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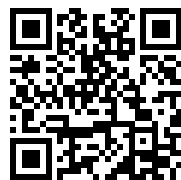
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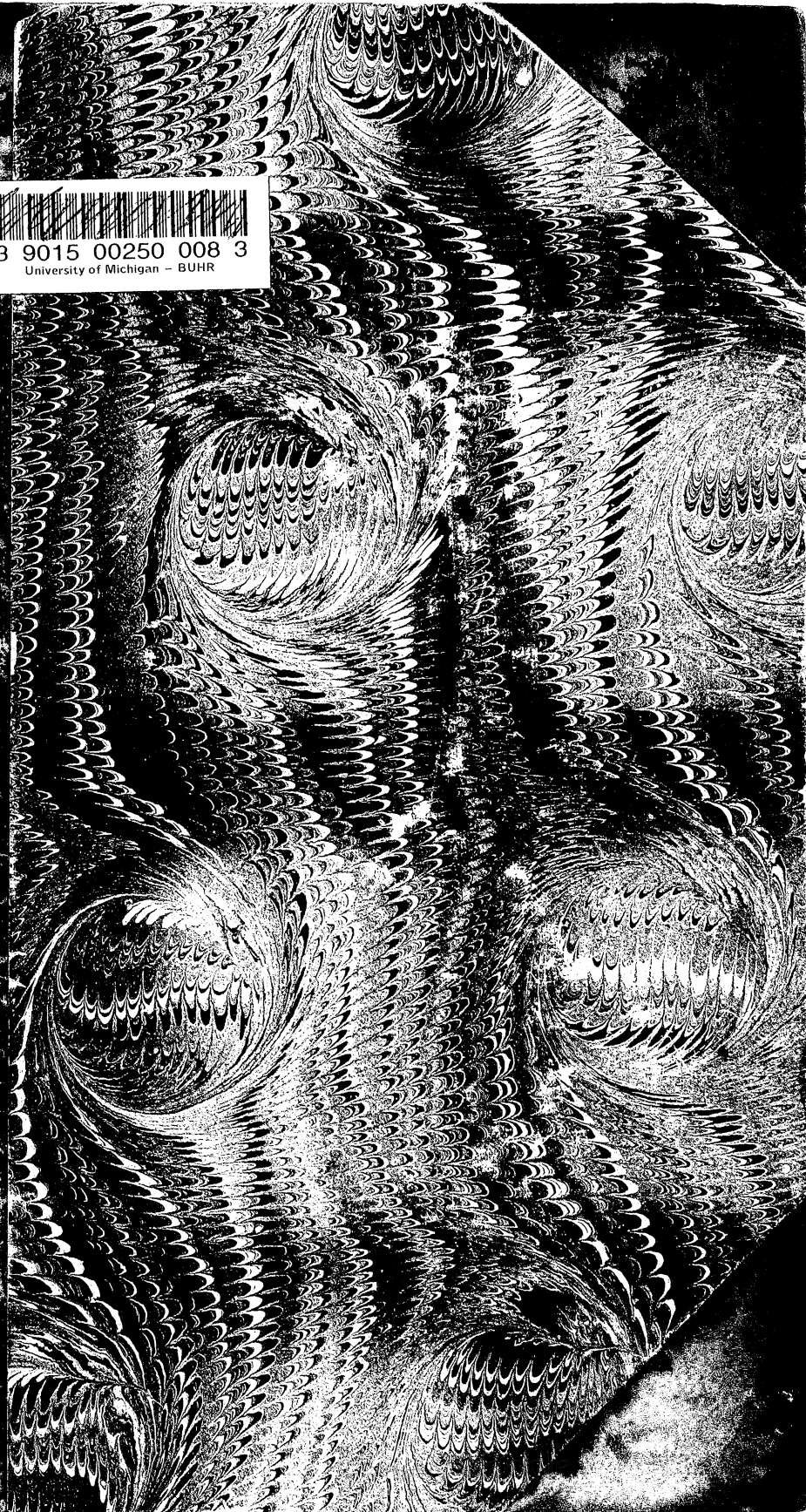
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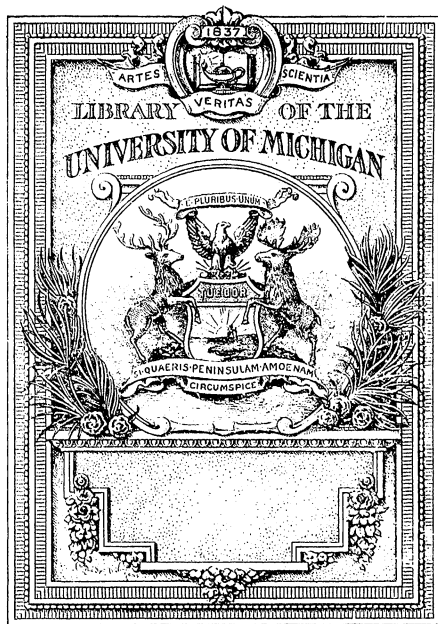
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WHOLE No. 351.

Eye and Ear Department.

DIRECT CAUSES OF DEAF-MUTISM.

SYNOPSIS OF A PAPER BY F. PARK LEWIS, M. D., OF BUFFALO READ BEFORE THE AMERICAN INSTITUTE.

The paper of Dr. Lewis gave in brief the results of a careful examination of the clinical histories of 144 deaf-mutes, noting at the same time the present condition of the auditory apparatus with a view of determining as far as might be the direct cause of the loss of hearing. The wider study of the influence of certain occult causes, and more especially dyscrasia and parental consanguinity, were reserved for future consideration. The following is a synopsis of the result of the examinations :

<i>Diseases or Condition.</i>	<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>	<i>Per cent.</i>
				<i>About.</i>
Cerebro-Spinal Meningitis.....	21	19	40	27.8
Scarlet Fever.....	10	8	18	12.5
Central Trouble.....	6	2	8	5.5
Syphilis.....	7	0	7	4.8
Typhoid Fever.....	0	2	2	1.39
Measles.....	0	2	2	1.39
Gradual in Childhood.....	1	1	2	1.37
Intermittent Fever.....	0	1	1	.7
Indefinite.....	15	10	25	17.5
Dumb (not deaf) from fall.....	0	1	1	.7
Congenital.....	22	16	38	2.64
Total.....	82	62	144	

"The table," said Dr. Lewis, "suggests some remarks as to the diseases which were found to have been most dangerous to the integrity of the auditory apparatus, and more especially cerebro-spinal meningitis and the acute exanthemata. The necessity of closely watching the ears during the progress of these diseases is emphasized and some suggestions as to preventative measures offered.

"Attention is called to the rather peculiar fact that the external aural canal of many of the children was occluded by inspissated cerumen—a fact probably accounted for by the unusual immobility of the jaws. In speaking the articulation of the condyl of the maxillary in the glenoid fossa gives rise to a slight movement in the external canal, loosening the wax, and allowing it to drop out and be brushed away. In the mutes, however, this motion does not occur, and the wax accumulates in masses. As they are already deaf the added obstruction causes no further annoyance than a sense of weight, which they cannot understand, and the ear canal may become completely occluded and they be quite unconscious of the fact."

Society Department.

AMERICAN INSTITUTE OF HOMŒOPATHY.

EVENING SESSION.

A large delegation had arrived from all parts and the hall was full to suffocation when the session was at its height.

At half past eight o'clock the meeting was called to order by the president and Dr. F. H. Orme, of Atlanta, Ga., was appointed chairman of the committee on medical literature.

ON CLINICAL MEDICINE.

The subject for discussion—"Malarial Fevers"—was then brought forward under the direction of the chairman of bureau, J. S. Mitchell, Chicago, and was ably discussed by the following physicians: J. P. Dake, J. W. Dowling, H. C. Allen, Anna Warren, Samuel Lilienthal, who read synopsis of their papers. The full bill of fare was as follows:

"History of Malarial Fevers by David Thayer, M. D.; "Peculiarities of Origin as to persons," by J. P. Dake, M. D.; "Peculiarities of Origin as to Place and Nature of Malaria," by J. W. Dowling, M. D.; "Remote Effects upon the system of Malarial Fevers," by E. A. Farrington, M. D.; "Relations of Malaria to Phthisis and Pneumonia," by J. S. Mitchell, M. D.; "Special Indications for Treatment of Intermittents," by H. C. Allen, M. D.; "Quinine in Malarial Fevers," by L. A. Falligant, M. D.; "Special Effects of Malarial Fevers upon Women," by Anna Warren, M. D.; "Statistics," by Geo. B. Peck, M. D., Providence, R. I.

Prof. J. W. Dowling of New York City discussed the causes relating to place and, instanced many new facts and theories.

Dr. J. W. Dake of Nashville, read an able paper, taking the ground that new settlers and those whose systems were unused to the poison would be sooner attacked and more violently.

Dr. E. A. Harrington of Philadelphia, gave a comprehensive resume of the remote effect of malaria on the system.

Chairman Dr. J. Sidney Mitchell discussed the relation of malaria to consumption and pneumonia, and gave his opinion that there was no specific effect due to malaria in causing those diseases.

Dr. H. C. Allen of Ann Arbor, gave an exhaustive review of the treatment of intermittents.

Dr. L. A. Falligant of Savannah, Ga., took the ground that Quinine in crude doses was often necessary, especially in congestive fevers.

Dr. Anna Warren, of Emporia, Kan., gave some original observations upon the effect of malaria upon woman, stating that it sometimes caused uterine and bladder troubles.

Dr. S. Lilienthal of New York City, detailed instances of diseases of the nervous system resulting from malaria.

Dr. R. B. Johnson of Ravenna, O., gave a concise account of the treatment of remittent fever.

Dr. Mitchell gave brief synopsis of the gentlemen's papers who were absent. The paper that provoked most feeling was that of Dr. Falligant.

A voice, "Is he a Homœopath?"

Several members rose to explain the paper but the hour and a half having expired the bureau was closed. An effort was made to have the Quinine paper tabled but it with all the rest were referred.

ON MEDICAL EDUCATION.

The report of the bureau of medical education came next in order and was introduced by an able paper by Egbert Guernsey, Chairman, in which he advocated taking the licensing from the colleges, to support the schools in the large cities and favored co-education. It was followed by an article entitled "Plea for Long Term," by J. H. McClelland.

The above subject brought forward a long and interesting argument in which Drs. Dake, Lilienthal, Wilson, Dudley, J. Hall, J. C. Morgan, E. Guernsey, H. W. Taylor, and Valentine took part. Much feeling was provoked and the ideas were combatted by those interested in schools in smaller cities. The interest collapsed suddenly when Dr. Guernsey proposed to abolish the term Homœopathy. It seems that the separate licensing board plan had worked badly in Canada.

The ladies take active part in the convention. After the evening session the time is pleasantly passed in social enjoyment, consisting of music, promenades and a good time generally. It is worthy of note that Dr. James is the first president of this institute who has been able to get through the regular routine of business as laid out for the first day's session.

SECOND DAY.

NEW ARRIVALS—INCREASED INTEREST.

The second day's meeting of the fortieth anniversary and thirty-sixth session of the American Institute of Homœopathy was characterized by the same unflagging interest and unruffled good fellowship which gave such a signal impetus to the initial meeting of yesterday. The convention has a tremendous appetite for hard work, and grinds away at a pace really astonishing to those experienced in the ways of deliberative bodies. Two of the subjects assigned for to-day's discussion would hardly be regarded as wildly fascinating by anyone other than an enthusiastic scientist. The special report by the eminent microscopist and chemist, Prof. J. Edwards Smith of Cleveland, was the most note worthy feature of the day's work. His effort, which was brought in under the head of "Remarks and Suggestions concerning certain Homœopathic Preparations," was, in fact a tremendous exposure of alleged frauds practiced by some pharmacists upon the medical profession and the general public. Prof. Smith has done yeoman's service for the year past, and was authorized to continue the good work. A large number of delegates arrived on yesterday's trains. The additional registration up to last evening is given by States :

Connecticut—E. H. Linnel, Norwich; Erastus E. Cass, Hartford.

Canada—J. N. Anderson, Hamilton.

Delaware—J. F. Frauz, Wilmington.

Illinois—H. L. Obetz, Paris; Alfred A. Whipple, Quincy.

Indiana—Henry W. Taylor, Terra Haute; Christian Ehrmann, Rockport.

Massachusetts—L. A. Phillips and Fred. Bruns, Boston.

Missouri—James A. Campbell, St. Louis.

Michigan—H. J. Caulkins, Detroit.

New York—L. L. Danforth, H. C. Houghton, G. S. Norton, George M. Dillon, Charles Deady, L. H. Boynton, New York City; D. B. Stumpf, F. Park Lewis, John Miller, N. Osborne, J. D. Hinemann, Sarah H. Morris, Abbey G. Seymour, A. C. Hensie, Phillip A. Macrea, Buffalo; N. B. Covert Geneva; Charles Summer, F. W. Harrwell, O. T. Stull, and John A. Bigler Rochester; Henry Minton, Brooklyn; John R. Simpson, S. H. Talcott, Middletown; H. P. Van Dusen, Newark; J. C. McPherson, Lyon; F. R. Norton, Albion; J. D. Zwetsch, B. P. Andrews, Dansville; Leslie Martin, Lysander; G. M. Gifford, Hamilton.

New-Hampshire—Barton Munsey, Laconia.

Novia Scotia—H. H. Read, Halifax.

Nebraska—Amelia Borrough, Omaha.

Ohio—Sarah Henderson, Sandusky; Marthia M. Stone, Cleveland; A. E. Elliot, Lodi; J. D. Buck, Cincinnati; J. C. Fahnestock, Piqua; M. Kingsley, Kingsville; D. C. Wilcox and Katherine Kent, Akron.

Pennsylvania—J. C. M. Drake, Erie; E. Lukens, Philadelphia; M. M. Walker, Germantown; E. Everett Davis, West Philadelphia; S. W. S. Dinsmore, Shaftsbury; A. P. Bowie, Uniontown; H. W. Fulton, Pittsburg, J. J. Detwiller, Easton; C. H. Martin, Allentown.

MORNING SESSION.

Promptly at 9.30 President James brought down the gavel, catching most of the doctors napping, and causing a hasty scurrying through the corridors. Business had begun. Dr. Henry D. Paine of New York was announced as Necrologist for the coming year, and Dr. J. H. McClelland of Pittsburg, Pa. as Chairman of the Bureau of Education. The former is a reappointment.

Treasurer E. M. Kellogg of New York City read his annual report. The receipts were given at \$3,938.59; disbursements \$3,927.19, including a deficiency of \$928.09 from last year. The balance in the treasury is \$11.35, so the Institute may felicitate itself on being on the weather side of the situation.

Under the head of general business Dr J. P. Duke of Nashville offered as amendments to the by-laws, that article 7, section 2, be altered to read "five" instead of "seven"; that in section 3 of the same article, the words "their respective fields" shall be changed to read "its field," and the word "their" to "its," and the word "subjects" to "subject." On motion adopted.

Dr. T. M. Strong of the Committee on Foreign Correspondence, reported that during the year a large number of letters of enquiry had been addressed to prominent physicians of the school of Europe, South America, India, Mexico, etc. The answers received showed an advanced prosperity in England, South America, and Portugal, official opposition in Russia and Sweden and the cause at a standstill in Switzerland and Belgium. Italy is hopeful, and from Austria and Germany but little has been heard. The report was referred to the Committee on Publication. Later in the session Dr. Strong was reappointed chairman of the committee. :

The president announced that he had received letters from Dr. A. Claude of Paris, France; Dr. A. Gerstel of Vienna, Austria; Dr. T. Cigliano of Naples, Italy; Dr. Alfred C. Pope of London, England; J. W. Hayward of Liverpool, England, Dr. Richard Hughes of Brighton, England; and other foreign members, beside handfuls of letters and telegrams from members all over this country, expressing regrets at not being able to be present, and extending congratulations, and expressing good wishes for the success of the session.

Drs. C. Wesselhoeft of Boston and L. H. Willard of Alleghany City were appointed to act in conjunction with Dr. J. H. McClelland of Pittsburg as a committee on disputed matters connected with the alleged membership of Mrs. Dr. E. G. Cook of Chicago.

The work of the Bureau of Obstetrics was taken up. The chairman, Dr. M. M. Walker of Germantown, Pa., led off in the discussion, the special subject being "Complications of Gestation." Papers on various complicated points were read.

"Promotion of Conception in the Sterile," by R. N. Foster, M. D., Chicago, Ill.; "Lesions of Digestion," by L. C. Grosvenor, M. D., Chicago, Ill.; "Mechanical Difficulties," by Louis N. Danforth, M. D., New York; "Venous Troubles," by W. H. Blakely, M. D., Bowling Green, Ky.; "Heart Affections," by R. F. Baker, M. D., Davenport, Ia.; "Cystic Disturbances," by W. Wesselhoeft, M. D., Cambridge, Mass.; "General Hygiene," by C. Van Artsdalen, M. D., Ashbourne, Pa.; "Promotion of Lactation," by C. G. Higbee, M. D., St. Paul Minn.; "Albuminuria," by J. C. Sanders, M. D., Cleveland, O.

The papers were discussed by the following gentlemen: L. C. Grosvenor, Chicago; B. F. Dake, Pittsburg; John E. Gilman, Chicago; M. S. Briry, Bath, Me.; A. A. Whipple, Quincy, Ill.; J. C. Morgan, Philadelphia; R. Ludum, Chicago; and M. M. Walker, Germantown.

HOMŒOPATHY IN THE MICROSCOPE.

The Bureau of Microscopy and Histology announced itself as ready to report. The treatise on the "Solubility of Glass," by Dr. Conrad Wesselhoeft, of Boston, which had been prepared under the direction of this bureau, was read on Tuesday afternoon to fill up a gap. The doctor, however, had prepared, and, on request, read a notable contribution on "Bacteria," from the pen of the distinguished savant, Dr. Albert Haupt, of Chemnitz, Saxony. The dissertation dealt rather roughly with Dr. Gregg's theory of fibrillæ. There was a marked diversity of sentiment of the intrinsic originality of the papers, some members characterizing it as elementary and thought time wasted in listening to its reading, while other delegates declared it to be of great pith and moment, and urged the reader to give it in full.

Two members of the bureau had been assigned for "Remarks and Suggestions Concerning Certain Homœopathic Preparations." Chairman J. Edwards Smith, of Cleveland, read the contribution from Dr. W. A. Edmonds, of St. Louis, and then submitted a report of his own year's research in this fascinating field. Dr. Smith is an enthusiast in chemical and microscopic investigation, and apparently possesses to the full that belief in his work which conquers the world. The doctor read extracts from

his report of seventy-three pages, the reading calling forth frequent requests for details on interesting points. The interest aroused was so great that on the expiration of Prof. Smith's allotted time it was unanimously resolved that he be allowed to go on, and the session was extended to that end. His numerous exposure of the adulterations practiced by certain pharmacists in compounding sugar of milk brought out shouts of laughter and prolonged applause. The doctor gave a list of pharmacists and the results of many analysis.

The following table shows the amount of ash in millegrammes obtained from the grammes of sugar of milk from the several dealers named :

Halsey Bros., Chicago.....	4.18
Grav & Co., Boston.....	4.30
H. C. Gaylord, Cleveland.....	6.00
Boericke & Tafel, Philadelphia.....	2.00
Worthington, Cincinnati.....	3.40
L. H. Witte, Cleveland.....	1.40
Smith, Cincinnati.....	2.10
Luyties, St. Louis.....	3.60
Epps, London, England.....	2.07
Smith, New York.....	1.50
Duncan Bros., Chicago.....	2.20
Munson & Co., St. Louis.....	2.60
Gross & Delbridge, Chicago.....	5.30
Hurlburt, New York.....	17.00

These showings are the most favorable that have been obtained from the several analyses. A Philadelphia pharmacy published a patented analysis recently, which purported on the one hand to represent their milk as "absolutely pure," while on the other hand the analyzt obtained ash enough to try half a dozen subsidiary analyses.

Sugar of milk plays a very large part in Homœopathic pharmacy, triturations being made with this vehicle, its chemical formula being $C_{12}H_{24}O_{12}$. Hence it follows that a pure sample of sugar of milk should give no ash after incineration at full red heat.

Despite their hearty appreciation of the ludicrous side of the subject, the doctors present evidently regarded the matter as a very serious one indeed, and astonishment was, after all, the predominant feeling.

A paper—Prof. M. B. Wood of Cleveland, on the same subject, was allowed to go to the publication committee as part of the report.

When Prof. Smith left the platform Dr. T. P. Wilson, of Ann Arbor stepped forward and in eloquent words paid a glowing tribute to Profs. Smith and Wood, and offered to head a subscription list that their work of investigating Homœopathic preparations might be continued this year. He concluded by moving that the Institute lose no time in electing Prof. Wood as an honorary associate member. In an instant a dozen members were on their feet struggling for the honor of seconding the motion. It was carried with a thunder of ayes. Then the contributions to the investigation fund began to pour in. Prof. Smith was directed to continue his labors.

It was decided that the discussion on Bacteria be reopened. Dr. Wesselhoest resumed the reading of, and at the same time enlarged upon, Prof. Haupt's treatise. When he closed, Dr. R. R. Gregg of Buffalo was given five minutes in which to defend some of his theories which had been assailed

by the paper. The Institute did not relax its grip on these infinitesimal parasites until the wild clang of the dinner gong echoed through the hall.

EYE AND EAR DEPARTMENT.

The session convened very promptly—all too promptly for most of the members. At three sharp came the report of the Bureau of Ophthalmology Otolaryngology and Laryngology. Dr. J. A. Campbell of St. Louis was at the head of this bureau.

An animated and practical address on abscesses of the eye and improved methods of treatment therefor was made by Dr. George S. Norton of New York, answering the enquiry, "Can Glaucoma be Cured without Operation?"

Dr. D. J. McGuire treated "The Relation of the Diseases of the Choroid and Optic Nerves to Diseases of the Sexual Organs."

The chairman read a two-minute synopsis of an article on "Iritis," by Dr. G. C. McDermott of Cincinnati.

Dr. C. B. Currier's (of San Francisco) paper on "Nasal Polypi" went to the Committee on Publication without being read.

A paper which possessed great practical worth was that of Dr. F. Park Lewis of Buffalo on "Direct Causes of Deaf-Mutism." (See another page.)

Dr. C. H. Vilas of Chicago, who stands in the front rank of American oculists, offered his contribution under the head of "Abuses of the Politzer Method of Inflation."

The chairman spoke of "Spots before the Eyes."

The bureau's report was amplified and discussed by Drs. Norton, Lewis, McGuire, Couch, Lillenthal, Vilas, Ludlam, Campbell and Morgan. This closed the discussion.

Dr. D. J. McGuire of Detroit was appointed Chairman of the Bureau for the coming year, with power to select his associates.

REPORT ON GYNÆCOLOGY.

Next in order was the presentation of synopsis of the papers of the Bureau of Gynæcology. The chairman of this bureau is the genial vice president of the Institute, Dr. O. S. Runnels of Indianapolis. The following papers were read by title and referred; "Observations on Diagnosis in Uterine Diseases," by Dr. H. Minton of Brooklyn, "Subinvolution of the Uterus," by Dr. R. C. Allen of Philadelphia. The treatise on "Coccydynia and the Operations for the Removal of the Coccyx," by Dr. S. S. Lungren of Toledo was next read. The contribution on "Dysmenorrhœa" offered by a Philadelphia practitioner—Dr. W. H. Bigler—was quite clear and succinct.

(A full synopsis of which will appear in a subsequent issue.)

The essay of Dr. S. P. Hedges of Chicago on "Results in Dilatation of Cervix Uteri with Metallic Dilators" proved interesting.

The chairman's statement of the general subject, "Pelvic Cellulitis," was one of the most powerful and timely of the session. Timely in the manly way in which it laid bare and denounced some of the most crying evils. It was far more than a mere surgical analysis of the subject matter.

"Dysmenorrhœa," was next discussed by Drs. R. N. Foster of Chicago, L. A. Phillips of Boston, J. C. Morgan of New York, A. S. Couch, Fredonia; S. P. Hedges, Chicago; J. D. Buck, Cincinnati; O. S. Runnels, Indianapolis. Dr. S. S. Lungren, of Toledo will have charge of the bureau for the next year.

The board of Censors reported the following names for membership; William Boericke, San Francisco; Belle L. Reynolds, Chicago; Augustus K. Crawford, Chicago; Ezra B. Cole, Michigan City, Ind., James U. Slaughter, Hamilton, N. Y.; George A. Ross, Fort Wayne, Ind.; Leslie Martin, Lysander, N. Y.; M. Dillon, New York; Directus DeForest Cole, Morrisville, N. Y.; Francis D. Omes, Jamestown, N. Y.; Charles A. Walsh, Detroit, Mich.; A. W. Reddish, Sidney, O.; Seymour A. Johnson, Kalkaska, Mich.; John H. Carmichael, Boston; Judson L. Beck, East Weymouth, Mass.; C. G. Abbott, Woodberry, N. J.; D. B. Stumpf, Buffalo; James E. Gross, Chicago; John Hoyt, Chillicothe, O.

The report was accepted and the names enrolled. The President announced the receipt of a very interesting communication from Shoshee Bhooseen Mookerjee of Calcutta, India, announcing the establishment of a school of Homœopathy in that city. The Institute at this point took recess until eight o'clock.

IN THE EVENING.—MUCH SURGERY.

The programme for the evening meeting included the report of the Bureau of Surgery, the reunion of the "Seniors," and the musical and promenade concerts, with which the toils of the day were closed. As usual the business session came to order promptly at the appointed hour, and the programme prepared by the chairman—as below—was gone through with, by ten minute papers. General Subject—Antiseptic Surgery—Definition and Historic Mention—J. H. McClelland, M. D., Chairman. The Principles of Antisepsis—L. H. Willard, M. D. The Antiseptic Method Described—J. E. James, M. D. The Antiseptic Method as Modified in Germany—C. M. Thomas, M. D. Iodoform is supplanting carbolic acid in Germany. Distinctive Qualities of Various Antiseptic Agents—W. L. Jackson, M. D.

The Best Ligatures and Best Method of Application—M. O. Terry, M. D.

The Value and Best Means of Drainage—N. Schneider, M. D.

Toxæmic Results Following Antiseptic Treatment—I. T. Talbot, M. D.

Experience with Iodoform versus Carbolic Acid—H. J. Ostrom, M. D.

The Antiseptic Method in Wounds and Compound Fractures—D. W. Hartshorn, M. D.

The Antiseptic Method in Abscesses, Ulcers and Morbid Growths—G. A. Hall, M. D.

The Non-Antiseptic Treatment in Wounds—E. C. Franklin, M. D.

The Present Status of Antiseptic Surgery—W. Tod Helmuth, M. D.

Fracture of the Cranium—W. D. Foster, Kansas City, Mo.

The question of "septics or antiseptics" is a live one, and one that will not down. In every Homœopathic gathering issue is joined upon it, and the end is not yet. Contributions to the literature of the controversy were great ones. Notable indeed was the conservative argument of William Tod Helmuth of New York on the side of the antiseptics. Professor Helmuth is acknowledged by surgeons of his school to be the greatest of them all, the more enthusiastic of them asserting his claim to be considered America's greatest living surgical operator.

The papers ended, a truce was called, and the heat of the conflict was soon forgotten in the cordial fraternizing which followed the adjournment.

Then came the time of the "Seniors." It may be explained that this order, class, or whatever it is, was established some ten years ago among members of the Institute of twenty-five years standing, of whom there are about 100 at present. Last night the feast was kept by twenty-three of the medical veterans. The rites and ceremonies of the craft have never yet seen the light, so nothing need be said of the manner in which the gentlemen initiated last evening earned their spurs. The memories of the seven "Seniors" who had during the years "passed from labor to refreshing were commemorated in a special service.

Consultation Department.

DR. COLBURN'S NURSING SORE MOUTH CASE.

Give the mother Nitric acid 30. If her pulse is above normal, give Carbo. veg. 30. If her pulse is normal and Nitric acid does not cure, give Lycopodium 30.

WM. B. CLARKE.

MALIGNANT JAUNDICE.

In reply to the enquiry of W. W. French as to the nature of "Malignant Jaundice," would state in justice to the "old fellows" that the case was one of "Acute Yellow Atrophy" clearly described by our Own Morgan, in his work on "Liver and its Diseases," page 81-96. The diagnosis of "Malignant Jaundice" was given to the friends evidently to save pathological explanations.

F. L. VINCENT.

PAINS AND GESTATION.

Would like to get a prescription from some one through these columns. Case. Woman about six months along in pregnancy. Has a numbness and burning sensation in both hands all the time and terrible pains "in the bones" of the first and seconds fingers of left hand, second and third finger of right, left elbow and right elbow, and shoulder in the night, from 1 A. M., till day light. Is somewhat relieved by walking about. Have tried Acon., Act., Ars., Bell., Lach., Puls. and Rhus. without avail. Some of them in 3, 12 and 30x. Will anything relieve it except parturition? F. G. BOUTIN.

COLBURN'S THRUSH CASE.

In the case given (p. 459) by Dr. Colburn where the mother's mouth is red and burns and smarts and the child two months old has thrush, the only cure is to correct the milk. That may be done by proper food for the mother but if that cannot be effected then the child must be weaned. The food for the mother must be fatty, albuminous easily digested. See Feeding and Management of Infants and Children (and mothers also for that matter) page 60 *et seq.* The remedy for such mothers has been China. For the child Kali chlor., or Hydras. may cure. See stomatitis in my work on Diseases of Children and look well to the diet.

T. C. D.

THE UNITED STATES MEDICAL INVESTIGATOR.

"HOMOEOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

Communications are invited from all parts of the world. Concise, pointed, *practical* articles are the choice of our readers. Give us of your careful observations, practical experience, extensive reading, and choice thought (the great sources of medical knowledge), on any subject pertaining to medicine.

HELP ON CHILDREN'S DISEASES.—Every mail brings us inquiries about cases of sick children. As the hot months come on these cases increase in number and severity. The attack is usually sudden and the relief should come promptly. Now is the time when counsel should be available, often the very help wanted may be found in some book. Our answer has been frequently: See Feeding and Management of Children page so and so, where all the help needed is given plainly, and much more fully than could be given, except in a lengthy letter which we have no time to write. (Seldom is there a fee sent for this favor of counsel). Now we do not object to giving all the help we can, but why compel us to give it twice. The help needed is of two kinds: first, as to food; second, as to treatment.

I. In the elementary work on Feeding and Management of Infants and Children may be found the whole question of food, feeding, management and elementary treatment given in as simple language as the least informed could wish. Young physicians especially should read this book through two or three times, so as to be able to group the facts and hints scattered through its pages, when occasion requires. The problem is usually given: a peculiar mother, a peculiar child and a choice of foods; the unknown is, which will agree? This work was written to help answer that question in a satisfactory manner. We spent a great deal of time over that book, and have been modest in putting it before the profession because it was elementary, but when the best men in our ranks come (as they did at Niagara Falls) and speak highly of its practical worth, we feel it is but right that we should urge all our readers to secure a copy, and possess themselves of the information it contains.

II. What is the disease, what will be its course and likely complications and sequelæ and best medical management, comes as a second serious problem. Now the physician needs the most exhaustive information he can possess. Here we have a work admired by our enemies that may be consulted with satisfaction. While the little work, like the little telescope may prove a valuable "finder" of the disease and the food needed, the large treatise on the Diseases of Children will magnify the disease and illuminate the case to the satisfaction of the most anxious. Other works may also prove helpful, but the assistance afforded by these two works will be appreciated the more they are consulted.

T. C. D.

Clinical Medicine.

MARTINSVILLE, Ill., June 25.—Prevailing diseases here at present, all of a malarial type. The remedies Arsenicum, Bryonia, Eupatorium, Natrum mur. and Nux vom. G. P. RUBY.

A CLINICAL CASE.

BY DR. ADOLPHUS LIPPE, OF PHILADELPHIA.

Miss K., aged thirty-five; single; sallow complexion; considerably emaciated; retired and timid. She complained of occasional pains in her right breast, which on examination was found to be flabby and very much enlarged; the surface of the gland was hard and uneven, and slightly discolored—had a bluish tint. The appearance of the breast and countenance was similar to the general appearance of persons suffering from cancer of the breast. Her menses came too frequent, every twenty-one days, and lasted seven days. During menstruation the soreness and pain in the breast were much more marked than during the intervals. Her digestion was much impaired. After eating but little she suffered from sour risings, and for hours rising and tasting of the food taken—constipated. She received, in the evening before retiring, Calcarea carb. C. M. (Fincke). She reported herself better on the 12th of July. Again on the 14th of August, and on the 20th of September, she reported herself well. Menstruates now every twenty-eight days, less profuse, and her breast is well, and her appetite good. She had taken only one dose of Calc. Her breast had been rubbed every evening with hot lard, till the swelling of the mammary gland perceptibly decreased.—*Medical Advance.*

The meat in the cocoanut is evidently in the last sentence.—[ED. U. S. M. I.]

THE VENOUS ZIG-ZAG LINE.

BY J. C. BURNETT, M. D., LONDON.

There is a pathognomonic appearance of the chest; in some cases of disturbance in the portal system, and to which I desire to call attention, viz.: We find marked on the cutaneous surface of the chest, about corresponding to the costal insertions of the diaphragm, a zig-zag line of small veins. I have never read about this, as far as I can remember, but I often see it when examining patients with chest and abdominal complaints, and I call it the *venous zig-zag*. When the patients get better, this venous zig-zag becomes less and less visible.—C. H.

A LEDUM CASE.

K—, forty years; seamstress. Sickly, takes cold easily, suffers much from rheumatic pains. Has little vital heat, *is always cold*. At times has an eruption on skin that causes sticking pain as from needles, but always is accompanied by relief of the rheumatic symptoms. Constipation; sleeps poorly, loss of appetite and night-sweats. Patient received Ledum 30. Rheumatic pains ceased, with voiding much urine, that relieved a dropsical condition of abdomen and legs. After each dose, patient noticed this increased urine. Discharged cured.—*Cal. Hom.*

THE DOSE.

BY J. S. MITCHELL, A. M. M. D., OF CHICAGO HOMOEOPATHIC MEDICAL COLLEGE.

Read at the Indiana Institute of Homoeopathy May 9, 1882 and Reported for THE UNITED STATES MEDICAL INVESTIGATOR by Wm. B. Clarke.

There is nothing strange that a harp of a thousand strings should evolve so many strains. Nor yet, if perchance some of them should be at times discordant. There will be sects and divisions of sects. The world has always known them, and will until human nature makes some notable change.

That physicians differ on posology is not to be wondered at. It is one of the agitated questions, and subject to all the laws that govern views once presented to the mind. The anomaly is that its discussion separates men so widely. It is a scientific theme. If the conclusions of science are at best only in a high degree probable, what man or conclave of men have the right to assume infallibility? The "stand off I am holier than thou" policy ought to find no favor among men seeking for medical truth. In our own ranks are several thousand, eagerly watching, eagerly testing every new thing. In the dominant school are many thousands more similarly spirited. Yet it is true that posology separates us more than all else. It was not similia, it was the tiny pill that banished Hahnemann from his native land. The re-affirmation of the similia of old with a massive dose would have roused no apothecary to vengeful ire; would have excited no doctorole animosity.

Among ourselves the acceptance of similia is general, but *mirabile dictu*, we must wrangle over the efficacy of the potencies.

There is no radical objection to even a vehement discussion of the question of dose, but is it not better for us to infuse a calm, judicial spirit into the summing up of the whole matter? Some of us honestly believe we have the best success with the medium potencies, yes, even at times decend, if it be a descent, to the first or mother tincture. We do not relish being regarded as mongrels or apostates. Some of us use mainly, or exclusively, potencies from which the last shadow of substance seems long since to have departed, administer a single dose, once a day or once a month, and wait with the patience of a philosopher for the result.

We do not enjoy being called visionary and unpractical, or even transcendentalists. Each man to his sphere. Earnest, honest work is never lost.

The low dilutionist may recollect that the use of the c. m., if it accomplishes nothing more, will give us the natural history of disease. Few will be sick without interfering with the course of the malady by drugs. This has been true through all ages. If, then, there is absolutely nothing in the high potencies, the study of cases in which they are used must inevitably give us what we have had so little of before, viz.: the real life of disease.

On the other hand, the high dilutionists may remember that the man of the mother tincture is still illustrating the direful effects upon the system of the crude drug and, furnishing him powerful argument for the employment of his dose. No dose is better than one that even slowly saps vitality. It is more natural to look for the evil in us than for the good. When we discuss medicine whose ultimate end is always good, we may well adopt

the opposite course. No one among us is so ignorant of mental processes as to suppose we can all be long either low dilutionists or high.

We ought not to be too impatient for the final solution of any great medical question. As in other sciences development must also be slow. Astronomy, the most exact of all sciences, by its continued progress upsets old theories and establishes new; if there was now an advocate of the solidity of Saturn's ring, a view maintained for two and a half centuries, he would not refuse to dine with Professor Benjamin Pierce, and Professor Pierce may yet take the hand with cordial grasp of the man who shall establish that it is neither solid nor fluid but gaseous, yea, even extra gaseous. Without going into the history of the dose which, until Hahnemann's day, might be condensed into the statement that, of a non-poisonous remedy one was to take all he could conveniently or inconveniently swallow, and of a poisonous one about all he could take without immediately killing. Let us observe what in our own time is authoritatively advised. We have as high as fifteen ounces of Mercury by induction: then lest such an enormous dose may injure, the minutely divided doses, say 1-500 of a grain, is prescribed. The next step still in Old School ranks, with the sanction of a college professor, is the use of the 2d trituration in view of its convenience and accuracy of dosage. From the 2d to the 3d is a small advance. Materialists may still find in the 6th by chemistry and the microscope particles of the drug. The 200th is only medium potency for some. Even for this it is claimed the chronoscope shows an osmozone differing from that of the alcohol from which it is made. May not this very instrument be the petard that shall hoist us all into the serenely calm and scientific use of the higher potencies? At any rate where shall we draw the line between the fifteen ounces and the 2,000. Who shall say thus far shalt thou go and no farther, and here shall thy proud course be stayed. He will find himself a medical canute. We all of us assume the golden mean of Horace, because of our natural conservatism. The man of the fifteen ounces and the man of the 2,000th attenuation is the originator and the perfecter. It requires no prophet to affirm that the common sense of the profession will ere long rebel at division which rests upon slight foundations, and that there will eventually be no separated schools of medicine. Differences, as I have shown, there always will be, but they will be friendly, not dividing. The recent action of the New York State Society, in revising the code which, as one result, lately gave occasion for a stormy meeting of the New York Academy of Medicine, has deeper significance than the mere consultation with Homœopaths. It is a strike for medical freedom, for release from a thralldom worse than slavery, for the higher in the intellectual scales there is enslavement the worse for humanity. Hence, not as Homœopaths, not that we have personally to gain anything, but as physicians and as men we have a deep interest in a struggle that will eventually end in elevating professional character and dignity. The inherent weakness of their cause was well proven when the advocates of the old time proscriptive measures had to resort to the methods of pot house politicians to accomplish their purposes.

Whatever we may say or think to-day, the question of the dose will remain open. Men are slow to change their opinions, except on demonstrable matters. The stock of the Keely Motor may be to-day the football of the street,

but let once the wheels glide easily and the ponderous weight move lightly, eagerness of belief takes the place of doubt, and the upturn rivals the rocket. This is in a matter of demonstration, with no counter argument. But we have seen that thus far in the history of medicine the question of dose has been a stumbling block even for our Old School conferees. Absolute demonstrations has not and can not probably be made from the nature of the case for generations. It is the same with us. I need only refer to the well known analysis of Dr. Eidheer, in the Leopoldstadt Hospital, at Vienna. Of 107 cases of pneumonia treated by the sixth, fifteenth and thirtieth dilutions, the evidence was unmistakably in favor of the thirtieth. The observations were carefully made. Carroll Dunham, says the experimenters were not radical Homeopaths. Their profession were rather against the high potencies. The seat of infiltration, its duration, the time at which resolution began, and at which it was completed, etc., were noted with great accuracy.

Dunham says that from personal observations he can testify that in 1851, while the thirtieth was the standard in use in the hospital, Dr. Wurmb expressed his belief that statistics would yet decide in favor of low attenuations. In contrast with these statements we may cite the result of the treatment of ten cases of articular rheumatism in the wards of the Homeopathic department of the Cook County Hospital at Chicago with the third attenuations. In the report of a clinic given by Professor Charles Gatchell to the students of the Chicago Homeopathic Medical Colleges (VIDE INVESTIGATOR, March 10, 1883,) the details are stated. The cases were severe and mostly complicated with endocarditis, as usual in the case of broken-down hospital subjects.

10. CASES OF ACUTE ARTICULAR RHEUMATISM TREATED IN WARDS 3 AND 7. COOK COUNTY HOSPITAL, JANUARY 1, TO FEB. 1, 1883.

No. of Case.	Sex.	Age.	No. days acute stage.	Days in Hospital.	No. of Joints.	Heart Complication.	Treatment. Third Dilution.
36.399	M	34	4	14	9	Not affected.	Ac., Bry., Rhus.
36.491	M	22	4	10	7	Endocarditis.	Ac., Bry. Puls.
36.615	M	23	2	7	6	Endocarditis.	Aconite, Bryonia.
36.632	M	27	6	14	7	Endocarditis.	Aconite, Bryonia.
36.645	M	19	8	17	9	Endocarditis.	Aconite, Bryonia.
36.748	M	22	7	in hospital.	8	Endocarditis, Pericarditis, with effusion	{ Acon., Bry., Merc. { Spig., Iod., Sulph.
36.832	M	33	5	11	6	Not affected.	Aconite, Bry., Hyos.
36.543	F	23	8	18	8	Endocarditis.*	{ Acon., Bry., Rhus., { Spig., Cact.
36.963	F	19	8	15	8	Endocarditis.	Ac., Rhus. Caul. Cim.
36.966	M	24	4	12	10	Endocarditis.	Aconite, Bryonia.
Average	24.6	5.6	13.1.9		

Average duration of acute stage, 5 6-10, days; average days in Hospital, 13 1-9 days. This record would be hard to surpass. Again we quote:

"Dr. Gull, of Guy's Hospital, London, made observations of forty-one cases of rheumatism in 1865. They were treated on the expectant plan—that is, were given nothing internally but mint water. The average duration of the acute stage, after admission to the Hospital in the forty-one cases, was 14.3 days, and the average number of days in the Hospital was 27.2. The average duration of acute symptoms in six cases in which the heart was decidedly affected was 23.6 days."

Probably we have in the above the natural history of the disease.

Holcombe, whose diagnostic acumen and intimate knowledge of *materia medica* no one will dispute, advised twenty grains of bromide potassium and the 200th of Lachesis for nausea of pregnancy. Carroll Dunham, whom we all delight to honor, was an enthusiastic advocate of the 200th dilution, and Samuel Swan, gravely advising the C. M. of Rubrum Iridis (the red ray of the spectrum).

A few bits of personal experience may be pardoned in this connection. I recommended the third of Nux once in a case of dyspepsia complicated with malarial cachexia. It seemed well indicated. There was slight improvement, but not enough to be satisfactory to the patient or myself. I then tried the second with happy results, the improvement was pronounced and the patient grateful. In the Central Homœopathic Dispensary connected with the Chicago Homœopathic College, I have used for several years in my clinics, Phos. 30th and 200th to promote absorption in the early stages of phthisis. That the respiratory sounds are much improved under the administration of this drug in high or medium potencies, I have repeatedly verified and demonstrated to classes of students. Again *Veratrum alb.* 3d is such a prompt and reliable restorer and renewer of heart's action when depressed that I ask for no diffusible stimulant. But enough of illustration. The testimony in favor of potencies as high as the 200th seems creditable and trustworthy. Yet the greater number, both of American and foreign practitioners, use the low potencies, first and sixth. Whence the difference of view? The distinction can not be made that the low potencies are best in acute and the high in chronic, for the advocates of the high attenuation claim that they are equally good in both classes of cases. Do not the differences in views arise from the fact that under certain conditions and circumstances, which are ever varying, remedies act differently, the low being now efficacious and at another time the high? Discussion of the matter seems useless. Demonstration and that of a different character from what we have already had is necessary. I ought to say amount, rather than character, for I do not propose to question the evidence on either side. I have a profound admiration for clinical experience, even if it be of humble origin. The doctor who seldom sees a journal may sometimes furnish an item of successful use of a remedy that the oldest medical professor would be glad to know and adopt. But such analysis of Dr. Eidheer previously referred to, and I may also cite that as Dr. Echeverria in his work on epilepsy are necessary, and they must be constantly repeated, affirmed and reaffirmed. Concerning the clinical result of bromide potass. in doses of one to one and a half drachms daily, the latter states that in thirty-three cases, the convulsions in nearly all, diminished rapidly in number, starting with January, after the first month, and by August had nearly ceased, and not one case had a convulsion during December. To make comparison useful there must be the same cases as near as possible. To eliminate all differences we must have large numbers. A life insurance actuary could not find any able upon ten men's lives. He must have thousands. If the government would grant a liberal appropriation to the National Board of Health, a statistician could be appointed, whose duty it would be to give us statistics based on all published clinical experiences of the value of remedies in different doses. We

might then have a report like this after the weather bulletin: "Baptisia acting best for the Western States during January, and China for the Gulf States. The high potencies acting best during May and the low during June." The report of clinical experience should be more accurate and frequent, so that exact data could be obtained. A paid bureau, whose duty it was to collate and analyze the medical experience of the world, could furnish information far more valuable than the crop prospects or the present amount of wheat or corn on hand in the various States. I would like, Mr. President, at the appropriate time, to introduce a resolution as the sense of this Institute that Congress be requested to make more liberal appropriation for the National Board of Health. Then if it should see fit to establish a Statistical Bureau let us all, Homœopaths, high or low dilutionists, Allopaths, heroic dosers or conservative prescribers, eclectics, leaning either to the milde macht of Homœopathy or the crudities of Allopathy, betake themselves to carefully recording and publishing the results of their experience with drugs. They will then have no time to vilify or detract their brother practitioner of any school or shade of belief, and could calmly and philosophically abide the result.

News of the Week.

Dr. E. Foristall, York, Neb.—"I like your diary, as a physician's memorandum. You can put everything down, name and whether it is a visit or prescription, the charge and credit, and the prescription and remarks. It is all the account book needed, if a page is taken for a patent."

A New Society.—That of the Association of Homœopathic Editors and Publishers effected a permanent organization at Niagara Falls, June 21. With the intent to discourage the practice of clubbing rates offered by some, the following was adopted: "*Resolved*, That we believe our literature is on a par with any published, and deserves the full confidence of our profession, and should be supported by the whole Homœopathic school at full published rates." Officers elected for the ensuing year, are Dr. S. Lilienthel, president; Mr. A. L. Chatterton, secretary.

Correction.—Please make the following corrections in the report of the meeting of the Indiana Institute of Homœopathy, as printed by you June 23rd. (1.) You make Dr. J. N. Taylor say that "Bright's disease was often cured, by the reckless and indiscriminate use of Arsenic by Old School practitioners." It should have read "caused." (2.) Dr. Bowen said Rhus tox. acts better low *in this malarial state*, not "the malarial state," as you said. (3.) You made Dr. Cole "*extricate five inches of the rectum*." *Extirpate* was the word. (4.) You accidentally dropped out Dr. Taylor's criticism of Professor Mitchell's paper, and then followed on with talk hinging on that criticism. (5.) "Dr. O. S. Runnels said we should not believe all that is written about *curing disease*." The doctor said "*carrying disease*." (6.) For Dr. Waters' "injections and potencies" read "*infections and potencies*." (7.) Dr. Cole's "urethral carbuncle" should have been "*urthral caruncle*." (8.) Dr. Mitchell's paper was written in a moderate tone, "*not modern tone*." With these corrections made, the report is about all right. Wm. B. CLARKE.

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Gynaleological Department.

ON DYSMENORRHŒA.

SYNOPSIS OF DR. WILLIAM H. BIGLER'S PAPER READ BEFORE THE INSTITUTE.

By dysmenorrhœa we mean the difficult or painful performance of the physiological function of menstruation. In menstruation we have a disintegration and removal of the proliferated mucous membrane of the uterus. The periodical monthly flow is the attendant of the ripening of ova. The seat of the pain may be either in the uterus or in the ovaries. The amount of pain varies greatly from trifling discomfort, headache, backache and lassitude to pain that causes the patient to toss about in agony, or even deprive her of consciousness and reason. It seldom interferes with life but may be so severe at its every recurrence as to undermine the health and strength, destroy the happiness and render the life of the sufferer a burden.

Dysmenorrhœa is due in the majority of cases to some obstacle to the flow of the menstrual discharge. Some cases are due to neuralgic conditions.

Five kinds of dysmenorrhœa are recognized.

- 1st. Mechanical or obstructive.
- 2d. Congestive or inflammatory.
- 3d. Neuralgic, sympathetic or spasmodic.
- 4th. Membranous.
- 5th. Ovarian.

A more practical division is as follows :

- 1st. According to the seat of the pain.
- 2d. Obstructive and neuralgic according to the immediate cause of the pain.

All cases of severe dysmenorrhœa require a local examination. Long continued dysmenorrhœa brings on sterility, metritis and endometritis terminating in permanent enlargement of the uterus and perhaps in the occurrence of profuse menorrhagia.

Anything that impedes or disorders ovulation may be classed as *obstructive ovarian dysmenorrhœa*. Any condition interfering with the escape of blood from the uterus may produce pain that can be classified as *obstructive uterine dysmenorrhœa*.

All those habits of mind or body which produce exhaustion or disturbance of the nervous system are likely in those having a nervous predisposition to bring on neuralgic dysmenorrhœa, either *ovarian* or *uterine*. In the uterine neuralgic dysmenorrhœa no disease visible or tangible can be discovered in the womb. The pains are most intense. The patient is almost insensible, sometimes in a state of convulsions or spasms while the pain lasts. She is cold, vomits and looks as if she were dying, according to Duncan.

The distress usually comes on a day or two before the fever, and sometimes attends the whole period with more or less severity. In the worst cases the pains affect not only the uterus, but also the bladder and rectum producing vesical and rectal tenesmus.

It takes but a slight increase of the nervous phenomena usually attending ovulation to develop a distressing ovarian neuralgia which will have all the characteristic intensity of the uterine neuralgic dysmenorrhœa, distinguished only by the main seat and origin of the pains which are in one or both of the ovaries. In order to diagnose a case correctly we must study the peculiar constitution of each individual patient. This must be constantly kept in view.

TREATMENT.

Constitutional treatment implies a careful supervision and direction of the habits and surroundings of the patient, a proper hygiene as well as a use of such medicines, as are indicated by the general symptoms and should extend over the inter-menstrual period until dysmenorrhœa has been reduced to a minimum. In spite of the brilliant results of mechanical treatment, we cannot deny the efficacy of internal medication alone in many cases.

Among the new American remedies applicable to this disease are *Actæa racemosa*, *Gels.*, *Viburnum*, and *Xantoxylum*, *Valerianate of Zinc*, in neuralgic hysterical subjects has often been remarkably efficacious. In the May number, *Homœopathic Review*, Dr. Pope gives a cure of membranous menorrhagia with *Cyclamen 3x*.

As palliatives only may be mentioned, the inhalations of ether, or of Chloroform, the administration of Chloral, Bromide of Potash, or of ammonia and the subcutaneous injection of Morphia as adjuvants may be mentioned, hot fomentations or cataplasms of indian meal or flax seed applied to the abdomen, warm injections of water, hot foot and sitz baths.

When discovered and properly used, the true Homœopathic remedy does relieve in an almost incredible manner, but our inability to find it at times should not be the occasion of our patients suffering irreparable damages when palliatives can prevent. Applying to the vagina and os uteri a tampon saturated with pure glycerine, or injecting a few drops of the same into the cavity of the womb provided there is no obstruction to the outflow is often practiced. Flexions must be relieved. The fundus must be supported in the normal position by a pessary if not otherwise.

When stenosis—congenital or acquired—is found in the genital canal, dilatation should be tried, although its effects are often but transient. Graduated metallic bougies are now mostly employed for this purpose. The relief obtained in a very short time by this treatment is wonderful. To prevent the tendency to contraction of the parts of the former size it is advised to incise them and then keep up dilatation with ebony stem pessary till the cut surfaces have healed. For the cure of persistent ovarian dysmenorrhœa, Dr. Beatty advocates extirpation of one or both ovaries, after all other means have failed, thus putting an end to vicious ovulation and maulerating the menopause.

A still more radical procedure has been practiced by Tait, in those severe

menstrual and nervous troubles taking their origin in the uterine annexa, which consists in the removal not only of the ovaries but the Fallopian tubes.

His reasons are first : because in that way alone can menstruation be controlled, and second, because tubal disease, salpingitis and tubal dropsy are irrevocably present with chronic vomiting and of the two is the more important of the pathological factors.

POST PARTUM HÆMORRHAGE.

I think your correspondent "C. M. L." who contributes somewhat on "Accidental Proving of Trill. pend., will have to look elsewhere than to that drug for the cause of the symptoms he describes. I have a very intimate acquaintance with some of its most striking characteristics, and here give it as my belief that it is utterly incapable of producing the symptoms mentioned, which I am inclined to think were due to hysteria. I have found Beth Root very valuable in hæmorrhage of whatever character—pre-eminently so in that which sometimes accompanies abortion. It is more reliable in post partum hæmorrhage than any drug of my acquaintance. To use it successfully, however, one is required to give it in such doses as would paralyze with horror a "high-potency" man. C. M. L. evidently considers that the fourth of a drachm of the tincture diluted with one-half a cup of water, from which is imbibed one teaspoonful repeated in one-half hour, constitutes a massive dose.

I assure him, on the contrary that it is a very small, not to say insufficient dose. I have made a decoction of the fresh root, one ounce to the half tea-cup of boiling water, suffered to cool, and have administered a teaspoonful of that every fifteen minutes where life was threatened by a profuse hæmorrhage from the uterus, and, in spite of this apparently heroic dosage, have never seen anything but good ensue. Such has been my experience with it, that I am satisfied that, save in the case of a very highly wrought imagination set to discover a pathogenesis none will ensue shortly even after the ingestion of much larger doses.

JOHN W. TAYLOR.

SYMPHORICARPUS RACEMOSUS IN THE VOMITING OF PREGNANCY.

I saw recently the advertisement of Boericke & Tafel offering to the profession the *Symphoricarpus race.* as the best remedy for vomiting in pregnancy, and as it is comparatively a new drug, I will give my experience with it, and I would wish every Homœopathic physician to procure and try its virtues, knowing they will be more than pleased.

My attention was called to it by my preceptor Dr. S. P. Burdick, of New York City, who first made a tincture and potentized it himself, he using the high attenuations. I think the 200x, and as many know with remarkable success.

I being unable to procure it in any of the pharmacies, made a tincture of the berries myself, and potentized it to the 3x, using it myself, and giving to other physicians, and in all cases did good work.

Dr. Schenck of this place, whose experience and observation is second to

none in this state, says: "I am more than pleased with it; the relief is immediate and lasting, more so than with any other remedy I have ever used, and I heartily recommend it to all."

I am glad that it has been placed in the pharmacies, as it is so valuable an agent to us in our work. What we are using here is the 3x dilution, prepared from the tincture in 1880. A. G. DOWNER.

Children's Department.

NEW POINTS IN PÆDOLOGY.

BY T. C. DUNCAN, M. D., CHICAGO.

VERAT. VIR. IN BRONCHO-PNEUMONIA.

MR. PRESIDENT AND MEMBERS OF THE CONVENTION: There are among other things new in pædology two facts of special value that I will report.

The first is the action of Verat. vir. in the second and third stage of broncho-pneumonia. The second stage of this disease corresponds to the first stage of pleuro-pneumonia in adults. The inflammation has extended down the bronchi until the parenchyma of the lung become involved and we have the nightly fever constant and the distress marked in proportion to the extent of the inflammation and amount of pleural surface involved.

Now Verat. vir. given just before the stage of effusion, or what is usually known as capillary bronchitis, sets in, the case will be all cleared up in a very short time.

My attention was first directed to its value here by being called by an Allopathic physician to visit his child three months old. The child was a small baby and he was afraid to give it their strong medicine. The history of the case was this: It took cold and began to cough and have coryza which interfered with sleep. For the next few nights it had had a fever, now it had a fever all the time, and have some pain and to complicate matters, had begun to wheeze. Its mother has asthma and is inclined to consumption. It had kept up its appetite but now vomited after wheezing coughing and choking then it became pale and seemed cold, but this was of short duration for it would soon be warm and perspiring, and it ought, for it was enveloped in flannels and warm poultices. Here was a complicated case for which I knew of no one remedy that would cover the totality of the symptoms. It had been given small doses of Ipecac, Ant. tart., Squills, etc. So that Ipecac or Tart. em. was ruled out. Kali bich. and Aconite I thought of, but the prominence of the asthmatic phase of the case, and the splendid action of Verat. vir. in asthma led me to select that remedy. I put five drops of the tincture in half a glass of water and ordered a teaspoonful given every hour. I visited it three times when it was well or at least so far convalescent that I was dismissed with thanks. I have since given Verat. vir. in the second stage of broncho-pneumonia with excellent results. In fact it acts here as promptly as does Aconite to check bronchitis at the onset. This by the way is one of the nicest bits of practice that I know of. The action of Verat. vir. in asthma is remarkable.

It has only failed me in one instance and that was a case due to spinal congestion in an old lady.

A NEW REMEDY FOR GASTRIC CATARRH.

The second point of value that I wish to call your attention to is the use of the new compound remedies. I refer to Carbo ligni. cum Sulph. My attention was first called to it in two cases of chronic gastritis attended by gastralgia and the generation of large quantities of gas. These were adults and there was the depression of spirits, palpitation of the heart and mental introspection that made life miserable. In both cases there was spinal anæmia and they were helped by electricity, but the steady use of Carbo. sulph. for two months wrought such a change that I was disposed to give it to babies with the same gastric condition—and perhaps mental one also for that matter if we can interpret restlessness and sleeplessness in the child as mental or nervous depression. The chief indication is the generation of large quantities of gas some time after eating. If the generation is during eating or from hunger then pepsin or a change of food is better. China has done good service here also, when the other symptoms correspond.

Whether the Carbo ligni. or Sulph. alone or in alternation will do as well, I am not prepared to say, but the physician who gave me the hint said that he had experienced for years, and he was of the opinion that the Carbo. sulph. was superior in action.

Consultation Department.

MEDICAL LAW IN ARKANSAS.

Will some one tell me what is the law regulating the practice of medicine in the State of Arkansas? Is a physician desiring to practice in the state required to simply register his diploma, or does he have to undergo an examination by a Board of Examiners? Answer, and oblige a subscriber who desires to locate in that state.

* * *

WHAT WILL CURE ?

Will some one name the remedy. Mrs. T. aged twenty-five. Black hair and eyes, fair complexion. Thin and spare and medium height, married, no children, began menstruation about fifteen and for seven years past has terrible pains, as soon as "flow" begins and lasts two days unless relieved, these pains are across the abdomen and groins, running down the limbs to knees, has to lie straight on face and stomach, and flat, face will swell up and look puffy around mouth and lips but no pain in them, only hot, has a tendency toward weak knees all the time, especially when tired, has "doctored a whole year," and was not helped at all. One-eighth grain of Morphine will stop the pain in a little while but she don't like "*the thing*." I have given Apis and Bell. with Puls. and a few other remedies, but no good. Will some one give me line of treatment, with size and frequency of dose.

W. W. FRENCH.

THE UNITED STATES MEDICAL INVESTIGATOR.

"HOMCEOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

Communications are invited from all parts of the world. Concise, pointed, *practical* articles are the choice of our readers. Give us of your careful observations, practical experience, extensive reading, and choice thought (the great sources of medical knowledge), on any subject pertaining to medicine.

SUMMER DISEASES are tardy in making their appearance this year. They have grown more and more tardy with the writer for years. Diseases incident to summer are, we candidly believe, *nil*. Cases of sickness however in which hot weather is a factor are many and they all or nearly all, come about through food or indiscretions in eating when digestion is tardy.

Doubtless we attribute too much to the weather, and not enough to hygienic or dietetic carelessness. Here, we physicians, are often not explicit enough. We ring the changes on "colds" "hot weather," "damp weather," "malaria," etc., when a little closer analysis of the cases would have revealed a drink of sour milk, insufficient wrappings, bad ventilation, etc. The mysterious something is the little joker that permits all these trials and tribulations over which we poor mortals have little or no control. Is that science?

The cases of diarrhoea that we have met in children this year up to July 1st, have all been due to sour milk. Lactic acid poisoning is almost as serious as poisoning by any other acid. Children do not recruit from it well and they are rendered sensitive and liable to a more serious second attack. In grown people the effects of indiscretions are chiefly neuralgias, muscular rheumatism and cholera morbus. The first are the results of reckless exposure, while the latter arises from indiscreet eating, or eating food spoiling.

PROFESSIONAL TRADE-MARKS.—Every man has his hobby. That hobby is his trade-mark. It always comes to the front. In one man it is particularly tactics. He is forever raising points of order or making motions. Another must have the materia medica revised and corrected. He shows the great necessity for this by his utter lack of knowledge of an every day remedy. Another makes nomenclature a trade-mark, spelling and pronunciation are his hobbies. He would turn the whole profession into a vast spelling school. Another rings the changes on typographical errors, and condemns a writing or a book if it has a typographic or grammatical mistake. We remember one of these "proof readers" taking a physician severely to task because he omitted "of the" in a title. The most ridiculous of all was the advice to Boycott medical works, if they contained printers mistakes. Their medical worth is as nothing compared to a wrong word or an inverted letter. The average physician finds many valuable facts in works condemned by these typographical critics.

Another cultivates an oddity in dress. It may be an old white hat, or an unusual wide boot, but usually the reverse is the case especially in critics.

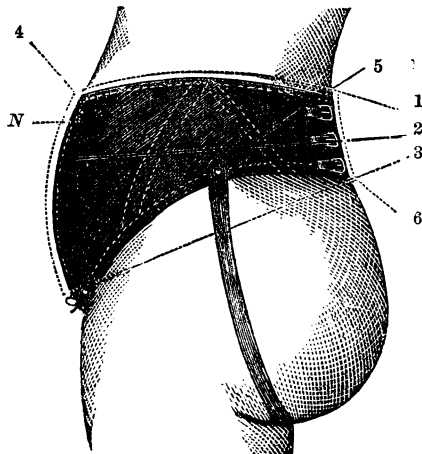
An odd carriage or horse is often chosen, anything it would seem to attract attention ; now it is a fine house on a fine street.

It would seem that the marks of all others that should be chosen is the one honorable above all others : A gentleman, a well informed person and "a very successful physician."

Clinical Medicine.

SOME FACTS ABOUT THE NATURAL ABDOMINAL SUPPORT.

It is a satisfaction to know what general satisfaction is given by the Natural Abdominal Support. We have very few returned, and those are chiefly due to inaccurate or imperfect measurements sent. We have one of these returned ones on hand a very few days before perhaps an order comes in having the same measurements, and off it goes giving the best of satisfaction.



DIRECTIONS FOR MEASUREMENT :

1. Circumference of the body *an inch above* the navel. (N.)
2. Circumference of the body *two inches below*, or at full part.
4. Circumference of the body *on a level with* the bones in front.
4. Distance from bones in front to navel. (N.)
5. Distance from bones in front over point of hip to middle of back on a level with first measurement.
6. Distance down the back from first to third point of measurement.

The secret of a good fit depends upon the measurements. If they are accurately given, the support will fit like a glove, and give the greatest comfort and benefit.

Some do not seem to appreciate that each of the measurements are absolutely necessary. We have frequently orders like this: "Waist measurement, 27 inches; largest part, 32 inches." We cannot fill such an order for there are important points missing.

The object of the support is to lift the bowels out of the pelvic cavity; or in other words, to support the abdominal viscera, and this can only be done by fitting closely in front, especially at the lower edge and lifting up, by making the resisting point the back. The support is essentially a temporary supernumerary abdominal muscle contracting upward and backward.

The measurements, one, two, three and four taken together give the abdominal dimensions and bulk, while five and six give the length and breadth of the back support. The navel and pubes are the only two anatomical points given. The waist measurement so familiar to all women is not wanted for it varies. May be two inches above the navel, or at the navel depending upon whether dresses are worn with long or short waists and upon the individual.

An inch above the navel in most women is about the transverse color. The No. 1 measurement should be accurately taken. If the abdominal bulk will increase above the navel as in pregnancy, that should be always stated so that the support may be made so as to extend an inch or two higher.

The next, or No. 2 measurement is one of the most important ones. It may differ from No. 1 only an inch. In other cases it is six or even twelve inches larger. This should be taken about an inch lower in the back than No. 1. No. 3 is the line of the lower border, and should be taken from three to six inches lower in the back than No. 1, and around the body just at the upper border of the pubic bones. This measurement should be snug always. Now with the end of the line at the upper border of the pubes measure up to the navel this is No. 4. It is astonishing how this will vary. It is usually about six inches, but it sometimes reaches as high as nine inches; and again in other cases it is only three inches. The former belong to the pendulous abdomen class, while the latter needs developing.

It is singular that the measurement No. 5 is usually about one-half of measurement No. 2. This one should always be accurately taken as it represents the angle of traction, at the same time it serves as an index of the accuracy of other measurements. Some take this all around the body, but all that is required is the distance from the centre of the pubes to the middle of the back, on a line with measurement No. 1.

Measurement No. 6 is very important as it shows the depth of back support. In short fleshy people the nates seem to extend up the back, consequently a very large abdomen may have a very narrow short back. If the back is weak we frequently make the back portion wider to give additional support and comfort.

The person should stand erect when the measurements are taken, for then the whole abdominal viscera are in the position they will be in when the Support is applied. One would think that No. 1 is almost at right angles to the body, but it is not. If the back is weak at the waist or above, a slight

change can be made in the shape to greatly ease a weak back. It cannot cure either disease of the kidneys nor spinal irritation, but will relieve the "dragging feeling" greatly. We would like to add another measurement or two.

No. 7 should extend from the pubic bones two inches from the centre down and around the limb up to line of No. 3 just behind the great trochanter.

The other, No. 8, would be from pubic bone in front to the top of the hip bone (crest of the ilium). When there is lateral expansion of the abdomen as from tumor or other causes No. 8 should always be added.

If the support is intended for a pendulous abdomen, and to relieve neuralgia incident thereto, the fact should always be stated. But that is always our inference when the No. 2 measurement goes beyond 34 inches. We have had them measure 48 inches around the abdomen at No. 2.

When No. 1 and 2 are about the same, and No. 3 and 5 very much less, we conclude that pregnancy is rapidly advancing. That fact should always be stated when the Support is ordered. In some instances the front is extended two or three inches and a gathering tape inserted along the upper border. But this is done only on order, for the trouble to be corrected is often the result of constricting the abdomen at the waist.

As the whole abdomen is lifted the person often looks short waisted, and they want to wear corsets. In such cases a snug fitting waist instead will keep the bust in shape. The steady upward pressure usually soon lessens this abdominal bulk. The relief afforded cases of gastralgia constipation, palpitation, etc., and other visceral troubles evidently due to dragging or displacement is truly astonishing.

The fabric used is light and elastic so that the Support can be worn with comfort by the most nervous any time of year, day or night, and laid aside without danger. A Brooklyn lady with fibroid tumor who had worn one for four years, sent for two more because she was going away. Where, she did not say, but she could get a new one if she was within the reach of the mails. We have sent them to India, and other distant points.

The price is very low, \$2.00 for the ordinary size, or \$2.50 for large and fancy. Physicians should make their own prices, charging \$3.00 to \$5.00 according to ability.

The merits of any anatomical support depends upon a proper fit. The special advantages of this abdominal support are (1), that it is cut and made from exact measurements; (2), that the lower border is arranged so that the bowels may be lifted out of the pelvic cavity; (3), that it is light as well as elastic and can be worn with comfort in hot weather and laid aside without inconvenience or danger. The Support may be worn by men as well as ladies.

When applied the lower edge of the support should fit the body along the groins, under the clothing, snugly. Buckle the two lower straps first, the lower one should be the tightest. The upper strap should be loose unless the abdomen is pendulous. If the lower edge is not snug, draw up and tie the "gathering tapes." The support should not bind at any point, as that will weaken instead of strengthen. If it slips up when sitting down, attach the stocking supporter to the buttons, or pass the straps around the limbs.

Nothing should constrict so as to prevent the bowels from being lifted to

place. Corsets as a rule should be dispensed with and a snug fitting waist worn, to which the skirts should be buttoned.

When worn to give support during pregnancy, a much larger size should be selected and the upper strap should be quite loose so as not to constrict. During the last month the Support may be worn upside down. At such times a snug fitting waist should support the skirts. It is especially valuable after confinement on getting up.

For corpulence or relaxed or weakened abdominal muscles, a special Support should be ordered.

This Support, in ordinary cases, need not be worn all of the time, but should be put on when taking a long walk, or ride, or when much on the feet.

CONSULT THE CLINICAL REPORTS.

Dr. Duff of Great Belt Pa. reports the following case: Nervous rheumatism; pain mostly in right knee; better quiet, worse 8 P. M.,—all night, and on attempting to straighten out the limb; weight of body unbearable though joint not sensitive to pressure, nor swollen. Gave Bry 3x., 5 gtt. once in three hours. Pain moderated, but on third day reported that he had been unable to sleep save from 1 to 3 A. M. for past three nights. Gave Bell. 6x. Next day no better. Read in THE UNITED STATES MEDICAL INVESTIGATOR, of May 19—26, where Dr. L. C. Warren recommends Puls., for rheumatism, "worse on motion, on one side, evening and night, shifting, etc." Gave Puls. 6x., ounce in two hours. Cured. Heretofore the patient's relief has been cupping.

HOT WEATHER AND GREAT MORTALITY.

NEW YORK July 7.—The highest temperature of any one day this year, 97 degrees, was reached to-day according to the thermometer, and individual feelings agreed with the records. The scorching walls and pavements of the city were almost unbearable, and thousands of persons escaped from the dust and heat to the white sands, cool breezes, and pounding surf. Dozens of sanitary inspectors from the Board of Health patrolled the ill-smelling east side districts, where thousands of men, women and children were,

STIFLING IN TENEMENT HOUSES,

surrounded by dirt, disease, and squallor. The ambulance gongs were heard all day long, as little ones drooped and died. The heated air overflowed in the houses, and the results were frightful. In twenty-four hours ending at noon to-day 392 children under five years of age were overcome. The hospitals are filled with patients. The number dying in the city during the week ending at noon to-day was 1,051, as against 895 for the same period last year. This is the greatest weekly mortality since 1881. Weary car-horses dropped in their traces, and the street railways were blockaded frequently from this cause. Many horses were shot to end their sufferings.

THE PRESS ACCOUNT.

NEW YORK, July 7.—The deaths this week numbered 1,051, against 716 last week. The total number of deaths of children under 5 years this week was 672. The heat to-day is as intense as that of yesterday. Up to noon

nine cases of sunstroke had been reported; none fatal. Three additional cases of sunstroke were reported this afternoon, making twelve in all for to-day so far. There were ten cases of sunstroke in Brooklyn to-day; of these three were fatal.

Fifty-one cases of sunstroke occurred in this city and Brooklyn to-day, thirteen fatal. The highest point of the thermometer was 97 degrees.

THE CHOLERA EPIDEMIC.

The cholera epidemic in Egypt continues to spread rapidly and steadily. The most extraordinary efforts to suppress it at Damietta have thus far proved unavailing. The scourge makes daily headway up the Nile. There can hardly be a doubt now that it will reach Cairo. If it does, such are the miserable sanitary conditions of that capital it will devastate the place and secure the central lodgment essential to a sure spread in all directions. It is simply ridiculous to talk of British sanitary regulations in Egypt. There have been none. To-day in all that section of country between Kassassin locks and Tel-el-Kebir, and for 100 miles south of the latter place in the direction of Cairo, may be seen the

BONES OF HORSES AND MEN,

protruding from the ground where a year ago the victims of the war were carelessly buried under a thin screen of loose sand, which long ago was blown away, leaving thousands of dead human bodies a prey to the tropical sun or equatorial rains, and to make appeals for pestilential punishment upon the invaders. To-day the consuls met at Alexandria for the purpose of rearranging the European medical staff, but their efforts met with little success. The Continental press continue to express strong dissatisfaction over what is called the non-action of the English authorities in Egypt. The dissatisfaction is extending even to England. The *St. James Gazette* this morning declares that home rule in Egypt has been, and continues to be, a shame to England.

The *Gazette* admits that if the cholera should succeed in getting out of Egypt and spreading over the world, the nations will be justified in charging England with the responsibility for its ravages, because in the present state of sanitary science nothing but England's criminal carelessness and political greed can account for the strong and universal hold cholera has been allowed to get upon the people of Egypt.

The relation of decaying animal matter and cholera is here well shown. Fortunately the Russian government has interdicted the pilgrimage to Mecca or with our peculiar atmospheric conditions we would have cholera spread all over Europe if not to America. Possible we may yet see the disease.

ELATERIUM IN DROPSY.

IN THE INVESTIGATOR of the 9th inst., you speak highly of Elaterium as a remedy for dropsy. If an inexperienced physician were to copy that prescription, and give Clutterbuck's Elaterium in half grain doses, he would run the risk of *killing his patient*. U. S. D. 1870 ed. gives the "full dose of commercial Elaterium, from one to two grains;" but the dose of Clutter-

buck's Elaterium is an eighth of a grain. The dose of Elaterium is from the sixteenth to the twelfth of a grain, and is best given in solution.

The Dispensatory also says, "Sydenham and his contemporaries considered Elaterium highly useful in dropsy; but in consequence of some fatal results from its incautious employment, it fell into disrepute. It is now considered one of the most efficient hydragogue cathartics in the treatment of dropsical diseases, in which it has sometimes proved successful after all other remedies have failed."

In November, 1882, I prescribed Clutterbuck's Elaterium for a case of dropsy, caused by valvular disease of the heart. Patient, a girl, fifteen years old, had dropsy two years; measured around the abdomen, over her clothing 36½ inches. November 10th, I gave her three doses of Clutterbuck's Elaterium, sixteenth of a grain at a dose, at intervals of about two hours; it produced five or six watery stools. November 17th, she measured 36 inches"—other symptoms about the same; I then gave her Elaterium, an eighth of a grain every two hours, until she took three doses. It not only produced watery stools, but caused vomiting. I afterward gave her Apis, Digitalis, Lachesis, Nat. mur. 200th. Last pres. February 11th, was Cerifol. lx, abdomen then measured 37½ inches. This case was treated afterwards in the college clinic, but with what result, I do not know. I only know that my treatment was of no avail. Dropsy following organic disease of the heart, kidneys or liver is very intractable.

Dr. Austin Flint speaks very highly of Elaterium, but he purges his patient much more than I did, in the case above spoken of. You also speak of giving *ten drops* of Ars. lx trituration. This kind of carelessness causes confusion in the minds of beginners, and ought to be avoided. There may be less danger in giving Elaterium in large doses by combining it with Jalap and Squills, than in giving it alone. We know the ingredients of the compound cathartic pills modify each other's griping qualities.

With sympathy for your arduous work, I remain,

J. C. CUMMINGS

[We gave the facts as they were given to us, and should be pleased to hear from Dr. — giving more of his experience.—Ed.]

TREATMENT OF STENOCARDIA.

BY DR. J. KAFKA GERMANY.

Stenocardia, when caused by hyperæmia, causing a stagnation, characterizes itself by steadily increasing palpitations during the beginning and continuation of a walk in the fresh air. It is remarkable that such patients can walk the room for hours without perceiving any difficulty, but as soon as they come into the fresh air and begin to walk, an oppression seizes them in the sternum, increasing to dyspnoea by continuing to walk with palpitations or a sensation of pulsation and vibration over the whole body, especially in carotids and temples; they turn livid in the face, ears and other parts of the body, and if motion is still continued, they run the danger of falling down in an apoplectic fit. Convinced that this stagnation emanates from the heart and that it steadily increases, the more the pulsations of the heart increase, in intensity, and that with the augmentation of pulsations the dyspnoea and oppression of the chest steadily pro-

gress, but that all these manifestations improve so soon as the patient rests from his movements and allows the turbulent heart to become quiet again.

I made my first experiments with *Vurum muriaticum* 3. It acted like magic. After a few doses, the pulsations, the oppression, the dyspnoea and all symptoms of stagnation were gone. I consider it as specific in this affection of the heart as *Spigelia* in endocarditis. Its chief action seems to be on the motory nerves of the cardiac muscles, giving new strength and vigor to the paralyzed heart, so that the blood wave can circulate again throughout the organism without suffering any stagnation.

I also tried it in morbus basedowii with satisfactory results.

In the gastralgic or spasmodic form of stenocardia, the patient feels a constant pressure in the stomach, and the simultaneously increasing dyspnoea sets in, during a walk in the fresh air or in the street. This præcordial pressure from outside inwardly, increases in intensity from continued walking, causes the sensation of a firmly seated ball in the pit of the stomach, continual empty eructations, great præcordial anguish, excessive lassitude, frequently with a panting sensation in the left upper extremity, on the neck and throat, obstructing free motion in the effected parts. These manifestations hint to an affection of the plexus cardiacus, whence the disease is transmitted to plexus gastricus, plexus brachialis, or also to the plexus carvicalis; it may even increase to an asthmatic of such severity that the patient feels perfectly discouraged. Whereas in stenocardia from stagnation, the obstructed blood circulation plays the chief part, we deal in the gastralgic form, with a peculiar alienation of nerve-action, beginning with spasm and increasing to algia; whereas, we fear apoplexy in the former, death may set in from paralysis of the heart in the latter.

Agaricus 3x. is the sovereign remedy for the gastralgic form. After a few doses the asthma ceases and the patients often remain for a long time free from all suffering. A decrease of the sternal pressure, respiration now free, a diminution of the præcordial oppression and of the eructations are usually the first symptoms of the favorable action of the remedy.

After ten or fifteen days the patients are able to take long walks in the streets or open air without stopping for rest, and after a while ascend mountains with ease. It is advisable not to use the remedy for too long a time, as the organism becomes used to it, and we are in the habit to alternate it every eight to fourteen days with a similarly acting remedy like *Kali carb.* 6, which deserves to be recommended for that purpose.

The total action of these two remedies is as prompt as that of *Aurum* and *Glonoin*, and they may be relied on, even in advanced age, and after great loss of vital power. Sometimes *Carbo*, *Lactuca*, or *Lycopod.* according as stagnation of gases prevails in intestines, or symptoms of pressure at the spinal column, or difficulty in micturition, etc.

The spinal form of stenocardia gives the following symptoms: The patient feels with the pressure at the sternum and the great dyspnoea, also an opposite pressure between the scapulæ; patient looks pale and collapsed, trembling from anguish; small irregular or intermitting pulse, frequently covered with sweat and nearly fainting. Such a state is most frequently witnessed in persons who were formerly corpulent, but became

reduced by premature or senile marasmus, grief, care, or excesses. They feel weak in muscles, pale and deficient in bodily heat. Feel better when quiet, every attempt of moving about renews the oppression. Physical examination mostly shows dilation of right ventricle, weak impulse of the heart, and irregular beat with clear sounds. Appetite and urinary secretions mostly decreased, and tendency to dropsical swellings. In all such cases there is not so much fatty degeneration as relaxation of the cardiac muscles, and we do not fear paralysis of the heart so much as in former forms, but we witness the gradual appearance of such symptoms which belong to gradual paralysis of the activity of the heart and circulation, namely, most diverse venous hyperæmia, cyanosis, hydrops, etc.

Sambucus 1, two doses daily, is a grand remedy for such a complex of symptoms, especially in connection with marasmus and excessive seminal losses. Even after a few doses the symptoms of pressure at sternum and spine diminish, and with them also the dyspnoea and asthma. It may sometimes be necessary to alternate it with Phosphor. 3, when pressure at sternum prevails or Petroleum 3 when spinal pressure is more severe.

We change the remedy every eight to twelve days, and by such an alternation the amelioration steadily progresses. We have also witnessed beneficial action from Kali carb. 6, either alone or in alternation. Where the spinal stenocardiac manifestations are accompanied by premature or senile marasmus, Chinin sulph. 1, two to three doses daily can hardly be dispensed with.

A. H. Z.

Society Department.

AMERICAN INSTITUTE OF HOMŒOPATHY.

THE THIRD DAY'S WORK.

Nineteen additional names of members of the Institute had been recorded at the registration bureau up to last evening. They were the following :

Canada—W. W. Turner, Toronto.

Illinois—Elihu G. Cook, Chicago.

New Jersey—H. Crater, Somerville ; Clarence W. Butler, Montclair.

New York—L. M. Kenyon, W. B. Kenyon, Henry Baethig, E. P. Hussey Buffalo ; W. N. Bell, Ogdensburg ; J. C. Harrington, Rochester ; R. G. Bishop, Medina ; George E. Gorham, Albany ; W. F. Clapp, Fairport ; A. M. Bennet, Rochester.

Ohio—E. C. Sanders, Cleveland, D. W. Hartshorn, Cincinnati.

Pennsylvania—J. L. Corbin, Athens ; Emma T. Schreiner, Philadelphia ; Mary A. R. Woods, Erie.

Before the regular session was called some of the enthusiasts on gynæcology held a meeting for the special discussion of papers presented Wednesday morning. The debate was participated in by Drs. R. Ludlam of Chicago, A. K. Hills, of New York, F. L. Brown, of Binghamton, Cornelius Orme of Jamestown, M. H. Waters of Terre Haute, Philip J. Porter of Detroit, William J. Hawks of Chicago, O. G. Ross of Revere, Mass.,

Maurice J. Chase of Galesburg, Ill., and L. A. Phillips of Boston. The special topic for consideration was dysmenorrhœa.

When the gynæcologists had retired a small number of delegates inaugurated a general business session, President James in the chair. Dr. D. S. Smith of Chicago, Chairman of the Auditing Committee, reported that the Treasurer's accounts had been examined and found correct. Dr. L. H. Willard of Allegheny City was then called to the chair. The report of the special committee on President's Address was presented by Dr. J. P. Dake, chairman.

First—That the executive committee be instructed to consider and report upon a suitable depository for the archives and property of the Institute.

Second—That the executive committee be instructed to report upon the feasibility of having the transactions printed in four bi-monthly numbers; the first number to include the proceedings of the session, and to be issued within sixty days.

Third—That no member be placed upon more than one bureau.

Fourth—That it shall be the special duty of the provisional secretary to make a stenographic report of all debates, keep the records of general business, and to furnish a copy of the same to the secretary for publication; and that the compensation for the same, and the salary of the general secretary be adjusted by the president, vice president, and the treasurer, acting as executive committee.

A debate resulted on some of the resolutions which the committee had prepared respecting the recommendations contained in the address. The resolution which called forth the principal opposition was that making the Provisional Secretary a salaried officer, placing him out of the control of the General Secretary, and making him responsible for certain portions of the work of the Secretary's department. It was carried. The recommendations as finally approved, by the meeting were: (1.) That the Executive Committee be requested to report a suitable plan for establishing a depository for the archives. (2.) That the same committee report on the feasibility of publishing the papers and transactions in four bi-monthly numbers. (3.) That no member be placed on more than one bureau in the same year.

The resolution offered by Dr. I. T. Talbot, of Boston, to re-establish the Intercollegiate Committee, to be composed of two delegates from each American Homœopathic college, was carried.

Dr. Pemberton Dudley read a communication from Dr. Charles Mohr, of Philadelphia, the chairman of a special committee appointed to supervise the preparation of the article "Homœopathy" in Stoddart's forthcoming edition of the *Encyclopædia Britannica*. The article will not be completed for some months to come.

News of the Week.

Smith's Label Holder No. 2 is the best one we have seen. Price, 75 cents. Send for it.

The Woman's Own comes out with a very fine picture of Dr. Haggert, of Indianapolis.

L. A. Philips, M. D., of Boston, has a neat cut of his house in a circle, on one side of which, is his name and address.

Dr. W. A. Shepard, from Dundee to Elgin, Ill., where he will devote his time to office practice on account of his health.

