity, by the jarring forces about us, chief among which is electricity. Bodily derangements, physical strain, impure air and water; these may predispose, but after all await the more penetrating and subtle agency of the imponderable, to precipitate specific disease.

Fully realizing the difficulty of formulating and demonstrating an acceptable theory, of the etiology of typhoid fever, I nevertheless, offer these thoughts upon the subject, for your consideration and amplification, hoping that some brain of this assembly may be able to evolve the truly original idea, which shall make plain this somewhat abstract subject.

Telegraphy and railroading have materially modified electrical effects upon our organism. There is much less violent electrical concussion in the atmosphere, on account of the rails and wires that now encircle the globe. This modification undoubtedly does effect diseased action, rendering zymotics less fearfully epidemic; but, withal, more constantly present and operative; a condition noticed by sanitarians, and claimed as a result of improved drainage (with their noses over a sewer, they could not think of electricity as being the cause of anything.) And what, after all our potential debates, is malaria but vitiated electricity? That indefinable nonentity, as easily put in a nut-shell, as blown into a balloon of pompous generalization, resting upon very thin air.

Again, we have miasmatic, contagious diseases, (including typhoid) but this same agency, stimulating reaction of the vital principle—that real but unbounded factor of our momentary existence? We know that the anode (or positive) current comes from the brain, while the cathode (or negative) resides in the ganglionic system of nerves; and that any considerable jar of the natural rhythmic action of these two currents, results in nervous disturbance, partial paralysis, congestions, interrupted glandular action—in a word, disease.

The special form of diseased action that will manifest itself cannot be foretold; but will depend upon individual idiosyncrasies.

In disease we seek to restore normal action by the effect of remedies, but what are these remedies but polarized elements, calculated to restore rhythmic action? Viewed from whatever side, we perceive the vital and electrical forces of our organism, in momentary and reciprocal action during health.

We also see that the vital force always acts within certain determinate bounds while the electrical may, and often does, act with widely varying intensity, thereby precipitating disease.

While these alternating polarities do not constitute a *sine qua non* in the pathological field, yet in many abnormalities they do act as the main-spring, setting the wheels of discord in motion. This is particularly true in regard to the miasmatic contagious diseases, including typhoid fever. So much I have to say, in outline, in relation to the etiology of typhoid.

I purposely refrain from discussing the treatment of this malady, apprehending that those in attendance here must of necessity have considered this subject well, and are fully prepared to give us a practical solution of curative indications.

Whatever may be the outcome of our deliberations, I am confident that the session will not be without profit, not only to the members composing it, but to the profession at large. It seems proper that I should allude, however, briefly, to the subject of prophylaxis. Inasmuch as we cannot change vital action, and cannot control the electrical, therefore we cannot promise that any amount of ordinary prudence will prevent an attack of fever; and there we might properly dismiss the whole subject of prophylaxis, were it not for recent prophetic utterances from the International Medical Congress, at its recent session across the water.

Pasteur has fairly demonstrated that vaccination, with a preparation of antrax did protect sheep from taking the malignant disease, while those not vaccinated, and only similarly exposed, all died. This discovery is of immense value; and it suggests the possibility of further and similar protection in other infectious and contagious diseases.

I say possibility, because until we have positive demonstration, there is no certainty of further protection; and it may fairly be questioned, whether typhoid fever will ever come within the range of preventable diseases?

We may fairly expect that diphtheria, scarlatina, measles, whooping-cough, consumption and hydrophobia itself; in fact, all diseases whose habitat is within reach of our scalpels, may yet furnish us the protective virus.

And that our school children, after exhibiting from twelve to twenty successful vaccinations, may be declared free from most of the ills to which our flesh has been heir.

Such is the present outlook; such the reasonable promise in the near future. Its final consummation depends upon the indefatigable energy with which you and your collaborators use the microscope and its accessories, now within your grasp. Greater possibilities, and riches rewards, never before awaited the coming doctor.

ORIGINS OF FEVERS.

BY DANIEL LEASURE, M. D. ST. PAUL.

Presented to the Homœopathic Medical Society of the State of Wisconsin.

Concerning the true origin of those fevers denominated malarial, we are as much in the dark as at any time in the history of fevers.

That there is a certain something originating in certain districts, that when taken into the human system produces the phenomena of the several fevers which we call malarial, there is no doubt; but of its precise nature and the manner in which it acts to produce those phenomena we are still profoundly ignorant, and probably will remain so for a long time to come. There are no doubt several exciting causes to produce the several forms and grades of fever, but they may all be possible modifications of a common origin, products of varying causes, the result of climate or local influences, in the same manner as the varying forms of vegeta

tion are produced, and these again modified by the habits and modes of living on the part of those subject to these influences. Thus, fevers of the same general type, differ, as they prevail among the sparse settlers of a newly opened up country, and among the citizens of the same district after the population has become more dense, or crowded in the narrow streets and alleys of a growing city.

In a newly settled country, or in a desert, the fevers almost invariably take on the intermittent or remittent form, or both forms are developed in different persons simultaneously exposed to the exciting causes—of ten persons thus simultaneously exposed—some may take on an intermittent, others, a remittent form of fever, and some may escape altogether. We can only account for this, by supposing that those that take the remittent form, have received a larger dose of the poison, if I may call it, than those who take on the intermittent form, and those who escape altogether, have either not received a sufficient quantity, or have eliminated it from the system, before it has had time to incubate into either form. But if, after a time, those escaping are from any cause debilitated, and their powers of resistance or elimination lessened, they too may succumb to the deleterious effects of the poison, and take on one or other form of fever.

These facts must be borne in mind, whenever we enter upon the study of the etiology of fever of pure malarial origin. The same general rule must be applied to fevers occurring in densely populated places, though, here we must take into account other extraneous, or predisposing or modifying, causes, as for instance, unwholesome food, or insufficiency of nourishment, or animal exhalations, and impure or carbonized air, such as are found in small crowded tenements with insufficient ventilation, where also, one may encounter the poison of the purely zymotic fevers, and hence derive various forms, of those “mixed fevers” to which I allude in my article in the first number of the *Lancet*. We have had many well marked cases of this during our great war. We had true typhoid, true typhus, and

true malarial fevers occurring in the same camp, and, at the same time a scorbutic condition of the blood produced by "field rations" and lack of fresh vegetables, and the result was a many phased "camp fever" as in the swamps of Chickahominy, some of the cases exhibiting the form of tertian or quotidian ague, others remittent fever, others typhus or typhoid, and still others that combination or mongrel form known in the reports as "typho-malarial" or "typho-scorbutic" and on the Carolina coast, we had "cerebro-spinal fever," either pure and simple or mixed in with the typho-malarial, till it would have puzzled the most astute differentialist to name the bantling product of so miscellaneous a parentage. Here then, we must have had various causes combining to produce mongrel fevers, partaking in part of the phenomena of several distinct fevers, presenting some of the symptoms of each, yet nothing purely typical of the *book fevers*.

In advancing any hypotheses of the origins of fevers, or, for that matter of any diseases that are induced by the introduction into the system of an extraneous "*materies morbi*," we must divest ourselves of all preconceived theories, and confine ourselves to the simple facts, that are capable of a reasonably fair collocation, to account for results having a general uniformity, though slightly differing in details. I will not occupy time or space to enumerate the causes that have been alleged to produce either malarial or zymotic fevers, but take up those that have impressed me, during a somewhat long and clinical observation of fevers, under circumstances favorable for forming unprejudiced opinions.

Foremost, as I think amongst the causes of malarial fevers stand the "*cryptogami*." It is now nearly forty years since the late Professor John K. Mitchel gave to the profession his little brochure on the "*Cryptogamous origin of fever*" and nothing that has been written since can add to the clearness with which he set forth the claims of that class of omnipresent, most diversified and most mighty of all scavengers, in producing the forms of fevers known as malarial, and by easy induction all forms of endemic and epi-

demic diseases. I cannot in my limited space do more than refer to the little book of Professor Mitchel, but express the hope that those interested in the subject will obtain and look it over. The family of cryptogams that is alleged to produce disease, is composed of the microscopical fungi, that occupy the borderland between the lowest forms of animal and vegetable life, of which mould in all its forms may be taken as a familiar illustration. They breed from spores with wonderful rapidity and flourish in moisture and darkness. They breed amongst unhealthy and decaying vegetable and animal matter, and like true scavengers, eat up the debris of rotting death. Their own life is brief as a summer night, during which they are born, grow, multiply and die, and give off to the "winged winds" invisible dry spores to find lodgment everywhere, and when they light upon a proper nidus propagate their species *ad infinitum*. Many of the larger fungi are known to be intensely poisonous when taken into the human body and inferentially, we may assume, if not fully prove, that their microscopic confreres are also poisonous if introduced into the fluids of the body. The ordinary puffball when pressed, sends off a cloud of sporules, each of which little bodies contains the germ of other puffballs, when they light upon a proper nidus. So it is with the microscopic sporules of the minuter fungi, and being propagated in countless myriads, and lighter than any other form of germinal matter, are readily distributed through the atmosphere, and upon the earth, and upon all things that exist upon its surface.

And now we approach the vital point in our subject. Are these spores capable of living and propagating their kind when introduced into the fluids of the living healthy animal body? And can they be transferred from one living body to another, without having to pass again through a stage of genesis in their original habitat?

Mitchel and his followers assert that they can, and instance Asiatic leprosy in illustration. By referring to the book of Leviticus we find that the Hebrew law giver laid down the laws of hygiene, prophylaxis and quarantine in relation to

leprosy, with the skill and precision of one who evidently understood his subject, being a graduate of the only college of medicine then known, having been taught in "all the knowledge of the Egyptians," which means of course, that he was a priest, and skilled in the "mysteries of Isis" the sister and wife of Osiris, the Sun God of Egypt, and who was worshipped as presiding over the domain of fruitfulness, and the mysteries of life. The priests of Isis were the physicians of that age and people, and Moses had for a counsellor his father-in-law Jethro, also a priest, and between them no doubt originated the laws regarding leprosy. Modern investigations prove that leprosy is a skin fungus, but it also lives and thrives in inanimate objects, and is capable of being transferred indiscriminately and is a "disease of man, his garment and his house."

Read the Levitical law carefully and be convinced of the wise measures of the Chaldo-Egyptian law giver, to save his people from so pestilent a disease. But see farther, that the germs of leprosy might lie dormant in the offspring of a leper, and develop themselves late in life, thus proving that the germs were transmitted directly at conception, and perpetuated by heredity. Now what change, if any, takes place in the spores of a poisonous microscopical cryptogam when introduced into the fluids of the living animal body, and how do they act to produce a departure from health in the animal; and do they poison the fluids directly, or do they propagate themselves and prey upon the constituents of the fluids to such an extent as to render them unfit for the maintenance of life in the tissues, and thus sap the foundation of the storehouse of supply? These are grave questions, and yet "sub-judice."

Then, again, are the vibriones, micrococci, bacteria, and other micro-organisms as we find them in the fluids of diseased animal bodies, but a reproduction of the original cryptogams in their new and unaccustomed habitat, or, are they a *new formation*, resulting from the partial disintegration of the fluids, under the operation of the malarial or other poison introduced from without? There is a wonder-

ful similarity in results, between the potato rot amongst vegetables, and the hoof rot in sheep, and malignant grease in horses, amongst animals, which will afford much room for investigation and comparison. We have no satisfactory evidence that fevers produced by malarial poison can reproduce themselves by contact between the sick and the well, in other words, that there can be a personal miasm transmitted from one individual to another, but in such diseases as epidemic dysentery and Asiatic cholera it is by no means clear, that the germs may not be carried in the alvine discharges. All persons living in a malarial district are less or more saturated with the poison, but only a comparatively few take on disease, but one of the strange things connected with malaria is, that persons living for years subject to malaria without any signs of developing disease, on removing to a non-malarious district are liable to take on an ague or other form of fever, and sometimes cannot throw off relapses, till they return to the region whence they came, and are again subject to their accustomed dose of malaria.

Another of the phenomena of malarial fevers, is the observance of seven day periods in maturation and relapse. A remittent malarial fever tends to run out about the seventh, fourteenth or twenty-first days after the accession, and when it is apparently gone, tends to a relapse on the same days. A tertian ague when arrested by the salts of Cinchona, tends to return on like numeral days, unless an anti-periodic be taken to anticipate its return. Evidently some germs of the exciting cause of the disease have remained in the system, after the disease seems entirely removed, and they re-incubate and re-develop the fever, as *ab initio*, and so it goes on re-developing until a sufficient period has elapsed to render the germs unproductive, and even then, if from any cause the system is depressed, the ague suddenly makes itself a most unwelcome visitor. But malarial poisoning does not always develop febrile symptoms. It sometimes takes on a state of general cachexia for a longer or shorter time, and then may suddenly assume the form of an acute intermittent neuralgia, and finally wind up with a masked or quo-

tidian ague. In such cases, are the origins of the diseases always the same, or are they different, or mixed? We don't know.

I think there can be no doubt that in some instances there is but one form of fungi, if fungi be the originating cause, and in that case there will be one uniform type of disease, but I also think, that more frequently there may be several forms of originating causes, differing from each other, and each separately capable of producing one form of disease, but, combined, they form also a combination of their separate typical results, and constitute a mixed or mongrel malarial fever, or other form of malarial disease typing itself according to the predominance of one poison over the others. Now as to the origins of true malarial diseases, I think it may be assumed that their source is in the soil, which may impart a portion of its fungi to adjacent stagnant water, where they may be in a very active form, but if the water is not drunk, it can do no harm, for the sporules will sink in the water as fast as they mature and die, and so cannot be dried, and then wafted by the winds to neighboring localities to infect the people; but, if under the influence of a long dry spell, the water recedes and leaves the shore to be sun dried, then the dried spores of the fungi may become light enough to be transported by air currents, and inaugurate an endemic disease of malarial origin. It is probable that the poison producing that disease called the "trembles" when applied to cows, and "milk sickness," when applied to those who drank the milk of the diseased cows, originated in the soil and contaminated the stagnant water of the prairies, which the cattle drank, and that the germs passed into the milk to reproduce the disease in the drinkers. The disease as described some years ago, was confined to the limit of small damp districts, and did not find any human victims but amongst those who used the milk of sick animals. Cultivation of the soil, and drainage, destroyed the condition of the soil, conducive to the development of the special cryptogam that produced the trembles in cattle, and milk sickness among men, until the disease

has almost disappeared from the list of modern distempers. Among nervous diseases produced by cryptogami may be enumerated influenza and hay fever, both diseases of unquestionable fungous origin.

Children's Department.

FOOD FOR INFANTS.

BY HIRAM CORSON, M. D.

[We publish this article by special request. It is certainly worthy of thoughtful attention. Some of the views advocated, however, may not correspond with the observations of our readers on a uniform quantity or quality of food.—ED.]

If it be an important duty to check disease and stay the hand of death in the aged, whose genius and talents have been already exercised for the good of their country, who at farthest can live but a few years longer, and who are bound to life by few ties, how much more important to preserve the lives of children in whom are centered the hopes and affections of fond parents, and all of whose powers are ready to develop themselves for the joy of their parents, the glory of their manhood, and the benefit of human society. They are to supply the places of those worn out in the service of mankind, and yet how lightly we regard their early death. They die by thousands for want of proper nourishment. Even the best of mothers, through ignorance of the proper mode of treatment, see them pine and die, though the keenest affection watches night and day over the cradle.

In Burns' work on the Diseases of Women and Children, edited by Professor Thomas C. James, in 1823, he says: "Some mothers can not, and others will not, suckle their children, but employ another nurse, or bring up the child

on the spoon. If the latter mode be adopted, it is necessary to determine *the proper diet, and the best mode of giving it.* Milk consists of cream and whey; and the whey, the greatest portion of which is water, is the only part that becomes sour. The quantity of cream is greatest in ewe's milk; next in that of woman, the goat, the cow; and then the ass and the mare. The proportion of whey is greater in the milk of mares and women than in that of the cow or sheep. The caseous part is greatest in the milk of sheep, the goat, the cow, the ass, the mare, in the order in which they stand, and is little in that of a woman. Sugar is abundant in the milk of the mare and woman, less in that of the goat, the sheep, and cow." After this statement, he concludes that asses' milk most nearly approaches the human, but as it is not easily procured, he selects cow's milk as the one to be used in rearing children by hand.

The cow's milk, he says, must be so changed as to lessen the proportion of curd and increase the sugar and cream and he directs the cow's milk to be mixed "with an equal quantity of new made whey, a sixth part of cream, and a little sugar." Some, he says, dilute the milk with water-gruel. And Dr. James, in a foot-note, says: "A good substitute may be had in equal parts of barley water and fresh cow's milk, sweetened with good loaf-sugar.

Dr. D. Francis Condie, of Philadelphia, in his work on the Diseases of Children, in 1853, says: "Nature does not afford, nor can art supply, any substitute for the mother's milk, and to it, therefore, it should be entirely confined, when possible, until dentition has made some progress." And of the extreme danger of attempting to rear a child deprived of the mother's milk, he thus speaks: "In the asylums for foundlings and young infants, where feeding by the hand has been substituted for the natural nourishment, the mortality has been invariably most appalling; forty, sixty, and even as high as 80 and 90 per cent. being destroyed.

Even in the domestic nursery, where the utmost care and attention are every moment bestowed, the task is a difficult

one, and against the few instances in which it succeeds, we must place the very many in which it entirely fails." He then quotes from Dr. Merriman: "That the attempt to bring up children by hand proves fatal, in London, to at least seven out of eight of these miserable sufferers, and this happens whether the child has never taken the breast, or, having been suckled for three or four weeks, is then weaned." How fearful is this statement of Dr. Condie! Sixty to eighty per cent.—seven out of eight—lost! Can it be possible that such frightful mortality can not be averted by a better mode of feeding children? Dr. Condie directs "that milk should be taken from a healthy cow, and if possible from the same one; that the quantity of milk necessary should be *diluted with nearly an equal quantity of warm water*, and well sweetened with the best loaf-sugar. With this mixture the infant should be fed by means of a sucking bottle." Some directions in relation to keeping the bottle clean, and preventing acidity of milk, complete what he has to say on the subject.

Dr. Combe, in his excellent work on Infancy, edited by John Bell, M. D., in 1840, after referring to the constituents of different kinds of milk, says: "The most suitable nourishment for the new-born infant will be that which makes the nearest approach to the mother's milk. Cow's, goat's, or ass's milk *largely diluted* with water, deserves the preference over every other kind of food. At first *two-thirds* of pure, fresh water should be added to one-third of cow's milk; but of goat's or ass's milk, *only an equal part* of water need be added. After a week or two the water may be only one-half, and afterwards one-third, at which proportion it should be retained for four or five months. This should be given at the same temperature as the mother's milk, 96° or 98° Fahrenheit." Of the quantity to be given at one time, he says: "As a general rule, six or eight table-spoonfuls will be quite sufficient at one time for the first two or three weeks."

Now, though Burns and Professor James in 1823 recommended that the milk be diluted "with an equal quantity of

new-made whey, or an equal quantity of barley water;" and Dr. Condie in 1853, directs that "the milk should be diluted with nearly an equal quantity of warm water;" and Dr. John Bell and Dr. Combe, in 1840, state that, "at first two-thirds of pure water should be added; after a week or two only one-half, and still later only one-third, and this should be continued for several months;" yet so far back as 1833 Professor Dewees had, in his emphatic way, declared that "the proper substitute for the mother's milk was a mixture of two-thirds milk, one-third water, and a little loaf-sugar;" and in 1865, Dr. John Bell, in his admirable "Report on Physical Education," says: "At first the milk should be slightly diluted with water, with the addition of white sugar, and after a while be given in its natural state." Dr. Bell appears to have undergone quite a great change of opinion since 1840.

Some substitutes for cow's milk have been recommended, of which Liebig's artificial milk is perhaps best known. At a late meeting of the Academy of Medicine, in Paris, M. Giboust, Professor of the School of Pharmacy, after having reminded the assembly of the composition of this milk and the difficulties attending the preparation of it, in many places, added that "we have at our disposal a natural product which more nearly resembles human milk than does a mixture of cow's milk, flour, malt, lactate and butyrate of potassa. It is cow's milk itself. By taking the latter, and adding a little sugar and one-fifth by weight of water, we have an aliment at the disposal of everybody, forming a better substitute for human milk than any artificial compound." In Philadelphia, "Hard's Food" is somewhat popular. I have seen but one trial of it. It was a careful trial, made in summer time, and persisted in for months with ill success. The child was poorly for some months, and was speedily restored by being placed on a diet of cow's milk.

So much for the writers on the subject. During the last few years I have noticed that all our young men, graduates of the medical schools of Philadelphia, who come to practice in the country, and even those whom I have met who

practice in cities, invariably give the same advice to the mothers who consult them in relation to the proper mode of feeding children to be raised by hand. They all direct them to give one-third milk and two-thirds water. And they give the reason for adding the water, viz.: "The whole milk is too strong." Now where do they get this knowledge? Has it come down from the authors already named to the present teachers, and do they so instruct their pupils? That is the rational conclusion. It appears, then, that from the time of Burns, and probably from a much more remote period, this opinion, that cow's milk is too strong to be used without free dilution, has been handed down by writers and teachers with scarcely a doubt of its correctness. If we have made any progress in all this time, it has not been to lessen the dilution, but to increase it from one-half to two-thirds water; and with this the great body of the profession is satisfied; and yet in the very face of this treatment stands the appalling fact, that from "40 to 80 per cent.," "seven out of every eight" of the little creatures perish within a few months after their birth.

During a long and busy practice I have been enabled, I hope, to arrive at a better mode of feeding infants deprived of the mother's nourishment, and for the benefit of those who are just entering upon the duties of our profession, and who will be called upon for advice in this matter, I desire briefly to record my observations and experience.

Leaving to others the task of analyzing cows', goats' and asses' milk, to discover which approaches nearest to the human milk, in the proportions of its constituents; and selecting cows' milk as the one to be used, simply because it is more easily procured than the others, and not that I know it on any other account to be preferable, my remarks will apply only to it. In the early part of my practice, I gave the ordinary directions to those who inquired of me, namely, to give milk and water sweetened. Supposing the mother or nurse knew the proper quantity to be given in a day, I said nothing about that. And this neglect to speak of the quantity is, I think, very common with physicians.

Thirty-two years ago, it became necessary to have my own child reared by hand, and I then discovered how ignorant I had been in relation to the *quantity of food* necessary for an infant, and was also enabled to observe the effects of an insufficient amount of food. Subsequent observations through many years have convinced me that there is not more than one woman in five, and perhaps not more than one in ten, who knows what amount of milk a child should have. Nor is there one physician in very many who can tell the mother or nurse what quantity it would need in twenty-four hours. I have repeatedly asked mothers and nurses and physicians, and it has been rarely that they have even approximated the truth. And this, because their attention had never been specially drawn to it. One would say a teacupful; another, not quite so much; a third, rather more; a fourth, half a pint; and some, even as high as a pint, though they rarely named so much. And then, on being asked if they put water with the milk, they invariably replied, one-half water, or two-thirds water and one-third milk. Now, scarcely any child of one month will be satisfied with a pint daily; many will take a quart; the average is between them. But I do not mean that to this quantity twice as much water should be added, thus making nearly three quarts of fluid, for no child could take so much in twenty-four hours. Suppose, then, that a child can only take three half pints of fluid into its stomach in a day, and two half pints of it are water, it will then only get eight ounces of milk, when it needs twenty-four, or thirty-two ounces daily. There are two kinds of cases which I desire to notice. First, where the child receives no milk from the mother; second, where it gets a *little* from the mother, and *some* from the bottle; and the latter case is often more difficult to manage than the former.

Suppose, then, that in a case of the first class, a child should only get less than a pint of the mixture (two-thirds water and one-third milk) daily; the result will be that the child will be hungry, peevish, fretful, will moan, start in sleep, emaciate, look pale, have acid stomach, colic, be con-

sidered sick, be dosed with medicine, get worse (for the food is still insufficient in quantity, and defective in quality), the physician be sent for, and, however judicious his advice or prescriptions, if he fail to furnish the proper food, death will carry off the little sufferer. Thousands suffer daily in this way in our state, and in cities as well as in the country. It is not uncommon to see a child who has been dosed for weeks with medicine by the mother, and often under direction of the physician, who, oblivious of the fact that it was suffering for want of food, prescribed a change of diet, or a diminution of its quantity, fearing that "the stomach was too weak to bear much food."

Many children are thus starved and dosed to death. Let me describe a very common case, such as occurs to every physician. And here let me digress for a moment. Some years ago, I asked a physician if he had ever had a case of onanism. He replied that he had never seen one. I then narrated several of my cases, after hearing which he said, "Doctor, I must have had many cases of that disease, but did not recognize them at the time;" and, after pausing a moment, he resumed: "I can look back on cases now that died, and which could have been nothing else." So it is with us all. It is not till our attention is directed particularly to certain facts that we at all recognize their presence.

I hope, in describing these every-day cases of starvation in children, to recall to your minds many cases which you have seen, that will convince you that I know of what I affirm. Called to a child from one to five months old, I find it thin, pale, sad-looking, moans much, not a scream, sharp and shrill, but a low, sad moan. It does not seem very sick but the mother says she is "wearied out with it." If it be warm weather, there is diarrhœa, perhaps; or if cold weather, it may be very costive. Sometimes it is blue-looking, as in cyanosis. As I hear its history, and look upon its shriveled face, its thin arms, and hear its sad moan, I know that it is starving. I ask the mother if she has much milk for it, and find that she does not nurse it, but is raising it by hand. "How much do you give it daily?" "I give it

as much as it will take." "Yes, but how much?" "Well, I don't know exactly how much." "Do you give it a teacupful in a day?" "I think I do—perhaps more than that." "Do you add water to the milk?" "Yes, two tablespoonfuls of water to one of milk." "Then, you mean to say that you gave your child one, or perhaps two teacupfuls of milk and water, not of milk alone?" "Yes, milk and water." Now, if this be a truthful statement, the child gets one-third of two teacupfuls of milk daily, when it ought to have one or two quarts. The truth is, she does not know at all how much the child gets. I have often, after close questioning, discovered that the mother only bought one cent's worth in the morning to last till next morning; sometimes one cent's worth in the morning and one in the evening. Now, suppose such a child to go on from the point at which we found it. It will soon break out into sores over its arms, in its face, on its legs and body, and in this state the physician is generally called to prescribe for an "impure state of blood," and if his eyes are blind to the cause of all its woes, he will seek a remedy in medicine.

I will mention one of many similar cases. Some years ago I was called to a child which was thought to be laboring under disease of the heart. Its little pinched-up, old face (starving children have an aged look), the fat all gone, and the attenuated muscles standing out like strings when it cried, or whined, satisfied me that it was starving. "Why do you say it has disease of the heart?" I asked. "The doctor told me so," she replied. "Are you giving it medicine?" "No; we did give it some for a time, but we think it is incurable now." I examined its chest; the organs played healthfully. I told her it was starving; found she was giving it only a teacupful of milk, one-half water, in a whole day. It was two months old, and I have seldom seen so wasted a child. I directed a full diet of pure milk—a quart a day if it could take it—and it was quiet from the moment its stomach was well filled with good food, and in short time was well, and growing finely.

In two weeks from that time I was called to a neighbor's

child, a little older and in a similar condition, supposed by the mother to be the result of a summer complaint which was troubling it. She had heard of the change produced in the other child by the change of food, and as she had also fed her child with the water and milk mixture, she concluded that perhaps it too was suffering from an insufficient amount of food. Disregarding the bowel-complaint, I directed as much good milk as it could take, and in a few days it was well. Neither of these women had the least idea that a child could take more than about a half a pint of fluid in a day; both had added one-half water. A short time after this, I was called to a third child, more than a year old. It was a living skeleton, with numerous sores in various parts of the body. It had been sickly always, the mother said—gradually getting weaker. She had always fed it with milk and water, about half and half, though she had been told by the nurse who was with her the first month that it ought to be two-thirds water. It was apparent, after a careful investigation of the case, that it had been a case of slow starvation, which was now nearly over. It died next day.

Cases like the three given are not rare. They are every day cases. They fill up the frightful list of from “forty to eighty per cent.”—they constitute the “seven out of eight cases of the miserable sufferers,” spoken of by Dr. Merriman. The mothers did not know that they were giving an insufficient quantity of food. They had asked the nurse, they had consulted the doctor, who had not told them what *quantity* to use, but had cautioned them not to give it too strong, and had directed two parts water and one part milk. They were impressed with the idea that cow’s milk was stronger than human milk, and therefore they might err by giving too much of it. I have often heard the fear expressed by mothers, that the milk was perhaps too strong for the child, even when they were giving this miserable water and milk mixture. Suppose that instead of using half a pint, or even a pint, a day of this water and milk, the mother should use a whole quart of it daily, even then the child would be most wretched. It would be weak and pale, sick

and puny; restless night and day, wearing out the mother with its wretchedness. Its condition will now be attributed to disease, medicine administered, and the fate of the poor child sealed. In cases of this kind, vomiting is a frequent attendant, and as the thirst in such cases is greatly increased, cool water, if before used, is now withheld, under the impression that "water weakens the stomach," and the suffering of the poor child is intense. Little children not only need plenty of good food, but even those who are fed at a full breast, also need occasionally a little cool water as drink.

But let us now look at the second class of cases, where the mother has *some* milk, but not enough for the child; we are not generally called to such children until they are over three months, often five or six months of age. Here we find, also, the symptoms of incipient starvation spoken of above, but generally milder in degree; and are asked to see it, not simply because the child is sickly and puny, for it has been so more or less for months, but because "it is broken out with sores." To this I would call your special attention. The starvation here long continued, has, as among prisoners of war long confined, produced a disease of the skin, manifested by ulcers in various parts.

On inquiry I find that "the child was as fine and healthy a babe when it was born as ever was seen, but that in a month or two it began to be puny, and it had been getting worse ever since, but she would not mind it so much if it were not for the sores. It is purry, but I do not know that it is sick; it was on account of the *sores* that I sent for you, doctor." I ask, "Do you have milk for the child?" "Not enough, but I feed it *some*." "How much do you think you have?" "Oh! not much; but I feed it *some*." "Have you a pint a day?" "Oh! no, very little." "What do you feed it?" "Milk and water, sometimes pap or corn-starch." "How much of that?" "Well, more or less as it needs it." "How much in common?" "Perhaps half a teacupful, or a little more in a day, but sometimes it will not take it."

Now this mother has no idea how much the child gets

from the breast. She only knows that it gets very little, and yet at the age of this child, one well fed would take more than a quart and a pint of good milk daily, besides what the mother's breast yields. And this is a common case; not more than one mother in five would know any more about the proper quantity to be used than this one. The physician has not thought of this, perhaps, but is regarding the child as a sick one, not a starving one. He leaves the feeding to the mother; does not charge himself with that, but only with the disease which he has been called to cure. Now what prospect of relief for this child? It is starving, but the mother, not knowing this, sends for the doctor to cure it. It has a sickly appearance; is also full of sores. The mother tells him of its sufferings, and he, not suspecting the cause of the sores, perhaps deems them the *cause* of ill-health. His prescription, if he fails to give it food, but increases its weakness and sufferings and hastens its death.

Such a case occurred to me some time ago, and as like-cases are frequent in every one's practice, I will give it. As I was passing through a house to see a child in a back room, a young mother asked me to see her child. It looked puny, fretted a good deal, and was blue-looking. I thought at first glance, that it was a case of cyanosis. Said I, "What ails your child?" She replied, "The doctor says it has a disease of the heart." "Have you a doctor attending it?" "No. He says it is of no use, and he has not been here for a week." I applied my ear to the chest and found all right there. On inquiring about food, she said she had very little milk for it, but she fed it some, and as usual that was water two-thirds and milk one-third. I directed her to get a bottle, and give it it as much good milk as it could take, besides what she could furnish. There has been no trouble with it since, and it is growing finely.

As a proof of how little is known on this subject by some women who have raised many children, I will give another case. I attended Mrs. J—— with her first child, a male, of usual size. Father and mother were very healthy and of

healthy families. I did not see her again for fifty-six hours after delivery. Both grandmothers were then there, each of whom had raised nine children. One of them was holding the infant in her lap, and it seemed to me to be barely alive. Its face was sunken and sharpened until it really seemed not half the size it was when born. There it lay still as death, its mouth closed, and the breathing scarcely perceptible. One of them said, "Doctor, our child is nearly gone." "Why! what is the cause? did it not suck well?" I inquired. "We did not put it to the breast; we were afraid it would strangle." Neither of these women were present when the child was born, but came next day; and the neighbor who had stayed until that time, went away when they came, but had not put the child to the breast, thinking it would be time enough when the grandmother or nurse should come. By this time the child was somewhat exhausted, and as the mother had not a supply of milk, the grandmothers waited for it to come. They had both been able to nurse their children from the start, and to supply them well, and were unused to feed children. It was therefore a clear case of starvation, although the grandmothers did not so regard it. They thought it was a weak, puny child, that could not live. I asked them to bring milk and feed it. They protested against any attempt to give it food asserting that it could be of no use, and would certainly strangle it. The milk was however procured, and as they would not feed it, I took the spoon and poured it down. They were greatly amazed that it did not die in my hands. They then gladly undertook to give it according to my directions. It soon began to recruit, and in a short time was a fine vigorous child, and is now a strong healthy boy of fourteen years.

And here I desire to notice a fact, in relation to feeding children, which is worthy your attention. Look at young mothers feeding children by the spoon, and observe how slowly they dribble in the milk or gruel. They will place the spoon upon the lip and then pour it in, almost by drops; and if the child be very hungry, it will cry nearly all the

time it is being fed. The food comes too slowly; it becomes impatient; it is annoyed by having to hold its mouth open so long before it gets enough to swallow. A child of two weeks of age can take milk as fast as you can dip it from a cup and put it into its mouth by a teaspoon.

I feel quite certain that it is almost as easy to raise children by hand, if they have an abundant supply of good undiluted cow's milk, as it is by the breast. But the bottle should always be used instead of the spoon. My plan is to direct as much milk as the child can take, and as often as it wants it; but always of the temperature nearly of the mother's milk. In winter time, or when milk is kept in a deep cave, or in a spring-house, I direct that as much boiling water be added to it as will bring it to that temperature. It takes but very little water, and is more convenient than heating it over the fire. To a pint of cool milk two tablespoonfuls of boiling water should be added—the whole then well sweetened.* A healthy child of one month will take that much twice in the twenty-four hours. Some children at one month, or between one and two months, will take more than a quart daily; and a few can scarcely take so much. If, then, you are called to such cases as I have described, or to those milder cases where the child is fed half enough, or even a little more than that, place no reliance on the word of the nurse, or mother, "that she feeds it plenty, or that it will not suck or eat, or cannot keep it down." I have frequently seen a mother let the little hungry creature tug and pull at her flaccid, milkless breast, without being aware that the child got nothing from it; and yet she thought "it was getting suck." In those cases hold back the medicine for a few days and try the milk. Those children who have been nursed, and fed a little by the spoon, will sometimes wholly refuse to take the bottle in lieu of the breast, and the mother takes it for evidence that they do not like the cow's milk, and will therefore attempt to raise them on some one of the many farinaceous articles recommended, and in this she will be likely to fail. A little per-

* That is too indefinite.—ED.

severance will generally induce them to take the bottle; and when once used to it, so that they can steady it in their own hands, they will rarely take too much.

I sincerely hope that our graduates, hereafter, will not go forth to practice, believing that the proper substitute for the mother's milk is *a mixture of two-thirds water and one-third cow's milk*. Rather let them be instructed that the higher the organization of the animal, the more abundant will be the nutritive constituents of the milk, and as man is at the head of the animal creation, human milk is more highly organized than that of any other animal. If, then, you wish to use any other milk as a substitute for the mother's, instead of diluting it with water, it would seem to be more appropriate to add to it some nutritive substance. I have never used for infants any other milk than that of cows; asses' and goats' milk is not easily procured. Baron Liebig's soup is probably very good, for, to five ounces of good milk he adds half an ounce of wheaten flour, half an ounce of malt flour, and seven grains and a quarter of cream tartar, dissolved in one ounce of water. This is to be put on a gentle fire, and when it begins to thicken it is removed from the fire, stirred for five minutes, heated and stirred again until it becomes quite fluid, and finally made to boil. Separate the bran by a sieve, and it is fit to use. But how inconvenient for the poor to procure those ingredients and prepare them for the child every time that it needs food?

Where milk cannot be procured, farinaceous substances may be used; but milk is better and more convenient. I feel that some physicians who practice among the higher classes of society will regard these observations as having no reference to *their* patients, but refer wholly to the neglected children of the poor. It would be fortunate if it were so; but who has not seen the poor little emaciated child of rich parents, dragged about in its little coach by the nurse, or lying on her lap on a cushion, as the large carriage rolled along to give it an airing, by direction of the physician, whose very precise directions had been to feed it every four hours, two-thirds water and one-third milk? Day

after day, week after week, has he not visited and prescribed (not for the starvation), but to improve its nutrition, to relieve its colics, to correct its sourness of stomach, to regulate its bowels, or, to sum it all up in one common phrase, "to build it up?"