J. R. Brown, M. D., Albion, Neb., says that "Campfield's Physicians' Diary is the most convenient I have found. I like it as a day book."

W. H. Caine, M. D., of Stillwater, Minn., has been appointed surgeon to the Chicago, Milwaukee and St. Paul R. R., and of the St. Paul and Duluth R. R.

Buy's Pamphlets.—Said Dr. M. O. Terry a well informed physician of New York. "I buy all the pamphlets I can get hold of for I always find some valuable facts in them that I can make use of."

Dr. Rearsall, Omaha, says that he gets good results from Avena. Some of his patients have tried that made by eastern houses but it does not compare with that obtained from Duncan Bros. The effect is different.

M. B. Campbell, is the physician to the Illinois State Penitentiary at Joliet, and has been since November 23, 1878. Dr. W. M. Sterns has been his assistant or hospital steward as per register of the institution for nearly two years. Dr. Albert Fowler, of Plainfield, succeeds Dr. Sterns.

Female Physicians in England.—The London University, May 9, 1883, for the first time the diploma of physician and surgeon to two ladies. One has been appointed medical inspector at the post offices and telegraph offices, while the other sailed for India where she will take care of the natives.

The Homœopathic Leader is the modest (?) title of the youngest journal. Leader in what? It is the supposed organ of the New York College but whether that is the "leading" college will be disputed by more than one rival. This new journal has an illustrated front piece, poetry and all the modern improvements. Price only \$4.00.

The Medical Era is the title of a new journal. As it promises to be the organ of the Chicago Homœopathic College, the era referred to is supposed to be the exclusion of women students. This is a thirty two page monthly, Price \$3.00. It has the usual long list of "regular contributors" many of whom, they say, were put on without their consent or knowledge.

Duncan Brothers Exhibit at the Institute.—On the back veranda of the International Hotel there is a fine display of medical goods, surgical instruments, medicines, and in fact everything which is of use to relieve the human body from pain and promote health. Among the scientific publications Duncan Brothers of Chicago presents a fine lot of valuable and instructive medical works.—*Niagara Falls Gazette.*

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WHOLE No. 351.

Society Department.

PROCEEDINGS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF COLORADO.

The Second Annual Session of the Homœopathic Medical Society of the State of Colorado, convened in the parlors of the Crawford House, Colorado Springs, May 23d.

The society was called to order at 8 P. M. by the President, Dr. W. R. Owen, of Pueblo. The Secretary being absent, Dr. G. W. Lawrence, of Colorado Springs, acted as Secretary. A large number of physicians from various parts of the state were present. The President delivered a very able and interesting address, reviewing the history of the state in the past eleven years, so far as it related to the growth of Homœopathy. He described some of the many troubles to which the few pioneer Homœopaths were subjected. The report of the Secretary was read and adopted. The Treasurer's report showed a balance of \$68.50. The Board of Censors reported the following candidates for membership: Drs. Frank Smythe, W. A. Burr, and J. G. Sutton, Denver, and H. F. Cooper, Colorado Springs, and they were duly elected.

This society, though only organized two years ago, now numbers thirty-five members. Reports of the various committees were read and approved. The first regular business of the evening was the report of the Bureau of Obstetrics, Gynæcology and Pædology.

Dr. W. A. Burr read an interesting paper on the Importance of Pædology. The discussion which followed, was varied and interesting. Society adjourned until 9 A. M. to meet at Masonic Temple.

MORNING SESSION.

The morning session was called to order at 9 A. M. by the President. The Bureau of Obstetrics was resumed. Dr. W. A. Burr read a valuable paper prepared by Dr. R. H. Dun, on "Pleuro-Pneumonia, complicated with premature confinement." This paper was discussed at length. Dr. B. A. Wheeler then presented some new and startling facts in regard to the action of the kidneys in connection with Gynæcology.

Bureau of Surgery, Anatomy and Physiology opened. Dr. G. W. Lawrence read a paper on the "External use of Remedies in Homœopathic surgery." This paper caused an animated discussion. Society adjourned for dinner.

AFTERNOON SESSION.

At 2 P. M. the society was called to order, and the bureau resumed. Dr. S. S. Smythe read a novel and interesting paper on the "Physiology of Menstruation." Bureau of General Sanitary Science, Climatology and Hygiene reported two papers. The first was by Dr. W. A. Burr, on the "Influence of Mountain Climate in Colorado, on Health and Disease." This was followed

by a paper on "Hygienic resource in the treatment of disease," by Dr. W. T. Vail. Dr. C. N. Hart presented a volunteer paper entitled "Homeopathy, the prevailing practice of medicine." This paper was ordered published. The officers elected for the ensuing year are: Dr. W. R. Owen, Pueblo, president; Dr. J. M. Walker, Denver, 1st vice-president; Dr. W. T. Vail, Greeley, 2d vice-president; Dr. G. W. Lawrence, Colorado Springs, secretary; Dr. C. N. Hart, Denver, treasurer. Dr. N. R. Morris, of Denver was elected delegate to the American Institute and Western Academy of Homeopathy. A banquet was held in the evening. Society adjourned to meet in Denver subject to the call of executive committee. G. W. LAWRENCE, Sec.

AMERICAN INSTITUTE OF HOMEOPATHY.

DISCUSSION ON ANTISEPTICS.

The bureau of Surgery was granted the privilege of continuing the debate begun last evening on "Antiseptics." The subject was ably handled by an array of surgeons from all parts of the country. There was by no means a unanimous sentiment animating the earnest debaters. Dr. James H. McClelland of Pittsburg, led off with a brief enquiry into the history of the method and a criticism upon the terms employed by many. The principles were presented in a brief paper by Dr. L. H. Willard, taking strong grounds in favor of the theory that putrefaction is due to germs or particles which float in the air, and the sole object of the specific measures is to destroy and exclude these. The details of the method were set forth concisely by Dr. J. E. James, of Philadelphia.

A paper by Dr. C. M. Thomas, of Philadelphia, discussed the method as practiced in Germany. The use of Iodoform was particularly dwelt upon, and the great success of famous Germans was made known. Germany is a great centre for extreme antiseptic methods. The special qualities of antiseptic agents was discussed by Dr. W. L. Jackson, of Boston, who presented the results of prolonged original researches. Dr. M. O. Terry, of Utica, told of the ligature best adapted to secure the ends in view, and Dr. N. Schneider of Cleveland, discussed the value of drainage, and suggested the probability that perfect drainage was the most important element in the whole system.

The poisonous effects experienced and to be feared from the use of antiseptic agents were thoroughly discussed by Dr. I. T. Talbot, of Boston, who concluded finally that the careful use of well known antiseptics was not to be feared.

The virtues of Iodoform were written of by Dr. H. I. Ostrom, of New York, who was of the opinion that the special field for this drug was in bone diseases.

Dr. George A. Hall, of Chicago, gave an account of this method in treatment of abscesses, ulcers, and morbid growths, claiming excellent results. Dr. Hartshorn, of Cincinnati, also advocated this method in the treatment of compound fractures. On the other hand, Dr. E. C. Franklin, of Ann Arbor University took strong grounds against the method, arguing that the claims so extravagantly set forth were chimerical. A comparison of the

results obtained by Dr. C. E. Walton, of Ohio, however, showed amazingly in favor of the system, especially as practiced in Germany.

The closing paper by Dr. Wm. Tod Helmuth, of New York, was a guarded endorsement of the system. This valuable paper was warmly received and represented the present status of the method. He expressed a strong doubt as to the efficacy of living germs in the production of putrefaction.

In the discussion that followed a strong feeling was manifested in favor of thorough antiseptic measures in all important surgical measures, especially when the joints and large cavities of the body are opened.

Dr. F. R. McManus, the aged chairman of the Board of Censors, and who has by the way held the position for the forty years of the Institutes existence, turned in the daily lot of applications for membership. The names as presented and passed upon were Amelia Burroughs, Omaha, Neb.; Ira Smith Bradner, Middletown, N. Y.; J. Clinton Drake, Erie, Pa.; James Ward, Haverhill, Mass.; Anson Parsons, Springboro, Pa.; John M. Crawford, Cincinnati, O.

DISEASES OF CHILDREN.

The first regular bureau of the morning meeting—Pædology—was called on. Dr. F. H. Orme, of Atlanta, Ga., the head of the bureau opened the discussion. Brief synopses were presented of the productions entitled: "Affections of the stomach and bowels from irritating substances swallowed or improper food reflected upon the nervous system," by Dr. B. F. Dake, and "Tubercular meningitis and alimentary disturbances connected therewith," by Dr. S. P. Hedges, Chicago. Other papers synopsised by the chairman were: "Atmospheric influences affecting the nervous and alimentary systems," by Dr. A. H. Carville, of Somerville, Mass. The chairman closed the reading with a general resume of the special subject. "Relationship of cerebral disturbances to disorders of the alimentary canal." The debate was led by Drs. D. H. Beckwith, Cleveland, T. C. Duncan, Chicago, and Pemberton Dudley, Philadelphia.

NOT REFLEX BUT DIRECT.

The points made by Dr. Duncan were that he had come to ignore reflex symptoms, especially in children. If there was irritation at one end of a nerve there would be at the other. So the disturbances are both central and peripheral. From the anatomy of the child's head, which he likened to an orange, the cerebral disturbances would be of three kinds, anæmic, hyperæmic or hydrocephalic. Anæmia, was due to inanition, or a flux somewhere, catarrh of lungs, stomach, bowels or bladder. The cerebral hyperæmia was due to peripheral, acute, irritation, chiefly inflammatory of some visceral organ. Hydrocephalic trouble arose from long lasting irritation, plus lack of absorption by the reabsorbent lymphatics. Hydrocephalus could be acquired as well as be congenital. The fluid would be either on the surface of the brain or in the ventricles.

The great cause of cerebral troubles of either of these forms was malnutrition. There was no use in persisting with a food if it caused either catarrh or irritation anywhere.

A member—Would you give young children starchy food?

In reply he said that the child under six months could not digest much

starchy food, although the pancreas being a supplementary salivary apparatus would aid the digestion of starch. But there were few of the foods especially those for infants that contained starch. They were nearly all partially digested. They were dextrine foods. He instanced Horlick's, Millen's and other well known foods. The point he wanted to emphasize, was that peripheral irritation of the nerves of the digestive apparatus particularly would produce central disturbances and vice versa. The action of the remedies he believed emphasized this view.

SPECIAL BUSINESS.—THE SELECTION AND ELECTION.

The hour of noon having arrived, the discussion of papers was closed, and the special order of business appointed for Thursday, at 12 m. was taken up. This was the election of officers for 1884, and a selection of a place and time for the next meeting. The great mass of doctors who had been lobbying and wire-pulling in the corridors now poured in, filling the room to overflowing. It was quickly decided to leave the question of time of the next meeting with the executive committee.

The representatives of the different sections then came to the front. These special pleaders let loose their seductive pleas. As one after another of the glowing letters was read, and as each strain of impassioned rhetoric was lost in the echoes, derisive laughs and incredulous remarks were heard from the opposition. The number of places named and the determination displayed by the rival claimants made the struggle an exciting one. The fight narrowed down to Old Point Comfort, Va.; Savannah, Ga.; Deer Park Md.; Nantasket Beach, Mass.; and Lake Minnetonka, Minn., with Deer Park apparently leading. Each place was voted upon separately in the order named. The friends of Deer Park won an easy victory. It was not finally settled without calling out considerable dissatisfaction—some of the doctors frankly speaking out in meeting—but these were in a hopeless minority.

The result obtained was the fruit of some very fine work got in by the Baltimore and Ohio Railroad Company—who control Deer Park. The company had sown their prospectuses broadcast throughout the convention from the opening day.

Then came the tug of war—the election of officers. The greatest interest of course centered in the choice for president. The nominations were notable ones, and every gentleman named would have done honor to the position.

The following were presented in the order named. O. S. Runnels, Indianapolis; J. C. Sanders, Cleveland; George A. Hall, Chicago.

Tellers were then appointed by the president consisting of Beckwith, Cleveland; T. C. Duncan, Chicago; G. C. Higbee, St. Paul.

The first ballot stood—Runnels 49, Sanders 50, Hall 37.

As a plurality of sixty-nine was necessary to a choice, a second ballot was ordered. Dr. Hall withdrew from the field. It stood—Runnels 61, Sanders 69. Scattering 1.

The election of Dr. Sanders was made unanimous.

The president-elect was called for, and stepping to the front, he briefly expressed his gratitude.

Dr. J. C. Sanders, is a resident of Cleveland, Ohio, where he has an ele-

gant home at No. 308 Prospect Street. He is about fifty years of age, of distinguished presence, and is said to be very highly cultivated. He is a graduate of the Western Reserve University of the class of 1847, and also of Yale College of the class of '54. Dr. Sanders has been in active practice for thirty years, and his yearly income is reported to be about \$40,000. His connection with the Cleveland Homœopathic College dates back twenty-three years, for twenty of which he has filled the Chair of Obstetrics.

For vice-president the nominees were—Dr. A. I. Sawyer, Monroe, Mich.; A. R. Wright, Buffalo, N. Y.; T. F. Allen of New York.

Drs. Wright and Sawyer withdrew in favor of Dr. Allen, and the latter was declared the choice of the convention.

General Secretary J. C. Burgher of Pittsburg; Provisional Secretary T. M. Strong of New York; and Treasurer E. M. Kellogg of New York were unanimously re-elected. These three gentlemen have efficiently filled their respective positions, the latter of whom from the time to which the memory of Homœopathy runneth not to the contrary.

The Board of Censors was filled as follows without dissent: F. R. Mc Manus, Baltimore; A. R. Wright, Buffalo; F. H. Orme, Atlanta, Ga.; R. B. Rush, Salem, O.; D. S. Smith, Chicago.

Chairman of bureaus were appointed: Surgery—Dr. George A. Hall, Chicago; Pædology—Dr. C. H. Lawton, Wilmington, Del.

ANATOMY AND PHYSIOLOGY.

The morning session had already stretched out to two o'clock, but no adjournment was had—the President announcing that the state of the work marked out would permit an intermission for the rest of the day, if bureau discussion was continued then. The remaining bureau of the day—Anatomy, Physiology, and Pathology—then reported, after which, Chairman William Owens of Cincinnati summarized the arguments in a well written paper. Prof. Owen's subject was the "Nerves of Organic Life." The paper commenced by explaining that he used the term, "Nerves of Organic life" instead of sympathetic, etc., because it was more appropriate, being common to all life. He proceeded to quote Stricker, Owen and Tuckett to show that a differential relation between the primitive structure from which the vegetable and animal organizations were developed could not be shown. That all were derived from the primitive cell and were subject to the same physiological law. That no organism could live a day without innervation and the performance of certain functions, such as nutrition, circulation, respiration, secretion, and reproduction.

He quoted a number of authorities to show that in vegetables and the lower order of animals where no nervous apparatus could be discovered by the highest powers of the microscope. All of the evidences of nerve presence were clearly demonstrated by the application of nerve poisons and anæsthetics, which effected them in a manner precisely similar to that of higher animals and man. The paper then discussed the comparative anatomy of the nerves of organic life, and showed that there is a similarity of structure as well as of function in these nerves, and the only difference between the lower order of animals and the higher, including man, consists of the location of the main nervous cords. They were found within the body and along the belly

of the animal, while in the higher orders, including man, they were found inside lying on either side of the spinal column.

The convention was then declared adjourned.

The members thus secured their first holiday of the session. The remainder of the afternoon was spent in visiting the attractions in the vicinity of the falls, and in renewing old acquaintanceships.

THE BANQUET.

The annual banquet of the Institute was held in the handsomely-decorated dining-hall of the International. A large number sat down. The music was furnished by the 74th Regiment Band of Buffalo.

At 8.30 the members and their friends assembled in the parlors, and before entering the banqueting hall sang a jolly song.

Dr. T. P. Wilson of Ann Arbor was toast-master. The following were the formal toasts and responses:

To the memory of Samuel Hahnemann—all ages shall bless it. A libation.

To the memory of the many noble dead, whose lives and labors are our richest legacies. Response by Dr. Geo. B. Peck of Rhode Island.

The American Institute of Homeopathy—past, present, and future.

Response by Bushrod W. James, M. D., Philadelphia

The Physician—wise, conservative, progressive. Response by J. C. Sanders, M. D., Cleveland, O.

The Surgeon—cautions, fearless, and successful. Response by William Tod Helmuth, M. D. New York,

The College Professor—The only man in the world who is in every sense a "doctor." Response by R. Ludiam, M. D., of Chicago.

The New Code vs. the Old—Will ancient bottles, hold new wine? Response by J. W. Dowling, M. D., New York.

The Homeopathic School of Medicine—anchored, drifting, sailing. Response by J. H. McClelland, M. D., Pittsburg.

The Pulpit, the press, and the school—the trinity of human civilization. Response by the Rev. Mr. Rosenmuller in behalf of the pulpit; President Monroe of DeVeaux College in behalf of the school; Peter Porter, in behalf of the press.

The Ladies.

On man,
She tried her' prentice han',
And then she made the lassies, O.

Response by P. G. Valentine, M. D., of St. Louis.

Niagara. Response by the Rev. John W. Brown, D. D., of Buffalo.

The banquet closed at a late hour with singing "Auld Lang Syne," to words written by W. Tod Helmuth for the occasion.

Several choice selections were sung by the New York quartette. At a late hour the banqueters retired, soothed to rest by the steady roar of the great cataract.

FOURTH DAY—MORNING SESSION.

After the selection and announcements of bureau appointments, a motion was offered looking to a return to the plan of holding sectional meetings. The subject, after some discussion, was laid upon the table.

A resolution was offered to prevent other associations from holding meetings in the hotel in which the Institute may be in session and during the

hours of the Institute meetings, except with the consent of the committee of arrangements. The resolution was amended and then laid on the table.

Some other business was transacted, after which the bureau of Psychological Medicine reported the following papers :

"Diseases of the Omentum as a Cause of Hypochondriasis," by Selden H. Talcott, M. D., of Middletown, N. Y.

"Oxygen in the Prevention and Cure of Nervous Diseases," by T. L. Brown, M. D., of Binghamton, N. Y.

The bureau of Sanitary Science submitted papers on general Hygiene, through Dr. D. H. Beckwith, of Cleveland, Ohio, the chairman. The papers were as follows :

"Introductory Papers," by D. H. Beckwith, M. D.

"Hygiene in Traveling," by T. P. Wilson, M. D., Ann Arbor.

"Hygiene in Food and Cooking," by T. S. Verdi, M. D., Washington.

"Hygiene of Manufacturing," by Geo. M. Ockford, M. D., Vincennes, Ind.

"Hygiene of Schools," by B. W. James, M. D., Philadelphia, Pa.

"Hygiene of Plans of Public Assemblage," by E. U. Jones, M. D., of Taunton, Mass.

The report was referred as usual.

The memorial service, in honor of deceased members, was then held, and remarks were made by Dr. Geo. B. Peck, of Providence, R. I., and Dr. Pemberton Dudley, of Philadelphia ; the first speaking more particularly in reference to the late Dr. Ira Barrows, and the latter, the late Dr. R. J. McClatchey.

The following resolutions of thanks were adopted :

Resolved, That the thanks of the Institute be tendered to the president for the impartiality, courtesy, and efficiency with which he has presided at and forwarded the business of the session, and also for the delightful entertainment he has provided for the members and their friends.

Also to the proprietors of the International Hotel for the elegant banquet tendered the Institute and for daily courtesies. Also to the local committee of arrangements for the thorough and successful manner in which they have performed their delicate and responsible duties.

The Institute then, at 11.30 A. M., adjourned.

Children's Department.

SPASM OF THE GLOTTIS AS A COMPLICATION OF DENTITION.

BY J. CRESSWELL LEWIS, M. D., PHILA. PA.

Read before the American Pædological Society.

Dentition is a subject which has demanded much attention from eminent men in our profession, and justly so, for of all causes of disease in infants it is the most potent. Being a physiological process and being the natural result of development, we would at first sight, expect it to produce no bad results, but the many varying circumstances attending the eruption of the teeth in different climates and under different hygienic conditions, change the whole case and instead of order we have the grandest confusion. In

dealing with infants, we have many times been forcibly impressed with the suffering they undergo and having a solicitude for them, have always made extra efforts to alleviate those sufferings. No domain of medicine presents a wider field for usefulness than in ministering to the wants of the little ones and it seems to us that the question of dentition and the best means of piloting children through its troubled waters, is one of the most serious ones in pædology.

When we recall the process of the formation and eruption of the first teeth, we begin to realize how wonderful this process is, how complicated is the structure of our entire organism and how powerfully dentition may modify the other functions of the organism.

That dentition does produce profound effects on the organism, most writers and observers are free to admit, and cases almost innumerable could be cited in support of this belief. Raue, however, thinks the disorders we find during dentition are owing not to the irritation of teething but "to the development of the brain at that period, which is greater than at any other period of life." He says, "Can such a comparatively small irritation, as of necessity must be combined with the teeth piercing through the gums, cause all such mischief?" We cannot admit with him that the irritation is *small* when we see the urgent symptoms often produced by the eruption of a tooth, and would ask if such symptoms are the direct result of the development of the brain, why we do not have them continuously and uniformly, and not only as each successive tooth is cut with a period of perfect absence of such symptoms between those times? We would not overestimate the dangers of dentition nor would we wish to be guilty of undervaluing them.

In this paper we shall confine ourselves to the consideration of spasm of the glottis. This, as its name implies, is a spasmodic affection. Convulsions are of frequent occurrence in infants; so much so, that it has been computed that 73 per cent. of the deaths from nervous diseases occurring in that class of patients, are the result of convulsions. Convulsions, in the infant, are thought to correspond with delirium in the adult, and the point is nicely argued.

The chief function of the brain in the infant is to superintend the motor functions, as it is not developed sufficiently to assume full control as the organ of the mind.

Hence convulsions occurring in the course of any acute disorder in infants would be replaced by delirium in adults in the course of their disease.

As the brain develops and assumes its functions, convulsions become less and less frequent. During dentition the occurrence of convulsions is often ominous. Edmonds says briefly and clearly, "Convulsions in the absence of other accompanying symptoms, should always be the warning note of a probable meningeal complication from the presence of tubercle. But convulsions in connection with fever alone or with fever and constipation or fever and diarrhoea would authorize a change in both prognosis and diagnosis, the former being more favorable and the latter not necessarily including tubercle as an element in the composition of the case."

The cause, treatment and prognosis of convulsions ordinarily observed are well known to all practitioners or should be at least. So we will not burden you with a consideration of those nervous diseases so often observed.

Not that they are not important, for we hope we realize the great dangers attending them, but sometimes in a society of intelligent men like this one, the consideration of obscure forms of disease is productive of the most gratifying results. There are men here whose indefatigable research and study have been rewarded by acquirements that we lesser lights can only look up and not envy, but admire. Hence we hope to be pardoned for thrusting upon this association a subject in connection with dentition that is not among its most frequent complications, viz. : spasm of the glottis. This we cannot hope to make complete but fragmentary as it is, some hints may be drawn from wiser heads that will be of benefit to all.

That a spasm of the glottis is often produced by dentition, no authority of any note denies. It is one of the most interesting points in connection with many of the convulsive affections of children; especially in those forms of convulsions produced by a long acting irritation, such as dentition is an example of spasmodic croup, child crowing, spasm of the glottis, laryngismus stridulous, inward spasms, by all of which names it has been called, is far from being thoroughly understood by even the most eminent men in our profession. Hence we may well give a little time to its consideration and endeavor to ferret out some of the peculiarities of the disease. This is no new disease. We often read in the secular press of new diseases that show themselves. We, as physicians, have learned that many such maladies have existed for centuries to our certain knowledge, hence are not new.

Spasm of the glottis has existed for ages. Hippocrates, in his far away times, says it is noticed soon after the first teeth appear. Galen and others mention it. In 1697 Etmuller noticed it. In 1761, Dr. Jas. Simpson, and a few years later Dr. Jno. Millar, treated of it. In 1841 Marshall Hall wrote concerning it and others later have given it their attention.

There are other causes which may produce this troublesome affection but dentition is its most powerful generator. Most cases of spasm of the glottis occur between the periods of six months and two years, showing what an important factor dentition is in its production. The period of teething is an important one in the development of the child. The system being in a state of excitement through the process of dentition, the organs already in use being developed more and more and those not yet called into action undergoing preparation for use in the economy, we can readily see how liable disease is to fasten itself firmly on the little one and grasp it with a death like grip. West says, "in such cases spasm of the glottis and other spasmodic seizures are secondary results of dentition." Henoeh says, "When the predisposition is present, spasmus glottidis occurs spontaneously or from reflex irritations, among which the eruption of the teeth plays a part that cannot be denied."

Da Costa recognizes dentition as a cause.

Duncan remarks, "this affection belongs almost exclusively to infancy, although I have met with it in children ten years of age, and is due to the narrowness and delicacy of the chink of the glottis and to the extreme irritability of the nervous system during infancy." He thus implies (though he does not say so in so many words) the effect that dentition has in the production of the disease.

So much for the profound effect dentition has in the production of spasm of the glottis.

The immediate causes of this disease vary in different cases and under different circumstances. It is caused by a spasmodic contraction of the abductors of the vocal cords and sometimes by a spasm of the diaphragm and intercostal muscles.

Marshall Hall says it originates in the trifacial nerve. Later researches seem to point to another cause; probably a spasm of certain muscles brought about by an abnormal condition of certain centres. The various nerve centres are not united together so nicely as in the adult, hence a partial or restricted spasm as the one under consideration.

During sleep the brain is normally anæmic and respiration more feeble than when awake. If therefore, we have an abnormal amount of anæmia or if the respiratory function is disturbed, sleep is apt to predispose to spasm of the glottis. The exciting cause may be crying; for in crying or sobbing the inspirations are short and jerky, and are similar to those of laryngismus. Sometimes as the child is nursing, a little milk will get in the larynx, producing such symptoms. It is also thought that while nursing the enforced breathing through the nostrils might bring on an attack. Jumping a child up and down is apt to produce it. This is caused by the sudden descent producing the same sensation, no doubt, we experience when swinging.

The symptoms are characteristic. The child, has in all probability, cut some of its teeth and has never shown any symptoms indicative of the impending disorder. After a while we may have diarrhœa, a catarrhal cough or perhaps cerebral symptoms accompanied by constipation. And now, once in a while we may have a crowing sound on inspiration followed perhaps by convulsions. At first the connection between these symptoms and teething may not strike the physician but when such occurrences accompany the eruption of each tooth, the cause is evident. Spasm of the glottis is slow in making its appearance and asserting its sway. The early symptoms do not seem alarming to the uninitiated. The infant will generally droop for some time, have no appetite, be sleepless at night and fretful by day; bowels disordered, vomiting. Then following these symptoms comes the crowing sound indicative of the disease. They cannot be described exactly but like the cephalic cry, must be heard to be recognized. The child will wake suddenly in the night, often about midnight.

The head, during a paroxysm, will be thrown back, the face and lips will be livid, just around the mouth we will notice it is pale; the chest does not move, the face is convulsed and it would seem as if suffocation would be sure to ensue. Fortunately the attack soon passes away but a similar one may occur in a few days or even hours. Sometimes it is accompanied by carpo-pedal contractions. The bowels are generally constipated. From the oft repeated attacks of difficulty of breathing congestion of the brain may follow. The trouble is most frequent in hand fed children and therefore care must be exercised as to diet.

Diluted cows milk is undoubtedly the best food, supplemented by occasional doses of beef tea. Fortunately it is a rare affection. Boys are most frequently attacked and poor children than those living under hygienic conditions. It is worse in the late winter and early spring, owing, it is thought,

to the exalted nervous condition of the child from being kept housed all winter.

The diagnosis between this trouble and croupal diphtheria is easily made. The absence of fever and the continuously intermittent character of the symptoms enable us to be sure we have not the more fatal disease to contend with. It might be confounded with paralysis of the abductors, which, however, is not often met with. In paralysis of the abductors we have a partial closure of the glottis continuing constantly producing dyspnoea that is without intermission. In spasm of the glottis there is occasional dyspnoea with complete relief between the attacks. The disease rarely proves fatal. The less the number of paroxysms the greater the chance of recovery.

The treatment is palliative and remedial. During a paroxysm the child should be raised up, and hit on the back. Cold water thrown on the face is often useful, as well as placing the lower limbs in a warm bath.

Aqua ammonia placed under the nostrils is extremely useful in breaking up an attack. Chloroform is recommended by Gross.

During the intervals between attacks the child should have plenty of pure air, the apartments in which it is kept being well ventilated and yet kept warm. Bran and salt baths are beneficial. Farinaceous foods are to be excluded from the child's diet. Cod liver oil is a good article of diet, giving it in small doses.

The child should rest on a soft and yet cool pillow. The air pillow meets the requirements of the case best.

Where the gums are much swollen, it is proper and necessary to lance them. It is often asserted that if the incision heals over before the teeth come through, this will render the eruption of the teeth more difficult. Such however, is not the case, for we know that new tissues such as cicatricial tissues are not as dense and tough as old ones and in support of this, we have no less an authority than Gross whose researches in this particular have been extensive.

As to the remedial treatment we have an all abundant materia medica to draw from. Jahr recommends Acon., Bell., Cup. met., Ipec., Verat. alb. Hartman found Arsenicum album to be a grand remedy. Duncan recommends Cuprum met. In spasm of the glottis produced by dentition we have, in those cases we have met found that the remedies recommended by Jahr have been all sufficient. Hence we will confine ourselves to these drugs, being those we have opportunity of verifying.

Aconite.—Fever, pulse hard and bounding; hoarseness; difficult respiration; hard, agonizing cough.

Arsenicum alb.—Great difficulty of breathing; suffocation; respiration short and hissing; cold perspiration; extreme weakness after a paroxysm; worse between midnight and morning.

Belladonna.—Plethoric children; cerebral complications.

Cuprum met.—Face blue, lips blue; attack comes on suddenly and ceases as suddenly; induced by fright; the child is extremely nervous; cold water relieves when swallowed; a very important remedy.

Ipecac.—Catarrhal complications; rattling in breast; short, quick, labored breathing; face almost black; bowels deranged; vomiting.

Verat. alb.—This remedy we have not used but can readily conceive that in cases where the intestinal irritation was great, diarrhoea very profuse and assuming the serous character produced by this drug, we would have a reliable remedy; particularly as under those circumstances we would have anæmia of the brain.

THE UNITED STATES MEDICAL INVESTIGATOR.

"HOMCEOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

Communications are invited from all parts of the world. Concise, pointed, *practical* articles are the choice of our readers. Give us of your careful observations, practical experience, extensive reading, and choice thought (the great sources of medical knowledge), on any subject pertaining to medicine.

THE INSTITUTE MEETING at Niagara Falls could hardly be called a grand success. It was a fair meeting of only moderate interest.

The attendance was smaller than was expected. To get only about double the attendance of a state society is certainly a meagre crowd for a national organization. Taken as a convention, a mass meeting of the profession, it was disappointing, but as a delegated body there was a fair representation present. From the west the attendance was far better than from the east. Illinois was better represented than the New England states. It is the conviction of many that the Institute should be a delegated body.

The reports of bureaus were as full as could be expected, and the plan of giving synopses was rigidly adhered to. As these were mostly second hand the satisfaction was not the most complete either to the author or audience. Two bureaus broke over the rules and had a satisfactory discussion. The topics were experience with antiseptics and dysmenorrhœa. The plan of presenting synopses of papers is all right if more time is allowed for the discussions. The plan to limit the bureaus to at least five will help the pressure, but may not give satisfaction to the many specialists on a given branch. The subjects that attracted the most interest were medical education and analyses of remedies and sugar of milk.

The politics was boiling and the outcome worthy of study. By common courtesy the west was entitled to the presidency. Three candidates were presented under the pressure of three factions. First, obligation to years ago. Second, the order of succession, and third, the hand of the internationals. The latter held the balance of power.

The many places seeking the Institute to meet with them was noteworthy.

The place chosen, Deer Park Md., was selected out of consideration to the south. Taken all together the question will arise, would not a little more medicine in the Institute and less politics, potencies and polemics call out more interest?

MEDICINE IN MINNESOTA.—The recent victory at Lincoln and in Michigan, show that the authorities are disposed to accord us equal rights whenever we insist upon them. That the regents of state institutions stand ready to listen to our demands should encourage our friends in other states to secure what has been given us in Nebraska. In view of the recent law passed by the Minnesota legislature putting the control of the medical mat-

ters in the hands of the medical department of the state university, it would seem to offer a good excuse for the friends of Homœopathy to secure representation in that university and so a voice in state medicine. In that way a flank movement may be executed, and thus head off the regulars, who hope in this way to prevent a mixed board, or Homœopathy in anyway controlling medical affairs in Minnesota.

Consultation Department.

CASE FOR COUSEL—PROSTATIC FLOW.

Would like to have treatment of the following case in THE INVESTIGATOR. Man subject to prostatic discharge after or during erections; have failed with the usual remedies, it is of years standing and the result of onanism, has not and never has had any discharge of semen at such time.

C. C.

CASE FOR COUNSEL—A BAD SNEEZE.

Who can give me a remedy to cover these symptoms: Very frequent sneezing commencing in the morning and ceasing at sun down. Colorless mucus discharge from the nose at first, changing to purely water, non-corroding but running in drops from the nose, these attacks never come two days in succession, but may appear every third day or every fourth, fifth, sixth, seventh, eighth or tenth day, no regularity to its appearance, but most sure to come with east wind, especially if rain with it. Brethren give us a lift. Have tried Acon., Arsen., Merc., *Alium cepa*, *Cyclamen*, but all have their distinctive symptoms of "water discharge *excoriating* the parts," this is absent in this case.

H. M. B.

CASE FOR COUNSEL—SPINAL IRRITATION—ANÆMIA.

J. J., aged fourteen, female, tall, slender, dark brown hair, fine and straight, gray eyes, and dark complexion. Has been confined to bed for about six months. Previous to going to bed, was indisposed for several months with stomach trouble and pain in right and left hypochondria, left side the worst. Was treated, "regularly," without improvement. Was taken to bed with typho-malarial fever, which ran a course of thirteen weeks.

After ten days of convalescence, febrile symptoms appeared again, the pulse standing regularly at about 120, and temperature 100° to 101°. A careful physical examination, discovered spinal tenderness over the upper cervical vertebra, the two to four dorsal, and four and five lumbar, the latter being much the worse, these were the only lesions. The more prominent symptoms were: drooping of upper eyelids, pain in the orbits, behind the eyes, pain in the left temple in a small spot near the hair, stitching pain in left chest from the fifth rib to the abdomen, worse from deep respiration, bowels constipated, moving in dry hard round scybala, the size of small marbles, urine scanty, with some vesical tenesmus, no thirst and no appetite, positively no desire for food, of any kind, can not think of anything she desires

to eat or drink, *constant nausea* but never vomiting, the tongue is but little changed in shape being somewhat pointed, papillæ prominent at the tip, a taste of rotten eggs in the mouth, sleeps fairly well during the latter part of the night, but does not go to sleep till about midnight. During the whole of this sickness fever and all, has a constant sweating of the soles and palms. Can not stand alone. Can not sit but a few minutes till the pain in the back compels her to lie down. Has no pain in her back when lying perfectly quiet, but movement provokes pain. Amenorrhœa, menses suppressed.

Mucous membrane of the mouth normal in color and the lips are "rosy red." I have used *Ars. alb.*, *Baptisia*, *Bell.*, *Bryonia*, *China*, *Cimicifuga*. *Chelidon*, *Puls.*, *Lach.* and *Rhus tox.* and other remedies but on the whole the case remains just about the same. What shall I do? A. L. BURT.

Clinical Medicine.

ELONGATED UVULA.

Acute cases of relaxation of the pendulous portions of the soft palate will promptly yield to *Arum triph.* and *Nux vom.*

INFANTILE ECZEMA—LAPPA.

Dr. Chapman, of Polo, Ill. (*Clinique*) reports that fifteen cases of *crusta lactea*, he has had prompt and perfect success with *Lappa major*. He uses it internally, three drop doses, either full strength of diluted one-half with water. The cases were generally under one year of age.

Dr. Roberts, of Chicago, has also found this remedy successful in similar cases.

HAVE A DRINK OF CREAM MEAD?

Dissolve three pounds of white sugar in half a gallon of boiling water. When cold add three ounces of tartaric acid previously dissolved in one pint cold water. Then add the whites of three eggs well beaten, flavor to taste and bottle. When it is to be used, stir in a few grains of bi-carbonate of soda and you have a delicious drink. Try it for convalescents.—*Med. Bulletin.*

A BUG IN THE EAR.

I was called one night to visit a lady who was suffering from something in the ear. In making the examination, I held a "light" very near the ear and a bug attracted by the light, immediately ran out. It would be well for physicians to note the *fact* that insects are attracted by light. If it should occur in the day time, then place the patient in a dark room, and hold a "light" near the ear, and the cure will be immediately affected.

Hanover, Pa.

O. T. EVERHART.

A MEDICAL LAW IN MINNESOTA.

I enclose herewith a copy of the law passed last winter by our Minnesota Legislature for regulating the practice of medicine. [The law provides for a Board of Medical Examiners, who shall pass on all diplomas as to their

genuineness, and examine all candidates, giving a license to practice. The faculty of the Medical Department of the University of Minnesota shall organize as the board, on or before June 15th.] I think the Homœopaths of Minnesota must have been half a sleep, or some objection would have been made to that portion of the law which makes the faculty of the Medical Department of the State University the examining board. There is no doubt but that such a law is needed, yet so many loop holes are left that the quacks will mostly escape, and the principal effect will be to hamper those whom the iron clad faculty of an Allopathic college may choose to call irregular, Homœopaths, of course.

FROM PRACTICE SURGERY—T. A. Y. MEASLES.

A girl, twelve years of age got her hand caught in a hay cutting box and had the four finger of right hand cut off between the nail and first joint, until it hung by only the integument on the side next the thumb, the width of which was three-eighths of an inch, her mother put the finger in place and sent a man after me seven miles, when I arrived and made examination found it was nicely adjusted; concluded to leave it so, applied a straight splint on the palmer surface, and ordered dressings of Carbolated cosmoline, Union took place at once and her finger is straight as ever.

I was looking over back numbers of *THE INVESTIGATOR*, and found some enquiries concerning measles during pregnancy. We have had an extensive epidemic of measles in our vicinity, and had three cases of females who were pregnant and had the measles as well, recovered nicely from them, and two of them have been confined with smart children and the third is expected every day to be sick. My remedies used during the measles were, Acon. for fever, Puls. for measles and Sang. for cough. H. M. B.

CLINICAL EXPERIENCE WITH CYSTITIS.

Dr. Phillips, of Boston, finds Lithium carb an important remedy in case of chronic or sub-acute cystitis, especially when there is a *rheumatic diathesis* present. The doctor uses the 1x trit., every two hours. In "Hering's Condensed Materia Medica" we find the following indications which would entitle it to a prominent place in this affection: Flashes of pain in region of bladder; vesical tenesmus; burning in urethra; urine scanty, dark, acrid; pain when passed; turbid, mucous deposit.

Dr. A. J. Baker, of Boston, uses *Rhus aromatica* in irritable bladder, especially of elderly women. In chronic cystitis he uses *Chimaphila*. Dr. Hale endorses the new remedy, *Erigeron populus*. He also speaks highly of *Secale*, a most important remedy in chronic catarrh of bladder and chronic cystitis. He considers *Ergot* the specific remedy in a large proportion of cases of incontinence of urine from disease of the spinal cord, or after labor, or from local paralysis of the neck of the bladder from injury. He advises *Ergotin* 2x trit. in that kind of incontinence of women and children, which allows the urine to spurt out on coughing, laughing, lifting, or any sudden emotion. Dr. Cushing uses *Apoc. andros.* for the incontinence of old men.—*Cal Hom.*

News of the Week.

American Public Health Association.—The 11th Annual Session of the American Public Health Association will be held at Detroit, Mich., commencing November 13th, and continuing four days. Telegraph it to the boys.
MOSES T. RUNNELS, Indianapolis.

Dr. E. B. Rockwell, of the class of 1883, Chicago Homœopathic College, located at Faribault, Minnesota, suffered the loss of his second son, aged fifteen, by drowning. We offer Dr. Rockwell our warmest sympathies in his sad bereavement.

H. E. Boardman, M. D., of Monroe, Wis., meets many cases where the mother has milk for the first child; for the second, half enough; for the third, still less, and for the next or fifth, none at all. Hydrocephalus is frequently met in these families. Cow's milk does not agree with these children. One child nearly dead was kept three weeks on brandy, beef tea and water. Then arrow root and cream was the next food that agreed.

Removals.—Dr. E. G. H. Miessler, from 741 to 737 South Halsted Street, Chicago. Dr. C. F. O. Miessler, from 577 Blue Island Avenue, Chicago, to Crete, Will Co., Ill. Dr. Earnest Crutcher, of Louisiana, Mo., has removed to his native place, Nashville, Tenn., on account of failure of health in our northern climate. He left a lucrative field for some enterprising man to fill.

Locations.—You ask for information concerning locations—Shanesville, Tuscarawas Co., Ohio, 1,000 inhabitants; railroad town; only one regular M. D. Millersburg, Holmes Co., Ohio, county seat, 2,500 inhabitants, four regular M. D's. Both towns are surrounded by a good farming community. Physician speaking German would get along the best, although not all to gether essential. Any enquiries regarding these towns will be freely answered by
G. DICKSON, M. D.

Canal, Dover, Ohio.

Locations.—I notice a request in THE INVESTIGATOR sent me to write you about locations. I believe Sanford, Orange Co., Fla., would be a good location for the right man. I am the only Homœopath South of Jacksonville that I know of. I am not practicing, and do not wish to, if I did, I should go to Sanford, it is the head of navigation for large steamers on the St. John's river, and there are a great many visitors to this section in the winter; and in Sanford, it is unhealthy in summer, but in many locations in this state, especially Geneva, fifteen miles from Sanford it is the healthiest place on earth. I have been here now near four years continuously. I would willingly do all I can in way of information to any one wishing to locate at this point. Geneva is one of the best locations for an invalid summer hotel there is in the state.
DR. G. A. HEATH.

Sanford, Orange Co., Fla.

Homœopathy to the Front.—Said Mrs. Julia B. Hoitt in her annual report to the Board of the San Francisco Hospital. "Out from among all the attainments of science, out from the abundance of *ologies* and *opathies* and issues that are trying to benefit the world, we are glad to know that Homœopathy has stepped to the front with its wise consideration of the instincts of humanity and its cheerful banishment of all harsh and destructive measures and medicines. It has been your aim, ladies, during the past six years, first by your dispensary, and afterward by the establishment of this hospital, to uphold and extend this beneficial system." During the year closing March 1883, this hospital had forty-one patients, of whom eight died. The managers received a number of incurables which explains the large percentage of the death rate. No other of the San Francisco hospitals would receive them. Number of diseases twenty-eight. Of these, those causing death were: Phthisis three, uterine cancer, Bright's disease, pneumonia, heart disease, and cancer of stomach, each one. Patients received were: males nineteen, females twenty-two, two of these children. Discharged cured, fifteen; improved, thirteen; no improvements, three. Two remain now in the hospital and are improving. Of the seventy patients cared for during the past two years, twenty were sent by physicians of the city.

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WHOLE NO. 351.

Consultation Department.

WHICH IS IT ?

I have in my orders written for Phos. tincture. B. & T's pharmacy, says this equals 1—1000 or 3x dil. Do physicians refer to this strength when they speak of prescribing Phos. 3x ?

T. F. J.

"IN" NOT "IUM."

The dose of Elaterin (not Elaterium) is from the sixteenth to the twelfth of a grain, and is best given in solution. This is a quotation from the United States Dispensatory. Please correct, and oblige yours. J. C. CUMMINGS.

FOR DR. FRENCH'S CASE.

I should like to have Dr. W. W. French try *Secale cor.* 3x, for his case (P. 29. July 14) Commence one or two days before menses are expected, and give every two hours through sickness. Ten drops in one-half glass water two teaspoonfuls at a dose.

GEO. T. GREENLEAF.

REPLY TO CASE.

In reply to W. W. French's query of "What will Cure?" (Vide U. S. MED. INVESTIGATOR, Vol. 18, page 29.) I would respectfully submit the following prescription and especially if there were a few more symptoms of the following nature, viz.: Pain in the back, bearing down, discharge dark and clotted.

Pulsatilla.

Cimicifuga *a a* 1x Dil. ʒi.

Aqua pura ʒiv.

Mix. Teaspoonful four times a day beginning about four days before her monthly sickness and continuing until the flow ceases. This do each month until cured.

R. T. MARKS.

FOR DR. W. W. FRENCH CASE IN JULY 14TH, 1883.

More symptoms in regard to the amount, color, frequency, etc., of the flow would help decide, but try one of these remedies. *Cimicifuga rac.* 2x, *Caulophyllum* 3x, *Gelsemium nitidans* 1x. Ten drops in one gill of clean water. Two teaspoonfuls every fifteen minutes during *severe* pain, increasing the time between the doses as improvement occurs. No Morph. no coffee, no green tea.

Having been very successful in treating similar cases, thought the suggestions might help. I find no two cases alike, each individual is a study by herself, and it is often as hard to keep clear of the Opium, as to cure the case.

M. H. C. WOODRUFF.

A CASE FOR COUNSEL.—NEURASTHENIA.

I will be much obliged to any of the medical brethren who will give the treatment for the following case : Mr. Henry G. aged sixty-three, had been afflicted two and a half years, caused by the sickness of his wife, who is still

an invalid, although he was inclined to be melancholy, some years before. Every thing seems gloomy and dismal. No inclination to do anything. Cannot decide to do a thing or not. Melancholy feeling. Have been tempted to lay violent hands on himself, but knows it is wrong. Irritable, does not care to answer a question. Does not want any communication with any one. Home does not seem like home. Thinks he is the most miserable man in the world. Easily offended. Don't care about seeing his friends. Scarcely speaks to his family unless he must. Always worse from 3 A. M. Cannot sleep after that time. A thousand thoughts pass through his mind. Every thing worries and bothers him. Desponding. Choking sensation in the throat. Dryness of the mouth. Acid in the stomach. I have given the following remedies without any improvement. Ars. 5x, Ign. 4x, Nux 30, Graph. 6x, Rhus 5x, Colyc. 4x, Con. 3x, Merc. 10x, Nit. acid 6. Also, following symptoms: Frequent gaping. Heavy pressure in left side, sometimes a burning sensation. Appetite is good, and bowels regular. O. T. E.

CASE FOR COUNSEL—SINGULAR STUPOR.

Mr. H. aged thirty-two, medium size, dark hair, and eyes, lively disposition, temperate habits, smokes (mildly), married, family inclined to tuberculosis; closely engaged in butcher business for the last eight years. In April last he became very *forgetful*, in May *sleepy* even during business hours. Since June has been under the care of two of the best Allopathic physicians, who suggested change of air, perscribed a tonic with Strychnine. They found nothing in the urine to account for his condition. He is now most of the time in a sort of stupor or sleep, cannot remember but little that occurs except when he wakes up after three or four hours sleep. He then knows everything, is amazed at his own condition.

At these conscious periods his pupils seem enlarged giving him a rather wild look, but other times when asked questions they seem too small. Has no pain any where, but feels *weak*, walks slowly. Any reference to business seems to make him more stupid than ever. Nothing amiss in his business. Only recently came under my care. Is taking Apis., Bell. Heat not above 99½°, (Inclined to eat to freely.) Pulse 86, respirations 20 to 22.

M. H. C. WOODRUFF.

SPERMATORRHEA AND SPINAL CONGESTION.

A young man, aged twenty-four, student, medium height, brunette, unmarried. Has practiced masturbation for nearly eight years; is beginning to see the error of his ways and has by a strong effort gained control over himself.

Condition.—Penis small and flaccid. Scrotum relaxed and hanging down. Testicles small reduced at least one-half the natural size. The parts are covered with an offensive sweat. There is a constant oozing of an offensive, thin yellowish discharge from the urethra.

Erections are strong and easily excited. Passion strong with but little sensational thrill upon ejection of semen, which is thin and watery. When the penis becomes relaxed after an ejection of semen there is a discharge of several drops of clear, albuminous like fluid. After completion of urination there is a flow of several drops of urine, a dribbling. Mind apt to wander from his studies. Memory somewhat impaired. Sleeps well, in fact is

unnaturally sleepy at all times. Digestion good. Occasionally when about half asleep there is a sudden jerking of one of the lower extremities. Has frequent dull, frontal headache. Tires easily and upon any unusual exertion is in a tremble.

Will some of my brothers kindly lend a hand to a young practitioner who is fighting his way alone among a lot of unfriendly Old School doctors.

M. C. B.

WHAT IS IT ?

T. T.—Young lady, aged nineteen, unmarried, medium height, slender, fair complexion, dark hair. Health usually good with the exception of the following attacks :

Attacks begin with a feeling of fullness in the head, which feels as large as a bushel basket ; eyes become congested and smart ; face flushed ; head and chest feel hot as if boiling water were poured on which lasts about ten minutes ; or the burning sensation may begin back of the ear and extend downward upon the chest. In about ten minutes the face becomes very pale and swells rapidly and there is a feeling of weight upon the chest where the burning has been.

In more severe attacks the lips, tongue or throat become swollen, preceded by the burning ; sometimes the eyes are swollen shut.

Occasionally the hands and feet become swollen, when such is the case the head and chest are unaffected.

The swelling subsides twenty-four to forty-eight hours after the acute symptoms pass off. During the attack she is never unconscious, on the contrary unless the paroxysm is severe she does not pause in whatever she may be doing.

Of late however, her lungs seem to swell and it becomes difficult and painful to breath.

The paroxysms can be prevented by the use of Bell. 3x and Bry. 3x, when the premonitory symptoms come on, but afterward she has a continual feeling as if an attack was impending and is weak and easily exhausted for some time. If allowed to take its course she feels much better afterward than when it is prevented. She occasionally awakes in the morning with swollen face and a feeling of lassitude and weariness having had an attack while asleep.

The attacks first began when two years old and when fourteen they returned daily for several weeks, at present they return irregularly, from once a day to once in several weeks, varying in intensity. Mental excitement and worry favor their return.

Her father died aged forty-nine with a similar trouble. She has an uncle and several cousins affected similarly. In the father's case the face became yellow twenty-four hours before the attack. Scalding sensation over chest, congested eyes. If an attack was prevented when coming on he did not feel well for several weeks or until he had an unmodified attack, after which he recovered his usual health. Died during a paroxysm of the trouble, involving his neck.

The physicians who have seen the cases have not been able to or have not named it and have been of but little service.

What is it and what is the line of treatment?

M. G. McB.

Clinical Medicine.

ARALIA RACEMOSA IN NOCTURNAL COUGH.

Aralia racemosa is a new remedy for nocturnal cough. The patient is not troubled usually with symptoms during the day, other than a slight hoarseness. After sleeping a short time there is a tickling in the throat and a constriction of the chest causing violent coughing which may be dry, or a slight white phlegm may be raised. These paroxysms come on during the night at periods. The laryngoscope shows a congestion of vocal cords, and a relaxed state of mucous membrane.

Doubtless the cough arises from the congested glands here secreting phlegm which during the day is easily cleansed away by hawking, but which accumulates during the night and thus excites a reflex spasmodic cough. Compare with *Nux vom.*—*Hom. World.*

DANGERS OF BREATHING BY THE MOUTH.

Dr. Guye (*Archiv für Ohrenheilkunde*), directs attention to the evils of breathing by the mouth. To appreciate these it must be remembered that the functions of the nose in respiration are threefold.

1. The olfactory sense secures it against the entrance of impure air.
 2. The moisture of the nasal passage gives a certain degree of aqueous saturation to the inspired air, the contact of which is thus rendered less irritating to the mucous membrane of the throat and larynx.
 3. The inequalities of the organ retain solid particles suspended in the air, which is proved by the quantity of dust sometimes found accumulated in the nostrils. These functions are all lost in breathing by the mouth. Further, the contact of dry air soon produces circulatory troubles in the pharyngeal region, and even an habitual catarrh, susceptible of easy transmission by continuity to the eustachian tube and cavity of the tympanum. Granular adenoid pharyngitis often has this origin. Niemeyer believed that the attacks of pseudo-croup in children have their origin in dryness of the glottis produced by oral respiration. To enable the patient to breathe through the nose we must restore the nose to its proper condition, and then in children stop the mouth by an impervious respirator. Many cases of catarrhal deafness were cured in this way alone.—*Cal. Hom.*
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ELATERIUM IN DROPSY.

It has been my fortune to have had an opportunity to know something of *Elaterium* in dropsy. As to preparation and dose, I have always insisted on having Clutterbuck's, and of this preparation, one-sixteenth of a grain is a fair dose and is about as large as can be safely given without provoking nausea and vomiting. From doses of one-twelfth, one-eighth and one-fourth grain I have witnessed severe and protracted vomiting that seemed to modify the hydragogue action of the drug as that is less when the vomiting is severe, without a massive dose has been used. The form of the drug most convenient for dispensing, is a saturated tincture of one grain to the ounce, which is permanent and very reliable.

Miss K. W., aged seven years, the daughter and granddaughter of a physician, has suffered from leucorrhœa from about her tenth month. There was no known cause, as the mother is an exceptionally healthy woman, never having had leucorrhœa, at any time in her life. The father also enjoyed very good health, at and for many years previous to the birth of this child.

This little girl treated by both her grandfather and father for years, with only temporary results; and the flow was more profuse and of a darker color at the time I assumed charge, than it had been at any time previous. The principal remedies which had been used were Sulphur, Sepia, Calcareo carb. Lycopodium, Natrum mur., Graphites, and Silicea.

These remedies had been given in varying potencies, at long intervals, and I therefore concluded that mere routine perscription would necessarily fail. Beside the facts stated, there were no guiding symptoms.

I now gave Diamond 6, three grains every three hours. In a few days the discharge diminished and in a week ceased entirely. This was followed by Diamond 15, one powder night and morning, for two weeks. Six or seven months have passed and there has been no return of the disorder, although it had previously persisted for more than six years.

In a subsequent number I will endeavor to give some of the more characteristic indications for this remedy.—A. H.

SPINAL HÆMORRHAGE.

Spinal hæmorrhage is very fatal, but, happily, a very rare affliction. The great majority of cases usually classed under this head are cases of spinal meningeal hæmorrhage, and not hæmorrhage into the spinal cord.

Symptoms.—The characteristic symptoms of spinal hæmorrhage are pain at the seat of lesion, and sensory motor disturbances in the parts to which the nerves derived from that portion of the cord and the portions below it, are distributed. As a general rule, the functions of this part of the cord are either immediately abolished or greatly impaired, producing paralysis and anæsthesia in the parts below; but occasionally there are spasms and hyperæsthesia. When the hæmorrhage takes place gradually, it first produces numbness in the extremities, stiffness at the seat of lesion or in the cervical region, and great weakness of the extremities, and sometimes of the whole body. When fully developed, the lower sphincters are paralyzed, as well as the extremities, and so also is the detrusor urinæ. Reflex and electric excitability are likewise lost or greatly impaired.

Acute bedsores are apt to form in these cases, similar to those caused by cerebral hæmorrhage. This form of decubitus is not owing to pressure, but to paralysis of the trophic center in the gray substance of the cord, but generally betokens a fatal result. It is usually accompanied by an increase of bodily temperature, the mercury sometimes rising to 101° or 102°.

If the blood be effused rapidly, death will generally ensue within a few hours or days; but if slowly, life may be prolonged indefinitely, but in most cases only at the expense of a greater or less degree of paralysis and anæsthesia in the parts below.

Cause.—The principal causes of spinal hæmorrhage are myelitis, softening and traumatic injuries, such as a result from severe blows, falls, roadway and railway accidents, gun-shot wound, etc. Many other causes have been assigned, such as tetanus, low fevers, amenorrhœa, violent lifting and straining, excessive sexual indulgence, the too free use of alcoholic liquors, etc., but such causes are only conjectural.

Diagnosis.—When the effusion takes place slowly, and is so situated as to implicate, not only the lower extremities, but important parts above, such as the muscles of respiration, the diagnosis may generally be made out, at least to the extent of establishing an intravertebral hæmorrhage; but it is evident that in most cases the chief reliance must be upon the history of the case, the existing symptoms affording but few diagnostic marks. When, however, paraplegia takes place suddenly, and is plainly the result of an accident, we shall generally be warranted in attributing the paralysis to medullary or meningeal effusion, particularly, the latter.

Prognosis.—The prognosis is extremely unfavorable, as the great majority of cases prove fatal sooner or later. A considerable number of cases of paraplegia, however, apparently resulting from spinal hæmorrhage, are on record, which have recovered, and although there may have been an error of diagnosis in some of them, it is plain that such cases should not be regarded as utterly hopeless. The seat, no less than the extent of the lesion greatly influences the prognosis, since effusions in the cervical region are far more dangerous to life than those which occur in the dorsal and lumbar regions, because they are liable to implicate the phrenic nerves, and thus produce sudden death by asphyxia.

Morbid Anatomy and Pathology.—When the blood is effused into the substance of the cord, it is generally confined to the gray matter. It extends both longitudinally and laterally, but chiefly in the direction of the long axis of the cord, the clot varying in size from that of a hazelnut, or less, to that of an almond, and in some cases it occupies the entire centre of the cord for several inches. These effusions occur most frequently in the cervical region, becoming less and less frequent as we descend the cord. The white substance seldom yields to the pressure, but when it does, or when lacerated by injury, a blood-tumor generally appears under the meninges.

The symptoms of spinal hæmorrhage are clearly the result of irritation and compression of the nervous tissues of the cord. When the effusion takes place gradually, the first effect is generally one of excitation, giving rise to spasms and hyperæsthesia; but when it occurs suddenly, or in any considerable quantity, the pressure becomes so great as to destroy or greatly impair the function of the cord, producing at once a greater or less degree of paralysis and anæsthesia.

Treatment.—In traumatic cases, the leading indications are to arrest and prevent hæmorrhage and inflammation within the spinal canal; and this can be best accomplished by keeping the patient as quiet as possible, applying ice to the spine, and administering such remedies as Arnica, Aconite, Belladonna, Hamamelis, Secale cor., etc.

When hæmorrhage sets in gradually, an opportunity is afforded for making that distinction in the selection of remedies which is necessary for the

satisfactory management of this class of cases. Aside, however, from the administration of the class of remedies best adapted to promote the absorption of the clot, such as Arnica, Guaco, Kali iod., Sulphur, etc., little more can be done than to select from the following list such remedies as are best calculated to remove or lessen the exciting cause and its effects, viz., Anac., Baryta carb., Bell., Caust., Coccul. Cupr., Gels., Lacheo., Lauro., Nat. mur., Nux vom., Ar. ac., Phos. Plumb. Secale, Stram.—*Am. Hom.*

EXPERIENCE WITH A NEW REMEDY.

BY J. R. HAYNES M. D., INDIANAPOLIS, IND.

Mrs.—, aged fifty-three, good constitution, weight about 140 pounds, was called to see her April 9, 1883, found slight fever, pulse 85, respirations 25, tongue coated white; light hacking cough from tickling in the larynx; soreness in the larynx on pressure; tonsils some swollen; pillar of the right fauces of a very bright red, felt very sore to touch, with greyish patches of membranous deposit over the whole right tonsil; left pillar not so angry but extending around the entire fauces; velum palate and up onto the soft palate, roof of the mouth of an ash color; skin dry and hot; felt chilly if the air touched her; wanted to be well covered up; water runs from both eyes, nose stuffed up, had to breath through the mouth, with fluent discharge from the nose and throat, of a white frothy mucous, left cricoid cartilage painful to touch, empty deglutition very painful could swallow fluids easier and solids easier than either. I recommended Merc. iod. et Kali iod., 6th a few No. 12 pellets in half glass of water one teaspoonful every hour. Gave the 6th because it was the highest I had.

April 10th, pain and soreness disappeared from the throat after the third dose, with free perspiration over the face, neck and hands; but none over the parts of the body which were covered. Soreness and membrane in the throat all sore; could breath through her nose with ease, felt hungry for breakfast, no fever, no discharge from the eyes, says she is perfectly well in every way, no more medicine—discharged cured, and has remained so up to the present time.

April 3rd, Mr. J. B. R. aged sixty-three anæmic condition, sore and inflamed throat, fauces bright red, with ash colored deposits on both tonsils and palate, short hacking cough, slight fever, tongue coated white, felt all stuffed up, nose discharging freely, larynx painful to touch, felt when lying on his back as if a heavy weight was setting on his chest; water running from the eyes; empty deglutition more painful than either fluids or solids. Gumed up sticky taste in the mouth.

Gave Merc. iod. et Kali iod., 6th in water one teaspoonful every hour; but not to be disturbed if asleep.

April 4th, all the symptoms better, stopped medicine. April 5th, still improving, told him to call at the office should he notice any unfavorable change. April 9th, reported he was relieved of the acute catarrh, cough and soreness; but has no appetite, feels weak, with severe vertigo especially when attempting to look up quick, with flashes of heat, which makes

him feel weak when they pass off. Gave Gels. s. m one dose and Neil for one week. April 16th, reported he feels perfectly well, discharged.

Mrs. A. R. aged forty-three strumous diathesis. April 18, 1883 acute laryngitis, larynx very sore to touch, worse on the right side, superior corone of the thyroid cartilage very tender to touch; both pillars of fauces bright red color; posterior fauces covered with follicular ulceration; deglutition very painful, worse on empty swallowing, eyes very red and watery; tongue coated white; hacking cough all the time, no appetite, no thirst, pulse 80 very fetid breath; ash colored membranous deposits on both tonsils. Gave Merc. iod. et Kali iod., 6th, in water teaspoonful every hour.

April 21, entirely relieved of all the above symptoms, but both eyes inflamed, sclera congested (arterial) both lower lids swollen bright red, upper lids not so much swollen as the lower, large quantities of water running from both eyes which caused them to "itch terribly," very sensitive to light, must be in a dark room, "could not see to do any thing," "eyes felt as if they were full of sand," felt well all but the eyes. Gave Neil dose as before.

April 24th, eyes much better, swelling gone, no water running from the eyes, can see to work; good appetite, discharged.

Miss F. W. aged thirty, good constitution. May 1, 1883. Sore throat. Entire fauces of a bright red color and very sore to touch, covered with patches of membrane ash colored; tongue coated white, sticky taste in the mouth, swallowing painful, empty deglutition the most painful, soreness in the larynx worse on the left side; voice hoarse, talking very tiresome; tight feeling in the upper portion of the front chest; incessant tight hacking cough, which is aggravated by talking, several times during the day would have a severe coughing spell, relieved by lying down and keeping quiet, watery eyes, no appetite, no thirst, pulse 85, all symptoms aggravated by motion.

Gave Merc iod. et Kali iod., in water every hour one teaspoonful and to report in two days.

May 3rd, very much improved, Neil in water every two hours.

May 6th, reports herself well and able to attend to business, discharged as cured.

Remarks.—I could give many cases, with the above prominent symptoms which were quickly cured with Merc. iod. et Kali iod., 6th. My treatment was to give the remedy for one day at intervals of one hour, but not to be disturbed if asleep and if there was any improvement to stop all medication, using no gargle or any other application either internal or external except in some instances where the swelling was excessive and the pain excruciating then I would have applied a *large dry handkerchief* around the neck, and give orders that it must not be removed under any consideration until the case was entirely well. Where the remedy was continued for a longer time than twenty-four hours, I found severe aggravations to follow and the cases lingered for a long time.

THE UNITED STATES MEDICAL INVESTIGATOR.

"HOMŒOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

Communications are invited from all parts of the world. Concise, pointed, *practical* articles are the choice of our readers. Give us of your careful observations, practical experience, extensive reading, and choice thought (the great sources of medical knowledge), on any subject pertaining to medicine.

THE CASES FOR COUNSEL multiply and present a variety of symptoms to satisfy the most curious. These peculiar cases presented for help are but a tithe of what could and would be presented if they were accorded the courtesy that one in trouble always should receive. We well remember with what an air of longing each number was read after our first honest inquiry was published. Ask and you will know is a short cut to "read and you will know." Medical reading will not answer all the questions, nor solve all the curious cases that one meets.

The accumulated medical experience is not all in the books, so we must borrow medical knowledge. One must either know or pretend to know to be successful. "Never show your ignorance" may do in practice, but is a poor motto for a medical writer. Years ago we hoped to encourage the spirit of brotherly co-operation and urged a doctor in trouble to lay a case before our readers. The amount of absurd criticism and jokes that was sent disgusting the poor fellow. Finally a physician standing high appealed to the profession for help for a member of his own family. This appeal touched the heart and awoke the good sense of the profession and the suggestive help that poured in was at once a surprise, a help and a satisfaction. The profession has exchanged in this department many a useful hint. The value of the consultation department of this journal steadily increases, for here are met cases of special interest to the diagnostician, surgeon, therapeutists, *materia medica* man, pathologists, physiologist, obstetrician, gynæcologist, pædologist, oculist, etc., etc. Each of these could give this department that attention that would call out more of the trying curious cases that are no fancy sketches but most unusual, serious and perplexing. "What is the remedy." should appeal to the sharpshooters all along the line.

A MEDICAL VACATION AND A RECREATION are entirely different. During the one the physician rests, gets away from pains and broken bones, while during the other he rejuvenates his medical marrow. The first should be taken in broken doses, a day, a week, now and then a long sleep, or now a long walk will rest and recruit a wearied brain and body, will unbend and unload. But a wasted brain, one gone to seed with theories sown from many a half developed work or unearthed at the bedside and mixed with much fact and fancy needs a different agriculture. For such a case a solid course of medical lectures of a few weeks will ground one on the bed rock of facts, with all the modern improvements, up to date, added. We do not refer to an

elementary course of anatomy, physiology, chemistry, or modern histology in a back room of a European professor, but to a practical course, one where the whole medical sciences are passed in review before the many complicated cases that find their way to college clinics.

Medical vacations can be taken at any time of the year, but perhaps better now than any other. We do not know of a better method than to take a trip to the far west or northwest in exploring the physical peculiarities of this vast sanitarium, called the American Continent. Medical recreation however, is best enjoyed at the polyclinics of any of our colleges. Physicians should recreate at least once in ten years.

Children's Department.

THE SECOND SUMMER DREAD.

BY T. C. DUNCAN, M. D., CHICAGO.

Read before the American Pædological Society Meeting, of 1883.

The *second* summer dread has long since been forgotten by me. It presupposes that the child was born in the spring so that the second summer reaches it when it is fifteen to eighteen months old, about the time it is cutting its first molars or bicuspid or canine teeth.

The chief difficulty I have found has been with mothers who insist on nursing, or attempting to nurse, their children through the dreaded second summer.

This very dread has been the cause of trouble; fear lessens the sweet and fat of the milk. We know that fear will start a cold sweat, a flow of fluid with salt and lactic acid. These ingredients I judge are added to the milk rendering it hard to digest if not positively poisonous. If it is one of my regular families I explain the situation early and counsel weaning in March, April, or May, while cows milk is at its best. If I cannot accomplish that then I go to work to gently bring it about by strategy.

I study the child and learn its digestive peculiarities and direct a supplementary diet accordingly.

I first insist on the child having nothing at night but a drink of water. It should not, must not, be nursed at night.

If I cannot gain that point I assure the mother that it will be doubtful if the child will pass through the summer. If the child is younger than a year I do not press this point for the milk is at its best at night when the mother's mind is quiet, sleeping.

I usually can get the mother to consent to my management of the case, especially if she knows me. Reputation helps here wonderfully, outweighing even the sage advice of some mother's mother, who invariably says: "I would'nt wean it." "Of course I don't want you to wean it, although I don't want you to nurse it all night, nurse it every other time." "I can't feed it, it won't eat," is the plea. "We will see." Usually I find a stomach trouble.

Here the division, I have come to recognize as catarrhal or interstitial inflammation has been a great help to me.

The key note to the catarrhal form is that the child "spits up so;" while in the second or interstitial form the complaint is it wants to nurse so often and is wakeful and restless. A few draws from the nipple and it is satisfied looks around and plays. Here Arsenicum is the remedy which soon wakes up an appetite and the child looks about for more worlds to conquer and insists on going to the table.

Now is the critical time with such a case. Fed wrong, the mother loses faith and hope. Remembering that it is a stomach with an "itis," we must keep near an animal diet. Here animal broths or extracts with a little milk or a little nitrogenous bread will prove stepping stones to a wider range of food. Such a child should be fed only once a day, then twice a day and then every other time and finally much to the disgust of the mother her milk is gone, and as the child is doing better without it she becomes reconciled.

A drink of water now and then aids the digestive demands of this acid child with its gastritis.

If chronic (congenital even) this "itis" can be kindled up at short notice by over or under feeding, usually the latter. "Little and often" is its key note in food and drink. Arsenicum or Bell, are the chief remedies here.

The baby with a catarrhal stomach was born to eat and keeps it up. It is the typical baby "Muling and puking" in its *mother's* arms. No proxy for it, "It is such a fleshy baby the hot months will go hard with it" is the general comment. The mother determines with heroic fortitude to nurse it through the second summer and allows it nothing else. She yields to its demands to nurse often.

When hot weather bursts upon such an overtaxed liver, digestion becomes tardy and an attack of acute gastric catarrh is ushered in.

The child vomits and becomes deathly pale. The physician who happens upon the scene and does not comprehend the drift and not check the stuffing process soon has a gastro-enteric catarrh (or so-called cholera infantum) to manage. Such a child trained to have its own way, to nurse when it likes, keeps it up and drains breasts in a nervous frightened mother whose milk is now poisonous, loaded with Lactic acid. As a result the child grows steadily and rapidly worse.

The child puts its finger in its mouth and that suggests difficult dentition. The gums will be large, swollen and sometimes calloused from such frequent nursing. Such cases puzzle one to know just how to proceed.

The stomach needs rest. I have found that it will not hurt such a child to wait. If the mother is sensible, I explain that she has been over doing the feeding. If nervous and disposed to brood over any indiscretion, I mildly suggest that in her goodness of heart she has nursed the child a little too often, especially at night, and lying beside her has over heated it.

Now I put a strong hand on the situation and insist on it being nursed only every three or four hours during the day and not at all at night.

If thirsty give it a little water, or what is often as good I put my medicine in water and give a teaspoonful every hour. A little Alcohol in water will do for one glass, while the other contains the medicine.

The remedy for these cases is usually Mercurius, to be followed by Nux or China. Both of these remedies have bulimia. The Nux has wakefulness marked, while China has much belching after eating. [See Bory.]

It is a mistake to give Arsenicum in these cases. I am satisfied it does harm. For acute gastritis it is the remedy but for acute gastric catarrh we do not have the emaciation nor restlessness. These babies are prostrated and quiet. If the vomiting becomes stringy mucus, Kali bich. is the remedy. Sometimes when very persistent Kali brom. 1x, soon quiets this digestive rebellion. I have not encountered the cases of worm fever, teething nor difficult dentition that I used to suppose I had, since my attention has been directed to the stomach, and have been able to analyze its disease tendencies and feeding habits.

Correspondence.

NO WOMEN NEED APPLY.

Dr. R. N. Tooker's paper, read at the recent meeting of the Illinois State Homœopathic Medical Association, in defense of the Chicago Homœopathic Medical College for adopting the above motto, is before me. A copy of the memorial addressed to the faculty of said college during last winter's session, by a part of its male students, praying that its female students be excluded from the institution, is also before me. Relieved of verbosity and repetition the sum and substance of the memorial is in these words, viz. :

"As we form by far the majority, we feel that it is not right to deprive us, be it never so little, of anything that we may see or hear * * * for the sake of a small minority," and to this principle, to wit, that the rights of the minority weigh nothing in the scale against the selfish desire of the majority. To this demand of a vulgar rabble, the dignified body in question has acceded. Every one knows that in that crude, arrogant period of boy's life, into which his college days are generally cast, he thinks that *he* is the great creature of the universe, and it galls him terribly to have so small a being as a *woman* placed upon *his* level.

These are the facts of the case in question, and there were too many witnesses of the whole affair to permit refutation. Of course the faculty waited to accomplish their contract with the lady students already matriculated. It would have been unsafe to do otherwise.

Dr. Tooker's paper I have carefully read :

First, he agrees, and the faculty agree not to suppress lady doctors. Thank you, small favors thankfully received.

Second, in Cook County Hospital, there being no lady students among the 500 to 700 Allopathic boys, *this* college has not the pluck to appear in such presence, the lone champion of co-education.

Third, in this public hospital the clinics may be such as to be embarrassing to female students. Why not trust them to be their own judges in this matter. Moreover, what are you going to do with the fact that the lady students from the Woman's College, and who avail themselves of the hospi-

tal clinics, out number those from the Homœopathic College four to one.

Fourth, the Allopathic boys think the women are there out of curiosity. The hand that could, even as another proxy, pen this foul *slander* upon the sex to which his mother and his wife belong, ought to be forever palsied. Was it *curiosity* that took *him* to college?

Fifth, in the gynœcological clinics, patients object to local examinations before a mixed class. *Supposing* this to be true, what is the moral standing of a patient who had rather submit to an exposure of her person before women alone. It is a fact that during the past winter's session of this college, a woman brought a young girl to its clinics to be operated upon, and when she learned that lady students were to witness and assist at the operation, actually tried to make a disturbance. The woman was the owner of a "house" in the slums of the city and the girl was one of her inmates.

Sixth, his last point, and in this he is honest, is this: "the boys don't like to have the women present, and the faculty hope to secure a large class in future, in consequence of their action." We shall see.

Dr. Tooker says that young men go east to pursue their education because in all Western Homœopathic Colleges both sexes have been admitted on an equality. I knew there was a great fervor on the part of western youths for going "Down East" to the old colleges to graduate, but I never dreamed it was to get away from lady students. I pity and scorn the Homœopathic Medical College which can, in the light of this latter half of the nineteenth century, flaunt as its banner that miserable ray of the dark ages, "Education exclusively for men."

For women I have no concern. She has entered the profession, and she has come to stay. She is here because humanity has need of her. True, woman has the right to earn her bread by honest toil in whatever field she may select, success marking the measure of her fitness for her chosen calling yet it is not in the right of the individual, but in the *wants* of the race that we are to find the key to all great problems. Those wants and those rights will not fail to harmonize.

While lady students of medicine are so largely in the minority as they are at present and as they probably always will be, it is evident that we cannot be supplied with first class colleges for women only. Co-education becomes a necessity. Nor do I see any need that it should be otherwise. In the language of Prof. Mitchell, "Science is always modest."

A professor who is unable to couch his instructions—clinical and didactic, in a form suitable for students of both sexes to hear in common, is unfit to serve as a high priest at the noble altar of medical science. Young men who are so impure in heart as to resent the presence of earnest women in these studies are wholly unfit to minister in the sick chamber of woman. They had better seek some grosser calling. Whilst women, the world over, submit to the manipulations of men gynœcologists and accouchers, in Heaven's name, refrain from prating about the immodesty of co-education.

Can Homœopathic colleges and Homœopathic physicians afford to thus *insult* women? Who above all others is the agent in introducing your Homœopathy amongst the people? Let every doctor who reads this article take a sheet of paper and divide it into two columns. In one set down the families of his circuit into which Homœopathy was introduced through the

agency of a woman—wife, sister or daughter. In the other column write the families into which he was called through the influence of man—husband father or brother. At the close of the year strike the balance, my word for it, in nineteen cases out of twenty, the case will be in the woman's column. Men taken naturally to Quinine, Calomel, etc., as women do to the attenuations. Better not, dear sirs, be rude to women if you want butter on your bread.

GALENA ILLS.

SARAH C. HARRIS.

News of the Week.

H. M. Hobart, M. D., of this city is vacating at Lake Minnetonka, Minn.

G. M. Ockford, M. D., is secretary of the Vincennes (Indiana) Board of Trade.

P. G. Valentine, M. D., the genial editor of the *St. Louis Clinical Review*, is summering at Lake Minnetonka.

Removal.—Dr. J. Heber Smith from 6 A Beacon street, to 279 Dartmouth street, Boston, opposite the Hotel Vendome.

Dr. Teague, of Richmond, Ind., made us a pleasant call. The doctor is on his vacation visiting Waukesha, St. Paul and Dakota.

Aaron C. and *Washington C. Detweller*, brothers, and prominent Homœopathic physicians of Reading, Pa., were drowned July 7.

Miss Condict, M. D., is medical manager of a medical mission opened in this city in connection with the Chicago Avenue Church.

Urethritis Caused by Frogs.—Dr. Bonarny in a recent thesis (*Rev. de Therap* No. 19) describes two epidemics of urethritis among soldiers in Africa, caused by eating frogs which had fed upon *Cantharides*.—"N. Y. *Medical Record*".

Hot Water for Stomach Disorder.—The prescribing of hot water as a remedy in certain stomachic disorders is becoming quite popular, and is rendered more effective as well as palatable by the addition to each glassful of a teaspoonful of Phillip's Wheat Phosphates.

G. W. Bowen, M. D., has written an elaborate article on the advantages of Fort Wayne, Ind., which appears in the *Daily News* of that city. As a health resort or safe retreat, he thinks it without a rival in the Mississippi Valley. "Malaria," he says, "is to us a possibly genial companion!"

■ *Erysipelas in the Stomach.*—A case in which an attack of facial erysipelas extended to the pharynx and thence into the stomach is reported in *La France Medicale*. The symptoms were pain in swallowing food, tenderness in the epigastric region, and obstinate vomiting for five days, —a feature which might be thought to be due to meningitis, but this supposition was promptly removed by the observed fact that there was a complete absence of other cerebral symptoms.

Apis mel. the Antidote to Salicylic acid.—Dr. Brener reports that his wife, a hydrogenoid constitution, with a tendency to diarrhœa, suffered for several months from it as often as she partook of preserved huckle berries. The usual remedies failed. Heinigke cured an obstinate diarrhœa with Apis and remarks that Salicylic acid and Salicylate of soda have a similar action. Our huckle berries are prepared with this acid and I blamed it for the diarrhœa. A few doses of Apis removed the whole trouble.

“A. H. Z.”

New Remedies Against Syphilis.—Cascara amarga is the bark of a tree in Honduras (Genus Picramnia). The fluid extract is used by grown persons in secondary syphilis in doses of thirty to fifty drops three times a day. The symptoms, it is said, disappear rapidly and it also acts as an excellent tonic. In a case of iritis syphilis, decided improvement set in after three days (forty drops of fluid extract three times a day) and even after leaving off the installation of Atropine in the day the case was fully cured by the solva of Cascara amarga. Foliæ Carobæ (from Brazil) is recommended by Ædin. fluid extract of Carobæ, fifteen to sixty drops three times a day is recommended for old cases of secondary syphilis, as it is a tonic and alterans.

Berberis aquifolium, Dr. Baird of Tennessee, used it in secondary syphilis.—“*All. Med. Centr. Zeit.*”

A Painless Labor.—Lebert, recommends the Byromure d’Ethyle as an excellent anæstheticum in labor. It is a colorless fluid of pleasant odor, may be used like chloroform, but it does not irritate the respiratory organs; causes no vomiturations; acts more rapid and looses its action more rapidly. With the disappearance of the labor-pains consciousness remains clear, the uterine contractions become stronger and the woman, who feels no pain, is able to work to better advantage. The inspirations, used only during the pains, may be continued for hours without any danger. Lebert uses it in all cases of labors. It produces apparently a dilatation of the cerebral bloodvessels; as the face also turns red. “*Centralbl. f. Gynæcol.*”

George Irwin, M. D., class of 1883, of the Chicago Homœopathic Medical College, died recently at Belvidere, Ill. The doctor was a hard working student, and since the beginning of the year has been ill. The arduous duties of the winter’s session, and the inevitable “cram” at examination, doubtless is partly responsible for the doctor’s death. We were one of his class-mates, and know Dr. Irwin’s merits. This is the first of our number claimed by death, and while we knew our ranks must be thinned, we hoped the beginning might come later. Each member of our class must feel that he has lost a friend. Speaking for the class we tender the friends and relations of George Irwin our warmest sympathies. We, too mourn. E. L. S.

Palmyra Mineral Springs are attracting a great deal of attention and many people are flocking to the Sanitarium. The effect of the water combined with the skill of friend Dr. Davis, is very gratifying. We put a ten gallon can of the water on draught the other day, and it was all absorbed by health seekers in a couple of hours. People believe in mineral water. Palmyra has several springs where one has a reputation for curing sore eyes. What it contains has not been discovered.

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WHOLE No. 355.

Surgical Department.

NERVES—A PRACTICAL STUDY.

BY E. H. PRATT, M. D., PROF. OF SURGERY, CHICAGO HOMŒOPATHIC MEDICAL COLLEGE.

Read before the Illinois Homœopathic Medical Association.

The main arterial vessels although sufficiently uniform in arrangement and situation to acquire names still present many anomalies. Like the treacherous Mississippi, they sometimes map out for themselves unexpected channels and in each case of operation the scalpel feels a certain degree of uncertainty as to the exact position of these important channels of liquid life. The veins wander still more from any and every possible description so that especially in the superficial veins, anatomists have abandoned in disgust all attempts to even name them, with a few notable exceptions. Like the Irishman's flea, they are not where they're always expected to be.

The muscles too are erratic and so are the bones, in fact every cadaver is more or less of a surprise in most of its parts, always disclosing something new, something exceptional and phenomenal. In the midst of this uncertain state of affairs, it is worthy of notice with what precision the nerves proceed to their distribution. The great sciatic nerve may divide in the popliteal space or in the pelvis and the brachial plexus may vary a little in the construction of its cords, but when it comes to their distribution especially in the muscles, you can almost without exception rely upon finding just what the books describe and what experience has taught you to look for. The same nerve will always enter the same muscle in the same manner.

Some calamity or dispensation of providence has divorced the nerves of motion and sensation of the head and face so that the nerves which supply muscles and the nerves which supply sensitive surfaces can be discriminated by their situation, not however by their appearance; anywhere else, however in the body, when you pick up a large nerve trunk it is a mixed nerve and part of it will go to some sensitive surface and be the sentinel of pain and pleasure and part of it will pass into muscular structure to carry orders from the nervous centres to the muscles, commanding their obedience.

In looking over the various nerve distributions several interesting facts are apparent.

Let me illustrate for a minute. The anterior crural nerve after piercing the psoas magnus muscle supplies that muscle and the iliacus and all the muscles on the front of the thigh except the ilio tensor vaginae femoris, that is to say, the anterior crural nerve can by means of the muscles it supplies, flex the thigh and extend the leg. Now observe this singular phenomenon. The anterior crural nerve being a mixed nerve, i. e., a nerve of both motion and sensation is not confined in its distribution to muscles; follow out the sensitive branches, and behold, some go to the hip joint and some to

the knee joint, while those which reach the skin simply supply with sensation the surface above the muscles supplied with motion. Then the muscles which have an action in common, the joints moved by the muscles, and the skin above them are all supplied by the same nerve. How closely are they related, and now we can see how inflammation of the joint can produce hyperæsthesia of the surface and vice versa and how either may cause contraction of the muscles supplied by the same nerve, and we can also find in this a pretty strong argument in defense of external application in cases of inflamed joints for if irritation of the joint can produce hyperæsthesia of the skin, why will not soothing applications to the skin react favorably upon joint irritation?

Now what is true of the anterior crural nerve is true of nerves generally, the same nerve supplies the skin and joint which supplies the muscles moving the joint and covered by the skin. Where a muscle has two actions, it has two nerves from different sources to accomplish them, as for instance the adductor magnus, may act with the other horse back muscles and draw the thigh inward or with the muscles at the back of the thigh and extend the thigh and so in the one case it responds to the influence of the obturator nerve and in the other to that of the great sciatic nerve.

If a nerve is irritated any where along its entire length the irritation is referred not so much to the point irritated as to the ultimate distribution of the nerve; try on your crazy-bone nerve, press it steadily for a while and see if the two sides of the little finger, one-half the ring finger and the whole inner side of the hand and forearm do not complain loudly of ill treatment. From this fact we should learn that in cases of pain our minds must trace the nerve which causes it, carefully along its whole course from its start in the brain or cord to its ultimate distribution in the tissues and view it in all its connections and associations before we become satisfied of the nature of the real trouble.