Did he succeed? No. Under the impression that the child's stomach was weak, not able to take much food, the quantity of food was diminished, a little lime-water, mint-water, or some other "corrective" added, and the little starving sufferer, never ceasing its low and plaintive moan, gradually passed away for ever. This is starvation in the midst of plenty. Starvation by prescription. There is little difficulty in raising children by hand, if they are allowed a full supply of good milk. A great many struggle along on even half the proper quantity. But they are weak, thin, and of small growth. Children who are fed on the water and milk mixture are sometimes saved by a habit which prevails among the poor, of giving it, while the mother is eating, small bits of bread or biscuit soaked in coffee, or with molasses or sugar on it. Thus, very soon, the little hungry thing becomes clamorous for it, and the mother, in order to keep it quiet, will soon give it quite a slice of bread, or a small biscuit to suck at. Children of a few months will sometimes thus be saved.

How common it is to hear a mother say, "My child is getting very hearty now; but until it was nearly a year old it was very puny; I thought I would lose it." It was puny for the want of food; it was starved on water and milk; but, when it got old enough "to sit up at the table, and get a little of anything," it began to improve, and yet the mother did not perceive the cause of the change.

I do not know that I can illustrate this subject better than by showing the effects of different amounts of food on young brute animals. Observe a litter of pigs when only two days old, and you will be surprised to see how closely they resemble each other in size. But look at them again in ten days. There are ten of them—all the nipples are occupied. The four which are at the front and back teats,

but especially those at the back teats, are decidedly smaller than those broad-backed, plump fellows which are gorging themselves at the middle ones; and one of these is less than the others; he is, indeed, already called "the runt." See him in two weeks more, or when they are four weeks old, the common time for selling them; while the others will bring five dollars apiece, he will not bring two; indeed, it is common to give him to some poor man who hopes, by great care, to make something out of him. In another month see him again. He has been well fed on milk, or milk and bran, as much as he could eat, and now you would not recognize, in the clean, comfortable, lazy shoat, with his white skin and well curled tail, the yellow-haired, scurfy, puny, thick-legged, stiff-tailed runt of a month ago. An abundant supply of food, though it was not the *mother's* milk, has "built him up," even without the aid of whisky, the now highly lauded nutriment.

Now mark the terms I have used in describing the half-fed pig—yellow-haired, scurfy, thick-legged, stiff-tailed. The other pigs are white and clean; their tails are limber and curled, and their legs smooth and supple; but he is yellow as though the hair were dirty, his skin is covered with a dark scurf, which reaches to the very feet, and thickly covering the tail to its very extremity, causes it to stand out almost in a straight line with his backbone. No washing will have much effect upon him until you increase his food. If you give him plenty of food, he will get well, even without washing; if you do not, he will struggle on like a starving, half-fed child, and die. If, then, in the country, where the milk is good, a child of a month needs nearly a quart daily, without dilution, how very important that no water shall be added to the milk brought to the city by milkmen! It is not too much to say that before it reaches the citizen's door it is only two-thirds milk. Now, should the doctor direct that the milk should be diluted by adding one-half water, you can see that the food of the child will be four parts milk and five parts water—a starving mixture even if given in full quantity. Add to this the fact that much of

the milk taken to the cities is of indifferent quality, and the difficulty of rearing children there, by hand, will be apparent. But much of the danger may be averted by giving the milk without the addition of any diluent, and by adding, when the child's age will allow it, some farinaceous substance. I have just heard of a case in a rich, fashionable family, the recording of which may be instructive. The child is fed on what may be called corn-meal tea, or soup. The corn-meal is boiled very thoroughly; the water then strained off, and a little milk or cream added, about as people use it in tea or coffee; and this is all the poor child gets. It is now a year old, weak, pale, fretful, unable, even when held up, to stand on its limbs, presenting a pitiable picture of suffering caused by want of food, under the physician's direction.

I have but merely glanced at this subject. My object has been simply to call attention to the fact that many thousands of the children who annually die prematurely, die from want of food. They are starved to death, and we are not blameless.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

ALEXANDRIA, Nov. 24.—Cholera has broken out in this city, probably disseminated by returning Mehomedan pilgrims from Mecca, near the lower end of the Red Sea. It will doubtless spread among the Mediterranean cities, and perhaps reach still farther westward. The prevalence of the plague in Turkey, to the northward would seem to prove an epidemic influence prevailing in the east.

CONSTANTINOPLE, Nov. 24.—A disease supposed to be the dreaded plague has broken out in Witze, a district of Laz-

itan. Five deaths have occurred. A cordon of soldiers have been established and doctors from Constantinople sent. A feeling of uneasiness prevails in official circles, and every effort will be made to stamp out both the plague and cholera should it also appear.

ANGINA PECTORIS—SUDDEN DEATH.

BY E. M. HALE, M. D., CHICAGO.

S. McElroy aged fifty, a Life Insurance Agent, came to me Sept. 6th, for an examination of his heart. He volunteered no history, but applied to me simply for an examination. Neither auscultation or percussion showed the slightest abnormal change from the healthy heart. The pulse was seventy lying, seventy-four standing. After the examination he stated that for several days he had experienced a stitching pain near the apex of the heart, on the left side, *only when walking fast*. He also stated that the medical examiner for his company had examined his heart the day previous, and pronounced it normal, but had prescribed Digitalis ten drops every six hours. He left my office without asking for a prescription. The next day he came back, stating that the pain was worse, and that he had been obliged to sit down on his way from his office to the cars, (two squares,) on account of the severity of the pain. The pulse was *harder* than the day before, probably from the Digitalis but a re-examination of the heart showed nothing abnormal. He asked for a prescription and got Bryonia 2x on discs, one to be taken every two hours.

Sept. 8. He came to my office complaining that the pain was no better,—was so intense as to prevent walking, even very slowly—without frequent stoppages. Suspecting angina pectoris, I examined the heart very carefully, but could discern nothing abnormal. Gave him Spigelia 3x, and insisted upon his keeping his room, and enjoined absolute rest.

Sept. 9. I called at his room, and found him quite comfortable. No return of the pain except on going up stairs from the dining room. Continued Spigelia.

Sept. 10. Not as well, complained of the pain when walking across the room, I asked him to walk from his chair to the door, and back. It brought on the pain, but there was no change in his pulse, or color; only a look of anxiety in his face. On close questioning he said that with the pain was a sensation as if the heart was in a vice, or a tightness in the region of the heart. Gave Cactus 2x, one disc, every hour. I also gave him a two dram vial filled with cotton, moistened with ten drops of Amyl nitrite, to inhale if a paroxysm of pain occurred.

Sept. 11. He sent for me early in the morning, and stated that on waking and sitting up in bed he had an attack of the pain, which was soon cut short by a few inhalations of Amyl; and that while dressing had another severe attack accompanied by a *suffocating sensation* in the chest, with some vertigo. An examination of the heart detected no abnormal sound or deviation of rythm. Only a slowing of its beats to sixty per minute, synchronous with the pulse. which was not too strong or too weak. He admitted for the first time, a *pain extending to left arm, extending to wrist*. Gave Aconite 2x, a disc every half hour. Called again in the evening and found him with normal pulse, he had not been out of bed all day. Continued Aconite every hour.

Sept. 12. Passed the day with but a few paroxysms, brought on by getting out of bed, and back again. A few whiffs of the Amyl seemed to arrest the paroxysms. All through this illness the bowels had moved regularly, the tongue was not coated or the appetite impaired, but the urine was *very scanty*, though not unnatural in color, and showed nothing abnormal under the microscope, or on chemical analysis. He said he had a feeling after the paroxysms as if he had been *running hard*, with faintness. Gave Apis 2x trit, one grain every hour.

Sept. 13. Was engaged in attending an obstetric case and did not see him till 4 P. M. He had suffered from several

attacks during the day, some of them *when sitting or lying*. This was ominous, the pulse and hearts action was normal, but I felt that a fatal issue would come soon. Gave Cactus and Lachesis. At 7 p. m. a messenger came to my office informing me of his death a few minutes before. There was no one with him when he died, but the chambermaid whom he called from an adjoining room. She stated that when she entered his room he was pale and agitated. That he asked her to rub his hands and feet which were cold. Soon he gasped violently for breath, became "black in the face," and then suddenly ceased to breathe. He did not complain greatly of pain, probably from the greater distress from constriction and suffocative sensations. When I arrived the face had resumed its normal hue and the expression was calm and peaceful. No postmortem was permitted.

It appears to me that this was a typical case of *functional* angina pectoris. There was no history of a previous rheumatism. No history of antecedent painful sensations in the heart. The man's habits were good, and he was in excellent general health. The best essay on Angina Pectoris which I have found is one by Professor Gairdner of England, and is to be found in "Reynolds System of Medicine," Vol. IV. p. 535. After a very careful study of this exhaustive essay, I can come to no other conclusion that this case was one of "neuralgia with fatal spasm." The history of the case will not permit the idea of fatty degeneration, ossification of the coronary arteries, or spinal irritation (Anstie.) still less any valvular or other organic disease.

In relation to the *treatment*, I will say that the Nitrite of Amyl is the only remedy I have ever used, that appeared to arrest, or palliate the pain or spasm of the paroxysm. No other remedy, not even Chloroform acts quickly enough. Allopathic authorities are unanimous in praise of its usefulness and its safety. I selected the remedies strictly according to their symptomatic indications, as well as the supposed pathological state.

Of all our cardiac remedies *Cactus* is probably the best indicated for neuralgia of the cardiac ganglia with spasm.

But in the beginning of this case, it appeared more like a pseudo-angina pectoris, for which Bryonia is specific. Next come Cimicifuga, which may also in some cases be curative in the true angina. Spigelia corresponds to the neuralgia but not the spasm, while Aconite may cure both. Had I the case to treat again I do not know as I should prescribe differently. The refusal to allow a post mortem was a great disappointment to me. Not that it would be of special benefit in the treatment of other similar cases, for we have no reliable guide other than the symptoms, even if we *knew* the pathological state.

A study of the symptoms of *Naja*, together with the accounts of travellers, of the fatal symptoms caused by the bite of that serpent, would seem to indicate that remedy as one of the nearest *similimum* we have for purely neurosal cases of angina pectoris, for many of those bitten by the *Naja* complain *immediately* of agonizing pain in the heart, with rapid dissolution.

SOME OBSERVATIONS ON TYPHOID FEVER.

BY R. K. PAINE, M. D., MANITOWOC, WIS.

Read before the Homœopathic Medical Society of Wisconsin.

It is not my intention in this paper to go into all the details of the history, diagnosis and treatment of typhoid fever. My experience with it has been too limited. It is a disease that has been studied and written up by so many able and experienced men, who had all the faculties for observation at command that it would be a useless expenditure of time for any doctor living far up the creek "to sit up nights and neglect his patients to cull and run over all the literature on the subject for the sake of reading a long article," with nothing new in it, before some medical society, the members of which probably all possess the exhaustive works of Ziemssen, or Wilson, Bæhr, Raue, Panelli and Jahr.

It is pretty well agreed by most observers that typhoid

fever is an infectious disease, and when individuals whose systems are in the proper condition for infection are exposed to the disease by receiving into the system, through the lungs or alimentary tract the smallest quantity of the typhoid poison derived from the dejections of a person sick with typhoid fever, they will have typhoid fever. Defective sewers and running streams may carry this poison, but they do not generate it. Persons living in the vicinity of cess-pools, in houses made foul by defective sewer pipes, who drink water from wells that are in close proximity to out-houses and other foul places, are certainly in the best condition to get sick with typhoid fever, or any of the other zymotic diseases that they may be exposed to.

Within two or three weeks after infection the fever usually becomes fully developed. Its approach is generally slow and insidious, creeping upon the victims so quietly they are deceived, and when finally they give up and send for the doctor they will present various symptoms in each case, probably owing to many modifying influences not always taken into consideration by the sick or the doctor. The gradually increasing fever, prostration and pain in the bowels cause them to think they have a cold or a cholera morbus, tonsillitis or a bilious attack, or are rheumatic or run down generally. They have taken cathartics or some other medicine for the supposed cause of their sickness, and almost invariably they have done themselves an injury by so doing.

Uncomplicated, not too violent cases, recognized early, may perhaps sometimes be aborted by the properly selected remedy. Good authorities in our school are of the opinion that with some of our well known remedies properly given the disease may be "broken up" as it were, at least arrested in the first stage.

I think this depends very much upon the age, intensity of the poison, and individual peculiarities of the patient, and the time treatment begins. My own experience leads me to conclude that we have no remedy that will always arrest the disease or "break it up" in the incipient stage. Prob-

bly we might as well expect to "brcak up" a case of scarlet fever as one of typhoid fever. Some very mild cases, and some aborted cases, begin with great intensity, but after a few days the fever subsides, and by the end of the second week has cntirely disappeared. It is very difficult in such cases as these to give a satisfactory reason for the early convalescence. If it was caused by the remedies used why do they so often fail in other cases? It is probably due to individual peculiarities and the amount and quantity of the poison in the system.

Miss M. visited at a house in a neighboring city where a man had been very sick with typhoid fever, and where a young lady had taken it and died in about ten days. After remaining at this house about three days Miss M. returned to her home in Manitowoc.

Two weeks after this exposure she was suddenly taken with vomiting and fainting. This was immediately followed by quite a chill and intense fever, pain in the head, chest and limbs, some loss of sleep, bad dreams and a general tired uncomfortable feeling. She was somewhat worried for fear she might have the fever, and was much interested in the diagnosis. She had not been quite up to her usual health for some days before this, but as she had been studying very hard and late at night she was disposed to attribute her condition to that. I found her in bed, very restless, complaining of great pressure in the chest, breathing short and jerky, coughing a little, face flushed, pulse 115 and temperature 104; very thirsty, pain in the bowels and a little diarrhœa. Having seen a number of cases of typhoid fever that began in this way and became very bad cases of the disease, I was very cautious of committing myself at once, but calmed the fears of the patient the best I could and put her on the use of *Gelsemium* low and *Bryonia* in alternation. I also had compresses applied over the chest and bowels. The fever and all the other symptoms gradually abated, and by the end of two weeks she was around again. Besides the *Gelsemium* and *Bryonia*, I gave her *Baptisia* for a short time when there was a disagreeable

odor to the breath and alvine discharges. No other remedies were used. But, although she was able to be about her convalescence was slow and protracted to the end of the fourth week before she really felt to be herself again. Taking into consideration the exposure to the disease, the manner of the attack, the symptoms manifested, and the prolonged convalescence, I am forced to think it was an attack of typhoid fever, and that the remedies used had something to do with causing the entire disappearance of fever by the end of the second week. However, the same remedies were used in another similar case, except that it did not begin with vomiting and fainting, and the fever went on to the twenty-second day before the normal temperature was reached in the morning, and the twenty-eighth before it was normal at night. In this case I am of the opinion that the disease was somewhat modified by the remedies. It occurred in a family where there had been two deaths from typhoid fever in the hands of Allopathic doctors. The temperature ranged from 102° in the morning to 105° in the evening up to the beginning of the third week, when it gradually ran down to the normal point. After the first few days Arsenicum and Baptisia were the remedies used.

The successful treatment of typhoid fever requires something more than the giving of drugs, however well and accurately they may be selected. Very much depends upon the observance of the minor details not often mentioned in text-books, and each case has its own peculiarities. The surroundings and circumstances of the patients differ, and require a different management that can only be determined by the watchful eye of the physician. If the nursing and hygienic management are good more than half the treatment is accomplished; and without it no treatment will amount to much.

Plenty of good easily digested food must be supplied and the peculiarities of each case studied to find it. The various complications that are liable to occur should be looked for, and anticipated if possible, that they may be prevented, or met when they do appear in a skillful manner. A well in-

structed nurse can do much with these accidents before the doctor can come. The fright caused by the sudden unexpected hæmorrhage from the bowels, has, no doubt, been the cause of death to more than one patient, when a little timely instruction to the nurse might have prevented it.

The study and search for remedies for typhoid fever has been extensive in both schools of medicine. The Old School with its forty or fifty "efficient remedies," from acids to water, are forced to acknowledge they cannot shorten or even modify the course of the fever. The great majority of our school of practice rely on a much more limited number of drugs, and have more faith in their efficacy to modify and shorten an attack of the disease. And the same remedies advised and used by Hahnemann and his cotemporaries, are used to-day perhaps as often as any of the newer drugs. They have been much better studied and their indications more clearly cut and brought out. Hydropathy, turpentine and Quinine are now the fashionable remedies in use in the Old School. Laudanum, A ids and Calomel are somewhat behind, but will soon come around in front again. Calomel is looming into view already.

I have found the studies and indications for the use of remedies for typhoid fever in the works of Bæhr, Jahr, Lilienthal and Hughes to be of the greatest aid to me in treating these cases. The real useful remedies are few in number, and in my opinion Arsenicum covers more cases than any other single drug. I have used it singly and in alternation, but have had to use it some way. When stopped I have seen the patient grow worse, and only improve when put upon its use again. Baptisia and some of the acids come next in usefulness. Carbolic acid low, and also Iodine, have done me service in cases where there was evidently extreme blood-poisoning. I have seen Phosphorus and Strychnine low do very much where there was great nervous exhaustion, the temperature falling below the normal with cold sweats, trembling and coughing.

In addition to our usual remedies the various Hydropathic appliances can be used, and they should be used if the tem-

perature persists in going above 103° at night. Sponging the body well and often will generally be sufficient, and it disturbs the patient and friends the least; an item always to be considered if we would avoid a sudden message informing us the patient is better and they will send for us when necessary to call again.

The various complications of typhoid fever are always very trouble some to manage. I have found it best to handle them as almost independent diseases even if the general fever remedy must be withheld to do so. The complication might cause a fatal termination when depending solely on the general remedy to cover the whole case. And many times the complication if attacked promptly may be cut off in a short time and so increase the patient's chances of recovery immensely.

Our typhoid fever patients always come out of the attack with enormous appetites, and if they are not carefully guarded they may bring on a relapse from over-eating, or eating too heavy food even though they may be well enough to be out of doors. They should observe great care and caution in diet for at least a month after recovery.

TYPHOID FEVER IN OUTLINE.

BY PROF. R. N. FOSTER, CHICAGO, ILL.

Presented to the Homœopathic Medical Society of Wisconsin, at its first semi-annual session.

In the preparation of this brief paper only two systematic treatises on the subject have been studied; those of Panelli and Liebermeister. These two authors bring the subject up to date in all its bearings, and so of necessity, furnish us with a digest of the labors of many authors and of the results of a vast experience. Liebermeister may justly be regarded as representative of the position and attainments of the Old School with reference to this disease, while Panelli is equally the representative of the new.