There is always a tendency for nerve irritation to proceed centrepitally. I shall never forget while memory lasts, the case of a lad who was struck on the dorsum of the foot by a base ball, wounding a small branch of the musculo-cutaneous nerve, his suffering was intense for six weeks when without warning his pain suddenly ceased and he became terribly deranged and was sent to Elgin. In two or three months his insanity became less and his pain returned. He was young and time cured him. Mumps have a proverbial reputation for performing wonderful leaps and jumping from one end of the system to the other, so too, pelvic irritation may be felt not in the pelvis but in the stomach, causing dyspepsia, in the heart causing palpitation or neuralgia, in the lungs causing asthma and coughs even to the point of consumption or in the head causing various degrees of disturbance from ordinary headache to epilepsy. When we reflect that every pain and pleasure we know reaches us by nerves, that all the functions of the body as a whole and in the minutest detail of its structure, rely entirely upon nerve influence as a motive power, that every form of bodily activity from the silent and involuntary throbbing of the heart to the extending of a hand is effected by nerves, we begin faintly to realize what is so plain and obvious, that we have not stopped to think of it, that the nervous system is all that connects us with earth, over its marvelous strings is flashed incessantly that mystic

spark of life that transforms dead matter into living tissues. Thoughts like these have troubled me for many months and an increasing number of apparently obscure and complicated chronic cases which have been understood and relieved only by the assistance of nerve anatomy considered and applied has made me wonder if the whole method of teaching anatomy, especially of the skin, muscles and joints should not be revised and studied from nerve relations entirely, it is not only a thought but with me it grows in favor daily. I should like the opinion of the society upon the suggestion and now one more illustration of the practical importance of the study of the nervous system and I have done.

This is a story of the sympathetic nerve, a most wonderful parasitic nervous vine, delicate and slender but entangling in its meshes all the organs in the three great cavities of the body and wrapping and influencing the arteries everywhere.

They were two women, each had a baby a month old, and each was taken with diphtheria. In each case the strong pungent odor of the frightful disease filled the room where the patients lay long before the formation of a membrane i. e., in the throat. One mother had climbed stairs and overdone and was pale and feeble when attacked. The other had taken a long ride and a cold, both were more or less poisoned by sewer gas.

The membrane finally appeared in both throats and active measures were at once inaugurated to destroy it and prevent its spread as much as possible. The remedies which are usually able to control such cases seemed to have no action, and to the ulceration, general prostration, loss of appetite and the horrible odor which told of rapid disintegration of tissue was added in each case an extensive œdema which involved the neck and head, so nearly as I can judge one case was about as hopeless as the other. Counsel was called in both cases. So far the cases seemed identical in condition and treatment but one of them died and the other was saved and in the following interesting manner. The lady was subject before conception to retroversion and knowing the tendency of former troubles to return again after confinement and knowing also that the best time to correct such troubles permanently and ensure future health is soon after confinement. Just before her ride I had made an examination and detected a slight tendency to prolapsus and retroversion.

Immediately after the examination she took her long cold ride over rough streets. I was not called for two days and when I was called she did not seem to respond at all to the action of remedies. On the third morning of her illness I was roused at daylight in haste, and the picture of that woman as I saw her then will long remain vivid. Sitting in bed unable to speak, hair disheveled, swaying back and forth, face purple, neck so swollen that it seemed but the continuation of the face downward, eyes bulging horribly, hands all the time stretched out and all this the result of apparent strangulation. I feel to-day a deep sense of gratitude that I happened at the time to be interested especially in this subject of injuries to nerves and their consequences and recalling the connections and sphere of action of the sympathetic nerve I thought I understood how a misplaced uterus might so depress the vitality and activity of this nerve as indirectly to cause congestion and even effusion into the cellular tissue of the head and neck sufficient

to obstruct free respiration. So acting at once on the thought the lady was compelled to take Simm's position much against her will from the thought she could no longer breath lying down and while in that position the uterus which had been misplaced by her ride was carefully forced into normal position and the patient was not allowed to stir from Simm's position for an hour or so. Then with a view of stimulating the sympathetic to again help the blood along in its course, I gave her a few doses of Gelsemium.

The effect of this treatment was simply thrilling. Under my very eyes, in the course of ten or fifteen minutes the respiration became more free and the swelling of the neck perceptibly subsided. The case progressed to rapid and complete recovery, a partial paralysis of the soft palate followed as a simple relic of so severe an attack of diphtheria, but that has now almost entirely disappeared.

Grateful for the suggestion which in my humble estimation saved the life of this young mother, I only regret that it did not come soon enough to be tried in the other case of which this one seemed the exact repetition in almost every particular.

In brief, all I have said is simply to convey this suggestion, that in all troubles whatsoever the nervous system in all of its ramifications should be considered, for sometimes symptoms are so remote from their cause as to be positively and dangerously misleading.

Consultation Department.

ANSWER FOR H. M. B.

In regard to your note to the consultation department you will find Asparagus to cover every symptom which is noted, and in the list that you gave I was astonished to see that you had not used Hepar sulphur.

C. H. P.

A RAD SNEEZE.

Let H. M. B. try *Euphrasia* or *Sabadilla* for his sneezing patient. The former remedy is especially applicable to those mild catarrhal discharges from the nose, which occur during the day or night. *Sabadilla* is the great foe to spasmodic sneezing, and especially adapted to intermittent coryzas. A study of these two remedies will repay in such cases.

GEO. M. OCKFORD.

REPLIES TO CASES.

If Dr. A. L. Burt will compare his case carefully with Psorinum, I think he will find a picture of his case. Give one powder *only* of a high potency and then wait for its action. If he does not find Psorin indicated let him compare with Sulphur.

So far as H. M. B. states his case Rhus tox. is the remedy. The case *needs* a fuller description. The concomitant symptoms are indispensable. If C. C. will study for two or three years how to examine a patient so as to give something on which to select a remedy something can be done.

A. MCNEIL.

CHRONIC DYSPEPSIA.

We submit the following case for counsel :

Lady about forty ; dark hair and eyes ; bilious temperament ; chronic dyspepsia. Can eat *only* bread and butter and boiled rice, all other food disagrees and turns to *acid and gas* ; takes soda to relieve it, otherwise brings on fearful headache. All functions normal except menstruation which has always been excessive.

Counsel will be thankfully received and properly acknowledged. V. & A.

FOR DR. BURT'S CASE.

It would be very difficult to prescribe a course of treatment which would positively cure. If the case were mine I would give Gelsemium 1x, and Eupatorium perf. 3, alternated every two or three hours, until a change be had, which, I believe would not exceed forty-eight hours, and then "govern myself accordingly." Ranunculus bulb., will relieve the chest pains, should they continue after the course suggested, but I think the spinal irritation entirely dependent upon inflammation and perhaps ulceration of the rectum, and to which Dr. B. will do well to give his earnest attention.

Those "sheep dung" discharges mean something more than mere constipation.

W. MOORE.

FOR THAT BAD SNEEZE.

In last number of THE UNITED STATES MEDICAL INVESTIGATOR, page 53, in H. M. B's "Case for Counsel A bad sneeze," I think I can relieve him and the case too. The remedy is a new one to the Homœopathic profession but I have used it for years with such good results, that I have promised myself, often, that I would herald its virtues through your journal, but failed to call it to memory when the opportunity offered. But this call comes with too much force for me to neglect duty and humanity. The remedy is *Penthorum sedoides*. My attention was called to it several years ago, by Dr. John M. Scudder, of the *Eclectic Medical Journal*, as a remedy in chronic nasal catarrh. I know only the botanical name of the plant, and nothing of its history, or nativity. Never has been *proven* to my knowledge. Its empirical use has proven beneficial, and what I know of it, I give to you and your readers. For chronic catarrh I am not prepared to specially recommend it, but when the subject is liable, as I am myself to have a fit of sneezing accompanied by a prompt call for the handkerchief, this is the remedy, par excellence. Seldom have I had to repeat the dose with any one who has taken it. I procured the tincture and prepared it myself, years ago, with Sac lac., and used it in 1x dec., then in 3x, and never higher, but the results were always the same, to check the sneezing and discharge promptly. In my opinion H. M. B's case will yield to its action, if he will adopt it.

W. MOORE.

NEURASTHENIA OR CONSUMPTION.

Dr. C. D. Woodruff's case of consumption. I would give, Arsenate of Quinine, one twentieth grain, or the Hydroferrocynate of Quinine one eleventh to ten grains alternately with the Arsenate of Quinine every hour and a half for the periodic fever during the day.

For the hectic fever of consumption, give the Arsenate of Caffeine from eight to ten doses a day, the one sixtieth or one one hundred and twentieth grain at a dose.

If the cough is bad use anodynes but sparingly for they hinder expectoration. Iodoform one tenth grain, Hyoscamin one twentieth grain, Codeine one fourth to one sixth grain, may be used for the fits of coughing, one and then the other, six, seven or eight granules during the evening or night as the physician thinks best.

The fever must at all times be treated with granules of Aconitin and Veratrin alternately every hour. Iodoform one tenth grain must be given as an antiseptic which will assist in destroying crude tubercles. Always given four granules of either Arsenate of Strychnine, Arsenate of Iron, Iodide of Arsenic, Strychnia dose from one sixtieth grain to the one hundred twentieth grain.

If this case has dyspepsia. Quassia is the best of all remedies, better than Nux vomica. Always remember the loses of the system must be sustained by the Phosphate of Lime and Arseniate of Iron which checks the chronic state and increases the red corpuscles.

To destroy the tendency of consumption in families and lymphatic patients give Hahnemann's Sulphur 30, and Calc carb. 30 and a regimen of Arsenated milk. Give the mother Arsenated Sulphur, Arsenated lime, Arsenate of iron, Arsenate of Antimony, Arsenate of Strychnia.

As tuberculosis transmits itself by heredity and is almost constantly preceded by chloro-anæmia the cause must be in the blood. All physicians know the symptoms of chloro-anæmia. "In tubercles or phthisis there is leucocythemia or predomance of the white globules of the blood over the red globules."

Then in consumption we must employ the same remedies we used in chloro-anæmia, as these diseases begin in the cells. The remedy is found in the salines I always use this : R. Epsom salts baked until all the water is dried out then pulverize fine with white sugar. My prescription is this : Give baked Epsom salts which is Magnesia sulph, three grains of Cream of Tar tar, four ounces Bicarb of soda two ounces, white sugar four ounces. M. Give from one to two teaspoonfuls in a tumbler of pure cold water every morning before breakfast. This I give in all acute or chronic diseases of children, old people and adults or I give Crab orchard salts made from a spring in Kentucky, which in my opinion, is the best of all remedies to act on the spleen or liver. Try this treatment my brother Homœopaths. The baked Sulphate of Magnesia or Crab orchard salts is just the thing we have always needed in our system of practice to make it perfect. With the Arsenate remedies we can cure chronic diseases which have heretofore baffled our best skill.

In all scrofula and scrofulous diathesis butyric and lactic acids are in excess. "Thence we have tumefaction of the white tissues, glandular engorgement, softening of the bones and cartilages and chronic abscess. Always give in such cases the Saline regimen and live on the Sea coast. Give Iodized Syrup with the Arsenate of Strychnine as a total strengthener."

Goître we all know is an enlargement of the thyroid gland. It is said to be caused by an absence of Iodine in the water. Iodide of Arsenic is the best remedy in these cases with Iodine and Iodide of Sulphur and Mercury locally.

J. H. H.

THE UNITED STATES MEDICAL INVESTIGATOR.

"HOMŒOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

Communications are invited from all parts of the world. Concise, pointed, *practical* articles are the choice of our readers. Give us of your careful observations, practical experience, extensive reading, and choice thought (the great sources of medical knowledge), on any subject pertaining to medicine.

THE SPHYGMOGRAPH AS A SCIENTIFIC INSTRUMENT.—In the *British Journal of Homœopathy* for July, we find a review of some experiments with Nitro-glycerine made by Dr. Murrell, of London. The conclusion given from the reading of the pulse tracings was that it "produced a marked state of dicrotism." Dr. Dudgeon, we presume, comments upon this and from his superior knowledge says, "all the normal curves of the sphygmograph are seen in all of the tracing. Dicrotism is certainly not shown in the tracings he gives. All the tracings he gives betray the mechanical imperfection of the instrument he used which was evidently Marey's or some modification of it. It is this mechanical imperfection that causes one of the tracings (No. 4) to *seem* dicrotic, but a close inspection of it shows that it has *all* the normal curves, and had the instrument been capable of representing the systolic up stroke perpendicularly, the curve commonly but improperly called 'tidal wave,' would have been more plainly delineated."

The only alterations seen by Dr. Dudgeon were "in the force and frequency of the pulsations and occasional irregularity of the rythm."

Another writer, Dr. Hay, has also given tracings of the pulse before and after the use of Nitro-glycerine. He infers that it diminishes the tension of the pulse, but to Dudgeon "who is well accustomed to the use of the sphygmograph, the two tracings are identical, any slight apparent differences being manifestly owing to the imperfect application of the instrument." He adds: "It would be well if all writers who give sphygmographic tracings would mention what instrument they employ and what pressure was on the spring of the instrument, otherwise the sphygmographic records are nearly valueless to the student." If there is nothing uniform in the working of the sphygmograph and allowances must be made for the make and manner of application then this instrument must recede from the high position it has been accorded. The startling records it has made must be taken with grains of allowance until the instrument is perfected and the rules for its application definitely fixed.

COLLEGE PRECEPTORSHIPS.—It is a farce to style any institution, corporation or faculty a preceptor. It is perhaps true that some students grow so large in their own eyes that a whole college alone must be taken as their preceptor. But usually these "swell heads" take the most prominent member of the faculty as his special and individual preceptor. These college chaps are usually "back door" students who arrive "to late to classify."

That farce is only equaled by another i. e., of making a man his own precep-

tor as is done under the head of "practitioner." That is supposed to make the individual rank higher than an ordinary student. So it may if he is already a graduate.

We expect that the State Board of Health will yet rule on this point and insist that the usual requirements of graduation be complied with, viz.: "must have attended two full courses of lectures, studied medicine three years, including lecture sessions, under the immediate supervision of *some physician* of good standing and present a certificate to that effect." A College is not a physician, neither is a practitioner, for he attends college on purpose to be made one. Fancy a person directing his own studies and writing out his own certificate—it would be a queer document.

THE OLD DOCTOR AND THE CODE.—A valued contributor sends us the following: *A unitedist meets an old pioneer Homœopath and salutes him:*

Dr. U. "Well Dr. Fritz have you heard what the regulars, the Allopaths, propose to do?"

Dr. F. "Nein mein herr. Some dings to steal our pachents I pet!"

Dr. U. "Oh no! they propose to abolish the code so we can all freely consult together."

Dr. F. "Apolish the kode, vhat is dat. Well I dinks dey never stick to um. Vell when I kom here purty soon eight, nine years ago, Dr. Hans the big Allopath, he dells big lies about mine person, dat I nix M. D. Vell I got mad. Isent him vord: "I fight mit you any time." Den I get mine saber and mine big revolver and I goes into de woods and I goes drough de exercise. I bractice till I could cut a chickens head off and it nix feel it and splid a squirrels back open mit my gun. Dr. Hans never comes to shoot mit me. He no live up to der kode. Vell he dells no more lies but dreats me like von shentleman's."

Dr. U. "You don't understand me. It is not the code of honor but the code of ethics."

Dr. F. "Kode of ethiks, vot is dot?"

Dr. U. "Why years ago they passed a code that they would not consult with us. Now they propose to abolish it."

Dr. F. "Is dat so. Vell I bractice Homœopathy for twenty years and never had no konsultation except ven I write Dr. Hering, vat remedy I give for such a case. Dr. Hans nix goot dere. He tells vat de matter pretty vell but no better as I. I spose he would like putty vell to get some money from some of mine kases, would help him, but nix goot for me. I no kneed him. Dos you?"

Dr. U. "Cannot say that I do. But it will be a good thing. It will show progress, old man."

Dr. F. "Vell I no need any Allopath help me. It is good progress to go back and made out dere foolishness, perhaps so."

Society Department.

NEBRASKA STATE MEDICAL SOCIETY.

LINCOLN NEB., May 24.—There never was a time when Lincoln was so overrun with doctors as during the past three days. Her own physicians number several score, but when nearly every town in the state has a medical representative visiting the capital the total aggregate is somewhat astonishing. The whole number of doctors assembled here may be placed at 200, including members of the State Dental Association, which closed an interesting session last night. The “regulars” are numerically the stronger of the two societies, but the Homœopaths show up remarkable well, the present meeting of that body being more largely attended than any previous meeting of the society ever held in the state.

The Homœopathists held their first meeting yesterday, in the parlors of the Arlington hotel. The meeting was called to order by Dr. Dinsmore, of Omaha, president of the society. After preliminary business the society proceeded to the regular order. Papers were read by Drs. Stillman, Simmons and Parsell, and were discussed by the other members. A committee was appointed to confer with a committee of the Nebraska State Medical Society in reference to legislation. Drs. Simmons, Carscadden and Hart were appointed such committee. In the evening there was an address of welcome by Hon. A. J. Sawyer. He assured the medical gentlemen that the welcome on this occasion was entirely unmixed with those unpleasant feelings which unavoidably accompany their professional visits. He spoke of the beginnings of the profession, with a classical allusion to Æsculapius and the jealousy of Pluto, which resulted in the death of the great physician. He gave also a history of the temple erected to him, and of the superstition which was the predominant feature in the early practice of the healing art. He spoke of the services which the profession have rendered to the public, enabling us to have the most perfect sanitary regulations in the construction and conduct of our public buildings and institutions, and of the self sacrificing spirit which is so universal in the profession. He closed by welcoming the members of the society to the city and her homes, and wishing them an uninterrupted career of usefulness and prosperity.

Dr. Dinsmoor, of Omaha, president of the state society, was next introduced by Dr. Paine, who presided over the meeting. Dr. Dinsmoor in a few words expressed his grateful appreciation of the hearty welcome which had been accorded to the state society, and then delivered an able address on the practice of medicine.

Dr. Paine then introduced Prof. T. C. Duncan, of Chicago, stating that he was the author of two very excellent and widely used books, one on the Feeding and Management of Children, and another on the Diseases of Children, and was also the editor of *The United States Medical Investigator*. Dr. Duncan's subject was

THE PHILANTHROPIC INFLUENCE AND SCIENTIFIC POSITION OF
HOMŒOPATHY,

which he handled in a masterly manner.

Thursday, May 24, the society had two very interesting meetings in the Arlington parlors, forty-one physicians being in attendance, all from this state. In the forenoon the subject of establishing a Homœopathic Medical Department in the State University, was brought up, and it was unanimously recommended that it is the wish of the society that this department be started the present fall. The following physicians were recommended to the regents as members of faculty :

Dr. B. L. Paine, Lincoln, professor of Theory and Practice.

Dr. C. L. Hart, Omaha, professor of Materia Medica and Therapeutics.

Dr. F. B. Righter, of Lincoln, professor of Obstetrics and Diseases of Women and Children.

The following were recommended to the regents as board of censors :

Dr. C. M. Dinsmoor, of Omaha, chairman ; Dr. G. H. Parsell, Omaha ; Dr. R. Carscadden, York ; Dr. H. B. Lashlee, Grand Island ; Dr. A. R. Van Sickle, of Hastings ; Dr. A. D. Macomber, Norfolk.

Dr. Righter moved that a vote of thanks be tendered to Dr. C. M. Dinsmoor for his action in sending petitions to the Board of Regents of our State University, praying for the establishment of the professorships in Homœopathy, circulated for signatures through out the state. This resolution was adopted by an unanimous rising vote.

A committee of three, consisting of Dr. Dinsmoor, chairman ; Dr. R. Carscadden, of York, and Dr. A. R. Van Sickle, of Hastings, was appointed to lay the matter before the Board of Regents, at their meeting in June.

The following resolution was then offered by Dr. Duncan :

WHEREAS, The library collected under the direction of the Surgeon General of the United States is of great value to the profession ; and

Whereas, The provision for its care, and for the completion of the Index catalogue is of the greatest importance therefore.

Resolved, That Congress be required to provide a suitable building for keeping the collection, and to make an adequate provision for its maintenance, and for the completion of the catalogue.

Several interesting papers were now read and ably discussed. That upon "*Surgery*" by Dr. C. L. Hart, of Omaha, was of great value, and elicited unusual interest.

EVENING BANQUET.

The pleasant parlors of the Arlington began to fill before nine o'clock, and were crowded before ten with a brilliant assemblage of resident and visiting physicians, members of the bar, pulpit and press, and other prominent citizens of Lincoln and her sister cities, while the beauty and grace of the city and state were represented by the ladies who lent brightness and completeness to the occasion. The reception committee consisting of Mrs. M. L. Sabin, M. D., and Drs. Paine and Righter, performed the duties of their position with eminent success, and the hour before the banquet was most pleasantly employed by the resident and visiting guests, in making new acquaintances and in the interchange of mutual courtesies.

At about half past ten the guests were invited to descend to the banquet-hall. On entering the dining hall of the hotel where the banquet was spread a vision of beauty and taste met the eye. The room was handsomely decorated, and a large floral balloon hung from the center of the ceiling. The tables were tastefully set, and the pyramidal fruit stands, surmounted by bouquets and laden with desserts and every variety of fruits, presented

a most pleasing picture. Before proceeding to the feast the guests were given a musical treat in the shape of a solo by Mrs. Jansen, which was followed by an invocation by Rev. Gregory. The bills of fare, elegantly printed on blue silk in fringed covers, were then distributed, and the guests applied themselves to the difficult task of make a selection from the bewildering list of delicacies. The menu was a marvel of excellence, and the banquet was served with a success that demonstrated to the entire satisfaction of the guests the higher order of talent which Mr. McIntire possesses in the line of his calling, and the thorough manner in which the Lincoln physicians had prepared for the entertainment of their guests.

After the banquet Miss Trenchery favored the company with a finely executed piano solo. Dr. Righter then introduced Dr. Payne as toast master for the occasion, and he presided in a most happy manner over the subsequent proceedings.

"Therapeutics, Then and Now" was very appropriately responded to by Dr. Hart, of Omaha, who set forth with clearness and force the vast improvement in the practice of medicine, and the important part that Homœopathy has played in producing this desirable change.

"Light Infantry" was responded to by Dr. Duncan, of Chicago, who has made as careful a study of this branch of the military perhaps as any man in the United States. His remarks combined humor and pathos in a most pleasant manner as he passed from a description of the forced march upon which the general in command is so often compelled to enter with his light infantry, to a beautiful picture of the sweet little cherub, gently sleeping upon its mother's breast.

J. D. Calhoun responded to "The Press." He began by begging the pardon of the company for transgressing the ordinary custom by not coming entirely unprepared, and for referring to his manuscript during the delivery of his few impromptu remarks. He spoke of the cordial relations existing between the press and other professions and regretted that the medical code forbade the reputable physician to avail himself of the co-operation of the press, and left the advantages of the newspaper columns to the charlatan.

In responding to the toast "Woman in Medicine," Mrs. Dr. Sabin gave a brief history of the difficulties which had met the woman who strove to enter a profession for which nature had fitted her as well as and perhaps better than man, and depreciated the opposition which still exists and for which no tenable reason can be given.

The response to the toast, "Homœopathy in our Public Institutions" was by Hon. E. M. Bartlett, of Omaha. Mr. Bartlett spoke of the wide influence exerted by Homœopathy, and expressed his belief in the correctness of its principles. He deprecated the fact that this school was not more widely represented in our public institutions, and expressed the opinion that they should be and would be represented in the near future.

In the unavoidable absence of Dr. S. H. King, a letter from him was read by Dr. Simmons in response to the toast assigned, "Extraction of Cube Roots." It was pleasant, and pointed and was received with marked appreciation.

"Our Co-workers, the Ministers," was responded to by Rev. R. N. McKaig, in a feeling manner and eloquent style. He traced the fellowship

between the professions, paid a glowing tribute to the fortitude and self-denial of the medical fraternity, and happily illustrated his point by a neat little story, alluding to the clerical and medical profession as "twins."

"Our Brothers-in-Law" was made by Hon. A. J. Sawyer, the text of an off hand speech, abounding in wit and exciting unlimited amusement. His hits were happy and duly appreciated.

"Our adopted state, young but vigorous." Responded to by Prof. W. W. Jones. This was one of the best efforts of the evening, as was attested by the hearty applause at its conclusion. The professor began by saying that of all present, perhaps the only one to whom Nebraska was not an adopted state was the friend at his right, (Mr. Stroat, of the *Optic*;) and in—as much as Nebraska's years as a state were fewer than his, and he was born in the territory of Nebraska, the state might not inappropriately be called the state of his adoption. He spoke of the wonderful growth of the state, of its great advantages and the high intellectual standard of its people, as evinced by the fact, of which we are justly proud, that it has a lower percentage of illiteracy than any other state in the union. The remarks were appropriate and interesting, and were clothed in excellent language and delivered with ease and force.

"Our Guests" were represented by Dr. Carscadden, of York, who voiced the thanks of our visitors for their royal reception and expressed satisfaction at the harmonious and instructive session that was just closing.

In conclusion Dr. Dinsmoor, of Omaha, made an appropriate address, which our limited space prevents doing justice, as indeed it does to any feature of this most pleasant occasion.

Among the other pleasant features of the banquet were the remarks by Dr. Simmons, who, after reading Dr. King's letter, gave a reminiscence detailing the only incident in his own career as a dentist, in a manner that brought down the house.

The thanks of the guests of the evening are due to Mrs. Jansen and Miss Sessions and Messers, Jones and Harmer for a beautiful quartette, "Evening Bells," which was charmingly rendered and highly appreciated by the auditors.

Each member of the local society is entitled to praise for the extremely gratifying success which crowned their efforts, and special mention of any would be invidious. Still we venture to be so "invidious" as to mention in this connection Drs. Paine, Simmons, Sabin and Righter.

Friday, May, 25. The society met pursuant to adjournment in the Arlington parlors. After the reading and discussion of two papers, miscellaneous business was attended to. Drs. Parsell of Omaha, Wood, Omaha, Brown, Albion and Simmons, of Lincoln, were appointed delegates to the American Institute of Homœopathy, which meets at Niagara Falls, June 19, 20 and 21.

Delegates to the Western Academy, Madison, Wisconsin, June 12, 13, and 14; Drs. Righter, Lincoln, and Hart, Omaha. To the North-western Academy; Dr. Starr, Beatrice. To the Colorado State Society: Drs. C. S. Barnes, Fullerton. To the Kansas State Society; G. H. Neale, Falls City. To the Iowa State Society; Dr. Dinsmoor, Omaha.

The secretary was instructed to invite the Western Academy of Medicine, to meet at Omaha in 1884.

It was decided that the next annual meeting of this society shall be held in Omaha in May, 1884. The following officers were then elected: President, Dr. R. Carscadden, York; first vice president, Dr. Margaret L. Sabin Lincoln; second vice president, Dr. A. L. Macomber, Norfolk; secretary, Dr. Geo. E. Brown, Albion; treasurer, Dr. Righter, Lincoln; for censors for three years, Dr. Amelia Burroughs, Omaha.

Committee on legislation, Drs. Paine, Righter, and Dorris, all of Lincoln.

The following resolutions were adopted:

Resolved. That we extend our sincere thanks to the Episcopal church choir, Messrs Jones and Harmon, Mesdames Jansen and Churchill and Miss Sessions for the beautiful and appropriate music furnished by them at our banquet; also to Miss Trenchery for the fine instrumental music furnished by her.

Resolved. That this society is under lasting obligations for the faithful and efficient manner in which the president and secretary, Drs. Dinsmoor and Simmons, have discharged their duties during the past year.

Resolved. That it is the sense of this association that we hereby express our most sincere and hearty thanks for the great liberality of our resident physician for the most loyal and bounteous banquet with which they regaled us last evening.

Resolved. That we would recommend to the board of regents of the Nebraska State University that they require as a condition of graduation from the medical department of the University that the candidate be a graduate of a literary college, or pass a thorough examination in the common school branches and a three years' course of lectures.

Resolved. That we extend our thanks to the press for the attention, time and space given us during our session. To Mr. and Mrs. McIntyre, of the Arlington, for kindness and attention received at their hands. To the railroad for favors received on our journey to and from Lincoln. To Prof. Duncan for his presence and pleasing address, and to the Hon. A. J. Sawyer for his kind words of welcome.

Thus closed the most pleasant and profitable meeting the Nebraska State Homeopathic Medical Society, has ever held. Its membership is now nearly one hundred, and is growing rapidly. It was only organized about five or six years ago, and is consequently growing rapidly.

Clinical Medicine.

THE SANGUINARIA HEADACHE.

Sanguinaria is a notable remedy in headache. The cephalalgia in which Sanguinaria is curative is peculiar and easily remembered. The pain commences in the back part of the head, and rising upwards spreads over the head and finally settles in the brow above the right eye. There is great intolerance to light and noise. The patient is obliged to remain in a dark room and to lie perfectly still. There is nausea and vomiting accompanied sometimes with chilliness. If there are flashes of heat through the body, or if the palms of the hands and the soles of the feet burn, or if the urine is scanty and dark at first, becomes later profuse and clear, Sanguinaria is the more specifically indicated.

This headache differs from that calling for *Rhus radicans*, that while

both begin in the occiput and spread over the head, the Rhus headache stiffens the muscles of the nape of the neck, is better while moving about, and is caused by exposure to damp and cold; this does not effect the neck, is better when the patient keeps quiet, and is brought on by gastric disturbance. The Iris hemicrania, which is also mainly on the right side and of gastric origin, is accompanied with blurring of the eyes, is worse when at rest, and recurs periodically, often on the same day of the week. In Sanguinaria the vomited matters are bitter, but in Iris they are intensely sour. The Cereus hemicrania is also right-sided, compels the patient to avoid all noise, light or exertion, but it is rarely connected with any gastric disturbance, it is usually caused by mental excitement or worry, and is often associated with cardiac complications. Right-sidedness also characterizes the Pulsatilla cephalalgia, but this usually begins in the afternoon and is always worse during the night, whereas the Sanguinaria headache begins in the morning, increases through the day and is better at night. The Pulsatilla pain is relieved in the open air, and generally arises from uterine disturbance.

The Chelidonium and Sanguinaria hemicraniae are very similar. Both extend from the occiput to the forehead over the right eye; both are aggravated by moving about; both are periodical; and both cause great irritability. In Chelidonium the patient is better from eating, in Sanguinaria worse; in Chelidonium the patient is low-spirited, in Sanguinaria cross; in Chelidonium the food tastes natural, in Sanguinaria bitter; in both there is a disrelish for nitrogenous food, but the Chelidonium patient longs for acids.

Sanguinaria is of value in the neuralgiae of the trigemini when the pain is shooting and burning in character, and pressure over the pain gives relief. It is of value in various myalgic pains when accompanied by distension of the temporal veins, and Dr. Hale suggests it as a remedy in sanguineous apoplexia.—*Am. Hom.*

POISONING BY *CENANTHE CROCATI*.

A Greek, aged thirty, admitted to South Devon Hospital January 13, 1881, unconscious. Previous day had taken a quantity of what he thought was wild celery, but which was the above plant. He ate part of root and some of stem. Two hours afterwards ate a full meal and felt quite well. In fifteen minutes suddenly vomited violently. In five minutes was unconscious, with twitchings about limbs and face. Copious flow of thick tenacious mucus from mouth. Coma for twelve hours. Twenty-four hours after poisoning was admitted to hospital, semi-conscious. Entered ward supported on each side and dragging legs after him. Placed on a chair he went to sleep, head on left shoulder, arms hanging by side. Extremities cold, general free sweating. Could be roused with difficulty when he muttered something unintelligible. No spasm. Pupils dilated and sluggish, respiration 14, not full. Twelve hours after admission skin warm, freely sweating; temperature normal. Continuous sleep; could be easily roused. Drank greedily. Tongue dry and coated. Next day quiet conscious; great thirst; swimming in head. Urine sp. gr. 1030, scanty, albuminous. Pulse throughout 80, good. Next day well; urine free from albumen (Carter, *Lancet*, February 18th 1882, p. 271).—*R. J. Hom.*

Therapeutic Notes.

Poisoning by Gelsemium sempervirens.—A little girl, aged fourteen, took by mistake a teaspoonful of the fluid extract. She had immediately giddiness, headache, great prostration, muscular relaxation, convulsions, staggering gait, want of co-ordination throughout the entire system, widely dilated pupils, double visions, paralysis of upper lids and lower jaw, overflow of saliva from the corners of the mouth, congestion of the face, difficulty of speech, marked dysphagia, the heart's sounds were marked as if far distant. A semi-comatose state supervened. The face from congested became pale and death-like, the surface of the body cold, clammy, finally covered with cold sweat. There was a marked fall in the temperature of the body. The pulse, at first quick and bounding, became feeble and thready. Respiration, at first normal, became gasping. The patient lost consciousness altogether. The patient eventually recovered after coffee, whiskey, mustard, and artificial respiration (Friedrich, *Med. Press and Circ.*, April 18th, 1883).

Paralytic Effects of Ergot.—Grasset (*Prog. Med.*, 83, No. 11) says Charcot prescribed *Ergot* for a man thirty-eight, affected with locomotor ataxy. On the second day after taking a daily dose of fifteen grains he became paralysed in all four extremities. On omitting the medicine he recovered slowly. Tuezex, in an epidemic of ergotism observed that all the cases presented symptoms of a lesion of the posterior columns of the spinal cord, and in some cases the complete picture of locomotor ataxy was developed. In four cases the cords, examined after death, were found to present a symmetrical lesion—the columns of Burdach. So that Charcot's prescription was Homœopathic, only his doses were unnecessarily strong.

Copper and Infectious Diseases.—Burq (*Progres med.*, No. 17, 1883) says he long ago demonstrated statistically the immunity of workers in copper during cholera attacks. He now contends that these artificers are protected by the metal they work in from other infectious diseases, such as typhoid. In a society composed of three or four hundred copper-workers, which has existed for sixty years, only one member has died of an infectious disease, and that was smallpox. He suggests that these facts indicate an antagonism between salts of copper and the specific micro-organism of infectious diseases, and he would give copper salts in large doses. Lame and impotent conclusion! The copper workers were not protected by large doses of copper salts—nor yet by copper salts at all—but probably by the mere contact of metallic copper with their skin. During the prevalence of the last epidemic of cholera a strong belief prevailed in the prophylactic value of plates of copper or brass worn next the skin, and it is probable that the belief was not without foundation. Indeed, so long ago as 1831, Hahnemann remarked that it had been proved in Hungary that those who wore a plate of copper next their skin escaped infection, and he recommended a small dose to be taken once a week for prophylactic purposes (*Lesser Writing*, p. 847, note). But whether copper will preserve equally from other infectious diseases remains to be seen, at all events, there is no evidence to prove that large doses of copper salts are useful for this or any other purpose.—B. J. H.

Pilocarpin in Hydrophobia.—A patient was brought to the hospital suffering from hydrophobia caused by the bite of a rabid dog. Morphia, Bromide of Potassium, and Cadeia were tried without result. Then Dr. Dumont gave him hypodermic injections of one centigr. of Pilocarpin. Profuse perspiration and salivation set in, followed by almost immediate relief, and in a few days the cure was complete. Pilocarpin was originally recommended by Dr. Neale as a remedy for hydrophobia in 1876, since which time many cases have been published where recovery took place during its administration.—*B. J. H.*

Arsenite of Bromine in Diabetes.—Dr. T. Clemens claims his treatment of diabetes as the most successful of modern times. He dissolves Bromine and Arsenious acid in water and glycerine, so that two drops of the solution represent the twenty-fourth part of a grain of Arsenite of Bromine. The dose is two drops three times a day, gradually increased to nine and twelve drops daily, each dose to be given in a wine-glassful of water immediately after a meal, which should consist mostly of meat. The thirst and diuresis soon diminish, and the percentage of sugar decreases. The dose is to be increased gradually until the sugar in the urine has entirely disappeared.

Belladonna as a Prophylactic of Scarletina.—Mr. Owen Pritchard, of Kingston Hill, writing in the *Lancet* of April 14th, states that he has given Belladonna an extensive trial as a prophylactic in a scarlet fever epidemic with great success. He gave one to three minims of the tincture three times a day to all the children in a house between six months and fourteen years of age, as soon as one of the household had been attacked. It was thus given to twenty-eight families, numbering seventy-four children, of which only four—5.4 per cent.—took the fever; whilst among those similarly exposed, and to whom Belladonna was not given, 36.2 per cent. took it. Of course no acknowledgment is made to Hahnemann or Homœopathy.—*British J. Hom.*

News of the Week.

Married.—Dr. L. Shepherd, of Glendale, Ohio, and Miss Richardson. Greetings to the happy pair.

Dr. M. M. Eaton.—We regret to learn is confined to his room, suffering from rheumatic sciatica and has been unable to attend to his practice for the past two months.

Dr. J. Herber Smith.—Has removed his residence from Melrose, to 279 Dartmouth street, Boston, opposite the Hotel Vendome, and Dr. Samuel A. Kimball, of Bath, Me., succeeds him at Melrose.

Prof. E. C. Walton, of Hamilton, Ohio, the Anatomist of Pulte Medical College, made us a very pleasant call. The doctor's surgical reputation is having a boom. He says that he uses *Usnea barbata* in headaches with excellent success. He uses the tincture or 1x.

Duboisia in Exophthalmic Goitre.—Desmos (*Rev. des Sciences Med.*, Oct. 15th, 1882) had great success in three cases by hypodermic injections of from 0.5 to one milligramme of the neutral Sulphate of Duboisia. The projection of the eyes and palpitation diminished, the general health improved, the thyroid enlargement, with the accompanying pulsation and bruit, decreased greatly. Slight symptoms of poisoning, such as formication and cramp in the gluteal region, were observed in two cases, which rendered a reduction of dose necessary.

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Clinical Medicine.

COPPER AS A REMEDY FOR THE PREVENTION AND CURE OF CHOLERA.

BY E. M. HALE, M. D., CHICAGO.

Read before the Chicago Academy of Homœopathic Physicians and Surgeons, August 2.

In view of the fact that cholera asiatica is rapidly approaching this country, it is our duty to refresh our minds by a review of the treatment, both preventive and curative, of that dread malady.

The therapeutic field is so wide that I propose to-night to discuss but one remedy, and I have selected Cuprum as the most interesting.

Fifty years ago Hahnemann wrote: "The use of copper, combined with a mild and regular regimen, and cleanliness, is the most certain and efficacious preventative." He adds: "It has been proved in Hungary that a plate of copper worn next the skin will preserve one from the infection, as I have been assured by several authentic reports from that country."

In support of these statements I will quote from the writings of an eminent Allopathic physician of Paris, Dr. Burq, whose fame as an investigator of the medicinal power of metals is world wide. Thirty years ago he ascertained by numerous experiments made in the hospitals under the supervision of the head physicians, that the application of copper to the limbs, in the form of rings, is a certain means of causing the cramps in cholera patients to cease immediately, and often all the serious symptoms which accompany them vanish at the same time. This important discovery obtained for him from the government a medal of distinction and a pension.

I will add here that Dr. Burq entered into an extensive investigation on the preventive power of copper in cholera. He examined all the great manufactures of copper and its alloys, in France and other European countries, and the results were an astonishing amount of testimony in favor of that metal. One day he visited an important copper foundry in Graviilers street; he found that all the workmen and inhabitants of the establishment, in number over 200, had not had the slightest attack of cholera either in the year 1832 or 1849. This was likewise the case in three other copper foundries in the same street. He then entered into a laborious examination, in which he examined over 100,000 persons in Paris, as well as in the provinces and foreign countries. The result of this inquiry was placed before the French Academy of Medicine. I cannot give you in full the result of its deductions, but will try to place them before you in brief.

The cholera epidemic of 1832 and 1849 were very severe all over Europe. I do not know the exact percentage of deaths to the population in great cities and towns, but from the expressions used by writers it must have exceeded 20 or 30 per cent.

During these two epidemics, which were so devastating in their character, the workmen in copper, brass, bronze, etc., had almost complete immunity from this scourge. Out of 11,500 persons thus engaged only 23 died or were attacked, about .002 per cent. Dr. Burq's report goes so far as to assert that this was but an example illustrating the universal influence of copper as a preventive. He gives instances where the workmen fled from the foundries and were soon attacked by the disease, while those who remained did not suffer from the epidemic.

He presents the following deductions: (1.) The protection exercised by this metal appears to have been of two distinct natures, preventative and curative. (2.) The preventative effect was no doubt produced directly by contact, and in proportion to the amount of protecting metal, and indirectly by simple vicinity, for not only did copper preserve those who worked with the metal, but those who lived in the vicinity of the great manufactories, or where large quantities were stored. This he attributes to the emanations from the copper, either in the form of highly attenuated particles or an effluvia of a specific character. Of all metals copper may be said to be the most volatile. Rub a piece between the two hands, or wear it in contact with the moist skin of the body, and you will soon smell and taste it, showing that copper is given off as a volatile substance and is absorbed into the blood. (3.) Some of Dr. Burq's instances of immunity were very remarkable. In many cases the cholera devastated a city, town, or section of country, but did not touch the neighborhood of the factories engaged in working copper, brass, or bronze, or the copper mines or their immediate vicinity. It would seem that the invisible effluvia or influence of this metal acted as an actual cordon around the inhabitants of the districts where copper was worked. (4.) The practical deductions from these facts are thus stated by Dr. Burq, namely: during cholera epidemics the metal copper, or preferably its alloys brass and bronze, should be worn next the skin as extensively as possible; also that large sheets of these metals should be hung on the walls of the living rooms of residences. He also advises that the metal should be snuffed up the nostrils in the form of a very fine powder.

Please remember that twenty years before Dr. Burq's investigations Hahnemann advised the internal administration of copper as a remedy to prevent cholera. Dr. Burq further advised that in the treatment of the cholera attacks copper in some form should be given internally. He ignorantly advised that it should be combined with Opium, for at that time it was not known, as it now is, that in true cholera Opium is more a poison than a remedy.

Many years before this was written by Burq, Hahnemann advised the use of copper in the actual treatment of the cholera seizure. He says copper is a remedy for cholera, because when taken internally in poisonous doses it causes a series of symptoms and pathological conditions resembling attacks of cholera.

It may seem strange to both physicians and the public that a discovery so important as this seemed to be should have been neglected, and so little practical results should come of it. I cannot understand it, for I find no record of any experiments made to prove or disprove Dr. Burq's theory. I

do not know whether during the cholera epidemics of 1849 and 1866 any observations were made by physicians relating to the protective effects of copper in any of the cities and towns of the United States.

But in our school copper has not been neglected as a medicine. It was used by us in each of the great epidemics, both in Europe and America, and its value was proved to be great, both as a preventive and a curative remedy, when taken internally in suitable doses.

A recent Paris letter, published in the *Medical Record*, commenting on the probable spread of cholera, shows that Dr. Burq has not abandoned his theory. In a recent discussion before the Academy of Medicine, he reiterates his belief that copper is both prophylactic and curative in cholera. It seems that thirty years of investigation has not lessened his confidence in the influence of this metal. But thirty years has greatly changed the methods of medical thought and investigation; and he no longer makes the assertion that copper stands in the same relation to cholera that quinine does to intermittent fever. In conformity with prevailing beliefs he now asserts that copper destroys the microbes, or disease germs, which cause cholera, whether within or without the body. He even extends this influence to such diseases as typhoid fever.

At a meeting of the Societe de Biologie, of Paris. Dr. Burq presented an interesting communication upon the immunity enjoyed by the workers in copper during epidemics of cholera and typhoid fever. He stated that of 40,000 such workmen two only died during each of the epidemics of typhoid fever in 1876 and 1883. Furthermore, the statistics of a society of 300 members, all copper workers, showed that during the entire period of the existence of the organization (sixty-four years,) there had been but three deaths from epidemic diseases among its members. If Burq's views are true, it may not be so very visionary, if I venture to suggest that cities and other communities might be protected from the ravages of the dread visitor if the public health authorities would devise some means whereby copper or its preparations could be volatilized in large quantities so as to saturate the atmosphere. If this method could not be extended to the open air, it might be utilized in the residences of all classes alike. Or, it can be easily applied to the water supply of communities, when all the water was supplied from one common source, as is now generally the case. In such case the amount of copper in each gallon of water need only be minute in quantity, so minute that no possible injury could accrue from its influence over any person of any age.

The public and many medical men have false notions of the influence of this metal. It has been found that it is not poisonous, except in large quantities. In small, appreciable, and even most minute doses it ranks with iron and manganese as a hæmatic and nerve tonic. In other words, it enriches the blood, increases the powers of digestion and assimilation, gives tone to the nervous system, and stimulates the vital forces.

Aside, then, from its supposed power as a destroyer of morbid germs, or any specific antagonism which copper may have over cholera, it may possess a general influence of a benign character over the human organism which will enable it to resist the onset of malignant epidemics.

THE EMPIRICAL USE OF BAPTISIA IN TYPHOID.

Having read in this journal of the successful use (empirically) of the above named remedy in typhoid fever, that had been given up as hopeless by the profession, it also having been my lot to have a very bad case of that nature to treat, I thought my experience with Baptisia as directed by your correspondents, might prove of some value to others, as I hope it has to me, so I send you the following case:

May 24th at 5 P. M., called to see Miss G. M., aged eighteen; had been sick for four weeks and under the so-called "Regular" treatment; I found her in the following condition: pulse 104, temperature 104, restless, great thirst little at a time and often, which made her sick at stomach; vomiting and diarrhœa; sordes on teeth; tongue dry and badly coated brown; tenderness and soreness on pressure in right ileo cœcal region. Gave Arsen. 8. M. Fincke, which controlled the stomach and bowel troubles, but, otherwise she seemed to get worse, although, I gave her such remedies as seemed by me to be indicated. She now became totally unconscious with low mutterings, could be aroused only by repeated loud calls, when asked to show her tongue would seem to make an effort to do so, but could not possibly move it. Morning temperature now 104°, pulse 115. Evening temperature 104½° pulse 120. I had given up all hope, patient seemed to get worse all the time. Thought of Baptisia; resolved to try its virtues. Began 10 A. M., gtt. two tincture in water every fifteen minutes. Gave it myself so that I might more fully watch its action. Kept it up all day, fully expecting to see her break out in the predicted and much wished for perspiration, but it did not come. Had the nurse to keep up the medicine in same manner all night, still hoping but all in vain. Next morning patient was much worse every way, not necessary to go into details.

Went to see Prof. J. G. Kent, told him her condition, he advised Hyosc. Gave me four powders of 100, m. (Fincke) with directions to give one powder and to let it act. I did not repeat until twenty-four hours, gave two more powders at same intervals. Improvement began soon after first dose, patient now convalescent.

I hope I have learned a lesson by this case that is always to endeavor to find the remedy that is indicated by our *much abused* therapeutic law of "similia similibus curantur." Hope that other beginners may be profited by this humble tribute.

ST. LOUIS MO.

J. G. GUNDLACH.

THERAPEUTIC NOTES

BY A. E. SMALL M. D., CHICAGO.

Night Sweats especially if connected with chronic bronchitis, give Carbo animalis.

Catalepsy.—Aconite promptly caused a reaction in the case of a lady so afflicted.

Hæmaturia.—In this trouble Senecio aurens was promptly curative.

Dysuria.—Lady passed small quantity of urine at a time followed by a burning sensation in urethra. Causticum cured.

Syphilitic Sore-throat and chronic sore throat will often yield to *Phytolacca dec.*

Chronic Diarrhœa.—All remedies failed. *Zinci sulph.*, one grain to one-half pint of water, table-spoonful at a dose cured in three doses, repeated once in six hours.

Intermittent Pulse.—Lady; troubled for months with alternations of palpitation and fainting. Pulse almost imperceptible, much exhaustion. *Nux mosch.*

Chronic Aphonia, or straining the voice in public speaking is successfully treated by *Baryta carb.*

Hydrastis should be remembered when we have a *goneness* at the pit of the stomach.

Cancer of Stomach.—Lady; had extreme distress and burning in epigastrium. Diagnosed cancer of stomach. *Hydrastis tincture*, 5 gtt. three times a day cured.—*Clinique.*

FALLACIES IN REGARD TO VENTILATION.

Dr. Dryer in the *Am. Hom.* enumerates four popular fallacies in regard to ventilation.

1. That it needs no special attention. 2. That the poison of respired air is Carbonic acid. (It is the lack of O.) 3. That the most impure air accumulates near the floor of the room. 4. That the outlet for impure air is best placed at the top of the room, and the inlet for pure air at the bottom.

CHROMIC ACID IN ULCERS OF THE TONGUE.

Mr. Henry T. Butlin (*Practitioner*, March, 1883) has a paper on the use of *Chromic acid* in solution as a topical application to ulcerated tongues. To Homeopaths this will not be surprising. The solution used was ten grains to the ounce of water, the patient being told to paint the ulcerated parts three or four times a day. This was sometimes followed by a little smarting, but the relief afforded made the patient bear this cheerfully. Mr. Butlin discovered this "almost by chance." He took the idea from Sir. James Paget's recommendation of the use of saturate solution of the acid in gouty psoriasis of the tongue. The first cases he tried it on were two men suffering from chronic superficial glossitis, due to excessive drinking and smoking, combined with syphilis. These were rapidly improved and practically cured, after long previous treatment with tannic acid and glycerine.

Another patient (J. B.), "suffering from secondary syphilitic ulcers of the borders of the tongue, small but deep and jagged, and from ulceration of the cheek," after much vain dosing with *Hyd. c. Cret.*, *Pot. iod.*, and *Liq. Hyd. Bichlor.*, was almost completely cured in a week by the *Chromic acid* solution.

Another man (T. L.), who had a number of flat mucous tubercles from secondary syphilis, for which he had taken *Hyd. c. Cret.* gr. iij, from June till October, dusting his tongue with calomel the while, without the slightest benefit, was rapidly cured by the application of *Chromic acid*. In a week his tongue was almost well, and in from two to three weeks "scarcely any trace of the tubercles remained."

Mr. Butlin thinks it unsuited for tertiary syphilitic conditions, but gives one case which it cured in less than a month after the usual mercurial treatment had been tried in vain. The primary attack of syphilis had occurred ten years previously. The condition presented by the tongue was "small, ragged, and deep syphilitic ulcerations of the tip and borders," which it was feared might turn into epithelioma.—B. J. H.

PREVAILING DISEASES AND REMEDIES.

JEFFERSONVILLE, Ind. July 20, 1883.—Cholera morbus and infantum, enterocolitis, diarrhoea and dysentery prevail. Bryonia and Rhus tox. are *the* remedies according to the special indications. Aching is present in mostly all cases. Some of the intestinal troubles are painless but the aggravation of the vomiting and purging on moving is indicative of Bryonia. None of my cases lasted long enough to develop cerebral symptoms, but I doubt not Bryonia would still be *the* remedy. A MCNEIL.

BALLSTON Spa, N. Y.—Many thanks, the patient is out of town now, but will try the remedies when she returns, and report through this journal the result. I have no news to give now, save a case of cholera infantum cured by Cham. six pills of the 3x in one-third glass of water, and Arsenicum 7x in alternation, one hour apart, and a case of hysteria following a low stage of bilious fever, cured with the Faradic current and Ignatia 3x. We of the east sympathize with you in your severe gales and freshets.

W. W. FRENCH.

[Its a bad case of too violent ventilation.—ED.]

Society Department.

CHICAGO CLINICAL SOCIETY.

REPORT ON GYNÆCOLOGY.

The Clinical Society met at the Grand Pacific Hotel, Thursday evening, July 3, the report of which we condense from the *Clinique*. The bureau of gynæcology was opened by Dr. R. Ludlam with a paper upon Uterine Therapeutics. The paper was divided into two parts. (a.) Reasons why pelvic troubles in women were difficult to cure. (b.) Therapeutic rules of treatment.

(a.) There are two factors which render a cure difficult. (1,) menstruation, (2,) frequent sexual indulgence. These interfere with the healing process by their effects upon the nervous and vascular conditions of the pelvic organs. In case of a local inflammation of either ovary or uterus, there is apt to be produced nutritive changes, following and complicating this inflammation. Therefore, the more frequently these factors enter in, the greater the risk and the more difficult the cure.

The peculiar arrangement of the pelvic circulation is such that the determination of the blood to the ovaries and uterus which occurs during menstruation or coition, and proper then, shall be continued owing to some condition of the bladder, rectum or liver.

In inflammation of the lung, stomach or kidney, etc., *rest* is one great

element in cures. The same is true here. Diseases in the post-puerperal women yield to our remedies in direct proportion to the delay in the re-establishment of the catamenial function.

(b.) Therapeutics. Into every case the *intermittent* element enters. We should distinguish sharply between the period of catamenial flow and the intermenstrual period; between those troubles due primarily to menstrual derangements, and those that are aggravated at the monthly nisis.

Treating cases symptomatically without such consideration, will cure only accidentally. Doctor Ludlam then gave the history of four cases illustrating his points. They are, in brief:

CASE I. Lady with psoriasis guttata, present five months. Whenever the eruption disappeared, she suffered terrible at the period, and vice versa, illustrating the fact that in some cases of membranous dysmenorrhœa we have an hepatic diathesis at the bottom of the trouble. The lesion being an eruption upon the lining of the uterus.

CASE II. Miss. —, sick for two months. Had two sets of symptoms, (a.) obstinate constipation and pelvic distress generally, (b.) impaired vision. Examination showed retroflexion, which, being cured, caused a disappearance of all trouble.

CASE III. Mrs. —, amenorrhœa for four months. Remedies failed. Examination showed a polypus in cervical canal.

CASE IV. Mrs. W., hæmorrhoidal diathesis. Had subacute ovaritis, scanty flow, constipation, infra-mammary pains and hysterics. Nothing helped her until she had Ham. 3x for the hæmorrhoids and locally for ovaritis

Special pathology is an aid in uterine therapeutics, e. g., in pelvic peritonitis we know that every case is either septic, traumatic, rheumatic, hæmorrhagic, or tuberculous. Select your remedy under one of these divisions.

Pelvic cellulitis *must* always be associated with a scrofulous diathesis, having inevitably a tendency to suppurate.

The doctor has known of irritable bladder to be treated for months, unsuccessfully, until at last examination showed an ulcer in the rectum.

Calc. carb., Cauloph., Sepia, Alumina and Collinsonia, are remedies never to be forgotten in female troubles.

Dr. Ludlam then reported a case of encysted peritoneal dropsy with encephaloid of the right ovary, and presented the cyst.

The doctor then showed the members an intra-uterine fibroid, the size of a lemon, which had been pronounced a cancer by parties in Buffalo. Dr. Ludlam then reported a case of ascites with uterine and ovarian carcinoma.

CASE. Mrs. A., Swede, aged thirty-six, taken in spring of 1880 with chronic diarrhœa, which was checked leaving much abdominal and pelvic pain. Shortly after the abdomen commenced enlarging which was continued for three years. Circumference of abdomen sixty-eight inches. Apparently a tumor at either ovary, tenderness on pressure, urine at times scanty and high colored, fluctuation marked, water line irregular on left side, resonance on left flank, umbilicus everted, forming a sac as large as two fists. Between thighs a tumor as large as a child's head protruded from the vagina, filled with serum, could be reduced by careful taxis.

The doctor tapped the patient in *linea alba* and drew off sixteen pints of serum. (Here a sample was shown.) The fluid from the umbilicus and vagina was thus all withdrawn. It contains pus albumen, coagulates spontaneously and has a sticky syrupy feel. The patient is doing nicely and will be examined further in a short time.

Gonitis.—Dr. Couch, of Fredonia, N. Y., sent a report of a case of gonitis, on right side of two years standing. Followed chronic diarrhœa. The doctor suspected a scorbutic diathesis, and on account of the whitish character of the diarrhœa of the past, the strong smelling high colored urine of the present, and the probable nature of the inflammation, Benzoic acid, and China, both in 3x, were given, aided by a generous diet including fruits, *cured*.

Mrs. C. T. Canfield, M. D., reported an interesting case of cerebral abscess following upon an operation for lacerated perineum, after which was a paper upon "Bacteria and the Germ Theory of Disease."

CHICAGO ACADEMY OF MEDICINE.

TRAINING SCHOOL FOR NURSES.—COPPER FOR CHOLERA.

The regular monthly meeting of the Chicago Academy of Homœopathic Physicians and Surgeons was held August 2nd, at the Grand Pacific Hotel.

Dr. Sarah Hackett Stevenson read, by request, a paper on the Illinois Training School for Nurses, which was substantially as follows :

Two years ago a lady called at the office of Dr. Stevenson to request her co-operation in the organization of a training school for nurses. Having visited the famous Nightingale school of St. Thomas', London, she was prepared to give the enterprise her most hearty indorsement. She remembered well the envious eyes with which she had looked upon that finely appointed institution, and how painful was the contrast when wandering through that human rookery on Eighteenth street, otherwise known as the County Hospital. The pictures of these wards are too deeply stamped upon the memories of all to need retouching. Suffice it to say, that after each visit a turkish bath and a thorough shampoo were the only adequate treatment. Even the most orthodox would have advised large doses. It is a long way from Eighteenth and Arnold streets to Harrison and Wood, whether measured by short English or long German miles, but it is immeasurably farther if time, labor and money are taken as the unit of measurement.

It was easy for Dr. Stevenson to say to the lady, "Get up the training school; I'll endorse you; I'll even pray for you;" but for her to give her time, her labor, her money, was quite another thing. Granting this was personal, yet she did not feel like even asking pardon for being personal. This matter meant every one, therefore she did not come with a paper like the Constitution of the United States, too general to mean anything in particular. She was there in the interests of the training school to tell what had been done and what was desired to be done. In the first place, she would have all remember that this organization, which more directly interests physicians than any one else, has been inaugurated and carried on almost

entirely by the laity. In order to prove how much need there is of the help of all, she briefly stated what had been done and what it is intended shall be done.

First, was the entering of the County Hospital. It must be said to the honor of the County Commissioners that they have furthered the interests of the school beyond the most sanguine expectations, and she thought it was County Commissioner C. G. Ayers who was one of the first to agitate the subject, and plan ways and means for its fulfillment. Though he was lost through the mutability of politics, each succeeding chairman of the hospital committee vied with his predecessor in lending his aid. The County Hospital, then, is the other name for the Training School—without this field for operation the school could not exist.

The financial basis upon which the school was admitted to the hospital was upon the same rates that the county had been paying for nurses. The figures look large, but in the old figures the board of the nurses was not counted in. The school boards its nurses, whereas in the old way they were boarded by the county. After securing from the County Commissioners the promise of two wards as a beginning, upon the basis of this promise the Board of Managers went before the public and solicited funds and actually succeeded in raising \$15,000. Has any one any conception of the pure grit and golden-tongued eloquence it takes to raise \$15,000? It was hard to get the place, it was harder to get the money; it has been hard to fill that place and spend that money. This applies to the Board of Management as well as to the nurses themselves. But after awhile, through the unwearied efforts of the noble president, a board of management was secured which is unsurpassed for its working ability.

The next step was to procure an experienced superintendent. Bellevue Hospital did noble service here, sending the school her best. As the hospital authorities became better acquainted with the school it improved on acquaintance until at last they gave to the school the charge of all the female, two male, and all the children's wards. A permanent house then became a necessity. Ground was bought, and the house was finished and nearly paid for. Of the ninety-six applicants up to May 1, but fifty-six have been accepted, and only twenty-six retained. The certificates of graduation must be renewed every three years, and in the meantime, if the nurse has not proved competent the school reserves the right to grant no renewal.

A nurse is never dismissed except for just cause, and it is to be hoped the medical profession will co-operate in this matter by not hiring dismissed nurses. Beside the regular bed-side instruction the nurses attend lectures on anatomy, *materia medica*, physiology, surgery, obstetrics, and other branches. The skillful and competent nurses follow up their chosen profession almost without exception.

The cost of annual membership is \$10 which should cause all reputable physicians to become members. The benefit of a skilled nurse in a critical case cannot be estimated. The hue and cry that the nurses will not know and keep their proper place is without foundation. The expenses, aside from the building, are about \$10,000 a year, and all the financial matters are managed upon the most economical basis. The sources of income are the earnings at the hospital, over \$6,000 a year, voluntary contributions, and



annual membership fees. In the future it is hoped the school will become self-supporting. The first class graduated in May, when the new home was opened. A registry for names provides facilities for obtaining competent nurses upon short notice. It is to be hoped that both physicians and citizens may become identified with this noble cause while it is making its great struggle for existence. The books are open, and no amount will be too large or too small to be gratefully accepted.

The paper of Dr. Stevenson was discussed at considerable length.

Six members contributed \$10 each toward sustaining the Training School for Nurses.

Dr. Hale then read an interesting paper on Copper as a cholera remedy (See page 90.)

It was decided that at the next meeting the subject of discussion will be cholera in all its phases. Dr. Foster will speak on diagnosis, Drs. Woodward and Hale on materia medica, Dr. Grosvenor on pathology, Dr. Sanders on etiology, Dr. Miller on hygiene.

Dr. A. W. Woodward then read a very interesting paper entitled "A new study of *Veratrum alb.*"

The meeting then adjourned,

Book Reviews.

THE LAKE FOREST UNIVERSITY CATALOGUE is unusually interesting and promising.

THE OPIUM HABIT and its successful treatment by *Avena sativa* is the title of a pamphlet, by Dr. Sill, the bulk of which appeared in a recent issue of this journal. *Avena* is a remedy that deserves a trial in all of these cases.

PULTE MEDICAL COLLEGE comes out with its usual neat announcement for next winter. It claims to be the leading clinical school. With its "three clinics daily" it certainly merits that rank. If the didactic course is as thorough in proportion, Pulte is no second class institution. It has a good corps of teachers who have a national reputation for scientific ability and thoroughness.

"DIO LEWIS' MONTHLY" is a new journal with the object of making sanitary science popular. Dio Lewis is a sort of autocrat, and although his views are expressed *ex cathedra*, yet he has such a fascinating way of putting them in story form that one cannot but read them with interest. The proper title should be Sanitary Science illustrated. He makes consumption curable by horse back riding, dyspepsia by sun baths, and aches and pains by percussion. The first number before us is filled with short story articles that make racy reading, but the four column advertisement of Warner's Liver Cure seems sadly out of place in such a journal. Price \$2.50 for ninety-six pages monthly. CLARKE BROS. Bible House, New York Publishers.

THE TRANSACTIONS OF THE HAHNEMANN MEDICAL ASSOCIATION. This is a pamphlet of 172 pages containing transactions of the Iowa State Society for the year 1880-1 and 1882. The secretary deserves doubtless great credit for carefully keeping all papers and proceedings from the journals, so as to publish them here. It is notwithstanding we learn designated to be "separately distributed to medical men throughout the land." Address Dr. E. A. Guilbert, Dubuque, Iowa, for a copy. Our readers will find that this journal gets a scoring for trying to get them some of the good things out of these transactions long ago. If you cannot all get a copy we may with the consent of the authors print some of the choicest articles.

THE UNITED STATES MEDICAL INVESTIGATOR.

"HOMOEOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

Communications are invited from all parts of the world. Concise, pointed, *practical* articles are the choice of our readers. Give us of your careful observations, practical experience, extensive reading, and choice thought (the great sources of medical knowledge), on any subject pertaining to medicine.

CHICAGO AS A MEDICAL CENTRE presents some peculiar features. It is the railway centre of the country consequently fares from all points are low. Chicago has the most perfect system of internal communication so that a student can live where he likes. Being the centre of the produce trade rates for living are very low.

Being a great railroad centre many unique cases find their way to the colleges for operations. The convenience of access to the many public institutions greatly enhances the hospital advantages afforded by Chicago. The situation of the various colleges gives them peculiar advantages for very large local clinics. The clinical hours could be increased to three or four a day and then have material enough, but it is a question if clinical illustration should equal didactic instruction.

The character of any city impresses itself on every thing in its midst. Thorough practical business life is *the* feature of Chicago and this permeates all its institutions and people. Competition is the life of trade. The fact of Chicago having four pharmacies, rival publishing houses, three journals and several medical societies is an index of the deep and active interest in medical matters here. This spirit is felt throughout a wide extent of territory. Rival colleges have brought to the front the best men and women, who take a front rank in the various medical organizations. They are all intense enthusiastic workers and all have large practices. As teachers they are concise, clear and eminently practical.

The students in the Chicago colleges are quite liberal and visit the various schools freely, in fact are encouraged to do so. This with the fact that our professors, have to follow the ablest regulars in the lecture amphitheatre of the County Hospital tends to put all on their metal to be brilliant, interesting and practical.

The courses in Chicago are generally shorter in time, but we question if shorter in amount. So that its graduates are first in the field and get the choice locations, of which there are many yet unoccupied in the rapidly developing west.

The graduates from Chicago, absorb its spirit and go forth to make a success.

Consultation Department.

ANSWER TO CASE.

M. C. B. July 28th, Consultation Department. Try Dioscorin 1x, and report results. C. D.

FOR THE "BAD SNEEZE."

I think Dulcamara will cure, begin with the 3x and keep giving higher and higher if no benefit, gradually go down, it is a sure shot, only different constitutions require different strengths of medicine, and to find that is the tug. W. W. FRENCH.

ACUTE YELLOW ATROPHY.

I see F. L. V. partially answers my question in the June 9th number, but not fully, his "justice to the *old fellows*," is magnanimous, but does he pretend to say that A. Flint, Jr. is the only man who knows anything about "Acute Yellow Atryphy," and there never was but 200 cases, nevertheless I thank Dr. V. for noticing the question. I am sure there would be more questions asked if our leading M. D's would answer honestly. W. W. FRENCH.

O. T. E'S CASE

This may be reached by Aconite nap. rad. 1x, 30x followed in a week by Aurum met. 3x, 30x for two weeks, and by Hyos. 3x, 30x, the third week. See Herings Condensed. It seems more mental than physical. See INVESTIGATOR, pages 57 and 58. The medicines used indicate a diagnosis of stomach and liver troubles. Try the mental remedies.

GEO. W. STEARNS.

P. S. Dr. Woodruff's case calls for Op. 3x, 30x followed with Iod. same potency. G. W. S.

FOR DR. FRENCH'S CASE.

You ask on page 29 of THE UNITED STATES MEDICAL INVESTIGATOR, July 14, for a prescription for a case of dysmenorrhœa. Give Colocynth 3x, twenty drops in ten tablespoonfuls of cold water, a teaspoonful every half hour or hour, or give Conium mac. 3x same way. Have had experience with both remedies. The surest in my cases has been the baths, unless accompanied by colic pains, pains around the navel then the former. If the obstruction is mechanical use mechanical means to dilate the passage. Please send word of the result. GEO. W. STEARNS.

FEBRUARY 24, PAGE 153, W. S. G. DESIRE TO BE ROCKED.

See Lippes Repertory page 307. Rocked all the time, the child wants to be, Cina. Aggravation from being rocked Borax, Carb veg. If my case I would give China 3 and Magnesia phos 6.

PAGE 179 A SUBSCRIBER'S CASE.

Remedies for his case are the Arsenate of Strychnia one hundredth to one hundred and twentieth grain and Arsenate of Soda one hundredth to one

hundred and twentieth grain three times a day of each Arsenate of Antimony one eightieth to one hundredth for the bronchitis. If the cough is great he must be given Hyoscyamin one twentieth grain and Iodoform one tenth grain. Give a dose of the Salted Sulphate of Magnesia a teaspoonful or two every morning in a tumbler of cold water which is a most pleasant cooling drink with the Arsenate of Strychnine and Arsenate of Antimony, one hundredth grain of each three times a day will cure his case. Try this treatment it will cure your case. Arsenate of iron may be indicated with the Arsenate of sulphur one hundredth grain each three times a day.

J. H. H.

FOR CASES IN JULY 28TH NUMBER.

Allow me to suggest a few remedies for the cases given in July 28th number of your journal. The case of "Neurasthenia" or melancholia, may possibly be of syphilitic origin dating back to early manhood with cranial osteitis present. Aurum covers many of the symptoms. The melancholy miserableness and disposition to suicide. Nux vomica is prominently indicated as well by the aggravation at 3 A. M., and impossibility to sleep after that time, by the irritability and also by the suicidal disposition. I believe if the doctor will begin low with these remedies say the 6x of Aurum and 2x or 3x of Nux vom. beginning with the Aurum and giving four doses a day for one week and if no improvement is manifested giving the Nux for one week in the same way and then returning to the Aurum again he will see some reward for his trouble

M. H. C. Woodruff's case of stupor would receive benefit from the 3x or 6x of Chloral hyd. Opium or Gels. high are to be thought of and tried if Chloral fails. Gels. Phos. acid, Calc. phos., Fer. et Strychnia cit. and perhaps other remedies will be necessary to correct the constitutional disturbances.

The patient suffering from spermatorrhœa must be made to realize that time is an important adjunct to remedies in the treatment of his case. These cases are liable to run from doctor to doctor and were I to treat him I should not undertake his case unless I could have him under my care for at least three months or six months if necessary. A great deal can be accomplished with Phos. acid 2x, and Nux vomica as an intercurrent. A cold sponge bath taken two or three times a week, reaction setting in properly, would be an excellent auxiliary. D. E. FORISTALL.

HOW TO GIVE AVENA.

Dr. Sill says "that the first rule is to give the Avena in hot water with the same frequency that the patient was accustomed to take his Opium or Morphine, i. e., as often as the system demands it, and in doses sufficient to produce the desired effect. As all cases do not require the same amount, trial and experience will be the best guides. It is necessary however, to bear in mind the physiological action of this remedy which is to produce congestion of the base of the brain. A *fullness* at the base of the brain will indicate that the dose dare not be increased and a *pain* in that region suggests that an over dose has been taken. The diminution of the dose regulates itself by the above symptoms. As long as the system demands the

remedy it must be administered in doses to meet that demand." Sometimes that is fifteen drops four times a day, sometimes twenty, but usually the large dose for a few days seems to satisfy and the amount and frequency can be rapidly lessened. Some take ten drops before each meal, some take only five or six drops. At times the craving for the opiate is so great that a dose is allowed, then the Avena is followed up rapidly until the desire is controlled. It is also being used for nervous prostration and hemiplegia.

CONSULTATION ANSWERS.

G. O. T. E. will give Nux vom. every week a dose, an increasing high dilution, i. e., commence with 30 or 60, next time 60 then 100, and so on he will cure, notwithstanding he has given Nux without benefit. Did not wait long enough for its action to develop.

Dr. Woodruff's case so far as he describes it is covered by Guarœa. Nux moschata, also should be carefully studied and may prove to be the remedy.

M. C. B's appears to be covered by Selenium. But he should also compare Nux vom. with his case.

M. G. Mc B's case is too imperfectly reported to make the diagnosis perfect, or to prescribe with certainty. It is probable that an examination of the heart or urine will throw light on the diagnosis. Lachnanthes tinctora and Apis are the remedies that he should carefully compare with his case.

To prescribe with any accuracy the concomitant symptoms are indispensable. The characteristics are more frequently found in them, and if they were given the prescription is easy. I recommend a reperusal of Hahnemann's Organon on the examination of patients. It will do all of us good.

A. McNEIL.

ANSWER TO QUERIES.

Let H. M. B. use Aconite and Nux vom. low as 3x, alternately. I have relieved such cases, treated in that way very promptly.

C. C's case of prostratorrhœa is very likely to be a stubborn one, and from the want of distinctive symptoms given, it is hard to assist him. If the man is elderly and there are no seminal losses, it is not a matter of grave importance. If however, he is younger, I would advise a careful examination for some lesion of the kidneys, ureters or bladder, as the result of specific infection, or a gonorrhœa. There may be but a simple enlargement of the prostate gland, a hypertrophy, from exposure and it may result from masturbation, so it is a big mask without more symptoms or pathology, but I would recommend the study of, Strychnia, Phos. Causticum, and I have cured one such case of a prostatic flux, with Aconite 30x, 200, where the mental symptoms led to the selection of the remedy. (Anxiety of mind, restlessness, and fear of death, was afraid to go out, or across the street, or where there were many people.)

I am interested in Dr. Burt's case as I have had one very similar, and have not satisfied myself in the treatment of it, by any means. Will some one who has had more experience in this class speak out and give us the help needed from their accumulated wisdom.

I. F. J. will find the tincture of Phos. and the 3x of Phos. identical.

O. T. E's case of neurasthenia would be more certainly prescribed for if

he had given the nationality, temperament and occupation of his patient. But as he gives it, it seems to me that *Nux vom.* is the remedy. It is at least worthy a careful trial, and in different potencies, 3, 6, 30. c c.

For Dr. Woodruff's case I would recommend *Nux mos.* or *Opium*.

M. C. B's case is on the high road to recovery if he has stopped, but my experience has been with these cases that it is very difficult to secure a total abstinence from the depraved vice and without you do get this, the most creditable and skillful prescribing will not relieve the constitutional disturbance, and the moral obtuseness that admits of a young man's being devoted to the habit, prompts him to deceive his medical adviser, but if he has stopped, with proper regimen ; a nourishing and non-stimulating diet, with abstinence from alcoholic or malt liquors, hygienic surroundings, as a well ventilated bed room, a hard matress, light covering and early rising ; you will easily and surely relieve him. The remedies to be considered are perhaps *Staphisagria*, *Pulsatilla*, *Phos.*, *Nux vom.*, *Causticum* and *Thuja*.

M. G. Mc B's. case seems to be a pathological puzzle. Is there any elevation of temperature or acceleration of the pulse rate during the attacks? I would presume it to be a variety of *erysipelas*, and would suggest *Apis mel.* and *Arsenicum alb.* What is the action of *Bell.* given higher than the 3x?

HATTAN.

News of the Week.

Dr. D. L. Deyoe holds the fort at Louisiana, Mo., where he has been for fifteen years.

The Secretary of the Chicago Homœopathic Medical College denies that the *Medical Era* is their organ.

Hahnemann Medical College has received a new coat of paint and been otherwise furnished for the coming session.

Perseverance and Sweet Oil.—*The Clinique* is responsible for the following : "A case of poisoning with *Strychnia*, taken for suicide, was cured after the victim went into spasms, by repeated doses of sweet oil.

Dr. J. M. Selfridge's presidential address, delivered before the California State Homœopathic Medical society at its annual session May 9, 1883, is a fine effort. It is printed by the society and makes a fine campaign document.

E. Stringfellow M. D., class 83, Chicago Homœopathic Medical College has removed to Grand Island Neb., and entered into partnership with *Dr. Lashlee* one of the leading men in that flourishing state. *Dr. S.* has had special surgical training with *Prof. Danforth* and will cut his way to fame.

Dr. Chas. E. Pinkham of Sacramento Cal., went west two years ago. *The Saturday Capital* says "he has succeeded in getting a practice which surpasses even some of our oldest physicians." He has organized a *G. A. R. Post*, is physician to the Court Capital (*Forrester's*) and is otherwise active in good works.

The Homœopathic Medical Society of the State of New York meets at Ithaca September 11th and 12th. The Ithaca Hotel will entertain at two dollars per day. The Delaware, Lackawanna and Western Railroad, will sell return tickets at Ithaca for one-third the usual rate. This road connects with N. G. and Buffalo. The Utica, Ithaca and Elmira Railroad will carry for fare one way, from Utica and Elmira. The steam-boat over Cayuga Lake will carry from Casiga bridge over N. Y. C. and H. R. R., and return for one dollar. All of the above tickets will be sold on the certificate of the secretary.

A. P. HOLLETT.

Putnam Conn.—THE MEDICAL INVESTIGATOR for June 9th, received, and an excellent number it is. Your article on "Peaceful Policy"; particularly commends my attention. It was Jeff Davis' policy, "let alone." More combativeness is needed among Homœopaths, at least in this section. We need *true* Homœopaths here and have none. If you know of a *real* Homœopathic practitioner who desires a business in a live manufacturing town of 6000 inhabitants, where the present incumbent is to retire at once, where there is no true Homœopathist, and where the people desire that practice, let him address your correspondent.

DR. A. D. CRABTRY.

Michigan news—The annual commencement of the University never fails to draw large number of visitors to Ann Arbor. An audience of four thousand assembled in University Hall June 28th, and listened to a remarkably brilliant address from Dr. Murray of Andover after which over two hundred students received their degrees. In the Homœopathic department the following were graduated who received in addition to their diplomas many flowers and other more substantial gifts from their friends.

Elmer J. Bissel, New York; Chas. H. Blackburn, Louisiana; Emma E. Bower, Michigan; Wm. D. Cooper, Michigan; Theodore L. Hagar, New York; Susan M. Hick, Indiana; Jacob O. Hoffman, Pennsylvania; Julian B. Hubbell, New York; Myron L. Huntington, Wisconsin; Harry C. Kasselmann, Michigan; Anna L. Laub, Iowa; Harry McC. Lufkin M. D., Illinois; Jas. T. Martin, Washington Ter.; Jay S. Meade, Michigan; Wm. B. Page, Missouri; Morton C. Reeves, Indiana; Carrie G. Watres, Pennsylvania.

Dr. Cowperthwaite received a telegram to-day announcing his election to the chair of Obstetrics and Diseases of Women in the University of Michigan, and this, in spite of the fact that he had positively declined to be a candidate for the position. Our Michigan friends seem determined to secure Dr. Cowperthwaite's services, having commenced their efforts in that direction some few years ago, and it is to be hoped he will adhere to his former decision and remain in Iowa. His successful efforts in building up the Homœopathic department of our University are well known and have secured for him a national reputation as a physician and teacher, the benefits of which should accrue to our own University and not the one of Michigan, though no one could naturally blame the doctor should he choose to accept a professorship in such an old and honored institution.—*Iowa City Republican*. [Dr. C. has declined to go.]

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WHOLE No. 357.

Eye and Ear Department.

THE ACTION OF DRUGS ON THE EYE.

BY RICHARD HUGHES, M. D., LONDON, ENG.

We have now completed our survey of the principal drugs which act upon the eye; and it remains that we consider them together, for purposes of grouping, of comparison, and of discrimination. We shall best do this, I think, by studing them in relation to the several tissues of the organ, and to the morbid states to which these are liable.

1. *Conjunctiva*.—As acting upon the mucous membrane of the ball and lids, with its glandular involutions, we have a list of twelve principal and six secondary medicines. Of these, eight correspond to catarrhal conjunctivitis of the ball—*Arsenicum*, *Belladonna*, *Chloral*, *Euphrasia*, *Kali bichromicum*, *Mercurius*, *Sulphur*, and *Guarœa*. When acute, *Euphrasia*, *Belladonna*, *Sulphur*, *Chloral*, and *Guarœa* are suitable, *Euphrasia* when much lachrymation is present (especially if it is acrid); *Belladonna* when the membrane is rather dry and burning; *Sulphur* when, with a slighter degree of the *Belladonna* symptoms, there is also itching, and when the subject is unhealthy; *Guarœa*, in the presence of chemosis. The distinctive place of *Chloral* is hardly yet ascertained; it must be borne in mind as a possible alternative to any of these. *Arsenicum*, *Kali bichromicum* and *Mercurius* belong rather to chronic conjunctivitis. The discharges of the first are characteristically thin; but practically it is the remedy for almost every case of chronic inflammation of the ocular conjunctiva, *Kali bichromicum* and *Mercurial* preparations taking its place when that of the lids is more affected. The former is suitable when there is granulation of the membrane, leading to pannus; the latter when the Meibomian glands are more affected, thickening the eyelid, and causing profuse muco-purulent discharge. Under these last circumstances *Hepar sulphuris* also comes into action, its discharges being somewhat thicker; and *Digitalis* may find place. *Hepar* is also effective in inflammation of the palpebral margins (*blepharitis ciliaris*), where it finds an ally in *Graphites* when the symptoms are of a more passive character. *Pulsatilla* corresponds to the previously mentioned sphere of *Hepar*—its discharges being thick and bland; but is of special use when the Meibomian inflammation is concentrated in a single gland, constituting hordeolum, or "stye." *Staphisagria* reinforces it here when this affection tends to be recurrent. When the prolongation of the conjunctiva into the lachrymal sac is inflamed (dacryo-cystitis), *Silicea* has proved very effective; and in stillicidum lachrymarum, from obstruction of the lachrymal ducts, cure has been wrought by *Graphites*, by *Sulphur*, and by *Mercurius corrosivus*.

In true purulent ophthalmia, while some benefit is to be got from *Hepar*

sulphuris, from *Mercurius*, and from *Pulsatilla*, the most effective remedy is *Argentum nitricum*. In strumous ophthalmia and of the conjunctival remedies hitherto mentioned may find place, according to their respective indications; but when the phlyctenular character of this affection is very marked, they all yield to *Rhus*.

Ratanhia and *Zincum* correspond to that curious affection of the conjunctiva known as pterygium.

2. *Cornea*.—The drugs that act on the cornea are fewer in number, but their sphere is well-defined. *Apis* corresponds to its simple inflammation.

Mercurius corrosivus and *Arsenicum* are suitable when the mischief is ulcerative, the choice between the two being determined by the lesser degree of inflammatory action which characterises the latter; and *Hepar sulphuris* where suppuration occurs. *Euphrasia* and *Kali bichromicum* are in place when the morbid process begins in the conjunctiva, and invades the cornea only secondarily. *Aurum* and *Calcarea* are suitable to a more chronic and interstitial keratitis, the former in both the syphilitic and the strumous forms of the complaint, the later in the strumous only, where also *Sulphur* may do something. Several of these medicines, but chiefly *Calcarea*, are of avail to remove opacities of the membrane; and here we have also the aid of *Cannabis*.

3. *Sclera*.—For the affections of the sclerotic coat of the eye our dependence must be placed on the four medicines from our list which you see before you, and perhaps on *Thuja*, which is considered by Drs. Allen and Norton as exerting upon this membrane a more marked action than any other drug. *Aconite* is suitable in primary scleritis from exposure to cold when the pain is diffused, and *Spigelia*, under like circumstances, when it is darting and shooting like neuralgia. *Kali bichromicum* is of great service when the conjunctiva is involved, and the cornea threatened. *Sulphur* (in the lower triturations) suits cases of a more passive and lingering character.

4. *Iris*.—It is of the iris as a part susceptible of inflammation that we have now to speak; as a contractile curtain it must be considered among the muscles of the eye. The only drug which has proved its power of inflaming it is *Physostigma*, as we have seen reason to put *Mercury* out of court in this respect; but the other members of my group have attained unquestioned credit in the cure of iritis. *Belladonna* seems effective in its simple form, such as may come on from traumatism. In rheumatic iritis, if the effusion be serous only, *Mercurius* may suffice, though *Euphrasia* and *Terebinthina* must not be forgotten, and *Physostigma* may prove the best remedy of all. In the syphilitic form, our chief reliance must be placed on *Clematis* and *Kali bichromicum*, though *Thuja* may be useful (as stated by Dr. Norton) in removing the deposits of lymph. *Bryonia* and *Sulphur* find place if any where, in the rheumatic form, the first in the painful stage, the second to wind up the case satisfactorily.

5. *Choroid*.—For simple choroidal congestions, *Digitalis*, *Ipecacuanha*, *Phosphorus* and *Santonine* claim consideration. Their differential indications are hardly known, but the choice of the third would be determined by the constitutional condition. For serous choroiditis, *Gelsemium* seems *facile princeps*, and for the plastic (disseminate) form, *Aurum* and *Kali iodatum*.

Rhus is reported very effective when choroiditis becomes suppurative, and constitutes the affection known as panophthalmitis.

6. *Retina and optic nerve*.—For simple retinal congestion, as from over-use of the eyes, we need not go farther than *Santonine*. In retinitis simplex, and optic neuritis before exudation has taken place, *Belladonna* is the great remedy; later, *Mercurius* and *Picric acid* are indicated. In albuminuric retinitis, our reliance should be placed on *Mercurius* (best in the form of the corrosive sublimate) and *Plumbum*, in syphilitic, on *Kali iodatum*. *Strychnia* corresponds to retinal hyperæsthesia, *Lithia* and *Tabacum* to the opposite condition.