Directly comparing the two works as thus representative, as we have endeavored to do with impartial diligence, we are bound to acknowledge that Panelli is much the superior. His record of the symptoms of typhoid fever is one of the most perfect things we have ever seen in medical literature, and must be pronounced classical. Nothing in Liebermeister can bear comparison with it for a moment. It is no faint praise to say of an author that he is equal to Liebermeister, whose work is certainly of a masterly kind. Yet there is but one department of this subject in which Panelli does not excel his contemporary. A careful comparison of the two works, chapter by chapter, will convince anyone of this fact in any opinion. I cannot avoid the suspicion that anything I may say on typhoid fever in this paper will be of very little value compared with the simple recommendation to my colleagues to study this masterpiece of Panelli's, if they have not done so already.

History.—From these two authors we learn that the term typhoid fever is one that has been made to cover a multitude of diverse diseases, all of which, however, had this one feature in common, a marked prostration of the nervous energies, a prostration which showed itself about equally in every nerve function, and in every division, great and small, of the nervous system. Thus the retained urine, and the involuntary evacuations, and the reduced or increased cardiac rhythm, and the local congestions, and the blunted sensations, the loss of motor or muscular power, and finally the loss of memory, intelligence, and natural affection, all these and many kindred disturbances, which there is not time to enumerate, are so many direct instances of the loss or suspension of the powers of the cerebro-spinal and sympathetic nervous systems. Thus in the sympathetic we have suspended organic function; in the spinal system suspension of motor power; in the sensory nerves, suspension of their functions; and in the cerebral and cerebellar lobes loss of intelligence and volition. Throughout the whole nervous system in all its detailed ramifications there is this obliteration of power, exhibiting a unique picture of stupid help-

lessness and organic decline, which has everywhere received the name of the "typhoid state;" and in some cases is the disease specifically known as typhoid fever. And whenever we encounter descriptions of disease from those who have not made a minute and differential study of typhoid fever on a large scale, such descriptions as we are likely to obtain from the records of private practice, we have often to be on our guard lest the reporter should be describing not specific typhoid fever at all, but the "typhoid state" which may supervene upon many diseases, such as pneumonia, malarial fevers, bilious fever, and so forth, and which may also appear early in some of the more violent febrile disturbances.

Thus when an honest physician reports to us, with pardonable enthusiasm, that he has often "cured" or "aborted" typhoid fever in three or four days or within a week, we are not to charge him with absolute ignorance, but simply with a careless use of terms, a use, moreover, which finds abundant justification in the earlier and more common mode of writing on this subject. The fact is, he has not had a case of specific typhoid fever at all, but some other fever with a typhoid, or a typhus-like, attachment. According to modern diagnosis, so far as I can glean from the authorities above given, true specific typhoid fever consists of the typhoid state in question as its initial or concomitant characteristic, plus certain enteric lesions, with a temperature curve entirely its own, and a course, of three or four weeks duration, as regular as that of small-pox or scarlatina. If to this we add its dependence upon the presence in the body of a specific poison, we have before us all the elements essential to a correct diagnosis. By a "specific poison" is meant a poison which as certainly produces this specific disease, as does the poison of variola produce the variolous disease. The diagnosis is by no means easy in all cases, especially during the first week, and during the second it may still remain in doubt—not often after this period. Let these points be noted then as summing up the essentials of diagnosis:

a. The nervous stupor, which is a stupor of the entire nervous system, and has given name to the disease.

b. The enteric lesion, which is an inflammation of Peyer's and Brunner's glands, to be determined by palpitation.

c. The peculiar temperature curve; the pulse rising daily the first week; remaining at the height so attained, with the usual diurnal variation, for the second week; becoming more and more remittent during the third week; and declining by intermissions to the normal state during the fourth week. The diagnosis may be perfected by additional evidence furnished by the usual phenomena of the disease during its course, but the above three points are sufficient to establish an unequivocal diagnosis. Indeed the temperature curve alone is almost sufficient for that purpose. That and the enteric lesion can hardly be disputed. But the three together are as nearly invulnerable as we can at present demand. We may have a case of typhoid fever and not know it. We may know that we have a case of typhoid fever and not have it. But if we have a case that furnishes us the above three diagnostic elements, we have a case of typhoid fever, and we also know it.

Etiology.—That typhoid fever is due to a specific poison, its specific character nearly proves. But the nature and origin, or source of the poison are alike wholly unknown. Whether the poison is bred within the body by retrograde processes within the organism itself; or without the body by chemical or other transformations taking place in the outer world; or by both procedures combined; whether it is originated only in one way or by several ways; whether it belongs to the animal, the vegetable, or the mineral kingdom; whether it is an animalcule, or a spore, or a gas, or a vapor, or a solid or a liquid; whether it is material or immaterial, no man knoweth. And not knowing this, we do not know how it acts to produce its peculiar effects, whether in a manner mechanical, or catalytical, or dynamical or spiritual, or vital or chemical. In short, about all this we know nothing, and therefore can say nothing. But this we can say, that the poison displays its effects upon the system after the ingestion of water from certain sources that have been contaminated by the excreta of typhoid patients;

also, after the ingestion of milk from cows that had partaken of such water, or of grass-growing or contaminated soil; also after exposure to vapors or exhalations arising from the excreta of typhoid patients. In short, a miasma, whatever that may be, is developed in soil, air and water from the excreta of typhoid patients, and this miasma may be inhaled, absorbed or ingested by another person, and typhoid fever may then appear in him. On this one point Liebermeister is more thorough than Panelli. Whether typhoid fever is contagious in any other than this round-about way is not proven, but the probabilities are that it is not. The moral to be deduced is plain and practical, namely: To dispose of the excreta in typhoid fever that they shall not so infect air, food or water.

Disinfection.—This may just as well be mentioned here. It may be accomplished by various means, in general, by air, by combustion or by dilution. Disinfection by air simply means copious ventilation of the sick room, thus committing the effluvia to the influences of the great atmosphere, instead of confining and so condensing them in close apartments where others must inhale them. Destruction of the excreta as such, by fire or chemicals, would be equally efficacious, but is not always convenient. Dilution, by committing them to a large system of sewerage such as most cities now possess, is the most convenient method, and the one to which we most frequently resort. In country homes there need be no difficulty in submitting the offensive matters to the chemical influences of earth, air and water, on so large a scale of dilution as to render them harmless almost beyond peradventure. Add to these measures the utmost cleanliness in the management of the patient, and our defensive measures are as complete as we can make them at present. We do not know that any of the chemical disinfectants and deodorizers in common use are of any service whatever; certainly they possess no merit compared with the simple, natural, and universal elements, earth, air, and water, to render innocuous a poison so hidden and insidious.

Prognosis.—As the object of this paper is to give a very

brief resume of the practical points involved in the modern doctrines respecting typhoid fever, to condense, if possible, into single sentences whole pages of particulars, we may dismiss the prognosis with the dictum that it is to be strictly based upon the three diagnostic points previously set forth; the nervous prostration, the enteric lesion and the temperature. If one, two, or all of these manifest great severity or virulence in a given case, the case is a severe one. If these elements exhibit a mild character, the case is mild, and therefore, hopeful. As a rule, the temperature alone is sufficiently decisive. But then the other points are certain to follow *pari passu* in the wake of the temperature.

The Prophylaxis.—This is all contained in what is said above respecting the manner in which the disease is communicated, and in that care of the general health which is equally our safeguard against every form of disease.

Treatment.—To this most important department, to perfect which all others must subordinate themselves, I offer my own little method, based necessarily upon a limited experience, as being, whether right or wrong, about as useful a contribution as I can make. It may at least subserve the purposes of comparison, and afford a basis for friendly discussion. The patient ought to be made in all respects as comfortable as possible. This means quiet, cleanliness, prompt attention to all wants, soothing care of every kind and the absolute exclusion of every annoyance. The room ought to be kept at a temperature that is comfortable for those in attendance. The ventilation should be most thorough, but not exposing. An open fire-place with a little fire in it in the winter season is the best of all systems of ventilation. In warmer weather there need be no difficulty in securing a good supply of fresh air without detriment to the patient. Thirst is usually urgent, especially at first, and I always allow a full supply of pure water. If the thirst is intense and burning, I allow the patient to devour ice *ad libitum*; the effect of which is to moderate the temperature, and to wonderfully increase his comfort. I have never seen any but good results from this use of ice where

it was relished. Drinks acidulated with vegetable acids, such as lemonade, currant-jel water, etc., are sometimes just what the patient wants, when water or ice alone taste bad to him. Fruits should be given freely when they are relished, especially grapes, oranges and apples. It is only in the milder cases that the patient will accept fruits or solid food, or in the stage of commencement or of convalescence, so that they need not be withheld for fear of injury. In a word, I make it a rule to consult carefully the patient's appetite and desires in the matter of diet, and to carefully shun the three "st's," starving, stuffing and stimulating. In threatened immediate collapse I should employ a stimulant. I have never yet seen one single good reason to depart from this rule, although I follow it watchfully always. When the patient wishes to eat and drink, I permit it. When he does not, I forbid it. Of course, he would in no case be allowed any but plain food, and such as is known to be of easy digestion, and otherwise free from objection. I abjure beef-tea as positively poisonous in every form of enteric inflammation; and chicken-broth as equally hurtful in weak states of the stomach. I revel in mutton-broth, boiled rice, fruits, cod-fish, and other such luxuries. Milk is the great food above them all, where something nutritious is desirable. But all cannot, and some will not take it. It seems reasonable that there may be a state of the system in typhoid and kindred diseases, where food of any kind is not needed, even for many days. This state is indicated by the utter refusal of the patient to take food, and he is backed by every fibre in his body in his refusal. I think he is right. As I do not think it necessary to purge because the bowels have not moved for a week or two, neither do I deem it necessary to stuff, because the patient has not eaten for a long time. Remember Dr. Tanner. If a good appetite signifies that we may give food, so does no appetite signify that food would be hurtful. At all events I have not yet seen any reason to consider it otherwise, and therefore I study carefully the appetites and desires of my patient, even in typhoid fever, and cautiously comply with them. This

rule is as good in other matters as in that of food. It justifies the use of the sponge-bath or the pack as a means of diminishing febrile action and its consequences.

Medical Treatment.—We cannot shorten the regular course of typhoid fever by any treatment, any more than we can that of small-pox or scarlatina. But we can moderate the virulence of the disease. We can ward off complications, we can possibly prevent relapses, and we can prevent protracted convalescence. Not always. Some of our patients will die from the virulence of the attack, which is sometimes seen to be fatal, and quickly so, from the beginning. But it is something to be able to always reduce the tendency to a fatal result, always to favor an improved course, always to throw a little weight in the scale of health and life as against that of disease and death. And this something we can do.

In the course of a given case of typhoid fever we may require but two or three remedies, or we may require many, according as the symptoms present with uniformity or in great variety. Whatever the specific condition, it is not for typhoid fever in general that we can or do prescribe, but for the totality of the symptoms present at a given time. When the symptoms change, our medicines change with them and according to them. There is no more rational treatment now known to us.

I will close with the brief mention of a few only, of the remedies that I have found most useful.

Gelsemium, is the only remedy I know of for the one pure symptom of that fever. Many symptoms depend on this one, this high temperature and rapid (or depressed) pulse. Prostration, cephalalgia, general malaise, inclination to soper.

Others follow in due time. But as said before they all depend upon the one symptom or general febrile state, and *Gelsemium* is their *simile* and is the Homœopathic remedy. I use it in drop doses of the second decimal dilution, hourly or less frequently when no other remedy is indicated.

Belladonna is only of transient use when the cerebral

disturbances peculiar to that drug show themselves. Delirium with burning heat of the head and mouth and whole body, are good indications for its use, I use the third decimal in drop doses.

Arsenicum (the sixth decimal trituration) is often called for in this disease, throughout the whole of the first three weeks. The characteristic thirst, prostration, and diarrhœa are sufficient to show when it is needed.

Apis in the third decimal dilution, ranks high as a remedy for conditions frequently encountered in typhoid fever. Scant urine suggests it promptly; so do involuntary stools, and absence of thirst, and a dry tumefied condition of the mucous membrane.

Mercurius solubilis, the third or some higher trituration, is frequently called for by the diarrhœa with its characteristic odor and color, but is seldom needed beyond a few doses. It is when the diarrhœa assumes a serious copiousness and frequency, threatening to exhaust the patient, that this drug seems to do its best work as a moderator.

Baptisia ranks next to Gelsemium in importance in the typhoid state. The brown tongue almost black, dry and cracked, the profound stupor, the most typical prostration, all indicate this drug before any other. I use it as I do the Gelsemium, frequently alternating the two remedies.

Chin. sulph., second or third decimal trituration will do where the tongue is clean, and *Nitric acid* where we meet with the strong-smelling urine that distinguishes that drug. For this urine obtains its quality from an hepatic disturbance, and upon the liver this drug acts promptly.

Hyoscyamus, *Rhus*. and *Terebinth*, may be mentioned also as of some importance in this connection, especially the first named, the nervous disturbances of which are so well marked and peculiar.

Phosphoric acid plays a part during convalescence, and all through the course of the fever. *Sulphur* ought to be remembered when things hang fire, as it were, and nothing seems to work as it ought.

These few remedies I have mentioned because they may

be classified as remedies for the more general symptoms of uncomplicated cases, and as remedies likely to be required in almost every case. For the special complications occurring in almost every organ in the body, a correspondingly special and complicated therapy is of course required. How can it be otherwise?

We cannot give one, two, or three remedies, as recommended by Liebermeister, for a hundred widely different conditions, for then the remedy has no relation to the condition. It is true the treatment otherwise becomes very complicated, and sometimes even impossible, but then the symptoms of the disease have become equally complicated, and equally impossible to follow; and we have no resource but to strive to confront them as squarely as possible at every turn, by administering remedies that we know *have* a direct relation to them, by their power to act upon just such structures and to produce similar effects. If the adherents of the Old School have found it worth while to study in detail so admirably and so thoroughly all the changes and complications of typhoid fever, has not our school equally good reason for studying in like manner all the changes and complications of drug action, so as to find wherein the two sets of phenomena correspond, and how one may be applied for the cure of the other? At all events we are exactly right in making the experiment.

Therefore it happens that we cannot here designate minutely in a few pages the whole treatment of typhoid fever, but can give only the barest outline. For particulars we can only sit down once more to the perusal of our *materia medica*, where we find not specifics for diseases, not any specific for typhoid fever, for example, but undoubted specifics for symptoms and groups of symptoms, such as may present in any case of fever, and the cure of which, in typhoid fever is just so much gained towards moderating its severity, and saving the patient.

TREATMENT OF TYPHOID FEVER.

BY W. H. LOUGEE, M.D., LAWRENCE, MASS.

Presented to the Homœopathic Medical Society of the State of Wisconsin.

MR PRESIDENT AND GENTLEMEN: In this paper, you of course will not expect me to enter into any discussion as to the causes of this fever, or its methods of propagation, therefore, I shall be obliged to ignore entirely the whole subject of "contagion vivium" a very prolific subject for thought and speculation, and confine myself wholly to the treatment of typhoid, with some of my reasons for the same.

I shall not depict all the symptoms which characterize a case of typhoid, for they are too well known to every member of this society to be rehearsed by me. When called to take charge of a case, I select a large airy room, discard feathers, preferring a good hair mattress. I select good nurses if possible, and prefer one by day and one by night.

Always make it a point to see the night nurse in the morning. Good nursing in a bad case of typhoid has full as much to do with the comfort and recovery of the patient as medicine, although I consider both indispensable.

My first object in prescribing, is to reduce the temperature which is usually very much above normal, throughout the entire disease. Consequently I order the windows opened, and no matter how cold the weather out side, order them kept open until the temperature is reduced to normal. In bad cases I prefer that all clothing be removed from the patient and cover him with a linen sheet only.

I then order the patient to be sponged thoroughly all over with cold water, every half hour, or if fever is very high, every fifteen minutes, until he becomes quiet, and temperature decreases. As often as temperature rises, and patient becomes restless and wakeful I repeat the sponging with cold water. Nothing so relieves and quiets a patient in this fever, as cold baths or sponging with cold water. In the first stage of typhoid I usually give Bact. and Bry. 1st in

cold water and repeat them every one or two hours, according to the case.

One of the first things I aim to accomplish, is, to protect the system against the many complications which are too apt to be seen during a run of typhoid fever. We know that in the average run of these cases the tendency of the disease is to the lymphatic system of the intestines, Peyer's patches, and to solitary glands. Here we find first irritation, congestion, inflammation and finally ulceration, a condition from which a patient never recovers rapidly.

The above mentioned condition may be brought about through some influence of the nervous centres which send impulses to the blood-vessels supplying these lymphatics, glands or areas of the body or through great heat which causes them to dilate. No sooner is an undue amount of blood found in an organ or blood-vessel, than the white blood corpuscles begin to diffuse themselves throughout the surroundings. To prevent the migration of white blood corpuscles and the bad results which follow their transfusion the abdominal blood-vessels must be contracted or not allowed to unduly dilate. To prevent this condition, I apply early in the case, compresses of cold water to the bowels and order them renewed every half hour, hour, or two hours according to the amount of heat in the bowels. Allow the patients all the cold water (ice water) they want to drink, I consider the cold inside and outside beneficial in reducing temperature.

In the selection of internal medication I am governed largely by constitutional as well as local symptoms. Some patients will be more severely attacked in the nervous system, while others will have more of the symptoms manifest upon the glands, patches and mucous membranes of the bowels. If the symptoms indicate that the disease is to spend its force upon the lymphatic system of the intestines, Peyer's patches, and the solitary glands, I endeavor to break its force and check its progress by the constant use of cold applied to the abdomen, with the use of such remedies as *Ars.*, *Rhus tox.*, *Merc.*, *Muriatic acid*, *Phos. acid* and *Opium*.

If I have hæmorrhage from the bowels I continue the cold packing, making it ice cold and give such remedies internally as Nitric acid, Carbohc acid, Opium and *Secale cor.* When I prescribe these medicines for hæmorrhage from the bowels, I always give them in appreciable doses. If such treatment fails to arrest the hæmorrhage in due time I put one drachm of Per-sulphate of Iron into one quart of cold water and inject that up the rectum.

Last winter I was called into a family to take charge of a case of typhoid, where four members of the family had died of the same disease. All of these had the best "regular" treatment the city affords, and all died of hæmorrhage from the bowels. My patient a young man of eighteen, seemed to be doing well and having what I called an average run of typhoid. He got Bapt. and Bry. with the usual cold water treatment as far as it was possible to make the family, who had the whole charge of him, apply it. They were not believers in cold water, therefore did not apply it fully up to my recommendations. Patient seemed to be doing very well up to the ninth day, when all of a sudden he complained of pain in the bowels, and within ten minutes from that time passed a large quantity of blood from the bowels.

Before my arrival he had had three other large discharges from the bowels, of dark stinking blood. The family were demoralized and at first refused to have anything more done for him, but after telling them that I had never lost a case like this when I had been allowed to exercise my skill and judgment, I was allowed to proceed with the case. I applied ice water to the stomach and bowels, and gave ten drops tincture of Opium, and followed that in fifteen minutes with Carbohc acid ʒss. Repeated Carbohc acid every half hour for several hours. No more blood came after packing bowels in ice water and giving Opium. Selected Opium because of the great shock which the bleeding gave to nervous system. This remedy I have always found to work well where the nervous system had received a great shock through fear, no matter what the disease. I was led to select the Carbohc acid because of the putrid condition of

the stools. I remembered that while in Vienna Prof. Billroth lost a patient from Carbolic acid intoxication and the patient vomited, and passed stools very similar in color and smell to the stools passed by my patient. I have used it in several bad cases where the blood seemed in a very disorganized state, and where I found hæmorrhage from the bowels, with the best results. It also seemed to remove the sordes from the lips and teeth better than any other remedy I could select. I am getting to have a great deal of confidence in Carbolic acid in such cases as we have been accustomed to use *Secale cor. in.* I have been accustomed to use first decimal dilution in water.

When there is great tympanitis with or without diarrhœa I have found *Merc. dulc. 1st dec. trit.* in three or four grain powders, given every six to eight hours to do a great amount of good. Also a few drops of first dilution of Terebinth on sugar several times a day, have done admirable service in my hands when we had the tympanitis, with severe diarrhœa.

In connection with this bowel trouble we are liable to get sometimes an inflammation of the prostate gland. This complication is a very painful one, and one which usually produces great difficulty with the bladder. In these cases you will almost always be obliged to use the catheter, to relieve the bladder. Here let me say that in such cases I always use the smallest catheter possible, and this I consider good practice whenever the urine cannot be voided, from any inflammatory cause.

While the patient is suffering intense pain I order injections of cold water into the rectum, and after those introduce suppositories of *Bell. and Morph. s. m.* one quarter grain each, once or twice a day, introduce half a fingers length up the rectum. As soon as the acute symptoms subside, I substitute suppositories of *Iodoform* two grains and *Tannin* one grain for the *Bell. and Morph.* For internal treatment I give *Thuja occ.* and *Puls.* Following such an attack in a case of typhoid the bladder becomes so involved that we sometimes have a severe catarrh of the bladder and

still inability to void the urine, even after the swelling of the prostate gland has subsided. Of late years I have been accustomed to examine the urine in such cases under the microscope when I usually find freshly drawn urine to contain millions of living bacteria, together with pus corpuscles, and epithelium scales from the bladder. The urine drawn from such a bladder, has a terrible stinking odor. The desire to urinate in this case comes quite often. My treatment in such complications has been to wash out the bladder twice a day with a one per cent. solution of Carbolic acid, usually throwing into the bladder from half a pint to a pint and allow it to remain from ten to twenty minutes when if patient cannot void it, I draw it with a catheter. I have found that from four to eight washings out in the above manner are sufficient to cure the worst complications I have come across yet in typhoid. In handling catarrh of the bladder, I have prescribed with very satisfactory results such medicines as Ars., Lyc., Camph., Canth., Phos. acid, and Terebinth. But I think that, first washing out the bladder with warm water then with the medication I mentioned will cure an acute case in one-third the time that it will take medicines to cure it. After washing the bladder out and killing the bacteria, we seldom if ever have a case of chronic catarrh of the bladder follow typhoid fever. One cannot be too careful about disinfecting the instruments used about the bladder.

The next part of the system involved and to which we invite your attention, is the nervous system, that part of the system primarily attacked by the disease and to which in the future all medication and treatment will be directed. It must be through regulating nervous impulses that we are to be able to regulate blood pressure in any organ, set of organs, or areas of the body.

Certainly it must be through being able to regulate nervous impulses, that we are to stimulate nutrition, or retard waste. Therefore, when beginning treatment in a case of typhoid, my first and constant aim is to control the nervous forces of the body; for, when I am able to do that success-

fully, I feel that I am master of the situation. In being able to accomplish that, you can draw blood from over-excited organs, and direct it to organs deficient in supply, When I find the nervous system profoundly affected, I must first understand whether the system is to suffer from too great depression or too great excitement. If the case is one of great depression of the nervous forces bordering on paralysis, I must select such remedies and resort to such means as are capable of arousing and stimulating the half dormant forces into active, healthy impulses which, when established will enable us to unload congested organs and establish an equilibrium between repair and waste.

If I have a case of wild delirium, constant talking, seeing imaginary objects, constantly attempting to escape from some imaginary horror or danger, no sleep or rest night or day, I pack the head in ice, or ice water and give the most strongly indicated of the following remedies, in alternation with Opium tincture, Bell., Hyos., Rhus tox., Stram. and Bromide of Potas. Of the first four named I prepare as follows: Half a drachm of the first decimal of the remedy selected and the same quantity tincture of Opium and prepare in separate tumblers two thirds full of water and give every two hours, hour, or half hour alternately. I continue them at shorter intervals until the patient becomes more quiet and sleeps. When the eyelids drop, I at once begin to lengthen the intervals, and am now governed about the repetition of the dose by the amount and the quality of the sleep. When obliged to give Bromide of Potas., I put into the same amount of water as for other remedies, from one to two drachms of the salt.

I consider this method of unloading and quieting a congested and excited brain, perfectly safe. I have never seen any bad results where a patient has been treated according to the above method, but I have seen fatal results follow a too powerful dose of Sulphate of Morphia when given to force the excited and congested brain of a typhoid, to sleep quickly. Such patients sleep if the dose be large enough, but generally, it is a sleep that knows no waking.

Several months ago I treated a case of typhoid where, for seven days and seven nights the eyelids never drooped once. The patient's face was white as chalk, eyes staring wide open and lustreless, mouth, lips and tongue, as black as charcoal, and it took from two to four persons to keep him on his bed. He got Opium and Stram. and finally, it was repeated every fifteen minutes and for some eight hours as often as that, before his eyelids drooped, and he finally succumbed, and four days and nights following he slept more than nine-tenths of the time. When he awoke from his four days sleep, he awoke perfectly natural.

On the other hand if the brain should show symptoms of paralysis from anæmia or from impoverished blood, I should apply heat to the brain, and give such remedies as Arsenicum, Digitalis, Phosphorus, Phosphoric acid, and stimulants freely. If I have reason to believe that there is any great amount of blood dyscrasia, I give Muritic acid and Sulphuric acid. I have found these remedies to work well in such conditions of the blood, also, think of *Secale cor.* in some cases. Have always found stimulants to work well in cases of marked *subtus tendinum*.

We have another form of complication sometimes which calls for quick and intelligent action on the part of both nurse and physician, and that is after protracted cases where the temperature has ranged high for a long time, and the blood has become considerably impoverished, the heart through loss of nervous impulses or muscular degeneration, ceases to perform its functions normally, and produces some of the most critical conditions which we find in typhoid fever. This condition of the heart is apt to come in near the crisis of the fever, and indicates its approach by small and irregular pulse, venous system is overfilled, while the arterial system is scantily filled; face grows dark colored; hands, feet and lips very dark colored; urine almost entirely suppressed. In fact anuria will be so nearly completed, that the patient will be in great danger from uræmic intoxication of the blood. The only way I have found to extricate my patient from such imminent peril as seems to be

surrounding him on all sides, is to stimulate both the nervous forces of the heart, and at the same time the muscular contractions of the heart. We want to put all the strain possible upon the heart, and not paralyze it. The venous system must be emptied and the arterial system must be refilled in order to bring a sufficient amount of arterial blood in contact with the kidneys to eliminate a greater amount of urea. For this complication I rely mainly upon *Digitalis* and whiskey, or some form of alcohol. When I suspect the complication, I have the two remedies on hand and instruct the nurse when and how to use them. I am confident of having saved the life of more than one patient by such vigilance. Last fall, winter and early spring, we had an endemic (or epidemic) of fevers in our city, which proved very fatal in the hands of our "regular" practitioners. These fevers ranged from typhus down to the simpler forms of continued fever, but almost every type of the fever took on the typhoid characteristics, and were protracted cases (those that lived). I treated during the endemic (or epidemic) which lasted some six months, 118 cases, with a loss of only one patient, and that one had had organic disease of the stomach for nine years before being attacked with the fever.

Next in importance in handling cases of typhoid, comes the diet. First, reduce temperature. Second, prevent waste. Third, restore that which has been lost. I think there is more danger in not feeding enough, even when the temperature runs high, than there is in feeding too much. There are remissions in the fever when the patient can take a considerable amount of nourishment with benefit to himself. I allow my patients all the milk they want, with or without ice, just as they prefer. Also order beef-tea, beef essence, beef extract, mutton or chicken essence, various kind of gruels, half gruel half milk, with all the coffee they wish to drink. In fact I allow them almost any kind of liquid food they call for or prefer.

You will notice that the first thing we attempt in a case of typhoid, is the reduction of the temperature because, in

so doing we protect nutrition, prevent necræmia and local lesions. Experiments show that increase of temperature, produce both muscular and nervous irritability. All the muscular processes are hastened and the rapid chemical changes may result in insufficient supply hence the disturbance in the equilibrium of repair and waste. Ciliary movements are greatly affected by great increase of temperature and as a result of this disturbance the cell dies. Again it has been estimated that 5.2 per cent. of the heat of the human body is required to warm the expired air. In conduction, radiation and evaporation by the skin, 77.5 per cent. This experiment alone shows the necessity of giving typhoid patients pure cold air to breathe, for the colder the air the greater amount of heat from the body is required, to warm the expired air. The lungs and the skin seem to be the best two mediums we have through which to cool the body, therefore make the most of these two opportunities in handling a case of typhoid fever.

Mr. President, I have endeavored briefly and in as plain and simple a manner as possible, to give you some of my views in regard to the management of typhoid fever. The assistance to which I feel under the greatest obligations, is common sense, experience, observation, and some little research—helpers which come within the reach of every member of your society.

TYPHO-MALARIAL FEVER.

BY PROF. J. S. MITCHELL, CHICAGO.

Read before the semi-annual session of the Homœopathic Medical Society of Wisconsin.

Is there a typho-malarial fever, or is this term merely quoted to cover certain symptoms which are distinctly referable to other well known fevers? Dr. J. J. Woodward, who has proposed this name applies it not to a specific or distinct type of disease, but to the compound forms of fever

which result from the combined influence of causes of the malarial fevers and of typhoid fever. Attention was particularly directed to this affection during the late civil war and, since then, it has been much studied.

It is found that there are cases of fever with phenomena so complex that they cannot be referred to either of the distinctly malarial types of fever, or to the typhoid form.

The prominent features as given by Hall, which serve to differentiate them from typhoid, are as follows:

TYPHOID.

Invasion gradual, daily exacerbations, remissions slight; diarrhœa the rule, tympanitis common; abdominal tenderness considerable; epigastric and hepatic tenderness slight; temperature comparatively low; delirium low and muttering; spleen not involved to the same extent; sordes of teeth the rule.

Peyer's glands always involved; rose-colored eruption present; pigment deposits absent.

TYPHO-MALARIAL.

Often begins with intermittent or remittent; exacerbations and remissions decidedly marked; constipation the rule; tympanitis rare; abdominal tenderness slight; epigastric and hepatic tenderness considerable; temperature high, specially at outset; delirium active.

Tumefaction of spleen very marked; sordes rare; Peyer's glands rarely involved; eruption entirely absent.

The following case will specially illustrate the points of difference:

Mr. B., aged forty-two, thin and dark, was taken with chill of considerable severity, followed by gastric disturbance. For a few days there was some diarrhœa, mucus stools, which were succeeded by a condition of obstinate constipation. The gastric trouble grew severe and intense; delirium was present and of an active character.

After the disease had existed for some days, I was called to take charge of the case; found the patient very restless, being in all four corners of the bed within a moment's time. At times the delirium was of a wandering character. There was complete anorexia, and vomiting at intervals. On examination I found gastric and hepatic tenderness. There was no tympanitis present, but on passing the hands along the colon large nodules could be felt; he had been taking

milk and the bowels were impacted with scybalæ. There was also tumefaction of the spleen. No sordes existed. There was no tenderness in the ilio-cæcal region. The pulse was 120 and the temperature at that time 103°. The tongue was clean, slick and red; insomnia, complete, had existed for days. The patient had suffered during the previous winter with the so-called winter cholera, and having recovered, had spent the summer at the east and returned to Chicago in excellent health.

I gave at once an unfavorable prognosis. Under Arsenicum and other remedies the case progressed favorably. Delirium became better; stomach retained some nourishment; enemata succeeded in relieving the colon of the impacted fæces; the patient rested for short periods; the tongue appeared more natural. I was just on the point of giving a more favorable prognosis, when a sudden and profuse hæmatemesis occurred which was followed by profound collapse, and death resulted in a few hours.

The temperature became sub-normal soon after I took charge of the case, ran down as low as 95°. During the course of my treatment, which continued for nearly a week, it gradually improved and reached the normal, until after hæmorrhage, when it again dropped to 95°, and soon rose to 112°, just before the fatal termination.

Note that in this case we had not the gradual invasion, slight remissions, tympanitis, ileo-cæcal tenderness, muttering delirium, sordes and diagnostic eruption of typhoid. The invasion was sudden, temperature changes extreme, epigastric tenderness with vomiting was a striking feature, delirium was active and the hæmorrhage from the stomach.

In some cases the distinctive points are not so marked. Drake regards this form as a hybrid of typhoid and remittent fevers.

It seems evident that there are sufficiently marked symptoms that enable us to assert the existence of a typho-malarial form of fever.

It may strike one that the case cited might be considered a form of cerebro-spinal fever. The low and fluctuating tem

perature and the vomiting which was persistent and violent were suggestive. But we had no loss of cutaneous or muscular sense and no excito-motor spasms of a tonic character. The pathognomonic symptom, head drawn downward and backward, was wanting. Only in fulminating meningitis, (*meningite foudroyante*) which runs its course in a few hours is this symptom absent.

There were no purpuric maculæ. Before I assumed charge the case had been under treatment by an Old School physician noted for enormous doses. The long insomnia violent delirium and inability to retain nourish afforded ground, with a general unfavorable look, for a fatal prognosis which I promptly gave on my first visit.

Yet the relief given by Arsenicum was very marked. Vomiting ceased almost entirely, the intense burning of which the patient complained most bitterly was also relieved.

The amount of blood vomited was very large. I gave a dose of *Han.amelis* and it did not recur. But as before stated the collapse was too profound. *Veratrum*, *Carbo veg.*, or stimulants induced no reaction.

HYDROLENE OR HYDRATED COD-LIVER OIL.

The attention of the readers of *THE INVESTIGATOR* ought to be called to this new digestive, which has been in use in England, to a limited extent for over four years, but has only of late begun to attract attention in America—at least so far as I have learned. I have prescribed now for three cases, one of which was undoubtedly a case of phthisis in the stage of febrile irritation, with a tendency to rapid emaciation. In the second case there was marked progressive emaciation in a lady with a bad family history, and very sensitive lungs. In the third was a similar family history, and emaciation resulting from a pleurisy with effusion which was six weeks in undergoing absorption.

The progressive emaciation was my key-note in administering the hydrated oil, and is indeed the chief indication for its use, as set forth by its originators, G. Averend Drewry M. D., and H. C. Bartlett, Ph. D. of London. I am now led to recommend a trial of it in cases of emaciation from any wasting disease whatsoever, because of the surprising results following its use in two of the cases to which I have administered it. The third case has not yet had time to report. In the first and worst case the pulse was lowered, the appetite improved, night sweats arrested, the cough abated, the suppressed menses restored, and an increase of weight obtained, within three weeks by the use of the oil. I need not enter further into details. Suffice it to say that it has long been known among medical men that if they could obtain an increase of weight in a patient undergoing a "wasting" disease—pulmonary, mesenteric, or general—that the disease could be arrested. For the increase of weight proves increased nutrition, and this means all the rest, of course. This cannot often be obtained by any heretofore known preparation of Oil. But by this new preparation it *is* obtained in a vast majority of cases, according to the authorities above named, and phthisis itself is thereby arrested, while nervous disorders due to imperfect nerve-nutrition are immediately cured. The hydroleine can be obtained of all druggists.* The dose is a dessert spoonful *with* the meals. I am not endorsing it, or pretending to know how valuable it is, but my two first ventures with it so surprise me that I venture to recommend experiments with it to others who have cases of emaciating disease which they know not how to arrest.

R. N. FOSTER.

*Or it may be ordered of Duncan Bros.

Correction.—In an article on "Tonsilar Abscess" "*MEDICAL INVESTIGATOR*," of June 1st 1881, my name was spelled McKelroy, it should be as above.

C. MCKELVEY.

THAT DIPHATHERITIC PLANT.

In the interesting article on "preventive medicine" there was a statement that is significant *i. e.*, (p. 437) "false membrane, supposed to invariably indicate the presence of diphtheria, may be caused by Ammonia, Cantharis or any other irritating influence in the throat." What then is the cause of diphtheria? In a lecture before the Academy of Natural Sciences (Phil.) Prof. H. C. Wood stated that diphtheria "is propagated by a microscopic plant or fungus existing in all human beings especially the mouth and throat but lacking the power of reproduction until given increased vitality by those *disordered conditions of the mucous membrane*, which attend sore throat when caused by cold." Here we have a statement that places the plant in the realm of all parasites (including maggots) that they feast upon the dead and dying. Let us examine the statement of Prof. Wood. (1.) *The cause* (cold) produces (2) "a disordered condition of the mucous membrane," and (3) "the microscopic plant" found in all mouths is increased. How any one with any sort of logical ideas can make this *third* factor *the* important element in the propagation of diphtheria is rather singular. The poor little *Leptothrix buccalis* of Robin (a confused mass of extremely fine filaments), is here elevated into a most virulent poison. The membrane is not the disease, so we are told, nor is it the cause of the disease and we submit that neither is the little *Leptothrix*, but the train of phenomena beginning with the disordered mucous membrane when caused by the kind of "cold" that develops diphtheria. That word "cold" sends us into the atmosphere for the cause. But as the disease prevails in hot weather as well as cold so cold is not the cause and again we are at sea, or on the wing. It may be a very fine thing to make the common fungi, *always* found in the mouth, the cause of diphtheria but if so we have a mild diphtheria all the time, only we do not know it—an absurdity on the face of it.

There may be a diphtheritic plant, but as Dr. McNeil has

ably shown in that most valuable Prize Essay on Diphtheria the germ theory is not proven. A plant is an effect. An *increased* growth of a common mouth plant is certainly an effect; then the cause is more remote. We dislike to rob any one of glory but Prof. Wood should not be so inconsistent, perhaps he will yet find his way to the cause. A chemical test might be more successful.