7. *Lens*.—The choice of remedies for cataract must depend rather upon the general condition and the anamnesis than on any differences in the opacity itself. The indications thereby afforded for *Calcarea*, *Sepia*, *Silica* and *Sulphur* are obvious enough; and in their absence, the other remedies mentioned may be tried in order.

8. *Muscles*.—Of the medicines classed as acting on the muscles of the eye, *Physostigma* and *Jaborandi* would correspond to their irritable condition. *Actea* to their involvement in rheumatism, *Rhus* and *Senega* to their paralysis, *Ruta* and *Natrum muriaticum* are most effective in asthenopia.

9. *Nerves*.—The sensory nerves of the eyes are affected by *Aconite*, *Colocynth*, *Prunus* and *Spigelia* in the direction of neuralgia, by *Belladonna* and *Conium* in that of hyperæsthesia. Its motor nerves are excited to spasm by *Agaricus* and *Lilium*, depressed to paralysis by *Argentum*, *Conium*, *Gelsemium*, *Causticum* and *Senega*.—*British Journal of Homœopathy*.

Society Department.

INTERNATIONAL HAHNEMANIAN ASSOCIATION.

This association held its third annual meeting at the International Hotel, Niagara Falls, on June 19, 20, and 21. At the opening the president, Dr. Pearson delivered his annual address, entitled, "The present and future of Homœopathy." The publication committee was directed to distribute printed copies. The reports of the secretary and treasurer showed the business and financial affairs of the association to be in a prosperous and satisfactory condition.

The By Laws were so amended that the association could meet at such time and place as a majority of the members voting may determine, irrespective of the meetings of American Institute, also so that a two-thirds vote is necessary for the election of a member, and that foreign members may vote by proxy for officers.

The following physicians were elected members, viz: A. Charge, of France, A. Mattole, of Italy, Henry ven Musits, of New York, J. A. Compton, of Indiana, Paz. Alvarez, of Spain, T. Ray Whitehead, of England, A. McNeil, of Indiana, and G. M. Pease, of California.

The bureau of materia medica reported provings of *Ipecacuanha*, *Ledum*

palustra and *Ovi gallina pellicuta*, (membrane of eye shell,) by Dr. Swan. The association resolved to prove *Ovi pellicula*, Dr. Swan offering to furnish the remedy for that purpose. The report was followed by a most interesting and instructive discussion.

The bureau of clinical medicine reported papers from H. N. Gurnsey, Ad. Lippe, Benj. Ehrman, E. W. Berredge, C. Carleton Smith, L. M. Kenyon, C. F. Nichols, E. A. Ballard, Edw. Bayard, Saml. Swan, R. R. Gregg and G. Pompili. They were followed by a specially good discussion.

The bureau of obstetrics reported papers from Drs. Mahoney, Foote, Rushmore and Haynes, followed by a discussion that brought out several important characteristics of remedies.

Drs. Curtis, Cranch and Mills were appointed as a committee to edit a volume containing the history, constitution and proceedings of the association since 1881, with a full list of members.

The following officers were elected for the ensuing year, viz. :

For president, Geo. F. Foote, M. D., of Stanford, Conn. ; vice president, R. R. Gregg, M. D., of Buffalo, N. Y. ; secretary, J. B. Gregg Custis, M. D., of Washington, D. C. ; treasurer, Edw. Cranch, M. D., of Erie, Pa., corresponding secretary, E. W. Berridge, M. D., of London, Eng. Also as board of censors, Drs. C. Pearson of Washington, D. C., chairman, with T. F. Smith, Saml. Swan, C. H. Lawton, and Benj. Ehrman.

The bureau of surgery reported papers from Drs. Cranch, Rushmore, L. B. Wells and Ostrum.

It was decided that the next meeting be held at the same place as that of the American Institute, but should be commenced at least three days earlier. The following were appointed as chairmen of the various bureaus for the ensuing year, viz. :

Of *Materia Medica*, J. P. Mills, M. D., of Chicago, Ill. ; *Clinical Medicine*, J. A. Biegler, M. D., of Rochester, N. Y. ; of *Obstetrics and Diseases of Women*, J. R. Haynes, M. D., of Indianapolis, Ind. ; of *Surgery*, C. H. Lawton, M. D., of Wilmington, D. C. Letters were read from Drs. Lippe, Baer, Mahoney, and Foote, and the association adjourned, *Sine die*.

Note. A more instructive meeting could hardly have been desired than this, and the success of the association is now fully assured. The papers were all by representative men, and were full of practical lessons of value to the members. An association that can call forth such papers and give its members such instructive meetings need have no fear of opposition, nor does it need to detract from whatever of good may be in sister organizations. It will be noticed that the next meeting will be convened three days before that of the Institute, and the executive committee promise that no pains shall be spared to fully repay all members or non-members who may come to Deer Park at that time.

J. B. GREGG CUSTIS, Sec.

THE MEDICAL SCIENCE CLUB.

A new Homœopathic medical society has been organized in Chicago, for the purpose of encouraging study and research in special departments of medicine. The name chosen is that of the "Medical Science Club," and

the number of active members is limited to fifteen. Each member reads during the year a certain definite number of papers on some specialty in which he is interested. The list of members with their specialties is as follows :

Surgery.....	F. H. NEWMAN, M. D.
Gynæcology.....	PROF. W. F. KNOLL, M. D.
Ophthalmology and Otolaryngology.....	DRS. C. G. FULLER and C. F. BASSETT.
Obstetrics.....	F. A. CHURCHILL, M. D.
Physical Diagnosis.....	CLYDE E. EHINGER, M. D.
Anatomy.....	C. M. BEEBE, M. D.
Physiology.....	S. N. SCHNEIDER, M. D.
Histology.....	F. R. DAY, M. D.
Chemistry.....	PROF. CLIFFORD MITCHELL, M. D.

Active members must be resident practitioners of Chicago, but any non-resident physician graduate of a reputable medical college, and in good standing may become an associate member, and contribute papers. The club proposes to do vigorous work in medical science during the coming winter. Meetings are held every alternate Tuesday evening, at the Grand Pacific Hotel.

Consultation Department.

WEAK AND TREMBLING—CASE FOR COUNSEL.

Last spring I had a serious attack of erysipelas, confining me to the house five weeks. It yielded to Homœopathy as administered by Dr. ——. It has left me weak and trembling. I am sixty-two years old. The trembling is worse when I am speaking in public, and amounts sometimes to stage fright, so bad that I am almost compelled to stop. There is apprehension of impending trouble. Calc. c. 200 (Dunham) does no relieve.

E. X.

CASE FOR COUNSEL.—CONSUMPTION OR CATARRH.

Mrs. W., aged twenty-seven, medium height, slender built, black hair and eyes, light complexion. History of case: mother died of consumption; father alive; has three brothers, and five sisters; one sister and two brothers died of consumption; married at eighteen; general health was good until her present sickness began; mother of two children, both dead; soon after death of first child over a year before last confinement of March 6th, 1882, did not gain strength after last confinement; on the second day after confinement took chill; had two per day until April 17th; had a cough about three weeks; raised a considerable; could not lay on left side; (baby died five weeks old); took cod liver oil in whiskey; took chills, and fever in July, 1882; took Quinine in large quantities; had chills until June 1883. Quinine, cod liver oil and whiskey, Allen's lung balsam. Stomach pained her and bloated; drank ice water July 4th, 1883, which started diarrhœa; mensus stopped just before Easter Sunday; has not appeared since; doctored with Allopaths; told by doctor and all others she had consumption

and would die within a year. Came into my hands July 26th, 1883; found her with diarrhoea and vomiting of green, bitter, watery mass; stomach bloated and sore to touch; swollen at pit of stomach, like saucer turned bottom up; swollen and soreness across and around umbilicus; great burning distress in stomach; could not eat anything without distressing and burning in stomach; some fever; great thirst; green, frothy stools, float on water; some sickness at stomach; have succeeded in getting the stomach and bowels nearly right so she could eat without distress, etc., with Ars., Cal. carb., Nat. mur., Tart. emet. and her bowels get nearly right, then changes to diarrhoea, which is worse after midnight, and morning; her bowels are slightly worse now and not much appetite. Pres. Ars. last, she may change in twelve hours and have to give something else. Any advice which will assist in her cure will be thankfully received by doctor and friends.

I have given the case as I got it.

A. M. C.

ANSWERS TO COUNSEL CASES.

For M. N. C. Woodruff's case of somnolence during day and business, I suggest Nux moschata.

M. G. Mc B. ought to state the condition of the heart—and history of former diseases—perhaps latent psoria?

I wish V. and A. in August 4th number, would give the patient with acid stomach, Robinia 3x, I think it will please them. Go higher if you wish.

A. M. CUSHING.

The case for counsel by M. C. B. in your last number of THE INVESTIGATOR, requires Digitalin 3x, three doses a day and Phosphorus 6x, morning and evening.

The case of Dr. O. T. E. in the same number, will be greatly benefitted by Aurum met. 30x, morning and evening a dose and afterwards Hyoscyamus 30x once in four hours. Will very likely cure.

Dr. Boutin for your case of pains and gestation, look at Agnus, Bry., Calc. carb., Carbo veg., Cayloph., Causticum, Graph., Hepar, Lycopodium, Sepia, Sulph. Ferrum, Ignatia, Staph., Nux vom., Ledum, Kali carb., Mez., Merc., etc. I think that you can pick out a remedy which will just suit your case.

A. HOESTER.

Allow me to make a few suggestions for the Consultation Department. In July 28th number, case reported by O. T. E., I think would be relieved of the stupor, if nothing more, by the use of Chloral hydrate 3, or higher. Same number, case reported by M. G. McB., has several symptoms produced by Glonoine. The first symptom that I ever heard of Glonoine was when my chum and I took a small dose of the *real article*. In about two minutes I said to my chum "my head feels bigger than a bushel basket;" and he replied, "that his felt bigger than that."

I endorse the treatment given by J. H. H., only I would add a few more remedies, viz. : Warner's Safe Kidney Cure, and St. Jacob's Oil, also Jalap, Elaterium, Croton and Castor oils. I would suggest also, as from the directions given, the patient would be taking a dose about every five minutes night and day, that the remedies be mixed together in the reservoir of a fountain syringe and the tube introduced into the stomach; thus he would get the medicine about right and would have a chance to get a little sleep. For obvious reasons a tube inserted into the rectum leading to the privy vault and tied in position would be good practice.

The doctors prescription is just a *little* the most scientific I have seen for some time. It knocks the spots off the Phenic acid treatment. But what is an Arsenate anyway?
A. F. RANDALL.

Ag. 3 A. M. Calc. Euphr. Kali c. Pareira. Staph. Thuya. Of this number Kali c. and Staph. have yawning.

M. H. C. Woodruffs case. Don't trust to *Allopathic* examination of urine if you do you are liable to "get left". Don't trust them however much they may swagger, blow and put on airs. Could give some very interesting cases in point; one man came to me stating that two Eclectic physicians had treated him for Bright's disease, both had tested his urine, took it home and smelled of it, I suppose, but did not cure. The third doctor said he was the only man in that vicinity who had any tools to work with. He tested, tasted, I guess, his urine and pronounced his a case of diabetes. I did not taste of it nor smell it but with repeated trials by heat and Nitric acid, and Trommer's test, I could find neither albumen nor sugar. Sp. gravity all right. Neither could they find those substances at the laboratory of the Michigan University. A worse blunder was made by mine enemy, big gun, in diagnosis in case of compound fracture, whereby a boy lost his life. Do your own work. I can not find Apis in any lists, Lippe's Repertory under forgetful, or sleepiness in the day time, but you will find many remedies under both headings. Study and compare.

M. B. C. S's Case. Probably Sulph. 200, three doses and wait, will be best, after it has done all that it can do give the remedy indicated which may be Lyc. Sep. Sil. Staph. etc. What think you Mr. Editor, do our physicians all have repertories, and do they study them, and their materia medica real hard? Another thing I would like to know and that is the meaning of a word very frequently seen in our journals; "Perscribe". Webster seems to be ignorant of the existence of such a word as "perscribe" and "perscription".

I would suggest that those asking counsel should publish the results.
ALMONT Mich. A. F. RANDALL.

Please tell W. W. French to give his lady patient who is suffering with dysmenorrhœa, (which I think is caused mostly by Ovaritis). Ustilago maydis. 3x every hour, two teaspoonfuls during the time of suffering, and as soon as she begins to feel better, every two (2) or three (3) hours.

But the better way will be to treat her during the month as follows :

Use injections of hot water from a fountain syringe, twice daily. Give above remedy twenty drops of 3x dil. in a glass half full of water every four hours the first two weeks, every three hours the third week, and every two hours the last week preceding menstruation. At the end of every week give one dose of Sulph. 30 (dry on the tongue).
ED. ULRICH.

Drs. V. and A. do not give enough symptoms to select a remedy. In a case of this kind it is essential to know the cause of the dyspepsia, whether chronic gastric catarrh exists, or whether there is any cancerous or other degeneration of the stomach in progress. If the trouble is simply dyspepsia and the fermentation of the ingesta is the cause of suffering, it would be more easily controlled than if the walls of the stomach were involved by primary or secondary complications. The remedies that may be indicated are *Nux vomica*, *Graphites*, *Hepar sulph.*, *Lachesis*, *China*, *Carbo veg.*, *Lycopodium*, *Salicylic acid* and others, but it is impossible to say which of these remedies, without further knowledge of the case. G. M. OCKFORD.

FOR SPINAL IRRITATION—ANÆMIA.

“What shall I do?” (Vide U. S. MED. INVESTIGATOR, July 21, page 53. Give *Alumina 6x trit.* every four hours. You will find that this remedy covers the majority of symptoms as given by A. L. Burt, M. D.

A. J. CLARK.

REMEDIES FOR W. W. F'S CASE.

The most characteristic symptom given seems to be “amelioration from lying on face.” *Lippe's Repertory* gives: *Aloes*, *Alum. Am. carb.*, *Calc. phos.*, *Pod.*, *Rhus.* and *Eggert* gives, *Am. carb. (Pod.* in early months of pregnancy.) Of this number, *Phos.* and *Pod.* have weakness of knees, also according to *E.*, *Calc.*, *Nux m.*, *Puls.*, *Sulph.*, *Cocculus*. Of this number *Phos.* has swelling of lips during menses.

Pain in abdomen during menses, *Am. carb.*, *Calc. Phos.* It looks as if *Phos.* was indicated provided that the whole case has been given. Give 30, or 6 twice a day between menses. Should not have answered this case but for the fact that Dr. Duncan said it was our duty to do so, and I said “so it is.” But when we offer advice let us be careful to study the case. Hazardous counsel will not be likely to help.

A. F. RANDALL.

STRENGTH OF SANGUINARIA.

In THE INVESTIGATOR June 9, 1883, page 415 “*Chronic Bronchitis*,” I noticed, as it appears in part a quotation from Dr. Nelson, with a reference to Clinical Assistant, regarding the remedy Nitrate of Sanguinaria. Whilst you advise the 2x, Nelson requires 6x. I desire to enquire if the 2x is correct with your experience, or is it a mistake?

C.

[The 2x would take the skin off the throat of a brass dog. The 6x is strong enough. At least it has proved satisfaction in our hands.—ED.]

FERR. PHOS. AND CALC. PHOS. IN DIPHThERIA.

Will you be kind enough to write me out the sentence to be erased in fifteenth line from foot of page seventy in *Abridged Therapeutics*. Correct the fifth or last *Errata* as given on the opposite page to “*Introduction*.” I have looked it over and am not able to make out of it anything intelligible. It may be a matter of importance, and it may be of no importance, but I desire to have it right.

H. C. C.

[The change intended is that *Calc. phos.* is the remedy for obstinate white specks remaining during convalescing from diphtheria, while *Ferric phos.* is the remedy to arrest diphtheria in its incipency.

THE UNITED STATES MEDICAL INVESTIGATOR.

"HOMŒOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

Communications are invited from all parts of the world. Concise, pointed, *practical* articles are the choice of our readers. Give us of your careful observations, practical experience, extensive reading, and choice thought (the great sources of medical knowledge), on any subject pertaining to medicine.

THE SCOPE OF THE HAHNEMANIAN ASSOCIATION.—To one at all familiar with the workings of the American Institute it is easy to see that the object is to let all departments of medicine, viz., all the medical sciences, have a hearing. This shows to the world that as a whole, as here represented, Homœopathic physicians are up on all the branches. It is in fine an Institute of all of the medical sciences, with a prominence of Homœopathic therapeutics. The Institute as now managed cannot give therapeutic questions that prominence accorded them in the long ago, nor as their importance to us merits. Histology and microscopic investigation, the new developments, take the front seat just now. That is all right for it proves that we are on a par with any medical men and can use antiseptics and chase microbes with the best of them. This drift, however, obscures the old enthusiasm for therapeutics, viz., the study of the remedy, the selection of the similia, the action of the remedy and the choice of the dose and its repetition.

This is a field that the Hahnemanian Association attempts to fill. How well it fills it can only be judged by the "bill of fare." When we see committees or bureaus on *materia medica*, clinical medicine, obstetrics, gynecology and surgery, we fear that it is drifting from its purpose, and has caught the "spirit of the times." No one can object to an organization like the O. & O. society and pædological society that cultivate specialties. But when a society within the parent society attempts to supplant it, a halt should be called and the organization turned into its proper channel, i. e. the illustration of Homœopathic Therapeutics.

The Central New York society is or was a model Hahnemanian body. Without bureaus or committees, they selected only topics or cases illustrating the science and art of therapeutics—*The science of all the medical sciences. Homœopathy excelsior!*

CONSULTATION REPLIES.—A valued contributor writes:

"In looking over and answering the inquiries for consultation, it struck me that great improvement could be made in it. At the present time in your present way, it requires in the neighborhood of a month to get a reply to the inquirer, which in nearly all cases, destroys all its value. Now in running a weekly they could be returned on an average of a week if some one, a resident of Chicago, or better still, in your office, could answer correspondents and by keeping a page open the replies received could be put

in up to the hour of going to press. In good hands I think such a work would increase your subscription list, for it would be worth to any physician all you charge to have the privilege of getting counsel rapidly."

It is our purpose to get replies to the emergency cases as rapidly as possible. Sometimes they are answered from this office, but to answer them all would thwart the purposes of this department which are: 1st to call out unique and unusually difficult cases; 2nd, to stimulate accurate prescribing by all of our readers; 3d, to call out experience that could not be reached in any other way; 4th, to emphasize the salient features of diagnosis, and 5th to get at what might be the remedy that would cure that or similar cases. Of course the features of special pathology, method of analysis and the limit of remedies pass in review with each case. To properly answer some of the cases requires study and thought. To answer them off hand does not conduce to accuracy, unless a person has had experience with similar cases and knows by experience just what will cure. Some of our counseling corps complain that the cases are not reported full enough, and again those who seek advice might often justly complain that the replies are too vague. Some are models of excellence in remedy selection. A little more of remedy comparison and analysis would doubtless add greatly to the value of consultation replies. Any one who has kept watch of this department for some time will notice the vast improvement constantly being made. Go on brothers. Be brief, pointed, practical and prompt.

A WORD TO CHAIRMEN OF BUREAUS OR COMMITTEES.—Many of the secretaries are at work notifying chairmen and members of committees of their work for next year. Every member of a committee ought to feel that medicine expects every man and woman to do his or her whole duty without prompting. Still we all find that we do better work and more of it when we are driven.

Doctors like to be driven; driven in their work and driven in their play. They are not as a rule a driving set, but expect, must be driven. Some are "drove to death" at all points, and seem to enjoy it. There are exceptions to this general rule. Some you can no more drive than you can drive "Paddy's pig." "Faith it follows a pail of swill beautifully." So there must be leaders as well as drivers in all medical societies. The secretary if efficient is a driver (quill driver) but the chairman must lead the way, block out the work and tell what each is to do; "mount his horse and dash away." When he comes to the exhibition, modesty or tact, or both, should lead him to "bring up the rear" in good order. If he shrinks, he should never, no never be honored again, more, it would serve him right to be publicly disgraced. A few suggestions may help some new chairmen.

The first thing to do is to block out the work for each man. There should be one subject, and only one if possible, selected for discussion. Do not attempt to cover the whole field at one time, leave something for next year. If you can consult with the other members of the committee on what to select so much the better. They will usually acquiesce in what you would suggest. Then ask each to select their part. Divide up the subject and again give them a choice but if you know your men well suggest that they take such and such parts. When they have selected, help them to block out their work a little so as not to get two on the same tack. They ought to be "woke up" by this time but like as not the whole thing will be "driven out of their minds" by business, so prompt them again in a few weeks. This you can do by saying that you have your paper well under way. How do you come on? Then again in a few weeks write an enthusiastic letter about their topic and that Dr. Wise will be disappointed if they fail, while Dr. Blow will be just more than pleased. If you run across anything in your reading bearing on their points send it to them.

A month before the time the report is to appear, write a very kind and encouraging letter to each, and find out just the state of the reports, suggesting that they might send it to you for any suggestions before finally finished. If any one has any trouble at any point to let you know. If you do not hear from each in a week you may conclude that the delinquent one has backed out. But if a skillful chairman, an honor to the society, you will outline a paper. This cue he will catch at and notify you in a few days that he has a short report. Don't let the young men fail through fear, encourage them at the same time control them. Insist on short papers, ten to fifteen minutes is long enough, more in a medical gathering is chaff or buncombe.

With our twenty odd state societies and over a hundred local societies, something practical should be developed each year to the honor and credit of Homœopathy—yea verily.

Mr. Chairman! Will you be an honor or a dishonor to your society when your name is called? "Coming events cast their shadows *before*."

Clinical Medicine.

"MALIGNANT JAUNDICE."

A patient yellow and pale for four months appeared on the streets, weak and trembling, was asked, are you being treated by any physician? Answer, Have paid \$60 to one physician, \$35 to another, \$45 to a third, and now under Homœopathic treatment, for five weeks patient appeared worse. Told him when he was satisfied and could get no relief, he could come to my

pharmacy and get three powders to be taken in half a glass of cider-vinegar (common carpenters chalk pulverized) one teaspoonful heaping, once a day, for three days. In three weeks he was well.

H. C. CONE.

SOME COUGH THERAPEUTICS.

Cuprum cough.—Child, trouble commenced as a bad cold with an irritable spasmodic cough. Soon developed into regular pertussis; paroxysms attended by muscular rigidity and arrest of breathing; cataleptic fit and unconsciousness during a paroxysm, immediately followed by vomiting. At each paroxysm child went into convulsion, followed by intense coma. Cup. met. 6x cured.

Drosera.—For cough as a sequela from measles. Good.

Caulophyllum thal.—For paroxysms of whooping cough attended by vomiting, and by bleeding at nose, ears or mouth.

Sticta pul.—Racking cough. Nervous hysterical subjects, especially if troubled with sick headache.—*Dr. Small in Clinique.*

TUBERCULAR EXPECTORATION.

RESEARCHES INTO THE BACILLUS OF TUBERCULOSIS IN THE EXPECTORATION.

Dr. Cochez has examined with Ehrlich's method the expectorations of people who had been for two months under Dr. Straus's care in Tenou's hospital, and who suffered from tuberculosis. In all the confirmed cases of tuberculosis he has found bacillus but their number and size differ.

The spittle of patients who have tuberculosis, which exhausts them rapidly is very rich in micro-organism and their size appears enlarged. In cases of slow phthisis the bacillus are found far apart, certain specimens may not contain any. In two cases he only found them after two very careful examinations.

On the other hand, the spittle of persons suffering from thoracic affections without tuberculosis, as bronchitis, pleurisy, etc., have never disclosed any bacillus.

In a patient who was supposed to have tuberculosis, he looked in vain for bacillus of phthisis. Two weeks later the autopsy proved that there was no tubercles but a dilatation of the bronchia.

It may thus be seen that the examination of the expectorations may become quite important in a clinic when the diagnosis of the case is difficult. The number of bacillus would also show the progress of the tuberculosis (Palmer and Frantzel Heron.)

To prove the vitality of these organisms, compresses soaked in phthisical spittle have been placed in a jar. After three weeks the bacillus were more numerous and somewhat longer. It may then be proved that the phlegm of people who have phthisis are very favorable to the culture of the bacillus of tuberculosis. Their virulence which is always increasing, necessitates the use of antiseptic and precautions to disinfect the clothes or vessels which have been in contact with the expectoration.

Dr. Malassez reminds us that Dr. Vignal has made experiments to know how long the virus would remain in the spittle. To realize as much as possible the condition in which is placed the expectorations of consumptives who expectorate in the street, that gentleman would dry, then dampen after dessication the spittle of tuberculosis. He tried that method about ten times and always found the presence of bacillus.—*Translated from La Progres Medicale, by Dr. H. M. Willeme.*

MENSTRUAL DISORDERS.

Berberis vulg cured a case of dysmenorrhœa characterized by scanty menses, violent pains in small of back, pressing pains in thighs, lancinating pains in region of umbilicus; discharge very slight, grayish, like serum, sets in with chilliness and great distress.

ARSENIC ANTIDOTE—HYDRATED OXIDE OF IRON.

To prepare this antidote for Arsenic poisoning, take.

Tr. Ferri Chloride ℥ iv.

Aquæ Font ℥ iv.

M. in a vessl of ℥ xij. Capacity,

Add Aqua ammonia, ℥ ij. Shake, pour upon a cloth, wash with fresh water.

An emetic having already been given while preparing the antidote, administer f. ℥ iv, and follow with an emetic. Afterward give f. ℥ ij every ten minutes.

NOTES ON HEADACHE.

Sang. can.—Lady, catarrhal sick headache. An attack would be provoked by a slight cold, come on suddenly in the morning, coryza, sneezing, lachrymation, bursting feeling in head. This was always followed by pain in vertex and forehead, gradually increasing in severity during the day until it would merge into chilliness, nausea, and vomiting. Feeling in eyes as if they would be pressed out; piercing and throbbing lancinations through the brain; must lie down and be still for aggravation followed slightest motion.

Phytolacca dec.—Will cure the headache of syphilitics and remove the obstruction of the nose from same cause.

Iris versa.—Hemicrania from gastric irritation. Great burning and distress in epigastrium, not relieved by cold; severe, profuse vomiting.

Kreosote.—Occipital headache with much pain and soreness behind the left occipital bone.—*Dr. A. E. Small in Clinique.*

[Compare with article on Sanguinaria headache in August 4th number.]

CHEAP AND EFFICIENT DISINFECTANT.

Dr. Bartlett offers the following as a substitute for high priced disinfectants. Chloride of Zinc five pounds, of Alum, Chloride of Sodium, Chloride of Calcium, of each three ounces. Add water to make one hundred pints,

THE THERAPEUTICS OF CATARRH.

Aconite nap.—Has acute nasal, coryza with sensation of heat in onset, fulness in nares, headache.

Am. carb.—Catarrh is nasal, with troublesome stoppage of nares at night. Pituitary surface dry.

Allium cepa.—Coryza has burning excoriating discharge from nose, and profuse watery discharge from eyes.

Ars. alb.—Profuse hot watery mucus from nose, scalding skin.

Baryta carb.—Daily dose a good prophylactic against taking cold.

Cauticum.—Catarrh and cough attended by great rawness of throat.—*A. E. Small.*

MALARIAL HÆMORRHAGIC FEVER.

It is contended by some that this is a form of malignant malarial fever from frequent attacks of chills and fever ending in hæmorrhage from the kidneys, great and violent nausea, complete jaundice attended with exacerbations and remissions. Most physicians believe that this disease is always preceded by common chills or paroxysms of intermittent fever. The bloody urine comes on the moment the chill is ushered in by a discharge from the bladder. The blood seems broken down and dissolved, and all the symptoms show a great disorder of sensation, nutrition and assimilation, which results from primary impressions, attended with vomiting and purging of large quantities of black tarry substance leaving a green stain on the covering. The sick stomach and sore dry parched mouth and tongue with general suffering is awful in the extreme, and when delirium, coma and convulsions appear, death soon closes the scene. I know this disease for I have had it four or five times. Ice in my mouth has felt like fire, producing so much pain. The nausea and vomiting is uncontrollable. The fluid vomited looks like copper water. The urine is bloody and the skin as yellow as a lemon. The symptoms most prominent are the yellow skin and bloody urine. The yellow skin differs from the saffron yellow of jaundice or the golden yellow of "yellow fever." The mingling of green with the yellow of this disease, creating a bronzed appearance of the body which may be justly called a "bronzed yellow." This yellowness seems always capable of rapid absorption but the bronze appears again on the recurrence of a chill. This yellow of the skin disappears very gradually during convalescence.

The next important symptom or key note to this disease, after a chill, is bloody urine in every case. It is sometimes discharged in large quantities mixed with blood without any pain, and usually more blood than urine. Unlike other hæmorrhages the blood and kidneys seem healthy, and its cessation or stopping is no sign that it will not return, for often the urine may be clear of blood and yet death take place. If there is a recurrence of the chill, blood instantaneously reappears. The want of blood in the urine is not always an evidence of convalescence. Patients often die with clear urine not having passed a drop of blood in the urine for twenty-four or forty hours.

In this disease we often have hæmorrhage from the nose, mouth and skin. The vomit of this disease which I have often seen and in my own case, is of a greenish blue color sometimes fluid with a thick expectoration attended

with violent eructations ending in vomiting of a black or greenish tarry mass of mucus substance.

The tongue is white covered with a pasty and dirty fur and has bluish margins, sometimes red, dry and parched. The mind in most cases is clear up to death, but in the most violent cases, when the intellect becomes clouded it is a sign of death. The bowels are constipated and torpid but at times, diarrhœa is present, the patient passing large quantities of dark black tarry fluid. The gray characteristic stool of jaundice is never present. The temperature does not change much from 98 to 96 and 102-3.5. All ages and classes are liable to this disease. I think young men from fourteen to twenty-eight years of age are most subject to it. It may recur four and five times lightly the same year running its course or duration from two to twenty days.

It is readily diagnosed by the hæmorrhage from the kidneys attended with violent uncontrollable unceasing nausea and vomiting; from chills and fever or bilious fever, and from yellow fever by the absence of black vomit and not continued in type; from jaundice and hepatic diseases by the bronzed skin in place of the saffron yellow and by its quick fatality.

The prognosis is unfavorable, death comes from gradual exhaustion and wearing out the powers of life. If the uremic poisoning is great, we have profound stupor or uremic intoxication, delirium, coma, convulsions and death.

As to the pathology of this disease, some say it is owing to congestion of the kidneys, others that the liver is primarily effected, the kidneys secondarily, in the effort of the kidneys to throw off the biliary matter from the system they become congested then hæmorrhage follows.

Treatment.—Hot mustard foot baths with mustard, hot corn around and on the body with a plenty of cover during the cold stage. Let the patient eat ice all the time. Give Aconite gttss xx, water ℥iv, and tincture Belladonna gttss xxx, water ℥iv alternately a teaspoonful every ten, twenty or thirty minutes during the cold stage. If the fever is high with vomiting, Aconite, Veratrum viride and Ipecac in the first stage. If diarrhœa black and tarry with violent vomiting of blue mucus, Arsenic, Cuprum and Veratrum viride. To check the blood in the urine and the hæmorrhage, give once or twice a day or oftener, hypodermic injections of Atropia sul. 1-80, 1-90 or 1-100 of a grain. This is the great grand remedy in this disease, it acts most beautifully and cures when all other remedies fail. See what Charles J. Hempel, M. D., *Materia Medica* page, (377) lecture xxxiv, says of Belladonna, it is the hopeful remedy in *peurpuria hæmorrhagica* and in all hæmorrhagic diseases. "In the decidedly scorbutic form," mark his words "where the vitality of the blood is undermined by a poisonous principle, this remedy must be used as a neutralizer." Frequent and copious emission of urine with coldness of skin to the touch. Scanty dark brown red urine. If spasmodic trembling and jerking of the muscles, yellow around the eyes and cheeks, use hypodermic injections of 1-60 to 1-100 of a grain of Strychnia. If the spleen is enlarged, constipation in any form of this disease or any other with blue pasty, flabby white tongue, give Hyposulphite of Soda, twenty grains every two or three hours alternately with Quinine ii grains every two or three hours, the enlarged spleen will be cured.

MONTGOMERY, Ala.

J. H. HENRY

News of the Week.

C. H. Vilas, M. D. of Chicago, Ill., takes a vacation during August.

W. H. Holcumbe, M. D. of New Orleans, is gaining health and vigor at Lake Geneva.

R. K. Langson M. D. (Class of 1883 Chicago Homœopathic Medical College) has located in Milwaukee Wis.

Dr. D. W. Howard, will remove from Davis Junction, Ill., to Independence, Iowa, on or about September 1st, 1883.

Chas. Gundelach, M. D., of St. Louis, is off for a vacation. He takes in Niagara Falls and other wonders of the world.

J. W. Morris, M. D., of Wheeling, W. Va., like the president is taking an extended trip in the far west. He will reach the coast before he returns.

J. R. Haynes, M. D., of Indianapolis is summoned to Lake Geneva Wis. to visit one of his old patients. He will rusticate there for a season.

The Marshalltown Medical Review is (No. 1) "a quarterly publication of *Materia Medica and Therapeutics.*" In fine and in fact it is only an advertisement of Eucalyptol, only that and nothing more. Such a degradation of the art of advertising is only possible in the Allopathic ranks. If it occurred elsewhere it would be styled quackery.

Prof. E. C. Franklin has resigned the chair of surgery and clinical surgery in the Homœopathic department at the Michigan University and has returned to his old home St. Louis Mo., to practice his profession and especially the surgical part of it. Dr. F. left a fine field to go to Ann Arbor where he made a good record as a teacher and operator. For many years Prof. F. has been one of our leading surgeons.

George A. Rawson M. D., class of 1883 (Chicago Homœopathic Medical Collage) has received from His Majesty King Kalakan, the appointment of Government Physician on the island of Hana. Dr. R. is the first Homœopathic ever employed by the Sandwich Islands Government. So we are informed by Dr. R. K. Langson.

News.—A very fatal cattle plague is prevailing simultaneously with the cholera in Egypt.

Carbon, Hydrogen, Azone, Oxygen, and Sulphur, furnish by their initials the word chaos.

For a pen wiper use a sliced raw potato.

In New Jersey the law punishes any one selling cigarets or tobacco in any form to children under sixteen years of age.

A German M. D., tells of a new sign of pregnancy. It is an unvarying condition of the pulse during the first month, in any position of the body.

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Clinical Medicine.

CLINICAL EXPERIENCE WITH CASES OF GASTIC ULCER

BY H. H. READ, M. D., HALIFAX, N. S.

CASE I. Perforating gastric ulcer. On June 24, 1882, I was called to Ship Harbor, fifty miles away, to see Mrs. J. W. H. aged fifty, suffering from a severe form of irritable dyspepsia. Some years before while on a visit to Halifax, she had been under my care for a severe attack of colic. Her digestive apparatus had been weak for some time before that and continued delicate and irritable ever after, with occasional paroxysms of colic which I attributed to gall-stones. On this occasion I found her suffering from an acute aggravation of chronic gastritis, and prescribed Arsenicum. Next morning perforation of the stomach occurred and in twenty-four hours she was dead. From the history of this case, I have learned to look with suspicion on all cases of severe gastric colic occurring in women, more especially if the exciting cause is not clearly perceptible. Such patients should be closely watched and their regimen carefully regulated.

CASE II. My second case is one of gastric ulcer coinciding with cholelithiasis. On July 14, 1882, Mrs. W. H. W. aged thirty-five, and invalid from a chronic valvular affection of the heart, returned to town suffering from a well marked case of gall-stone colic. The jaundice and bile stained urine left no doubt as to the nature of the case. Similar attacks had occurred several times before, and once she was prostrated for six weeks. She gradually rallied from this but continued weak with especially feeble digestive powers and on October 14th another paroxysm of alarming severity occurred and presented new features, severe chills occurred beginning at the feet and seeming to drive all the heat of the body to the head. The anxiety was death like, and vomiting profuse but consisted of the contents of the stomach only. The pain subsided as the vomiting ceased, and the chills were succeeded by heat with intense thirst for small quantities of water, and, later on, sweat. No jaundice accompanied this paroxysm, and on December 6th another came on still more severe, and presented the same feature, agonizing pain, chills ascending from the first, and violent vomiting. The pain centre was about two inches higher and to the left of that in the previous paroxysm of gall-stone colic, and after the severe pain passed off the spot continued tender to the touch. The gastric irritability was so great that the smallest particle of farinaceous food caused a return of pain, and she could take nothing but strained chicken broth. For six weeks she was nourished by injections of beef tea. In this connection I may say, that in this and another similar case I found that beef solution made by Rudisch of very great value.

For a short time before this severe paroxysm, the patient had noticed a small hard lump in the right hypochondriac region, and on examination I

found in the side of the gall bladder a hard lump of the size of the thumb. It was not sensitive to the touch and in a few weeks entirely disappeared.

I concluded my patient's case to be a gastric ulcer coinciding with the presence of gall-stones, and her regimen was regulated accordingly. Remedies were administered according to indications, but Rhus, given on account of the patients peculiar and persistent dreams, seemed to exert more control over the case than any other. Gradually she returned to wonted health, though the chronic cardiac disease prevents her from being anything else than an invalid, and even now the ingestion of solid meat will cause a paroxysm of pain and restore the old tenderness to the seat of the trouble.

CASE III. Uncomplicated gastric ulcer. March 14, 1883, I was called to see Miss E. N. who had been an occasional invalid ten years. A month previous she had come from Quebec, where she resides, to visit a sister in this city, and had barely strength enough to endure the journey. She was then placed under the care of one of the Allopathic physicians of the place and continued to grow steadily worse till he had concluded the case to be one of cancer, and looked on it as hopeless.

I found her lying on the sofa presenting the appearance of a sufferer in the last stage of inanition. Her lips were drawn over the teeth showing the *risus sardoniacus*, her tongue, swollen dry and red, hung from her mouth, and was kept from cracking only by the liberal use of lumps of ice. Her breath exhaled heavy metallic offensive odor which filled the room, and beside her continually rested a basin in which to vomit. She complained of constant burning in the stomach and excessive thirst for large draughts of water, which, with everything else swallowed was soon ejected. Her pulse was very small, weak and irregular, averaging about 120.

This state of things continued night and day and now she was nearly spent, and for ten days had been nourished by injections of beef tea and brandy. I stopped the brandy and ordered injections of milk and the solution of beef alternately, and gave her Phos. 12.

A week later I found little improvement and on careful examination noticed that she was frequently hawking from the throat thick, sanious offensive and stringy mucus which clung to the throat and mouth, very tenacious and seemed to come from the stomach in mouthfuls. I at once gave her Kali b. 9, and from that moment improvement began, and continued steadily so that in two months she was practically well. At this writing she walks easily for miles, suffers from no indigestion whatever, and is in better health than she has enjoyed for eight years. Her former attendant has seen her since her recovery, but he attributes her recovery entirely to my hygienic measures, and to her obedience to my directions, an obedience denied to himself. It is safe to say he will treat his next case of the kind in the same old time honored way, and will see the grave close over the remains with undisturbed tranquility.

CASE IV. Case of supposed gastric ulcer. April 26, 1883, I was called to Mrs. H. E. B. aged twenty-five, in labor with her first child. During the whole period of her pregnancy she had suffered from heartburn after eating bread or any other farinaceous food, but in spite of all that was very well nourished. Her pains were light and inefficient and next day at 3 P. M., finding the os soft and dilatable I punctured the membranes. About two

hours later the pains became strong and regular, but the head made but little advance and I called Dr. Dodge in consultation. At 4 A. M., on the 29th finding the os dilated and the head impacted through the L. O. A. position we decided to apply forceps, and after much difficulty in their application and in the extraction of the head, the child was born at 7.15. A large amount of Chloroform had been used but she soon rallied and seemed in a fair way to recover, but four hours later I found the pulse 120, and gave Aconite in hourly alternation with the Arnica previously prescribed. The urine taken by the catheter, was normal in appearance, and had been frequently examined during the pregnancy, but no albumen found. The vagina was syringed with warm lotions of Calendula, and the discharge was normal.

At 6 P. M., she complained of excessive thirst and restlessness and I substituted Ars. for the Arnica, and at 10 P. M., I found she had slept quietly for three hours. Nausea was complained of and next morning I found that vomiting had come on during the night and was said to consist of the beef tea and clear soup she had taken. The pulse kept up to 120, thirst and restlessness and vomiting continued, and she complained of a sharp pain in the right hypochondrium, but no heat of skin nor tenderness of the uterus was perceptible and the loelial flow continued to be free from offensive odor, and normal in amount.

At 11, the temperature was 100.6 and at 5 P. M., 101.6, but her expression was cheerful; the pain in the side had passed off, and no chill had occurred. At 10 P. M., shortly after I entered the room she vomited profusely of coffee ground matter, the pulse was 140, temperature 104.8. I at once gave a most unfavorable prognosis, and at 10.30 on the 30th, after persistent and profuse vomiting of the same matters but with unclouded consciousness to the last, she expired.

After a good deal of careful study of this case, Dr. Dodge and I came to the conclusion that the fatal hæmorrhage was owing to the opening of an arterial branch by a gastric ulcer which had formed during the pregnancy, and of which the sole symptom was the persistent heartburn.

RHUS IN EPISTAXIS.

Dr. Lippe in the *Homœopathic Physician*, reports the following clinical case which we condense: Young man. Father had died of apoplexy. On June 5, the young man had severe hæmorrhage from the left nostril. The family physician—Allopath—resorted to styptics and plugging, but to no avail. Two learned professors were called in and Citrate of Magnesia and Secale cor. were given, and liberally. Bleeding not stopped.

On June 7, the relatives were greatly alarmed, and the sister called on Dr. Lippe, who, not being able to derive symptoms gave Cactus grand. The first dose stopped the bleeding, but it returned again and was worse on the 8th. Dr. Lippe then learned that all day on the 7th the young man had suffered from a debilitating diarrhœa, with loss of appetite and rapidly grew weaker. Free from nose-bleed when recumbent, worse when he arose or when he stooped. On rising head felt full, faint—and if he stooped the blood

poured in a stream. Gave one dose Rhus tox. C M, at 9 P. M. June 8. He slept all night till 8 A. M., and next day walked down town cured.

“If that is a specimen of rational Allopathic treatment, we may well feel deep pity for the victims who confide in such irrational and unscientific treatment. We may ask, what would a Homœopathician gain if the “New Code” was introduced? Is it desirable to consult with that sort of scientific men? The true healer will continue to accept the totality of symptoms as the only guide in his therapeutics. In this case we have a knowledge of many remedies causing nose-bleed, and in this, as in all other cases, individualization must guide us in the selection of the curative remedy, if we find the similar among the many proved drugs. In this case the most striking symptom was an aggravation from stooping, which is characteristic of Rhus tox. Again the strong aggravation of the head symptoms when rising from a recumbent position is also characteristic of Rhus tox. Again does true pathology teach us that a nose-bleed frequently relieves the congestions to the head in diseases, as in typhus fever, that, therefore, the mere local contraction of the capillaries is not a rational remedy. Rhus tox. being found the true similar remedy, was administered in such dose as a long experience has taught us to be most effective in the very large majority of cases.”

EXPEDIENTS FOR NEURALGIA.

Mrs. Julia Ford, M. D., of Milwaukee, Wis., says: “Percussing or light rapping over the track of a nerve in pain, with and without the aid of electricity has been more satisfactory with me than any medication in the treatment of numerous forms of neurasthenia.”

In illustration of this she cites a case of sciatica which yielded magically to this treatment.

She also has had excellent success with horse-radish (see provings of *Cochilearia armoracia*) in neuralgias in different parts of the body.—M. C.

REMEDY OUTLINES.

To enable students to remember the uses, properties and application of a few of the more important remedies, we condense the following:

Aconite more than any other remedy acts upon *circulatory system*. Remember it in acute inflammatory affections and fevers.

Arnica acts upon the *absorbents*; hence its great value in effusion of blood and separation of tissue after injuries.

Belladonna second to none in its action upon the *brain* and its *membranes*. Prominent, too, is its action upon the glands and mucous membrane of the throat. It is to glandules what *Aconite* is to circulation.

Bryonia—*muscles, fibrous tissue* of the *joints, lungs*; hence its use in rheumatism, coughs, catarrhs, etc.

Chamomilla—*Infants and females*.

China when have loss of vital fluids and solids of the body. Here, too, remember *Ars*.

Hepar sulph. pre-eminent in its action upon the exhalents of the skin.

Ars. alb., *Calc. carb.* and *Sulphur* are three remedies remarkable for the long duration of their effects upon the system, and for the deep and searching action which they have upon almost every organ and tissue of the body. Usually classed as anti-psoric. They differ as follows:

Calc. carb. acts markedly upon the glandular system generally. *Sulphur*, upon the skin; its sensation is that of extreme itching. *Ars.*—burning sensations.

Ignatia, middle place between *Nux vom.* and *Puls.*

Mercury, remarkable in its action upon the *mucous membranes, glands* and the *liver*. Like *Hepar*, it favors suppuration, but in a less degree.

Nux vom., nervous system generally, but especially the spinal cord and the nerves connected with the digestive organs.

Opium lethargic states of the brain.

Puls. mucous membranes, nervous and digestive systems. In the last two it resembles *Nux* in many particulars. Its action upon the stomach and bowels is rather to relaxation than to constipation.

Rhus tox. acts upon the same tissues as *Bry.*, but more especially upon the tendinous structures and the cartilages of the joints. Remember it in rheumatism and sprains.—DR. EASTON, in *A. H. O.*

APIS MEL. AND RHUS TOX. IN ERYSIPELAS.

Dr. Duff, of great Belt, Pa., reports two cases in which these remedies helped him out:

CASE I. Young man, aged nineteen, complains of stones in pit of stomach—flying pains; come and go quickly; tongue coated a dirty white, most on left side; tips and edges red, firm, smooth, pointed; eye-lids heavy, congested, conjunctiva inflamed; addicted to whiskey drinking; excessive thirst. $\frac{1}{2}$ *Ars. alb.*

Next day reported thirst better, but swelling extending more into left face; slightly delirious; left eye closed; cannot open mouth; back of neck stiff, with pain down back; pulse 100; symptoms aggravated by sunlight and heat, and on first moving, yet is impelled to move; ordered warm bath and gave *Rhus tox.* 3x; in two days convalescent.

CASE II. Mrs. — has a second attack of simple phlegmonous erysipelas, meningeal form; stinging and crawling all over face; feels drawn across forehead, over head to occiput; sensation of warm water poured over head and face; left side worst, arm numb and powerless at times; feels sleepy, head too large. *Apis* 2x cured.

COSHOCTON, O., Aug. 14.—For the past week or ten days we have had increase in cholera morbus and infantum, which are speedily overcome by *Rhus tox.*, *Verat alb.*, *Bry.*, *Cham.* or *Ars.* Fever and ague also, is beginning to show itself, but our results with this affection, are flattering. *Nat. mur.*, *Rhus tox.*, *Ignatia Eupat. perf.*, *Ipecac.* are the principle remedies we use. Will report some interesting cases soon.

F. E. STOKES.

Children's Department.

LARYNGISMUS STRIDULUS VS. SPASMODIC LARYNGITIS.

EDITOR OF THE UNITED STATES MEDICAL INVESTIGATOR. *Dear Doctor:* In the *New England Medical Gazette* for June, there is a review of my recently published "Hand-book of Homeopathic Practice" in which the reviewer takes exception in the following words: "We remarked one thing in looking through the book, which we do not remember ever to have seen before, viz., a distinction made between laryngismus stridulus or child crowing, or Millar's asthma, and false, spasmodic or spurious croup. A chapter is given to the one in which the affection is said to be infrequent, while the latter, spasmodic or false croup is mentioned as a very frequent affection, in fact one of the most common affections of childhood."

I wrote to *The Gazette* defending my position in regard to the distinctive character, of the two diseases, but they declined to publish any criticism of their review. Now it must be evident to any one who has given the diseases of children any amount of study that the majority of chief authorities class these two affections as separate and distinct diseases, and entirely different from what is known as "acute laryngitis." Among those who divide these affections into distinct diseases are F. Churchill, T. Hillier, Meigs & Pepper, J. Lewis Smith, and J. Steiner, all of whom are recognized as authorities in the matter of children's diseases, while on the other hand the only prominent author who classifies them as one and the same is C. West. What the book in question said of these affections was that "laryngismus stridulus is an infantile affection and consists of a spasmodic closure of the glottis * *. It is most apt to occur in anæmic children and during the irritation of dentition. It is not a very common affection."

Of false croup it is stated to be "one of the most common affections of childhood. After exposure, the child having a slight catarrh and hoarseness, without feeling ill, wakes up in the night with labored breathing and a hoarse barking cough. In a few hours the attacks subside but are often repeated for several successive nights, a slight cough only existing in the day time."

To class these two affections as being one and the same would not accord with practical experience, even if our Boston critic never happened to read the work of an author who declared them to be distinct and separate. The description of false croup states its character clearly and sufficiently hints at a catarrh or hyperæmia of the larynx as being the exciting cause. Laryngismus stridulus is essentially a nervous disorder, belonging more to the spasmodic, convulsive disorders than to diseases of the respiratory organs. The history of the disease shows that it occurs almost entirely in children having rachitic or strumous constitutions, and that it always has a constitutional cause, while at the same time there exists such conflicting views regarding the pathology of the affection that the question is still unsettled.

The above is substantially what I wrote criticizing the review of the *Gazette*. And now Mr. Editor, as you are an authority on this subject, I am going to ask you to give us a little light that may serve to put us on the right track.

GEO. M. OCKFORD.

[The object of study and of publishing medical journals and books is to obtain and diffuse correct medical knowledge. To correct error and get at the truth should be our laudable endeavor. The question before us is this: is there such a disease as spasmodic croup or laryngitis or are laryngismus stridulus and spasmodic croup one and the same disease as claimed by the Boston reviewer. The term croup is the confusing word. True croup is recognized as a laryngitis plus an exudation that assumes the consistence of false membrane and so obstructs the passage. The cough is then the effort to dislodge it and is hoarse, whistling, barking, croupous. Is there another form where there is inflammation and little or no exudation but a spasm of the larynx. This is spasmodic or false croup, i. e., croup without the exudation. We agree with Guersant that there is and that this is a very common phase of the disease in this country and on the continent in spare nervous children. In fleshy children and especially in Great Britan the exudative form is more common.

Now the question arises are these forms of croup distinct from spasm of the glottis. Here authors are not agreed. Some describe this latter affection as giving the asthmatic spasm i. e., on the *inspiration* while in true or false croup unless very long continued, the spasm is on expiration, heard best on coughing. Excitement as well as cold may develop the asthma of Miller, (laryngismus strudulus,) but in croup we must always have a laryngitis as a starting point.

We may and do have laryngitis without the spasm, so that the true acute laryngitis does not include either true or the disputed false croup, much less laryngismus strudulus. Consequently accuated diagnosticians recognize as separate and distinct diseases; acute laryngitis, spasmodic laryngitis, pseudo membranous laryngitis, and laryngismus stridulus. The remedies indicated bear out this distinction. The remedy for acute laryngitis is Bell., for spasmodic laryngitis is Aconite, for pseudo membranous laryngitis is Kali bich. while the remedy for the laryngismus studulus is Cuprum. Thus therapeutics verifies diagnosis.

Why West should not be more accurate, may be explained on the ground, that 1st, his work is old, being little changed in the many editions through which it has passed. 2d. The great prevalence of true croup in England, and the greater frequency of hydrocephalus of which laryngismus stridulus is a frequent symptom. So West put all croupal coughs under two heads, true or membranous croup and laryngismus stridulus. T. C. D.]

Obstetrical Department.

CHINESE OBSTETRICAL PRACTICE.

Charlotte B. Brown, M. D., of San Francisco, tells us some interesting things in a recent number of the *Pacific Med. and Surg. Journal*.

A Japanese servant-woman whom she attended, insisted upon kneeling upon the anterior aspect of the tibia, the latter being flexed upon the thighs

so that the nates nearly touched the bed. This gave her great assistance in her labor.

The doctor has been struck with the almost complete absence of constipation among the Chinese women. They are exceedingly cleanly in person, and are free from some civilized customs, such as abortions, prevention of conception, etc.

They seldom call a physician—but a midwife. The percentage of deaths in child-birth is rather large on this account.

The average weight of Chinese babies in California are six pounds. Of American babies, eight or nine pounds.

These midwives do nothing to help the parturient mother, but wait for the advent of the child.

These people make much use of paper in the confinement room. As a protective to the bed it answers very nicely and afterwards as napkins for the flow. Their method has seemed to me so admirable that I have borrowed it or more truly modified it from them. Now I instruct my patients to place with their other preparations for the labor a dozen newspapers. When the bed is made I have the nurse place the usual rubber cloth—in lieu of which papers may be used—next the mattress, covering it preferably with two thicknesses of an old blanket. Over this the under sheet is smoothly spread and tucked in at head, foot and sides. Then I prepare the pad of newspapers, some of full size, others doubled once, and lay them where the patient's hips and back will come, covering them with a single piece of an old sheet each corner of which is pinned with a safety-pin. It is my rule whenever possible to place the lid of the chamber so that it will catch the water when the membranes rupture or are ruptured. In this way I find that I am able to protect the bed and save washing, both of which seem very pleasant to the attendants. I am often amused when arriving at a baby case to be told that the bed is fixed in "my way"—some friend having told them of the way they had seen me do it and how "nice" it was.

The Chinese use thin paper as a protective in menstruation. Owing to its softness it is also used inside the baby's diaper. Their mode of tying the umbilical cord is to wind it round and round many times two inches from the body with coarse thread, and then cut it and wrap it in cotton wool. According to their custom the child is bathed only two or three times in the first month. I have watched this mode and feel sure that we make a great mistake in allowing the daily ablution of the new-born child. *Every second day* is quite sufficient to have the child undressed, and especially so till after the cord falls.

In this connection I have to record the case of a white child which died five days and nine hours after birth of hæmorrhage at the navel. The dried cord which had not yet separated seemed to have been torn from its insertion by too much handling of the child. I felt that this was the cause of the accident. The child had convulsions from the second to the fourth day after its birth, which probably accounted for the delay in the atrophy of the cord. Probably so sad a case led me to establish the rule that the babe must not be bathed too often; to bathe on the *first, third and fifth days* is my instruction to the nurse.

THE UNITED STATES MEDICAL INVESTIGATOR.

"HOMŒOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

Communications are invited from all parts of the world. Concise, pointed, *practical* articles are the choice of our readers. Give us of your careful observations, practical experience, extensive reading, and choice thought (the great sources of medical knowledge), on any subject pertaining to medicine.

MISSIONARY WORK for the spread of Homœopathy is not prosecuted with the vigor that it was formerly. It is with a good deal of interest that we welcome the *Texas Homœopathic Pellet* which has for its object the propagation of Homœopathy in that empire state. This is an enterprise that deserves the sympathy and support of our leading men. Some of our best journals began as pioneer propagators of the good cause before they took on the distinctive medical features. Recently the missionary work seems left to the pharmacies, the Homœopathic Mutual Insurance Company, and to individual physicians. The former perhaps do more of it than all. There are some fine pamphlets and leaflets that deserve a wide circulation. We have often thought that if there was a systematic canvass of every town and state with these pamphlets the cause would advance much faster. Why could not the Institute put an able lecturer into the field who could go into isolated regions and spread the glad tidings. In the newspapers much more might be done than is being done, and that chiefly it might be said is being done through the blunders of the Allopaths.

In Germany there are many organized societies among the people. They have regular meetings and discuss subjects relating to Homœopathy. They sent a delegate to the World's Convention in 1876.

As the outcome of all these methods of propagation, if analyzed, the results are not uniform and equally permanent for the future good of the cause.

The result of the meetings in Germany is to teach the people how to treat themselves. The consequence is that our practitioners have grown less. In emergencies the Old School physicians are called in. In all the drug stores are found Homœopathic medicines, but through lack of skilled users the cause as a whole suffers.

The result of the newspaper controversy over the code is to divide attention between the two wings of the regulars, while the Homœopaths are overlooked. The effect of lecturers depends so much upon the speakers, their popularity and their local backers, that often little good is the result. To have a man however able, lecture on Homœopathy in an obscure hall to a handful of people does not create a very favorable impression. Of all the methods tried, the pamphlets well distributed judiciously selected, have done the most effective work.

Periodicals have encountered two obstacles, they are either too scientific

as to only impress people and not convince them, or else they have been so elementary, as, like the quack advertisement, prove insipid and belittling to the very cause they try to exalt.

The semi-scientific course pursued by the *Homœopathic World* and the *Pellet* are the safest ones and ultimately the best one for the cause. The only fissure that may engulf them is the potency, critical one.

NO RELIABLE DATA.—As the veteran clinical instructor, Dr. N. S. Davis, looked over the field of practice at the last meeting of their State society at Peoria, he was forced to express “the feeling of dissatisfaction which has *always* existed among those who had to report on the practice of medicine from the want of *reliable data* upon which to base conclusions.”

The conclusions he was attempting to reach were, we judge, therapeutic. Pathological and hygienic conclusions have been formulated long ago, but the unsettled country is either in etiology or therapeutics. As the microbes have wiggled away with the first, it must be that it is therapeutic data and conclusions he is longing for.

The starting point is the difficult one to find. The effort to make his experience the authorized starting point is the saddest part, for he, like others, must be carried away by the last novelty presented by pushing drugmen. The rivalry between the introduction of new plants and new chemical discoveries have unsettled authority completely. As this veteran Allopathic practitioner, who has attempted to stem this modern current, looks over the moving sea of novelties of a day he laments that neither he, nor any one else, who has attempted to reach some general and reliable conclusions, can find any “reliable data.”

He sees the drift toward the detested small doses and specific medication, but excluding similia he finds no reliable data and reaches no conclusions. What more severe commentary on the instability of Allopathy. Hahnemann was wise when he styled all the systems outside of Homœopathy by the comprehensive term Allopathy. They had no reliable data in his day and none are discovered to-day. “No reliable data” will be the echo down the ages—until they rediscover *Homœ-Pathos*.

HOMŒOPATHY IN MINNESOTA.—What we advocated some time ago has been done. The Regents of the Minnesota University recently elected five members on the new faculty of medicine, who by law are constituted the medical board for the State. Among the appointees is our veteran friend, W. H. Leonard, M. D., of Minneapolis, who was given the chair of obstetrics and Gynæcology. Dr. L. is an able man and will be an honor to the cause and the school. Obstetrics always includes the babies, so we trust that Prof. L. will teach Pædology also.

Society Department.

A STUDY OF CALCAREA CARB.

BY THE CENTRAL HOMŒOPATHIC MEDICAL SOCIETY,

Dr. Clausen—Have used it in several cases of too early and profuse menstruation with good results. Regard this as the characteristic indication. There were other symptoms, such as cold and damp hands and feet.

Dr. Schmidt—Find it useful for small children in winter cough. Calcarea constitution; sweat on the head, wetting the pillow; hard stools; cold hands; wheezing breathing; canine appetite; drink all the time; milk comes up curdled; fever at 2 P. M., goes down and rises again at night. Good results from the M M potency. Have had exacerbations in children from high potencies; aggravations produced the second or third day; the exacerbations pass away, leaving the patient cured.

In grown persons Calcarea is indicated by such symptoms as these: The patient is phlegmatic; unhappy; there is pressure on the head; she cannot endure the same; profuse and too early menstruation; Calcarea constitution. Patient should be fleshy and light complexioned. Canine hunger, wants to eat all the time. Have seen intermittent fever cured by it in six doses, where there had been great unhappiness as a prominent symptom.

Dr. Martin—A case in my first year of Homœopathy. A plump, fleshy child had intermittent fever. Gave Old School remedies in vain. The child became very sick; emaciated; complexion sallow, temples a lilac color. Gave Calcarea carb. empirically, not being acquainted with Homœopathy then. The child improved immediately.

Dr. Seward—A child, five months old, black eyes and hair, had cholera infantum; face old, blue, pale. One dose of Calcarea carb. 30, cured.

Another child was troubled with constipation; would cry and strain sometimes, and have a very large stool. Calcarea carb. cured.

A woman had lung trouble. She could not lie down; feet dropsical, the swelling extending to the knees; taste bad; tongue foul; breath fetid; no appetite. Gave one dose Calcarea carb. 30. She grew better immediately. The second night she could lie down. Cough cured.

Dr. Young—A boy, about six years old. The mother fleshy and heavy, of an easy, good nature. The boy had intermittent fever. Grew worse. His physicians gave him up to die. In sleep, great drops of sweat would break out on his face; feet and hands cold; he wanted to sleep all the time. Calcarea carb. 200 cured.

Another boy was attended by an Allopathist, who said he used Homœopathy when wanted. Dysentery had run the boy down. Skin dry, and looked like chalk; the sutures of the skull were open. Nux vom. had been given. It made matters worse. I gave Calcarea carb. and cured him. There was marasmus in this case; abdomen prominent.

I gave Calcarea carb. when a child's teeth develop badly, and rot as soon as they come out. [*Kreos*, Staph.—ED.]

Dr. Nash—In children when development of the bony system is hindered, there should be careful discrimination between Calc. carb., Silicea, and Sepia. Calc. carb. acts most promptly where are the symptoms which have been spoken of, when the vomiting is curdled, and the stools are sour. Where these last symptoms are not present, and the temperament is wiry, Silicea helps; Sepia when the child can not take boiled milk. Have found Calc. carb. useful in lumbago, and in sprains of the back where Rhus tox. has failed me, and the patient has been working in the water.

Dr. Boyce—Vomiting on waking up in the night led me to give Calc. carb. and it cured the patient.

Dr. Brewster.—A case of milk crust in a nursing babe, fat and flabby. It had been under treatment five to seven months. A cap had formed on the head. On each cheek was a patch covered with a crust of the same kind. Calc. carb. 8c removed the cap in two weeks. Several weeks more were occupied in perfecting the cure.

In one case the child had been three months under treatment, and one eye was destroyed. Then the child was put under my care, Calc. carb. cured it, and saved the other eye, which had been involved.

Dr. Schmidt—Generally one dose effects the cure.

Dr. Seward—Calc. carb. is indicated when there is a sensation of coldness of the head, must keep it covered.

Dr. Baldwin—Have had, and have seen, fine results from Calc. carb. in phthisis; expectoration thick, heavy, and yellowish; perspiration sour and sticky, especially at night, making the clothing sticky; the sweat on the hands and feet feels cold to the patient. I gave the 30th, and repeat till results are obtained.

Dr. Nash—I repeat Calc. carb., as I do every medicine, until there is some effect.

Dr. Schmidt—Have antidoted the morbid effects of repeating lower potencies by one dose of a high potency. But the matter is not settled in my mind.

Dr. Hawley—Have had much success with Calc. carb. A child six years old, had suffered from epilepsy three or four years. Paroxysm every two weeks. He had been under Old School treatment. Came under my care.

He was thin and pale; ears were translucent; feet and hands cold and wet. One dose of Calc. carb. 2c was given. He is now a healthy youth of seventeen. Has not had another fit. I use this remedy almost every day for adults and children.

Dr. Brewster—A case of sick headache, vomiting in the night. Cured with Calc. carb.

Dr. Southwick—A case of epilepsy. The disease came on after falling into the water. A peculiar sensation would start at the stomach and spread all over. Took drugs. Went on eighteen years. Calc. carb., once a month, has improved the case greatly.

Dr. Schmidt—One dose Calc. carb. cm cured this symptom: every-thing looks to be at a distance.—*Trans. Central N. Y. Hom. Med. Society in Hom. Phy.*

THE PRESENT AND FUTURE OF HOMŒOPATHY.

AN ADDRESS DELIVERED BEFORE THE INTERNATIONAL HAHNEMANNIAN ASSOCIATION AT NIAGARA FALLS, JUNE 19th 1883, BY C. PEARSON, M. D., PRESIDENT.

It is difficult to speak of the future of Homœopathy without referring briefly to the past, and in doing this we cannot go back anterior to 1810, when Hahnemann published the first edition of his *Organon* of the healing art. Prior to this, though the laws and principles forming the base for this grand superstructure had, at different times, been observed by others, they had never been utilized, or systematized, and hence Homœopathy was unknown. Hahnemann then, being the father, or, in every proper sense, the discoverer of Homœopathy, it becomes very apparent that to practice it at all, we must practice what he taught. It seems that during his lifetime a number of physicians, called by him "a new mongrel sect," had adopted a kind of spurious practice, or had engrafted this on to the tree of Homœopathy, where it grew, and with which its branches so intermingled that the parent stem was little thought of, and as the fruit was not extensively known, this hybrid product was palmed off on the market as a genuine article. A few shoots from the original tree were transplanted in this country in the years 1825, 1828, 1836, and 1839, and for a time the fruit showed no signs of deterioration.

But it is well known to horticulturists that to preserve melons in their purity they must not be planted in close proximity to squashes or any other of the *cucurbita* family. And so this tree of Homœopathy had unhealthy surroundings, the atmosphere was bad, and while its growth was rank and vigorous enough, it was dwarfed by an indigenous undergrowth of ignorance, prejudice, and ridicule, in consequence of which the fruit became *bitter*, and in many instances acted on those who used it as a cathartic, or an emetic.

In view of this state of affairs, a society was formed some forty years ago by good men and true to better promote the cultivation and cause of Homœopathy, and for a time it did stalwart work, but many of the old guard no longer answer at roll-call, and it is greatly to be feared that the inheritance they left is not guarded with scrupulous care by their degenerate sons.

Mock oranges and Dead Sea apples are again in the market, labeled "Homœopathy," and no course of reasoning seems adequate to convince either the vender or consumer that the article is not genuine. It is in vain that the *Organon* is pointed to as the guide and the law; these trades' unions deny that "it is the standard of the Homœopathy of to-day." And if that be true, one or the other must have changed. Which is it? The former was once regarded as the only criterion by which the Homœopathicity of any proposition could be tested. Has it changed? No. There are the words of Hahnemann just as he penned them three-fourths of a century ago. But they tell us three-fourths of a century is too long for a medical doctrine to endure, that this is a progressive age, that what is regarded as authority to-day may not be so considered to-morrow. And this is true when applied to systems founded on theory alone, but not true in regard to natural laws. Euclid wrote two thousand years before Hahnemann, and yet his *Elements*

of *Geometry* are text-books to-day. Kepler wrote two hundred years before, and the only improvements made in relation to his remarkable discoveries known as "Kepler's laws" have been in reference to their application. Truth, then, is in all ages the same; it is no better or none the worse for having been discovered in this or in any other age; it is, in short, of all time and for all time, and though newly discovered, it cannot well be said to be new. A diamond will ever remain a diamond, though it may be trodden under foot by the unappreciative.

If then the teaching and so-called Homœopathic practice of to-day be not in accord with the *Organon*, it is not difficult to see that what is thrown on the market as Homœopathy is a spurious article with which Hahnemann, were he living, would not fellowship. Says a writer in *THE MEDICAL INVESTIGATOR* of March 15th, 1882: "The immediate followers of Hahnemann are passing away." How long and how often have we heard this and similar remarks in reference to Homœopathy—good, bad and indifferent? Still, its ranks have been steadily filling up, and when, by fermentation, it has thrown off the foam, impurities, and crudities that attach themselves to it, will its inherent principles, like gold from the quartz, stand out in bold relief.* It is, of course, optional with any one to reject the doctrines of Homœopathy as taught by Hahnemann, but consistency would demand that those who do so should reject its name as well. The members of the International Hahnemann Association wish to retain both, in practice as well as in theory, and one of the principal objects of its organization was that both might be retained.

In my address last year I endeavored to show what Homœopathy was as taught by its founder, and this it is not necessary to repeat; neither is it necessary before this association and for your edification to allude to the disease producing, as well as the disease curing, effects of microscopic particles of matter; but as it is not the well that need the physician but only the sick, and as the great mass of the human family, both physicians and laymen, are sick so far as a knowledge of Homœopathy is concerned, it may not be considered a digression to briefly refer to some of the evidence of our faith with which the physical world is filled. One of the great popular mistakes seems to be that matter always produces its effects in proportion to its bulk, instead of its affinity for other matter, or adaptability to peculiar idiosyncracies. Herbert Spencer says: "A minute portion of a virus introduced into an organism does not work its effects proportionate to its bulk, as would an inorganic agent on an inorganic mass, but by appropriating materials from the blood of the organism and thus immensely increasing, it works effects altogether out of proportion to its bulk as originally introduced—effects which may continue with accumulating power throughout the remaining life of the organism. This is so with internally evolving agencies, as well as with externally invading agencies. A portion of germinal matter itself microscopic may convey from a parent some constitutional peculiarity that is infinitesimal in relation even to its minute bulk; and from this there may originate fifty years afterward gout or insanity in the

*In one of our avowedly Homœopathic journals the editor recently said, "Homœopathy is one thing and the teaching of Hahnemann another." The word *modern* before Homœopathy would convert falsehood into truth.

resulting man." Grauvogl, who found that ten drops of the tincture of Arsenic in thirty quarts of water, corresponding in proportion with the third potency when taken in tablespoonful doses four times a day, produced on himself much more feeble effects than a few drops of the thirtieth potency of the same remedy in a pint of water repeated in the same manner. And if such is the result in health, what must it be when the nerves and tissues are rendered highly sensitive by inflammation? At the same time, Grauvogl was far from being a spiritualist in medicine, or from adopting the dynamic theory of Hahnemann. He believed that to whatever extent our potencies may be carried, their action in the system is still that of matter on matter. It is unfair, therefore, to regard our mode of preparing potencies as a mere diluting or weakening process. A small portion of yeast under favorable circumstances will convert a large bulk of flour into yeast, a small quantity of this transferred a second, third, or an indefinite number of times in the same way will produce the same results. In a similar manner, a small particle of a medicinal substance will medicate a non-medicinal vehicle, converting the whole into medicine though the process be repeated a thousand times.

As the chlorate of potash has been found in the blood cells in particles smaller than the quadrillionth part of a cubic millimeter, so small, in fact, that it cannot be conceived of by any of our senses, we might conclude that our process of attenuation develops in the drug nothing that could well be called spirit but merely renders the particles of matter finer and more capable of entering these blood cells, producing in them important changes. Liebig found that a concentrated solution of common salt was unsuited to act as a function remedy; that it was necessary to dilute, or attenuate it in fifty times its weight of water; and Valentine says, that a grain of salt hardly large enough to taste contains billions of groups of atoms, which no mortal eye can ever grasp. From this it would appear that medicines have no other action than that which finally attenuated matter has on other material particles in obedience to chemical or physiological laws. But, it may well be asked, how is it, then, that in less than one hour after taking ten grains of Quinine, it is found that every particle of it in weight has in the excretions passed out of the system? What then produces the effects of this drug, which we know will last for days, weeks, or even longer? What is the fragrance of a flower, or the power of the magnet, which these bodies throw off without in any perceptible degree effecting a change in the bodies themselves? A grain of musk would impregnate a thousand cubic feet of air for a hundred years and still retain its original weight. The Mosque of Omar, built in the seventh century, the mortar in the walls of which was impregnated with musk, and though twelve hundred years have come and gone it is said the atmosphere in the building still retains the odor. Other substances more volatile would have in much less time entirely evaporated, but to become invisible even to one of our modern microscopists is not conclusive evidence that in some form they do not exist. Dr. Myerhoffer by aid of the solar microscope claims to have detected particles of Platinum and Mercury after a grain of these metals had been divided more than a trillion times; lead and iron a billion times; zinc, copper, tin, silver, and gold more than a million. Seguin and Rummel profess by the same means

to have seen metallic atoms in the 200th potency. Less than two grains of copper dissolved in Nitric acid and diluted with water tinged blue with ammonia can be divided into 50,000,000,000 visible parts. The same amount of carmine may be divided into 2,600,000,000 parts, all equally visible. Professor Jaeger, in his Neural Analysis with the electro-magnetic galvanometer, has detected medicinal force in the 4,000th centesimal potency. but it remains for the still more sensitive diseased human organism to respond to the action of the 100,000th and upward; and this it will do and has done a thousand times.

Most persons have more confidence in their own senses than in those of another, more confidence too, perhaps, in what they see than in what they feel. There was a time when men believed on the strength of much less evidence than they do to-day. This is emphatically an age of reason, the evidence furnished by one only of our physical senses scarcely being considered sufficient to form the basis for a reliable belief. Could our patients, in addition to feeling that their pains have disappeared, taste our medicines, as in the other schools of practice, does any one believe we should have so much trouble to convince them of the efficacy of the remedy by which the cure was effected. There can be no doubt that all diseases, not mechanical, are caused by imponderable particles of matter. Who can weigh the contagion of measles, scarlet fever, or small-pox. Even physicians, whose scales weigh nothing less than a grain, do not hesitate to admit the imperceptible causes of disease.

Baglivi, the Roman Hippocrates, said long ago: "According to Pliny, we are ignorant of what makes us live, but if I dare give my opinion, we are much more ignorant of what makes us sick, for the infinitesimal substance that gives the first and immediate impulse to disease is entirely incomprehensible."

[To be Continued.]

News of the Week.

Putnam, Ct., has Drs. G. L. Miller and F. M. Bennett, both graduates of New York Homœopathic Medical College.

Amyl nitrite.—Dr. Williams, of Boston, recommends the use of this drug in spasm of the glottis, and cites a case in which it was highly successful.

G. T. Greenleaf, M. D., of Normal, Ill., was married August 22d, to Miss E. M. Child, of Jefferson, Iowa. This partnership is a good investment. We congratulate the happy parties.

The Agents' Herald, Philadelphia, published by L. Lum Smith, is making a lively war on dead-beat advertisers. Friend Smith knows how to do it. Send 50 cents and receive it for one year.

Albumenuria.—Chloral, says Dr. Thomas Wilson, has been successful in a very severe case of albumenuria with accompanying œdema, following child birth. The drug was continued for four months.

Spina Bifida.—In cases of this disease Dr. Muirhead Little strongly advocates aspirating the sac of a part of its contents and injecting an Iodoglycerine solution, with the external application of collodion.

Purulent Urethral Discharge.—Dr. Tom Robinson expresses his belief that we may have a profuse purulent discharge from the urethra due to enlarged prostrate, or organic stricture, and which is strictly non-specific.

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Consultation Department.

ANSWERS TO CASES FOR COUNSEL.

Dr. M. H. C. Woodruff's case of incipient tubercular meningitis, page 58 will find its equivalent in Phos. Compare the pathology and symptomatology of the case and the remedy, and I think you will have a fit and may make a happy hit.

W. H. HALL.

V. and A's case has almost nothing to base a prescription on. Kali carb. may cure, as large doses palliate.

J. H's advice reminds me of the negro who looked at the Japanese and then said, "If de white folks is so black what is de color ob de darkies out dar." If Homœopaths give such doses what do the Allopaths give?

A. McNEIL.

A. M. C. Give Sulph. 30th or 200th for diarrhœa "worse after midnight and early in the morning," also "hereditary tendency to phthisis," also "alternate diarrhœa and constipation," five pills No. 25 at night, and give three pills No. 30, Nux vom. 30th in the morning, to antidote the infamous drugs of the rational (?) treatment, then placebo, one or two doses per day with instruction to repeat this latter in case of new symptoms, or diminish the dose if aggravation follows. More danger from too much than too little.

Z. W. SHEPHERD.

E. X's case is very imperfectly described. But from the data, Rhus tox. may cure, as the trembling is the sequela of erysipelas at a time when it was the epidemic remedy. If the curative remedy had been given no sequela would have occurred. The patient is also old, and Rhus is one of the remedies for the aged. It is also one of the remedies for trembling with anxiety.

How this case should have been described :

Give the age, history, constitution ; what past trouble ; under what circumstances ; give the concomitants ; stating everything abnormal, organic and functional in every part and organ with their modalities.

A. M. C.'s case is one in which he will probably need the undertaker's assistance, and if he changes about from one remedy to another he will be sure to, even if he should have given the right remedy, but destroyed its action by giving other drugs before it had a chance to bring about a curative reaction. It is absurd to say that in a chronic case that the symptoms change in a few hours to indicate another remedy. From the symptoms he does give I think that if he will give his patient a careful re-examination and then compare the symptoms with Magnesia carb., he will find it indicated. Give the remedy every two or three hours for twenty-four and then

give placebos for a week. Let him carefully re-examine her, and then decide whether or not there is improvement, if there be watch and wait and give no more of the remedy as long as improvement continues. If she be no better then give another remedy that is indicated by the totality of the symptoms.

A. MCNEIL.

CASES FOR COUNSEL.

WHAT ARE THE REMEDIES? ACHING PAINS.

Patient forty, married, bilious temperament, fair, condition of flesh. For twelve years he has suffered from *constant aching* pains in both testicles, with constant aching pains in the back over the sacrum. Testicles normal size, little sensitive to pressure. No sensitiveness or soreness in the spermatic chord; some pains down the thighs; occasionally he drinks too much. T. H.

BE MORE EXACT—MORE HOMŒOPATHIC.

I have been interested, amused and I must say somewhat disgusted with the consultation department. What disgusts me is the prescription of a certain contributor who recommends five or six almost unheard of remedies. All given in the same day without any particular order, remedies that we have no provings of, at least none of any account. It is not Homœopathy I don't know what it is.

M. P. HAYWARD.

NEURASTHENIA.

Gentleman, aged twenty-five, married. Occupation, gentleman of leisure habits at present good, blue eyes, dark brown fine hair, tall, well proportioned, naturally very intelligent. Married and a father. Has been suffering for years from effects of masturbation practiced at intervals during his youth and up to twenty years of age. At present has no loss of seminal fluid, (except naturally.) His general condition being a lack of mental and physical vigor. Has to do what he does under pressure of will power, in other words what ought to be done spontaneously and with a feeling that there was lots of reserved power, is accomplished only by exercise of will, and as he says, "seemed to take all there is in him." His symptoms in detail are as follows: General weak feeling of head, cannot make a prolonged mental effort without his head gives out, memory pretty good except for names. Dull pain in occipital region. The symptom he complains most of is a *feeling of left sided weakness from head to foot*. He says that his whole left side including left side of head, left leg, left arm feel weak and powerless and at times almost as if they were gone. They seem well nourished and on test of strength there is no actual weakness apparent. His eyes are sunken in his head and are very blue underneath, so much so at times that a stranger would think they were "black and blue" from a blow. The whole genital apparatus is weak and relaxed. The testicles and scrotum especially. He is obliged to wear a suspensary bandage. Says they feel dead and numb most of the time. Is able to perform marital duties, but once is enough, feels all played out and but little enjoyment. Was married hoping that would cure him but has made no difference, however has two healthy children. Mentally he has no confidence in himself, an extreme dislike to society, says "any one can tell he is not right" which is partly true as his

sunken and blue encircled eyes are quite an index to his condition. His digestion is good and he is well nourished and I know his habits are all right both as to exercise and morale. Some may say he is a hypochondriac, but it is not so, his symptoms do not change and are confined to the three I have mentioned, viz., weak feeling in the head, feeling of left sided weakness and weakness of genitals. He has been under treatment a long time and has taken the following remedies: Phos., Phos. acid, Nux v., Sulph., Puls., Nitric acid, Lycop., Sepia, Conium, Calc. carb., Phenic acid, Gels. and Arg. nit. The last three as well as Sulphur seems to relieve him very much but do not permanently cure. I have had the case a long time which accounts for the number of remedies used, have used different potencies. Will some one help me? H. K. L.

WHAT IS ACUTE YELLOW ATROPHY?

According to Da Costa, "This dangerous affection consists in a rapid diminution in size of the liver with changes in its secreting cells, amounting to their complete disintegration, jaundice skin, nervous system disturbed.

Scarcely ever lasting a week generally a few days only elapse before the patient becomes comatose and dies. It is often called malignant jaundice, or black jaundice."

Thousands of cases has been seen in the southwest and south; more in New Mexico.

I hope I have answered Dr. French's question to his satisfaction. No better authority on this disease than Da Costa. JOHN H. HENRY.

A CASE FOR THE EAR MEN.

Three years ago the left ear of which the hearing had previously been very acute seemed to be stopped up as with a cold in the head; following this there was a pulsing beat in the ear with an impairment of hearing which continued several months, then occasionally a ringing sound, something like the noise of a cricket, though persistent when present, would come; this was afterward more frequent until at last nearly two years ago it became constant. The sound which occasionally varies from a lower to a higher key, is perhaps best described as like escaping steam, though somewhat shriller. The hearing is considerably impaired, but does not seem to grow noticeably worse. The right ear seems now to be showing symptoms similar to those in the left when the trouble first manifested itself. Bone connection seems complete and the eustachian tubes are not closed. The trouble is not inherited. The remedies tried without any noticeable effect have been: Aurum met.; Cinchona; Calc. carb.; Puls.; Graphs.; Cal. phos.; Sulphur; Petr.; Nux.; Merc. cor.; Mercur. protiod.; Carbon; Conium; Nat. mur.; Staph.; Cactus gr.; Dig.; Arnica; Bell.; Caust.; Hyos.; Pier. ac.

Other symptoms are as follows: on taking violent exercise the action of the heart becomes easily greatly accelerated and sometimes with accompanying dizziness; the eyes are liable to become fatigued after continued use, causing a blurring of the sight; patient is subject to a dull aching through the eyes and temples. He is a lawyer, thirty-one years of age in active practice; unmarried, of good habits and not addicted to the use of any stimulant

or tobacco. Has always lived a sedentary life and is a close student. Health in all respects, except as above, perfectly normal. Just prior to the first appearance of the ear trouble, the patient was treated for and cured of hemorrhoids, Carbolic acid being used hypodermically. J. K. M.

BROWN SPOTS AND HEADACHES.

Miss W., aged twenty-seven, has on her chest yellowish brown spots about the size of a nickel cent, rather irregular, roundish, not elevated apparently nor rough, no sensation except a slight itching when warm. She thinks the epidermis can be rubbed off a little more easily on those spots. First appeared on back seven years ago; was treated by Old School by internal medicine and a salve that rotted her clothing and apparently cured, but afterward came out on chest and are extending to back and neck.

• What do you call it? Ephelides? Pityriasis vers? She is tall, slim, black eyes and hair; has never been sick except sick headache, which she has had all her life as often as once a week, generally over right eye, causing eyes to be sore to touch, and when moving them; vomiting of bile which relieves; head feels better when something is tied around it; generally wakes with headache which lasts all day, compelling her to lie down in a quiet room with head high; wakes up at night to find headache gone. Next day head sore; during headache is chilly for awhile and covers up, afterward a little fever; has cold *feet* and hands, particularly in winter and during sick headache; also has another headache in same locality quite often, but not so severe and does not lie down with it, but carries her head carefully in one position; ties up head. Several of the brothers and sisters have this headache. She is a twin, the thirteenth or fourteenth.

Do these headaches have any relation to the skin trouble? She is discouraged about skin, the headaches are much better than they were.

Please give diagnosis, prescription and prognosis. A. F. RANDALL.

WHAT IS THE REMEDY?

We are having an epidemic of sore eyes, the red kind, purulent matter in the eyes; sometimes they complain of something feeling like sand in their eyes; this is a malarial district. Some say they will go crazy if not relieved; give us the kernal, and throw away the shell, in this dreadful affliction. Am a new beginner in Homœopathy. JNO. G. FESSENGER.

EX'S CASE OF DEBILITY.

"Calcarea phos is a restorative remedy for those persons who have become much debilitated from acute diseases." "Calc. phos. is more suitable for old age."—*Schussler*. Take the 6x or 12x three times a day.

A. F. RANDALL.

"WHAT IS IT."

In response to suggestions concerning the case which appeared under the above heading on page 59 of THE INVESTIGATOR, I wish to add the following:

The young lady is very rarely troubled with headache. The pupil is not affected during the paroxysm so far as has been observed. She is very sleepy after an attack has passed off and usually goes to sleep if the paroxysm has been a severe one. She sleeps soundly and rests well at night,

usually sleeping on her side though she can sleep on her back. She is troubled with backache somewhat, although she does no hard work. Examination of the spine reveals no sensitive spot. Her hands and feet frequently become numb and "go to sleep" in the day time but not at night, extremities incline to be cold. Menses regular but very painful for a few hours at their commencement and incline to be rather profuse, otherwise natural.