PHILLIP.

THE BEST PRESCRIPTION FORM.

In reply to query as to best form of prescribing Homœopathic medicines, I might state my practice. I give Homœopathic remedies:

1. *In water*, five to ten drops of a dilution may be added to one-half or two-thirds of a tumblerful of water, and a teaspoonful or two teaspoonfuls administered at a dose. For young infants, a half or even a third of a teaspoonful is all that I usually give. In lieu of the dilution, a saturated powder of sugar of milk or a powder of a soluble trituration or medicated globules may be used for forming the watery solution.

2. *In powders*, these are made of triturations or sugar of milk with medicated globules, (the latter the smallest sizes). The quantity of course varies, but from three to five grains is about the average. These powders are taken either dry on the tongue or dissolved in water.

3. *In globules*, I use a range of sizes from No. 25 to No. 40, preferring the former for children and the latter for persons with failing eyesight, or for those engaged in mechanical pursuits who carry their medicine with them while at work. Of No. 25 and No. 30, the dose varies from one to six, viz: One for an infant under six months; two for an infant from six months to two years; three from two to five years; four for ten to fifteen years and six for an adult. The larger sizes are given, four of No. 35, and three of No. 40 for an adult with a smaller number for children, somewhat varied according to age.

4. *In dilution*, that is, I sometimes give a vial containing a dilution with directions, to take one drop, which can readily be accomplished by touching the tongue to the liquid. In still other cases, I direct a certain number of drops to be taken in a teaspoonful or more of water for a dose.

For vials, I use from one-half drachm to four drachms. Half-drachm vials are useful in prescribing for children and are large enough when only one or two globules are needed for a dose. For No. 35 and No. 40 pellets, I never use smaller than one and one-half drachm vials, and sometimes two, three or four drachm vials.

Finally, I usually try to regulate my mode of prescribing according to my patients' whims or proclivities. Parties with a dubious faith in Homœopathy generally take more kindly to powders than to globules, while for children especially there is nothing more acceptable than the "sugar pills." Medicine in water is generally bourné best in cases requiring frequent dosing, the stomachs of some rebelling against the repetition of the sweet globule. There are other methods of administering Homœopathic medicines, in the form of discs, tablets, etc., but their use would be suggested by the wants or fancies of the practitioner himself.

G. M. O.

"THE MAD STONE."

Being informed that an old lady of this city was in possession of a mad stone that is found very efficacious for the virus of rabid animals, a visit was paid the lady and a small portion of the stone taken away for examination. Through the courteous assistance of Prof. Eli F. Brown, of the Indiana State Normal School, a careful chemical analysis was made and the result further assured by the use of the microscope, revealing our first convictions that the wonderful "mad stone" was a very fine specimen of brain coral, nothing more.

Although the so-called "mad stone" is considered by many a myth, there is no doubt from its peculiar cell structure of its power to absorb poisonous virus; and we earnestly recommend the medical profession to test the coral for diseases incurred at the operating table as well as for the bite of rabid animals.

DR. L. R. PALMER.

TERRE HAUTE, Ind.

DISPENSING HOMŒOPATHIC PRESCRIPTIONS.

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

Your correspondent asks what is the best and most convenient mode of dispensing medicines? In my experience, powders dry are best given at the houses of my patients when the doses are not more than once a day; if oftener, dissolve the powder, daily, in as many dessertspoonfuls of water as there are doses to be taken. If, however, it be an acute case, requiring daily visits, dissolve the *pellets* directly in one-half to two-thirds of a tumblerful of water; spoonful every hour, or more or less as needed.

Liquids are utterly unsuited in my judgment to the accuracy and purity of Homœopathic prescribing—particularly at the bedside. It is quite impossible, I think, to prevent some leakage, and if the lips of the vials infringe upon each other, their contents must infallibly commingle, and away goes all certainty as to what medicine any subsequent patient may receive.

For like reasons, vials, even if filled with pellets, merely moistened with the liquid, should evermore occupy the *same space* in the pocket-case, thus preventing the contact of the lip of any vial with any other drug particles.

For *office-prescriptions*, I find nothing to equal, either for neatness, convenience, and celerity of preparation, paper envelopes, two and three-fourth inches wide by four and three-fourth inches long, with No. 40 pellets; exactly twenty-

eight of this size being contained in a single row upon the bottom of the envelop, directing for a man, three at a dose; for a lady or child, two; thus the man taking three doses per day, (nine pellets), finds just three days' medicine in one row, not fully filled, and this without my expending time in counting them. The lady or child in the same row, filled, has fourteen doses, precisely—a little less than five days supply; or, if taking twice only in the day, this row of pellets will last just one week, and so on. A few pellets added or subtracted, with a mere glance of the eye, assures us in one moment of the required quantity being dispensed in other cases. Directions are written on the envelop, which also is printed with card and hours.

For long continued use of the same remedy, the same sized pellets in a two-drachm vial, made very strong, well corked and enclosed in the envelop is best. It contains about four times the number of one row, as above.

OUR METHOD OF PRESCRIBING.

The method of prescribing Homœopathic remedies is of more importance than would at first appear to the casual observer. Your prescription must at the same time have a psychological and physiological effect, *i. e.*, while your remedy *may* satisfy his ailment its form *must* satisfy his mind.

The difference in constitution, temperament and intelligence of your patient, his understanding of Homœopathy, etc., must in a great degree, govern the form of your prescription, *e. g.*: A strong, full blooded laboring man calls upon you for relief; it would be the height of folly to give him a single dose upon his tongue, and tell him to return in a week, or even a drachm vial of pellets. You might as well whistle a jig to a mile post. You would not cure him, and the chances are you would not have another opportunity to prescribe for him. On the other hand it would be quite as inconsistent to prescribe a two or four ounce vial of

any remedy to a refined, intelligent lady, understanding and believing in our law of cure, but reverse the circumstances and you often produce a happy effect on both. If this general rule is followed, you will never be asked, "Don't you charge too much for so little medicine," as was G. S. S., November 15th number.

For patients going about their business, the most convenient form of prescription is in powder, and for this purpose we have a drawer divided into several compartments for the most prominent drugs in daily use, and we fill at leisure moments for ready use when the rush comes. If you wish to alternate remedies, use papers of different colors. The next best form are the pellets No. 30, in two drachm vials, eight to ten at a dose.

For medicines prescribed at office, to be taken at the patient's house, (as for children generally) we use one-half drachm vials filled with the dilutions, to be prepared in glasses at home. This form of prescription is neat and very satisfactory. At the bedside, as a rule, I prefer to prescribe in glasses and powders. Aside from this, you can prescribe your remedies in vials ranging from one-half to two ounces in teaspoonful doses. We also use discs, cones and tablets.

In the treatment of chronic cases, or even in acute cases of long continuance, you will find it beneficial to change the form of your prescription. Your patient often tires of taking medicine in pellets or in water day after day. It appears to him the remedy is always the same. It is not bad practice to have a second glass, occasionally, *in certain cases*, in which you can put a little Hydrastis or China to be taken at intervals. The very color in the glass has its effect upon your patient.

A mistake many practitioners make is to name the remedy you are prescribing; thus certain patients have come to think that we nearly always prescribe Aconite and Bell., or something quite as common.

If you have a chronic case in which you may wish to continue a remedy for a length of time, your patient reports weekly; sees no change (from day to day); by the time you

have said to him, "Well, I will give you some Nux to-day," about a half dozen times, he will begin to think it is time for him to change medicine if not doctor. On the other hand if you change the form of your prescription occasionally, if not the remedy, and never mention names, your patient will continue his faith. Much more could be said upon this subject, but I will not occupy any more of your valuable space. We all need more tact.

MILWAUKEE, WIS.

O. W. CARLSON.

Society Proceedings.

FIRST SEMI-ANNUAL SESSION OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF WISCONSIN.

FIRST DAY—MORNING SESSION.

The first semi-annual meeting of the Homœopathic Medical Society of the State of Wisconsin convened in the office of Drs. Danforth and Carlson at ten o'clock, November 16, 1881; the president, W. Danforth M. D., of Milwaukee, in the chair.

The secretary, Dr. Eugene F. Storke, announced the object of the meeting to be the special consideration of a report to be made under the auspices of the bureau of clinical medicine, upon the subject of *zymotic diseases*, especially typhoid fever, and diphtheria.

The following members of the profession were present during the sessions of the convention: L. A. Bishop, Fond du Lac; R. K. Paine, Manitowoc; J. Lewis, R. Martin, C. R. Muzzey, O. W. Carlson, W. Danforth, E. F. Storke, Julia Ford, E. W. Beebe, C. C. Olmsted, A. J. Hare, M. E. Melindy and L. Sherman, Milwaukee; M. Hurlburt, Portage; J. J. Davis, Racine; H. B. Dale, and R. Rend, Oshkosh; C. D. Childs, Beaver Dam; Prof. T. C. Duncan, and Prof. N. B. Delamater, Chicago; C. H. Katell, Mayville; and E. W. Clarke, Neenah.

The members of the profession were invited to participate in the various discussions to be held during the session.

The president made a brief statement of the importance of the semi-annual session, and of the good which he earnestly desired might arise from it. He then announced the receipt of interesting papers upon the subjects for consideration, from various sources.

An informal discussion then ensued, wherein the order of exercises and various minor matters were considered; after which the meeting adjourned until two o'clock P. M.

AFTERNOON SESSION.

Society called to order by President Danforth.

The President's address being next in order, Dr. Danforth proceeded to elucidate a theory concerning the origin of zymotic diseases; the address was a very able one and the difficult subject was treated in such a way as to convince all present that the President had devoted much thought to this subject. (See page 507 this issue.)

At the conclusion of the address it was referred to a committee appointed by the society. Committee consisted of Drs. E. F. Storke, C. C. Olmsted and E. W. Beebe.

Dr. H. B. Dale asked, if these theories regarding the origin of disease are true, of what use can medicine be? May it not possibly be an injury? The application of medicine in such cases, seems almost farcical. The ideas advanced are novel and original, and full of startling interest, just at this time when there is so much alarm about the spread of contagious diseases. The more that can be known of any theory that will lead to the development of higher and broader success is greatly to be desired.

Dr. Danforth replied vindicating his views, by saying that it would in the light of this theory be unwise to discard medicine. Medicine is often of benefit after the injury has been done, by changing the diseased action, by controlling symptoms, sustaining vitality and ultimately by restoring health. It may stultify germ action and prevent their augmentation. Remedies cannot abbreviate a self-limited disease, yet who will deny their beneficial action upon such. The more correct theory we can have of morbid causes, the more correct our treatment can be.

Dr. Dale—I do not know, then, how to account for evidences of contagion, and whole families sickening. It certainly seems more probable that electrical influences have much less to do with originating disease, and specific poisons much more than the president states in his address. Theories are all very well, but what physicians need is more practical information.

Dr. J. J. Davis—Are electrical disturbances from without or within and why does typhoid fever prevail in the fall?

Dr. Danforth—To the first question I would say, both. The electrical disturbances are more active in the fall; at the death of the leaves and decay of vegetation the predisposition to bilious and glandular disease is greater. Carbon in excess may favor glandular disease.

A general discussion ensued in which nearly all in attendance participated. At the conclusion of the discussion the address was referred to the committee on publication.

Communications were then read from Dr. A. K. Hills, of New York; Dr. H. N. Keener, of Princeton, Ill.; Prof. R. N. Foster and Duncan Bros., of Chicago, Ill.; Dr. Lougee, of Lawrence, Mass., and Dr. Leasure, of St. Paul, Minn.

On motion the communications were placed on file.

On motion the subject of *Typhoid Fever* was then taken up, as the order of business for the afternoon.

A very able and interesting paper by Dr. W. H. Lougee of Lawrence Mass., was read by the president. The author presented at length his idea of the importance of a close observance of the many details connected with the successful treatment of this fever.

After the reading, Dr. Dale asked about the primary and secondary action of Opium, and Hyoscyamus. The author of the paper did not, in his opinion, make a sufficient distinction in this regard. The recommendations as to diet are unobjectionable, and among the best features of the paper. A generous diet will save many cases of typhoid fever. Since the milk diet has been in vogue our treatment has been more satisfactory. The physician who nourishes his patient, best, has the best success. The medical treatment recommended in the paper may be very good in the east, yet not be so here. He would say, *stimulate* and *feed*. As to the cold water, he would be afraid to use it as recommended by Dr. Lougee.

Dr. Hurlburt, of Portage, agreed with Dr. Dale, as to the sustaining treatment, and avoidance of anything like a shock, she uses the indicated remedy, and *expectant* treatment—that is she expects the patient to get well, as she has never yet lost a case.

Dr. Duncan, considered Gelsemium of much benefit in these cases, Typhoid and in fact all zymotic diseases more or less, depend on atmospheric conditions, and they vary from year to year. Gelsemium happens to be the type this year. Baptisia is not as good, and Bryonia has no effect. Arsenicum for marked restlessness, change of position, controls the disease and cuts the attack short. Rhus. tox., is not of much benefit this year. Gelsemium has shortened very marked cases. Have not used electrical, nor water treatment, only the indicated remedy. The treatment must depend on good sound judgement and the remedies must be carefully selected. Nourish the patient well. The depression of the general system may be well met with stimulants. Milk is the most applicable diet. There must be individual susceptibility, a predisposing cause, and an endemic cause. Over-work acts as a predisposing cause. The glandular theory is receiving considerable attention at the hands of scientists, and seems to answer theoretic demands. The glandular and lymphatic systems connects with Peyers patches and the nervous system, and depressing and electrical causes, all conspire to produce a derangement of the harmony existing between the organs, and produce a predisposition to the disease. The germ theory seems to be substantiated by the diphtheritic plant according to recent authority, who claim it results from increased growth of fungus from the tongue. The study of this and kindred subjects are intensely interesting, it tends to enlarge ones ideas. But after all what we really need are facts, and not too much theory.

Dr. Dale was then called to the chair, the president retiring.

Dr. Baldwin said, cold water prevents the extension of the disease, it will check any fever in the world; satisfy the appetite as the patients desire; be heroic with water and timid with drugs.

Dr. Carlson took issue with Dr. Baldwin, by saying, every fever cannot be cured with or by cold water. We must feed the patient according to our judgment, and not as he may desire.

Dr. Melindy said, warm water is much more efficacious in reducing temperature than cold, and she uses it far more frequently.

Dr. Carlson doubted the truth of this statement; the temperature could not be reduced by such means.

Dr. Julia Ford—Is there not a very *slight* fever during the incubation, coming on very insidiously? For this condition cold water cannot be indicated. The rational treatment is to regulate diet, insist upon a perfect quiet, and individualize in the selection of the Homœopathic remedy.

Dr. C. R. Muzzy—Pure air is the important factor in the cure of this disease. The air from without is essential, it assists in eliminating the disease products.

Dr. Baldwin—The temperature of the bath for the sufferer must be indicated by the patient himself. We may get an electrical effect from either hot or cold water but not from tepid. Let the diarrhœa, constipation, and local troubles alone. Stop the fever, the patient need not suffer two weeks.

Dr. Clark—What do you mean by breaking the fever?

Dr. Baldwin—A reducing of the circulation. When the temperature reaches the normal point, the fever is broken, and the attendant lesions will care for themselves.

Dr. Reud—I use very few remedies, Gelsemium, Baptisia and Bryonia. Electricity is a queer thing, its use as a remedial agent, not well understood, consequently puerile and death likely to follow.

Dr. Lewis—Cold water baths will reduce the temperature and the reaction will raise it. My success has been very gratifying, as I have never lost a case, some of them have passed through very trying circumstances, and they persisted in living, even when environed by the most adverse surroundings. This fever tends to get well. Oftentimes recovery follows in spite of the absence of care and injudicious treatment. The cases which Gelsemium seems to cure will probably get well of themselves. Rhus, Bry., Ars. alb., Nit. acid, Terebinth and Opium may afford relief when the symptoms indicate their use. Gelsemium may be used for the remitting form of fever. Arsenicum meets the demands of the severer cases.

Dr. Carlson considered nursing to be the most important adjuvant in the treatment, and could dispense with all else sooner than this.

Dr. Lewis, being asked as to strength of medicines used by him replied, I seldom use the very high or the very low. I avoid extremes, I prefer, generally, the third decimal dilution or trituration. I have had some very good results from the 200x, of Rhus, but cannot break a fever in one or two weeks. I have lost confidence in Baptisia to abort a fever.

Dr. Paine—This is a self-limited disease, and we cannot stop it, any more than we can variola or scarlatina. It goes through in spite of all treatment. The treatment should be conservative and sustaining, avoiding complications, individualize closely, observe the surroundings and be governed accordingly.

Dr. Duncan proposed the following questions, as a guide to a more logical study of this disease. 1st. Number of cases treated? 2nd, Epidemics passed through? 3rd. How did they differ? 4th. Is the disease self-limited? 5th. Can it be aborted? 6th. What are the most frequent sequelæ?

Dr. Reid stated that he uses five drop doses of Gelsemium, Keith's tincture, and carries it to the point of producing a pathognomonic effect, as it is only in this way that it can do good.

Dr. Duncan replied, Gelsemium may produce poisonous effects in five drop doses. The Homœopathic tincture given in this way is dangerous, that is if given repeatedly. Keith's tincture is not so strong. The third decimal dilution will produce good effects.

Dr. Paine—I use the tincture in these cases, and the dilution in nervous diseases. Five drop doses of the tincture has proved fatal in some cases. If Dr. Reid has taken, as he says, forty drops of the tincture with no bad effect, then I would say that the tincture must have been inert.

The meeting then adjourned to meet at half past seven P. M.

EVENING SESSION.

At the time mentioned at the adjournment of the morning session, the meeting was called to order by the President.

Schorse Co. manufacturing chemists and druggists of Milwaukee had during the intermission placed a fine exhibit of anti-septic material, ligatures and a complete line of the most approved surgical dressings, upon exhibition before the profession present. The president spoke in commendation of the articles presented, and mentioned in detail the particular instances wherein each would be found of great practical importance.

A paper entitled "Origin of Fevers," was presented to the Society by Dr. Daniel Leasure, of St. Paul, Minn., and read by Dr. Danforth. The author in a scholarly manner depicted the origin and development of fever as indicated by the result of thoughtful investigation.

The paper was discussed in a very spirited manner by the gentlemen present.

Dr. Clark, said: "I agree with the author in the principal statements made in his scientific paper. The diluting of the excreta, to act as a prophylaxis does not seem to be correct. Wide spread epidemics have occurred in Europe from very dilute washings of the excreta, that have been carried down the water-courses, contaminating the water supply in its track. The morbid cause has the power of contaminating the atmosphere as well.