For three months past she has had an attack at the time of her menses. Previous to that time this has not been noticed.

Immediately after the paroxysm there is a passage of urine more profuse than usual and of high color. Her urine is usually of rather dark color but normal in quantity and in frequency of passage. Never been troubled with enuresis. Appetite never very good. She eats only to live; eating slowly. Bowels regular and natural. Lately it has been noticed that her chest and shoulders swell considerably, the burning sensation extending entirely around the body in the region of the chest.

Impossible for me to reply concerning the temperature or pulse, never having had an opportunity to see her during one of these paroxysms as the intensity of them last but a few minutes.

M. G. MCL.

Correspondence.

SOME CLINICAL ITEMS AND COAST NEWS.

DEAR INVESTIGATOR: July 28th, Dr. Woodruff gives a case of regular stupor. Would it not be advisable to regulate the diet before looking for remedies? That weakness patient complains of may be caused by overloading the stomach. More symptoms of the patient (his personality) are needed. Study up *Nux moschata*, *Carbo veg.*, *Lycop.* in such cases.

M. C. B's case needs time for a thorough eradication. I found in such cases the electrical bougie aiding the action of the indicated remedy, as *Agaricus*, *Cannabis ind.*, *Drosera*, *Silicea*. I witnessed some benefit from the acid Phosphates.

The other case of Miss F. shows neurotic heredity, Anstie describes similar cases on his work on neuralgia. *Apis mel.* deserves close study and then constitutional, or if you prefer to call it antipsoric, treatment with high potencies at long intervals.

Conclave week next week and then for home and hard work again. Nothing like *dolic far niente* for two months. 1884 will see a Homœopathic College on the Pacific coast. In union is strength and I am glad to see that such a feeling now prevails.

S. L.

SAN FRANCISCO, Aug. 15.

PHILADELPHIA NEWS.

A NEW BUILDING AND ELEGANT QUARTERS FOR THE HAHNEMANN MEDICAL COLLEGE AND HOSPITAL.

The Trustees of the Philadelphia College have just purchased a large lot of ground on which they intend to erect a new college, dispensary, and hos-

pital buildings, the ground is situated two squares north of the new public buildings, near the business centre of the city. It extends from Broad street (north of Race street) westward to Fifteenth street, having a frontage of one hundred and six feet on Broad street, and one hundred and forty two feet on Fifteenth street. The entire length of the lot is three hundred and ninety six feet. The cost of this magnificent site is \$104,500.

It is the intention of the trustees, as soon as actual possession of the property is obtained, to commence the erection of buildings thoroughly adapted in all respects to the needs of a first-class medical college. It is proposed to erect the main college building on the Broad street front of the college grounds. This building will contain the lecture-rooms for didactic instruction, the museum, practical anatomy rooms, and the various laboratories for the professors and for practical-work by the students in the departments of general and medical chemistry, physiology, microscopy, normal, and pathological histology, etc., together with suitable rooms for practical exercises in the various manipulations of surgery, obstetrics, etc. commodious apartments will also be provided for library, reading, study, and recitation rooms, and for all the conveniences and comforts of the students and teachers.

Contiguous to the college building, and between it and the hospital, will be the dispensary and polyclinic. This building will of course include the clinical amphitheatre, so arranged as to secure light from all sides, and will communicate directly with the hospital as well as with the dispensary. Here will be provided reception and general prescribing rooms, besides rooms for special examinations in private cases and for the management of all cases occurring under the head of the various specialties. There will also be convenient apartments for the clinical professors, anæsthetic and recovery rooms, and rooms for special clinical instruction, demonstration and practice for individual students or for small classes, especially in gynecology, ophthalmology, laryngology, and in general physical and chemical exploration.

The hospital will front on fifteenth street. It will probably consist of a central building and two parallel pavilions. Ample room can be provided on the ground for a hospital to accommodate two hundred and fifty or three hundred patients. The building will doubtless be erected in sections and will be so constructed as to illustrate the highest and best principles of modern sanitary science, and provided with every convenience for the highest welfare of the patients, and the greatest educational advantage of the students.

The faculty have succeeded in enlisting in behalf of the college the warm interest of a large number of the most active, influential, and wealthy business men of Philadelphia; and it is to the public and humanitarian spirit, and the business sagacity of these gentlemen, that the college owes its present exceedingly flattering prospects. At last the alumni of the Philadelphia school, from the class of '49 to that of '83, are to have an Institution in which they may feel a good deal of pride. For it is the full purpose of the faculty and trustees to place the institution upon such a basis that, in point of efficiency, it shall be, in no single particular, second to any medical school in America.

P. D.

THE UNITED STATES MEDICAL INVESTIGATOR.

"HOMOEOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

Communications are invited from all parts of the world. Concise, pointed, *practical* articles are the choice of our readers. Give us of your careful observations, practical experience, extensive reading, and choice thought (the great sources of medical knowledge), on any subject pertaining to medicine.

DAKOTA FROM A MEDICAL STANDPOINT.—Every town and country has a medical side and none more interesting than Dakota. The location, soil ingredients and rare atmosphere no doubt account to a certain extent for its invigorating climate. Besides being rich in agricultural promise, it is destined to be quite a health resort—as outlined on another page. The whole country is filling up rapidly with very intelligent people. In the many towns springing up are excellent openings for young physicians. The railroads will furnish maps and the postmasters particulars as to special points. Physicians who have visited Dakota agree that the trip is a delightful one. A series of articles on its geology, topography, water, soil, climate, resources, etc., entitled "Dakota, why so Rich and Healthful," is a pamphlet that will repay perusal. Send to the North Western R. R. office, Chicago, for copies for friends and patients.

POLYCLINIC VS. MEDICAL COLLEGE.—Polyclinic is an imported term and is used to signify what is supposed to be a new departure in medical teaching. It seems to capture the old men in our ranks and they laud it to the skies. It is what an old physician can appreciate. It supplies a need that he has felt for a quarter of a century. So the school, under, or post-graduate that professes to teach by clinics receives his cordial and active support. He remembers the college he attended with its one or two clinics a week, and to him all medical colleges are alike, and always will be. The claim that clinics are held every day or two or three a day at the regular colleges he cannot quite credit. The fact is that all of our medical colleges are polyclinics, and more, they are both didactic and clinical, both subjective and objective, and because they are, therefore they are most thorough. Clinical or objective teaching is fundamental, primary. Subjective is secondary and higher. It brings out the shades, the tints, the finer characteristics.

Clinical teaching is usually comparative and analytical while subjective teaching is of necessity constructive. Both are necessary and should come in their regular order. See the picture, then reconstruct it out of our *materia medica*.

Clinical Medicine.

DIAGNOSING BY POSITION.

Dr. G. W. Bowen, of Ft. Wayne, Ind., gives three rules on position of our patient :

1. Where congestion alone exists, the patient prefers to lie, and if possible, will lie on that side.
2. When congestion has nearly or fully past, they will prefer to rest, and if possible, will rest on the opposite side.
3. When suppuration or induration has ensued, the patient will again turn, and, if possible, lie on the affected side.

The only exceptions are in abscess of the liver.—*Med. Counselor.*

HOURS OF AGGRAVATION.

W. S. GEE, M. D., HYDE PARK, ILL.

The following list of remedies, with the hours of aggravation, has been of use to the writer and may be of interest to others :

- 12 M. (noon).—Arg. met., Kob., Spig.
 1 P. M.—Arg. met., Mag. carb.
 2 P. M.—Lach., Calc. carb., Puls., Lob., Nitr. ac., Sang. can., Hell. (2.30).
 3 P. M.—Apis, Ars., Asa., Sil., Staph., Sul., Bell.
 4 P. M.—Anac., Arum tr., Cal. phos., Carbo veg., Chel., Gels., Hell., Kali hyd., Kob., Lachn., Lyc., Mag. mur., Mur. ac., Nat. sulph., Puls., Stann.
 5 P. M.—Actea., Con., Kali c., Puls.
 6 P. M.—Bapt., Cal. phos., Caust., Dig., Hepar, Hyp., Kali hyd., Lachn.
 7 P. M.—Ant. cr., Bov., Lyc., Pet., Rhus.
 8 P. M.—Merc. bij., Tarax.
 9 P. M.—Anac., Bry., Mur. ac., Sul. ac.
 10 P. M.—Cham., Pod., Puls.
 11 P. M.—Bell., Cac. grand., Rumex cr., Sil.
 12 P. M.—Acon., Arg. nit., Canth., China, Ferrum, Lachn., Ledum, Mag. c., Mag. mur., Merc. bij., Pet., Pso., Ran. sc., Rhus tox., Sabina, Spong. Staph., Stram., Thuj.
 1 A. M.—Ars., Caul., Lachn., Mag. m., Mur. ac., Pso.
 2 A. M.—Aurum mur., Cepa, Croc., Ferrum. Kali b., Kali c., Lachn., Mag. c., Rumex cr.
 3 A. M.—Am. c., Ant. t., Bapt., Borax, Cal. carb., China, Con., Dulc., Iris v., Kali c., Mag. mur., Nitrum, Nux vom., Pod., Sec. cor., Sepia, Thuj., Zinc.
 4 A. M.—Am. c., Caust., Lil tig., Stan., Nux vom., Kali carb.
 5 A. M.—Bov., Helon., Kali hyd., Kob., Pod.
 6 A. M.—Aloe, Calc. phos., Ox. ac., Sep. Sil., Sul.
 7 A. M.—Eup. perf., Pod.
 9 A. M.—Kali c., Pod.
 10 A. M.—Actea, Gels., Nat. mur., Rhus, Stan.
 11 A. M.—Actea, Arg. met., Ars., Arum tr., Asa., Berb., Cact. gr., Hydras. Hyos., Ipec., Jacea, Kob., Sulph.—*Hom. Phys.*

DAKOTA AS A HEALTH RESORT.

BY T. C. DUNCAN, M. D., CHICAGO.

Read before the Chicago Academy of Medicine.

Before we study the peculiarities of Dakota from a health point of view we will notice the essential requirements of a health resort. It must ensure 1st, diversion of mind, 2nd, deep respiration, and 3d, good digestion.

I. Diversion of mind stands at the front of all the requirements. To one familiar with low land, a visit to the mountains of Colorado, for example, is a wonderful diversion. It soothes and quiets. There is a majestic awe that steals over the mind. At the same time there is a stimulation that often prompts to over exertion, which may do great injury to the feeble. The broad expanse of water, lake or ocean, has a similar effect upon the mind, with perhaps a still more soothing effect. The same result is produced by an ocean of prairie. To the citizen of a large city, a trip to the country any where is a good diversion. This is an advantage of a suburban residence, and a summer visit to some picturesque spot. The healthy diversion of a residence in a great city is familiar to you all. The large cities for health resorts where mental diversion is the chief requirement will yet attract attention more and more.

II. Deep respiration is a most essential requirement of any health resort. The citizen finds that the rarer air of the country forces its way into all the air cells of his lungs. Those who visit the mountains complain that they cannot get air enough. The air is so rare that they *must* breath deeply. The same affect is produced on the ocean, for the reason that there is so much ozone in the atmosphere. The same is true of prairie air. A visit to pine forests or where luxuriant vegetation absorbs the carbonic acid has the same effects. The good effect of a trip to the south, especially in winter with the agreeable diversion from snow to green foliage, is well known. The cool crisp air of winter although loaded with ozone and so invigorating to those robust and able to "drink it in," yet to the feeble it seems to produce a spasm of the bronchi that interferes with respiration. Diseased and sensitive lungs intuitively keep to the house or hie away to a milder climate. But this should not be too warm nor supersaturated with moisture or deep healthy respiration will be impossible. The effect of deep respiration upon the heart and circulation should not be overlooked. If the heart is overtaxed, an unfavorable reaction is sure to follow.

III. Good digestion must be obtained at any good health resort. Where a person eats well and sleeps well health, vigor come with rapid pace. Passive exercise, like riding in a car in almost any direction will awaken the appetite of almost any one. A trip to the mountains usually makes one "hungry as a bear." A sea voyage stimulates an appetite for sea biscuit of ten penny nail consistence. While a ride over the prairies gives an appetite "like a mowing machine," as a facetious friend expressed it.

With the mind diverted, the whole system stimulated by deep respiration, the tissues are cleaned out rapid, oxydation takes place and ample digestion cares for the body, giving renewed vigor and health. It is astonishing the amount of food that can be encompassed at rail road eating houses with only "twenty minutes for refreshments," and digested too when one is being con-

stantly exercised in a Pullman palace car. Assimilation is greatly increased under those circumstances.

There are other elements that enter into the reacquirements of a health resort. One of them is good water. Water like air is a form of food. Water aids digestion, assimilation and excretion.

Latitude as well as altitude has a direct bearing on the value of a health resort.

The inhabitants at or about a health resort must be taken into account. Disagreeable or dangerous people can mar and destroy a health resort. Some portions of the south west, while excellent locations for sick are not yet available for these reasons.

Good food must be secured at any good health resort. Substantial palatable food must be obtained.

Whether Dakota answers the requirements of a health resort can be gleaned from its characteristics.

It is a vast plateau reached from Chicago after passing through hill and dale, over rivers and along picturesque lakes. As far as the eye can reach for miles and miles green waving grass is seen below and a clear blue sky above. The effect upon the mind is most soothing. Dakota is so situated that there are constant breezes coming up the rivers and over the broad expanse of prairie. These increase with the evaporating heavy dews and wax and wane with the sun, as in California. The lakes and moisture are on the high ground so that the air is not so dry as in Colorado, therefore there is a large amount of ozone always present. The river and surface water is a mild alkaline water. The chief ingredient is Magnesia. The soil is loaded with saline ingredients which increase the nitrogenous elements of the food rendering Dakota products very healthful and appetizing. The people of Dakota are intelligent enterprising and remarkably hospitable.

Dakota has a northern location but from the character of the soil, its proximity to the mountains that are warmed by the Pacific warm stream, its remoteness from the lakes, all render it warmer in winter, than Rock Prairie, Wisconsin. For the same climatic reason its warm weather in spring is earlier and in autumn later.

These are features that in the opinion of many medical men will yet make Dakota a famous health resort.

The class of cases that will be especially benefitted will readily occur to you.

For consumptives and those suffering with diseases of the lungs in general it will yet rival Colorado or California, especially for the first stage of lung troubles. The tax upon the circulation will not be so great as in higher altitudes. Advanced cases had better go south, especially in winter.

The absence of low marshes and malaria makes it desirable for those troubled with bilious disorders.

For diseases of the kidneys and bladder, the water of Dakota is especially valuable, rivaling that of any noted waters.

For dyspeptics especially, the climate, water, and cereal products of Dakota will yet have a great reputation.

For agreeable mental diversion there is no better safer resort. City business men should take a few week's vacation in Dakota. The mental diversion and physical energy recovered would amply repay them. Young ladies

in the east suffering from neurasthenia and ennui, would get health by a short residence in Dakota—as well as a husband, perhaps, and a slice of Government land.

BRACHIAL NEURALGIA.

BY J. KAFKA, M. D., GERMANÝ.

[After reading in this journal No. 1. of July 7, 1883, under the head of Consultation Department, "Pains and Gestation" by F. G. Boutin, I concluded to translate "Brachial neuralgia" by Dr. J. Kafka, from the German.]
AUG. KOESTER.

Brachial neuralgia consists of severe pain along the sensitive nerves of the plexus brachialis, or ulnaris, or radialis, recurring in paroxysms at regular or irregular intervals, without the perceptible morbid alteration of the above named nerves.

The observed causes of brachial neuralgia, may be injuries received in the nerves by pointed or sharp bodies, compression of the nerves from gun shot wounds, exostosis or neuritis, swelling of the lymphatic glands, callous formation of the clavicle, or of broken ribs, aneurism of the arcus aorta, on account of the morbid condition of the vertebrae, etc. Affections of the subcutaneous or musculocutaneous nerve branches, on account of skin diseases, as herpes, (zoster,) pemphigus, urticaria, etc.

The undiscovered cause of brachial neuralgia may be cold, and over exertion of the brachial muscles. The pains are generally of a sharp, tearing or perforating character, and are seated in the shoulder or on the side of the scapula, coursing from their origin along the upper arm and elbow-joints, effecting the fingers in which a sensation of tickling, crawling of insect, or numbness takes place.

This neuralgia is often complicated with painful affections of other nerve tracks, as asthma, nervosum intercostal or occipital neuralgia and ischias, reaching sometimes an unbearable degree of pain and frequently occurring in nightly or typical paroxysm; if the causes can not be removed, they will sometimes end in spasmodic contraction of the finger joints. After the cold, and during the discontinuence of zoster, pemphigus, urticaria, etc., this form of neuralgia will completely disappear. In continued cases, and where the causes can not be removed, unbearable suffering, and in long standing cases atrophy and paralysis of the affected organs may be the result.

The prognosis is only favorable in the rheumatic or in those cases which are caused by skin eruptions, or where the causes can be removed.

Treatment.—Where the cause of brachial neuralgia is the result of cold, give Acon., Arn., Rhus or Staph. (3) in one-half or one hourly doses during an attack, especially where the pains are in the shoulder and where the fingers experience a sensation of tickling or of the crawling of insects. When numbness of the fingers is predominating, Merc. sol. 3 or Rhododend-3, may be given. Nightly attacks, which appear with such violence as to drive the patient out of bed, but eased by walking around the room, also

typical attacks require Ars. 3, in hourly doses. When the attacks are brought on by warmth of the bed, with turgid face, continued perspiration, rheumatic pains in the neck, and other parts of the body, Merc. sol. 3 should be given.

Brachial neuralgia from over exertion of the brachial muscles is only met with in hard working people. A leader of music in a theatre, who used his baton very energetically several hours per day, was seized with neuralgia, he came under our treatment, and we effected a cure with Arn. 3 internally and externally.

Typical brachial neuralgia complicated with asthma nervosum, was successfully treated with Ars. 3, three times per day, after the ineffectual use of China, and where Rhus tox. and Verat. only gave temporary relief.

Pointed, sharp, or blunt bodies, which have made their way through the epidermis must be removed. If the neuralgia is caused from pressure of callous formation, baths such as Teplitz, Baden near Vienna, etc., are very beneficial.

Swelling and hypertrophy of the submaxillary glands require the methodical application of Rhus 3, Phos. 3, 6, or Sulphur 6. In very obstinate cases Kali hydr. 1, is of service.

Brachial neuralgia arising from syphilitic exostosis remains latent as long as the true cause is not discovered. It is therefore of great benefit to make a thorough examination of the parts involved; such cases require an anti-syphilitic treatment. In not syphilitic (scrofulous or tuberculous) exostosis a methodical treatment of Phos. or Natrum mur, 6, may be of great service.

We had several times the opportunity to treat brachial neuralgia during herpes zoster, and obtained with Graph. 6, quick and excellent results, where Ars. and Rhus were ineffectual.

In very obstinate and prolonged cases, where the causes remain clouded, good results might be obtained from Sepia 6.

Anæmic persons are more susceptible to Ars. or Puls. or Ferr. limat. 1. In obstinate cases we send them to baths containing Iron.

A LIVELY SKIRMISH.

A Birmingham, Ala., paper brings us tidings of a lively set-to, as will be seen by the following reports. "What is sauce for the goose is sauce for the gander."

ACTION IN REGARD TO THE PRACTICE OF IRREGULARS.

BIRMINGHAM, ALA., Aug. 15, 1883.

At a called meeting of the Jefferson County Medical Society, the following preamble and resolutions were adopted:

WHEREAS, the Jefferson County Medical Society has, by formal resolutions adopted on the 6th day of December, 1881, condemned the system of contract practice in this county as not being in accordance with the code of ethics of the American Medical Association, nor with the amendments thereto adopted by the Medical Association of the State of Alabama, and

also declared in said resolutions its determination to exterminate all such contract practice in this county :

And, whereas, since the adoption of and passage of these resolutions, there have arisen questions upon which members of this society have differed in their constructions of the resolutions, both as to what character of contracts are allowable, also as to the proper course to be pursued by regular practitioners who were called upon to visit patients who, are, or have been under the care of any irregular. Therefore, be it

Resolved, First, that the condemnation of the Jefferson County Medical Society does not extend or apply to a certain kind of practice or service, sometimes required in connection with medical staffs of the army and navy, nor the hospital tax, nor to a class of public charitable institutions such as county alms houses, orphan asylums, city or country pest-house, jail or hospital, as specified in the report of the judicial council of the American Medical Association made at its annual session held in Detroit in 1874, but does apply to every other contract for medical services not therein specified.

Second, That every member of the Jefferson County Medical Society shall hereafter refuse all professional fellow-ship, or recognition to all physicians who shall directly, or indirectly, extend any sort of professional service, or advice to patients under the care of Homœopathic, or irregular practitioners. No such service, or advice being allowable until the Homœopathic or irregular practitioners has been formally and permanently discharged from all further attendance upon the case either as physicians, nurse or in any other capacity ; and all physicians under the ban of this society are considered and shall be treated in every way as irregular practitioners.

Attest :

HENRY N. ROSSER, President.

ALBERT G. DOUGLASS, Sect'y.

ACTION IN REGARD TO THE PRACTICE OF REGULARS.

At a regular meeting of the Jefferson County Homœopathic Medical Society the following preamble and resolutions were adopted :

WHEREAS, The Jefferson County Medical Society (of Regulars) at a called meeting, dated August 15, 1883, adopted a resolution placing all practitioners of Homœopathy under the ban of that society, also all Regulars who shall show any courtesy to said Homœopaths in reference to any case in which such Homœopaths shall officiate, "whether as nurse, physician, or in any other capacity," and,

WHEREAS, Such other "capacity" must include his officiating in such case as minister, cook, chambermaid or privy-council, and,

WHEREAS, The members of this society and their patients are satisfied with their present mode of treatment and are entirely independent of the ministrations of said Jefferson County Medical Society members, as doctors, ministers, nurses, cooks, chambermaids, etc., courting as it were, only the good will and social intercourse of certain of its members, and,

WHEREAS, Certain members of said Jefferson County Medical Society, have been known to contract with the city of Birmingham as city physician, small-pox physician etc. Therefore be it

Resolved, First, that the condemnation of this society shall apply as

well to physicians doing contract practice for said city as to those practicing similarly with mines, mills, furnaces or any other wealthy corporations.

Second, That every member of the Jefferson County Homœopathic Medical society shall hereafter refuse all professional fellowship or recognition to all physicians who shall directly or indirectly extend any sort of professional service or advice to patients under the care of regular practitioners, no such service or advice being allowable until the Allopathic or regular practitioners has been formally and permanently discharged from all further attendance upon the case, either as physician, nurse, or in any other capacity; and all physicians under the ban of this society shall be treated and considered as regular practitioners, and upon frequent repetition of said offense, shall be prosecuted to the fullest extent of the law.

Attest; A. L. MONROE, PRESIDENT.

August 16, 1883.

A. E. Meadow, Secretary.

NOTES FROM THE FIELD OF PRACTICE.

BATAVIA, Iowa, August 20, 1883.—Weather hot and damp. Diseases, fevers of bilious type, bowel complaints. Some sporadic cases of phrenic troubles, remedies, China 3, 30. Chin. ars. 30, cc. Acon. 3, Nux 30, Bell. cc. I was engaged to attend a lady in accouchment, recently, but unfortunately being unable to attend, the husband employed a young sprig of an Allopath, who refused to apply the bandage (?) on the lady's request after delivery. Some six weeks since the husband returns to me (he employs Homœopathy when he can get it) to arrest the *almost continuous fluv.* and I find a complete prolapsus; the uterus lying in and projecting from the vulva. She threatens legal proceedings against the doctor. I believe the *regular scientific* school prescribe the bandage: vide, Ramsbotham, Cazeaux, Bedford, Simpson, Tanner. How then can the gentleman depart from this advice, and belong to the *scientific school*. This same *medicine* man was called by a lady suffering with facial erysipelas, who was a patron of Homeopathy, but her doctor being absent called Dr. S, and he replied that he "Did'nt go where Homœopaths went," whereupon she came to my office and was cured. This medicine man tells the people that "Homœopaths have no right of judgment in the selection of remedial agents, they must give such remedies as are mentioned in the books, and by rotation." Poor fellow, he is not to blame. "Unto the weak give milk, but unto the strong give meat," and "he that wrestles with pitch, getteth defiled."

I observe the *regulars* trying to secure the small country towns, being driven from their former strong hold in county seats, of course they drift around where they may, finding pasture for a brief period in the villages and hamlets, but soon an *irregular* comes along, and lo, Othello's occupation vanishes as the fog of a morning.

The people of Michigan have set a worthy example, in placing the insane hospital under exclusive control of Homœopathic regime, and the state having probably the largest *Regular* camp in the United States. O. J. LYON.

News of the Week.

Locations.—At Westport, D. T. Write, A. J. Cole. Estelma, D. T. Write, P. Master, Geo. Lahr.

Amenorrhœa and Suppression of the menses is usually greatly helped by the use of two one grain pills of permanganate potash.

Fractured clavicle.—Dr. O'Connor uses a plaster paris splint in cases of fractured clavicle, especially when the fracture occurs in the outer half.

Fissure Ani.—Dr. Reed's formula is: Iodof. pulv. ʒss.; Balsam Peruv. ʒij; Cosmolini ʒj. Apply three times a day, having first cleansed the parts.—*Phil. Med. News.*

Prolapsus ani.—Where with this troublesome affection we have obstinate hæmorrhages—the use of Hazeline (may be obtained through Duncan Bros. ;) is usually very successful.

Clifford Mitchell, M. D.—His address is 296 Erie Street, Chicago, and he informs us that he will hold himself responsible for no orders or letters unless addressed with full name.

Bromide of Ethyl in Labor.—M. Lebert has been using Bromide of Ethyl in confinements with grand success. It diminishes and finally suppresses all pain and has no hurtful effect on either mother or child.

Warts.—Professor Unna recommends for warts of all kinds, venereal and ordinary, the continuous application of Unguentum hydrargyri containing 5 per cent. of Arsenic. [When that fails as it will then try Thuja.—ED.]

Verbascum thap. or the Mulleim plant is highly spoken of by Dr. Quinlan in phthisis. In early cases it is curative, and in advanced cases it is palliative. It relieves the cough, dyspnoea and diarrhœa of such cases, if given in the form of the milk decoction.

Boils.—Dr. Garrignes has a paste that would have secured him the family practice of Mr. Job. It is: Powdered Boric acid ʒj; Vaseline ʒv; Benzoin pwd. gr. viiss; M. The Boric acid should be mixed as it is with the Vaseline and not first dissolved in Alcohol. [If that fails, cure with Arnica or Hepar.—ED.]

Urethral Stricture.—Mr. Savoy, in the *Lancet*, of March 3, 1883, enters strenuous objections to the continual use of bougies in strictures of the urethra. Where this condition is due to a temporary spasm, or to a thickening of the membranes from inflammation or congestion, he considers the bougie of more harm than good.

The Chicago Homœopathic College.—The opening exercises of the eighth autumn and winter session of the Chicago Homœopathic Medical College will be held in the lecture theatre of the college on Wednesday, September 26th, at 8 P. M. Professor W. F. Knoll, will deliver the introductory address. A reception and supper to the students and friends of the college will be held at the close of the exercises. The coming session promises to be the most successful in the history of the institution. *See advertisement.*

Talipes.—Dr. James Whitson recommends the use of paraffin in talipes. The patient is anesthetized, the parts brought as nearly to their proper shape as possible, and the foot then wrapped with coarse wadding soaked in paraffin. The foot should be kept in the desired position until the paraffin hardens, which may be hastened by cold water. This process can be repeated until the parts assume their natural position. The younger the patient, the more easily and readily will the parts yield without tenotomy.

Isaac Fellows, M. D., of Los Angeles, Cal., made us a very pleasant call while on a visit east for rest. Los Angeles, it seems, has the reputation of being one of the healthiest of places for its size 20,000 (according to the census of 1880), consequently there is a great influx of invalids. Dr. F. has two assistants and is kept constantly busy. He says that consumptives from malarial sections improve most. The local cases that develop are chiefly laryngeal, therefore this class of consumptives should not go there. They have some cases of hay fever, but for these and asthmatics that do not improve there a trip to a higher altitude 800 to 1500 feet often works wonders. Has good effects from *Verat. vir.*, 1x in asthmatics. Uses this remedy more than Aconite for coast fevers. For constipation he has good success with *Cascara sargada* 1x, ten drops after each meal. They have a great deal of nervous troubles, and *Piper methysticum* 1x acts nicely as a nerve tonic; dose three or four times a day. He reports over a dozen physicians in Los Angeles, and most coast cities are equally full. They expect to have a college at San Francisco, and that ultimately the state will be divided.

Central Ohio Homœopathic Medical Society.—The next regular semi-annual meeting of the Central Ohio Homœopathic Medical Society, will be held in the City of Columbus, on Thursday, September 6th, 1883. The society will convene at 10 A. M., in the basement of the Universalist Church, on Third Street just south of Town Street. The work of the society has been so arranged as to make the evening session unusually interesting, and it is hoped that all will come prepared to remain during the whole day. The first hours of the morning will be devoted to the business of the society, after which will follow presentation and discussion of papers. Dr. W. H. Pulford, of Ashley, will read a paper on "*Rectal Ulcers*," to be followed by Dr. Rosenberger, of Covington, with a paper on "*Treatment of Rectal Ulcers*." The Bureau of Clinical Medicine will be represented by Dr. M. P. Hunt, of Delaware; Dr. Grant, of Springfield; Dr. Fahnestock, of Piqua; and Dr. C. Hoyt, of Chillicothe; each of whom will present a paper of interest on some topic connected with our clinical work. Dr. F. H. Schell, of Cincinnati, has promised to be present at the meetings of the Society, and will occupy the hour of the evening session with a lecture on the ophthalmoscope, and give some clinical instruction in regard to its use. It is expected to have some cases of eye disease present, so that the doctor can more fully demonstrate the use of the instrument in question. Volunteer papers on any subject will be gladly received. Excursion rates can be procured on all railroads leading into Columbus, as the State Fair is to be held the first week in September. Let every one make an unusual exertion to be present. The life and interest of the society will thus be promoted, and good be obtained for each one. Remember the day, September 6th. W. B. CARPENTER, Sec.

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Materia Medica Department.

A LECTURE-STUDY OF *RANUNCULUS BULBOSUS*.

SPECIAL FEATURES AND CLINICAL VALUE.

It is on the nervous and muscular systems, and on the skin, that the action of *Ranunculus* is chiefly expended. It is in some forms of headache, in rheumatism of the chest walls, and in some shingle-like eruptions, that its curative power will be found to be chiefly available.

A COLD-WATER FEELING.

The febrile condition it excites is by no means considerable. Such as it is, it finds expression in chilliness, and this, in two or three instances, is noticed as being most perceptible on the chest. Thus we find in the pathogenesis such symptoms as "usual chilliness in the outer parts of the chest, when walking in the open air, in spite of being clad more warmly than usual." The sense of heat which follows is but imperfectly developed. It is described as "Heat in the face in the evening, especially on the right side, with cold hands, quick pulse, and eructations;" "Heat in the face in the evening and redness, with internal chilliness." These symptoms resemble that kind of sympathetic fever met with in cases presenting rheumatic pains in the chest and extremities similar to those *Ranunculus* excites. But they may at times be useful in some of those anomalous cases met with now and again, the symptoms of which are more or less inexplicable from a pathological standpoint—cases in which the value of Homœopathy stands pre-eminent, cases in which we can have no possible guide to prescribing but the symptoms as detailed by the patient. Of such the following recorded by Dr. Burnett (*British Journal of Homœopathy*, vol. xxxiii., p. 730) is a striking example. The patient was a woman thirty years of age, a teacher in a school. Two years and a half previously to Dr. Burnett's seeing her she had a fall, from the effects of which she was for some time under medical care. Ever since the accident she had had the following peculiar sensation: Whenever she goes out of doors she experiences a sensation as if she had wet cloths applied to three different parts of the anterior wall of the thorax—viz., in both infraclavicular fossæ, and just under the left breast. She has had this feeling nowhere else, and only when she goes out of doors. Indoors she never feels it, but she cannot go out without getting it at once. She calls it her *cold-water feeling*. It is constant as long as she is out of doors, and disappears immediately on going into the house. Walking about in the house never brings it on. She says it makes her life a perfect misery, and prevents her even from conversing with any one who may happen to be out with her. "On studying the *Materia Medica*," writes Dr. Burnett, "I find in the proving of *Ranunculus bulbosus* that many symptoms occur in the

open air' and 'when walking in the open air;' and the last symptom under chest reads 'Unusual chilliness of the outer parts of the chest when walking in the open air.' I therefore concluded that *Ranunculus bulbosus* was a simile of her case." A week later she reported that two days after beginning to take the medicine the cold-water feeling under the clavicles and left breast ceased entirely; and calling again three weeks afterwards, she stated that this painful and troublesome sensation had not reappeared, and that her general health was much improved.

This case is instructive, not only as indicating an application of the medicine we are considering, but as showing you how you may find a medicine to cure a condition to which no pathological hypothesis would suggest a remedy—by "studying the *Materia Medica*." Suppose you begin by relegating such a case to the categories of hysteria, spinal irritation, or hyperæsthesia of the intercostal nerves—which would have suggested *Ranunculus*? Neither. This patient found relief by simply having her symptoms compared with those produced by drugs, and that found which produced such as were most *like* those from which she suffered. A pathological basis of therapeutics in such a case is useless—"symptom covering," however mechanical, most effective.

To proceed with our medicine. During the experiments that were made by Franz and others, a good deal of irritation of temper, fretfulness, with incapacity for thought or sustained attention, were noticed.

THE HEADACHE NEURALGIC.

The headache produced by *Ranunculus* is characterised by vertigo and a sense of distention in the head. Pain is especially felt over the right eye; it is aggravated by lying down, relieved by walking and standing, and attended with heat in the face and cold hands. A good deal of pressive pain is felt in the forehead, and also in the temples and vertex.

While these and other symptoms would seem at first sight to indicate a headache of a congestive type, when considered in connection with such as occur in other parts of the body, it is probable that it is rather one of a rheumatic character that *Ranunculus* will benefit. And yet again, when we reflect upon its action on the skin, its well-marked power to produce a shingly eruption, and then think of the supraorbital pain it excites, the type of headache may be regarded as neuralgic. Drs Allen and Norton ("Ophthalmic Therapeutics," p. 112) state that they found it indicated and brilliantly successful in one case of supra-orbital herpes-zoster, with bluish-black vesicles, high fever, and pain. Dr. Markwick also (*Monthly Homœopathic Review*, vol. xv., p. 64) states that he has found it very beneficial both for the eruption and accompanying intercostal neuralgia of shingles.

THE NIGHT BLINDNESS.

The eyelids become somewhat swollen and red, while there is a sensation of burning soreness in the right lower eyelid and in the outer canthus. The eyeballs ache, and are the seat of violent pressive pains. This is remarked by several provers.

The only recorded clinical utilisation of this part of the proving that I am aware of consists of two cases of hemeratopia quoted from Billig by Allen

and Norton. One patient was a woman, thirty years of age, who became night-blind during her seventh month of pregnancy. There were heat, biting, and pressure in her eyes; the lids and conjunctiva were slightly red, with lachrymation, and a little pus in the angles of the eyes: a dull appearance of the eyes, with dilated pupils. She was quite cured by *Ranunc. 1.* A second occurred in the son of this woman, four years of age, who became suddenly night-blind. Only slight dilatation of the pupil was present in this case. Here, too, *Ranunculus* relieved. I should suppose that in these cases Billig was directed to the *Ranunculus* by the pressive pain in the eyeball which marked the first case. There is no indication in the proving that vision is disturbed, beyond one which notes a "mist before the eyes coming on immediately."

ITS CATARRHAL EFFECTS.

A certain amount of nasal catarrh, followed by soreness and dryness of the nose, also results from *Ranunculus*, but rather from direct irritation of the vapour of the juice than from any constitutional action of the drug.

The salivary glands are irritated, giving rise to an accumulation of saliva in the mouth and of tenacious mucus about the throat. There is also a bitter pungent taste in the mouth, and a rough burning sensation about the throat. Thirst is increased, eructations and hiccough are frequent, and there is a good deal of nausea, especially in the evening, associated with pressure on the sternum and laboured breathing; pressure and soreness at the pit of the stomach when touched; and, in one instance where four persons had eaten the root of the *Ranunculus* boiled in chicken broth, there was violent burning in the region of the cardiac orifice of the stomach.

These and many similar symptoms indicate a catarrhal-like condition which may be utilised in some cases, but the number of drugs producing a like state, and in a much more definite manner, is so considerable that *Ranunculus* has rarely, if ever, been used in either general or gastric catarrh.

Colic-like pains, and pinching around the umbilicus, and indeed over the entire abdomen, are frequently noted. They are attended by similar burning and sore pains in the same parts, and a good deal of flatulence.

In the region of the liver we find a bruised pain recorded, with stitching and pressure arresting the breathing, and pain in the right shoulder. Pinching and stitch-like pains are felt also in the hypogastrium, and a pain is described as proceeding from the spinous process of the right ilium to the flank. The stools are delayed and dry and hard.

These pains are, I think, of the myalgic order. They are in all respects similar to those met with in the muscles of the chest, and point to *Ranunculus* as a remedy in rheumatism of the abdominal walls, and to colic occurring in rheumatic subjects, rather than to such as arises from indigestion or similar causes.

MYALGIA, PLEURODYNIA, ETC., FROM SPINAL CONGESTION.

It is in the chest that the most marked phenomena of the action of *Ranunculus* are observed. There is, it may be noticed, very little cough produced by it, but nevertheless great oppression of breathing. The follow-

ing symptoms have been repeatedly noticed, and may be regarded as characteristic of the action of the drug:—"Oppression of the chest when walking or going up hill." "In the evening, when walking or standing in the open air, or in a room, he experiences a pressure and tightness across lower part of the chest, with fine stitches which seem to be felt in the outer parts of the chest first, but then extended deeply into the chest, now in the right, now in the left side, increased by moving, stooping, or taking a deep inspiration." "Pains in the chest, stitches in the right side, and pressure in the middle of the chest, continuing uninterruptedly almost all day, with painful inspiration." "Constant pain in the chest the whole afternoon, mostly in the left side, and partly as if in the pectoralis major, where a rheumatic pain is felt when turning the body, as if there were subcutaneous ulceration; at first, the pain is felt externally, afterwards it seems to recede to the internal and posterior surface of the sternum and the pit of the stomach; the pain frequently disappears, and gives place to an aching, as of subcutaneous ulceration below the liver, in the right lumbar region; the pain is frequently preceded by a bitter pungent taste in the mouth, and a necessity to hawk." "The pain extends from the left to the right side of the chest, the sticking pain being felt in both sides of the chest at the same time, though he is able to take a deep breath while bending forward in the forenoon." "Pain in the chest as soon as he wakes in the morning, as if the parts were bruised, and stitches in the left side above the nipple in a space the size of the hand; worse during contact and motion, every day for eight days past." "Violent sticking in the right side of the chest in the region between the fifth and seventh ribs, arresting the breathing, with stitches and pressure on the top of the right shoulder while walking." "Painful soreness of the short ribs of the left side, especially when moving the trunk, for several days." "In the forenoon, when walking or standing, he feels a pain as if bruised, or as of subcutaneous ulceration in the region of the left lowest true rib, accompanied with mild stitches." "Pain in the region of the pectoralis major, near the axilla worse during every motion."

In the nape of the neck an aching, rheumatic-like pain is felt. The back feels bruised and weak; aching and sticking pains are observed between the scapulæ, and also in the lumbar region. On these symptoms one or two remarks will perhaps facilitate your recollection of them.

1. As I have already noticed, they are not associated with cough. 2. With all there is a marked impediment to breathing. 3. They are all aggravated by moving. 4. The kinds of pain are pressive, bruised-like, sore, aching, or sticking. 5. They are noticed on both sides of the chest. 6. The pectoralis major is the muscle which is most frequently noticed as the seat of pain, especially of the sticking pains.

They resemble, therefore, the rheumatic, myalgic, and neuralgic pains in the chest occasionally met with in practice, and in their treatment few medicines have been more successfully used.

The following case reported by Dr. Dudgeon in *British Journal of Homœopathy*, vol. xxiv., p. 160, is an excellent illustration of the pleurodynia in which *Ranunculus* is indicated:—"A lady, æt. 27, had been confined three

weeks when she went out for a drive. The day was cold, and during the drive an accident occurred to the carriage which frightened her considerably. In the evening she had a slight rigor, and complained of pain in the left side about the sixth and seventh ribs. The pain increased during the night and on the following day. I saw her in the evening of the second day. She was sitting rather bent forward in bed, and leaning towards the left side. The slightest motion caused her intense pain, like a knife thrust into her side and through to her back. The pulse 120, small, no heat of skin. She had been taken Bryonia. I carefully examined her chest but could detect no signs of pleurisy. The intense dread of any movement, which caused a renewal of the sharp stabbing pain, the relief felt by a position that relaxed the intercostal muscles of the affected side, the dread of taking a full breath, and the absence of febrile and auscultatory signs, convinced me I had to do with a case of pleurodynia or rheumatic affection of the intercostal muscles. I prescribed Arnica 1, every two hours. The following day the symptoms were as bad as before: in fact, they had not altered. She had been unable to lie down for a moment all night, and at my visit she was propped up with pillows, so that she leaned forward and to the left side, her head resting on her breast. She could hardly bear me to touch the affected side, and screamed if she had to perform the slightest movement. The pulse was till 120 and weak; she was much exhausted by the want of sleep and the awkward position. She was afraid to breathe at all deeply, as that gave her the same pain in the side. With all these symptoms there was no heat of skin, no auscultatory signs; she could eat pretty well, and nursed her baby as frequently as before her illness. As the symptoms corresponded precisely to those of *Ranunculus bulbosus* on the thoracic region, I prescribed this remedy, four drops of the first dilution in half a tumblerful of water, a teaspoonful every half-hour as long as the pain was violent; if the pain abated, the medicine to be given more rarely.

"At my visit next morning I found my patient lying flat in her bed. She told me she had not taken the first dose of the remedy ten minutes when she felt, as she called it, a wrench in her side, and the pain was gone. She was enabled to lie down, and slept profoundly, which she had not been able to do for a single instant for forty-eight hours previously. Nothing occurred to disturb the rapid recovery of this lady. The pain recurred in a slight degree several times, now on one side, now on the other, during the next three or four days, but each time it yielded immediately to a dose of *Ranunculus*."

Dr. Strong, of Ross, also records an interesting case of pleurodynia in the pectoralis major apparently of traumatic origin in the *Homœopathic Review*, vol. x., p. 753.

In the extremities the rheumatic and myalgia-like pains noticed in the chest-walls are less marked, and more closely resemble a choreic condition of the muscles. Thus, we find "jerking pains in the right arm;" "while writing, he feels sudden jerkings and stitches in the right forearm, and between the thumb and index finger;" "the hands tremble while threading a needle;" "jactitation of some muscular parts of the hands;" "jerking of the left hand, while it is lying quiet."

In the thigh and calf cramp-like pains are noticed. But in the foot, the pains again resemble more closely those of rheumatism. "Violent and constant pain" was noticed "in the tarsal joints in the evening;" "cramp in the dorsum of the foot when walking;" "acute pain in the heels;" "pulsative stitches in the left heel when standing." These and similar symptoms are more or less like such as one see in some cases of rheumatic gout.

SHINGLES, CHILBLAINS, ETC.

Dr. Markwick, in the number of the *Homœopathic Review* from which I quote his reference to the value of *Ranunculus* in shingles, confidentially recommends it as a remedy in chilblains. He mentions a case where an amputated stump was a mass of chilblains, many of them ulcerating. The pain and itching were so intense as to prevent sleep. A lotion of equal parts of the matrix tincture and gin completely cured the condition in a week.

During the experiments which revealed these actions of the drug the provers all complained of great weakness. They felt "tired and broken," as they expressed it, all day. The whole body felt bruised, and they were all more or less drowsy.

On the skin we have but slight indications of its influence when it is taken internally, but from its external application a vesicular eruption was very fully developed.

I think that the subjective phenomena arising from the doses of *Ranunculus* taken into the stomach shadow forth, as it were, the initiatory stage of the condition produced by its external application, one which it is probable might be evoked by more liberal dosage internally.

Thus we find that in the proving there were "coarse itching in the hollow of the hand," "stinging itching in the palm of the right hand," "burning itching of the palm of the left hand," "itching of several parts of the hands, sometimes slight, and passing off soon with redness."

The juice applied to the fingers produces a fully developed series of vesicles, or blisters; on pricking them with a pin, yellowish lymph exuded. After the healing of the blisters and renewal of the skin, small, deep, transparent, dark-blue little elevated blisters of the size of a pin's head formed. They are arranged in groups, and the seat of intolerably burning itching, like nettle rash, which they much resembled. When these vesicles discharge their contents they are covered with a thick, horny scab; these scabs crumbling away, another series of vesicles formed. This process was repeated, in the case which has afforded me the means of illustrating this action of *Ranunculus*, for several weeks.

It is, then, to a form of eczema, where vesiculation is followed by scabbing, and this by a renewal of the vesicles attended with burning and itching, that *Ranunculus* is Homœopathic.

Allen in his *Encyclopædia*, observes, in a note, that Drs. Schweikert and Haubolt have cured herpes of the fingers and palms of the hands by giving *Ranunculus* bulb. internally, and by washing it with a drop of the tincture diluted with water.

Ranunculus has generally been given in the lower dilution. The 2x or 3x are very suitable preparations to employ. —*Dr. Pope in H. W.*

Consultation Department.

REPLIES TO CASES.

ADVICE FOR A BEGINNER.

I am an Allopathic physician of eight years experience and a graduate in medicine; but I believe I will change my practice as Old School remedies have *never* given that satisfaction which my earnest researches have deserved, and besides I have seen enough of Homœopathy to convince me that it is what I want, to make a success in life. I have a fine library and outfit which I shall keep, but I want to begin adding Homœopathic works. I have read Hahnemann's Organon, etc., so that I understand the theory of *similia similibus*. I want *only* recent works. I believe something embracing therapeutics and materia medica. I think Jessen publishes such a one. Wm. H. Burt publishes a pathological materia medica. Would that work be as good a one as you could recommend? I want to begin the practice of Homœopathy as soon as hard study will permit. Of course I am versed in Allopathic literature and I expect that to be of much help to me especially materia medica, obstetrics and surgery. I wish you would give me your best advice as to what I should read. I believe I will get some remedies and apply them as fast as I understand their indications. I would prefer that you write me instead of sending me a catalogue. G. H. R.

[We commend your course. There are many books that you could buy to profit. As you have discovered, we select a remedy for a given case by the symptoms that correspond. The great study is materia medica. Here Cowperthwaite's *Materia Medica* will be just what you want. It gives the physiological action, key notes, characteristics in *italics*, minor symptoms and application. Comparisons are also added. Begin the study of Bry. and Rhus, two remedies very unlike, but both often indicated just now. Learn their special features, then take other remedies like Bell. Hyos., Stram., Hell. and their antidotes, Opium, Nux, etc., and study their peculiarities and differences. Take up next some of the deep acting drugs like Merc., Kali, Calc., Sulph., Sil., Lyc. and compare and master them. Then add others until you have learned the special features of each of the remedies, independent of any disease or case. Study materia medica as you did special pathology. They are parallel studies. But do not attempt to draw comparison or construct similarities between remedies and cases of disease until you get an outline of materia medica alone. After getting the full benefit of Cowperthwaite's *Materia Medica*, then get others so that you may compare the different methods of presenting the same remedy. Burt's work is an elaboration of the physiological study of materia medica. Jessen's is an extended comparison of remedies. Both are too elaborate for the beginner, but make good reference works. The same is true of Hahnemann's and Allen's *Materia medica*,

For stepping stones to Homœopathic practice get Ockford's Hand Book

and Nelson's Clinical Assistant, Ludlam's Diseases of Women, Duncan's Diseases of Children, and Gilchrist's Surgical Therapeutics. These will give you a good start, then you can add others.

There is one point where Homœopathic practice differs widely from Allopathic practice. You have a case of erysipelas for example, you turn to Ockford's work (or Nelson's to see what remedies have cured,) and you meet an array of remedies with a few outline symptoms. From these you are expected to select the Homœopathic or similar remedy. You run over these remedies and you get a few points and may find shades that you never thought of. You should now refer to your *materia medica* and study and compare the remedy there. Now you will discover, what many a one has before you (1,) that you have too many symptoms (2,) that your study of the case for diagnostic purposes is most superficial. Take erysipelas for example, its diagnostic symptoms are few, but for therapeutic purposes we must get the finer shades of symptoms, e. g., one case cannot sleep after midnight, is thirsty for small quantities of water, is prostrated and very uneasy. We find that this is an Arsenicum case. Another is troubled with distressing dreams, is restless, better when moving about, Rhus would be suggested. If there is furious delirium, swollen red face, sudden starting, Bell. would be thought of. If there is scanty urine, puffed face and œdematous conditions then Apis would be a prominent remedy. It is these finer shades of symptoms that decide the choice of remedies, completes the remedy diagnosis. So you will have constant occasion to refer to your *materia medica* and you want a work where the special features of a remedy are magnified.

When you have special cases and can get a monograph on that disease, e. g., typhoid fever, diphtheria, etc., get one by all means. Remember that comparison is *the* great study in Homœopathic practice.

If you can arrange it, a short time in a Homœopathic college, like at the practitioners course, would help you along wonderfully.—ED.]

THAT THRUSH CASE CURED.

I would say of my case of thrush (which appeared in journal June 23d, page 459), I had her wean babe and put her on *Eupatoria arom.* (June 17th) which cured her in ten day's time; used nothing else, but kept her almost entirely on milk diet. My wife and boy are as well as usual and have gone twenty-six miles into the country on a vist and to help celebrate the 4th. Many thanks to the six M. D.'s who *wrote me direct*, and gave me their experience in regard to the case.

C. A. COLBURN.

CASES FOR COUNSEL.

WHAT REMEDY FOR WATERMELONS?

What remedy has desires *watermelon* or melons.

WM. S. GEE.

PRIVATE HOSPITAL FOR NERVOUS DISEASES.

Will you have the kindness to inform me if there is a private Hospital or Asylum where nervous diseases or insanity is treated, and Homœopathically? If so, please inform me where they are located, and if more than one, which would you recommend.

L. I. MCLIN.

THE UNITED STATES MEDICAL INVESTIGATOR.

"HOMŒOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

Communications are invited from all parts of the world. Concise, pointed, *practical* articles are the choice of our readers. Give us of your careful observations, practical experience, extensive reading, and choice thought (the great sources of medical knowledge), on any subject pertaining to medicine.

EQUAL RIGHTS AT LINCOLN.—The Home for the Friendless, for the State of Nebraska, is located at Lincoln. It is more than a home, it is practically a hospital, and is supported mainly through the exertion of committees located in the various towns throughout the state. The hospital feature has grown more prominent under "the direction of the faculty of the *regular* Medical Department of the State University." This was published far and near for the purpose, doubtless, of attracting students, as there was added the item that "in clinical cases, no charge would be made for medical attendance."

This action aroused the attention of the Homœopathic and Eclectic profession in Nebraska, and a delegation from the Homœopathic fraternity waited on the board of directors, and claimed their rights. The directors listened to the proposition from each school to attend the Home free of charge; "asking as a return, equal privileges and opportunities for themselves as practitioners, and for the students of their respective schools to observe disease and medical treatment in said Home for the Friendless, and the hospital connected with it." The board decided to allow each school equal opportunities and privileges. Adults may choose their medical attendants, but for the children delegates from each school, shall attend them a week each in rotation.

We are pleased to chronicle this forward movement. Homœopathy in Nebraska is destined to take a front rank. "Equal rights" should be our watchword every where.

FRITZ'S VIEW OF THE DRIFT.—Our valued contributor sends us another interview with Dr. Fritz.

Dr. U. "Dr. Fritz you know I believe that the medical profession should be united, I am a union man. Have you heard the news from New York?"

Dr. F. "Nein mein Herr!"

Dr. U. "Well you know the excitement there about the code?"

Dr. F. "Nix."

Dr. U. "Oh some of the members of the Old School Society wanted to abolish the code so they could consult with us, but others did not, so there has been a big excitement."

Dr. F. "Vell ef de vant some help in der kases, we help em, dat is all right."

Dr. U. "They prefer we should call on them for help. You know that the consulting physician is always the leading physician."

Dr. F. "Vell I dell you I nix neid em. No big Allopath better as I, no sir."

Dr. U. "Don't get excited, we shall not be compelled to call them in counsel."

Dr. F. "Dey dell so big lies about mine person that I haf noting to do with de whole Allopathic crowd."

Dr. U. "Have you heard that some of our physicians have withdrawn from the Homœopathic Societies so as to be free? They repudiate all distinctive names. They don't want to be called Homœopaths at all."

Dr. F. "Is dat so. Vell dey must pe krazy or dey don't deserve to be kalled von Homœopath. Vait von little vile. De Allopath come over to us so quick dey can."

Book Reviews.

PALLISERS USEFUL DESIGNS AND DETAILS. Bridgeport, Ct. Price \$1 00.

To any one interested in building in any way, this will prove one of the most profitable publications which we have seen. Young men who would make good masons, carpenters, painters, etc., could study this to very good advantage. All the latest designs, novelties, etc., are here presented in the most economical manner.

THE THIRTY-SIXTH ANNUAL ANNOUNCEMENT of Hahnemann Medical College of Philadelphia is before us. In some respects this college is peculiar. 1st. Nearly all the chairs have duplicates. The demonstrators or quiz masters are not students, but practicing physicians. 2d. While the students come from distant points, they are chiefly local. 3rd. The three years graded course seems to be preferred by over half of the students. 4th. The post graduate course is part and parcel of the three year courses. There is an atmosphere of work about this commencement that is commendable. Clinical instruction does not receive quite the emphasis it deserves, especially in the second and third years.

THE REPORT OF THE ILLINOIS PENITENTIARY AT JOLIET for the two years ending September 8, 1882, is received. The interesting part is the report of the physician, Dr. M. B. Campbell, president of the Illinois Homœopathic Medical Association. The total number of convicts during the 1881, 1,402.55. Number treated, 711, deaths twenty-five. During 1882 there were 1,461.52 convicts treated 702, deaths 16. The rate of mortality to total number of convicts was for 1881, 1.78 per cent, for 1882 1.09 per cent. A very remarkable showing,

THE BOSTON UNIVERSITY SCHOOL OF MEDICINE catalogue for the college year is unique. There is the atmosphere of solid work well done about it. The arrangement of terms and studies for each of the three years, required is business like and scholastic. The professors are well known, able, scientific and successful medical men and women.

THE CHICAGO HOMŒOPATHIC MEDICAL COLLEGE announcement for next winter is characterized by some new features. The leading one is the exclusion of women. For years it was taunted with being "the woman's college," and one year the women nearly equalled the men at graduation. Since then the effort has been to make Hahnemann the woman's college in Chicago. They have at last succeeded. Whether this is a good policy is a question. Several important changes have occurred in the faculty. It however facilities for a first class course. The clinics at the County Hospital form a special attraction.

Clinical Medicine.

EXPERIENCE WITH TYPHOID FEVER.

BAPTISIA, HYOSCYAMUS, MURIATIC ACID, AND DIET IN TYPHOID.

I was interested and amused with Dr. Gundlach's use of Baptisia in his case of typhoid. I do not wonder that under the circumstances and after reading what Dr. Hoyt says about the drug that the doctor prescribed it. Yet it failed simply because it was not Homœopathic at that stage of the disease, but more especially to the existing symptoms. I think the doctor expected too much from it and repeated the doses too often, even if it had been the true remedy. Hyoscyamus was an excellent prescription and had it failed the patient would have undoubtedly died, for it is not probable just at that time that any other remedy would have reached the case. And right here I would like to advance a few ideas in regard to typhoid. More especially as the time of year is at hand favorable for its prevalence. As I practiced twenty years in northern Ohio in a locality noted for typhoid fever I thought perhaps a bit of my experience might be worth some consideration. Observe, I am speaking of typhoid or enteric fever not those generalizations called typhoid all over this country, but which are very far from the disease in question. Some of the younger members of the profession may inquire right here how to distinguish between true typhoid and the various typhoid diseases so prevalent in this country. Well, experience is a very much better teacher than the pen, but for the benefit of beginners I will try and add my mite, and possibly my observations may benefit some.

Hering,* in his masterly style, once wrote in regard to the proper selection of the remedy where several remedies had similar symptoms and each and all seemed adapted to the disease in question, that in order to select

*See Panelli on Typhoid Fever, Duncan Bros., publishers.

the right one we must find the one that was *characteristic*. Now the study of characteristics both in regard to remedies and diseases is very important, and to distinguish true typhoid from each and every other typhoid disease, we must recognize the characteristic symptoms of the disease. That this is quite difficult in some cases during its incipency, and especially where bilious symptoms mask the disease. I will admit sometimes eminent physicians have to wait days for their decision. A few years ago in consultation with the late Dr. Wheeler, of Cleveland, he was confident the patient had enteric fever and prescribed accordingly. Not satisfied with his decision, three days after in consultation with another physician from Cleveland it was decided, and without any reference to former decisions, to be malarial fever of the typhoid form, and in thirty-six hours after the patient died with a congestive chill. I notice that Dr. G. speaks of vomiting. I have never met that symptom in typhoid fever, no matter how marked the bilious symptoms. Therefore, this symptom has been used to advantage as diagnostic. In cases where typhoid was strongly suspected, but the characteristic symptoms had not yet developed and the case was not yet quite made out, an attack of nosebleed would, with almost a certainty, settle the question in favor of typhoid. At one time I had partly come to the conclusion that epistaxis was characteristic, but it is by no means so. In a majority of cases it is wanting, but when present in a case where other symptoms strongly point to typhoid it supplies the additional evidence almost to a certainty. I regard its occurrence as favorable, it has been with me a sure guarantee against hæmorrhage from the bowels. Deafness is another diagnostic, is not characteristic, and is not an unfavorable symptom. But now we come to what is characteristic of typhoid, viz.: the lesion of the mucous membranes. The objective symptoms of which are: tendency to diarrhœa, bowels tympanitic, rumbling, with often a sense of fullness, usually some tenderness over hypogastric region, hæmorrhage of bowels, stoppage and dryness of nostrils, desire to pick at nose, sometimes bringing on nosebleed, dryness of mouth and throat, sordes on teeth, often darting pains through stomach and bowels. Of course this condition of the mucous membranes may be and probably is consequent upon the septic condition of the blood present in these cases, but in other diseases the septic condition of the blood or system produces no such results. I do not speak of those conditions of the small intestines observed by post mortem, only symptoms useful as diagnostic during the course of the disease, neither do I enter into a minute description of the disease, for such can be found in many able works by competent authors. I only wish to impress upon the minds of beginners this fact, viz.: that without the characteristic lesion of the mucous membranes you have no typhoid fever, no matter what the other symptoms are. I am well aware that in some very mild cases these symptoms are so indistinctly developed that it is very difficult to decide with a certainty, but such cases are rare, and as they all recover, the question of diagnosis is not of vital importance.

As before remarked the Hyos., was the proper remedy at that time and under the circumstances, but if the doctor will examine carefully (and probably he has) the symptoms of Hyos., and Muriatic acid he will note a marked similarity, and while the acid at that time would probably not have

answered as well, yet had the acid been given from the first the Hyos., would not probably have been needed. At least so my experience teaches. The symptoms of Muriatic acid give a good picture of the characteristic symptoms of typhoid, probably as good as any remedy we have in the materia medica. Especially of the mucous membranes, perhaps not quite so good of the brain and nervous system as Hyos. The action of the acid may not always be prompt and decided, but administered three or four times per day from the onset of the fever until about the turning point it has proved in my experience to be the most potent remedy by all odds I ever employed. It seems to keep under control all the symptoms so much dreaded in this disease. I have never had a case of hæmorrhage of the bowels when it was used, and I believe it very materially controls the nervous symptoms, delirium, etc., that the diarrhœa is very much less troublesome, etc., when it exists.

Of the six cases lost during twenty years' practice in Ohio, one was before I knew how to treat the disease. Three were given up to die by Old School physicians before I saw them. One was a confirmed asthmatic and in a precarious condition when attacked. The sixth was apparently doing well, critical period passed, in fact patient was convalescent, when suddenly, and with no cause which I could detect, was taken worse and died in five or six days. I have always suspected meddling by outsiders, thinking to hasten the recovery. This last case was also the only one I ever lost or heard of dying without diarrhœa. Others may have had a different experience.

I give Mur. acid third decimal dilution several times per day. Other remedies are used as indicated of course. Baptisia I have never used except during the first few days, when it does excellent service. Do not understand me that I recommend dogmatically the use of Mur. acid in every case of typhoid, I do not, but I do believe that in a vast majority of cases it will give satisfaction.

As to the diet in typhoid I presume my experience differs from the majority of the profession. But it has always been my motto to let well enough alone. I commenced by urging nothing. If the patient had a mild attack and could relish some light nourishment he got it. If a bad case and no appetite whatever, but on the contrary a loathing of food as is almost always the case no nourishment whatever was given. They never starve. Scores of times, probably hundreds, 15, 20, 25 and as many as 28 days have elapsed with nothing but medicine and water followed by a perfectly satisfactory recovery.

I know milk is emphatically recommended by many able physicians and of our school. In dangerous cases with the tongue semi-paralyzed and as dry as the hot stove, and consequently, or more properly I should say, in harmony with this fact not a drop of gastric juice is secreted, in such cases, it would take a long explanation and argument, to say the least, to convince me that any nourishment could do else but harm. It no doubt is beneficial in some cases, but in the few in which I have seen it employed I have never seen any benefit. Therefore I do not hesitate to say to beginners; do not be afraid your patients will starve. *They will not.*

As to alcoholic stimulants I would say that since the first two or three

years of my practice I have never used them. I consider them in typhoid as always harmful, I can see no possible way in which they can do any good. I do not believe they build up, they tear down and destroy.

Carrollton, Ill.

M. P. HAYWARD.

ETHYL BROMIDE AND ITS USES.

This remedy has been used with marked relief in cases of asthma, following and due to chronic bronchitis. Given by inhalation.

Used as a spray it produces partial insensibility of the skin for small surgical operations. It has been highly recommended of late for obstetrical purposes. *Prac. Med. and Surg.*

CATGUT LIGATURES.

Dr. J. Whitson, Glasgow *Medical Journal*, considers the catgut ligature a great improvement on the old silk one. He believes that it is fully as good in all respects as the silk, and in addition it is capable of absorption by the tissues without injury to the patient. In tying arteries for aneurism, or in the radical cure for hernia, or in lacerated cervix, etc., the ligature can be cut short and left until it is absorbed away. In hæmorrhage from the bone, plugging with catgut is an admirable resort; also in opposition of the periosteum. However, it should he thinks, always be hardened in chromic acid, and unless this is well done the ligature will give way in two or three days.

BORAX, FRIGHT—A VERIFICATION.

BY C. HOYT, M. D., CHILICOTHE, O.

The mother came to me for medicine for her baby, two months old, and gave the following history of the case. The child would waken up very much frightened, and she thought would have spasms if some one were not at hand to take her up at once, and so they were afraid to have the child sleep without some one near to watch her. The rustling of a paper or dress, or the slamming of a door, would cause the child to start and scream and seem badly frightened. When laying her down the child would start and throw up her hands as though afraid of falling, and some nights they could not put her down at all—would have to hold the child all night in their arms. The baby seems pretty well, only that she was so extremely nervous. Appetite pretty good, and bowels regular. The mother had, each time after nursing the child, wet the nipple with Borax and whisky, and neglected to wash it off before the child would again nurse. The nurse had told her to keep the nipple from cracking, and she had followed instructions implicitly ever since the child was born; supposed it was all right; "did not think the Borax would do any harm." In order to keep the baby from getting sore mouth, she had, in addition, frequently given borax and sugar in solution.

I forbade the use of Borax in any way, assuring her it was the entire cause of her child's illness. She followed my directions, and in a few days all nervousness had disappeared and she was perfectly well. I think she obtained a very good proving of Borax, without intending to add anything to the science of therapeutics.—M. A.

NOTES ON SNEEZING AND SPINAL IRRITATION.

The following notes on materia medica, were suggested to me, by answers to H. M. B's case of a bad sneeze; and A. L. Burt's case of spinal irritation. I have added notes of a few remedies with similar characteristics but which were not mentioned in answers to either cases.

SPECIAL THERAPEUTICS OF SNEEZING.

Nux vom..—Coryza, fluent in the morning; fluent during the day and stopping at night, with frequent sneezing. Note especially the symptoms are worse during the day.

Euphrasia..—Violent irritation to sneeze without cold or apparent cause; profuse, bland, fluent coryza, with scalding tears and aversion to light, worse in evening and during night; profuse fluent coryza with sneezing and discharge of mucus; coryza with scalding tears.

Sabadilla..—Itching and tingling in the nose; lachrymation of eyes during exercise in open air; occasional sneezing with contractive headache over eyes; fluent coryza with disfigured countenance and dulness of head; sensitive to cold.

Hepar sulphur..—Catarrh with inflammatory swelling of nose; frequent sneezing; coryza with chills and fever.

Rhus tox..—Frequent, spasmodic violent sneezing; aggravated before a storm or in damp weather.

Dulcamara..—Dry coryza, aggravated in cold air; sneezing, symptoms aggravated in colder or damp weather.

Drosera..—Frequent sneezing with or without fluent coryza.

Dioscorea..—Irritation of nasal passage with much sneezing.

Aconitum..—Coryza with sneezing, fever, thirst and restlessness; violent sneezing with pain in abdomen or in region of left ribs; coryza with headache; humming or roaring in the ears.

Argentum met..—Excessive fluent coryza with sneezing; fluent coryza with constant and profuse secretion of mucus; excessive fluent coryza with frequent sneezing.

Euphobia off..—Frequent sneezing; tingling in the ears, also when sneezing; roaring in the ears at night.

Gelsemium..—Watery discharge from nose; sneezing with headache; coryza, loss of smell; irritation of nasal passage; sneezing, tingling; rushing and roaring in the ears.

SPINAL IRRITATION AND CHARACTERISTIC REMEDIES.

Alumina..—Entire loss of appetite; stool hard and knotty, like sheep dung; cannot pass urine without much straining; pain in left side of abdomen to middle of chest; pain in small of back; nausea with inclination to vomit; menses scanty; wakefulness in evening, but sound sleep towards morning; very useful in irritation of spine.

Gelsemium..—Drooping of eyelids; bowels loose; slow with griping; tenesmus of bladder; pain from spine to shoulder; loss of muscular power of legs; constrictive pain in lower part of chest; distention of stomach with pain and nausea; menses suppressed.

Eupatorium perf..—Aching pain in back; weakness in small of back;

nausea and vomiting of food; darting pain in temple; tenesmus with small discharge of stool; soreness of eyeball; great pain in back and limbs.

Psorinum.—Vertigo with headache; eyes pressing outward; nausea all day with inclination to vomit; obstinate constipation; offensive dark, brown stool; heaviness or soreness of chest; pain in small of back; sleepy by day, sleepless by night; better when lying quiet.

Sulphur.—Pressive headache, especially in temples; stiches in head and eyes; complete loss of appetite; constipation, stools hard as if burnt; retention of urine; pain in back, as if sprained; burning in palms of hands; menses suppressed; restless sleep; symptoms aggravated when standing.

It will be seen by the foregoing characteristic symptoms that Alumina more nearly covers the case of spinal irritation, as given by A. L. Burt; while Nux seems the remedy indicated for H. M. B.'s case of a bad sneeze.

S. C.

News of the Week.

After mis-carriage if the patient "stinks"—fetid lochia, etc.; washing out the vagina with a solution of chlrate of potash is said to relieve.

Gonorrhœa.—Fifteen to twenty drop doses three times a day of *yellow oleum Santali*, is reported to stop the discharge in gonorrhœa in two days, but to effect a permanent cure, continue the drug for two weeks.

Mary J. Stafford, M. D., Professor of Gynæcology Boston School of Medicine writes: The great advantage of Dr. Ludlam's book over other gynæcological works, for our school especially, is its treatment after the order of Homœopathy. I find when my students have familiarized themselves with pathology as laid down in Thomas and Emmet, they are still at sea in regard to remedies. Ludlam's style of instruction is familiar and comprehensive and it is a book that we all need who have to do with gynæcological practice.

Homeopathy in Denver.—At the regular meeting of the Denver Free Dispensary Association, officers for the ensuing year were elected as follows: President, N. G. Burnham; Vice president, W. N. Burr; Secretary, W. L. Brett; Treasurer, J. W. Huffiker. During the past year, (the first) over twelve hundred prescriptions were made. On the 1st of next month the dispensary will be moved into the new City Hall, where commodious quarters have been set aside for its use. The County Hospital is running along smoothly, very satisfactory under the management of Drs. Everett and Freyermuth. W. L. BRETT.

The Calcutta School of Homœopathy.—Shoshee Bhoosun Mookerjee informed the institute that a Homœopathic school was established on the 15th of February, 1883. This school has been established to meet want felt among the medical as well as the general public. Its object is to disseminate the principles and practice of Homœopathic therapeutics. The Homœopathic treatment is now recognized as that of the most advanced and rational mode of therapeutics. For the present, the following courses of lectures will be delivered: Principles and Practice of Medicine," by M. M. Bose, Esq., M. D., L. R. C. P., (Edin), &c., on every Thursday at 4:30 P. M. "Materia Medica and Therapeutics." by P. C. Mojumdar, Esq., L. M. S., on every Monday, at 4:30 P. M. "Principles of General Anatomy and Physiology," by B. L. Bose, Esq., L. M. S., on every Wednesday, at 4:30 P. M. L. Salzer, Esq., M. D., will also lecture once a week.

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Obstetrical Department.

LIQUOR AMNII AND ITS USES.

BY J. C. SANDERS, M. D., CLEVELAND, OHIO.

Read at the Ohio State Medical Society.

The liquor amnii, or the waters, so called, is a viscid, semi-transparent fluid, variously tinted, predominantly a pale straw-color, sometimes a marked yellow, sometimes a dirty brown, and sometimes green, and then called "green waters." Its chemical reaction is acid. Its specific gravity varies with the progression of gestation. At the sixth month its average is 1018; at the ninth month its average is 1009. This marked difference is mainly due to the varying of chloride of sodium at these different dates, this salt existing thus largely in excess at the completed fifth month.

Its Composition.—In composition the liquor amnii is largely and chiefly water, which is made to embody the following constituents: chloride of sodium, phosphate of ammonia, phosphate of lime, traces of albumen late in gestation, traces of urea, tube casts of the tubuli uriniferi and certain oily globules evidently derived from the vernix caseosa.

Its Average Quantity.—The liquor amnii varies in amount at different dates of gestation, having its maximum at the completed fifth month, when the average quantity is nearly two quarts; then it gradually diminishes, till, at full term, it becomes reduced to the average of about one pint. This average quantity at full term is sometimes remarkably departed from; in some cases the amount is so minimum as scarcely to be appreciable by either the mother or the obstetrician, the breaking of the same being unrecognized by either, and the quantity lost from first to last of labor scarcely exceeding the merest moisture; in other cases, this average quantity is largely exceeded, reaching to three and even four pints and more. There is peril in both these extremes: in the first, the peril of a dry birth, so called; in the other, the peril of an enfeebled and doubtful vitality on the part of the child. The relation between this excess above the standard average quantity of the waters and the impaired vitality on the child's part, is most interesting. Whether one is causatively related to the other or not, is a nice question, and is a problem for solution worthy of the profoundest research.

Whether the chemical salts which are embodied in the waters are incorporated simply to furnish a sufficient specific gravity properly and safely to flood the fœtus and its chord, or whether they exert besides a conservative influence upon the fœtus in utero, or whether in those exceptional cases of morbid excess of the waters these salts are in fault, either from excess or deficiency, or whether the proportion of foetal excretions are in special

excess or not, or whether in case of excess it is the result of a diseased state of the foetus and dependent exclusively on conditions into which the state of the waters does not in any way enter,—these are some of the questions in this unsolved problem. “There are more things” yet in obstetrics “than are dreamed of.”

Its Sources.—Some authors advance the idea that it is exclusively or predominantly made up of the excretions of the foetus. This, however, can not be true. It certainly does not explain the presence of the waters anterior to the attainment of foetal growth and development, and utterly fails to explain the unquestioned fact that the waters are the least in quantity at the time of gestation in which the foetus would presumptively be most capable of excretive functions. It must follow, then, that its source cannot be mainly foetal; and, as it could not be derived from any other quarter than the amnion itself, that its source is mainly and essentially the amnion. This membrane is a serous structure, and, like all other serous structures, is secretory in its essential function; and independent of this high and important office, it would seem a useless and unnecessary part of the placental appendages.

Its Uses.—These are limited to the gestative period, and to the time of labor. We will consider them in this order:

1st. In Gestation.—It protects the product of impregnation by fully surrounding and freely floating it, through all its embryonic and formative stages, and through all its foetal growth and development protects it from the injury and shock incident to all the varied and diversified, sudden and intense bodily movements of the mother; also, doubtless, in a large measure from the caprices of intense emotional excitement. It protects the cord from compression between the foetus and the womb-wall, by freely floating it. Its specific gravity enables it to do this, and is a special protection against the possibility of being bruised by jar or shock between the lower part of the foetus in utero and the lower segments of the uterine walls, where it would be especially liable to compression and injury. It protects the uterus itself from injury incident to the reaction upon its interior surface, of the embryonic and foetal movements, whether the direct result of the physical activities of the mother, or dependent upon those movements which are inherent in and originate with the foetus itself.

2d. In Labor.—Its uses in labor are of course limited to the first and second stages. We will consider them in this order:

(A.) In the First Stage: In this stage of labor its uses are much the same as in the gestative state, so far as protection of the child and cord and womb-wall is concerned; but this protection is not chiefly against the violence, jar and shock incident to the mother's or child's general physical movements, but protection specifically against the mechanical violence of the uterine walls incident to their contractile activities upon and around the child through the duration of this stage, however protracted.

I am satisfied that the full range of this function of protection of the foetus and of the cord against the lashings of the uterine fibres in their varied and sometimes furious contractions, is hardly admitted by the busy obstetrician.

Not only is the foetus thus protected, and the cord thus protected, but the general uterine wall is likewise correspondingly defended from the counter pressure by the salient points of the foetus. There is another important factor in this defense to which I desire to give prominence, and this is the defense given to the placental mass as it lies upon the uterine wall, and constitutes a conspicuous eminence thereon, very liable to pressure on account of this prominence or elevation, between the area of womb wall upon which it is implanted and the part of child in apposition to which it lies.

But the conservation of the waters, as it involves the placenta, extends beyond this factor of defense against compression between the womb wall and the child. The waters mechanically give extension to the womb wall upon which the placenta is implanted, and thereby defends in a large measure the placenta from compression which is unavoidably incident to every pain, and saves just so much impairing of its circulation, and corresponding checking of the currents of nutrition to the child. I am convinced that this is an unsuspected source of peril, and contributes largely to the mortality of the still-born.

There is another office performed by the waters, and dependent, doubtless, largely on their specific gravity; and this is the free floating of the cord, by which it is kept high up in utero, and thus kept defended during all the struggles of the womb not only, as all through the gestative state, against compression between the lower section of the child and the lower segment of the womb, but specifically against that "accident," so called, of prolapsed cord, which lays such dangers upon the child in labor.

But not the least important function evidently belonging to the waters in the first stage of labor, is their "bagging," so called—their thrusting down of the membranes, with their enclosed portion of fluid, into and within the arch of the os, incident to every pain, with the retrocession of the same during the interval. This is an office of more significance than I think is conceded by the average practitioner of obstetrics.

Let us consider carefully this office of the waters in their "bagging," so called.

(a.) Their "bagging" unquestionably acts mechanically upon the inner wall of the lower section of the deployed cervix and of the circle of the os, and the force thus exerted is a no inconsiderable one.

(b.) Their bagging serves to fix and centralize upon the inner surface of the circular fibres of the os margin the forces thus exerted by the longitudinal and circular fibres incident to their contractile efforts in the labor process.

(c.) Their bagging diffuses the expenditure of this force, and makes it so equable upon these circular fibres as to defend and protect against contusion, violence and rupture in the act of labor.

I do not believe the os margin or cervix ever suffered laceration, in unaided delivery, where the bagging had been maintained until either dilatation or its equivalent dilatability had been fully attained.

I am satisfied there is rightly chargeable to the profession a vast amount of malpractice growing out of a disregard or unheedfulness of this province of the waters in the first stage of labor.

The temptation to such malpractice is most potent with the busy and sympathetic obstetrician. His patient is greatly suffering and has spent hours and hours with little or no appreciable change, and becomes discouraged, and this discouragement reaches out to and pervades husband and helpers, from her lips, and from the lips of others about her, often rises the importuning prayer, "Can't you do something; why must I suffer so, and so long, all for nothing?" and the obstetrician himself, tired may be, or pressed with impatience at the delay and the challenge of urgent business demands from other quarters of his professional field, at last resolves to yield; breaks the membranes, however incomplete the dilation or dilatibility. In such cases he realizes for himself and his patient at once energized labor force, a hurrying up of the case, acceleration of the dilatation, though at the expense of greatly aggravated suffering and the risk of entailment upon the patient cervical contusion to a greater or less extent, or even rupture—conditions that play an important part in the drama of her wretched lying-in history, and in her subsequent more or less grave and chronic invalidism. Some men build up a local fame on such a ruinous dispatch in their obstetric ministrations.

I desire to protest in this paper against such innovation upon the old and safer practice of our fathers. I desire to protest against such obtrusion of the spirit of this fast age into the parturient chamber, so far as it overleaps or violates nature's simpler and safer, though somewhat tardier process. I protest against this vicious meddlesomeness and haste under the garb of professional ermine which is so rashly exalting art above nature, and has done, and is doing to-day, more to curse women than to bless her. It is time high time, some one should cry 'hold,' and endeavor to inaugurate a check upon his vandalism that is sweeping like a cyclone over the domain of obstetric practice. It has come already to pass that the major part of modern gynæcological surgery is concerned in sewing up lacerated womb necks and torn perineums! It is high time that we stop and study nature more closely and carefully in her minute and delicate conservations and put reins upon the vaulting ambitions of this unthinking art that has now become so vaunting and bold, and do what we can to save women from farther inflictions of its folly.

I desire through this paper to challenge the profession to consider more carefully and study with more minuteness, the province nature has assigned to the waters in labor, that we may so order our professional ministry as to give the parturient woman all their possible advantages, the better to protect and defend her from the 'accidents,' so called, of a contused or lacerated os margin, abraded vagina, a more or less ruptured perineum.

B. In the Second Stage.—The uses observed by the waters in the second stage are very simple in statement, yet not by any means unimportant.

When they brake or are broken in obedience to nature's intent at the completion of the first stage, and makes their escape gradually all through the continuance of the second stage, as also it is clearly nature's purpose they should do they moisten and keep moist the entire cervical, vaginal and vulvular tract, and by this moisture continually renewed from the uterine fount above keep this tract of soft tissues cool, and soft, and lubricated, securing

thereby the greatest possible softness and distensibility and ease and safety of delivery.

As it is evidently nature's intent, all things equal, to maintain the waters unbroken for the entire duration of the first stage, the better to subserve the purposes and processes of this stage, so it is evidently nature's intent that the waters should be broken by the beginning of the second stage the better to secure to this stage the signal advantages embodied in this brief statement.

These interests of nature and to which in the parturient act they kindly conform when undisturbed by any morbid complications, are the suggestion on which have been founded two great rules in the conduct of labor: 1st. The waters are to be maintained unbroken for the entire duration of the first stage of labor. 2d. If not before broken, this is to be done immediately on the close of this stage, or as soon as practicable after the inauguration of the second stage.

These simple and almost axiomatic rules of obstetric art in the conduct of labor I have here made prominent, first, to invite attention to the great advantages which their faithful observance secures to woman, and second to the growing abuses of these rules in modern obstetric practice.

But it must be added that complications may arise and conditions may exist or occur that may render the violation of this rule an obstetric duty.

The complications and conditions which would justify the violations of this rule are comprised in the following summary: 1st. Hæmorrhage; 2nd. Eclampsia; 3rd. Powerlessness; 4th. Great excess of the Liquor Amnii, interfering with the proper coordination of the contractile forces of the uterus; 5th. Preternatural adhesion of the chorion in its decidual connection with the womb wall or preternatural density and toughness of the chorion by either of which the waters can not be made to 'bag' whatever the degree of dilatation.

With these complications or conditions excluded, this rule should be inviolately maintained.

The second rule in labor with a single fœtus should never be violated; its rigid observance has no exceptions. In case of twin labor, however, one child born and no evidence of uterine activity for the delivery of the second child and the mother had suffered much fatigue in the labor with the first child and with no hæmorrhage following it, the immediate or prompt breaking of the waters of the second child would be a clear violation of obstetric duty, which in such case demands delay until surely the mother had been given reasonable time to recover from the fatigue and shock incurred by the delivery of the first child. Or if the first child, living or dead, were premature, the labor ensuing for the delivery of the second child, and this a living one—the enforcement of the rule would be not only a violation of a clear obstetric duty, but might prove disastrous to the hopes of the family. But in either one of these cases of twins—as soon as labor ensues with the second child, or with the third or fourth—the rule comes at once into force, and should be promptly observed.

Consultation Department.

CASES FOR COUNSEL.

CASE OF INTERMITTENT FEVER.

Boy nine years old, healthy, fair complexioned, has had chills every third day for six weeks; has been under Old School treatment until the last two weeks. Chill very light, no shake, cold hands and feet, lasting about an hour, no thirst, no pain, then temperature increasing to 104° continuing about six hours, occasionally sweat following; time of chill from 10 A. M., to 3 P. M., thirst during fever. During apyrexia, pale and poor appetite.

I want some sage to name two remedies to be given either singly or in alteration that will cure this patient. Don't name a remedy unheard of, nor higher than the 6x, as I keep but few higher than the 6x.

I will report as soon as case cured and what did it.

J. W. M.

COCCYDYNIA—SPINAL IRRITATION.

I have a case that I should like some help on.

Mr. S., aged thirty-five, dark-skinned, black hair and eyes, five feet, six inches, and has been a robust man until two years ago when he had typho-malarial fever; was sick three or four weeks, was treated by a Homœopathic physician; after getting around he had a pain in the point of coccyx intermitting at first, but now constant and has been for eighteen months, except more severe at night, can't sleep. Digestive organs good, urine free and normal, no soreness or stiffness of muscles. He came into my hands four months ago, treatment at first removed it to left lumbar region, but now is back to coccyx. Have given different potencies of the following: Rhus., Bell., Bryonia, Colocynth, Lachesis, Ars., Aconite; have used electricity, but to no good, who can help me out? The man seems in perfect health except this pain.

H. DE CROW.

REPLIES TO CASES.

The "Brown Spots and Headaches" case is probably one of pityriasis and ought to be cured by Sang., Sep., and an occasional dose of Sulph. all high.

W. S. G.

Something for H. K. L.'s case of neurasthenia.

He will find that this is a case that will require long and persistent treatment. First, he must attend well to the regimenial treatment. His diet should be mostly vegetable with some beef, all of which should be well cooked. Have your patient bathe regular every morning, and persist in some light and regular employment, if it is nothing more than taking rides regular every day.

I think you will find Aurum met., (6) and Lachesis (200) to be the remedies best suited to the case, not in alternation, but one at a time.

D. CLAPPER.

A. F. Randall asks in No. 9 Vol. 18, about "Brown spots and Headache" in a patient of his. I have cured a great many cases of brown spots and headache, but may not be like his for I never saw two just alike. His case is a case of derangement of the liver, spots coming from the abnormal condition. Headache also.

℞. Podophyllin grs. x.
Soda Sulphite grs. xl.
M. Fl. Chart. No. 20.