Dr. Sherman raised the same objection to the theory of the dilution of the disease producing germs. He cited an instance of poisoning from a spring, which was situated at quite a distance from the source of the impurity; this poison must have been dilute, yet it was effective in producing typhoid fever in several persons who drank the water. He considers it to be a definite disease, running a special course, and coming from a contaminated water supply. The disease is peculiar to this country and such other points as may be readily contaminated.

Dr. Paine mentioned an outbreak of typhoid fever occurring under his observation, that was evidently induced by an impure water supply, that contained dilute typhoid excreta.

Dr. Dale said, I heartily endorse the paper, and trust that investigation may continue until the cause of this fever is well understood and rendered powerless for evil.

Dr. Duncan raised the question of aborting the course of typhoid fever. In his opinion it could be done; to brace up his assertion he mentioned a well marked case, in which the diagnosis was carefully made beyond all doubt. The fever was signally stopped in one week by the persistent use of *Baptisia* 3x and 30x. He had also secured some results in other and similar cases. *Bryonia* will abort some cases, particularly when clearly indicated.

Dr. Lewis—I have found the Leibermeister temperature curve to hold good in only a small percentage of cases. I had a case which commenced with a marked chill, and the fever lasted five weeks, with a high temperature, which subsided suddenly at the close of the fifth week, when recovery at once followed. *Gelsemium* and *Baptisia* had served him as well as they seemed to have done for some enthusiasts. The remittent form of fever in children may be relieved by them, in some instances they may be shortened. In the treatment of fevers, lung complications should be anticipated, and *never* allowed to spring up unawares. The water contamination theory does not seem to hold true, as a cause in all cases. Typhoid fever has occurred where it could not be possibly traced to such causes. The differential diagnosis between remittent and typhoid fevers is sometimes very difficult. The classification of fevers cannot be as clearly defined in every day practice, at the bedside of the patient as it is in our text-books. Errors in diet are not so often factors in producing relapses as has been generally supposed. This fever may possibly be somewhat shortened but not aborted.

Dr. Hurlburt said, more relapses occur from exertion and excitement than from all other causes; we may even get a second relapse, from excitement; we seldom find it from dietetic errors.

Dr. Duncan said that the term *remittent* fever was now, by some competent authorities, entirely discarded.

Dr. Carlson, said, I cannot agree to all of the statements made in the paper. Doubtless many cases of sickness are only a typhoid condition and not a typhoid fever. Many cases, again, are very light and of a perambulating sort, yet so well marked as to be accurately

diagnosed. This form may be aborted, as I have demonstrated to my satisfaction, in several forms that were diagnosed correctly, beyond peradventure. Salicylate of Sodium will clear off the tongue, clear up the symptoms and raise the patient out of the disease in some instances.

Dr. Peebe, believed that the majority of physicians have some degree of difficulty in making a clear diagnosis in all cases, for the conditions may be so diverse. We find three well marked forms of typhoid fevers, cerebral, pulmonary and abdominal. How can the young have well marked typhoid fever?

Dr. Duncan, recommended *Veratrum viride*, as of much use in many cases.

Dr. Paine, chairman of the Bureau of Clinical Medicine now read a paper on "The general history of typhoid fever." The paper was thoughtful and evinced much care and study on the part of the doctor.

In the discussion which followed, Dr. Danforth said, "Typhoid fever will be relieved by Salicylate of Sodium. It will relieve any zymotic condition, and is almost certain to cut short, the complications. Sixty grains should be given in six hours, for a smaller amount will do no good. It can be truthfully said to disinfect the tissues. It is a most important remedy."

Dr. Dale, congratulates the society on the conspicuous absence of the dynamic and potentialization theories at this meeting, and the exclusion of the usual amount of moonshine that heretofore has crept into our discussions. He could say with the writer of old, "*truth prevails.*"

A report on typhoid fever, was then presented to the society by Prof. R. N. Foster of Chicago, and read by Dr. Carlson. The paper was a masterly production. The causes of the disease, its course and symptoms, its prevention and treatment were clearly depicted, under the brightening light of recent scientific investigation.

The discussion which followed was carried on with much animation, and the subject was most thoroughly analyzed by all present.

On motion the papers which had been read and discussed were accepted and referred to the committee on publication.

On motion the subject of diphtheria was selected as the one for discussion at the morning session.

The society then adjourned to meet at 10 o'clock to-morrow morning.

MORNING SESSION—SECOND DAY.

The second day's session of the society was called to order by President Danforth, at half past nine o'clock. The attendance was somewhat larger than on the previous day.

A telegram from Prof. J. S. Mitchell, of Chicago, was read, in which he announced the coming of a paper specially written for the society, by himself, upon the subject of typho-malarial fever.

A vote of thanks was tendered to the various physicians from a distance, who have so kindly assisted in furnishing papers for the first semi-annual meeting.

It was unanimously adopted to extend a vote of thanks to Messrs. Schorse & Co., druggists of this city, for the antiseptic material and surgical appliances, so generously furnished by them for the use of the meeting.

The president then spoke at length on the general use of dressing, that had been treated antiseptically, medicated cotton, and the gigantic advances that have been recently made in surgical appliances. He then referred to Dr. Reud's galvanic generator for the treatment of debility and prolapsus. He believed it would prove useful in uterine and rectal diseases. The instrument is new and comparatively unknown, but may be of much service, in the immediate future.

In accordance with the resolution of the preceding day, the subject of "diphtheria" was called up for discussion.

Dr. Martin, health commissioner of the city, being called upon to state the condition of the city, as to zymotic diseases, replied by saying "the disease is not prevailing very largely at the present time although the mortality rate from it is increasing." He desired the convention in its discussion to touch very thoroughly upon the differential diagnosis between diphtheria and membranous croup. This city makes a necessity of placing placards on the houses where cases of diphtheria exists, and surrounds them with the same exclusion that is practiced in scarlatina and small pox. The city will not permit the removal beyond its own limits, of those who have died from diphtheria, public funerals of such are also prohibited.

Dr. Clark—I do not think diphtheria and membranous croup are at all similar. The former depends upon a specific cause and is a specific disease; the latter is an inflammatory disease. There is no more relation between these, two morbid conditions, than between consumption and bronchitis. They are alike only in results. Membranous croup is not contagious; diphtheria seems very much so. I can now call to mind an instance where the most perfect disinfection after an attack of this disease, failed to prevent the conveying of the trouble, by the patients, to a point some eleven miles distant, where it had been unknown, and where it immediately became an apparent distributing center of contagium for a considerable length of time. Electrical changes and atmospheric causes do not seem to produce the disease; my impression is, that it is due to direct contagion.

I have rec ntly had cases of the disease with a bronchial extension, under my care; the line of treatment adopted was that laid down in our text books, good orthodox, Homœopathic treatment, but it was in vain. My experience is, *such cases, all die*. In fact, in many cases of diphtheria the most skillful treatment will avail nothing.

Dr. Carlson did not consider the differential diagnosis between the two diseases—diphtheria and membranous croup—to be a very easy

task in all cases. He did not believe the severer forms could be differentiated. He asked Dr. Clark to define the difference between them.

Dr. Clark—One is a specific disease, the other is not; one develops a septic condition, the other does not; one is contagious, the other is not; one may be amenable to treatment, the other is not; tracheotomy may benefit the one, and it has, I understand, very slightly increased the percentage of recoveries in the other.

Dr. Carlson then asked the doctor to give the differential diagnosis and his treatment.

Dr. Clark—One especially marked difference is, that in diphtheria, blood-poisoning develops early, even before laryngeal or bronchial symptoms occur, and in membranous croup the toxæmia occurs much later. I have, I believe, treated three cases of membranous croup, successfully with Bronidium in water, sufficiently strong to discolor the solution, and impart a marked odor to the surrounding air; this I frequently repeated. These cases were between five and seven years of age. There was no evidence of membrane being expectorated, it seemed to soften down or become gelatinized.

Dr. Martin being asked as to the mortality, said "during the dampness and cold of the last few weeks, the mortality of diphtheria in Milwaukee has been increasing, while the number affected has not sensibly increased."

Dr. Olmsted in the treatment of diphtheria, in the earlier stages depends on Gelsemium, Baptisia, Aconite, Phytolacca and Belladonna as may be indicated, the alcohol spray as strong as can be used. Feed well with the most nourishing diet, stimulate with brandy, punches egg-nogg, etc. I insist upon it, *feed and stimulate*. After the first dash of inflammation I use Quinine sulph. 1x trituration with all the other remedies. I then use Phytolacca, Kali bich., or Mercurius iod. The disease seems to be mildly contagious; still that is a very difficult matter for me to decide. Tonsillitis may mislead one in diagnosis, then as a rule, all get well. I cannot satisfy myself as to the course of diphtheria. I have not been able to elaborate anything new in the treatment nor able to find anything novel in the general history of the disease. Our knowledge in this direction is moving very sluggishly, and the disease has become widespread.

At this time Prof. N. B. Delamater, of Chicago, arrived and was introduced to the convention.

Dr. Carlson continued the discussion by maintaining that membranous croup and diphtheria were identical in their symptoms, and that the diagnostic signs between the two could not be determined, and that the treatment must be the same or nearly the same in both cases; and that the results are very apt to be the same.

Dr. Delamater considered the disease to be one of blood-poisoning and infectious; it is not at all—or very slightly contagious. In Chicago, the doctor said, they no longer placard houses containing diphtheria, as they are not so much in fear of its alleged contagious char-

acter. He had treated the disease, latterly, only in the more advanced stages. He then said, "I believe the disease is surely infectious and septic from the commencement. Many cases of sore throat resemble diphtheria, but have no actual pseudo-membrane in the throat, these are not pure diphtheria; they may be called diphtheritic sore throat; they are unimportant. A Lactic acid spray, one to five of water, direct to the surfaces is of very much benefit. Tracheotomy is a valuable measure, when resorted to early enough. It is generally delayed until there is too much blood-poisoning. Do not delay the operation until the vitality has been reduced and cyanosis results. In cases where the pseudo-membrane extends downwards below the incision, of course the procedure can be of no possible benefit. I have recently had a case where tracheotomy was performed early, and the Lactic acid spray was used, and the patient recovered. Nourish well and stimulate; this is imperative; commence early and be thorough. Use brandy, whisky, wine, egg-nogg, punch, beef-tea, soups, milk, prepared foods, such as Horlick's or Granum. The use of Quinine is not Homeopathic here, but it may be of benefit in connection with the other remedies in sustaining the patient. Sodium salicylate internally and as a spray, and the alcohol spray will assist in many cases. Must steadily endeavor to prevent paresis and cardiac failure. I would repeat, when indicated, perform tracheotomy early, or it may prevent extension of the membrane by cleansing the blood of its retained poisonous elements.

Dr. Childs asked about the eruption occurring in the course of this disease.

Dr. Danforth—That is a symptom of no especial importance; it may or it may not occur.

Dr. C. R. Muzzy, has had a very sad experience with the disease in question. He has lost several members of his family from it. He would like to learn more about its nature, cause and treatment.

He has found evidences of its contagious tendency, and also of its non-contagiousness. It has no distinct period of incubation, it may occur the day after a supposed exposure. The susceptibility of the patient may increase the rapidity with which it develops. He then desired some one to define malignant diphtheria. Are they laryngeal?

Dr. Lewis responded, by saying: "All cases that die can be said to be malignant, at least all malignant cases die. They may be divided into two classes, the toxæmic form without reference to the local troubles, and the form confined in a circumscribed locality. I can see no marked difference between membranous croup and diphtheria, they are children of the same parents. It seems to be contagious to a limited extent. Cases of croupal diphtheria occurring in children under six years of age, are apt to prove fatal, while in older persons the danger is slightly lessened. I have seen the membrane expelled almost entire, in one instance, of tracheal diphtheria. A croupy cough often comes from the swelled membrane, and not from an

actual pseudo-membrane." The doctor then went on to say that in all the croupal cases he had witnessed, there was at first a slight exudation in the throat; and that he had never seen a fatal case of croup. Tracheotomy did not to him, seem to be dazzlingly successful in its results. As to the primary cause of the disease, he did not know. He believed it to be slightly contagious. The disease becomes more generally increased while the public schools are in session, when it is very probably communicated from child to child. In the treatment, he said: "I use Nitric acid for tendency to hæmorrhage. The alcohol spray has not done much good. Locally, I depend on Carbolic acid, *Aquæ calcis*, *Kali per*, and disinfectants; internal remedies, according to the governing symptoms. The weight of testimony seems to be against tracheotomy. In some instances I have used *Lachesis*, *Merc. cyan.* *Arsen. alb.* and *Natrum mur.* with marked results. In one case where I found erysipelas as a complication, I got the best of results from *Bell.* and *Apis.* Albumenuria is apt to occur, and a sudden arrest of the urinary secretion often conspires to bring about a fatal termination. Lactic acid I have not much confidence in, for I have not used it in this disease. The paralysis which occur as sequelæ, disappear generally in from two weeks to three months.

Dr. Sherman—There is no positive evidence of contagion in the origin of this disease. It apparently springs up spontaneously. The difference between diphtheria and membranous croup is, that the former appears first in the throat, with the symptoms of blood-poisoning, and infiltration about the throat, and is very liable to be followed by paralysis. Membranous croup may be fatal, but is not malignant, the blood becomes poisoned later, and it is not contagious. The treatment should be all in all, sustaining. Use conservative measures until the course of the disease has exhausted itself. Use milk, eggs, punch, egg-nogg, and beef-tea. Stimulate *ad libitum* with whiskey or brandy. Alcohol is a most important disinfectant to destroy the germs; it may be, used internally, as a gargle, and by means of an atomizer. Salicylic acid—a one per cent. solution—is often of benefit locally. The remedies *Merc. iod.* and *Kali bich.*, do not produce any marked effect. In the later stages, *Arsen.*, *Quin.*, will stimulate the organic functions. I believe alcohol and Salicylic acid to be the main remedies. The vaunted detachment of the membrane by *Bromine* and *Kali bich.* I believe to be unreliable. The former remedy, may, however, excite a cough, by irritating the mucous membrane, and thus induce an expectoration. Nature removes the exudation by forming a layer of pus under the exudate and inducing sloughing. Nothing can hasten this formation of pus our only course is, to patiently wait.

Dr. Hurlburt said: "I have not seen much of this disease, and have never lost a case of it. I use a gargle and spray of alcohol with *Hydrastis* compresses about the throat. Among the remedies, I have much confidence in *Merc. cyan.* It is contagious, and is entirely distinct from membranous croup. The similarity of these two diseases ceases with the membrane.

Dr. Duncan recognized several varieties of croup, and also of diphtheria. He said, "we may have membranous croup without diphtheria and other cases may have it as a sequel. Membranous croup comes insidiously, it may be two or three days before they cough very much, it is slow and sure, and no let up in the cough, until the membrane loosens, and is expelled or death results; there is no inflammation of the fauces and no exudation in the throat. Bromine will prove to be a very valuable remedy when indicated. Membranous croup is more commonly present in fleshy children, and the spasmodic form of croup in spare children of nervous temperament. Aconite and Kali bich. are the remedies, that are of greatest service. Calcareo iod., has proved itself to be of benefit in membranous croup, a four grain powder in water, every hour, or ten grains in half a glass of water, and give a teaspoonful every hour. Diphtheria has been epidemic since 1860, and prevails over a world wide extent. It is now prevailing alarmingly in Russia and Asia. Its epidemics follow in waves, from west to east. The cholera epidemics reverse this order, they proceed from east to west; it follows long continued storms from the east. Among the local conditions favoring the development of diphtheria, is wet rainy weather, cold weather will stop it; but a moist atmosphere preceding a lowering temperature will favor it. It is infectious, and often goes through a family. It is distinct from the angina induced by sewer-gas, this has a red, purple appearance of tonsils and dryness of the whole throat in the morning, not much exudation; this is peculiar to sewer gas poisoning. Diphtheria depends largely on individual predisposition, entire families being similarly situated, and subjected to the same influences, succumb to the disease in a manner as shows individual susceptibility to a varying degree. There are three varieties of this disease, as distinguished by the pseudo-membrane; the mild, malignant and the croupal forms. Membranous croup may occur as a sequel or even as a complication of diphtheria. It requires three or four days to develop a severe case of membranous croup. I classify diphtheria according to its severity and suddenness of its onset, as mild and severe, in the latter form the membrane is of a pearly white color and rapidly extends over the mouth. The remedies for the disease are few. Bell. and Merc. iod. are among the more useful. In those cases commencing in the left side, use Lachesis, and on the right side, Lycopodium. In cases in which there is a marked catarrhal secretion Lycop. does no good, Kali bich. is much better here. Lactic acid sometimes clears off the membrane very rapidly. I have used the two thousandth with benefit, as I have verified this experience in many cases. In other cases the membrane extends upwards to the nose, and downwards to the trachea; the exudate may be, not very decided in the latter form, but the trachea may be filled with pus and mucus, Kali bich. ought to help such cases, but it does not. Lachesis seems to be indicated here yet it does not benefit them.

Dr. Dale—I believe firmly in the stimulating and sustaining treat-

ment. Use the Tr. Ferri mur., Quin. sulph., and Potas. chlor., *ad libitum*. Merc. iod., is a useful remedy. Eucalyptus, by virtue of its anti-septic properties is of benefit, when used locally. We should endeavor, by every means within our power, to cure our patients. Membranous croup is a local disease, and diphtheria is a constitutional one. From my observations, I am inclined to consider it contagious, and believe that its victims should be isolated at once. I would repeat, stimulate and sustain your diphtheritic patients; the physician who does this most thoroughly, will have the best success.

Dr. Reud, was of the opinion that the disease originated from atmospheric causes. It exists in all climates, but more extensively in temperate and very cold climates. Cold and dampness increase its tendency to spread. He had come to the conclusion that north-east winds favor the spreading of the disease over wider areas, while southerly and westerly winds seem to help towards a speedy recovery. Sudden atmospheric changes increase its prevalence. Neither Lactic acid, Sulph. acid or Iodine are of any benefit. Keep the throat dry; Apply Bromine dry. Steam the throat if needed, but the less local washes, the better. Podoph. has helped some throat troubles, and I use it in this disease. Lower the temperature when necessary, give them fresh air; ozone will be of benefit. Use no local irritation, and avoid excitement. Dialyzed Iron in four drop doses, will prove of benefit. It is a disease, in which the blood is poisoned; there is no evidence of its contagious power; it is infectious. The profession are much at sea about this matter, and our literature shows that this condition is getting no better, very fast. In conclusion, I would say, "use hot baths every half hour; alcohol to sustain and stimulate the patient; and study the pathogenesis of Lachesis."

Dr. Duncan remarked, that the active form of this disease, very much resembles the pathogenetic action of Potass. cyan.

Dr. Danforth, said, "I believe in the future, it may be possible to cultivate *diphtheritic* virus, and with it vaccinate, for prevention of this disease, as Pasteur has done, in anthrax or splenic fever, occurring in the sheep."

The society then adjourned to meet at two o'clock, P. M.

AFTERNOON SESSION.

The afternoon session was called to order by the President. Dr. O. W. Carlson acting as secretary.

On motion, it was decided to appoint a special committee on Microscopy, to investigate the subject of zymotic disease, and the cause of diphtheria in particular, with a view to its complete prophylaxis with instructions to report at the regular annual meeting, to occur in May next.

The committee consisted of Drs. L. Sherman, R. K. Paine and W. H. Titus.

Upon motion of Prof. N. B. Delamater, the President of the Society was added to that committee.

Prof. Delamater, of the Chicago Homœopathic Medical College, then read a paper presented by Prof. J. S. Mitchell, entitled, Typhomalarial fever. The paper should have appeared the preceding day, but was delayed by the mails.

On motion, a vote of thanks was tendered Prof. Mitchell, for his valuable paper.

By a unanimous vote of the society, the secretary was instructed to place the manuscript of Prof. Foster's paper in the hands of the reporters for publication in the local papers.

The paper of Prof. Mitchell was then discussed by Drs. Delamater, Danforth and Beebe.

Dr. Delamater took issue with the author, on some of the symptoms pertaining to the cerebro-spinal system.

The question as to whether phthisis pulmonalis can be classed under the head of zymotic disease was raised by the president, and discussed by the members; it was the opinion of Dr. Danforth that it was to be classed under that head.

Dr. Martin asked of Dr. Duncan if he could tell him to what extent diphtheria and scarlatina prevailed in Chicago, and what was the rate of mortality.

The subject of diphtheria was resumed, and discussed at length by Drs. Delamater, Martin, Carlson and Sherman.

Dr. Duncan said he understood that the mortality from diphtheria in Chicago, is 20 per cent. of the cases reported.

Dr. Martin spoke of the very light form of diphtheria, which prevailed here in some instances where the cases were reported well in two or three days.

Dr. Delamater said that he thinks the disease can not be conveyed by means of the remains of those having died with it; it is very slightly, if at all contagious; in this regard it differs from variola and scarlatina. Diphtheria is purely infectious and not contagious; the germ may find a home in any fertile soil and develop; there may be germs in greater abundance when there is diphtheria prevailing, and they may increase very rapidly. It is not contagious, but infectious.

Dr. Sherman—According to this theory, the course to adopt it is to prevent the germs from becoming widespread.

Dr. Duncan said there is no evidence pointing to the contagion of membranous croup being conveyed by means of the dead body. He knows of no cases where this has ever been suspected.

Dr. Sherman said that he had carefully considered the ground, and found sufficient evidence to warrant the suspicion that the statements made by the doctors who preceded him, were rather too broad and sweeping. He did not consider that he had proof of this, only a suspicion.

Dr. Carlson—I am aware in some instances there seems to be little or no incubation. The difference in susceptibility may account for some appearance of contagiousness. Contagious, it is not, in the

ordinary acceptation of the term. The difference between diphtheria and membranous croup is in the locality affected. Many cases diagnosed to be diphtheria, are not so, they are only tonsillitis and pharyngitis; they recover in four or five days.

Dr. Delamater said I do *not* accept the idea of school contagion advanced by Dr. Lewis. It is true the damp basement may have acted as a predisposing cause, and the germs finding a congenial home and fertile soil, developed the disease; the history of such outbreaks does not indicate contagion. All contagious diseases leave immunity from a future attack; this does not.

Dr. Martin—The disease may, and I believe does depend upon imperfect sanitary measures; urinals and vaults, constructed in a faulty manner.

Dr. Delamater—It springs up, all over the country; hundreds of cases rise apparently in a spontaneous manner; the cause is a general one, and far removed from contagion. It does not spread from centres; but is wide-spread, from a general widely distributed cause. In Chicago this feeling of contagiousness has abated, and public funerals are no longer forbidden, and houses are no longer placarded for this disease. Milwaukee is now the only city in the union, that retains this custom.

The thanks of the meeting were tendered to Dr. Danforth for the interest taken by him in organizing the semi-annual meeting, to the professional confreres from abroad, who had contributed valuable and interesting papers; to the press of the city who so generously and pleasantly reported the transactions; and to the editors of THE UNITED STATES MEDICAL INVESTIGATOR and *New York Medical Times* for the kind offer of their columns in giving our transactions to the professional world.

The society then adjourned to the date of the annual meeting which will take place in the arcade of the Plankinton house, in Milwaukee the last Wednesday and Thursday of May next.

The meeting was throughout one of very great interest, and was thoroughly enjoyed by all. The initiative has been taken, and the society means to occupy the front rank among the medical associations of our land. The work is great, and the reward is greater, let all interested in the progress of Homœopathy in our state, remember the date of the meeting in May next and grace our sessions with their presence.

EUGENE F. STORKE, M. D., Sec'y.

Carbolic Acid in Whooping-Cough—Dr. MacDonald. (*Edinburgh Med. Jour.*, 1881, 1094) says that on extended trial he finds carbolic acid, in doses of one-fourth of a minim to a child of six months, one-half minim for a year, and one minim for two years and upwards, to be the best remedy for whooping-cough. The whoop goes; the vomiting ceases, the paroxysms are modified in intensity and frequency. This result Dr. MacDonald believes to arise from an action similar to that of creosote on the motor fibres of the vagus to the stomach, and from a lowering of vitality of the specific germ of whooping-cough disease. This points to the antiseptic treatment of the zymotic diseases generally.

Consultation Department.

HOMŒOPATHY IN NEW YORK.

Can you send me some statistics as to the progress of Homœopathy, especially its condition in New York, and why they are dropping the name Homœopathy there?

Pueblo Colorado.

HENRY SHERRY.

TYPHO MALARIAL FEVER IN THE SOUTHWEST.

Will not Dr. G. E. Blackburn, seeing that other physicians have not done so, at his request, give *details* of his own experience to your readers? The Philadelphia County Society have a report on malarial fevers, forthcoming next week.

J. C. M.

HOW DID THE VETERANS PRESCRIBE?

Some of us younger members would like to know how the old veterans prescribed. How did Halmemann, Boeninghausen, Gross, Hering, Hempel, Lippe, etc., give their remedies? Those who know from personal knowledge would confer a favor by telling a

YOUNG DOCTOR.

QUERY.

Will you be so kind as to answer through your next where the improved eye speculum can be obtained which is illustrated in *THE MEDICAL INVESTIGATOR* of Nov. 1st. and oblige,

M. D.

[We are busy getting some made and expect to have them ready in a few days. Price \$5.

DUNCAN BROS.]

CLIMATE, ETC., OF SOUTHWEST MISSOURI.

I observe the remarks of Dr. C. L. King, of Springfield, Mo., on the climate, etc., of Southwest Missouri. The first march of my regiment (the 29th, Missouri Infantry), was to the *borders* of that section—and of all the exhilarating air, and magnificent, pure streams of water, which I have ever known, none have excelled what I there enjoyed.

J. C. MORGAN.

A CASE FOR COUNSEL.

Mr. K. a man of medium size, slightly florid in complexion, age about fifty. Has always been temperate as to the use of intoxicants, but an inveterate smoker for the most of his life. For many years has complained of gastric troubles. Has been treated by Allopaths for dyspepsia and derangements of the liver but without effect.

He raises large quantities of a clear, odorless, tasteless fluid, of about the consistency of mucilage, and so stringy that in raising it, it produces nausea, but there is no burning or other unpleasant sensation. When sitting in an upright position there is considerable pain

in the stomach and tenderness to touch. Appetite fair, food well digested, no bloating or flatulency. He asked me what I thought of his case. I advised to stop smoking at once. He did so and I began treatment with *Nux vom.* 3x three times a day for about ten days. Pain lessened, increase of secretions, fever reduced, and improved condition of general health. I stopped the *Nux* and gave *Tartar emetic*, 3x, as before with general improvement but very slow. Advised sponge bath (tepid) two or three times a week to be followed with brisk rubbing and the free use of alcohol, to stimulate the action of the skin which is dry. What is the name of the disease? Am I pursuing the proper course of treatment? What other remedies would assist the above, etc? There is no Homœopathic physician here, I simply do what I can for the poor and as a matter of personal friendship. Any advice in this case will be gratefully received and faithfully used in the interests of Homœopathy.

C. MC KELVEY.

Book Department.

COULSON ON THE DISEASES OF THE BLADDER AND PROSTATE GLAND. Revised by W. J. Coulson. New York: W. Wood & Co. Chicago: W. T. Keener.

This is the July issue of Wood's Library, and the sixth edition of a work that appeared about a quarter of a century ago. Its special features are surgical chiefly, and here it does not compare favorably with Gross on the same subject. This is a work from an English point of view which may account for it. On the question of "stone" it is as exhaustive as the most enthusiastic lithotomist could desire.

OBSERVATIONS WITH THE HÆMOCYSTOMETER UPON THE GLANDULAR COMPOSITION OF BLOOD AND MILK. By F. R. Henry, Philadelphia.

This is a prize essay, as the title indicates, upon the number and appearance of the globules of blood and milk. As a means of diagnosis it will yet we believe play an important part.

THE SCIENCE AND ART OF MIDWIFERY. By W. T. Lusk, M. D., Professor of Obstetrics, etc. New York: D. Appleton & Co. Chicago: Duncan Bros. Price, cloth, \$5.00; leather, \$6.00.

This, evidently the coming text-book on Obstetrics deserves a more extended review than we can now give it. We shall refer to it again.

ARTIFICIAL ANÆSTHESIA AND ANÆSTHETICS. By H. M. Lyman, M. D. New York: W. Wood & Co. Chicago: W. T. Keener.

This is the September issue of Wood's Library of Standard Medical Authors and gives perhaps about all that is known of the subject. Here the battle of Chloroform, Ether, etc., is waged over again. The long death roll against Chloroform seems to point to Ether as the safer of the two. Still we question if the fault is not more with the method of administration than with the anæsthetic itself. The author

has succeeded in making a valuable work which would have been enhanced, had he given us the treatment of the remote effects of some of the anæsthetics. Had the author deduced a few plain rules for the use of anæsthetics and the best treatment of accidents the work would have a more practical bearing for practical men.

Medical News.

A Merry Christmas to all.

A Happy (prosperous) New Year to all of our readers.

Geo. B. Sarchet, M. D., has located at Butte City, Montana.

Our Publishers are welcoming many new subscribers and more renewals. Let them come.

Dr. S. J. Quimby has formed a copartnership with Dr. A. C. Recker, of Cheyenne, Wyoming.

Campfield's *Physician's Memorandum Book* is very conveniently arranged for the purpose. It is arranged for any year.

Dr. F. Park Lewis, of Buffalo, New York, having returned from Europe, he has re-opened his former office, 230 Pearl street.

The Germ origin of Tubercle is attracting a good deal of attention, M. Bonley believes he is able to determine the exact microbe.

The Chicago Academy of Medicine meets the first Thursday of every month, visiting physicians and students are cordially invited.

Dr. H. W. Koby, of Topeka, Kansas, has opened a surgical hospital and proposes to devote himself to the specialty. He ought to do well.

Allen Y. Moore M. D., of Coldwater Michigan, has accepted and is now filling the chair of microscopy in the Homœopathic College, Cleveland, O.

Score another for Homœopathy.—By reference to a copy of a local paper you will notice my appointment as member of the Board of Health of this city.
N. ZILLIKEN.

Married.—At the residence of the bride's father, I. D. Wagar, Esq. October 19, 1881, by Rev. G. F. Stearns. DeForrest Baker, M. D. of Cleveland, and Miss Carrie Day Wagar of East Rockport, O. Accept congratulations.

Physician's Diaries.—Of those on our table the neatest is Wood's Visiting List. One page has the places for name and days, the opposite has a blank for charge and "ledger page" and "special memoranda." At the back is the usual place for consultation, obstetric nurses, etc., memoranda.

The Wisconsin Profession may well feel proud of the success of the first semi-annual session of their State Society. Those who were not able to be present will read the full report, in this issue, with interest and can take their views up to the annual meeting, at which every Wisconsin Homœopathic physician should be present.

Typhoid fever now prevails throughout the country to a greater extent than it has for several years. The papers on that subject in this issue will be read with profit by all of our readers, around the world. The question is open for discussion. Personal experience is in order. Does not the nature and treatment of typhoid fever vary from year to year and in different epidemics?

A Homœopathic library and reading room association, has been organized in Philadelphia with the following officers: President, A. R. Thomas, M. D.; Vice-Pres., J. C. Guernsey, M.D.; Secretary, W. H. Bigler, M. D.; Treasurer, B. F. Betts, M. D.; Librarian, E. M. Gramm, M. D. Directors, T. S. Dunning, M. D.; A. H. Ashton, M. D., C. Mohr, M.D.; M. S. Williamson, M. D.

Homœopathy in Chicago.—We have the welcome news that Homœopathy has been given admission into our Central Hospital notwithstanding the continued opposition of the regulars and some disloyal Homœopaths. The request of the Chicago Academy of Homœopathic Physicians and Surgeons (by the way a good title) for a more full representation than simply three members was referred to the Hospital Committee and they reported back a resolution favoring a staff of seven: two from each college and three from outside, all of whom should be nominated by the above society. The nominees were Profs. Adams, Kippax, Hall, Hawks and Drs. Sanders, Williams and C. Gatchell and they were appointed!

Nitro-glycerine under Allopathy.—"Have you such a remedy as Glanin?" said an Allopathic student. "You mean perhaps Glonoine?" "That's it; our Prof. of chemistry was telling us about its origin and that Homœopaths use it for headache. He said he was going to try it notwithstanding its Homœopathic origin. I want to get some for my sister who suffers severely with headache. He inquired about the strength used, etc. It will be seen by another page that Prof. Hammond has been foraging in our pastures. This remedy will teach our regular friends two things; the truth of similia and the value of small doses; we expect to hear of some ignorant (knowing) druggist being "blown up with his shop, from attempting to prepare this new remedy in a few minutes."

Glorious progress.—1881 goes out with a grand record. The progress of our cause has been more marked than in any other year of the fifteen, that we have been acting as editor of this journal. The International Congress, the temperate address before the British Society, the conclusion that an Allopath can serve on a mixed board to work with a Homœopath, the public dedication of the Chicago Homœopathic college, the numerous public positions our physicians have been given, and last, but not least, the admission of Homœopathy into the great Cook County (Chicago) hospital, all these are but an imperfect outline of the grand progress our cause is making. 1881 closes with Homœopathy booming. What has been done is but a tithe of what can be accomplished. Many of our physicians are too modest and others too busy to seek public positions. Homœopathy should have a place in every public hospital, in the Insane Asylums of every state in the union, and on every Board of Health. Our patrons are the wealthy and influential and can get Homœopathy represented anywhere. May 1882 see a general advance along the whole line. Forward squadrons

Your proposition to send a copy of your valuable journal to all practitioners of medicine, I think is a good one. It seems to me that Homœopathy can never become popular until we can send Homœopathic literature all over the land. I speak from experience. You may think that it is already popular in Chicago, and other places. I will admit that, but there are a great many places where it is not. You no doubt will be surprised when I tell you that I am asked almost daily what Homœopathy means, and how we propose to cure diseases whether it is not simply a small dose and sugar pills as they understand it. Now those questions are not always asked by ignorant people, but by the intelligent, such as teachers, etc. Now this is to be regretted, and yet it is perfectly natural—everything must be learned. I could write more upon the subject, but will only add that there

should be some plan devised to overcome the ignorance and prejudice in regard to our school. You will, please excuse me for making the above remark in this order. My only object is to give you some names with remarks "thrown in."

J. J. KLECKNER.

[Thanks for names. They pour in and our tracts pour out. The result will be a spread of knowledge and of Homœopathy. Send on the names, and please designate the school each one belongs to. Homœopathy excelsior!—ED.]

The next meeting of the American Health Association will be held in Indianapolis. How it was brought about is given in the *Indianapolis Journal* showing that it was captured by a Homœopath: "The announcement was made December 1, that Governor Porter and Mayor Grubbs had received a telegram, dated at Savannah, Ga., from Dr. M. T. Runnels, the only representative from this city to the annual convention of the American Public Health Association, now being held there, stating that, if an official invitation be extended the association, to hold its next convention in Indianapolis, the Indiana delegation would probably be able to secure its acceptance. The officials above mentioned at once telegraphed an invitation, and Dr. Runnels has since replied that the association has decided to hold next year's convention in this city. As this body is national in its character and beneficent in its purposes, and includes among its members men of great scientific attainment, as well as expert specialists in great variety, it is easy to see that more than ordinary interest attaches to this meeting. Indianapolis is especially fortunate in this matter. Two years ago the city of New Orleans was so desirous of having the convention held there that railroad tickets and entertainment were provided for all the delegates. The sessions will cover a period of five days, and during that time matters of great local as well as national interest will be evolved by the assembled wisdom."

Homœopathy in Indianapolis.—Indianapolis is well represented by active, aggressive men. The following makes spicy reading: "We are having a lively fight now with the 'Reg's.' In the first place my brother M. T., succeeded in getting elected to a place on the city Board of Health, while our Dr. J. M. Partridge, of South Bend, was recently appointed by our Governor, to a place on the State Board of Health. At the same time, together with the Eclectics, and Physio-medical doctors, who were working with us, we were running our Dr. B. F. French, of this city, for Superintendent of our City Hospital. For years we have been endeavoring to gain entrance there. The canvass was a lively one in the joint session, or more properly, the Republican caucus for nominations of Alderman and Council, but our man was defeated by a few votes. Anticipating this, we had a resolution drawn up, providing that all the present members of the Hospital staff, (Allopaths,) are hereby relieved, and that a new staff of twelve be appointed, consisting of six regulars, two Homœopaths, two Eclectics, and two physio-medicals. This was put to the caucus and passed. The bowl that came up from the old camp then was immense. If we could carry that measure, it was as good as electing the Superintendent. But following this caucus action, each branch of the city government, the Aldermen and the Council, had to take separate action upon it, before the measure could become operative. The Council took action last night and passed the resolution by a vote of fifteen to nine. And now the fun has commenced in earnest. The "Reg's." will move the firmament in their endeavor to restrain the Aldermen from taking action. The probabilities are all in our favor and if we succeed it will be the neatest victory yet achieved. They have quietly accepted the situation, regarding the election of Dr. Partridge, and my brother to the two Boards. Yours, fraternally,
O. S. RUNNELS."

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