S. One every four hours for five days, (unless they act as a cathartic then not so often) then two or three times a day until well and she will get well. I would suggest that the doctor look after her diet, prohibit coffee, fat meats, etc., see that menstruation is also normal, also compare Bryonia. For a wash to take spots off quick. R. Merc. cor. gr. j. Aqua ℥j. M. S., use on spots twice a day. H. D. C.

If M. G. McB. will look at Sepia, I think he will find it covers the totality of symptoms. Feeling of fullness in the head; face pale and swollen; swelling of eyes and lips; feeling of heat as if hot water were being poured over her; weight on the chest; backache; coldness of hands and feet; they go to sleep easily; dark colored urine, are all characteristics of the remedy.

STELLA CLARK.

T. H. enquires what to give a man with *constant aching* pains in both testicles, with constant aching over the sacrum. Nothing about modalities, concomitants, functions, etc. To suggest a remedy would be the merest guess more apt to be wrong than right.

Dr. Randall's case is Chloasmata uterinum and as the name implies are associated with and arise from abnormal conditions of the womb. Her headaches are probably related to the sexual sphere. Phosphorus appears to be indicated. And if it or any other remedy cures the uterine complaints the spots will go too.

It is a pleasure to prescribe for a case like the doctors. It is described with clearness giving the constitutional peculiarities, the symptoms including modalities and concomitants. Therefore it is possible to prescribe with success and almost with certainty.

Dr. Fessenger's epidemic of ophthalmia as described by him, gives but little to build on; perhaps however, if the *genus epidemicus* is the same in his malarial locality that it is in this Rhus tox. may be the remedy. The doctor wants the kernel but he should remember that it cannot grow except in a shell.

I am not an ear man, but if J. K. M. will give the remedy which would have cured the hæmorrhoids, it will cure the noises in the ear and its concomitants. This case ought to deter all of us from suppressing piles with Carbolic acid and kindred abuses.

H. K. L's case has many points in common with Staphysagria, and should be studied carefully. In studying up cases of this kind where the mind and disposition are involved, Hering's Analytical Therapeutics, Vol. I is indispensable. A. McNEIL.

Tell "H. K. L." to give occasionally doses of Sulph. high, but for the left sided trouble Bapt. ought to be of service. Ars. deserves study. Give us the mental symptoms more extendedly, sleep, etc. W. S. G.

In your last issue there is a case for the ear men, by J. K. M. Would give the first week Gels. 30x, three times per day. Second week Lycop. m. once per day. If these remedies are persisted in will relieve the case. The remedy for the epidemic of sore eyes is Euph. 2c three times per day. I have had but little success in catarrhal inflammation of the eye with Euph. in low potencies, but in the higher it is a grand remedy. E. S. EVANS.

ANSWER TO H. K. L.'S NEURASTHENIA CASE.

Give your patient Digitalin 3x trit., three grain powder once a day on going to bed. For three days give him Nux vom., 30x, and the following three days China 30x, alternating the Nux and China in this way. Continue this treatment for three or four weeks and report. Have him bathe the parts in cold water on retiring. This has never failed in my hands.

CHAS. M. KOIER.

"BROWN SPOTS AND HEADACHES."

Dr. A. F. Randall's case in Sept. 1 INVESTIGATOR is one of *chloasma* or *pityriasis versicolor* considered by some dermatologists as being of parasitic origin, but nervous irritation often causes the skin disease, especially when deranged uterine function or hysteria is the origin of the nervous affection.

The "spots" may be removed by a mild solution of corrosive sublimate (one grain of the salt in one ounce of alcohol), but they will return unless the cause is removed. The remedy is *Sepia*. It covers all the symptoms of the headache and skin trouble, and, moreover, is especially adapted to dark-haired females such as his patient is. My prescription would be *Sepia* 200th, dose twice daily, and if this did not produce a change would give *Sepia* the third trituration.

The prognosis is good if the disease is simply functional, but if it proceeds from organic visceral disease, there is danger of its resulting in *melanæmia*, and the latter condition is especially apt to occur if the patient had at any time suffered from a long continued and severe intermittent fever.

G. M. OCKFORD.

REMEDY FOR STENOCARDIA.

In THE UNITED STATES MEDICAL INVESTIGATOR for July 14, 1883, and on pages 36, 37 and 38 is an article entitled "Treatment of Stenocardia," in which *Vurum muriaticum* is mentioned. The name occurs on the third line, page 37. I should like to get a half ounce of the third attenuation, and I should like to know where to find an account of a proving, if such has ever been made, or of the general uses and effects of the drug. I have inquired at the Philadelphia pharmacies and can obtain no information.

EDWIN VAN DENSEY.

[Substitute an A for the V and perhaps you can understand it better. A proving, or rather the synopsis can be found in most *materia medicas*, but the emphasis given in the article to its action on the heart is new. Chloride of gold has a reputation as an antidote to the opium habit and for stenosis in general. Study it up.—ED.]

Answer for consultation department in the issue of September 1st. H. K. L. Staphysagria will cure. T. H. Aurum is the remedy. J. K. M. Ignatia internally, with Bry. Rum. and Glycerine, two parts of the former to one of the latter, applied with a camel's hair brush, after having syringed the ears well with warm water.

John G. Fessinger, Aconite or Arnica internally in the inflammatory stage, while Merc. viv. if there is a tendency to suppuration, with ten drops of Arnica tincture into one ounce of water, with enough salt added to prevent irritation of the mucous membrane. While A. F. Randall will cure his case with Sepia or Sil. 2—would use Sepia. Use any potency you like but the higher the better.

J. D. GRABILL.

For T. H. case, Pulsatilla 3x, every two or three hours until aching ceases then Thuya cc. twice each week, and placebo sufficient to interest him. Vegetable diet, no coffee, no beer, if he must have stimulant, brandy and water, better none.

H. K. L. give him something to do, some light business that will interest him, or send him on a journey, let him have a mission, not go simply for health; assure him that his condition is not a dangerous one to life, give Staph. 6x four times daily and if not speedily relieved Cina cc, an occasional antipsoric, when some better, give (if he is a wicked cuss) Anacardium. (If very pious) (Sulph) (if passive regarding religion,) Thuya, and placebo ad interim with a regularity that will satisfy him.

Dr. Randall's case is probably one of chromophytosis. The spots must be cured by local application. Common Carbon oil will do it, or a solution of Iodine. Very frequent bathing with strong soap after the application. Or a solution of Hyposulphite of soda, being careful to touch the minute points between the patches. It will not extend to the uncovered part of the neck. The headaches bear no relation to the patches, Nit. sang. 1x will probably help the headaches. Prognosis favorable.

C. W. HOYT.

Children's Department.

BUREAU OF PÆDOLOGY FOR 1884.

This bureau under the energetic management of Dr. Lawton, comes to the front with a bill of fare for the next session of the Institute that ought to interest every member, not only of the Institute, but also of the entire profession.

The general subject for discussion is "Infantile Dentition and its Incidental Diseases," and will be presented by brief essays as follows:

1. Dental Physiology, C. H. Lawton, M. D., Wilmington, Del., Chairman.
2. Abnormal and difficult Dentition, causes and cure, Sophia Penfield, M. D., Danbury, Mass., Secretary.
3. Convulsions, Edward Cranch, M. D., Erie, Pa.
4. Cutaneous Diseases occasioned by Dentition, Martin Deschere, M. D., New York.

5. Gastric and Enteric Disorders that may be coincident with Dentition, T. C. Duncan, M. D., Chicago.
6. Dental Cough and Pulmonary Disturbances, W. A. Edmonds, M. D., St. Louis.
7. Ophthalmic and Aural Complications, J. B. G. Custis, M. D., Washington.
8. Dental Therapeutics, J. C. Morgan, M. D. Philadelphia.
9. Dental Dysuria, R. N. Tooker, M. D., Chicago.
10. Infantile Dental Hygiene, E. Everett Davis, M. D., Philadelphia.
11. Guiding Symptoms, Geo. B. Peck, M. D., Providence, R. I.

C. H. LAWTON, M. D., Chairman.

SOPHIA PENFIELD, M. D., Secretary.

Items or cases bearing on any of these subdivisions will be welcome. The disorders incident to infantile dentition is large, but does not include quite all of pædology.

Surgical Department.

WOUND OF THE HEAD RECOVERY.

CASE REPORTED BY D. HAGGART M. D. INDIANAPOLIS IND.

In THE MEDICAL INVESTIGATOR of January 27 I reported a case of recovery from a wound through the abdomen by a pistol shot, which, in the days when it was supposed that it was the special business of the Lord to decree the recovery of the sick, would have been considered a miraculous recovery. And to use the expression of one of our city dailies, the case I am about to report "is even a more miraculous recovery than the Chambers case" above referred to. Cassius M. Black, of temperate habits, was shot in the head with a pocket pistol, the ball entering one and a half inches above the outer corner of the right eye. This happened on the night of May 19. The circumstances of the case are shrouded in a great deal of mystery, and no medical aid was called till the 20th A. M. During this time the patient lay in a partial comatose condition, but had recovered to full consciousness when I arrived, with pulse fifty-five and vibrating, temperature ninety-seven, a severe pain back and a little above the left ear, and complained of a shivering sensation in the chest and abdomen. A probe was passed in the wound in that direction to the depth of three inches, where an obstruction was met with, but could not distinguish that I came in contact with the bullet. A discharge of serum of a brownish cast followed the probing, which continued for several days.

Prescribed Aconite and Arnica in alternation; directed a mild non-stimulating diet, had the patient lie on the wounded side and enjoined perfect quiet; no visitors allowed.

21st—Called again; patient had slept some during the latter part of the night; no special change in his condition otherwise. The same treatment was continued for five successive days without material change in the pa-

tient's symptoms. On the sixth day his pulse rose to sixty; temperature still remained some below normal. The quivering sensation has now subsided, and the pain was much modified. On the seventh day the tongue became coated, and the appetite, which was good heretofore, failed, and the night previous was passed without sleep. Pod, and China in alternation were now exhibited for forty-eight hours, and smoking a cigar occasionally, which had a very soothing effect. In forty-eight hours this treatment brought about a marked improvement in every particular. The pulse rose to 72, and temperature became normal. Medication now discontinued. The orifice of the wound healed, and everything progressing nicely until the fifteenth day, when a spontaneous and copious nose bleed from the left nostril took place, but before I could reach the patient it had ceased, and nothing further was done, and the patient was discharged in five days afterward, apparently well.

Considering that almost day and night for a week or more my patient was annoyed by policemen and news reporters trying to ascertain who shot him, and the Coroner and his deputy making their regular visit with a view of taking the patient's ante-mortem statement, it may indeed be considered a miraculous recovery.

Upon my second visit Mr. Black revealed to me all the circumstances connected with the shooting, under promise not to reveal them unless in case he should die. This fact set the whole police and newspaper force after me, and the question has been much discussed just how far a physician can shield himself behind professional secresies, and it is now stated by Court House authority that I will be brought before the next Grand Jury. It now remains to be seen what the result will be, for I am determined not to make any revelation whatever outside of prison bars. Should the future develop anything in the secrecy business that will be of interest to the profession, the readers of THE INVESTIGATOR shall, in due time, have the benefit of all the particulars.

BORO-GLYCERIDE.

This is a new dressing which can be used both in gynæcology and in surgery.

It is applicable whenever vaseline or cosmoline are indicated. It is perfectly soluble in water and so can be washed off readily. It is aseptic, innocuous, and has no cumulative, intoxicating action such as we find in Carbolic acid.

It is an excellent application in wounds and ulcers.

It is the best preventive of decomposition of anything at present known to the medical profession.

To prepare :

Heat ninety-two parts of pure glycerine to 300° F., to this sixty-two parts of boracic acid are gradually added. The water in the glycerine will be evaporated, as steam and plenty of time must be allowed.

The product will be boro-glyceride, and will be solid, brittle, transparent

when cold, light amber color, and a shining fracture. Is freely soluble in water.

If melted with an equal weight of glycerine, a dense, clear liquid will result on cooling, and is thus very convenient for use.

Should an ointment be desired, rub it up with an equal weight of vaseline. To test its preservative powers, two eggs were mixed up with a 10 per cent. solution, and were perfectly preserved at the end of one month. Condensed from *P. and S.*

Clinical Medicine.

CLINICAL EXPERIENCE WITH THE DECLAT METHOD OF ANTISEPTIC MEDICATION.

Since the middle of September last, I have had under treatment seven cases of tuberculosis, one of diphtheria, and one of cancer, and I am gratified to be able to state that in every case either favorable symptoms or convalescence has been the result under the various forms of the celebrated *Phenic acid*. I detail three cases.

CASE I. G. W. D., aged twenty-six, recently a student in the St. Cloud normal school. The young man, for seven months, had been unable to attend to business, and had been troubled with numerous small and two copious hæmorrhages, the last on the first day of September, 1882. I commenced treating him on the 15th of September last. I found his pulse at that time 120; the temperature 102°; was having night-sweats, progressive emaciation, severe morning cough with purulent expectoration, no appetite, a small cavity in the right lung, and every symptom showing the case to be well along in the first stage of tuberculosis, I found, likewise, in the history of the case, heredity. At the commencement of this case I could not give anything but an unfavorable prognosis, but encouraged by the published experience of Drs. N. F. Cooke and Geo. A. Hall, of Chicago, I determined to try the Declat method for all there was in it. I accordingly began with the syrup of pure Nascent Phenic acid, a teaspoonful three times a day, and occasionally used intercurrent remedies, such as Calcar. carb., Phosphorus, and Arsenicum. In two weeks I changed to Sulpho-Phenique, a desertspoonful three times daily. During the third week his appetite greatly improved, but a couple of small hæmorrhages disturbed us. In the fourth week I employed Glyco-Phenique, both as a gargle and an inhalant, likewise commenced the hypodermic injections of pure Nascent Phenique acid. I at once observed rapid improvement. The treatment continued for three weeks more, when the young man became so encouraged that I gave my consent to his returning home and engaging in some light business. When discharged his temperature and pulse were normal; cough and night sweats all gone, acquired a genuine Minnesota appetite, and had gained twenty pounds in weight since commencing treatment with the antiseptic method.

Time of treatment, seven weeks. I heard direct from him this week. He is strong and healthy, and superintending a lumber camp in the pineries.

CASE II. Tuberculosis. Mrs. A—, aged twenty-seven, had severe cough for over a year, with purulent expectoration, considerable percussion dulness in the left clavicular region. Temperature 100, and pulse 95. I diagnosed incipient phthisis. Under treatment two months of Phenic acid. Health completely restored, and getting fleshy.

CASE III. Katie C—, aged seven years. Called and found her suffering with diphtheria. High fever, diphtheritic deposits covering the fauces and extending over the uvula. I gave a few doses of Mer. bijod., but the false membrane not yielding, I prescribed Sulpho Phenique as a gargle of which to take a teaspoonful every two hours. In an incredibly short space of time the false membrane was removed, and the patient made a quick and complete recovery.—*Dr. L. Hall of Minneapolis Minn. in M. C.*

THE VALUE OF SYMPTOMS IN PRESCRIBING.

GEO. E. GORHAM, M. D., ALBANY, N. Y.

The careful therapist is fired with a blinding zeal by the striking success which he obtains from prescribing remedies whose pathogeneses corresponds to the totality of symptoms present.

So great is the success from thus prescribing that some of the more enthusiastic symptomatologists would have us wholly guided by the symptoms in making all prescriptions.

But it is only after we have made a correct diagnosis and know the pathology that we can select the proper *class* of remedies. The symptoms peculiar to each case will enable us to select from this class the remedy potent to cure.

In diseases of the nervous system do we especially find symptoms which mislead us. It is here we find rebellious nerves; pains of all kinds quite remote from the existing trouble.

A seemingly sound tooth, yet carious, may give a facial neuralgia.

Severe vomitings, coughs, headaches and back-aches often have their cause in a morbid condition of the os uteri.

Neurasthenia with all the pains which the sufferer endures in every part of the body may have its cause in an irritable condition of the prostatic urethra.

Convulsions and epilepsy may be caused by a contracted fore skin.

The fruitless attempts to cure disease when the remedy is given to correspond to the symptoms alone, regardless of the physiological and pathological condition is clearly shown in the following cases; they proved of unusual interest to me and taxed my patience and prescribing skill to the utmost; I give them in detail:

In June, 1881, a bank clerk, aged twenty-eight, came to me complaining of pains and soreness of the chest, sensation of great weakness and inability to endure physical exercise. He was despondent and fully believed he would soon die of the consumption. Examination showed nothing

except a slight naso-pharyngeal catarrh, but he presented an interesting array of nervous symptoms. As soon as he began work at his desk in the morning, a wild, restless feeling came over him. He described it, "A feeling as if I could not keep myself down." It would occasionally come on with a nervous aura, and then he would greatly fear he could not keep control of himself. While this condition remained he did all work rapidly; had constantly to make an effort to keep self-control and to "keep himself down," as he expressed it.

There seemed to be great nervous tension. This would pass off about noon, to be followed by prostration. A short walk would so prostrate him that he could with difficulty stand, while his respiration and heart's action would be greatly accelerated.

With the prostration he complained of the greatest sense of faintness and a sense of constriction and oppression of the chest. This symptom was persistent and gave the patient much discomfort.

I recognized his trouble as nervous exhaustion and prescribed at different times Cod liver oil, Maltine and wine and such other articles of nourishment as I thought would restore his strength, giving at the same time the seemingly indicated remedy. Arsenic was indicated by "fear of death," "great weakness," dyspnoea, etc. Cactus was given for the mental symptoms, depression and sense of constriction of the chest; Nux for the general hypochondriacal mood, great irritability and peevishness. Other remedies which seemed indicated at times, Ignatia, China, etc., were given with no effect.

I suspected in this case some abnormal irritation of the genital centers as the cause of the trouble, and questioned closely in regard to the condition of the genital system. He insisted that he was all right. Examination of urine showed no excess of phosphates or urates. Digestion was fairly good and to prescribe a change of climate and rest, with the remedy covering most of the symptoms was all I could do. This was done and the patient took a trip west for two weeks, only to return worse than ever.

I then went back to the sexual system for the cause of the trouble, but he was positive of no spermatorrhœa, no excess of any kind. I demanded an inspection of the organs and found there a congenital phymosis and a severe balanitis.

The foreskin was contracted firmly upon the glans penis; the whole glans, excepting a little about the meatus, and the mucous membrane of the foreskin was one excoriated surface, discharging thick grayish pus.

The foreskin was slit up an inch and one-half and the free edges of the mucous membrane and foreskin were brought together by sutures. Union was complete by first intention. Argent nitras, gr. 1 to oz. was applied to the excoriated surface which healed in ten days. The nervous symptoms immediately began to disappear, the patient gained in strength and weight, and in six weeks he was perfectly well. Six months have now elapsed, and there has been no return of the nervous symptoms, and he attends to his daily work without fatigue. No remedies were given after the operation.

Mr. F. who had been for six months under the care of an eminent surgeon and had received various kinds of treatment unsuccessfully, presented

to me in April last the following symptoms: Aching pains and soreness of the knee joints, no swelling or redness but severe pain. Pain in the tuber ischii with extreme sensitiveness and soreness. At times, drawing, aching pains in the lumbar region and lancinating pains of the chest. These seemingly rheumatic pains had been diagnosed and treated as rheumatism. There was frequent urination with slight pain on voiding. He had been told that the urine contained oxalate of lime crystals and was consequently sure that he had gravel. He was nervous and much depressed; could not endure either mental or physical exercise, and was restless and ever changing from one thing to another. He was constantly complaining of his gravel and rheumatism and thought that the pains in his chest would certainly lead to consumption. The pulse was frequent, the hands cold and moist. Upon examination I found the urine to contain amorphous urates and prostatic crystals. Passage of the sound showed hyperæsthesia of the prostatic urethra. There was also an irritable excited condition of the sexual organs, with frequent erection and occasional nocturnal emissions. The patient was wakeful and emaciated; the chest showed no symptoms of disease. Nux and Bryonia seemed to cover nearly all the symptoms and the two remedies were given alternately in 3x dilution, but without benefit. At his next visit I ignored all symptoms except those relating to the prostatic urethra, and prescribed Thuja in the 3x dilution. From this we got decided aggravation, so that the patient returned next day with bitter complaints of burning and smarting pains when voiding urine. Thuja was discontinued for two days and then given in the 12x dilution with prompt and permanent relief of all the abnormal symptoms of the urinary and sexual organs. The pains in the knees and the soreness of the tuber ischia began immediately to abate. The patient gained fifteen pounds in weight, and his nervous troubles disappeared.—A. H.

BELLADONNA PROVING.

Patient injected per rectum one and a half drachm of the fluid extract Bell., for pains caused by internal hæmorrhoids. In about two hours complained of vertigo and pain through temples; face flushed. In three hours showed slight signs of delirium; complained of mouth and throat feeling very dry; delirium assumed a malicious form, contrary, extremely nervous; wanted to run away; eyes protruding, brilliant and congested; pupils greatly dilated. Patient complained in early stage of poisoning, of feeling extremely weak.

I first saw him (adult, thirty-five years old) about ten hours after using the drug. He was then quite delirious; did not recognize his most familiar friends nor family; constantly muttering and desiring to move from place to place; hallucination of vision, constantly reaching out as if trying to grasp some object. Urine voided every twenty or thirty minutes. Pulse, 98.

Gave Tincture Opii., ten drops every fifteen minutes for about one hour and a half. In two hours went to sleep, slept soundly till six o'clock next morning, woke up quite rational, and made rapid recovery.

NEW TACOMA, W. T.

W. COPPS.

News of the Week.

J. J. Kleckner, M. D., has removed from Tipton to Newhall, Iowa.

C. H. Vilas, M. D., of this city, has returned from a summer visit to Wisconsin.

J. S. Mitchell, M. D., of this city, has returned from Nantucket where he has been spending the summer.

J. H. Kimball, M. D., of Litchfield, Ill., was married Sept. 5th to Miss Jennie Tartt, of Edwardsville, Ill. Ring out glad bells.

The American Public Health Association will have a grand rally at Detroit Nov. 13th to 16th. It will pay physicians well to attend its sessions.

L. S. Ordway, M. D., has removed from Hot Springs to St. Louis where he takes the chair of obstetrics. We wish Prof. Ordway more than ordinary success in obstetrics.

College Openings.—The opening of the Chicago Colleges promises to be a big thing this year, and all who can should attend them. See advertisements for time, place, etc. When in the city do not fail to call and see The Central Homœopathic Pharmacy, 133 & 135 Wabash Ave.

C. M. Beebe, M. D., of this city, was married to Miss Dewey in grand style Sept. 6th. We wish them joy and success. Dr. B. was recently elected Demonstrator of Anatomy in the Chicago Homœopathic College. He shows his good sense by selecting a live subject.

Thos. Hoyne, Esq., father of Prof. T. S. Hoyne was killed recently at a railroad disaster in New York. In his death Homœopathy loses a warm friend. He was a Trustee of Hahnemann Medical College and Hospital, and an active promoter of various philanthropic enterprises.

Omaha Clinical Society.—A meeting of the Homœopathic physicians of Omaha was held Friday evening, August 31, at the office of Dr. Amelia Burroughs, for the purpose of discussing the feasibility of organizing a clinical society. Dr. Dinsmoor being appointed chairman the subject was brought forward and met with hearty approval from all present and the Omaha Clinical Society was organized. Officers elected: President, C. M. Dinsmoor, M. D.; vice president, O. S. Wood, M. D.; treasurer, J. Ahmanson, M. D.; Secretary, Amelia Burroughs, M. D.; censors, Drs. O. S. Wood; J. M. Borglum and Amelia Burroughs. The object of the society is "for the advancement of medical science and the establishment and maintenance of a free dispensary," which has long been needed by the poor of our city. It is our intention to meet once a month, members presenting papers to each meeting for discussion. At the next meeting, papers will be presented by C. L. Hart, M. D., G. H. Parsell, M. D. and A. Campbell, M. D. Dr. G. H. Parsell was appointed a committee of one to secure the incorporation of the Omaha Clinical Society after which the society adjourned to meet at the same place Thursday, September 6, at 8 P. M.

AMELIA BURROUGHS, Secretary.

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Clinical Medicine.

ON THE TREATMENT OF FACIAL PARALYSIS.

BY C. BARTLETT M. D. PHILADELPHIA PA.

In addition to the administration of the proper remedy, electricity is an important element in the treatment of facial palsy. The current selected must vary according to the exigencies of the case. When the faradic current fails to elicit a response in the paralyzed muscles, we should use the slowly interrupted galvanic current, and continue its use until the faradic contractility has been restored. The current employed should be of sufficient strength to excite muscular contractions, and no stronger. Short sittings, of five minutes' duration, are better than long ones. The positive electrode should be placed over the nerve as it emerges from the stylo-mastoid foramen, the negative over the motor-points of the individual muscles. In the *Archives of Medicine* for February, 1880, Dr. Seguin describes what he calls the "Intra-buccal method of faradizing the lower facial muscles." One of the electrodes used in this method consists of a long insulated interrupting handle, surmounted by a brass ball. This is applied to the various motor-points on the inside of the mouth, the other electrode being applied over the stylo-mastoid foramen. All of the facial muscles below the malar bone and the nose can be reached by this method. Owing to the mucous membrane of the cheek being continually moist, there is less resistance to the passage of the electric current to the muscles, consequently a current of less strength is necessary. The paralysis of the orbicularis palpeorum, by preventing the proper closure of the lids, exposes the eye to irritation from the dust floating in the air, thus giving rise to considerable pain. Various devices have been employed to obviate this. It has been recommended that the lids be closed and retained in that position by strips of adhesive plaster. Others have suggested that the eye be covered with a shade or bandage, but the pressure required to keep the eye closed under such circumstances is so great as to be very uncomfortable. Where the eyelashes are long and firm, the lids may be kept closed by means of hair-sutures. In some cases, where all the above measures have failed to give relief, the pains in the eye have been so great as to require the lids to be stitched together. When the conjunctiva is markedly inflamed, the application of hot water, either with or without boracic acid, will give marked relief.

The constant stretching of the affected muscles, by the traction of those on the healthy side, retards recovery somewhat. To obviate this, Dr. Van Bibber, of Baltimore, has suggested that a hook be placed in the angle of the mouth, the other end to be fastened to a circular india-rubber band which is fastened back of the ears. This should be worn, if it does not inconvenience the patient too much. In the few cases in which I have tried this device, it has had to be abandoned on account of the annoyance to which it gives rise. If the case comes under observation early in its course, it will be well to envelop the affected side of the face in raw cotton.

In the short limits of the present paper it will be impossible for me to even mention all the remedies which may be indicated in facial palsy. Concomitant symptoms or constitutional peculiarities may lead to the selection of any one of the remedies of our *materia medica*. I will therefore only speak of those which suggest themselves as being the most frequently useful.

Rhus tox. will be found suited to those cases arising in individuals of a rheumatic diathesis, as a result of exposure to damp winds. Trousseau and Philips, in their works praise it highly in various forms of paralysis.

Causticum, when the right side of the face is affected. It is useful when the facial palsy is associated with muscular twitchings, or with contracture of the affected muscles.

Belladonna, like Causticum, will come into play when the right side of the face is affected. In addition to the facial paralysis, there is a neuralgia of the fifth pair of nerves.

Hypericum is a possible remedy in those cases where the paralysis has resulted from traumatism affecting the nerve itself.

Ruddock recommends *Aconite*, either taken alone or in alternation with *Gelsemium*. Either of these remedies will be good, each in its proper sphere; *Aconite*, in the very beginning of the trouble, after exposure to strong cold winds, in rhumatic patients. As in the case of *Belladonna*, neuralgia of the trigeminus may be present, but differing from that remedy in that the left side of the face is the one generally affected. There is redness and heat of the face, together with occasional tingling, crawling, or numb sensations.

Gelsemium is indicated in those rare cases where facial palsy has followed one of the acute diseases, as diphtheria. It is more frequently indicated in cases of facial neuralgia, associated with twitching of the muscles supplied by the seventh pair of cranial nerves.

Kali hydriodicum will prove beneficial in cases having a syphilitic origin.

When the disease is secondary to other troubles, a cure can only be obtained by directing our medication toward the totality of the symptoms present in each case. If the paralysis has been caused by disease of the internal or middle ear, we think of *Silicea*, *Hepar*, *Mercurius vivus*, *Tellurium*, and *Aurum*.

If by pressure of tumors of the parotid gland, malignant or otherwise, or by pressure of enlarged lymphatic glands, *Conium*, *Hydrastis*, *Baryta jod.*, *Calcarea carb.*, *Calcarea jod.*, *Iodine*, *Sulphur*, *Arsenic*, *Iodid. of Arsenic*, and *Graphites*.

If by periostitis, affecting the aqueductus Fallopii, *Aurum*, *Asafœtida*, *Silicea*, *Mezereum*, *Fluoric acid*, *Ruta*, and *Rhododendron*.

Facial paralysis of cerebral origin will call for *Causticum*, *Baryta carb.*, *Arnica*, *Rhus tox.*, etc.—*H. M.*

KEYNOTE FOR DIGITALIS.

BY J. S. SKELLS M. D. ALBION PA.

Lay the palm of the hand upon the left chest over the infra-mammary region; if now you feel the apex of the heart striking against the chest-

walls or against one of the intercostal spaces, then *Digitalis* is the remedy required. Do not mistake a tumulous rolling, tumbling action of the heart, which may be so strong as to shake the whole chest, for the peculiar action above described. The two kinds of heart-action may exist at one time in one person, and then *Digitalis* is one of the remedies. I use the mother tincture, five to ten drops dissolved in a teacupful of water, and a tablespoonful three times a day. This is my "guiding symptom" for the use of *Digitalis* in fever.—*H. M.*

SANGUINARIA IN DISEASES OF THE NOSE AND THROAT.

BY GEO. W. WINTERBURN, PH. D., M. D., NEW YORK.

Sanguinaria has an important influence on the nasal mucous membrane. I have seen it cure a number of fluent coryzas. It seems to act best in cases which affect particularly the right nostril, and are accompanied by much sneezing. Such cases often yield quickly to inhalation through the nose of the dust arising from shaking a small quantity of *Sanguinaria* in a bottle; the inhalation to be repeated at intervals of three or four hours.

Periodic coryzas of all sorts, from rose-cold to autumnal catarrh, if possessing the characteristic conditions for *Sanguinaria*, will be cured by it. These are copious, acrid, burning, watery discharge from the nose, causing an indescribable rawness of the schneiderian membrane, with loss of sense of smell, frequent sneezing, all the symptoms worse on the right side. If the conjunctiva be similarly affected, or if intestinal disorders alternate with the nasal symptoms, *Sanguinaria* is specifically denoted.

Non-syphilitic *ozæna* will often yield readily to *Sanguinaria*. In these cases it is always necessary to cleanse the nose thoroughly at least once a day, in order that the medicine may come in direct contact with the ulcerated tissue. When possible to command the regular attendance of the patient, I prefer to apply the medicine personally, by means of a spray producer.

Nasal polypi are either hyperphlasisæ of the mucous lining (mucous polypi), or a proliferation of connective tissue (fibrous polypi), or a growth of a jelly-like substance (gelatinous polypi); and they occur in frequency in the order named. In the first and last varieties *Sanguinaria* is an excellent remedy, especially in the former. The freshly powdered root of *Sanguinaria*, may be used as a snuff, several times a day; but I much prefer the Nitrate of *Sanguinaria*. This substance is too pungent if used in full strength; and it should be thoroughly triturated with nine parts of granulated sugar. Even then it is apt to cause unpleasant burning in the nostrils. The following case nicely shows its usefulness:

Miss M. R. B. aged nineteen, a healthy, apple-cheek, English girl, had been troubled with an uncomfortable feeling in her nose for more than a year. There was at all times a sense of fullness in the right nostril, but in damp weather it seemed completely occluded. An examination showed a mucous polypus adherent to the septal membrane, nearly filling the arch of

the passage, and hanging downward into the posterior nares. The internal administration of Teucrium and the Iodine of lime produced no apparent effect. She was then given an ounce of the Nitrate of Sanguinaria. first decimal trituration, in a two ounce bottle, with orders to shake the bottle and snuff the dust thoroughly up the right nostril, every three hours. The effect was slow, but in the end most gratifying. In two months the polypus had entirely disappeared, and the nasal membrane was healthy and has remained so.

I have never had a case of polypus in the ear to treat; but in the mucous variety I should certainly begin with the Nitrate of Sanguinaria. There is no question that this remedy not only removes the growth but cures the tendency (dyscrasia) that produced it. How much better this is than rudely tearing the tumor off, by means of forceps, leaving a lacerated and diseased membrane, as the basis for a new growth. Better certainly for the patient; although the physician will not receive as much praise from the patient's friends, for skillful therapeutics, as the surgeon would for dextrous manipulation. There may be even doubts that there was any polypus, unless it can be shown in a little bottle.

It may be merely a curious coincidence, but I have never been able to cure polypi in the left nostril with Sanguinaria. There is a peculiar right-sidedness running through the pathogenesis of this remedy and its analogue Chelidonium. Both affect the right side of the head, the right nostril, and right lung, the liver, the muscles on the right side of the back, and the right heart.

In diseases of the buccal cavity you will occasionally have use for Sanguinaria. Epulis, from its analogy to polypus, you will remember in this connection. That simple but annoying trouble, gumboil, when not caused by caries is controlled by this remedy; as is also general inflammation of the gums (gingivitis), when they become swollen, spongy, and bleed easily. Toothache, when the pain is aggravated by cold drinks and relieved by warm, may be cured by this remedy. In all these conditions I use the third decimal trituration of the Nitrate of Sanguinaria.

Passing back to the softer tissues of the pharyngeal cavity we meet a similar ulcerative condition, which yields to the same treatment.

The ordinary idiopathic, catarrhal sore throat, involving frequently the entire mucous membrane of the pharyngeal cavity, is without doubt often mistakenly diagnosed as diphtheria, on account of the tough whitish exudation which sometimes appears on various parts of the fauces, especially about the tonsils. Even epidemic of simple sore throat occur, and these are still more likely to confound the inexperienced or careless physician; but the fact that these cases are not followed by paresis and albuminuria is a sufficient index of their true character. There are many remedies for this condition, and among them Sanguinaria. This remedy is specifically indicated when the throat feels as if it had been scalded by drinking something hot. The throat is dry and tense; the dryness is unrelieved by drinking, and the tension causes a sensation as if the throat was about to split. Drawing cool air over the heated membrane (breathing with the mouth open) gives the patient great satisfaction. These disagreeable feelings are all worse on the right side. In cases of this sort I have seen a mild gargle of Sanguinaria,

one grain to the ounce, rapidly disperse all the uncomfortable sensations.

Follicular sore throat, the form so common among clergymen and others who use the voice unduly, is more frequently a pharyngeal than a laryngeal complaint, although old cases are apt to involve both organs in a common misery, no matter which was the seat of the original lesion. Although by no means so frequently called for as some other remedies, Sanguinaria will cure this condition when the membrane is red and shining, and the burning pain seems to extend backward and downward from the pharynx into the stomach. The presence of the symptoms indicated just now when speaking of ordinary sore throat will also confirm the propriety of using it here. If possible I like to apply it by means of a spray producer, and I have a particular penchant for the Nitrate of Sanguinaria, rather than Sanguinarin; although either will answer.

Chronic catarrh of the throat is apt to run on to ulceration if neglected; but all ulcerations of the throat are by no means catarrhal. Speaking generally, we meet three forms of chronic ulceration of the throat; the superficial catarrhal ulcer, the deep, flabby scrofulous ulcer, and the well-defined syphilitic ulcer with elevated, serpiginous edges. Baptisia, Hydrastis, Stillingia, and Sanguinaria cover, I think, all the variety of condition likely to occur. The general symptoms of the patient will determine the adaptability of either in any given case. The following case of catarrhal form shows the action of Sanguinaria and the symptoms indicating it: Miss S. M. A., aged twenty-seven, school teacher, had been troubled with catarrhal pharyngitis for some years. The throat, when she applied for treatment, contained six or seven superficial ulcers, the largest about the size of a silver five-cent piece. She complained of a great dryness in the throat, which was actual and not merely sensational, as the tissues were brighter in color than natural and glistening. Although she was not thirsty, yet the burning feeling in the throat made her desire to drink frequently; hot drinks relieved the sensation for a few minutes, but cold water intensified it. The tongue also felt as if burnt, and was covered with a whitish slime. She remembered that at the first she had been sore only on the right side; and now the majority of the ulcers were on that side of the median line. She was subject to periodic sick headaches, which always began in the nape of the neck, and extended over the head, and finally settled in the frontal sinuses. I gave her some powders Sanguinarin 2, of which she took two each day. The medicine not only cured her sore throat but her headaches also.

I do not think that Sanguinaria is ever indicated in malignant diphtheria; but in some of the milder forms, it will, like Phytolacca, prove to be the true remedy. The subjective symptoms have been already stated; the diphtheritic membrane is semi-translucent and grayish.

MERC. COR. IN BRIGHT'S DISEASE

The following case is certainly remarkable.

WESTMINSTER, Md., July 2d, 1883.

DR. J. C. MORGAN. *Dear Sir*: Since last I saw you here in Westminster, I have had another case of Bright's disease under my care. And as the result

of treatment so far has been very satisfactory to all concerned and greatly exceeded my expectations, I thought I would send you an account of it to do with as you see proper.

D. F. S., M. D., class of 1882, Homœopathic Medical College. Philadelphia, about four months ago was taken with severe facial neuralgia, great weakness and prostration, tongue heavily coated white, obstinate constipation, no appetite and "felt bad all over." the urine normal in quantity at that time, but it was not tested. The right side of face was very much swollen and he had most intense pain.

He had taken all the remedies he could think of but no relief followed. The last was Bryonia 3x. I gave him Rhus 3x every four hours, and it relieved the pains in about forty-eight hours. About one week later, I called to see him and found him still in bed, and worse; was very weak, tongue coated yellowish-white, great thirst for large quantities of water, had had no action of bowels for five days, told me he had the "rheumatism" in his right shoulder joint, said it "pained awful," but would not let me look at it, as he was afraid for anyone to touch it. I ordered an enema, prescribed Bry. 30th, and told him to send me word how he got along, as it is too far for me to visit him often. Two weeks afterward his brother came to see me and told me his brother's shoulder was dislocated and that a large abscess had formed on the shoulder blade. I was naturally astonished and did not believe it was possible the shoulder was dislocated, as the patient was a physician and ought to have known it himself, besides he had not been out of bed from the time the neuralgia occurred, and it was not dislocated at the time when I saw him, there was absolutely no previous history or anything to point to such a lesion.

However, down I went to see him, found it was dislocated. Sub-clavicular variety. Adhesions had formed and with great difficulty another physician (an Allopath who had incidently called in) and myself reduced it after we had etherized the patient. We opened a large abscess on the dorsum of the scapula below the spine, which contained nearly one quart of pus. I noticed there were some dropsical symptoms present at the time, puffiness about the eyes, other symptoms about the same. I gave him China 6, every three hours, and he rapidly got stronger and in every way apparently better. After one week I called again to see him and found him passing large quantities of urine which was perfectly clear and colorless, face and limbs swollen and pitting on pressure. Bowels regular, appetite very good, abscess nearly well, was walking about his garden. Examined the urine, found it highly albuminous; also found casts. I ordered Apis 3x every three hours, but after he had taken it one week there was an apparent increase in the dropsical symptoms. More albumen was eliminated, and then he studied up his case himself, concluded to stop the Apis and take instead, Merc. cor 3x. every four hours. Under Merc. cor. the ensuing week, he rapidly improved; less albumen, dropsy disappeared; better in every way. Next week he took Merc. cor. 6x and got a proving of it; more dropsy and more albumen. Stopped taking it for a few days, then he took it in the 200th onedose per day. In two weeks albumen again less in quantity; no dropsy. Is now taking two doses per week of the 1000th, having noticed a slight

increase of the albumen, and he is in my opinion, nearly well, as there is but a trace of the albumen present.

A novel feature in his case is that he used albumen as a food as much as possible, he used to eat the whites of eggs and other albuminous food. His theory was to supply albumen as fast as it was eliminated, as we give Calcareo or Silicea to patients who are deficient in those things. The books advise us not to use albumen in Bright's disease and to avoid all articles of food containing it.

To-day the doctor was in to see me and looked remarkably well. Whether he will continue well is for the future to tell.

I am glad to call your attention to this case to show the value of Merc. cor. also do you not think the albuminous diet contributed to the cure?

We think he dislocated the shoulder tossing about the bed while he had the neuralgia as he was very restless.

FREDRICK KLINK.

September 15. I saw him about three weeks ago and he was then taking the Merc. cor. 1000th once a week and said he could detect no albumen. He also told me he intended to start on a trip to New York State, and was going to get a higher potency, and take it once in two weeks. He looked well and said he felt well in every way. At this writing he is away.

F. K.

Society Department.

THE DRIFT IN MEDICINE.

SCOPE OF THE INTERNATIONAL ASSOCIATION.

(Continued from Page 135.)

An instance is related by Prof. Boulli, of Turin, where the tooth of a rattlesnake (*Crotalus horridus*) had been preserved in alcohol for thirty years, and afterward exposed for sixteen years to the weather, after which he punctured with it the skin of an animal, causing its death in one hour. But a fine opportunity was lost in not testing the alcohol in which the tooth had been placed as to its poisonous effect on animal life, as well as the tooth itself; there is little doubt but that it would have been found to have been equally poisonous, though probably defying the finest chemical test.

This experiment would go far to prove that although alcohol may possibly act as an antidote to snake poison after it has entered the circulation, it will not neutralize or destroy it without a medium through which to act, and the question then arises, how do poisons antidote each other? It can not be by the direct action of the one on the other, else this change would occur out of the system as well as in it. It must be then that the alcohol acts on, or forms a chemical union with, the properties of the blood for which the virus has an affinity, thereby changing the sanguineous fluid to such an extent that the force of the poison is exhausted, as a fire goes out for the lack of more combustible material. We are further led to believe this from the toxical effects of the two poisons. It is well known that alcohol destroys the oxygen, or red globules of the blood, generating car-

bonic acid in its stead, producing that dark, bloated, purple appearance, which is seen in hard drinkers, and there can be little doubt but that snake poison does the same, from the rapid tendency to decomposition, discoloration, and gangrene in cases where death has occurred from it, and it is very probable that it is in this way not only that poisons antidote each other, but that medicines cure diseases. A case is related as having occurred in Italy some thirty years ago, where a man, bitten by a rabid dog, and ill of hydrophobia, was repeatedly bitten by the poisonous viper; and although the case terminated fatally, it is said the symptoms were entirely changed, and that he died more from the poison of the snake than from that of the dog—an instance of fatal aggravation, if you like, from too low a dilution too often repeated.

Now, this was Homœopathic only so far as the law of similars was concerned, but it illustrates nothing new. For, in a poem published in Sanscrit fifty-six years B. C., the author says, "It has been heard of old time in the world that poison is the remedy for poison." And when we reflect that this was written nearly two thousand years ago, and that the opinion was then said to have been "old in the world," it certainly looks like disputing the right to antiquity with the principle, *contraria contrariis*.

A milligram of Mercury in solution in twenty quarts of water will kill fish in a few seconds, and yet this proportion is so small as to defy the most delicate chemical test. Atmosphere containing the one million two hundred and fifty thousandth part of sulphureted hydrogen, inhaled by a horse, will kill him in a very few minutes. The animal economy is a strange piece of mechanism of which far too little is known. Man is usually considered the grandest work in the scale of existences, and yet his anatomy, as wonderful as it is, will bear no comparison with that of the worm he crushes beneath his feet, or the tiny insect that floats like a useless mote in the summer air. In the human subject we find three hundred and seventy muscles, yet Lyonet, who devoted his whole life to the observation of a single species of caterpillar, discovered in it four thousand. A common house-fly is said to have eight thousand eyes and some butterflies have twenty-two thousand. The motion of a gnat's wing is six hundred thousand times in a minute, but the dimensions of the muscles that impart this rapid motion who can measure, or the size of the innumerable parasites that it is said find a home beneath the fimbria of those wings with ample space to range at will. We are far from knowing everything, far from being able to give an explanation for every phenomena witnessed. If we could do so there would be little left for the researches of the coming ages. We are not obliged to answer all the objections urged against Homœopathy. Our premises taken, our conclusions are legitimate, and it remains with our opponents to prove them to be incorrect. The smallness of the dose is one of the questions most generally raised, and that, we think, has been pretty fully answered. It is custom and prejudice that makes many so reluctant to admit that it is the quality and adaptation of matter, instead of its quantity, that produces the desired results. And this prejudice is by no means confined to the Allopathic school of practice. I doubt if greater skeptics can be found anywhere than are to be met with among so-called Homœopaths,

men who probably never made a Homœopathic cure in their lives, and who, should they witness one, would be astonished beyond measure and as ready as any one to attribute the result to other causes than the medicine. Low potencies and crude drugs suppress symptoms in the same way, and the prescriber who, in his therapeutics, has never risen above them, has never breathed the refined atmosphere of pure Homœopathy. Previous to Hahnemann's time, while many were willing to admit that invisible causes were capable of producing visible effects, so far as causing disease was concerned, no one seemed to conceive that microscopic remedies might also cure.

Because of this widespread skepticism or lack of knowledge, in and out of our ranks, of what really constituted Homœopathy, the charge over and over again has been made by its enemies that all our old landmarks were obliterated, or that we ourselves were beginning to see and to admit that Hahnemann's teachings was all a fallacy. But there is not and never has been any such admission made on the part of his true disciples and of the future of Homœopathy we have no fears, though it is humiliating to be obliged to admit that misguided fanatics in our ranks, either from ignorance of what constitutes Homœopathy, or from personal ambition for distinction, have led us so near the picket-line of the enemy that some desertions have already occurred, and others are calling for a truce which savors much of compromise. In view of this state of affairs, on the 16th day of June, 1880, we raised the old flag, around which forty years ago battles were fought and victories won. Eighty stalwarts have already rallied to its defence, and the recruiting still goes on. We now have enrolled soldiers from England, Italy, and Spain, and they are coming from every civilized country on earth, not enlisting for one or for two years, but for the war or for a lifetime.

THE OBJECT OF THE ASSOCIATION.

At the first meeting after our organization, owing to the absence of the secretary and treasurer with all the papers, names of members, etc., and without any order of business, and with few by-laws or resolutions by which to be governed, the first year of the existence of the Association might be said to be well-nigh lost. At the second meeting, the condition of things was but little better. No officer, except the president, being in attendance vice-president, secretary, treasurer, and the chairman of every bureau being absent—and with no order of business it was hard for the president to bring order out of chaos, or to proceed with any system. But many valuable papers were presented, the authors of which, with few exceptions, were not present these were read and discussed, and new members and officers, with the exception of the president, were elected for the ensuing year.

Some of the members who were not present thought the re-election of your president was a mistake. Of course, this was a mere matter of opinion, there was no precedent, for or against this; we were merely making a precedent, making history, and it is not at all likely that everything we might do would be entirely satisfactory to every member, or any thing we might say meet the approbation of those who could not be received as members, and the teaching and practice of whom make the organization of this Association necessary. The idea has been circulated with a good degree

of industry by those who would gladly see its dissolution, assisted as they claim by one or more disaffected members, that there is a widespread dissatisfaction in our ranks growing out of words spoken by your president at our last meeting, to wit: That if the destructive policy as mapped out by some of the leaders of the American Institute was henceforth to be its governing principle, I could see no good reason why we should not sever our connections with it, and that my re-election after expressing these sentiments amounted to an indorsement of them by the Association. And a great amount of capital was sought to be made on this account. But it is not fair to assume that your president's re-election was in any sense owing to his views on this subject, neither do I believe that it should or would defeat the election to the presidency of any member who entertained similar views. And after a years reflection your president is not disposed to retract anything he may have said in relation to this subject.

The American Institute was organized the same as the International Association, to perpetuate and disseminate the inductive methods of Hahnemann. Had it continued to do this, the organization of this Association would have been a superfluity. If any member still believes it is now following its original intent, then his line of duty to him must be clear merely to follow where it leads and to oppose whatever he may conceive to be antagonistic. So far as I am acquainted with the views of the members of this Association, it is with feeling of deep regret that they conceive the necessity for such an organization exists, and willingly would they see it disband did they believe that the best interests of Homœopathy as Hahnemann taught it, would be promoted thereby. But every year the necessity for its existence seems to become more and more apparent, and more and more do we feel sad in view of this fact, for we have not now, neither have we ever, entertained any but the kindest feelings toward the American Institute either individually or collectively, and gladly would we see it, with or without our aid, pause on its road to ruin and return to its first love. But if it will not do this, but take the advice of one of its members, to turn us all out because, he says, we "hang like a ball and chain on the limbs of the Institute obstructing its progress;" though he does not make it clear whether the disgrace is to be attached to the ball and chain, or to the wearer or follow the lead of another member, and have us placed in, a separate apartment or bureau, denying to us even the name of Homœopathists;—if this policy is to be adopted we may clearly see that our Association was not organized a day too soon, and any such action on the part of the Institute should serve as a stimulus to every member for renewed efforts to preserve intact that inheritance left us by Hahnemann and his early disciples. There can be no fears that that truth can ever die, though a diamond may be dimmed while marble is polished; but if our Association does not prosper and our cause succeed, it will not be because we have not truth on our side, but because we do not defend it with that zeal and energy which is the element of success in any and every undertaking. Every member should feel that he has a duty to perform, a duty that he owes to himself, to Homœopathy, and to humanity, and instead of absenting himself from our meetings, entering objections, and creating dissensions, he should be present to give his counsel in correcting or preventing mistakes.

It has also been urged that our Association has fallen short of accomplish-

ing the end and aim of its organization. But national or international influence is not gained in a day, character and reputation are of slow growth the education of the people is a great work. It is impossible to compute the amount of influence in this direction we have already accomplished, not only with the laity, but with physicians as well. Whoever thinks nothing has been done should obtain a report from the pharmacutists as to the increased demand within the past year or two for high potencies. Physicians prominent in the profession are buying and using them, and honest investigation usually results in honest conversion; and as our paramount object was to give strength and influence to Hahnemannian Homœopathy, we are not discouraged at what three years have accomplished. Besides, the amount of abuse we have within the same time received from the Eclectic wing of our school only convinces us more and more of the necessity and justice of our course.

As for your president, he is not sorry that his term of office is nearly closed; it has been attended with more honor perhaps than either thanks, pleasure, or profit; but for none of these has he labored, and has not therefore been disappointed. His every act and word in regard to the Association has been, as he supposed, for its best interests. It is not at all to be presumed that every one can see things in the same light, but my endeavor has been as far as possible to avoid petty jealousies, and prejudices without consulting others as to what language I should use, though with no intention of giving offense to any, I have on all occasions spoken the truth as I understood it, and henceforth will be glad to work for the success of our cause in any capacity that may be assigned me, knowing that there is no excellence without labor, and that if we fail it will not be so much from labor wrongly directed as from no labor at all, or only that which exhibits itself in words. No true Hahnemannian lives that I would not gladly take by the hand and welcome to membership. Homœopathy as represented by this Association is my friend, and if its opposers or its enemies, receive little sympathy or little mercy at my hands, it is not that I love them less, but that I love Homœopathy more. No man would rejoice more than I to see a union of all schools of medicine, but it would have to be upon the platform as laid down in the *Organon* of Hahnemann. As for a union on any other basis, no Homœopathist has ever harbored such a thought. We are much obliged to the medical societies of other schools for their kindness in permitting their members to consult with us, giving as a reason that in doing this it gives us the opportunity of becoming better acquainted with their mode of treatment, which they think we will then be likely to adopt; but they forget that our familiarity with their treatment is one great reason why we are Homœopaths. We therefore regard their propositions to meet us in consultation as entirely gratuitous, and presume that with or without their society resolutions, they will in the future, as in the past, always consult with us *whenever they are invited to do so*. And in conclusion, I can only express the hope, that no diversity of opinion about minor matters and no personal difficulty will prevent any and every Hahnemannian, where ever he may be, from joining us, not by any means for the purpose of being antagonistic to any other medical organization, but for the far higher and nobler purposes of an interchange of thought for the welfare of the afflicted, and for the perpetuation of the art of healing as taught by Samuel Hahnemann.

C. PEARSON.

THE UNITED STATES MEDICAL INVESTIGATOR.

"HOMŒOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

Communications are invited from all parts of the world. Concise, pointed, *practica* articles are the choice of our readers. Give us of your careful observations, practical experience, extensive reading, and choice thought (the great sources of medical knowledge), on any subject pertaining to medicine.

BROWN SPOTS is evidently a very indefinite term. It may mean a bronzing of the skin, an excess of pigment, a yellow saddle for example or a deep brown color in circumscribed spots. Are not the supposed liver spots, chiefly confined to the chest and associated with jaundiced eyes, are not these due to uterine trouble confined to the face, chiefly nose and forehead, while those due to urinary disorder may be general but chiefly about the eyes. The retained bile acids and the uric acids may cause discoloration, but in uterine cases what is the cause? Are we not here taking things for granted. All uterine cases do not have "brown spots," therefore we should look further and deeper. Sepia often cures, but Sepia is a liver and urinary remedy as well as a uterine one. The *modus operandi* of the cure is the problem before us. "Brown Spots" are evidently more than skin deep. For their varieties and treatment some standard work like Kippax on Diseases of the Skin should be consulted.

THE FIRST COLD SNAP had a peculiar effect upon the people. The first decent of cold and frost, September 7, was not followed by any bad results. It was dry and cold. That was succeeded by a very warm close atmosphere which ended in a low barometer with rain and a sudden northeaster. This was damp. Now the effect was very marked. Few people escaped. Whether there was an extra electrical condition we do not know, but the northern lights were most brilliant, at the same time the moon was moving towards the full when the appetite is supposed to be at its best. Singular that most of the complaints were abdominal, enteric. Several cases were pharyngitis and bronchitis. With the sudden change and moist air was a high wind, (Sept. 16.) Did this increase the amount of ozone? The conditions were favorable as near as can be ascertained. Do these profuse painful watery discharges indicate that the cholera epidemic wave is affecting us already? Will there be a change in the genius epidemicus and what will be the prevailing remedy or remedies we shall be curious to learn. These are practical problems of serious moment.

A PRACTICAL OBSTETRICAL PROBLEM.—The uses of the liquor amnii as discussed in our last issue by Dr. Sanders, p. 187, *et seq*, is a very practical topic. The relation of the quantity, color and consistence to child development is interesting. He states that the reaction is acid while physiologists

give it as alkaline. Whether it is or no can be easily decided. If acid what would be the effect upon the child? Possibly it is in some instances as in a case related by Dr. Potter, of Maquon, where the child was literally parboiled.

The effect of a large amount upon the child can only be solved by the report of many cases. Is the child always small and feeble when the water is in excess? What has been the observation of our readers? Why does the amount vary? Is there any relation of food or exercise or rather lack of it to the water?

How can we determine before rupture if the waters are in excess. Does the amount not vary with wet and dry seasons or years? Has temperament any bearing upon this water question? Is not the os as a rule better developed (with extra tissue) when the uterine contents are excessive and early rupture hastens delivery in these cases? These are some of the practical problems that will interest our obstetrical readers, from whom we should like to hear—as well as to receive facts from all.

Consultation Department.

CASES FOR COUNSEL.

CHRONIC CATARRH—CAN I BE CURED.

I am a chronic sufferer with catarrh and a chronic sore-throat, pharyngitis. I am constantly troubled with dropping in the posterior nares, my throat is full of small ulcers containing mucus, and streaks of mucus are attached to the posterior wall of the pharynx. The salivary glands are too active, as I am constantly swallowing the saliva which gathers in my mouth. I am continually hawking and spitting the mucus from my throat and that which collects in the posterior nares. Now and then I have a dull sensation in the pharynx, no particular pain, seldom troubled with any headache and then never severe. My bowels are quite regular, occasionally not as free as they ought to be probably from the want of exercise. I have been suffering for years; I am very much discouraged, feel very unlucky as regards my success in life as well as in society. Have been taking medicine for years off and on; have tried most of the remedies as I thought them indicated, most in the 3x potency. I have never given any a very long trial as I always felt it was doing no good; the Mercuries all seem to increase my salivary trouble. I am now trying the Binioidide of Merc., 200x once a day. *Nelson* recommends the Proto-iodide mer., 1x for heavy mucus discharge passing through the posterior nares into the throat. This seems to be very strong for me and I have not tried it as yet. I have often tried it in the 3x, but have

found my salivary trouble increased, the same with the 6x potency. I have read several articles on catarrh in THE UNITED STATES MEDICAL INVESTIGATOR, but could get no satisfaction out of them. I have now come to that stage of affairs where I think I want some help. Name the remedy, potency, dose, and the frequency thereof and how long I shall take it before I quit. I failed to say that I wake up in the morning with a bad taste in my mouth, tongue often dry without thirst, a feeling of weakness in the left breast with a pain in the left pectoral region very often, but not constant. Going up stairs takes my breath and makes my heart beat, never otherwise. I have been a singer for many years, but not now for some months, do not know if my trouble dates from that time or not. I think you have a fair history of my case and you will be doing me a great favor by assisting me.

C. C. B.

CASE OF CHILLS.

A Mrs. L. fifty-five years of age and have never enjoyed perfect health from womanhood have suffered from dysmenorrhœa till it ceased two years ago, have never had children. February 1863 had a long severe illness taken suddenly with a pain at my heart running back to left shoulder, abdomen, stomach much swollen, was very low for a long time. Since that time have had these chills, coming on at any time at irregular intervals, sometimes eight during the day, no fever, suffering great pain in my womb and just above the groin. I suppose ovarian, sometimes difficulty in urinating, do not suffer as much as formerly with distress in womb, but these chills are more frequent formerly when they were coming on her countenance would be ashy gray, under jaw would suddenly full, slightly purple around the mouth, pain intense and weakness of limbs, have suffered much from nervous prostration, had many very sick spells or chills come on after exercising, sitting in a draught, handling damp clothes, getting in a cold bed, any exciting cause whatever. Have been confined to my bed often for weeks, for days my hands, head and limbs were in constant motion, in 1881, was sick months under medical treatment and was relieved of much suffering, but it all never affected or cured these peculiar chills. I have pain low down in bowels, before they come on feel very weak in my limbs and back, have a very chilly sensation, dull pain in back part of my head and neck, yawn constantly, voice changes, has a hollow sound, like catarrh nose, runs excessively, fever after it, inclination to urinate, slightest change of temperature in a room is sufficient to bring them on.

T. E. R.

REPLIES TO CASES.

On page 137 of THE UNITED STATES MEDICAL INVESTIGATOR you describe a singular ear case. If the meningeal blood vessels are enlarged so as to press upon the auditory nerve the trouble is mechanical, medicine useless. If of a nervous or inflammatory origin, consult Alumina, 3x to 30x. Causticum, same potency, and Glonoine 6x to 30x. If amenable to medicine these will help you out. If the suppressed hæmorrhoids were the cause then try the remedies which the suppressed diseases would demand.

GEO. W. STEARNS.

On page 138 of THE UNITED STATES MEDICAL INVESTIGATOR you ask for diagnosis, prescription and prognosis of a case of "Brown Spots and Headaches." If these brown spots are same as "bronzing" of the skin, they indicate disease of the supra-renal capsules and the remedy is yet to be discovered. If a humor then give Iris ver. tincture to 30x. It cures eruptions, as well as sick headaches. Follow with Thuja oc. 3x to 30x if the Iris fails, and finally Dulc. 3x to 30x. In one or all of these remedies there is a chance for success should there be no kidney trouble behind. If so study Apis mel.

GEO. W. STEARNS.

A. M. B. returns his thanks to these many friends who prescribed for his sneezing, but none seemed to strike his case, until he commenced Lachesis 1000, and stopped the use of tobacco, and for eight weeks did not sneeze any.

H. M. B.

Book Reviews.

DR. PRICE'S TIME TABLE is a folder recording the hour of "chills," and the hour of fever without chill when intermitting. The regularity and prominence are graded by different type. Price, five cents. Supplied by Duncan Bros.

A PRACTICAL TREATISE ON IMPOTENCE, STERILITY AND ALLIED DISORDERS OF THE MALE SEXUAL ORGANS. By Samuel W. Gross, M. D., Phil. Henry C. Lea's Son & Co., Chicago, Duncan Bros. 8vo.; pages, 176, price 25 cts.

This is a second edition of a good work. Dr. Gross thinks that the male is at fault in one-sixth of the cases of sterility. The treatment given is chiefly surgical, with the exception of the most general of empiricism. The book will well repay careful perusal.

HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF CHICAGO sends out a neat catalogue for its twenty-fourth annual announcement. It is the most breezy of them all. The faculty are most of them men of international reputation and give an excellent course. They have good clinical facilities which are used to the utmost.

VENEREAL AND URINARY DISEASES. By T. S. Hoyne, M. D., Chicago: Halsey Bros., Dunca Bros., 8vo pages, 125, price, \$1.25.

This work by Professor Hoyne is made up of lectures delivered in Hahnemann Medical College on venereal diseases, including syphilis in all of its phases and gonorrhœa. To these are added concise outline indications for remedies in impotence, onanism, spermatorrhœa, albuminuria, cystitis, diabetes, dysuria, enuresis, hæmaturia, retention of urine, calculus, stranguary, etc. The hints for the use of remedies is the best part of the work, showing that the author has had a large experience with this class of diseases.

News of the Week.

Query.—Is vaccination a cause of diphtheria?

Suppurative otitis.—Kali phos., is valuable in suppurative otitis.

R. L. Hill, M. D., has on account of health gone back to Oakland, Cal.

Wanted.—The UNITED STATES MEDICAL INVESTIGATOR of January 1, 1880. Send to Duncan Bros.

Diphtheria.—Dr. Holbrook, of Baltimore, speaks in the highest terms of Nitrate of Sanguinaria 3x and 6x for diphtheria.

Baptisia 1 ζ has been used successfully by Dr. Scherzer for convulsive contraction of the œsophagus and cardiac orifice.

Antimon. crud. is a grand remedy for rheumatism in the feet, when the soles are so sensitive that patient can hardly step on them.

The Beaver Co. (Pa.) Homœopathic Medical Society meets the third Thursday of each month. P. D. Liscomb, President, Wm. Raymer, Secretary.

Semi-lateral Sweatings. Jaborandi, besides Nux and Pulsatilla produces, and therefore cures semi-lateral sweatings. Left half of body was covered with a cold perspiration.

Badiaga.—Hering says that this remedy is useful in the complaints of adults who had manifestations of scrofula in their youth. In Russia it has a reputation for the cure of piles.

Salicylic acid in corns and bunions is highly recommended. It may be dissolved in collodion and applied on raw cotton, or applied by a camel's hair brush once a day for a week or more.

Nervous aphonia.—Dr. Hale has used Oxalic acid 6 in nervous aphonia, with cardiac derangement. The only other remedies which appear to have these two conditions combined or alternating are Hydrocy. acid and Coca.

Syphilis.—Dr. Guntz, of Dresden, uses three and a half grains Bichromate of potash to 600 grains water per day for chancre. This may be continued for weeks with nothing detrimental to the general system. Its effect is wonderful.

New Remedy for Tape worm.—Dr. Edwin Freeman recommends *pelletierine*, the alkaloid of pomegranate bark, for the destruction of *tœnia solium*. The advantage of it is, a small dose will do the work and a delicate stomach can accept it without the nausea attending the old method.

Oxalic acid colic.—Pain in upper part of abdomen in region of navel, coming on two hours after eating with much flatulence and bitter and sour eructations; worse at night; is aroused about 3 A. M., and kept awake by it. Burning sensation from throat down. Oxalic acid 3, an hour after meals.

Arnica in coughs and neuralgia.—Dr. Cate finds Arnica of great service in a violent spasmodic cough, attended with herpes of the face. In neuralgias that have their origin in disturbance of the par vagum, Arnica is an important remedy.

The United States Medical Investigator

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Clinical Medicine.

GENEVA Ky., Sept. 28th, 1883.—It seems that I have placed a stumbling block in the readers way of *THE INVESTIGATOR*, about "Sore Eyes," which is at present an epidemic here. I will give you my treatment locally. Aconite eight drops, Camphor ten drops, Morphine one-fourth grain, Sulphur zinc four grains, Aqua 2ʒ. Drop in the eye two drops every one-half to one hour and the proper remedy internally. I always cured in from twenty-four to forty-eight hours the worst cases. I have given you the kernel.

JNO G. FESSENGER.

CHOREA.

BY J. CRESSWELL LEWIS, M. D., PHILADELPHIA, PA.

This is one of those maladies that require hard study to understand thoroughly and like some others, when we think we have a good knowledge of it some new case will present showing marked differences from previous ones. We are all aware of the fact that it is not one of the most common diseases of early childhood but is observed most frequently between the periods of second dentition and puberty. Girls are more apt to be attacked and generally those children that are not of vigorous constitution and growth. It is an undecided question as to whether this disease is akin to rheumatism or not. Certain it is, that some eminent authorities have noticed a marked, decided connection or perhaps (we might say) co-existence of the two diseases, but others of high standing confidently deny any relationship. It generally makes its appearance slowly, comes on gradually, and hence we are often called upon when it is rooted firmly in the system.

The symptoms of this malady are not constant, each case presenting its individuality. The disease affects the muscles that are normally under the control of the will called voluntary muscles. The twitching may be confined to one set of muscles, or may be general. Excitement often, we may say, invariably, makes the symptoms worse, while fixed attention to any subject has a tendency to quiet the patient. Sleep causes a cessation of the symptoms. A child may be in constant motion the whole day and its waking hours be harassed by the fearful contortions and grimaces it is subjected to, but when sleep comes, it comes as its only friend and the little sufferer is given a few hours of quietude.

We have in some cases, endo or pericarditis, also irregularity and inequality of the hearts action, with an apex murmur. These murmurs may be owing to some involvement of the muscular apparatus belonging to the valve. Again, we must remember that anæmic conditions, arising from systemic diseases, may induce them, hence until we are certain as to the cause we must not attach too much importance to them. Sometimes the

murmur is permanent, showing evidence of mitral involvement and is followed by dilatation of the heart.

West, in his admirable work on diseases of children, cites a case of a girl nine years old who had chorea and some slight affection of the mitral valve. Dilatation of the heart supervened with alarming rapidity, and threw the chorea completely in the shade. She died suddenly five weeks after admission into the hospital and the heart was found to be enormously dilated.

Sometimes this disease follows diphtheria and scarlet fever. We well remember the case of a little boy five years old who had an attack of diphtheritic croup, and who after much anxiety and trouble recovered, but was left with choreic symptoms. So badly was he convulsed that he could not keep still one moment. He recovered under general Faradization and the administration of Cup. met. 6x. Fortunately this is a disease not often fatal, but in prolonged cases the patient is apt to become dull and listless.

We might ask ourselves "What is Chorea?"

Rosenthal gives as good a definition as we can find and we will quote him. "Chorea minor consists of more or less continuous muscular contractions and associated movements, which occur without disturbance of consciousness, especially under the influence of voluntary motor impulses and without any apparent aim in view, that is to say, with inco-ordination."

Thus we see we have a disease not affecting the separate motion of muscles but preventing co-ordination in the movement of certain sets of muscles, thus producing irregular, convulsive contortions which are always made worse by an effort of the will to correct them. Chorea is often the result of hereditary irritability of the co-ordinating apparatus in the brain as well as in the spinal cord. Now it is not necessary that the parents should have chorea in order to transmit it to the children. The chorea in the child may be the result of other nervous affections of the parent. Such children show symptoms previous to the onslaught of the disease that will warn us, perhaps, of its coming. They are often exceedingly precocious, inclined to want everything done for them quickly and become irritable without any cause.

Those English physicians that contend chorea and rheumatism are closely allied, even produced, as some say by one identical cause, give the characteristics of the urine as proof, resembling as it does the urine of rheumatism. There is high specific gravity, considerable urea, urates and oxalate of lime.

The cerebrum is often affected in this disease, as is shown forth in the symptoms produced by irritation of the motor cranial nerves, by the confusion of ideas, difficulty in articulating properly and the exhibition of mental affections. We must also remember that chorea comes on in the course of apoplexy, softening of the brain and kindred diseases. To illustrate this we may cite the case of a lady seventy-five years old, or thereabouts, who has been under our treatment for four years. She evidently has softening of the brain and at times is so convulsed by choreic contortions as to be an object of pity. The right arm is continually in motion and even when she lies on it the force of the muscular contractions is so great as to raise her body from the bed. The old lady, at such times, cannot articulate distinctly.

In patients that have died where chorea was complicated with the other existing diseases, exudations have been found encircling the vessels of the brain and in the gray matter.

The spinal cord is also deeply affected in chorea, in fact, is the chief seat of trouble. West says chorea is produced by irritation, direct or indirect, of the cord. We may have chorea without any cerebral symptoms and then again, the disease may be the result of trouble in the brain transmitted through the cord. The trouble in the cord is with the posterior columns, as is proven by the pathological changes seen in them.

There are some causes which operate to induce chorea in those children of a nervous temperament. Blows on the spine or head, fright, excitement, indigestion, improper food, the irritation of dentition, worms, are each a sufficient cause to induce the disease in those predisposed.

We have treated several cases produced by blows or falls on the head and spine. The irritation from intestinal worms is another cause, that until removed, will keep a patient at a stand still. In April 1883 we reported in the *Medical Call* a case of a little girl whose chorea was caused by ascarides and which case was not relieved until they were gotten rid of. The prognosis is more favorable in idiopathic chorea than in those cases complicated with or depending for their origin on (according to the differing views of authorities,) rheumatism or pericarditis.

Chronic movements manifesting themselves locally, as in the face, for instance, are more difficult to control than when the disease is general, and are even apt to be permanent, going through life with the afflicted party. We can recall two examples of this, one a member of the bar of Philadelphia, whose head and face are constantly in motion, producing distressing grimaces; the other a physician, whose mouth and one eye are twitching continuously. The average length of time for curing ordinary cases of chorea is from one month to four. Relapses are frequent, but in the general run of cases, the relapse will not be as severe as the original attack, and we should not be discouraged by a recurrence of the severity of the symptoms after a supposed cure. Such an occurrence, by those who meet many cases of chorea, is almost certainly expected, notwithstanding some reports to the contrary. The treatment of this affection is satisfactory under our mode of practice.

The remedies we have used with the greatest success we will enumerate:

Belladonna.—Where we have evident trouble with the brain or meninges of the cord accompanied by inflammatory symptoms. The motions of the body are often backward; boring the head in the pillow; grinding the teeth; moaning; injected eyeballs; flushed face.

Cina.—Where we have verminous symptoms. Peevish; restless at night; picking at nose; urine turbid; appetite almost ravenous; face pale; sharp pains in the abdomen; nocturnal enuresis; twitchings in arms, legs and face. This remedy we generally give in drop doses of the tincture or sometimes we prefer Santonine, the active principle of the drug, in gram doses.

Cuprum met.—Peevishness; headache with vertigo; face convulsed terribly; eructations; vomiting, accompanied by pains at the epigastrium; dark urine with a yellowish sediment; pain in the arms and legs with a numb sensation; cramps in the calves.

Nux vomica.—This remedy we have found to be of service in boys more than girls. The features will be distorted terribly; violent movements in arms and legs accompanied by a trembling of the whole body; where constipation is persistent; sleepy.

Zinc val.—This drug is not paid enough attention to in our books. It is a grand remedy in neurotic cases and in chorea where it is accompanied by soreness and pain in the course of the large nerve trunk, as for instance, the sciatic, we have had remarkable success with it, curing some cases that have been extremely stubborn.

These remedies do not complete the list of those applicable to this disease but are those we have had the most marked success with.

Gymnastics have been used with great success by such authorities as M. Lee, M. Blache, and Mr. West.

When this treatment is instituted, the children are as a rule, able to go into the gymnasium and exercise without assistance, in ten or twelve days after commencing, under the nurse's care. Cures have resulted on an average of thirty-five days, while under the same care without gymnastics, the average time is six weeks two days. Massage, faithfully performed, we have found of advantage. Electricity has helped us in our treatment of several cases of this disease, sometimes the Galvanic more frequently the Faradic current being used.

One thing is imperative in the course of the treatment, which is, to keep away from the child all annoying personages or things.

There are some people who are particularly obnoxious to every child, whose description is not exactly possible and yet whom children with their keen instincts and insight, hate and fear. This class of necessity, must be kept away from the patient. Only necessary attendants need be around and those must be of the most discreet character or else recovery is sure to be retarded or be only partial, the child being left with one of those forms of permanent local chorea that hang to them throughout life.

CASES FROM PRACTICE.

BY O. E. PRATT, M. D., ONEONTA, N. Y.

The following notes transcribed from my case book may be of interest :

1. Mr. J. L. M. *hydrocele* of seven years standing. Used various remedies without benefit. Have aspirated contents of sac about every three months. Finally prescribed *Oxydendrum arborum* tincture, ten drops three times daily for four weeks. Four months have passed and no indications of return, evidently cured.

2. Mr. J. V. aged seventy years, *chronic purulent cystitis* with hypertrophy of prostate, unable to void urine except through catheter. Prescribed Ammonium chloride ten grains thrice daily and washed out bladder once daily with Biborate of Soda, one ounce to two ounces each of water and glycerine, using two teaspoonfuls of the solution to a gill of warm water. After continuing this treatment for a few weeks success rewarded our efforts, prostate so reduced that patient could void urine readily, pus in urine disappeared and patient regained his usual strength and life again a pleasure.

3. *Spasm of diaphragm.* Miss A. V. has been an invalid for fifteen years, principal trouble seems to have been bronchitis. Found her suffering from clonic spasm of the diaphragm. Her respirations were 200 per minute, with an occasional intermission long enough to allow her to take a long breath.

This condition had lasted twenty-four hours and she was in a state of complete exhaustion. Administered a small powder of Moschus 3x which relieved her in five minutes. These attacks have recurred about once a week since but one powder of the same remedy has been sufficient to abort them. She stated that three years ago she suffered with the same affection and found no relief, it finally subsided of itself after having lasted three months and nearly wearing her out from sheer exhaustion.

DROPSY CURED BY KALI CARBONICUM.

TRANSLATED BY A. MCNEIL, M. D. FROM THE ALLGEMEINER ZEITUNG.

Another enemy against which we are tolerably powerless, and against which we are sometimes necessitated to employ the infusion of digitalis, is dropsical swellings as a result of heart disease. A recent case has however, taught me that our medicinal treasure has a remedy which can accomplish something. It relates to a six year old rachitic boy in whom occurred in consequence of a light and transient rheumatism of the joints, a failure of the valves and hypertrophy of the heart. After I had used a number of what appeared to be suitable medicine in both high and low dilutions and triturations, I was under the necessity on account of the increasing œdema which began in the forehead and the ascites to try digitali. I perscribed Digitalin 3d trit, as much as rested on the point of a small knife, three times a day. The heart became quieter and the œdema disappeared except in the forehead. But as usual the improvement was only temporary. As soon as the medicine was discontinued eight or ten days the swelling again increased. Finally it entirely ceased to benefit and the œdema spread over the entire surface of the body, but particularly in the scrotum and the collection of water in the abdominal cavity increased rapidly and consequently the dyspnoea also. Under these desperate circumstances I resolved as no other palliatives promised benefit, to try a Homœopathic remedy, (better late than never) but it is strange a Homœopathic physician had not thought of that before. On comparing the case and the drugs I chose Kali carb. It had the heart symptoms, the oppression and the dropsy, of the skin and abdominal cavity. I prescribed at first the 6th, but changed to the 30th as soon as its beneficial effects ceased. At first every four hours a dose, afterwards three times a day, then every three or four days. After using it about eight days, an increased flow of urine was observable, which kept increasing so that at first the œdema of the scrotum then that of the other parts of the body and at length the ascites gradually decreased. Now, after about four months use of the remedy continued at increasing intervals, all the dropsical symptoms and at last the obstinate œdema of the forehead have entirely disappeared. The deathly paleness, in fact transparency of the boy, has given place to a healthy color of the face. His almost intolerable obstinancy and his resort of appetite have gone, he has again begun to grow and his movements are more energetic. The urine both in quantity and quality is normal. The heart trouble is of course unchanged, yet its movements are less stormy and are regular, I will rejoice if my colleagues will try this remedy in a similar calamity and have as favorable result.

THE CLIMATE OF WEST TEXAS ON THROAT AND LUNG COMPLAINTS.

BY C. E. FISHER, M. D., AUSTIN, TEXAS.

As autumn approaches and heavier clothing becomes more bearable and comfortable to him who suffers from disease of the respiratory tract, the question naturally arises in the mind of the sufferer and his friends, what effect will the winter have upon him? "Where can I go to escape the chilly blasts and ice forming weather of a northern latitude?" is a question of no mean importance to one afflicted with any form of pulmonary complaint, or with an affection even of the nasal, throat or bronchial mucous membrane. The necessity of passing the fall, winter and spring months away from a climate in which pulmonary disease has made a commencement is conceded by medical men everywhere. Thousands of pulmonic invalids throughout the north and east have been hurled into eternity years earlier than would have been the case had they availed themselves of the advantages of a change of climate in the earlier, or even in the late stages of their complaint. Climate offers greater benefits to chronic lung and throat cases than any other agent known at the present day, and it is greatly to the credit of the medical profession of America that this fact is being so generally recognized and so often acted upon. The number of pulmonary invalids who now spend the winters in the south is greatly in excess of a few years since, and this increase is out of proportion to the probable increase of consumptive disease. Physicians are doing their duty, and patients are learning what is in store for them when a change of climate is made imperative.

I may truthfully say that it is the favorable experience which thousands have had within the last decade, which is so augmenting the number of invalids and persons of pulmonic habit who are seeking the benefits of the salubrious and health-restoring influences of the climate of Western Texas. When the writer came to this state more than eight years ago prompted by an eagerness to be rid of a troublesome and most serious case of chronic bronchitis and *ozæna*, the number of pulmonary invalids visiting this portion of Texas for their health, was small indeed when compared to the thousands who flock to this Eldorado of the southwest now. Then they came singly or by the stage load, now hardly a train or any line of railroad but that brings from a dozen to one hundred every day during the winter season. It is estimated that from three thousand to five thousand pulmonary invalids spend the winters within a radius of one hundred miles of Austin, the capital city, perhaps fully one half of that number going to San Antonio, whose visitors have been more thoroughly advertised than have those of any other single point.

This increase in numbers of throat and lung patients visiting Texas is due to the fact that our experience of several years past has demonstrated the superiority of this climate, placing it without an equal in the United States at least, so far as permanency of results and proportion of improvement in cases where permanent results cannot be hoped for with reason, is concerned. The question of the beneficial influences of the climate of the western portion of Texas is placed beyond doubt by satisfactory cures having followed in so large a proportion of cases as to give it its present enviable reputation.

The class of cases which may reasonably hope to obtain permanent benefit from a residence here is chiefly catarrhal, especially as relates to the throat, nose and bronchial tubes, and, I may say also, those cases of well known consumptive history and habit, which have not advanced beyond the first or the early part of the second stage of destructive lung disease. Nasal catarrh, even to ulcerative affection of the nasal bones and loss of smell, with offensive discharges of thick yellow or greenish matter, or with the formation of thick incrustations in the anterior and posterior nares is frequently cured by the climatic changes—unaided by medical treatment. I have witnessed the most happy effect frequently in this class of cases coming among us from the north or east, and experienced myself a most satisfactory and perfect cure of an offensive and tedious ozæna within six months after my removal to West Texas.

Bronchitis with or without bronchorrhœa with constant dry or moist, racking and teasing cough, debility, lack of energy, loss of appetite and other troublesome and serious symptoms yields readily in a large proportion of cases, as will be attested by those who have had the joyful experience, and who may be found scattered throughout every city, town, village and hamlet in this and neighboring counties.

Asthma, humid or cardiac, is also among our list of curable complaints, and I think I can safely say that the qualities of our atmosphere will at once strike a reading and thinking mind as those most likely to prove of benefit in this most troublesome complaint. The altitude of Austin is about 540 feet above sea level. Thirty miles northwest it is 500 feet higher, 200 miles further it is more than 3,000 feet above sea level, and the altitude gradually increases until the Rocky Mountains are reached. With this elevation we have a southern latitude and a *dryness of atmosphere not found in any other part of the United States*. As one writer has aptly said (and he was a consumptive invalid), "There is something inexplicable about this Texas atmosphere, it makes you eat like a horse and helps you to digest all you eat. Invalids are the terror of boarding house keepers in this country. If you ride or drive five or six miles in the country you feel like you had taken a strong stimulant. A bucket of stagnant water hung up in a tree for a few days becomes as sweet and as pure as if it had just been dipped from a spring. Game will keep for a week or two hung up without salt." Is there a better atmosphere for asthma anywhere? Of consumption it may well be said that greater caution is necessary in promising lasting benefits from this or any other climate, if the disease is of the tubercular variety with hereditary history, and if it has passed beyond the first or incipient stage. Even though prudence would justify caution in speaking of the monster which destroys more of the human family than does any other single chronic disease, I may truthfully say that permanent cures follow a permanent residence in West Texas in a very fair proportion of cases of even well advanced lung disease. Instances are within my immediate knowledge where more than twenty years have passed over the heads of men still living—whose cases were pronounced hopeless more than two decades since. Particularly in the hæmorrhagic form of lung complaint does longevity supervene upon a residence in this climate. In chronic pneumonia or the cheesy degeneration of Neimeyer, with hectic symptoms, night

sweats, etc., unexpected results follow in a share of cases, but it is in this form particularly where recovery is not apt to occur here or elsewhere.

Business men, mechanics, professional men, students and others who have night and morning cough, debility, loss of appetite, pains here and there throughout the chest with occasional tinging of the sputa with bloody streakings, can do no better than to join the vast army who are living monuments to the life prolonging and health restoring atmosphere of the health belt of the Lone Star State.

To our professional brethren we say, you have a duty in this matter. You owe it to your patients and to yourselves to acquaint yourselves with the facts in regard to climates and to advise your pulmonic, bronchitic, asthmatic or catarrhal patient to seek a change in the earlier stages of his complaint. Send your pulmonics, dyspeptics and hypochondriacs to Western Texas and you will have done the best thing possible for them. Keep them at home and do all you can professionally and your skill will not compare in results with that of the atmospheric influences of the climate of this portion of our state.

INTERMITTENT FEVER.

BY C. HOYT M. D. CHILlicothe OHIO.

I find Ipecac a grand remedy in chills, especially where nausea and vomiting are prominent symptoms. Many times parties from the country send for the same medicine to "break" the chills, and it is impossible to get a clear history of the case. In such cases I nearly always send Ipecac, and tell them to report again if that does not cure. In a large number of cases it will prove to be the right remedy and will cure the case promptly. It is certainly much wiser to pursue this course than it would be to send Quinine as some do for lack of positive indications, as the Ipecac can do no harm and will cure many more cases than Quinine. I think Ipecac is one of our most frequently indicated remedies in chills. I have failed to keep a record of many of my cases, or I would report some cases cured by this remedy.

I rarely find a case of chills that can be cured by Cinchona in Homœopathic doses, and I very seldom give it for ague. I do find it the remedy for many cases that are undoubtedly of malarial origin. Such patients complain of headache of an undefined character, but especially marked about the occiput and back of the neck. The pains change localities often, and the patient can hardly tell what part of their head hurts the worst. They look sallow and complain of feeling tired all the time, and any little exertion causes them to perspire. They complain of pains in both sides, in the region of the liver and spleen. Also of inability to eat on account of feeling so full all the time, or after eating a very little; and they belch a great deal after eating. They are chilly much of the time, and they desire to keep near the fire. The bowels are not very costive, but still do not move with their accustomed ease and promptness. Such cases as these are promptly cured by Cinchona, and which if allowed to go on would doubtless soon result in genuine shakes.—*Med. Adv.*

EXPERIENCE WITH INTERMITTENT AND REMITTENT FEVER.

BY J. P. KESTER, M. D., GOBLESVILLE, IND.

As the period of the year is here when ague in all its multifarious form is liable at any moment to exhibit itself and confront the younger members of the profession, I thought a brief repertory of remedies for this and other malarial diseases would not be amiss or inappropriate.

When called upon to prescribe for "ague," without seeing the patient, or being able to elicit but few, if any, of the characteristic symptoms from the messenger, thus compelling me to prescribe, as it were, in the dark, I always prescribe *Nux v.* and *Ipecac* alternately, and generally with good results. The one (*Nux*) being specifically a spinal irritant, the other, (*Ip.*) affecting the pneumogastric nerve centres.

CLINICAL CASES.

CASE I. In a case of chronic ague of long standing, and one which had been much abused and aggravated by the almost constant use of Sulphate of Quinine was effectually cured by *Arsenicum 6x*, given at intervals of twenty-four (24) hours.

CASE II. Patient complained of chilly feelings alternated with flashes of heat, also congestion to head. Remedy, *Ars. 6x* and Sulphur 30x the latter, one dose in a day. Large doses of Quinine had also been given to this patient.

CASE III. A child five years old, female, fair complexion, lymphatic temperament, was brought to the writer on the fourth day of February last; had had third day ague for over a year. Allopathic treatment had been administered without stint or reserve, especially Quinine. Objective symptoms being all we could be governed by, such as an œdematous condition of the eyes, face, with pale countenance, blue margin beneath the eyes and on the lips, hands, finger nails looking blue, bowels and feet; general lassitude and weakness, great thirst, drinking but little at a time, but often. Prescribed *Ars. 3*, twice a day. Heard nothing of the patient nor the effect of the remedy for about two months, when I chanced to meet the child's father who stated to me that the child had but one chill after commencing the treatment. And further, that the child in every way was much better in health than it had been for a long time.

In many cases of ague, *Natrum muriaticum* in alternation with Sulphur is an excellent treatment. China with its characteristic symptoms must not be forgotten or its merits overlooked by the novice in medical science.

BILIOUS FEVER (SO-CALLED.)

Symptoms. Gastric derangement, vomiting of bile, great debility accompanied with a boring headache. Give *Belladonna* at the onset. *Aconite* cannot be favorably recommended in these cases. During the greater part of the disease give *Mercurius vivus*, or, which has a much larger sphere of action and much resembling *Merc.* give *Bryonia*. In cases of unusual secretion of bile we have a very suitable remedy in *Pulsatilla*. Should the disease degenerate into what is termed mucus fever, we should have recourse to *Antimonium crudum*.

Verat. alb. must be thought of as a suitable remedy in cases of copious vomiting and diarrhœa.

Nux takes a high rank in bilious fever. The difference between Nux and Bryonia is, in Bry. the patient lies quietly, the mental and sensorial functions are inactive. Nux has excessive irritability of mind and senses, strength rapidly decreasing, Bry. pale complexion. Nux, bright, red complexion, with yellowish tinge.

Gynæcological Department.

THE USE OF ARNICA AFTER LABOR.

We have in Arnica an invaluable remedy in the practice of obstetrics. The pathogenesis of the drug is well represented by the conditions we find immediately succeeding labor. The strained, bruised and torn tissues with a more or less degree of echymosis of blood fluid, a ready relief by the timely use of this medicine. It also possesses marked antiseptic qualities and here exists its power in destroying septic influences that arise to a greater or less degree in very many cases. Whether it be that the so-called milk fever is due to the establishment of lactation, i. e., the disturbance of the system in consequence of this function or whether it is due to the absorption of septic matter in the wounded surface of the womb or whatever lacerations that may occur, one thing is certain, that under the influence of Arnica, this fever is absent in nearly every case, and those in which it does occur, suffer but little.

During the seven years I have engaged in practice, I have constantly used it, and I have yet to meet the first unfavorable result following cases of either obstetrics, miscarriage or abortion. As soon as my patient is delivered and all secundines properly removed I give Arnica 3, in water every two hours until the third day, and my results have been so uniformly successful that I attribute much power to the drug. I have had but little complaint of after pains and have often noticed a marked relief in multiparæ who after former labors suffered severely from that cause. After miscarriages when the most alarming symptoms threatened and for a time prevailed, I have seen them disperse in a few hours as if by magic. A few weeks ago I assisted a neighboring practitioner in an autopsy following a violent case of traumatic peritonitis and metritis, brought on by a procured abortion. Conditions very analagous indeed to puerperal peritonitis. The autopsy was held at 8.30 P. M., at 12.30 the same night I was called to a case of labor. With my hands still strong with the odor of the autopsy which the frequent use of diluted Carbolic acid did not affect. I performed the office of Accoucheur, each time before I placed my hand to the vagina I washed my hands in Carbolated water and yet thirty hours after I could detect the odor of the autopsy on my hands. As was my custom I gave the woman Arnica and no unfavorable results whatever followed. I must confess I was exceedingly anxious over the case for three or more days, but can only say I never had a better getting up. The Carbolic acid no doubt did a good service but I feel I must give considerable praise to the virtues of Arnica. Had we no other use for this drug than the one indicated in this article it would be of inestimable value to us.

A. A. LOVETT.

EATON, Ohio.

A SINGULAR CASE.

I thought I would drop you a history of a curious case, and its curious treatment. Mrs. — aged probably twenty-seven, applied April 28th for relief of amenorrhœa. (Said lady is a beautiful blonde, married ten years, had two children.) I gave *Apis mel.* 2x three hours, summoned July 3, to attend her, as she had miscarried. Fœtus passed about six weeks old well. I gave Cinnamon tincture 4 gtts in $4\frac{2}{3}$ water, teaspoonful each hour, hæmorrhage controlled. She gained gradually till August 13; when she had attacks of cold sweating, early in the morning. I gave Calc. 30, two doses per day, gradually growing worse, till August 23, when she became very cold. (She had regular spells of hæmorrhage each two weeks, and was subject to them each time of menstrualinsus.) I was called and gave *Verat. virid.* tincture gtts 20, aqua 6ʒ. Teaspoonful each hour. I came home three-fourths mile, and in two hours I was recalled, 7 P. M. I ran down to her and found the room full of women, crying, and her husband and friends rubbing her cramped and stiffened limbs, and the patient in a deluge of *cold clammy sweat*, with imperceptible pulse, and talking to her family, in regard to disposing of her things, and care of her children, and instructions in regard to her coming funeral giving the portion of scripture to preach from, etc. Beside the bed was a stand upon which stood a quart bottle of liquor, which was two-thirds to three-fourths empty, and I found it to be a fair article of rye whiskey. They had given her over a pint of the stuff before I arrived, and were *applying it freely* to her limbs, *with Capsicum powder added*. Here was a pretty how-to-do case truly. Presently she quit talking and became colorless, hands clenched, arms flexed, toes cramped down on soles of feet, her legs flexed on abdomen, and lower limbs crossed over nates, while she seemed to just ooze out cold water. Now the eyes seemed motionless, and glassy. It was evident death was fast taking possession, and my chances slim to do anything. I gave however, Strychnine 2x, two grains and stopping all handling of her person, had a warm woolen blanket wrapped around her then I gave *Cuprum metallic* 2x in grain doses one-half hour; of course I had the room cleared out all except the husband, a sister, and one other, an old lady nurse. Toward midnight the limbs relaxed a little, but the sweat seemed to melt right out till now our blanket was soaked; had another *hot* one applied, 11.30 gave Strychnine 2x, one-half grain, one dose, in one hour gave *Cicuta virosa* 1x, gtts 2, in teaspoonful of water, no sign of life, but the respiration; pulse gone, heart beat scarcely perceptible, what *shall* I do. *He* gave up and the father and two children retire to another room where their sobs and anguish are still heard, oh for the beacon light of Hahnemann, or Hering, or Dunham, or Pearson; but there I was with my dying patient, and reputation at stake, one o'clock, and still no reaction, but she was not dead yet. I now select *Verat.* and *Cuprum*, and give *Verat.* first, in water, in one-half hour *Cuprum acetate*, and so on. At 3 A. M., the limbs relaxed, the water stopped *pouring* from her, and I left *Verat.* the 3, to be given alone, and came home; at noon, following day hæmorrhage occurred till syncope took place. Surely the undertaker is bound to have her. I stopped all other remedies and gave *Ergotin* 2x, (what I ought to have given at first,) when the hæmorrhage ceased, and she gained right

along, and during three days use of Ergotin she is able to sit up to the table with her little family, and to walk around the room *rapidly* gaining, who was once *so near the gates of death* was snatched almost from the grave. Ergotin covered the case almost complete.

A good surgeon dentist will find a good field in *this* place, we have no *good* one.

O. J. LYON.

BATAVIA, Iowa.

Correspondence.

CLIMATOLOGY.

LETTER FROM SOUTHERN CALIFORNIA.

EDITOR INVESTIGATOR: Pursuant to arrangements I continue my letter, the first part of which appeared in the Feb. 3d number.

The climate of California is like the multiplication table. In general, the Pacific coast is milder than the Atlantic. Descending—or *ascending*, for the individualizer succeeds best—to particulars, we find the state divided by mountain ranges, cut up by hills, swept by trade winds, drenched by rain, chilled by fogs, smothered by dust, burned by the sun, exhausted by magnificent distances, but, best of all, we find it also abounding in sheltered nooks, where the wind is a soft and gentle breeze, the heat moderate, the evenings comfortable, dust unknown, fog seldom seen, in short, places where sensitive persons can find as perfect climate as mortals are likely to know, and all the time be within an hour or two of cities and civilization. It is therefore of great importance for invalids or susceptible people to select the right spot. Ordinarily, a person going into a new state for climate thinks that if one locality is not suitable he must go several hundred miles to find another, but here, as just intimated, a radius of ten miles may include as many grades of weather. The seeker after climate, and particularly the person with weak or sensitive lungs, must consider wind, fog and altitude. In this part of the state, temperature is of less importance as it is likely to be warm enough anywhere if there be not too much wind and fog.

As to wind, take for example the square of county bounded north and east by mountains, having San Bernardino near its northeast corner; a little northwest of the town is the Cajon pass through the mountains, while to the southeast is the San Gorgonio pass, the route of the L. P. R. R. It is easy to imagine that these two gateways are utilized by the wind in its wild sweep through that part of the country. It will also be seen that the corner thus cut off, namely, to the northeast of San Bernardino, being fenced by mountains on two sides, is comparatively free from wind. In this inclosure are several of the "Colonies" for which California is so famous. To mention one would give it undue prominence, and lack of space forbids a review of them all. In general, it may be said of any place, that the older it is the better, as the trees are larger and the shade more abundant. There are many other places. I give this merely as an easy example.

Not only does the wind sweep across the corner through these two passes,

but going south and west it is felt more or less throughout much of the section mentioned above, less as we near the coast.

The trade wind reaches Los Angeles about ten o'clock and continues till sundown. This is a bracing breeze, more or less pronounced according as one is on high and exposed grounds, or sheltered by buildings and trees. It is variable in force, seldom stopping entirely for even a minute during the spring and summer. This wind is the greatest blessing of which the climate can boast. The sun always shines and with great force, but the combination of wind and shine gives a condition in which a person can work out of doors with comfort. Of course, the air is as pure as good circulation can make it, and, with the sunshine, affords a climate at once mild and bracing. Furthermore, the temperature and violence of the trade wind vary with the distance from the coast. Thus another element enters into the invalid's choice of an abiding place. During the night there is generally a very gentle breeze from the mountains toward the ocean. This is often almost imperceptible, but its existence shows how well the air is stirred up. The only time, therefore, without a breeze is from six or seven to ten o'clock.

No more about wind for I must be brief. Next a word about fogs.

They roll in from the ocean with the last hours of the trade wind, showing along the entire western horizon as a bank of leaden clouds, reaching Los Angeles about sundown, and soon becoming so dense as to totally obscure an electric light a quarter of a mile away; next morning everything is drenched; plants and leaves are loaded down, floors are wet, and the face feels a mist like fine rain. I was completely deceived at first, thinking it to be raining. As will be readily seen, these fogs compensate in considerable degree for the lack of rain, and I presume my readers are saying it can as easily be seen that they are bad for invalids. Granted that a sensitive person is best off indoors during a fog, still, there is another idea which will modify the conclusions of dwellers in rainy countries, namely, the fog does not rise from moist ground, but comes from the ocean, over dry land, through dry air. It is, therefore, an atmospheric, rather than a terrestrial, phenomenon. When the sun looks upon it the air is soon cleared, and not a vestige of moisture remains to chill the most sensitive. Thus the air is wasted and dried as well as circulated to and fro, and so is seen to be theoretically, as well as practically, pure, fresh, mild, bracing. I have not yet learned that the fogs are detrimental to health, particularly after a few week's residence. Moreover, they do not come every night, and are not often so dense as described above. People tell me of staying out in them with perfect impunity.

The other thing for invalids to consider, altitude, needs but a word. There are places, public and private, at all heights, in all temperatures, for all prices. No universal rule can be given. Persons coming to this state for health will doubtless prefer to consult resident physicians for information as to their own particular needs. I certainly advise them to do so, for I see now how imperfect my knowledge was before coming here.

On the whole it will be seen that I am recommending California for lung diseases, but let it be borne in mind that I mean *Southern* California. To live in San Francisco and some other places, a person must be impervious to weather. Although a residence of less than a year is scarcely sufficient

to found an opinion upon, it may serve to lay a corner stone, and to show that there is some truth in the little I have learned. I will give a few cases, briefly, which have come under my notice.

1. English lady, aged forty came to Pittsburgh, Pa., at time of marriage; returned to England just before birth of third child; gastric fever following confinement, and this left her with a cough which developed or accompanied all the signs of consumption. In about a year she was so emaciated and weak that her husband was obliged to carry her in his arms. Dr. Skelton, one of the most prominent physicians in London, said she could not live three months, and that a change of climate might prolong her life, but could not restore her; was carried on board ship, came to Pittsburgh, staying three months, no improvement; went to San Francisco and down the coast to Los Angeles, was so weak that for ten or fifteen days she had numerous fainting spells. There had been no improvement since leaving England; after a couple of week's rest she began to improve and continued rapidly, so that in less than a year she was strong and well and has remained so to this time, having seven healthy children.

It will, of course, be noticed that there was no heredity in this case, still the effect was remarkable.

2. Young man, patient of C. Wesselhøft, Boston. Hæmorrhage from lungs, in bed six weeks, upper half right lung dull sound; ordered west, went to mountains north of San Bernardino, elevation nearly 25,000 feet. In three months great improvement, lung nearly or quite clear, no symptoms of return. Came to Los Angeles, led active life—writing, walking, singing, etc.,—and thus far, two months, is still improving, voice and strength almost normal.

3. Clergyman in Missouri. Took cold one winter, nearly recovered during summer, worse next winter and lost voice entirely, after which, for a year, he could speak only in a whisper and was considerably debilitated. Came to this country and went into active work in the mountains—keeping bees I think—giving more attention to his general condition than to any part. He became stronger and in nearly a year his voice returned, recovering its full power in a year and a half and remaining normal.

Dr. A. G. Cook, with whom I am now associated in practice, and who has resided in this part of the state for ten years, says:

“The gravelly red loam soil with south exposure, sufficient distance from the ocean with contiguous green foliage for the eyes, acting as a sedative for the nervous system, give a climate best adapted to promote an equable distribution of the circulating fluids, increasing activity of surface capillaries, thereby diminishing the internal congestion usual in chronic cases, just as particular localities, soil, etc., favor the orange, almond and raisins, grape, whereas in other localities quite near they cannot be grown with success.

Case B. from Massachusetts, incipient affection of right lung; heredity habits of out-door life favorable to abeyance or recovery, but location was too near the coast soil impregnated with salt and alkali three feet to surface water. There was much salt grass about the location upon which by 3 p. m. clear days, much moisture collected so that in summer days his feet were often dampened by salt grass moisture. The case steadily declined to the end.

Case L. with same symptoms and worse condition, located under the best conditions of soil foot hills, protection of mountains few miles from sea coast and now, the sixth year, seems a hearty man save the phthical tendency. A number of like cases have come under my observation."

A longer residence will, of course, bring new ideas and may modify, though I think will not radically change those above expressed.

LOS ANGELOS Cal.

O. B. BIRD.

Consultation Department.

CASE FOR COUNSEL.

PREMATURE DISCHARGE.

Will some practitioner who has had some practical experience in similar cases give us some hints in the following case :

A young man, well developed physically to all appearances, has had an exemplary life since boyhood, at about thirty years of age married, always supposed himself strong and well, found he was impotent, has a perfectly natural desire, erections firm, everything seems perfect until he makes the attempt when he will have a premature discharge, soon before he can effect an entrance. With the discharge the passion all leaves and the man is weakened, and feels relaxed and exhausted. This feeling will pass off and he will feel well again, and only knows of his weakness when he makes another attempt.

He is a man of more than ordinary energy and has always been steady and industrious. During his youth, like many others he practiced masturbation to some extent, and since has had occasional emissions perhaps once a month. His strength is and has been good. During the summer months he suffers from considerable nervous prostration, but this he is able to overcome by his indomitable energy. He is subject to the "blues" looks on the dark side, and is dissatisfied with his position in life. Yet his energy rises above this all and he is making a good business success.

Conium, Calc. c., Phos. ac., Ferrum phos., Sulph. and Nux v. have been faithfully tried during the last nine months without effect. These generally in the 30x. He is now taking Calc. c. 1 cm.

Let us have some good advice on this case and we will give its effects.

A. A. LOVETT.

Book Reviews.

THE FAMILY HOMŒOPATHISTS OR PLAIN DIRECTIONS FOR THE TREATMENT OF DISEASES. By E. B. Shuldham, M. D., London: E. Gould & Son, Chicago, Duncan Bros. Price 50 cts.

This is the sixth edition of a practical little work. The list of remedies are twenty-four and the directions for their use are concise and pointed.

A PRACTICAL TREATISE ON ELECTRO DIAGNOSIS IN DISEASES OF THE NERVOUS SYSTEM. By A. Hughes Bennett, M. D.: New York, J. H. Vail & Co.: Chicago, Duncan Bros.

This work is one that goes over the old ground of apparatus, anatomical knowledge and methods of applying electricity and then launches out into the electrical reactions in health, injuries and diseases, especially in paralysis and closes with practical illustrations of the value of electricity as a method of diagnosis. It will be seen that its scope will interest the expert rather than the general practitioner who uses electricity more as a mode of treatment.

The one string that this author harps on throughout, is that of muscular contraction even the galvanic current is used solely for that purpose, perhaps because the disease that he is diagnosing is paralysis in one form or another. Every physician is aware of a long train of often obscure conditions that exist before paralysis is ushered in. This author does not enter that field. He does not even touch upon that obscure condition known as spinal irritation, nor give any points as to anæmia or hyperæmia. Perhaps because the interrupted current gives none which is the one constantly referred to in this work. The work however, fills this field intended and fills it well. The publishers maintain the reputation of their predecessors.

News of the Week.

The Western Rural is an able and reliable farmer's paper, edited by our sensible friend, Mr. George. He runs off an extra lot of September 22, so that each one of our readers and their friends can get a copy. Send to 150 Dearborn St. Chicago, for copies.

D. Haggart M. D., of Indianapolis reports another case of gun shot wound and recovery. This time it is in the brain. If Dr. H. can save all the wounded, as he has the two unusual cases reported he ought to be promoted to the position of surgeon general.

Bedside Urinary Tests.—Dr. Oliver has invented a handy system of urinary tests. He evaporates the testing fluids formerly used upon chemically inert filtering paper. By the action of the urine on bits of paper thus prepared, he successfully and accurately tests the urine of his patients, both qualitatively and quantitatively.—*Lancet*.

The Asylum for Feeble Minded Children for Illinois, may possibly be filled by a Homeopath if our physicians take action in the matter. Get your leading men and legislators to favor this move. Dr. C. R. Mills, of Lincoln, is spoken of as successor to Dr. Milburn resigned. We know that our remedies can do much for these feeble minded little folks and Homœopathy should be given a fair show. Equal rights again.

Electricity in Joint Affections.—Dr. Jeffry claims that electricity is only good in cases of chronic arthritis, and is contra-indicated in acute and sub-acute forms. In using electricity, fix the + pole of a continuous current battery of twenty to forty elements, either on the sides or on the upper or lower portion of the swollen joint; move the pad which represents the — pole over the cutaneous surface. It is especially in affections of the joint produced by wounds—the puerperal state, or by blenorrhagia after the acute symptoms have all died away, that the treatment will be efficacious.

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Clinical Medicine.

THE TREATMENT OF SCROFULOSIS.

BY JULIA HOLMES SMITH, M. D. CHICAGO.

The curative treatment, some one has well said, must begin *ab ovo*, and it is rare, indeed, the physician is consulted concerning the things that pertain to the getting of a healthy child. An old fashioned author writes: "One of the most important points in the selection of a husband or wife should be that he or she is free from scrofulous taint, and thus secure one great means of not generating scrofulous children. Inter-marrying among blood relations should be avoided, and children should not be brought into the world when the father is well advanced in life. Sexual excesses must be avoided, if one would not have scrofulous off spring, and copulation during pregnancy will effect a disposition to scrofula in the child. These things the doctor does well to break to his patient, that so he may do his part to insure the health of the nation.

Very sensible rules I trow, and yet, of a million men and women how many will heed? The longer my experience, the less faith have I in preventive measures. The doctor may as well save his breath to cool his porridge as advise men and women to any course of life which does not harmonize with their inclination. Our work will come *after* the child is fairly in the world, and indications of disease present themselves. Sore eyes, a tendency to chafe in the groin or under the arms, little pimples on the face, and sores behind the ears, tell the most stupid mother that something is wrong with her child, and she demands "something for the blood." Now is the doctor's golden opportunity. If the mother is unhealthy, wean the child. giving it, if it can be afforded, a healthy wet nurse; if not, artificial food which must be carefully adapted to the individual; tell the anxious mother of the difficulty in store for her darling if the impurities are not driven from the system. She will thus readily carry out a system of hygiene which must consist of culture of the skin, bones, muscles, and of the very brain itself.

What shall be done for the skin? I am quite averse to the theory that ailments can be *washed* away, and for the culture of the skin would suggest only the bathing needful for cleanliness, and daily inunction with cocoa butter or olive oil, with massage, so that the action of the skin, both absorbent and excretory, may be perfect. Sunshine, too, is valuable, and the little scrofulous patient should be stripped in a warm room with all the blinds open, and left to play for an hour with the genial sunshine, clothing the body with its glorious health-giving warmth and light. Our hospitals will never be perfect until the upper floor has a glass roof and sides, so that the patient may have the benefit of sun baths. It seems to me that the Homœopaths,

who have, so to speak, spiritualized drugs, should be among the first to avail themselves of the source of light and heat as a curative agent. Especially should this be done in our children's hospitals. Who will begin?

Food comes next to sunshine and fresh air, and one would suggest to the anxious mother, as soon as breast milk ceases to be enough, an avoidance of the starchy foods, and reliance upon good coarse bread, mutton, beef, eggs, cream, fresh butter, and a due allowance of salt. Like all animals, children need salt, and one of the best lessons a child's cravings ever taught me was the use of Natrum in the intestinal ailments of a scrofulous patient.

The symptoms in this child, two and one-half years old, were frequent attacks of nausea after eating, with sour cructations, diarrhœa, tenesmus, which made him fret for half an hour sometimes after stool, the abdomen bloated, and pressure around the umbilicus causing pain; there was sweat about the head, and the feet perspired badly. Of course, I gave Calcarea carb., and then Silicea—high and low potencies—but with no permanent result. The mother one day said "Charlie will not keep his hands from the salt cellars; yesterday he wet his little finger and put it in the salt and licked it off, crying when I took him down from the table and washed his hands." Out of the mouth of this babe I got my lesson, prescribed Natrum muriaticum, 6x trit, four times a day, and in twenty-one days the child was reported as having passed ten days without sickness. At this date, the little fellow being now five years old, there has been no return of the trouble, and he seems a healthy child.

Arsenicum iodatus is a valuable remedial agent in digestive and intestinal ailments of scrofulous children. I use it in the 12x trit. when there is a tendency to take cold, the lips are sore in the corners, and there is a corrosive character to the discharges, which makes the anus sore. The Iodine in the combination quiets the irritability in the intestinal glands, and by its catalytic effect enables the Arsenic to heal the intestinal membrane.

Mercurius iodatus meets the needs of scrofulous patients when the glands about the neck are hard; there is emaciation and diarrhœic stools filled with mucus and blood. This remedy is curative in the 30x trit.

Sulphur iod. 200c has done me good service by making other remedies act. I give six pellets every seven days for some weeks, meanwhile using any other remedy the case seems to demand; frequently, when all the symptoms seem to demand Calcarea, or Silicea, or Kali, I could get no results, when two or three doses of the Sulphur iodatus, by a magic of its own, made the constitution more responsive, and health resulted.

Concerning the brain symptoms of scrofulous children, and appropriate remedies, I can only write by the book, so to speak, since my observation has been very limited. The one remedy which has served me well in the headaches of children who are nervous and sensitive, describing the pain as "though a nail was driven in my head" is *Natrum muriaticum*.

It seems to me that the *encephalitis* which has the cheesy deposit, and which has its origin principally in the cerebellum is a close kinsman of scrofulosis, and that if with the remedies for the inflammatory conditions we availed ourselves of Iodine in some form and Calcarea phos. we might find good results. Cod Liver Oil, so prepared as to be easily assimilated by a delicate stomach—"Scott's Emulsion" seems to me the best—should be part

of the daily food of scrofulous children, who through faulty nutrition are unable to endure brain work.

The mother should be warned against over-stimulating, by late hours, or many lessons, even by too much play, the little brain which seems already too great for its frail body.

RECTAL ULCERS.

RY L. J. INGERSOLL, M. D., DENVER, COL.

Probably no diseases are more painful and exhausting, more irritating, or farther reaching in their effects upon both body and mind than those which attack the rectum. In itself however, the rectal ulcer is not so *painful*, but is very prostrating in its general effects. Though this ulcer is the one single parent of almost every disease which is located in the rectum, and though there is so little said or positively known about it or its treatment, I wish to confine myself to this one subject as much as possible, and in doing so shall be guided solely by my own experience. The rectal ulcer may be situated anywhere within the rectum. Generally they are found from one to three inches above the internal sphincter ani, but occasionally higher or lower. They are generally upon the posterior wall of the rectum, less frequently upon the anterior and still less frequently upon the lateral surfaces. When posterior, the ulcer is of course between the rectum and the spinal column and generally near the coccyx or just above in the fossa of the sacrum. The appearance of the rectal ulcer is exceedingly variable depending somewhat upon age, size and form of ulcer, the general health of the patient, and whether or not there is a hæmorrhoidal condition of the rectum. A majority of the ulcers before treatment has changed their appearance are very much inflamed around their whole margin and the lower border highly congested and of a turgid, blue black appearance. The cellular coat, which is abundant in this locality is very much infiltrated, so that the tube about the ulcer seems filled with a soft flabby mass having irregular folds and depressions. This soft yielding mass drops into the examining speculum so as to quite hide the ulcer itself, but by passing the probe curved near its point up past this soft and yielding tissue it readily enters the ulcer and can thus be diagnosed and explored. This swollen mucous membrane and cellular tissue give to the edges of the ulcer a puffed elevated appearance and these borders approach each other so as to come quite together over the center of the ulcer, leaving only a depression or line denoting the entrance into the cavity below. Sometimes however, there is none of this infiltrated tissue, the ulcer itself being like an open cup, having smooth, oval, well defined edges. But generally the lower border of the ulcer and for some distance below is especially infiltrated and studded over with numerous hard, dark points, the size of a pea, larger or smaller. These are portions of the hæmorrhoidal vein highly congested and varicosed.

Soon after the commencement of a proper treatment this congestion begins to subside, the flabby mucous membrane and the infiltrated cellular tissue about the ulcer and in the lower portion of the rectum settle down into their former firmness and thickness. At the same time the elevated

edges of the ulcer gradually recede so that when the congestion is well allayed, the edges have so separated as to expose the ulcer proper in all its hideousness.

These ulcers differ very much in form. Some are quite round and if of recent origin are shallow. Some are long like an incised wound and vertical with the bowel. Others extend around the bowel something like the worm of an auger, just cutting through the mucous membrane and cellular coat, involving one-third, and in some cases now under treatment, fully one-half of the circumference of the tube. One extremity of an ulcer like the last named is apt to be posterior, and the other under one of the ovaries, if a woman, and between the two extremes is a small canal, hence the pains in ovaries or testicles, up over the margin of the hips, along Poupart's ligament, and above. When an ulcer has pierced the muscular coat of the rectum, it begins to burrow rapidly, is henceforth aggressive and may then assume any form. Some burrow downward and may terminate in a fistula, either opening external near the anus, or the sinus may work its way back into the rectum or the ulcer may be very long and narrow reaching down to or across the lower sphincter and so terminate in a club shaped fistula. Why I cannot tell, but some ulcers burrow upward almost parallel with the rectum, others burrow both upward and downward. They are therefore of many forms, and from quite small to the size of a hens egg. It is very difficult to tell in any given case just what causes this ulcer, for the reason we have never seen one produced. It seems to me however, in most cases there is a *predisposing* cause, as a weakened digestive and assimilative system, or a condition of nervous prostration. In either case the body is not properly nourished. In this weakened impoverished state, it cannot resist the exciting cause which may be an obstinate constipation itself, induced by any cause as a torpid rectum or glandular system. Or the exciting cause may be a hard undigested substance which in its passage through the bowel bruises and wounds the inner coats of the rectum scraping off a small portion of the mucous membrane, thus leaving the cellular coat denuded and wholly unprotected. An inflammation is thus set up which is still further increased by each succeeding hard stool, until the muscular coats yielding to repeated pressure are broken through and the rectal ulcer is the result. Again this ulcer may originate in a difficult labor. As the advancing head passes the coccyx the rectum is for some time very tightly compressed and for the time the circulation is also cut off. This pressure may be sufficient to wound the mucous coat of the rectum and as the first stool after labor unaided by a cathartic is generally hard and large as it passes the point that was compressed and bruised in labor, it irritates and inflames still further the injured point until this slight abrasion begins to burrow into the cellular tissue and thus the rectal ulcer becomes an established fact. I believe this a very prolific cause among mothers. Multitudes date the failure of health from a difficult labor.

Another fruitful cause of these ulcers is doubtless found in the frequent use of strong purgative medicines which acting profoundly upon the lower bowel, produce violent tenesmus of the rectum. Some ulcers have evidently been produced by horse back riding or by falls upon the fundament.

My observation has convinced me that whatever debilitates the digestive

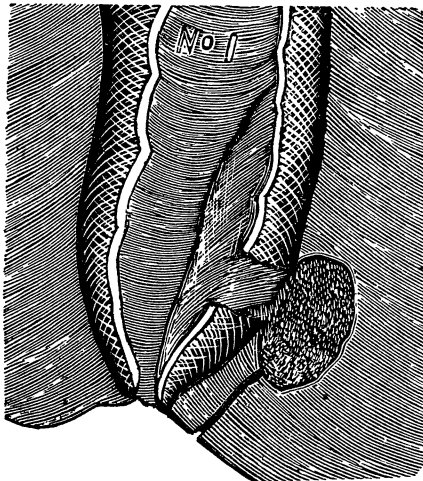
or nervous system, whether it be improper food, or sleeping rooms, or want of proper exercise, a "hard sickness," irregular habits, excessive use of stimulants, including coffee and tobacco, or a latent struma or any other cause by which the body becomes debilitated as a whole may be the predisposing cause of an ulcer in the rectum. The exciting cause may be those just mentioned with other more hidden causes not yet known to us.

If the ulcer is large it has existed for a long time, for usually it is of slow growth, especially in the earlier part of its existence. From their appearance and effects they seem never to become inactive or indolent, but seem rather to quietly progress and with the persistence of a growing cancer, day by day eats farther in and deeper. It seems first to consume the vitality of the person so that he cannot tell why he has so little strength and endurance. Because the effects of the ulcer are so varied and are felt at such remote points, as stomach, bowels, kidneys, brain, spine, or lower limbs, even more plainly than in the rectum he cannot himself locate the origin of his ailments. With the loss of vitality and strength and endurance, is a loss of *power to regain these*, and so after a time most persons gradually lose flesh (I have now a number of persons under treatment who are in good flesh and yet are very great sufferers from rectal ulcers,) and though in middle life, look thin, even bony, and prematurely old. The skin seems too large and wrinkles form about the neck and outer corners of the eyes. All this indicates that the blood does not build up the body as fast as the destroyer tears it down. Without good digestion there cannot be good assimilation, without which there can be no rich blood anywhere in the body, and the power to make it being gone, weakness and decay take the place of strength and growth. Soon after the beginning of the ulcer the food partly digests and partly putrefies or decomposes, hence the pain and the accumulation of gas in the stomach and bowels, and the alternating constipation and diarrhoea, each becoming more and more obstinate as the ulcer enlarges. And so step by step the whole digestive system and its accessories, the glandular system, together with the assimilative, are all involved in a general and a progressive derangement. This is indeed the beginning of physical and mental woes.

If the ulcer has burrowed upward and backward toward the spinal column and is impacted with hard fæcal matter as many of them are when first found, there will be very great weakness in the sacral region with pains here and along the upper borders of the hips, up and along the back, and probably urinary derangements. There are darting pains down the limbs like sciatica, felt especially in the "calvés." The knees give out suddenly when ascending stairs. The irritation of the cord may extend to the brain and give origin to all kinds of headaches. The poor sufferer cannot endure much excitement or exercise. There is often a gloomy foreboding as of some impending personal calamity. The thoughts are confused, the memory clouded, the very brain tires quickly, the mind cannot grasp and hold business matters. As the work of destruction goes on there is an unhappy change in the feeling and disposition of the patient. He is feverish, morose, ill tempered, sleepless or has dreary unrefreshing sleep. In this condition he cannot resist well the encroachments of disease or readily throw off acute attacks and hence his slow recovery from slight sicknesses

These ulcers lead to many and very difficult complications. They produce perforations into any of the neighboring cavities. They do not kill at once like pneumonia or typhoid fever. They run through the years steadily but effectually breaking down the health and constitution, and until the ulcer is effectually treated and its progress checked there can be no return of permanent health. In many, I may truthfully say multitudes, of cases the ulcer has become so large, has involved and destroyed so much of the lower bowel and the surrounding parts, and the patient has become so much reduced in consequence of its ravages, that a cure is absolutely impossible.

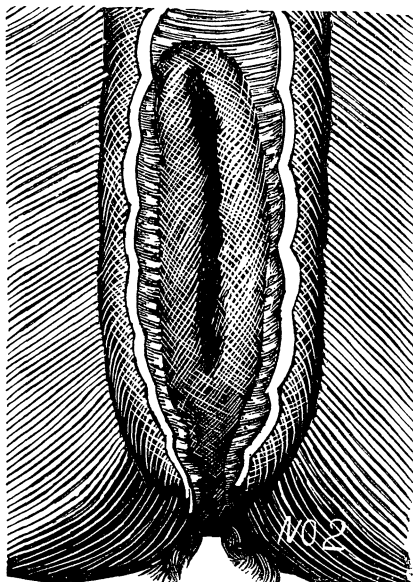
Under the effects many of the symptoms of rectal ulcer were necessarily given so but few more need be added. Hæmorrhoids, fissure and fistula seldom exist without an ulcer. The bowels are never normal, they are at times large, inflated, burdensome, sensitive, torpid or too active, with a desire to remain long at stool though accomplishing but little. There is much mucous, like the white of an egg thrown off at time of stool and often mixed with blood and pus. Sometimes there is only a burning uncomfortable feeling in the rectum or anus, and a morning diarrhœa with much flatulence. There is sometimes great pain after even a thin stool, low down in the rectum, the patient can hardly tell where it is. It is very annoying like a dull toothache. These pains extend into the night and prevent sleep. And so with the loss of appetite and digestion, assimilation and sleep, what hope is left the poor patient. I am not "riding a hobby." This rectal ulcer is a fearful, relentless disease, and most frightfully common. What I have written is not the picture of an excited imagination. All these effects and symptoms I have witnessed repeatedly during my special practice. So truly is the rectal ulcer the destroyer of happiness and health and life, that



No. 1, ULCER AND FISTULA.—Ulcer impacted as most round ulcers of the rectum are before treatment has changed them. The dark line is a fistula connecting with the ulcer—a bad case, but curable. This case did remarkably well while under treatment, and until he left the city.

wherever it gets a start unless checked by a proper treatment, it may well be called *the great destroyer*. Like the hungry grave it demands all even life itself and will not be satisfied until it has laid its victim away, and yet it gives nothing in return, not even a hope. Multitudes not knowing the cause of their miseries welcome death as a release from sufferings, and joyfully accept the grave as a sweet resting place. It takes away the fresh ruddy complexion and spreads a sickly pallor over the once plump cheek. It takes away the cheerful happy disposition and leaves a gloomy dread of the future. It takes away the vigor and strength and hopes of manhood, and leaves one prematurely old. It takes away courage, and leaves fear and distrust.

For a more distinct idea of these ulcers examine cuts one and two which represent the more usual forms of rectal ulcers, so far met with, though they are of every conceivable form. No. 1, represents an ulcer and a fistula. The ulcer is egg shaped, has destroyed the walls of the rectum as seen in cut is impacted with hard fecal matter as most round ulcers of the rectum are before treatment has changed them. The dark line is a fistula connecting with the ulcer. It lies posterior to the rectum and close upon the sacral nerves. It was found in a lad fifteen years old. He was very much prostrated by it, but did well, both in his general health and as regarded the ulcer, while under treatment. He went to Salt Lake and there died of consumption of the bowels, which was without doubt induced by the rectal ulcer. Cut No. 2, represents a very fashionable form and location of the



No. 2 represents the more usual form and location of the rectal ulcer. The light border around the dark center shows the inflamed, swollen edges of the ulcer. The dark line in the center is the opening into the ulcer.

rectal ulcer. This ulcer was also impacted. The light border around the dark center shows the inflamed swollen edges of the ulcer. The dark line in the center is the opening into the ulcer. Such an ulcer often extends down over the sphincters and ends in a fissure, which is always exceedingly painful. Let me sum up as concisely as possible the more prominent symptoms of rectal ulcer. Almost invariably there is chronic constipation, or just a morning stool, insufficient in quantity of hard lumps, mixed with mucous like the white of the egg, much flatulence, sometimes also more or less blood and pus, a desire to remain long as stool as though not through, often go to closet but no stool, pains in and about hips, down the limbs and in the knees like little electric "shocks," back weak, sudden prostration of strength after stool, or quick exercise, fickle appetite, slow and imperfect digestion, eyes bright and anxious with wrinkles at the outer corners, mind is dissatisfied and gloomy, quickly excited then depressed, troubled unrefreshing sleep, dull headache, uterine and ovarian neuralgias, great itching about the anus, as of insects creeping through the parts. This is only a partial list of symptoms but is sufficient.

It is difficult to point out a general and yet a successful treatment. Each case must be individualized and treated according to the general condition of the patient, and the appearance and symptoms of the ulcer itself. You must treat your patient as well as his ulcer. Treat the two in conjunction and wisely. I am daily treating (and I do not speak thus to boast but only to show that I am doing something in the line of which I have written.) from five to fifteen persons for rectal ulcers. There is now scarcely a day that some patient, who has been a sufferer for years from unknown causes does not speak in the most gratifying terms of the good results of this treatment in his case. I have received great benefit from *Nux vom.*, *Phos.*, *Sulphur*, *Hepar sulph.*, *Lyc.*, *Ars.*, *Arnica*, *Silicea* and *Belladonna*, all in the 30x. *Iodoform*, *Calendula*, *Hamamelis*, and *Hydrastis* in combination or alone as local applications always varying the form and strength to suit the appearance of the ulcer and condition of the patient.

Before leaving this subject I think it well to give a more concise view of some matters pertaining to ulcers of the rectum, their situation and relation to important parts, so that at a glance it may be seen how pains and complications may arise at points very remote from the ulcer itself. To do this properly, I must ask attention to the anatomy of the parts affected directly by the ulcer, more particularly the peritoneum and those nerves thrown off from the lower extremity of the cord. On first receiving a patient I examine him as carefully as possible so as to determine his constitutional treatment. In most chronic cases one or more ulcers in the rectum are found to exist. The stomach, bowels, liver, lymphatic and mesenteric glands and the absorbents are all very apt to be deranged through their correlation as really one digestive and assimilative system. Then the spinal cord is in most cases irritated by the close proximity of the ulcer or hæmorrhoids to the nerves which come down from its extremity and found very near the edges of the sacrum and coccyx, next the uterus, ovaries and possibly the bladder and kidneys are involved through the peritoneum. In most cases these three systems, namely, the digestive vegetative and that part of the nervous system which depends upon the cord are all deranged and more or less diseased as by sympathy.

Look at this subject more closely. The whole of the posterior surface of the bladder is covered by peritoneum, which also wraps about the ureters and partially covers the kidneys holding them in place. In women the uterus is situated between the bladder and rectum. Its fundus is convex and covered by peritoneum. The anterior and posterior of the body of the uterus are also covered by the same protecting folds. The six ligaments of the uterus are formed of peritoneum. The fallopian tubes, ovaries, and their ligaments, and the round ligaments and their nutrient vessels and nerves are all enclosed in this same maternal mantle. The upper fourth of the posterior surface of the vagina is separated from the rectum by this same peritoneum. We approach the rectum and find it to be the terminal part of the large intestine. It is cylindrical in form from five to eight inches in length, its upper portion is almost entirely enveloped by peritoneum. It lies back close to the sacrum and coccyx as for a support. Its anterior portion above the inner sphincter is separated from the vagina in woman only by its own coats and those of the vagina. The peritoneum dips down in a fold between the upper one-fourth of the vagina and rectum. The bowels also both large and small are covered by peritoneum. You will thus see by following out this examination that the peritoneum covers more or less of all the viscera found in the abdominal and pelvic cavities, as liver, spleen, pancreas, stomach, intestines, large and small, kidneys, rectum, uterus, ovaries, vagina, ureters and bladder. Now from this cursory view, it can be readily seen how an ulcer in the rectum, from one to two inches in length, if longitudinal, or one-half inch in diameter if round, or an ulcer that extends around the rectum, like the bit of an auger, as so many of them do, destroying one-fourth, or one-third or even more of its entire circumference, thus coming in direct contact with the peritoneum, not only inflames it at the point of attack or location but sends its irritating influence, radiating outward until all the parts which communicate with the rectum, or are covered by the peritoneum are *sympathetically involved*. Through this medium also the uterus and ovaries are made especially sensitive and neuralgic, particularly at the monthly menses. Sexual intercourse may become painful, or very exhausting, urination frequent and the catamenia irregular as to time, quality and quantity. Look next at the nerves which are approximately near the ulcer. Notice the sacral and coccygeal plexus, made up of the lumbo sacral, the anterior branches of the three upper sacral nerves, and a part of the fourth. After supplying the different parts of the pelvis and adjacent muscles these unite in one large, broad cord and passing out of the pelvis through the great sacro-sciatic foramen is known as the "Great Sciatic Nerve." See the relation and position of these nerves to the sacrum coccyx, rectum, and all the viscera and contents of the pelvis. Remember how close to these five pairs of nerves which come down from the extremity of the spinal cord, which make up the sacral plexus of which the great sciatic nerve is simply an extension, these ulcers and other diseases of the rectum are situated. Generally the ulcer is in the posterior wall of the rectum, but anterior and close upon the sacrum and coccyx in close contact with the nerves above mentioned. In such a case the ulcer would lie between the two sets of nerves which issue from either side of the sacrum. This is why the patient has so much pain and weakness, a gone feeling in

the very extremity of the back, hips, loins and all through the pelvis, up along the cord into every part of the brain, or down the limbs. By such a view of the rectum, though so short, it is not difficult to see how through the coats of the rectum itself, or through the peritoneum, in whose protecting folds so much of the contents of both abdomen and pelvis finds shelter, or through the nerves in such close proximity to the rectum an angry "rodent" ulcer may consume like a hidden fire, or fret and chafe the whole nervous and digestive systems until the whole person is sick or in pain. Then too through these channels communication is constantly had with every part of the body by which difficult and very dangerous complications often arise. I have often had patients who in the beginning of their treatment for rectal ulcer, felt pains, like electric currents, darting through the uterus, ovaries, vagina, bowels, hips, along the spine, in the forehead, or neck, (one case down the right arm,) down the limbs, or were nauseated and faint in the stomach. And these symptoms continued until the inflammation had well subsided and the ulcer began to fill, when all these painful conditions ceased and the patient rapidly regained health and strength. These pains were set up by simple touching the ulcer, in examining for it, or in treating it, though carefully done. Excitement, rapid exercise, in work or walking often has the same effect. Hence the sudden weakness and exhaustion which so often attends an evacuation of the bowels, of those who have an ulcer, or any other rectal disease.

IOWA FREE FOR ALL.

EDITORS INVESTIGATOR: From the way "straws are pointing," the beginning of the end is approaching, i. e., the State Board of Health of Iowa wherein occurs the following: "our Board cares nothing for theory or practice," and in another place he says, "we *do* care for treatment." "The Board is composed of all the schools, and is free for all to report observations." I notice also the recent "*resolves*" of the regulars and the "*whereas*" of the Homœopath down in Alabama, while I have recently read the item in the Ottumwa paper of "a physician reports the birth of a *fe mail* child." (a new species probably; the details of the course of labor in said accouchment we should like to hear.) While Michigan people are standing out for the *right*, Illinois with many other states are acting for *self preservation* in regard to "the regulation of the practice of medicine." Iowa seems yet the "*free for all*" in the practice of medicine and surgery. Here "Buchanan men" can find a *congenial* home, and *Ingin* doctors, Cancer doctors, *Eclectic* (as a register will show) doctors with the sect known, who claim to have the power of God Almighty, and are called *Rubbing* doctors may find a *free for all* in Iowa; the state which has sent *eminent* legal talent to Congress and sustains one of the largest Universities under Methodist control. While Iowa is proud of her reputation abroad for her *educational* facilities and rejoices in the work of a Harlan, Grimes, Sanndu) and General Sherman, she is blinded to the fact of physical degeneration, set up by *illegitimate free for all* doctors. It would seem that physical protection, or more regard to security from gross treachery upon the public

health should find *some* position in "the science of government." Instead we find a *free for all*. The only requisition (I believe) being to "register before the Clerk of the county wherein he practices." It is about time the Board "does care for treatment," and the sooner they relate that treatment with a *legal theory and practice* the sooner will "Toad oil" men, "Root and yarb" doctors, "Faith rubbers" (whose faith is in proportion to the fees and those who deliver women of fe-mail progeny, find another field of operations. It is singular that a people possessed of such *grit* as Iowa would be imposed upon by such mountebanks; men who refused to do *anything* conservative to health, who set up the cause of disease, who fight down in the eye of public patronage, methods of security against morbid conditions which are destructive to human life, and stranger yet, some of them get on the staff of the Board of Health, but then, its a *free for all*, "we don't care for theory and practice," but "we do care for treatment." The people who require a candidate for school teacher to pass a *rigid* examination, and also those who contemplate the business of law to stand a criticising test of their *qualifications*, will send Johnny for the doctor who cannot show *any* instrument of qualification, and place the *life* of a child or other member of the family in their medical care, and when the patient is placed in the grave the doctor—God save the mark—offers the *consolations* to the grieving ones, and the insult to God—that *it was God's will*. Let medical reform be the topic of our legislative halls, and *investigation* the right of all, and such legal measures may be secured as will renovate the medical atmosphere of Iowa as will *free her of all*, or free of all, except progressive, wide awake, *onscientious* physicians.

O. J. LYON.

PLUMBUM IN CONSTIPATION.

BY ALFRED C. POPE, M. D., LONDON, ENG.

The Plumbum patient is usually a thin, spare man, melancholy and miserable, with a sallow and earthy-like complexion, a white, pasty coated tongue, the sense of thirst impaired; appetite absent, but a good deal of thirst; frequent eructations, with occasional vomiting, hiccough and nausea; the epigastrium is tender; the umbilical region the seat of a characteristic pain, giving a sense of contraction and twisting which is somewhat relieved by pressure, *not*, as is a similar pain, caused by, and consequently indicating *Coccyynth*, *entirely* relieved by it. Pain of this kind radiates over the entire abdomen. The rectum is the seat of tenesmus. A finger passed within the sphincter is immediately grasped. Constipation is extremely obstinate, resisting the action of purgative drugs; the fæces, when passed, are in the form of small, round, dark balls.

The chief indication for the use of lead in constipation is the constant presence of a spasmodic, or colic-like pain, with abdominal distension. The retention of the fæces appears to arise from a persistent spasm of the muscular structure of the intestine, rather than from actual paralysis.

Surgical Department.

REMEDIES IN MORBUS COXARIUS.

I have divided the remedies for hip diseases as they have reference to one or the other of the three stages. The most important for the *first* stage are Aconite, Belladonna, Calc. carb., Lachesis, Mercurius, Phytolacca, Rhus tox.

For the *second* stage, Arsenic, Bry., Colocynth, Iodium, Kali. iod., Mercur., Posph, Rhus., Staph., Silicea, Stram, Hepar sulph., Sulph.

For the *third* stage, Arsen., Calc. phos., Carbo veg., China, Colocynth, Kali carb., Lycopodium, Phosph, Silica, Sulph.

Aconite in the beginning of the disease, with full pulse, hurried or intermittent; great restlessness with thirst; dryness of the mouth; the pain follows the tract of the cervical nerve; tearing, drawing pains; in the formative stage it frequently breaks up the disease, so that no other remedy is required.

Belladonna.—Burning, stinging pain in the joint; the child shrinks from the mildest pressure; sudden appearance and disappearance of pains in the knee; thigh and leg feels weak and lame, with tensive pain and pressure in the joint; weakness and stiffness in the articulation, with indisposition to walk, owing to increased pain; swelling and sensation of heat over the hip joints; pains worse in the afternoon and evening, and when in a warm room; tendency to congestion in neighboring or distal parts, drowsiness, or inability to go to sleep; disposition to glandular swellings.

Calc. carb.—In the first stage when there exists marked scrofula or cachexia; in cases where the disease moves along slowly; the pains are fixed rather than shifting; increase at the slightest movement and diminish when at rest; numbness in the hip and thigh; limping gait; walking on the tips of the toes; worse at nights and mornings, from change in the weather; better by warmth of the room and in bed; in children of large head, open fontanelles, pale, waxy complexion; abdomen hard and bloated, with inclination to diarrhoea.

Lachesis, in any stage, if the aggravation occurs every afternoon with regularity; an aggravation of general malaise after sleep; a notable offensiveness of the alvine discharges, even of a natural consistence; previous abuse of mercurial preparations; lacerating pains in the hip; a sensation of drawing in the lower limbs; pain and tension in the leg as if it were too short; lacerating pains in the bones of the leg; swelling of the hip joint; great weariness in walking in the last stage, after discharge has taken place when the sinuses look of a dark bluish color.

Mercurius.—In the first and second stages; worse at nights; restlessness and inclination to sweat; tearing pain in the hip joint, worse during motion limbs feels stiff when walking; involuntary twitching of the limbs; pain in right thigh as if bruised; sweats much from slight exertion; pain always worse when warm in bed; cachectic system; can be given with advantage after Belladonna; cramplike condition of the toes.

Phytolacca.—Sharp, cutting, drawing pains in the hip; leg drawn up, can not touch the floor; heavy, dragging pains from hip to knee; hip disease after Mercury, or in syphilitic children.

Rhus tox.—In first and second stages; pain in hip joint on pressing upon the trochanter; pain in the knee, and worse at night, or from over-exertion— involuntary limping; spasmodic pains in the limb when stepping out; worse from cold or damp weather; stiffness and lameness in the joint when quiet, disappearing after moderate motion; pain in the joints, worse on entering a room from the open air; sensitiveness to cold, open air; evening fever with diarrhœa; bruised and drawing pains in the thigh.

Arsenic.—In the second stage, when the child is emaciated, restless and exhausted; constant thirst for small quantities of water during febrile action; pain back of great trochanter extending down the thigh posteriorly; pain somewhat relieved by flexing the knee; in irritations of the alimentary canal, with general depression; derangements of the nervous system; debility with general sinking of strength; lancinating pains in the hips, thighs and groins.

Bryonia.—Stichings in the hip joints, like needles piercing the part; drawing in the lower limbs; lancinating pains from the hip to the knee; laceratings in the thighs on movement; in chronic inflammations of the joint structures: great stiffness in all the joints in the forenoon, rather than the afternoon; pains aggravated in a warm room and when sitting; down aggravation from evening till midnight.

Colocynth.—Pain in the joint as if screwed in a vice; lancinating pains from the hip to the knee; in the stage of irritation of the structures of the joint.

Iodum.—Sharp, tearing, intermittent pains in the acetabulum, increased by movement of the joint.

Mercur.—See first stage.

Calc. carb.—In protracted, chronic cases in the second stage; pains increased on slightest movement; pain less when sitting or at rest; pain as from suppuration within the joint; numbness in the hip and thigh; limping gait, or walking on the tip of the toes; worse at nights and mornings; worse from cold; better by warmth and drawing up the limbs in cachectic, scrofulous children; the disease resulting from an injury in a scrofulous system.

Calc. phos. in the third stage to limit suppuration and the destruction of bone, and to promote new organizations; stinging, itching, burning pains in small spots; sore pain in hip joints; in scrofulous and cachectic children.

Hepar sulph. in the third stage, in strumous patients, where the suppurative process has not been arrested by Mercury, or where suppuration seems inevitable; to hasten the formation of abscesses; buttock and posterior thighs painful when sitting; caries of the hip joint.

Carbo veg. in excessive prostration in the third stage; the ulcers have a livid appearance and emit a fetid color, ichorous, offensive, blackish, discharge; great prostration of the whole system.

Kali carb. in the third stage with crampy, tearing pains in the hip; a feeling of bruised pain in the joint; twitching of the muscles of the thigh dull pain in the side of the knee when walking and especially when extending the limb; great tendency to start, especially when touched.

Phosph. in the third stage, fistulous ulcers, with callous edges, secreting a thin, foul pus; wounds and arcolæ livid and blue, and bleeding at the slightest touch; hectic fever.

Silicea, in the third stage, with suppuration and caries of the bones; fistulous openings discharge a thin, fetid pus with bony fragments forcing their way out; pale, earthy complexion; glandular swellings; every little sore is apt to suppurate and form new sinuses.

Sulphur, in all stages in psoric, or persons of cachectic constitutions.

If the patient does not endure well the recumbent or sitting position, splints may be employed that while they will permit motion, at the same time keep up extension. The most important of these are the splints of Davis, Thomas, Taylor, Sayre, Knight, and Shaffer, or Barwell's. Attention must be given to dietetic and hygienic influences; sea bathing, sunlight and fresh air.—*Dr. E. C. Franklin in M. C.*

Consultation Department.

CASES FOR COUNSEL.

CASE I. Lady, light complexion, slender, spare habit, fifty-four years of age. Has been for three years troubled with red spots singly and in groups upon both feet, which are very painful causing a sensation when she walks, as if the feet were bruised. These spots are entirely beneath the skin and not raised at all. Come out first a fiery red, very painful, in from twelve to twenty-four hours fade to a dull red when the pains cease also, left side worse located mostly on the arch, instep, and ball of the foot, also the soles. Will itch considerably at times, (a burning itching.) Always aggravated in foggy weather and high cold winds. Pressing with the finger on the spots leaves a white spot which grows red again from circumference to center. Bowels regular, and no other trouble except an occasional soreness of the ends of the fingers and an aching (constant) in the small of the back.

CASE II. Married lady, never had any children. Always been sick from girlhood with womb trouble and leucorrhœa. Is now fifty-two years of age. Three months ago had a heavy gate fall and strike her left foot obliquely across the joint of the large toe (at the union of the first metatarsal with the first phalangeal bone. A dislocation inward was the result and I think also a longitudinal fracture of one or both both bones at the joint, for the gain, has been very slow. I put the parts in place and kept them so with splints. She can now walk with crutches but cannot bear her whole weight on that foot, and when stepping upon it there is a pricking pain under and through the injured part. The whole foot and leg is also weak. There is perfect movement in the joint and no perceptible deformity but the motion in the joint is more limited than normal.

CASE III. Just got well from a severe attack of pleurisy fever, is now weak all over, hacking cough, menses regular but very scanty and pale, and after the menses she has spells of bearing down pains. Has a leucorrhœal trouble also, cold chills, every breath of cold air affects her. Is light

complexioned, cheerful, and about thirty-five years of age. Drinking hot drinks or applying hot cloths aggravates the pains.

Will some of your readers help me in these cases at their first opportunity.
PROVINCETOWN, Mass. W. W. GLEASON.

Book Reviews.

ELEMENTS OF HISTOLOGY. By E. Klein, M. D., T. R. S. : Phil. Henry C. Lea's Son & Co. : Chicago, Duncan Bros. p. 352, 16 mo. \$1.50.

This is an elementary manual on histology and gives in compact form all that many students and practitioners will care for on this new branch. It will serve as a very useful stepping stone to the study and for those who do not or cannot go into the practical details, is the best we have seen. It is an epitome of histology and more. The author ranks with Beal, Stricker, Frey, and other well known authors. A valuable feature of this work is the elaborate and accurate illustrations.

ARCHIVES OTOTOLOGY, VOL. XII. No. 2. Page 169. The most influential journal of its kind published, says: "Though mainly intended for the laity, this little book contains in a condensed form some information which the practicing otologist will find of value. He will be particularly interested in the description of the mechanical aids to hearing. All the forms of ear-trumpets are described and figured and the principle of their action explained, as well as the audiphone, dentophone, audinet and osteophone. A description of the telephone is added. This is one of the few popular books which has a value and a *raison d'être*."

GRAY'S ANATOMY. Phil. Henry C. Lea's Son & Co. : Chicago, S. A. Maxwell & Co., Duncan Bros. Half morocco, new edition, \$7.50.

Another edition of Gray, that grand old work comes to us more full, complete and picturesque than before. There is not much change in the text, but a few additional clear, fine illustrations light up some of the dark corners of anatomy. As a specimen of book-making this imperial octavo volume will bear off the palm. But the book is not perfect—and what book ever will be. The want to our mind is not in the get up of the book, but in the order of its arrangement. For twenty years the writer has studied anatomy, and perhaps may be allowed to be critical. The earlier editions of Gray began with the skeleton while this one begins with a description of the fluids. The drift of the later editions is towards histology or minute anatomy. For continental students familiar with biology, physiological chemistry and history, this may be the best method of presenting anatomy, but for American minds it is far from satisfactory, making anatomy the hardest of studies. The addition of landmarks in the last few editions was a move in the right direction, but this does not go far enough. Anatomy is susceptible of division into three parts. 1. General and regional. 2. Descriptive, and third, minute and development. Gray could be easily remodeled after this plan and thus simplify this first great study.

News of the Week.

Fee Bills.—Will our readers send us a fee bill of each state please.

DUNCAN BROS.

No Excuse.—For some time we have received this excuse, "Could not send money for so small amount." Now there is no need of this as the Postal Notes or the American Express orders cost a very trifle and everyone can get one. Or if you cannot get these, send stamps we can use them.

H. R. Stout, M. D. of Jacksonville, Florida, is on a visit of a few weeks to his old home in Chicago. He reports some good openings in the south. Ashenthe, N. C. 3,500, needs a good Homœopathic physician. Address H. C. Hunt, Charlestown, S. C., has only one, Dr. Cleckley, wants help. Florida has many small points but the state is full of retired physicians on orange groves. He promises our readers some facts on Florida climate and how to make the most of it.

Strangulated Hernia.—Dr. W. Finkelstein gives the following as his method of reducing strangulated hernia: place patient on back, knees flexed. If inguinal, support the scrotum on a pad or pillow. Over the hernial sac pour a few drachms of the following mixture: Ether one hundred parts; Oleum hyoseyami twenty parts. This obviates the burning that would otherwise occur. Cover with a folded cloth, and repeat every fifteen minutes until the coil of intestines become mobile when generally they will slip back of their own accord. Dr. Nussbaum recommends deep anæsthesia by chloroform as the first step.

The Chicago Homœopathic Medical College.—The opening exercises of the Chicago Homœopathic Medical College took place on the evening of Sept. 26, 1883. Prof. R. N. Foster, M. D., the newly elected President, made the opening address in which he gave a welcome to the students and showed the prospects of the college to be very promising for the ensuing year.

Prof. W. F. Knoll, M. D., gave the annual address. The Chicago Quartette furnished the music. After the literary exercises a banquet was given to the students and friends of the college in the Dispensary room.

Hahnemann Medical College.—The twenty-fourth regular winter course of lectures in this college was inaugurated at the hospital amphitheater on the evening of Tuesday, Sept. 25. The room was crowded with the alumni, students and friends of the institution. Over one hundred and seventy-five students had matriculated up to that date. The exercises consisted of music by Nevans' band, an address of welcome by the President, A. E. Small, M. D., and an instructive and interesting address on "Medicine and Surgery," by Prof. G. A. Hall, M. D.

After the exercises the Trustees, Faculty, students and friends repaired to Martine's Hall on Twenty-second street, where the new students were introduced to their instructors and their fellow class-mates. A collation was also served to all present.

The prospects of the college are very encouraging and without doubt the class will be considerably larger than last year.

The United States Medical Investigator

VOL. XVIII. No. 15. OCTOBER 13, 1883. WHOLE No. 359.

Consultation Department.

CASES FOR COUNSEL.

CHILLS AND FEVER.

Can't you put in your next issue a sure cure for chills and fever. No sweat, sometimes night sweat; chill varies from 11 A. M., to 3 P. M. After chill commences and has run about twenty minutes, fever begins in head. Chill lasts one hour, fever three hours; no appetite. Scanty, orange colored urine; have tried several remedies, none cure. J. G. G.

CASES FOR CONSULTATION.

CASE I. Constant disposition to clear the throat. Nothing is raised, but feeling as if a valve was opened and temporarily relief afforded.

CASE II. Disposition of cuticle of hands to peel off and reform and peel off again. Itching at night of different parts of body, especially hands, feet and scrotum. Sores on ankles that itch terribly on removing bandages. A person of good habits except smoking. Have tried Sulph., Rhus., Nitric acid, Merc. sol., Urtica urens, etc. F.

REPLIES TO CASES.

CHRONIC CATARRH.

C. C. B. can be cured. If he will take Mercurius viv. or sol. 30th, he will be cured. Notwithstanding he has several times taken Mercury. Let him take two powders and then wait till its action is exhausted which will probably be in a week. Then take one or two powders of a higher potency, say the 60th or 100th and so on.

T. E. R.'s case of chills has one symptom characteristic of Hepar sulph. viz., the great *sensitiveness*. As he says of his patient, "slightest change of temperature in a room is sufficient to bring them (chills) on."

A. MCNEIL.

Allow me to make a correction or two in my answer to Consultation Department. Third line from top of page 175 should read bay rum. Fifth line after the word suppuration, should read bathe the eyes with, etc., and ninth line should read, I would use Sepia.

For consultation, page 172, same issue, Dr. H. DeCrow, keep your patient from eating so much salt and give Muriatic acid, high.

J. W. M. I am not a sage but will name one remedy and you can do as you like about it. (Cina.) High. J. D. G.

H. D. C. advises the following prescription for "Brown spots and Head-ache. ℞. Podophyllin grains x. Soda sulphite, grains xl. M. Fl. Chart. No. 20. S. One every four hours for five days. Let us look at this. In twenty-four hours the patient would get three grains of Podophyllin. Turn to the United States Dispensatory, 15th edition, pages 1141 and 1233, and see that the dose of Podophyllin is from one-eighth to one-half a grain. But H. D. C. would give in twenty-four hours six times the maximum dose of the Allopaths. What could be the result? *Death!* It might be well for H. D. C. to conceal himself behind initials for he might otherwise be arrested for manslaughter.

J. W. M. wants aid in a case of intermittent. There is nothing in his description or rather lack of description which would not apply to twenty or thirty remedies.

Dr. De Crow asks for aid in a case of coccydynia. If the doctor will take down Guernsey's Obstetrics and turn to the appendix. But perhaps he has'nt that work. If he has not (I pity his patients.) He will find that he mentions thirty-six drugs that may be indicated. Each of these has its own clearly described symptoms. He then gives an extract from "Hering's Analytical Therapeutics," with sixty. The doctor has given nothing that would not apply to half of these. Please give us the totality of the symptoms. Then we can give you information that will enable you to have the end of Mr. S's back bone sound and well. If the doctor was out squirrel hunting and was told that there was a squirrel up a tree would he elevate his rifle at the top and fire. Oh no! He would look about from one branch to another till he saw the animal. Then he would bring up his rifle carefully and run his eye along the sights till they were on a line with the rodents forehead, then not till then would he pull the trigger, and if the gun and ammunition were good he would be rewarded with his game sure. And he would not need a gun that scatters, but one little pellet will do the work.

Verbum sapere.

A MCNEIL.

[We object to friend McN. or any other sharp shooter lecturing our pre-scribers. This is not the lecture department. If an Eclectic or Allopath gets in a stray shot of big pills our readers are not obliged to swallow it. But don't go off squirrel shooting when other game can be found. This is a game of old sledge so follow suit or trump. If you get tired we will wake up Ad. Lippe, Pearson, H. M. Paine, and Taylor, of Indiana, and have a regular war dance. But while advice is wanted let us give the best we can and pass on. Next.—Ed.]

On page 195 of "THE UNITED STATES MEDICAL INVESTIGATOR," I find the following query, "Chronic Catarrh, Can it be cured? I should like to answer positively in the affirmative, but I will be guarded in my prognosis and suggest the following treatment, viz. : Kali bich. 3x, four grain, powders one-half hour before meals and at bed time, and for local treatment I would advise the use of castile soap powdered, snuffed freely up each nostril twice a day night and morning and continue treatment for one month and report results.

R. T. MARKS.

I enclose a bit of advice to an anxious brother, who has catarrh. It would be a great satisfaction to correspondents if those who give advice could ever

know whether or not it was of benefit. It is a practical and very useful part of this journal, in my opinion, those questions and answers.

C. C. B. may find comfort in learning that the writer was several years since afflicted in the same manner and after repeated disappointments in trying to cure by internal administration of remedies, cured himself by local treatment. Catarrh is a local inflammation of the mucous membrane of the upper air passages, and a fair reputation for success in treating cases of this disease has been acquired by the following plan :

Use Warner's Nasal Douche to cleanse the mucous membranes with a luke warm solution of salt and water, teaspoonful of salt to a tumbler full of water, night and morning. The use of this instrument is attended with a little difficulty at first but even the most nervous person can with a little perseverance soon learn to use it easily. It consists of a curved hard rubber tube terminating in a rounded end with perforations. The perforated end is introduced behind the soft palate. At the other extremity is attached a short flexible tube and rubber bulb. The bulb is filled with the saline solution, the perforated end introduced, into the throat, bend the head over a wash bowl squeeze the bulb and solution and mucus will come pouring out by the natural exit the nostrils, instead of going down the throat.

Apply with a camels hair brush to the throat and behind the palate every night, a saturated solution of Tannin and Glycerine.

Insufflation of powders of various kinds depending upon the individuality of the case, used after the douche are valuable. Hydrastin is often useful. Hydrarg. ox. rub. twelve grains to two drachms of powdered Acacia and two drachms powdered sugar, gives relief very generally. Mildly astringent powders such as experience proves best suited must be persevered in, and all best applied by the insufflator. If improvement does not continue satisfactorily, a weak solution of (one or two grains to ounce) Potassic permanganate, used with the douche will often work like a charm. The above strength may be gradually increased if necessary. All applications by the douche must be warm or hot. Internally I have found the tincture of Collinsonia two to five drops at a dose, taken three or four times daily very useful.

The war cry in treating catarrh is patience and perseverance. No other disease except perhaps uterine diseases acquires such pertinacity as this. It is liable to aggravation from slight causes and a little fresh cold will often bring a relapse after an apparent cure, but time will tell and C. C. B. need not be discouraged if he will take the advice of "one who has been there."

T. N. TILDEN.

In answer to A. A. Lovett's request for advice in "case for counsel," I would suggest to give two doses of Phosphor (cc or higher) at two succeeding evenings, and then wait for the effect for a few weeks and if there is the slightest improvement, give no more medicine as long as it continues.

A cold sitz bath may also be of service once daily. B. EHRMANN.

Dr. Lovett's case of impotence in THE INVESTIGATOR of Sept. 27 is one of frequent occurrence. The patient requires only Nuphar lutea, 3 to 6, for six or eight weeks (see Hales' New Remedies) to be followed by Phosphoric acid, but the latter drug will *not* act in the form of medicated moonshine, and must be given in twelve to fifteen drop doses of the diluted acid. That made from the glacial is by far the best. Forbid coffee and tobacco, and you will cure the case.

McC.

Materia Medica Department.

MATERIA MEDICA NOTES.

Ustilaga maidis, tall, slim, fair women at climaxis. Pain in the left mammary region between menses. Ovarian congestion and burning.—*The Medical Advance*.

Cainca, weight and fulness in the loins; urine scanty; œdema of face, and fulness of eyelids.—*Physicians' and Surgeons' Investigator*.

Sodium nitrite, in five, ten, and twenty-grain doses, caused acceleration of the pulse, most distinctly after the largest dose. The prover experienced, within a few minutes after taking the two larger doses, a feeling of fulness of the head and eyes, accompanied by a throbbing sensation. There was also a slight, almost doubtful, flushing of the countenance. It struck the experimenter that the effects of the Sodium nitrite was similar to those of Nitro-glycerine, and Amyl nitrite, and he surmised that possibly it is the Nitrous acid which accounts for the agreement.—*Practitioner*.

Cyclamen, administered by Dr. Pope, cured membranous dysmenorrhœa. The case was peculiar in that there were none of the severe pains usually present in this disease. He was guided to the drug by profuse, black menstrual flow, characteristic of *Cyclamen*, and prominent in his case; and also by the fact that one prover had menstrual flow black, clotted, and membranous.—*Homœopathic Review*.

Medicinal Plants of Ceylon.—The seeds of the *Randida dumetorum* are used as an emetic along with *Ipecacuanha*. The plant belongs to *Cinchonaceæ*.

Sethia acuminata, is much used as a vermifuge. The juice of the leaves is mixed with sugar and castor oil; or it is mixed with the dried and powdered leaves. It has no disagreeable taste, and so is easily administered. The *Vernonia anthelmintica* is used to expel ascarides.

The *Cosciniium fenestratum*, is such a good antiseptic that it will preserve meat for several weeks. It has been successfully employed as a lotion for foul ulcers.

Valeria indica promises to be of inestimable value as a preventive of fermentation. The natives of Ceylon use the bark to arrest the alcoholic fermentation of the juice of the Jaggery palm, *Caryotaurens*.—*Phar. Journ. and Trans.*, and *American Journ. Pharm.*

SODÆ SULPHITE.

I wish to call your attention to Sulphite of Soda, a drug that has proved of great value to me in my practice, and one that has not, I think, received due attention from Homœopaths. I know of no provings of this remedy, and what is known respecting its therapeutic value can be told in few words.

My first use of Sulphite of Soda was in July, 1880. Mrs. L. was attacked with typho-malarial fever, and during the first week no remarkable symp-

toms appeared, but at the conclusion of seven days from the onset of the disease, the patient began to complain of nausea, which seemed to be constant, day and night. I gave her *Ipecacuanha*, high and low, without the slightest effect on the nausea. *Arsenicum album*, *Nux vomica*, *Tartar emetic* and several other remedies were given without benefit. The patient was extremely prostrated and perspired profusely. I was much surprised that I could not alleviate the condition of the patient, and to add to my troubles the friends were uneasy and were beginning to be very much alarmed lest the woman might die. I noticed that her tongue was broad, *pale and dirty* looking, and I had read that many Eclectics regarded such a tongue as indication for Sulphite of Soda. I accordingly procured some of the drug and made a trituration, using about equal parts of sugar of milk and Sulphite. A powder was given the patient with marked benefit, and nausea being much relieved by the first dose. In a short time the nausea entirely disappeared, the prostration became much less, the tongue lost its peculiar appearance, and the patient was soon convalescent. The medicine seemed to control the nausea perfectly, and I think I never perscribed a remedy that acted more promptly or gavé more relief. After the use of the Sulphite other remedies had their usual effects.

I did not know when I gave the drug that it would relieve the nausea, but I thought it might improve the general condition of the patient. I gave it because I did not know what else to give, as the usual remedies had failed to relieve.

A few weeks afterwards I had another case with the same continual nausea, with an occasional vomiting of frothy or yeasty fluid. In this case the vomiting resembled a regurgitation, the yeasty fluid coming into the mouth with very little effort. The patient was very weak, and the entire body bathed in perspiration. I found the tongue broad, *pallid and dirty*, and I perscribed Sulphite of Soda, as in the first case, with prompt and decided benefit. I find that this remedy has been used by the Allopaths for the vomiting of yeasty fluid, which often contains two microscopic fungi, *sarcina ventriculi* and *torulæ cerevisiæ*.

It is claimed that the acid contents of the stomach sets free Sulphurous acid, which destroys the fungi, and that upon Sulphurous acid alone depends the virtues of Sulphite of Soda. Whether this be true or false, many cases of yeasty vomiting have been relieved by this remedy.

It has also proved of benefit in the sore mouth of infants caused by a vegetable parasite. One drachm to an ounce of water applied freely to the mouth, will often relieve these cases in from twenty-four to forty-eight hours. It has been used in purulent infection, erysipelas, hospital gangrene, malignant pustule, and snake bites, with marked results. I have found the large doses of the Allopaths unnecessary in the cases I have treated never having given more than three or four grains at a dose, while the Allopaths give as much as sixty grains three times a day. Much of the relief may come from its chemical action, but I can hardly believe that chemistry can explain all its therapeutic effects. The small doses that I have perscribed would seem to indicate that the drug might be as Homœopathic as *Baptisia* and other remedies of the same class, that seem to act as anti-zymotics, and at the same time as surely Homœopathic to the symptoms they cure. Whether

chemical or Homœopathic in its action, or whether partly chemical and partly Homœopathic, I intend to use it until I can find something better for the conditions it relieves. The drugs should be kept in a well stoppered bottle, as it soon changes into *Sulphate* of Soda when exposed to the air. From my own use of this remedy, and from what I have been able to find out about its use from the experience of others, I have arrived at the following conclusions:

I. That Sulphite of Soda has its sphere of action as clearly marked as that of any other remedy, and that outside of that sphere it is useless.

II. That a broad, *pallid*, *dirty* tongue is its chief indication, and that when the tongue is red, red-edged with fur in the centre, or covered with fur all over, while the body is red, or red papillæ project above the coating, it is worse than useless.

III. That yeasty vomiting is a strong indication for its use, or long continued nausea without vomiting, if the characteristic condition of the tongue be present.

IV. That it will often prove of value when *sarcinæ ventriculi* and *torulæ cerevisiæ* are present in the fluids vomited.

V. That the effects of Sulphite of Soda and Sulphurous acid are not identical, though in some respects similar.

VI. That it is not of benefit as an anti-zymotic, in scarlatina, measles, or other similar diseases, on the theory that it is an antidote to the blood poisoning, but that it is good when indicated by special symptoms, and only then.

VII. That it is most frequently indicated in malarial, typho-malarial, and rheumatic fevers, and that large doses are not needed.—*Trans. Hah. Med. Ass. of Iowa.*

Clinical Medicine.

HOMŒOPATHIC FEVER REMEDIES.

BY A. C. COWPERTHWAIT, M. D., IOWA CITY, IOWA.

At this time I desire only to call your attention to a few of the leading peculiarities of some of the most important remedies used in the treatment of fevers, especially noting such similarities or differences as may be most striking, and which serve best to enable us to diagnose as between the indications as for the one or the other.

Probably there exists no field of therapeutics in which greater or more frequent errors are committed. One physician prescribes Aconite in all fevers, regardless of indications, while perhaps another may use *Gelsemium* or *Veratrum* in the same manner, when it may have been that either was the proper remedy, or that *Belladonna* alone was indicated. I shall only mention five remedies: *Aconite*, *Baptisia*, *Belladonna*, *Gelsemium*, and *Veratrum viride*, remedies which are so often confounded in the mind of the prescriber, but each of which has most distinct marks of personality which need not be mistaken.

In the first place *Aconite*, the prince of antiphlogistics, so called, with its excessive restlessness, anxious tossing about, and full, hard and frequent pulse, gives evidence of its great value, especially in the beginning of inflammatory fevers; yet it is seldom, if ever needed, in the beginning of a typhoid or malarial fever, from the fact that the class of symptoms above described seldom occur at such times.

On the one hand, if we note the action of *Gelsemium* we will find a remedy not only sometimes applicable in the beginning of inflammatory fever, very often in catarrhal fevers, but equally as often indicated in the beginning of malarial and typhoid fevers, being of especial use in the first stages of remittent or an intermittent. The symptoms most often indicating *Gelsemium* are either chilliness, with languid aching in back and limbs and a sense of fatigue, or, if fever be present, instead of the anxiety and restlessness of *Aconite*, we get a drowsy, languid condition, the patient desiring to be quiet and be let alone, with great prostration of the whole system, the pulse being full and quick, but not very hard. Thus it may be readily seen that there is no excuse for confounding the pathogeneses of *Aconite* and *Gelsemium*, as is so often done, the one covering an entirely different class of symptoms from the other.

Very often where *Aconite* or *Gelsemium* are used, *Belladonna* is the true remedy. Here the type is more of the true congestive or inflammatory; therefore we get a flushed face, throbbing carotids, hard, full and bounding pulse, with a tendency to delirium. *Belladonna* is more frequently indicated in the fever stage of catarrhal and malarial fevers than *Aconite*, but less than *Gelsemium*, a violent throbbing headache, together with the flushed face, being most often the guide for its administration.

Veratrum viride is a remedy not often indicated outside of pneumonia, yet of great value where it is properly selected. It seems to act something like *Aconite* and *Belladonna* combined, or covering a sphere of symptoms lying between those two important remedies, yet reached by neither. Its chief I might say exclusive, range is in inflammatory fevers, the pulse and respiration being the chief indications of its use. There is a loud, strong beating of the heart, giving a full, hard, frequent and incompressible pulse, seeming as though the heart was a mighty Corliss engine, whose giant throbs could not be overcome, while at the same time the respiration becomes difficult, slow and labored, often in pneumonia falling from 40 to 16 per minute. With these symptoms present *Veratrum viride* is the true Homœopathic remedy, and its favorable action will almost invariably astonish the careful prescriber. The indiscriminate use of *Veratrum* in very material doses of the tincture or fluid extract in pneumonia is a most reprehensible practice and should not be tolerated in the Homœopathic school. Let those who so long for the flesh-pots of Egypt return to their first love, and no longer sail under false colors by claiming to be what they are not.

Baptisia covers an entirely different class of symptoms from those we have noted under the remedies already mentioned. Its range of action is not wide, but covers the most grave and important conditions, owing to its disorganizing and decomposing influence upon the blood. It is especially useful in the first stages of adynamic fevers, its greatest usefulness being in those forms of fever which have already assumed, or threatened to assume,

a typhoid condition. But here, as elsewhere, the routinist makes a grave mistake in perscribing *Baptisia* in all cases of typhoid, regardless of the symptoms. The indications for *Baptisia* are plain and unmistakable, and its use never warranted unless these are present. In the first place, the appearance of the face, which is flushed, dusky red and hot, with a besotted expression, being very characteristic, and to my mind often a sufficient indication in itself for the use of the drug; but in addition we may also find a dullness and confusion of mind, the head feels large and heavy, sordes appear on the teeth, the tongue is dry and brown down the center, while the pulse is full and rapid, but soft and easily compressed. With such symptoms present, *Baptisia* may be perscribed with the utmost confidence. In fevers as in elsewhere, it must be remembered that the totality of symptoms form the sole basis of prescription. Let the materia medica, then, be your guide; study it faithfully, and you will be rewarded, for it will certainly prove a lamp to your feet and a light to your path.—*Trans. Hah. Med. Ass of Iowa.*

SPASM OF ŒSOPHAGUS.—CROTALUS.

BY S. P. BURDICK, M. D., NEW YORK.

Mrs. S—, aged about thirty, suffered for many years from a peculiar affection which seemed to be hysterical in origin. About nine years ago she began to have difficulty in swallowing any solid substance. This gradually became worse so that deglutition of any solid substance became quite impossible. Her soup even had to be strained so as to remove all meat fibre and solid particles. During this time she was under the treatment of various physicians, but received no apparent benefit.

About five years ago the late Dr. Ad. Reisig treated her with considerable degree of success, so that she could swallow a few semi-solid substances. She, however, relapsed after his death, and so continued until October last, when she came under my care. After studying her case closely, I selected *Crotalus* as promising more than any other remedy. She received *Crotalus* 200, and made slow but marked improvement for five months, at which time she was perfectly well.

When she came under my care she was greatly emaciated, but she now eats freely of any description of food, and is plump and in excellent health.—*Am. Hom.*

ARSENICUM CHILL TIME TABLE.

A study of this table tells more than is apparent on its surface, e. g., we notice that *Arsenicum* has a 1 to 2 A. M., aggravated although the 1 to 2 P. M., A. is most marked. Singular *Arsenicum* is also again put down as having a chill at 10 A. M., 3 P. M., 5 P. M., 6 and 12 P. M. While the fever without chill of *Arsenicum* is recorded at 2 A. M., and 4 and 10 P. M., as well as at 1 to 2 P. M. It looks as if time was not very valuable with *Arsenicum*, in fact, the time is only one element in a selection, but often a most important one.

AN OLD NEURALGIC HEADACHE.

Case. Mrs. W., confined twelve years ago. Since which time to within a few months has been under Allopathic treatment. Her trouble started with a neuralgic pain in right small toe. From there it went to left iliac region, thence to left side of head. Here it stayed for eight years. It then attacked the *right* side of the head and lasted four or five days of every month, more especially at the menstrual period. The attack would commence with *cold chills commencing at second dorsal vertebra*, and running down the spine, but no pain. Hands and feet cold as ice. Menses regular but very painful.

Examination showed uterus five inches deep, and three inches wide, veins large and blue. Diagnosis, reflex neuralgic headache from subinvolution of womb. Remedy, locally, cotton tampon saturated with the following preparation: Glycerine five parts, Fl. ext. witch hazel one part. Internally, Capsicum 30x four drachms, and Strych. val. 3x. morning and night. The lady has had two menstrual periods since commencing the remedies with *no* return of the pains. She has gained seven pounds in weight, and last examination showed womb to be three and one-half inches in depth.

I secured this family by a neat bit of practice. One evening her son came rushing for me, (this was before I treated her other trouble,) and said, "Mother is dying." Arriving there I found her screaming from pain. The black contents of several pint bottles bearing the label of a neighboring Allopathic physician showed what her treatment had been. I soon diagnosed earache, and a teaspoonful of warm water containing five gttts. Aconite tincture dropped into the ear gave relief in one minute. This has gained for me eight rich families. Homœopaths, take courage! We will gain the golden door knobs!

CH. KOIER.

CHICAGO, Ill.

SOME CLINICAL NOTES.

Shingles or Zona.—Rhus tox., Apis mel., Belladonna, Ferrum and Mercurius low. Use dry starch of pulverized gum arabic and Morphia. Cover the Zona with some musqueto bar and dampen or wet them; dust on the gum arabic, starch and morphia if much pain.

Croup.—I wish to mention a specific for croup in most all stages. I have never known it to fail in a single case. See what father Hahnemann says about this remedy in croup, Jahr's New Manual, vol. ii, page 725. Angina membranacea, croup with sopor stertorous breathing. and wheezing with open mouth, and the head drawn backwards; the child starts up—kicks about, is on the point of suffocating; turns black and blue in the face, after which, cough, with rattling breathing set in again; suffocation and paralysis of the lungs appear unavoidable. Acon. Spongia Hep. s. Besides give Cup. sulph. as an emetic used in vain until the fourth day. Two doses of Sambucus saved the child's life. In this country two drinks of the elder tea with a teaspoonful or a half of paregoric cures all cases with or without the paregoric, but the old women must have a hand in the cure, and I let them whenever it does no harm. Try it. I hope some brother will use it in diphtheria.

J. A. HENRY.

A CASE OF SEXUAL WEAKNESS.

HOW TO APPLY THE ELECTRIC BRUSH.

DEAR INVESTIGATOR: I send you a case described as follows: A man of mature years, the father of several fine children, when fourteen years old, began to masturbate; after some months, the seminal secretion began to appear. The thrill was vivid, but extremely transient in this act, but quite wanting in (a few instances of) sexual intercourse. To prolong it, endeavored to retard the process. Took (Allopathically) Digitalis and tincture of Iron. On taking a sea voyage, was sea sick. The drugs were at the same time stopped. From this time, during all the subsequent years, the thrill has been entirely or nearly wanting in the sexual organism, and the erections have been increasingly short and emissions premature and even caresses being sometimes productive of a copious discharge, without pleasure. * * *

HAMILTON, O., Feb. 14, 1883.

Consulting Dr. Mallory as to the Electric Brush, he replies as follows:

DEAR DOCTOR:—Yours of the 10th last was duly received, but owing to the excitement attending one of the greatest floods that has ever visited this country, and having a large practice to look after I have delayed answering until now. The case you have so graphically described is, to say the least, a very remarkable one, and I have never in a practice of thirty-five years met with a case like it, yet I would expect good results from electricity and of the three kinds Galvanic, Franklinic and Faridization. I should certainly prefer the latter and would use the Faradic Brush, as the most efficient way of administering it. I would prefer Faridization because of its general tonic action and continuous amount flowing as it does from six hair and metallic bristles. I will simply give you one case out of many I have treated with the brush. One year ago an old man came to my office with a woe-begone countenance saying he was completely broken down in his sexual organs. Said he was *only seventy-five years old*, was the father of fifteen children, had his second wife who was thirty years younger than himself, and wanted me to restore his lost power. I tried to dissuade him from making any effort, but he refused to be put off and I used the Faradic Brush six successive days for twenty minutes at a time, when he disappeared and I saw nothing more of him until two weeks ago when he called again and said he wanted me to give him another treatment as the first had been entirely successful, and he had performed sexual intercourse ever since. I used it again for two days and have not seen him since and suppose he is all right again, but I will not dwell longer on this subject. You will discover I am an enthusiast on the subject, and it is a common saying that an enthusiast has not a legal mind. I regret that I am sixty-one years old, as I have no doubt the younger members of the profession will witness grander results from Dynamic Electricity than was ever dreamed of. Fraternaly,
H. MALLORY.

HAMILTON, O., Feb. 21, 1883.

Consulting Dr. Mallory as to the electric brush, he replies as follows:

DEAR DOCTOR: I am just in receipt of yours of the 19th inst. In case such as you have stated I would apply brush to scrotum passing around and

down right and left inguinal region to perineum keeping up a rapid *friction*. By rapid friction patient will bear full strength of battery, let this be done for fifteen minutes, daily. It is best for patient to use the brush, otherwise the physician would become charged with the electricity himself, which might not be desirable. *Moisten* the parts before using the brush. If the physician uses the brush he must hold brush in his right hand and with his left take the patient at a point through which he desires the current to pass.

H. MALLORY.

HAHNEMANN HOSPITAL BURNED.

Of all places to have a fire a hospital is the worst. The Hahnemann Hospital was the scene of a serious fire October 5th, but, owing to the coolness and prompt action of Drs. Wade and Foster, the house physicians, no lives were lost and none of the patients received any serious injury. About 7:30 o'clock these two gentlemen were making their rounds and had found all quiet until the former smelled the fire as he passed from the long wards in the rear building to the main portion fronting Groveland avenue.

He ran into the dispensary and found the smoke breaking through the floor from the basement below. Dr. Foster was at once informed, and the first move was to place the patients in that part of the building out of reach of the fire. There were only five of them in immediate danger, and they were carried across the street to a boarding-house next to the college building. The remainder, who were able to help themselves, were transferred to the wards in the rear, and so disposed of that they could leave the building by the rear entrance, in case the back part took fire. Dr. Wade ran up to the second floor and opened a closet door which led under the sloping floor of the clinical amphitheater and found all that portion of the building a mass of flame. By this time the patients were all cared for and the department was on the scene.

The fire had made such headway, that as soon as the Marshal arrived, there was a call for three more engines and then the work of drowning the fire out without allowing it to spread began. The building is a three-story brick, the clinical amphitheater occupying a large part of the two upper stories.

It had almost completely gutted the two upper floors of the building, and the first floor was a total wreck, the roof immediately above the amphitheater was burned through, and all the furniture in the entire building is a total loss.

The first floor of the burned portion was taken up by the hospital offices, a few rooms for private patients, and the dispensary-room. The hospital medicines, dispensary apparatus, and the entire stock of surgical instruments were stored there and are a total loss. The second and third floors were mainly taken up by an amphitheater that would seat four hundred students and it is completely burned out. The remainder of the second and third floors were taken up by the private offices of the different professors in the college, which were all furnished by their occupants and were completely burned.

There were about thirty-six patients in the hospital, all told. Of this

number there were only ten or twelve who could be called helpless, the remainder ranging through all the catalogue of trifling illness and convalescence. The entire number were quietly and comfortably provided for long before midnight. Again, too much stress cannot be placed upon the praise due Drs. Wade and Foster and their assistants, for the manner in which these unfortunate people were provided for. Every one agrees that there was no panic; the patients were coolly assisted into the back wards of the rear building, and those taken across the street were carried upon the mattresses of their beds. The first arrivals on the outside were greatly excited, but the craze did not communicate itself to the inmates of the building, and the fire was as devoid of any calamity as if it had been an empty barn.

The loss upon the building will undoubtedly reach \$6,000, and may go above that figure. The loss in the dispensary will probably be about \$2,000, as the contents of that part of the building will be now utterly worthless, for the portion that escaped the fire will be just as badly injured by the flood of water that has been poured over it. The remaining furniture in the building is almost a total loss. It consisted of the equipment of the public and private offices and the furniture of the amphitheatre, which was completed at a cost of \$100.

The building was insured for \$9,000, equally divided between the Shoe and Leather Company of Boston, the Commercial Union, and the Prescott. There was not a particle of insurance upon the contents of the building, but the loss falls partially upon the individual members of the college faculty, so that the loss in this direction to the college proper, including the dispensary equipment, will not exceed \$3,000.

There can be no doubt that the fire originated with the heating apparatus. The building is warmed by a double set of hot-air furnaces, and these are located directly under the dispensary room. A large set of flues lead up to the amphitheater and smaller flues to all other parts, and this fully accounts for the presence of the flames almost simultaneously in all parts of the building. Every one about the hospital agrees that the fires that were run all day were very heavy, and during the afternoon there were several complaints on this score. The furnaces undoubtedly set fire to the wood work in the basement and then the heating apparatus was nothing more than a means to aid its spread.

In thirty days the building will be restored. Clinics are not interfered with, as they go on at the college building, under some slight disadvantages. The furniture was not insured but kind friends have assured the trustees that they will cheerfully contribute when the new furniture is needed.

Neuralgia Department.

SPINAL IRRITATION.

Case 10,665.—December 4, 1882. Girl, eleven years of age. When eight months old, she had whooping cough for four months. After recovery from the cough, her back seemed weak. At eight years of age, she complained of her back a great deal.

The spine is sensitive to pressure in the dorsal region; the bowels are regular; the appetite fair complains of much pain in the limbs before going to sleep, and more pain in the spine at night; talks considerably in her sleep; coughs a good deal; the complexion is pale and the general appearance is delicate.

Sepia 6, four doses a day, hot water bag to be applied night and morning to the spine, from the dorsal to the lumbar region.

December 18.—Improved. Treatment continued.

This case continued to report better as long as heard from. It was being watched by Dr. Cheeseman of the class, who brought it to the clinic. There is no record of its ultimate condition.

The case before you represents one of a large class that will frequently fall under your observation. There are certain symptoms in this case which I wish to call your particular attention, and the first and most important symptom is the peculiar tenderness elicited by pressing upon the spinous processes of the vertebræ. You will have noticed that when pressing upon the dorsal region it drew out expressions of pain from the patient. This is a characteristic symptom and one nearly if not always present in this class of cases. I say nearly, because in some cases I have found certain general symptoms that pointed to this disorder when I have not found the sensitiveness; but the sensitiveness did in time appear. This, however, is perhaps the only exception to the presence of this peculiar symptom.

Other symptoms in this case to which your attention should be directed are the peculiar, general, run-down appearance of the patient, indicating a lack of nutrition, resulting in general weakness. Also the pains appear in certain other parts of the body than the back, and that perhaps tender points may be found in the region of these painful places. In this case, there is also a cough, which probably comes from the same cause as the pains, for we have no appearance of organic disease of the lungs.

Another point to which your attention is called is the age of the patient. This disease generally appears in young females. This, however, is not a positive rule, for it sometimes occurs in persons of thirty-five years or above. I have, at present, in my private practice one case of a lady above forty, and the case is well marked in all its features. It may also appear in men, but as exceptional in them as is hysteria. There is perhaps one form in which it appears in men that is rather more common, and that is the form that follows slight concussions of the spine.

The tenderness of the spine may be confined to a single point; or it may effect several vertebræ in different parts of the spine. In this case, we find it in the dorsal region. It may, however, appear in any region of the spine, in the cervical, the dorsal or the lumbar, or in any combination of different parts. The whole spine itself, in some cases, shows the same tenderness. The most frequent seat appears to be the dorsal. The particular localities of the painful parts are usually just over the spinous processes of the vertebræ, and may be more circumscribed or more diffused. Sometimes the space between the spines will show the tenderness. This tenderness may be elicited in various ways. Sometimes the gentlest pressure will produce it, at other times only deeper pressure, and in many cases percussion may be required. It is also elicited by passing a hot sponge over the points. The faradic current will sometimes develop it.

The character of the pain elicited by the pressure on the tender points or by the examination of the tender points may vary considerably. It may be superficial and sharp, ceasing after the pressure is removed, or it may be deeper, heavier, and leave a lasting ache. It is not frequent that slight motion of the muscles of the back will cause it, though I have seen a few cases in which this result took place. It is more frequent, however, that the continued motion of the muscles which receive their nervous supply from the particular part of the spinal cord affected will cause pain more or less severe in the sensitive region, as, for instance, where the upper dorsal and cervical region is involved, the use of the arms, as in doing up the hair, will cause a severe aching in that part of the spine. This also applies to other regions of the spine. Fatigue is quite apt to develop or increase the pain.

In many cases, the patient is wholly unaware of any tenderness about the spine, and denies that there are any tender points in it. Where other symptoms point to a possibility of spinal irritation, you should not fail to make a careful examination and ascertain for yourselves the presence or absence of this tenderness. This is especially true of those cases which only respond to the deeper pressure. In many cases, the parts are so hypersensitive that the patient is only too painfully aware of the tenderness; even when leaning back against the back of a chair or other object that brings any pressure upon the spine, the pain will be at once elicited.

Aside from these particular symptoms, we find a host of others, and these vary greatly in the various cases and according to the region of the spine affected. The patients are generally of a peculiar neuropathic constitution, in this respect resembling those affected with hysteria. In fact, the disease has many resemblances to hysteria, and by many authors has been classed as one of its manifold forms. It does, however, comprise certain definite features which entitle it to be considered as a distinct disease. There are in many cases symptoms which undoubtedly should be classed with those of hysteria. Spinal irritation will perhaps be found more common in families of a hysteric diathesis. Both of these conditions may perhaps be explained by the fact that in these peculiar constitutions we find nervous systems that are not well balanced, the equilibrium of which is easily disturbed. In the one case, it may develop into more pronounced hysteria, in another into spinal irritation, and perhaps in a third into a combination of the two. Here we find the same hereditary conditions that exist in many other nervous diseases, the constitution ready to take on some nervous derangement, the particular form of disease perhaps controlled by other circumstances.

In this case we find ill-health, dating back, in a remote way, to a severe attack of whooping cough; and we have quite a long history, if not of positive ill-health, at least of the lack of pronounced robust health, a condition in which the patient, if not sick, is not positively well. We find also the continued cough, and we see that the nerves of the chest spring from this irritated region of the spine.

This is not an uncommon history in such cases. My friend, Dr. Pennoyer communicated verbally to me the history of a lady patient supposed to be afflicted with a grave disease of the lungs, but who, as careful examination demonstrated, really suffered from spinal irritation, the cure of which resulted in the disappearance of her cough. We may hope that in the little patient before us a similar result will take place; that the cough is a nervous cough and not an organic disease of the lungs.

As we find chest symptoms appearing here, we will find other symptoms appearing when other parts of the cord are involved. Thus, if the irritation is in the upper part of the cervical region, we will find pain about the head and neck; aural symptoms, such as ringing in the ears, perhaps some deafness; asthenopia, flashes of light, *muscæ volitantes*, pains in the eyes; vertigo, insomnia, and other cerebral symptoms. In many cases, these will be so severe as to raise the suspicion of organic disease within the cranium, and this more especially unless the examination is carefully and exactly made.

If the irritation of the spinal cord is seated in the lower part of the cervical region, we will find pains about the arms and shoulders, combined often with muscular weakness, but never with positive paralysis; the weakness will only amount to paresis.

Some of the conditions which occur when the dorsal region is involved have already been spoken of; but we find intercostal neuralgias are frequent in these cases.

We will also find the heart functionally involved, but we don't find spasms or paralysis of the muscles innervated by these nerves.

When the irritation is lower down, in the dorsal or upper lumbar region, we will find the stomach involved and frequently a whole host of dyspeptic symptoms present. In not a few cases, the patient has long been treated for dyspepsia, without any suspicion that the seat of the difficulty was in the spinal cord.

When the lower part of the spine is involved, we get symptoms referable to the uterus and ovaries, and which extend into the legs. There are but slight vesical symptoms.

As in many cases various points of the spinal cord are affected, we may have all sorts of combinations of the above symptoms. You can readily see how various these cases will appear, and that very different symptoms can often be traced to spinal irritation. In all these conditions the symptoms point to a depressed state, and never to exaltation of function.

While very many of the symptoms point to the sensory side of the nervous system, the motor does not entirely escape. We see this in the motor weakness and the readiness with which the patient becomes fatigued. It, however, does not reach a stage of paralysis.

The condition of the patient varies much from time to time, according to circumstances. In many cases, there is a more or less pronounced *anæmia* present, and the general weak condition of the patient that this would imply. The patient, suffering from pain and often from sleeplessness, from a poor appetite, and from general irritability, it is a constant state of *valetudinarianism*. In many cases the suffering is sufficiently great to compel patients to keep their beds. Because of their weakness, fatigue is produced by even slight exertion. At best, any demand for continued exertion will prove too severe a tax, their symptoms being so easily aggravated as to unfit them for the active duties of life. If it be a school girl, she will soon be obliged to discontinue her studies, or if an adult, to resign even the ordinary duties of life, and at least spend her days in no harder work than lounging on a couch.

(To be Continued.)

News of the Week.

J. B. Foss, M.D., from Warren, Ill., to Crete, Neb.

A. J. Richardson, M. D., from 141 East 83d street, to 39 East 83d street, N. Y.

Pruritus ani.—Dr. Steele, of Denver, says Quinia sulphate rubbed up in lard, as much Quinine as the lard will hold is a sure cure for pruritus of either anus or of the vulvæ. Others claim the same virtues for the use of Balsam Peru. Dr. Carson claims great virtues in this trouble for Camphor ointment. A drachm of Camphor is finely powdered and dissolved in not too much spirits of wine and then rubbed up in one ounce of lard.

Dr. Adolph Fellger sailed July 11th, via the steamship *Elbe*, for Bremen, for a trip of three months. As Dr. Fellger has labored continuously (and most successfully) in Philadelphia for thirty-six years, he both needs and deserves a rest; and none could be more appropriate than a visit to the "Fatherland." Prior to his departure, Dr. Fellger was entertained by some of his professional associates. Gentlemen from New York and Boston were invited to join in this tribute of respect and affection to our honored colleague.

Lacerated Perineum.—Barrett's operation for perineal lacerations strikes us as worthy of trial. Believing that the usual method of applying stiches puckers the perineum, he adopts the following substitute: The vagina is exposed by means of a Sims's speculum applied by an assistant to the anterior vaginal wall. With a short straight needle, he then introduces interrupted sutures from the innermost end of the laceration to the vulva. These are not removed, but are allowed to slough off. [How would carbolized catgut do?] Externally he introduces one or two silk sutures, merely as a matter of form.

An Erythematous Eruption from Chlorate of Potassium.—Stelwagon records the case of a patient suffering from mucous patches of secondary syphilis for whom tablets of chlorate of potassium of five grains each were prescribed. Four days later a fiery erythematous and papular eruption made its appearance over the back and neck. There were no subjective symptoms. The possibility of mercury having produced this eruption was carefully excluded. The eruption disappeared two days after discontinuing the drug, but reappeared on three other occasions, when the chlorate of potassium was administered for experimental purposes.—*N. Y. Med. Record.*

Enlarged Glands.—Dr. Golding Bird's method is to remove the gland by permeating it with chloride of zinc. To do this, cleanse the surface of the gland to be treated with a solution of salt. A zinc electrode must be passed into the substance of the gland, and the silver electrode inlaid upon the previously blistered surface. The negative pole should be placed over the most prominent—the positive about three inches away. Keep moving the positive reophore in a circle around the negative quite slowly, usually from five to six minutes. The number of cells to be used will vary, but should never cause an inflammatory action as evidenced by a bluish-white tint under the negative pole.

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Clinical Medicine.

ON DIPHTHERIA AND ITS TREATMENT.

BY H. K. BENNETT, M. D., FITCHBURG, MASS.

In the treatment of diphtheria vera. I think *all* or *any* of the *Mercurial* preparations should be *totally discarded*. In cases where the Mercurials such as Cyanide, Iodide, Proto iodide, etc., have proved curative it is in the so-called catarrhal forms where the exudation is mucous deposited upon, and not incorporated into the mucous membrane as diphtheria vera *always* is. The one remedy par excellence in true diphtheria is Kali bichromicum, first to third decimal trituration. I make use of gargles or spray by means of an atomizer. I use for the purpose of dissolving the deposit, dilute alcohol or aqua calcis. Sometimes I use Chlorate potassium in the diluted alcoholic solutions, especially when the deposit is being removed by the suppurative process. The deposit is *always* removed by the process of dissolution or suppuration. Milk for nourishment and *often* stimulants are used. Much milk is always needed to fortify the system against septicis which is a dangerous complication and are frequently occurring.

In diphtheritic croup I use same remedy continuously internally and cause the patient to inhale often hot steam and steam from slaked lime. Never change the Kali for any other remedy in true diphtheria or diphtheritic croup.

Last June I had a very severe case of diphtheritic croup. Several other physicians besides myself saw the case and considered it hopeless. By the persistent treatment afore mentioned, the child made a perfect recovery and is now living in a state of perfect health. Other cases treated same way with like results.

ENLARGED PAROTID GLANDS.

BY J. CRESSWELL LEWIS, M. D., PHILADELPHIA, PA.

F. N. aged eight years, came to the dispensary of the Homœopathic Medical Society of the 23rd ward, Philadelphia, on Jan. 25th, 1883. Five weeks before he had had an attack of parotitis. He was one of a numerous family of children, and his mother being sick, he was allowed to run out before he was entirely recovered, and in consequence, had a greatly enlarged, indurated parotid gland, of the right side. We prescribed Mercurius sol. 2x trit. in water, three doses a day.

On February 1st, the gland was softer and smaller and he had not as much difficulty of swallowing. On February 8th he was better and when he presented himself on February 15th we discharged him cured.

This case is not a peculiar one, but we note it in order to bring out the action of Mercurius sol. the pathogenesis of which strikingly points out its applicability to enlarged, indurated glands, the parotid glands particularly.

This little boy's was swollen up wonderfully and the recovery under the drug without any other application was satisfactory and prompt.

Where we have such indurations, we have often noticed how slow they were to become reduced in size even when the remedy had been selected with the greatest care. Suppuration follows in some such cases, although not frequently, and if there is no suppuration, we may have closure of Steno's duct, as a result of the inflammation in the surrounding parts. The rapid diminution in size here was marked. Sometimes we have used Iodine, painted on the enlarged gland, but have never seen much good follow the application.

Parotitis generally runs its course in from three to five days. Sequelæ, as enlarged testicles or mammæ are rare in young children, but are seen oftener when the disease has attacked older ones. Children over seven years are attacked much more severely than younger ones.

THE IMPORTANCE OF A SINGLE SYMPTOM.

BY AD. LIPPE, M. D., PHILADELPHIA.

The importance of a single symptom becomes apparent when we detect in a patient a single characteristic symptom corresponding with a single characteristic symptom observed in the proving of a drug. To illustrate this position I will, first, quote a case from my case-book in which an objective symptom indicated the truly specific remedy.

This case was one of very malignant "ship fever." The patient had been sick nine days when I found him in the morning, lying on his back, perfectly unconscious; eyes wide open, glaring, and fixed on the ceiling, pupils dilated; cheeks red and hot; mouth wide open, lower jaw hanging down; tongue and lips dry, black, and cracked; picking of bed coverings; pulse 200. The pathological condition was most certainly approaching paralysis of the brain.

The unconsciousness in this case reminded me first of Bell., Hyos., Mur. ac., Opium, Rhus, or Stram. The eyes indicated Bell., Hyos., Opium, or Stram. The tongue and lips of Ars., Opium, or Rhus. The picking of the bed-clothes of Arn., Ars., Hyos., Opium, or Stram. The hanging of the lower jaw of Ars., Lyc., or Opium. Not being able to select a remedy, I further examined the patient and found that he had passed urine involuntarily all night, but this symptom again left me to choose between Arn., Ars., Bell., Hyos., or Rhus; but upon still further examination I found on the sheet of the patient a large deposit of red sand, resembling brick dust deposited from the urine involuntarily discharged. Here was the objective symptom characteristic of the case and of the remedy. I now concluded to give Lyc., therefore I dissolved six pellets of the 200th potency in half a tumblerful of water, and had a spoonful, every two hours, put into the open mouth of the unconscious patient. When I saw him again, at 2 P. M., I found him with his eyes and mouth firmly closed in natural sleep and in a very heavy perspiration. He finally recovered fully, and enjoyed perfectly good health for many years.

In this case the single characteristic symptom was a guide in the selection of the curative remedy, but *not* in the diagnosis of the disease. If this single symptom had been a guide in the diagnosis of the disease, it would *not* have been a guide in the selection of the curative remedy.

To illustrate further the position assumed that one single symptom is very important, let us refer to the frequently recurring symptom, "sinking at the epigastrium" This symptom standing alone and by itself is of no importance whatever, neither characterizing a remedy or an abnormal condition of the system. Whether caused by a disturbed condition of pneumogastric nerve, or of the uterus, or by nervous depression, the symptom by itself, or the supposed cause, will never assist us in finding the curative remedy.

As far as our observations have been able to enlighten us, this symptom has been successfully removed by the following medicines: Alumen, Ambra Baryta, Digitalis, Ignatia, Kali carb., Lobelia, Lycopodium, Petroleum, Oleander, Sepia, and Veratrum.

The important single symptom in this connection under Alumen is that the sinking sensation is aggravated after eating, while under Baryta it is relieved by eating. This symptom is on record in Hahnemann's *Chronic Diseases*: "Sensation of weakness in the stomach, which disappears after eating." The important single symptom under Ambra we find thus in Hahnemann's *Materia Medica Pura*: "She must lie down on account of giddiness and a sensation of weakness in the stomach."

Under Alumen and Baryta we find one conditional symptom, the aggravation and amelioration after eating. Under Baryta we find one concomitant and one conditional symptom, the combination of the sinking feeling with the condition of being obliged to lie down.

Digitalis has the characteristic symptom so often confirmed in practice and given by Hahnemann in his *Materia Medica Pura*: "A weakness of the stomach, as if sinking away and as if life would vanish." Later it was observed that this sensation of weakness generally occurred "after eating."

Under Ignatia, we find in Hahnemann's *Materia Medica Pura*: "A peculiar sensation of weakness in the upper abdomen and in the pit of the stomach;" and "drawing and pinching in the lower abdomen, descending into the rectum like pressing, with qualmishness and sinking in the pit of the stomach and paleness of the face (after forty-eight hours, two days before menstruation)." And again: "Debility, as from weakness (sinking), around the pit of the stomach; he feels qualmish and must lie down."

Under Kali carb., we find in Hahnemann's *Chronic Diseases*: "Pressure in the stomach with rumbling, sensation of emptiness and eructations."

Under Laurocerasus, we find pain in the stomach, like fainting; feeling of weakness in the stomach.

Under Petroleum we find in Hahnemann's *Chronic Diseases*: "Sensation of emptiness in the stomach, as from fasting."

Under Lobelia, we find: "Feeling of weakness of the stomach, or in the pit of the stomach, extending through the whole chest."

Under Oleander, we find in Hahnemann's *Materia Medica Pura*: "Sensation of great emptiness in the pit of the stomach, with a fullness in the abdomen," and it has been observed that this sensation of emptiness in pit of stomach has been relieved by drinking brandy, often accompanied by nausea."

Under Sepia, we find in Hahnemann's *Chronic Diseases*: "Emptiness in the stomach (sensation of) with nausea as soon as she thinks of any food that might be offered to her."

Under *Veratrum*, we find in Hahnemann's *Materia Medica Pura*: "Sensation of weakness of the stomach, with an internal sensation of coldness in the region of the stomach and a light pressure."

The importance of a single symptom in connection with this much perplexing sensation as "sinking at the epigastrium," weakness at the pit of the stomach, is very obvious. We find that *Alumen* and *Digitalis* have an aggravation of this sensation after eating; that *Baryta* has an amelioration after eating; that under *Oleander* brandy relieves; that under *Kali carb.* is accompanied by eructations; that under *Ignatia* this sensation has appeared two days before menstruation, accompanied by pale face and qualmsiness, which caused the patient to lie down; that under *Sepia* the sensation was increased by thinking of food. The sensation is strongest in the pit of the stomach under *Digitalis*, *Ignatia*, and *Lobelia*; under *Digitalis* the sensation is so intense that he feels as if life would vanish.

Many cases will be met in practice in which these symptoms are present with the sensation of sinking at the epigastrium; yet at times other remedies will have to be looked for to find symptoms corresponding with the peculiar characteristic symptoms of the patient.

A single symptom is all-important if it is the characteristic of the medicine, corresponding with the characteristic symptom of the case to be treated. Inasmuch as we no longer treat diseases, or supposed diseased conditions giving rise to them, but as we treat *patients*, it is no longer our duty to find the single symptom as a guide in diagnosis. It is our task, however, to find the single characteristic symptom both of the patient and of the remedy.

If we first get a clear idea of what constitutes the characteristics of medicines, we involuntarily adapt ourselves to the easy finding of the characteristic symptom of the patient. The characteristic symptoms of a medicine go through all its pathogenesis like a red streak. We find, for instance, that all the symptoms *Aconite* is capable of producing on the human system and therefore is able to cure, are accompanied by "anxiety" and differ in the restlessness which is caused by "anxiety" under *Aconite* from the restlessness which is caused by "anguish" under *Arsenic*. *Aconite* has no characteristic pains. The burning and stinging in internal organs, tearing in external parts, and tingling in (fingers, œsophagus, and back) external parts, *Aconite* has in common with many other drugs; if, for instance a patient complains of tearing in external parts, as in acute rheumatism, yet lies perfectly quiet, afraid to move, and if compelled to move suffers much pain, no experienced physician could think of administering *Aconite*, simply because the accompanying fever indicates inflammatory disease, but he would give *Bryonia*, if the other symptoms also indicated it. On the contrary, if the patient is very anxious and restless, not afraid to move, but tossing about, which he declares he can not help, although it increases his pains, no one would give *Bryonia*, but *Aconite*, if otherwise indicated."

The "anxiety" of *Aconite* may be termed a general characteristic, like the "anguish" of *Arsenic* or the constant aggravation of all the symptoms after sleep under *Lachesis*, or the amelioration in open cold air under *Pulsatilla*; the amelioration the cold air alone being equally characteristic of *Iodine*, or the aggravation at 3 A. M. under *Kali carb.*

Besides these general characteristics which go through the whole remedy

we observe special characteristics, as under Kali bichr. that all the mucous discharges are stringy, or under Phosphorus that the cough is aggravated in the cold air.

The single symptom, which becomes all-important in a case, may comprise the kind of pains experienced, as under Apis "the burning, stinging pains;" or it may comprise the locality, as wrist and ankle under Ruta; or the direction the pain or disease follows, as from right to left, below upward, from the inside outward, or *vice versa*; or the condition (of amelioration or aggravation), as in the amelioration from heat of Arsenic, the amelioration from cold of Iodine; or from concomitant symptoms, as the great, unquenchable thirst, the great desire to drink large quantities under Natr. mur., or again, the thirstlessness of Pulsatilla.

The single symptom becomes all-important in some well-known diseases, as, for instance, in whooping cough. * * * * Yet the true physician has first to choose the proper remedy, and then to administer it properly if he hopes to be successful in this, as well as all other diseases. The character and peculiarities of the cough alone do not indicate a remedy. It is indispensably necessary to inquire further, and first ascertain at what time of the day the cough is aggravated. What else aggravates the cough? What are the concomitant symptoms? What is the character of the expectoration?

And in this manner it will become apparent that as to time the Drosera aggravation is after midnight; that the cough returning every day at the same hour may indicate either Lycopodium or Sabadilla.

Under the conditional aggravations it will become apparent that if pressure on the larynx aggravates the cough, Cina will be indicated; or that if walking fast brings on or aggravates the attack, Sepia will cure; or that if hasty eating or drinking causes an attack, Silicea will cure; or, with regard to the expectoration, that if the great quantity of mucus which threatens to suffocate the patient is difficult to expectorate, and if raised at all is tough and stringy and hard to detach, etc., Coccus cacti is the remedy.

All these single symptoms become important and will enable the practitioner to select the curative remedy; the name of the disease never will, as no medicine has ever produced or can produce whooping cough, but only a cough similar to whooping cough. The cough produced by Mephitis, for instance, has been very similar to whooping cough, but was not whooping cough and can only cure in those cases where the concomitant symptoms correspond with Mephitis.—*Am. Hom. Review.*

This paper was written twenty years ago, and after that long lapse of time its author is more than ever convinced of the great importance of the single symptom. The single peculiar symptom, expressive, as it were, of the characteristic individuality of the sick and not necessarily belonging to the form of disease of which he suffers, if also characteristic of a proved drug becomes very frequently a guiding symptom, will very often lead us to compare the symptoms of the sick with the symptoms of the drug presenting that guiding symptom, a remedy which probably escaped our notice without it, and if the similarity between the symptoms of the sick and the provings of the drug becomes apparent, *then and then only* has this single guiding symptom been profitably utilized. Later on it was claimed that this single

symptom, when present both on the sick and in the provings, would absolutely demand recognition and was erroneously termed a key-note, and this erroneous interpretation of the importance of the single symptom opened the way for great and fatal abuses. And now for an illustration: We find, for instance, in that excellent work on Diphtheria by Dr. Gregg, a case of diphtheria cured by *Lachnanthes*. The indications for the use of *Lachnanthes* were—the stiff neck the patient had. A cure followed. The deduction from this observation of a cure would be that a stiff neck in diphtheria is a key-note for *Lachnanthes* in that disease. This is, of course, poor logic, and later experience illustrates it. In a case of diphtheria we lately published this very painful stiff neck was a very prominent symptom and the clinical experiment has shown that another case of diphtheria where this stiff neck was present had been promptly cured by *Lachnanthes*, that in the stiff neck following not unfrequently diphtheria and scarlet fever *Lachnanthes* has very often cured it. In the case alluded to, all and every symptom of the patient suffering from diphtheria, also the stiff neck, were covered by *Kali bichr.*, and the stiff neck was cured with the other very grave symptoms of diphtheria. *Kali bichr.* has probably never been given for wry neck before, and now if in a case of diphtheria this stiff neck occurs we will have to take into consideration the similarity of the other symptoms of the patient, having this guiding symptom to make us compare *Kali bichr.* and *Lachnanthes*. Again, we find under *Lachesis*, as a very characteristic symptom, throat and cough symptoms worse after awaking. The clinical experiment demonstrates that *Kali bichr.* and *Aralia* have the same symptom, and we will now, knowing that this great aggravation after sleeping is not a key-note for *Lachesis*, not be easily disappointed when we carefully compare also other remedies causing and curing this single important symptom. The lesson we are taught is, that a single important symptom *alone* should not be termed a key-note, but a guiding symptom.—*Hom. Phys.*

Neuralgia Department.

(Continued from Page 245.)

SPINAL IRRITATION.

What we may ask, is the pathological anatomy of these cases? Some authors, and especially Dr. Hammond, insist that it is an anæmia of the posterior columns of the spinal marrow. This however is by no means proven, and other authors, of equal reputation, give the opinion that it may be either anæmia or hyperæmia of the cord. As the cases do not terminate in death opinions must be settled from physiological standpoints. The clinician, rather than the physiologist, must furnish the settlement of this vexed question. I am of the opinion that either condition may be present, and possibly both, at different times, in the same case. The starting point of the disease in my opinion, must be found in some molecular change which takes place in the cord, and the anæmia or hyperæmia follows that condition; and though these conditions may aggravate the disease, they are not to be considered as its starting point. In some cases they may appear at an early

stage, and especially when the disease is reflex in its origin. That it is sometimes reflex, I am well satisfied, for I have found it where it has followed peripheral disease, and have watched its rise and progress, thus demonstrating to my satisfaction that peripheral organic disease preceded the spinal irritation.

Sex and age as causes of this condition have already been referred to. Another, and not uncommon, cause is some form, often slight, of spinal concussion. This concussion may be so slight as to be easily forgotten by the patient. One case that I recall now, occurring in my private practice, on having her attention called to the matter, recollected a fall on an icy-pavement; and when improvement had begun, in two or three instances she suffered relapses from some jar or fall. The fall need not be necessarily on the back, nor the back be directly injured in any way a jar alone being sufficient. In other cases, the straining of certain muscles, or at least the repeated straining of them, is sufficient to develop the condition. One case that I have under treatment at present, of a seamstress, is the result of overwork, and more particularly from running a sewing machine; and this case while it is slowly getting better, has proved an obstinate one to reach.

All debilitating influences, of whatever nature, may develop this disease in such constitutions as are predisposed to it. It not unfrequently appears in connection with diseases of the sexual organs, and the abuse of those organs either natural or artificial, is accredited, not unreasonably, in many cases, with being an effective factor in the etiology of the disease. In short we may include among the causes of the disease, either direct or remote, anything that debilitates the person, nor must we forget that mental conditions have an important bearing with all this class of patients. The importance of the re-action of the mind upon this disease, was well illustrated by a case that fell under my observation some time ago, where the patient had nearly recovered from a previous attack, when from a slight mental shock, the result of the death of a neighbor's child, she relapsed and was laid upon a bed of suffering for some months.

This disease may be diagnosed from other diseases, bearing more or less of a general resemblance to it, both by its particular symptoms and general course. While, no doubt it becomes complicated with hysteria, it still may exist independently of it. The hysteric patient is more subject to emotional disturbances and the hysteric paroxysms more easily develop under such influences. While the hysteric patient may develop tenderness of the spine to pressure, it is not usually so circumscribed as in spinal irritation and frequently the symptoms seem to have a mental origin. Pressing upon any part of the back, and not following definitely the course of any one nerve will cause pain in the hysteric patient. The pain is more diffused in character and more whimsical in its general behavior. In short there is a general hysteric condition that will raise a suspicion as to the character of the symptoms which point to this disease. Hysteric patients are much more apt to have such symptoms as they are led to expect by the physician or attendants.

In meningitis there is more cramping of the muscles, more pain on movement of the back, more holding of the spine in a fixed position during movements and more anæsthesia or hyperæsthesia in the course of the affected nerves.

In myelitis there is a sensation of a cord tied about the body; a more steady progress of the disease; with the vesical symptoms, either retention or incontinence of urine; and paralysis sooner or later taking place. Aggravation of the pain upon pressure is not as great in either meningitis or myelitis as in spinal irritation, while from motion it is greater. In organic diseases, objective symptoms appear sooner or later, while in spinal irritation the symptoms remain almost entirely subjective in character.

The prognosis of the disease is favorable so far as life is concerned and, I may add, as to its curability; but it will often prove obstinate as to time. In many cases, speedy and favorable results may doubtless be obtained, but in others the results will not be so brilliant. I would impress this upon your minds for the reason that some of the authors write as if a rapid cure was as easy a matter as the demonstration of a geometrical proposition to the mathematician, and as certain. But, in practice, I am sure they have failed, as well as some of the rest of us who claim less. Still, the cases are curable, and with patient and well-directed treatment, where you can command the environment of the patient, you can count on success. Relapses, however, are very frequent, and you will find it unprofitable to be to positive in your promises of cure in a given length of time.

In the treatment of this disease, attention should at first be given to the general condition and surroundings of the patients. They should be placed under such conditions and restrictions as will tend to develop their general health. There should an endeavor be made to bring this up by all general measures to the best state possible. If able to be about, they should take gentle exercise in the open air, with frequent rests, always stopping short of exhaustion. The diet should be chosen with reference to its blood-making powers and nicknacks forbidden. The use of stimulants has been advised and in some cases will, no doubt, be found useful, but in others their value has seemed to me to be over-estimated.

It is unnecessary to say that all emotional disturbances, all mental anxieties, should be avoided as far as possible. A succession of mental disturbances, whatever may be their nature, will often render all treatment of no avail. It is therefore sometimes necessary that the patient should be removed from such disturbing influences. The expression of much anxiety, by over-sollicitous friends and acquaintances, as well as their frequent visits, should be forbidden. School girls should be taken from their studies and given the privilege of getting well. All disturbances of the various organs of the body which may re-act reflexly, should of course be removed, if possible.

When the patient is thus put in the best possible hygienic condition, we may then consider what other and more directly curative measures shall be adopted. Of these, the application of either hot or cold to the spinal column is among those that merit attention. The best method of application is what is known as the spinal ice-bag. The case, above referred to, of Dr. Pennoyer, was greatly benefitted by the application of broken ice in a spinal bag. A case that I have under treatment at present has been materially helped by putting as hot water in the bag as the patient could bear applied. This application quiets the pain and enables the patient to obtain rest that before was impossible. Cold, in this case aggravated the symptoms, and a single application sufficiently demonstrated that it would do harm; while heat, thus applied, has proven beneficial. In most cases the desire of the

patient will enable you to determine which is the better, but in all cases it should be first tried in a cautious way, and in case of aggravation from either application, the other should be resorted to.

Electricity has been used with advantage in these cases. The patient may receive general faradism for its tonic and stimulating effects, and have the galvanic current applied through the spine. I have been unable to decide on any rule by which the direction of the current can with certainty be determined beforehand. Ordinarily, I should place the positive pole near the painful points, but in some cases the negative may produce better results. The current should be continuous, without interruptions. The first application should be generally not too prolonged, and be considered as experimental. In some cases, hydropathic treatment may prove of benefit.

Of the remedies that may be mentioned are, *Agar.*, *Bell.*, *Cocc.*, *Dig.*, *Fer.*, *Gels.*, *Hyperic.*, *Macrot.*, *Nux vom.*, *Puls.*, *Sil.*, *Sep.*, *Strych.*, *Sulph.*, *Tarant.*
—*Clinique.* H. B. FELLOWS.

Consultation Department.

CASES FOR COUNSEL.

CASE FOR COUNSEL.

Will some of your readers advise me as to treatment in the following case of rheumatism :

Young lady about twenty-five years of age, mild easy disposition, not very robust, but never had any severe sickness. Never had rheumatism before.

Last spring first noticed that she was a little stiff in moving after resting. This has continued ever since. A few months ago she noticed some swelling of the joints. The knees, ankles and toes, elbows and fingers, are joints most implicated, the swelling is only moderate and there is *no pain* except the stiffness on moving which is so great at times as to almost prevent movement altogether. Temperature about normal. Pulse slightly accelerated. Appetite good. No cravings nor dislikes. Bowels and menstrual functions all right. No thirst. Sleeps well. The tendency is toward *deformity*. The fingers are already somewhat contracted. The stiffness and swelling seem to shift back and forth between the fingers and knees. There is some numbness of the arms. Heart all right. Feet more apt to be swollen in the morning than at night. Her mother's brother had rheumatism at the age of six years and became so deformed that he was helpless the rest of his life; and a sister of this boy died young from heart difficulty resulting from rheumatism. Please advise soon. T. S. J.

REPLIES TO CASES.

THAT CASE OF SPINAL IRRITATION.

We tried the Electricity thoroughly for one month. It roused him up in two ways. First, it made him very hungry so it seemed as if he could not get enough. Second, it aroused his stubbornness. If he could not do as he

pleased he became angry and rather inclined to be dangerous. It became necessary to confine him somewhere and he was sent to the asylum.

He is under Allopathic treatment and is losing his mind rapidly. The doctors in that institution say it is paralysis of the brain, no prospect of any improvement.

For Dr. A. A. Lovett's case for counsel in THE MEDICAL INVESTIGATOR Sept. 27th. He will probably find a cure in *Dioscorea villosa*. 12th. to 20th., once or twice daily. It is capable of doing wonders in that line. Let us hear again.

M. H. C. WOODRUFF.

If Doctor Lovett will use Digitalin 3x in doses of three or four grains twice a day for a week or ten days, and then once a day, think it will cure his case for counsel, reported in THE INVESTIGATOR Sept. 27, 1883.

S. S. DELANCEY.

In your journal of Sept. 27, page 213, of Dr. A. A. Lovett's case of spermatorrhœa, I may say, that I just cured a case of several years standing by the use of Hydrastis canadensis 1st. centesimal dilution. Hydrastis 2d., will answer as well. I had given several of the remedies detailed by Dr. Lovett in my case in vain. I will treat my next case of the kind with great confidence. Have used Elaterium 1x in cases of malarial fever with invariable success. Have used it also in dropsy as recommended by Dr.—of Kansas without success so far.

J. B. WOOD.

Book Reviews.

MEDICAL EDUCATION and the regulation of the practice of medicine in the United States and Canada.

This pamphlet or work of 192 pages is issued by the Illinois State Board of Health. We supposed that this work emanated from the bureau of education at Washington, but was surprised that our state board should assume national functions and regulate every state and its medical institutions, as well as those of our own state. Notwithstanding, this work makes interesting reading. It gives the medical laws of all states and the requirements of all the colleges. This was obtained by a circular addressed to all the schools asking the (1,) conditions of admission of students. (2.) Branches taught these include (1,) anatomy, (2,) physiology, (3,) chemistry, (4,) materia medica and therapeutics, (5,) theory and practice of medicine, (6,) pathology, (7,) surgery, (8,) obstetrics and gynecology (no pædology) (9,) hygiene, (10,) medical jurisprudence, (forensic medicine.) (3,) length of terms, (4,) attendance required, (5,) dissections, clinics, etc., (6,) time for professional, instruction. It seems that a number of colleges fell short and are on the black list. After each school is a list of the matriculants and graduates and then comes the per cent. The per cent. of the Canada colleges is from 2 to 30 per cent. The average is 25 per cent. In the United States the per cent. is 33.2 Allopathic to 36.2 Homœopathic. This would indicate that Homœopathic teaching and requirements were not so high a grade as in the Allopathic schools. The Homœopathic schools in Illinois graduated 41.2, in Iowa 27.2, in Massachusetts 27.5, in Michigan 29.8, Missouri 26.8, New York 29.4, Ohio 43.6, Pennsylvania 35.3. For the past three years Pulte has

graduated 45 per cent. of students. Cleveland 27.7. Of the Chicago colleges, Hahnemann for six years has graduated 44 per cent. of the lots and the Chicago Homœopathic 27 per cent.

A MANUAL OF PATHOLOGY. By J. Coats, M. D. : Philadelphia, Henry C. Lea's Son & Co. : Chicago, Jansen, McClurg & Co. Duncan Bros. p. 818. Leather. Price, \$6.50.

This work emanates from a Scotch author, a professor of pathology in Glasgow. It covers much the same ground as Wagner's Pathology. It gives (1,) the general pathology of the general diseases, and (2,) the special pathology of the special diseases of the special organs and systems.

This book suggests the question that has been agitating pathologists for some years. That is, whether a fever is a disease at all, usually it is only one symptom and should one symptom name the disease? Before the days of pathology a simple fever perhaps meant something, but now it is looked upon generally as incident to a special pathological condition. The time will come in the estimation of the pathologist when all diseases will have a pathological basis. But now comes the etiologist and insists on recognition and demands a malarial fever, but for the life of him he cannot tell us what his malaria is. Whether it is a worm, a fungi, animal or vegetable, a gas or a myth; who can tell? Nosology is undergoing a steady change from year to year.

In the old days of theorizing there were fevers without number, e. g., lung fever, worm fever, milk fever, child bed fever, teething fever, etc., but recently the number of fevers grow less and less.

This work is concisely written in that plain matter of fact, style so peculiar to the canny Scot. It gives the latest ideas and discoveries gleaned from all sources that brings the work up abreast of the times and is profusely illustrated. It is unquestionably the best pathology of to-day.

Society Department.

ANNUAL MEETING OF THE MEDICAL SOCIETY OF NORTHERN NEW YORK.

The Medical Society of Northern New York, held its thirty-second annual meeting in the City Hall, yesterday, October 17, 1883. The President, Dr. P. W. Mull, of Ghent, Columbia county, opened the meeting promptly at half past ten o'clock, with a few timely and pertinent remarks.

There were present in attendance physicians and members of the society residing in the counties of Albany, Columbia, Rensselaer, Washington, Saratoga, Montgomery and Greene.

The following reports, papers and communications were presented, read and accepted for publication:

The report of the Secretary, Dr. H. M. Paine, setting forth the importance of increasing the prestige and influence of the society, and pointing out the methods to be employed for securing these ends

The report of the Treasurer, showing receipts \$40.00, and expenditures \$65.00.

The report of the committee on drug proving, in which the desirability of pursuing original investigations in this department was strongly advocated.

A highly interesting and instructive lecture, illustrating the method of examining sputa and secretions containing bacteria, particularly the bacillus of phthisis, by Dr. William Hailes, of Albany.

A paper entitled "Common Sense in Therapeutics," in which two natural methods of cure were described, either the destruction of germs by large doses of medicine, or the removal of the constitutional diathesis by comparatively small doses, by Dr. George E. Gorham, of Albany.

A paper on the "Inoperative Status of the Old Code," and advocating the largest liberty of medical opinion and action in all medical matters, by Dr. C. J. Farley, of Fort Edward.

A minute description of the history of a case of acute ophthalmia of more than usual severity and obstinacy, by Dr. George S. Munson, of Albany.

A paper describing at length the history and treatment of a similar case of ophthalmia, by Dr. George S. Norton, of Brooklyn.

A paper, entitled "Post-Partum Treatment," in which indications for remedies found serviceable, in an experience of eighteen years, were succinctly stated by, Dr. E. Hasbrouck, of Brooklyn.

The following were reported by Dr. C. J. Farley, of Fort Edward :

A case of pleuro pneumonia ; an obstinate case of crusta lactea ; a case of phlegmonous erysipelas ; a case of puerperal fever ; a case of cardiac dropsy a case of scirrhus of the bladder ; a case of nursing sore mouth ; a case of sick-headache ; cases of malarial fever.

A paper, entitled "Mercurius cor. in the treatment of Albuminuria." by Dr. E. Hasbrouck, of Brooklyn.

A paper, entitled "Ante-Partum Treatment," which contained many useful and practical suggestions relative to the treatment of diseases and conditions frequently met with in practice, by Dr. H. M. Dayfoot, of Rochester.

A paper on epidemic malarial fever in Saratoga and Schenectady counties by Dr. W. E. Rogers, of Rexford Flats.

A paper on "Hot water and the rubber bandage in sprains, injuries and chronic inflammation of the joints," by Dr. M. O. Terry, of Utica.

A paper on the use of "Hypericum perforiatum in the treatment of headache and spinal irritation," by Dr. George E. Gorham, of Albany.

A description of a case of fibroid tumor and of the operation for its removal, by Dr. H. S. Paine, of Albany.

A brief outline of the pathology of pneumonia, with a criticism of its treatment, as recommended by Bartholow and others, in which is pointed out, from a physiological point of view, the danger arising from the immoderate use of opium and quinine, particularly of the latter in cases of bronchial and pulmonary congestion and inflammation, by Dr. M. O. Terry, of Utica.

A case of varicose ulcer, by Dr. W. W. French, of Ballston.

Dr. A. P. Hollett, of Havana ; Dr. A. M. Dayfoot, of Rochester, and Dr. E. Hasbrouck, of Brooklyn, were elected to honorary membership.

Dr. W. E. Milbank, of Albany ; Dr. A. C. Hanor, of Chatham ; Dr. A. D. Lillindall, of Fort Edward, and D. Lewis, of Fort Edward, were elected to membership in the society.

The officers elected for the ensuing year are : President, Dr. C. M. Mosher,

of Easton ; vice-president, Dr. C. J. Sarley, of Fort Edward ; secretary and treasurer, Dr. H. L. Waldo, of West Troy.

A resolution was adopted providing for holding meetings of the society on the first Wednesday in May, at Troy ; on the first Wednesday in August, at Saratoga ; and on the first Wednesday in October, at Albany ; the time and place to be changed, if necessary, by the secretary.

ANOTHER ANNUAL GATHERING.

The second annual meeting of the Homœopathic Medical Society, of the 23d ward, was held at the residence of Dr. N. T. Jerman, Holmesburg, Oct. 17 ; president in the chair. The society went into an election of officers, with the following result :

President—Dr. N. T. Jerman ; Vice President—Dr. C. Weaver, Fox Chase, Secretary—Dr. W. C. Powell, Phila. ; Censors—Drs. R. C. Allen, N. May, and J. M. Beyea.

Dr. N. May was appointed essayist for the next meeting, which will be held at the residence of Dr. H. A. Schultz, Bristol, Bucks county.

The members, with the invited guests, repaired to the Washington Hotel where an elegant and sumptuous dinner was served, which entertained the participants pleasantly for over an hour.

Dr. Bartholomew acted as toastmaster, and in a neat speech, introduced the speakers.

The first toast was to Hahnemann. This was responded to in silence by standing.

“The Veterans of the Twenty-third ward,” responded to by Dr. May.

WHAT HAS BEEN DONE.

The next toast was, “The Homœopathic Medical Society, of the 23d ward.” Dr. J. C. Lewis, in his response to this toast, gave a synopsis of the work performed by the society, during the past year.

That it has also been the means of doing much good in the community, we will hope to show in our annexed report of its proceedings and workings. During the year, we have met in all sections of the ward, viz. : Frankford, Holmesburg, Tacony, Fox Chase, and Bustleton, and once at Bridesburgh, 25th ward, at the residences of the members living in those localities. We have had one accession to our membership, in the person of Dr. J. M. Beyer, of Bustleton. We have had essays on the following subjects, by the physicians named :

“Spermatorrhœa,” by Dr. Reynolds, of Bridesburg. “Menstruation,” by Dr. Cornelius, of Philadelphia. “Typhoid Fever,” by Dr. Richard Lewis, deceased, President. “Diseases Simulating Pregnancy,” by Dr. R. C. Allen of Frankford. “Chorea,” by Dr. J. C. Lewis, of Frankford. “Pneumonia,” by Dr. W. C. Powell, of Philadelphia.

At the meeting last November, it was deemed expedient to postpone the reading of the papers prepared, and discuss the treatment of diphtheria, which was prevalent in our midst. This course was also pursued in the following months, Jan. Feb. and Aug., 1883. This is a feature that we can-

not put aside, viz.: the interchange of opinions on prevailing diseases, and their treatment. In April, owing to the death of our president, we held no regular meeting.

During the year, several interesting pathological specimens have been exhibited to the society by its members.

At the November meeting a preamble and resolutions were offered by your humble servant, looking to the formation of a dispensary in Frankford under the control of the society. The society acted favorably on the subject and money was raised by the members, from the community, a room rented, furnished, and stocked with medicines, and the good work commenced. To show what has been done, we will give the number of prescriptions given out in every month, from December, 1882, when we first opened the dispensary, until September, 1883.

1882—December, 13. 1883—Jan., 70; Feb., 75; March, 153; April, 101; May, 93; June, 79; July, 93; Aug., 78; Sept., 56.—Total, 811.

Considering all that has been achieved during the past year, we may truly say we have been, individually and collectively, highly benefitted by having membership in the society. We launched out in this interprise with no experience in such matters, but have succeeded beyond our most sanguine expectations.

During the year, death, with his unsparing hand, has visited us and taken our late president, Dr. Richard Lewis. In respect to the memory of our late president, the society attended the funeral in a body, and had engrossed and framed, a set of resolutions that were presented to the family. Such acts of kindness and consideration cannot be too highly appreciated.

The fourth toast, "Homœopathy vs. Allopathy—is the pellet more potent than the pill?" was ably responded to by Dr. R. C. Allen.

Then came the toast, "The Physician" which was responded to by Dr. C. Weaver. His address was brief and confined chiefly to the subject of the duties and responsibilities which physicians owe their patients, and the duties and obligations which the patients should pay to their physicians.

The following toast, "To the memory of our late president, Dr. Richard Lewis," was responded to by Dr. W. C. Powell, who paid a warm tribute to the life and work of the deceased.

The next toast was, "The Surgeon," responded to by Dr. D. B. Umstead. The doctor compared the present advanced position of the art, to the crude and barbarous practice of ancient days. He attributed much, if not all, of the rapid advance in the art of surgery, in the past few years, to the introduction of ether and chloroform.

Rev. J. H. Boggs, of the Hermon Pres. church, Frankford, responded to the toast, "Woman: her relationship to the medical profession." His remarks, which placed a high estimate upon the worth of woman's efforts to alleviate the sick, were beautiful. He believed, however, that her sphere of usefulness was in the capacity of nurse, which was an exalted position, second in importance to that of the physician.

Other remarks of an entertaining character were made by the Rev. J. H. Wood, Frankford Rev. Thos. Kirkpatrick, and the Rev. Mr. Marsch, both of Holmesburg. At a late hour the happy company parted.

Correspondence.

MORE ALLOPATHIC PLAGARISM.

EDITOR OF THE INVESTIGATOR: Under the head of Therapeutical Notes page 395 of the "*New York Medical Journal*" of October 6th., 1883 I find the following, "Rhus toxicodendron as a remedy for rheumatic inflammation of the sheaths of Nerves and Tendons."

Thomas Gifford M. D. (an Old School physician) of Laurel, Indiana recommends Rhus toxicodendron as a curative agent of the greatest certainty in some forms of chronic rheumatic affections of fibrous tissue. (Oh what a mighty discovery is this.) Read on ye Homœopaths and learn still farther of the potent effects of this drug in rheumatism. After a learned dissertation on when to gather this wonderful herb and how to prepare it (Garbled in full from our Homœopathic Pharmacopœia) he farther states that "the liquid there obtained should be kept in well corked colored glass bottles." Now my beloved Homœopaths hold your breath and read on. "This is to be diluted with pure deodorized alcohol on the *decimal scale* (Italics are mine.) Two drops of the third dilution taken night and morning will act beneficially within forty-eight hours on the rheumatic form of the disease. When the pains have abated somewhat, one dose at evening until the cure is complete." And then this scientific observer makes the following remarkable statement. "This may look like small dosing but I have found one case where it was too large and one where it was too small. In the case referred to marked Rhus poisoning occurred on the third day." The reader of that article if he be an "Old School physician" will swallow its teachings emanating as it does from one of their own profession as a wonderful discovery in the science of therapeutics, but we find in another portion of the same journal, Dr. Didama quoted as saying in defense of the American Code of Ethics, "That he considered a consultation with a Homœopath with a person who believed in the efficacy of the so-called dilutions as conniving at a fraud."

I have read somewhere a statement, "That a house divided against itself cannot stand" or words to that effect if this be true I shall soon expect to see the "Old School House" take a tumble, for great are the wars and discussions raging within it.

R. T. MARKS.

CASE OF THYMIC ASTHMA.

BY C. E. CHASE, M. D., UTICA, N. Y.

MY DEAR DOCTOR: • Knowing that you are a first class authority on diseases of children I take the liberty of writing to you in regard to a certain case, and would be very glad to have your opinion in regard to its diagnosis. I have seen but one similar case, and think it can not be a common disease.

In the latter part of July I was called upon to attend a woman in confinement in the absence of her regular physician, and found that she had been delivered about an hour before my arrival, and owing to the ignorance, of the attendants, the child (*fœmule*) was still lying by the mother in the midst of the discharges. I removed the child delivered the placenta and left. A few days ago, as I have some little reputation as a doctor for children, I

was called to see the child. The mother said that for several days the child was very cold, and that little was done for it as the physician said that it would not live. It recently began to develop a difficulty of breathing, which was supposed to be asthma, and has steadily increased until the mother is getting quite alarmed about it; the child appears healthy and well developed, complexion clear, appetite and digestion good, it is very fat, especially about the neck and under the chin there are rolls of adipose tissue and some fullness of the front of the neck, there are no enlarged glands that I could discover about the neck unless it is the thyroid. Inspiration is perfectly clear but expiration is attended with a loud-noise of a wheezing, grating character, or stridulous respiration; it is not paroxysmal but constant, though some days it is worse and it is aggravated at night and when lying down, so that the child loves to be propped up in bed; the obstruction to inspiration is so great at times that the face has a blueish cast, the child throws its head back and seems much distracted for breath; the breathing is loud enough to be heard all over the room and at night often prevents the mother from sleeping.

There is no history of coryza or bronchitis and the lungs seem full from secretion.

Have you seen similar cases? What would you diagnose the case? It seems to me to be a paralysis of the vocal cords, perhaps from pressure of the enlarged thyroid. Could it be done by exposure at birth? What of the prognosis? I am giving Arsen. at present provisionally.

It is a very interesting case to me, and I would be glad of your opinion.

[The case is a unique one of thymic asthma. See Diseases of Children. Calc. iod. ought to work relief. If the asthmatic symptoms get worse, Bell. high will help.--ED.]

News of the Week.

Married.—September 29, 1883, Dr. J. I. Groves, of Gibson City, Ill., to Miss Grace F. Groves, of Rossville, Ill.

Fœtal Heart Beat.—Dr. Budin in the "*Progres Medical*" reports a case of persistent beating of the fœtal heart after the medulla oblongata had been thoroughly destroyed. (It did'nt beat long.)

Beware of Sneak Thieves.—A deaf and dumb sneak-thief is traveling over the country stealing books of value and easy sale from physicians offices. He claims to be a geologist and is gathering geological reports and relics. Having been victimized myself I know whereof I speak. A PHYSICIAN

Dr. C. E. Ehinger, formerly house surgeon of the Homœopathic department of Cook County Hospital, and Miss Ella Long, of Quincy, Ill., were quietly married Tuesday afternoon, October 16, at the residence of the brides parents. The Doctor and Mrs. Ehinger will be at home, 407 W. Madison St. Chicago, after November 1. May joy and success attend them.

The United States Medical Investigator

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OCTOBER ²⁷20, 1883.

WHOLE No. 359.

Obstetrical Department.

OBSTETRIC NOTES.

A LARGE UTERS AND OS AND DELAYED LABOR.

In your issue of September 22, page 195, you ask if delivery is hastened by developed os, with excessive uterine contents, etc. I have just had a case, (third child, previous labor and rapid not exactly demonstrating excess,) where the os was much more fleshy than common. (or swollen,) very open; abdomen large; uterus distended in pelvis; bag of waters, six days later, ruptured by turning over in bed, at night; labor came on next day and progressed so far as to bring the vertex into view during pain. No further progress. Forceps, at 11.30 P. M., delivered a large boy. J. C. M.

ANTE-PARTUM TREATMENT.

BY HERBERT M. DAYFOOT, M. D., ROCHESTER, N. Y.

It was evidently intended that pregnancy should be a normal condition, yet many a woman dates the beginning of her physical ills from the commencement of gestation. Whether this is due to the violation of the laws of her being, the habits of modern life, or the influence of heredity, the fact remains the same and the resources of the physician are often taxed to alleviate the suffering which the condition entails. At other times through ignorance or diffidence the pregnant woman struggles bravely through to the bitter end without a murmur, either shrinking from asking relief or doubting that it could be obtained. The question then arises, can we do anything to mitigate the ills and discomforts of gestation, or rob childbirth of any of its terrors? The field for investigation is a broad one, the records scanty, the means at our command limited and the value of them still undetermined, but the results sought for of so much moment that a slight practical contribution may be pardoned even if no new light is given. In recalling my experience of sixteen years active practice in which I have enjoyed at least an average amount of obstetrical experience, I find that fully seventy-five per cent. of the cases of dystocia have been in which my professional services were first demanded at the hour of labor.

When consulted from the commencement of pregnancy, I am confident we can do much to make life worth living, during the long months of gestation, and so without apology or comment I outline the course of procedure I usually adopt for a few of the more common ailments, using a case or two by way of illustration.

Morning sickness.—Among the sympathetic derangements of pregnancy, none are more common or more productive of distress and discomfort than nausea and vomiting, usually termed "morning sickness." Here we have found our remedies of signal benefit and can generally secure an alleviation of the symptoms if not complete relief. I have employed for this condition

Ipecac, Nux vom., Iris vers., Creasote and Arsenite of Copper and have rarely had occasion to feel the want of other medication.

One of the worst cases I ever saw came to me from Old School hands after the regular line of treatment had been exhausted and a grave prognosis given. I found the patient unable to retain the slightest nourishment with continuous retching, profuse salivation, fetid breath, loss of sleep, profound exhaustion with a quick thready pulse. Creasote 3x was exhibited with the happiest result, and Iris vers. 1x completed the cure. So marked was the effect in this case that almost the whole neighborhood was converted to Homœopathy.

In a few obstinate cases I have resorted to the application of Belladonna to the os, Iodine or the ice bag to the epigastric region. I would also advise milk peptonized by Fairchild's pancreatine in the way of diet.

Ptyalism.—This very distressing accompaniment of pregnancy has baffled the skill of our best physicians. So eminent an authority as Playfair after giving the resources of the dominant school states, "they may all be tried in turn but none of them can be depended on with any degree of confidence." Homœopathy however, offers a sovereign remedy in Jaborandi. Its peculiar action on the cutaneous and glandular secretions is well known and calls attention to the drug in this affection. After taking one and a half drachms of the fluid extract, my friend, Dr. Spencer expectorated three pints of saliva in two hours. In order to obtain its therapeutic effects we use it in five or ten drop doses of the first decimal, three or four times a day. Its action is prompt and decided.

Constipation is a very frequent accompaniment of pregnancy, often being present in women who have never before suffered from it. Nux vom. at night, and Sulphur in the morning, the sixth decimal trituration of each together with a proper diet, generally gives relief. In my experience this old and favorite prescription is more frequently indicated than any other but in some cases you will be obliged to make a close study of the case and select your remedy according to the totality of the symptoms. As an accessory I have seen great benefit from an injection of sweet oil per rectum at night.

Pruritus when caused by an acrid leucorrhœa often yields to the sitz bath, vaginal injections of warm water and castile soap, the topical application of a solution of borax and the exhibition of Sepia 12x. If dependent on ascarides a wash made from an infusion of tobacco gives relief. At times a preparation of Almond oil and Chloroform is an excellent palliative. When the pruritus extends beyond the vulva I have found the Bromide of Potassium in generous doses useful by administering the general hyperæsthetic condition of the nerves.

Albuminuria.—The presence of albumen in the urine of a pregnant woman is always a source of anxiety to the watchful physician, the risk is by no means slight and the complication a grave one. It has been estimated that 49 per cent. of primiparæ who have albuminuria die from morbid conditions traceable to the albumen, while it is generally admitted that puerperal eclampsia is one of the most dangerous complications of pregnancy. Whether the conditions be due to the pressure of the gravid uterus or a super-albuminous stasis of the blood, or both, the patient requires the closest

supervision, while a trace of albumen exists in the urine or any unusual phenomena show themselves. The remedies we have come to depend on in this complication are, Arsenicum, Apocynum, Benzoic acid, Apis, Mercurius cor. and Plumbum. In addition we use the sitz bath. Sometimes dry cupping over the loins with a light easily assimilated diet of which milk forms the basis. Perhaps I may be pardoned if I detail a case to the point: A lady from another state came to our city to be under the care of a prominent gynecologist. She was treated *secundum artem* with pessaries, etc., for six months, but at the end of that time she was frankly informed by her physician that he did not know what was the matter with her. She naturally sought assistance elsewhere and I was consulted. After a thorough examination a positive diagnosis of pregnancy was given and the patient returned home. She soon decided however, to come to the city for her confinement. I was called soon after her arrival and found a condition of anasarca, her lower limbs œdematous, her hands and arms somewhat swollen, and a slight infiltration about the eyes. I examined the urine and found it loaded with albumen, of course with this state of affairs I was quite anxious about my patient but under the influence of Arsenicum, Apis and Mercurius cor. the albumen slowly disappeared from the urine till there was not a trace left. The face and hands returned to their natural condition but the limbs remained œdematous till after confinement. In due time she was delivered of two fine children and made a good convalescence. I may remark, however, that the nurse intimated, I was so anxious to make good my diagnosis I had rather overdone the business.

General directions.—When consulted before delivery it has been my habit for several years to recommend a general line of procedure, varied only when unusual morbid phenomena demands special attention. The regimen is about as follows: Daily, gentle and agreeable exercise in the open air and a moderate share of housework, the amount to be gradually diminished as term approaches. The use of the sitz bath should be resorted to at the beginning of the seventh month, taking one bath a week and gradually shortening the intervals until the month previous to labor, when a daily bath may be taken. The temperature of the water should be about 90° and the best time just previous to retiring. The duration of the bath may be from ten minutes to half an hour. The diet to consist largely of vegetables and fruit, avoiding pastry, coffee and highly seasoned food, alcoholic, narcotics and other stimulants. The injunction of sweet oil or vaseline is frequently of service for the relief of abdominal distension in the latter months of pregnancy, and lastly the exhibition of Macrotin 2x night and morning after the seventh month.

That this course of treatment faithfully carried out will place the pregnant woman in the best possible condition for delivery, has been demonstrated to my satisfaction time and again. An isolated case proves nothing but frequent repetition carries conviction. While I could multiply cases, I will close with the history of one of a recent occurrence. A mother of three children, finding herself pregnant the fourth time, invoked my aid against a repetition of her former difficult labors. I gave her instruction and medicine, and awaited her confinement.

She was awakened from a sound sleep and hurriedly sent her husband for me, but before he could reach my residence the child was born. I arrived just in time to remove the placenta and secure my fee. This lady assured me her entire labor consisted of two pains. Her recovery was perfect, in fact I had the greatest difficulty in keeping her in bed the required time, while to-day her child is the healthiest and happiest specimen of its size in the city.

THE USE AND ABUSE OF PESSARIES.

BY J. MATTHEWS DUNCAN, M. D., LL. D.

I feel that I do not myself know the straight, scientific road to the clean and sweet drops of truth I would like to present. Consequently I shall deal much in negatives; not this way nor that is the right one. Now, in the present great abundance of contorted bits of wood, and metal, and vulcanite and what not, called pessaries, my advice is: Think twice before beginning the often baneful practice of using any instrument. Many a woman has suffered from, many a woman has died of, a pessary; but most pessaries are nearly innocuous for evil or for good. They are always harborers of dirt, keep the mind watching the part, liable to decay, and are undesirable additions to the contents of the pelvic excavation, and, if they are efficient, must, of course, cause more pressure—though perhaps on different parts—than that caused by the organ or organs which they keep in an altered position. You sometimes see what are called galvanic pessaries, whose object is to act otherwise than mechanically, giving a Homœopathic dose of galvanism. These pessaries are used in amenorrhœa and in virgins, and to all this kind of meddling there are strong objections, medical and moral. Look upon pessaries as a surgeon looks on a truss, not medicinal otherwise than as a mechanical means of procuring healing, comfort and safety to your patient.

Of virgins, I may say that there is very rarely occasion to examine for displacement, and examination can generally be done quite satisfactorily per rectum. You get the knowledge of the condition of the pelvic viscera that you want, and that is all you should require. If you find only a minor displacement, you had better let it alone, not even trying a pessary. It is only in very rare, complicated cases with distinct mechanical indications that a pessary should be tried or used. I do not remember using one on any ground whatever in a virgin.

Intra-uterine or stem pessaries are the only instruments you can rely on for straightening the uterus or keeping a flexion undone. They do this as a male bougie straightens the urethra. Some kinds have an outside or pubic part by which the straightened uterus is fixed; but the oldest kind and the most recent respect the mobility of the uterus. They have been three times introduced into practice within this century, but the practice has never flourished. Many modifications have been ingeniously devised with a view to perfect them, but in vain. They are far more injurious and dangerous than the conditions they are intended to modify.

The evils of intra-uterine pessaries have led to great ingenuity in attempts to undo flexions and keep them undone by vaginal—not intra-uterine instruments. This attempt is often successful in retro-flexion which does not

occur as a congenital rigidly fixed condition, and can be dealt with just as a retroversion is managed. But the curious things are anteflexion pessaries, and in regard to their giving relief, I meantime express no opinion; but I do say that if they give relief it is not by undoing the flexion and keeping it undone—keeping the womb straight. I have seen most kinds of anteflexion pessaries as placed by their inventors, and too often replaced and replaced, but I have never seen one materially modify the flexion. I have myself never used one, and have no intention of doing so. There is another bad and too common practice, which I must not omit to mention here: that is, what is called straightening or putting up the womb or replacing it time after time by the probe or finger. This has no other effect than to irritate the organ, for the displacement recurs immediately after the probe or finger is removed, as the practice itself shows.

It is not a simple matter to judge of the part taken by a pessary in relieving or removing painful symptoms. A kindly doctor makes an amiable patient anxious to please him and ready to express a sense of relief which may not be real. Besides, you will find many patients alarmed at the idea of having a displacement, and, believing the pessary undoes it or cures it, wear an instrument with satisfaction and even pleasure, although it gives them new pains or increases what they had before. In such difficulties how are you to be guided? The difficulty is almost insuperable if your patient has become possessed by erroneous notions of the importance of displacements, and you must take care to prevent the adoption of such notions.

What, do you expect from a pessary? You may replace a descended or retroflexed or retroverted uterus and keep it replaced by a pessary, and you may so relieve or remove pains. You cannot cure a displacement, though sometimes you can substitute one displacement for another: that is, for example, change a retroversion into an anteversion. No doubt, a displacement may sometimes be, in a sense, cured—as when an adhesive perimetritis ends in tying a uterus up to the higher part of the sacrum. But all kinds of minor displacements are incurable by any kind of instrumental treatment. Remove the instrument and the displacement is just as it was before, or there is a new alternative one, and this however long the instrument may have been in place.

Displacements sometimes disappear. Thus a woman with chronic inflammation of the cervix, and probably also relaxation of the vagina, gets rid of these conditions and then the uterus ascends from its descended, and perhaps flexed, position. A woman with a bulky uterus—perhaps containing a small fibroid—becomes aged; the uterus becomes lighter and lighter, and the upper vagina contracts and the descended uterus ascends. Any change in the constitution of the abdomen which increases its retentive power will raise the uterus higher, destroying displacement, and such changes in the abdomen may result from enlargement of the base of the thorax, or from changes in the quantity and disposition of fat.

I have already said that a pessary often cures by its effect on the mind. A patient recently said to me: “You have quite cured me. I can walk now; but not without that pessary.” And she was not altogether pleased when I told her she had no pessary—that I had removed it months previ-

ously without her being aware of my having done so. I had omitted to tell her. Had she known she had no pessary she would have found pains arise from walking, and all this without any desire to be untrue.

A pessary often gives relief, even when small, and having no discoverable function—doing nothing. Of the occasional occurrence of such cases I do not doubt, and I am quite unable to explain them. It is of such cases I was thinking when I told you that practical success must overrule theory, or take the place of a failure in theory. It is quite common to find a pessary give relief in what may be called a flexion, because that feature of the case is most striking, without the pessary changing the flexion. In such cases the pessary may maintain a diminished degree of descent, and may prevent increase of descent on walking and may save a tender part of the uterus from pressure on sitting. There is no difficulty in explaining such cases; but to comprehend the action of the pessary you should think of the case as one of descent, not of flexion, and this is true of almost all—if not all—cases of flexion.

As a matter of fact, I find the majority of versions and flexions—as observed in practice and treated by pessaries—have their whole conditions of displacement quite unaltered by the pessary, even while in.

One of the best examples of relief by the pessary is observed in the anteversion (by probe) of an engorged retroverted and descended uterus. Here a well-fitted Hodge is comforting and curative, maintaining the anteversion, elevating the uterus, or preventing descent on walking or standing, and preventing relapse into retroversion or retroflexion by keeping the posterior laquear of the vagina pressed against the sacrum.

Another notable example of relief is seen in descent with tendency to cystocele, when the irritation of the cystocele pushing at the orifice of the vagina is most annoying. In such, a suitably sized Hodge, or India-rubber ring often, by its anterior limb, just catches the cystocele and obviates the tendency to protrusion through the os vaginæ.

For each case your pessary must be specially adapted: a flat, a boat-shaped, or a double-curved, and it must fit the patient in size and contour. Nothing can instruct you in this but bedside experience. Occasionally you have to try more pessaries than one to find the most suitable. Sometimes a woman whose case you expected to relieve by pessary can bear none—of whatever kind.

A pessary, if it is to be useful, will give relief at once, and will need very little attention from you. If you are frequently fitting and re-adapting, you are almost surely doing more harm than good. A well-fitted pessary may be worn for months without being attended to. You must take care that the pessary does not cause ulceration and cut the vagina, and you must have a new one placed when the former one gets decayed.

You will find it hard to get any good from a pessary unless you have a fair amount of perineum to support it. A pessary will be inefficient if the vagina is not long enough and capacious enough to allow of its action without strong pressure on the vaginal wall.

In flexion or version without descent of the whole organ you can do no good to the version or flexion by a pessary; you have no basis or fulcrum to work from — *Medical Times and Gazette*.

THE UNITED STATES MEDICAL INVESTIGATOR.

"HOMŒOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

Communications are invited from all parts of the world. Concise, pointed, *practical* articles are the choice of our readers. Give us of your careful observations, practical experience, extensive reading, and choice thought (the great sources of medical knowledge), on any subject pertaining to medicine.

TEXAS AS A HEALTH RESORT.—A patient of the editor who hails from Texas on reading the article "Dakota as a Health Resort" was very much amused at the paragraph "The inhabitants at or about a health resort must be taken into account. Disagreeable and dangerous people can mar and destroy a health resort. Some portions of the southwest while excellent locations for the sick, are not yet available for these reasons."

She stated that northern Texas is filling up with intelligent and hospitable people, that the living is all that the most fastidious or exacting invalids could wish, that the weather is dry, mild and most delightful in winter. They are below the rainy belt. Snow sometimes falls but does not lay. Frost they have very little, still they do have ice water. The season is about two months in advance of this section of the north. They begin to seed in February so that after Christmas is a good time to visit Texas. Finally she promised to send the Indians to the mountains, and keep the cow boys in the back yard and have the revolvers and bowie knives hid while ye timid editor visited Texas, particularly the northern portion of the state. She said the sick would have to travel southwest "a right smart" to find "the disagreeable and dangerous people" referred to. Of northern birth herself and a long resident of Texas she says that the climatic effects are well given in the article by Dr. Fisher of Austin.

A SAD STORY.—We recently chronicled the birth of a promising medical journal, *The Homœopathic Leader*. As its name indicated, it was something different from the rest of the journals. It had an expensive illustrated frontispiece, had poetry and was more on the order of the great popular monthlies. Now we are informed that it has died a premature death. The reason given is that the editor had not time to give to it. "Time is money," and the inference is that it died like many an infant, from neglect. Neglect from those who should have rallied to its financial support. It takes more than an editor to run a journal. It takes *many* subscribers. In our ranks these are limited. Why, have we not 7,000 or 8,000 Homœopathic physicians? Yes, but the largest part of them take Allopathic journals. An agent of a

leading Old School journal told the writer that one-half of their subscribers were Homœopaths! What did they get for their \$5.00 annually. A lot of glittering generalities, by a lot of professors, intended for a lot of students. We had our assistant closely scan its pages for months and all that time in number after number we did not get a practical suggestion. How are these journals kept afloat. By a system that our profession would howl against most wildly. They have agents all over the country who visit the gullable doctors (one-half Homœopaths) and weedle them into subscribing and every year they are *pressed* into taking "the leading medical journal" that does not contain as much medical nutrition as the fabled Homœopathic soup. A journal with a small list that duns its subscribers at arms length is neglected and finally ceases to exist. When will our profession rise above their present groveling, admiration of everything Allopathic? An Allopathic journal with 10,000 subscribers with half Homœopathic, shows a screw loose somewhere. Of course the publisher can afford to give \$25,000 in commissions to get such a list for he makes it four times over in advertising. Could we go among the Allopaths and get subscribers and sell our books we would not complain. But how are we received, ask your Allopathic friend. We sent some sample copies among them two years ago and have some racy letters for our trouble. "Don't send me anymore of your d--d quackish journals," was the burden of them.

Limited by our numbers, limited by legitimate advertising, voluntary limited by a tardy and unappreciative profession and its place usurped by the enemy, (who is a malicious aggressive foe,) is it any wonder that Homœopathic periodical literature flourishes—but a day? How is all this explained? Easily enough. First, there is the old undercurrent of admiration for authority, that outranks the appreciation of similia. Second, our profession are ready to pick up a good thing wherever found so they are ready to search everywhere. Buy everything and read anything. Third, there is a deep and wide spread belief among us that the Allopaths are our superiors in diagnosis, pathology, etc. Dr. Jones in the back woods is compared with Dr. Expert. A journal filled with lectures increases that impression among our ranks and file. But it is not true. Fourth, our profession are not only liberal, but charitable, to a fault. They are too ready to do anything that will please the regulars who steal our therapeutic weapons under a raking fire of abuse. The remedy is simple. A little more back bone and independence. Stand by our institutions and our literature. Let Homœopathy be *first* in the hearts of our profession.

HOW WILL YOU VOTE?—November is the great month for voting. We believe in voting. This journal that is issued for the Homœopathic profes-

sion by the Homœopathic profession comes for an expression of opinion. We are urged to enlarge it to the size of the Allopathic weeklies and enlarge the price to correspond. That will be double the size and make it \$5.00 a year, cash in advance. (The printers will not allow us to wait to the end of the year.) The success the past year has been more than we expected. The weekly visits have been well received and the amount and value of the medical material put into the hands of its readers has been large and far beyond the small price of the subscription. A larger journal demands more time (that is money,) more attention (more money,) and will double the expense as well as value; all that means much more money. Can you afford to receive 100 per cent. more medical help for two-thirds more expense to you? In plain English, shall we increase the size of this journal and increase the price to \$5.00 for 1884? Medical journals are the cheapest literature published. We contend that this journal is the cheapest of *all* because it contains the most practical matter in the smallest space, carefully selected for Homœopathic readers. We take the cream where we can find it.

We are not politicians coming to plead for you to vote one way or the other. We simply come with this plain business proposition: Shall we during 1884 send you twice as many useful facts, twice as many practical hints, twice as many available suggestions, twice as much every day experience for your special benefit as a Homœopathic physician, for the small sum of \$5.00 in advance. The only ballots will be bills. Send a \$5.00 or a \$3.00 for 1884. The polls are now open. There will be no objection to you voting for yourself and a student or friend. "Vote early and often" so that we can make our contracts for 1884 soon.

Book Reviews

THE LAW OF SIMILARS, its dosage and the action of attenuated medicines.

By C. Wesselhœft, M. D.: Boston, Otis Clapp & Son: Chicago, Duncan Bros. 50c.

This is a couple of lectures delivered in the Boston University School of Medicine and quite clearly answer many of the questions brought out by the study of Homœopathic therapeutics. We commend it to those not versed in the action of remedies. The principles underlying our system should be well understood.

LECTURES ON FEVERS. Delivered at the Chicago Homœopathic Medical College with a few additional lectures. By John R. Kippax, M. D., etc., Chicago: Gross & Delbridge, Duncan Bros. p. 460, price \$4.50.

On the receipt of any new book the question comes up, shall we review the book, the author or publisher? Shall we commend it and them or shall each "pass under the rod." The old tactics of the critic crops out with all

their malevolence in the review department of many a periodical. It is often difficult to do a work justice. The author may be a friend or a foe, and few can endure the bias. It is sad to read "spleen" all over a review. It is unjust to the many readers to unduly praise or condemn. It is a swindle to let the publishers influence the reviewer. To get a flattering notice the book must meet the mind of the reviewer and the author and publishers must be special friends. This book throws another problem in the scale. It is a course of lectures which will be received at once with bias, as the reader is a friend or not of the school represented. But all these aside, let us get at the book for it is many a day since the profession was treated to a special work on "the fevers." The fevers here treated are simple continued, intermittent, remittent, pernicious, typho-malarial, hay typhoid, yellow, cerebro-spinal, influenza, typhus, relapsing, small pox chicken pox, measles, German measles and scarlet fever.

Granting that the author is correct in his classification, then the work must be judged by its standard which is that of lectures. It is not treatises on these diseases and should not be compared with such exhaustive ones as for example, "Panelli on Typhoid Fever," Bœinghausen on Intermittent Fever, etc. This work is in fine a description of the above diseases tersely presented as would be expected from a professor in the lecture room. The treatment, however, bears the evidence of careful selection. The part on the eruptive diseases is the best.

HELPS TO HEAR. By J. A. Campbell, M. D., Professor of Ophthalmology and Otology, etc. Chicago: Duncan Brothers. Price 75 cts.

Archives Otology, Vol. XII, No. 2. Page 169. The most influential journal of its kind published, says of Dr. Campbell's little book, *Helps to Hear*. "Though mainly intended for the laity, this little book contains in a condensed form some information which the practicing otologist will find of value. He will be particularly interested in the description of the mechanical aids to hearing. All the forms of ear-trumpets are described and figured and the principle of their action explained, as well as the audiophone, dentophone, audinet and osteophone. A description of the telephone is added. This is one of the few popular books which has a value a *raison d'être*."

Consultation Department.

CASES FOR COUNSEL.

ANTI-FAT REMEDY.

Will some one please give the best remedy for obesity? Do you know anything about the patent anti-fat remedy? Please give us your experience for the relief of corpulent individuals.

B. C.

INSOMNOLENCY.

CASE. Editor daily paper. Could not sleep. Opiates powerless. Ignatia cured in three doses. During the menopause, this remedy in the tincture is an admirable soporific for ladies. Do you know anything better?

DOUBLE NIPPLES.

Has any one ever seen a woman with two nipples on each breast out of which a child was suckled. I have a patient who is thus blessed and as she is so well provided I don't know but what we may expect her to have plural births at some time.

H. M. B.

 REPLIES TO CASES.

If H. DeCrow has not found a cure for his case of coccydynia let him try *Cocculus 3x* dilution. I cured a similar case of sixteen years standing. Only my case was a female with fair skin, dark brown hair, black eyes, and fleshy. Hers was brought on, or at least came on soon after giving birth to a large headed child which pressed greatly on that bone.

We have had no prevailing diseases this summer or fall, except two weeks in August, dysentery yet readily yields to *Mer. cor.* During August it was dry and hot. Highest temperature 93°, lowest 56°, mean 74.5°. Prevailing wind, northwest. Total rain fall 1.50 inches. At this time distressingly healthy.

J. K. EBERLE.

For the case of intermittent fever reported by J. W. M. in *THE INVESTIGATOR* for September 15, page 172, I would suggest a study of *Arsen. alb.* and *Puls.* Give them high, 6x or higher. There are hardly enough symptoms given. Why does not *every one* report cures, (*if any ?*) it would make it much more interesting, and would encourage a more thorough study, and better prescriptions.

GEO. T. GREENLEAF.

For Dr. Woodruff's case. *Gelsemium 1000*, three powders in twenty-four hours, then wait its action.

For O. T. E. I cured one case almost identical with yours, with *Aurum met. 3rd*, two doses a day for two months.

For A. A. Lovett's case. Give two doses of *Nux vom. 1000th*, six to twelve hours apart and await its action two weeks. If not better repeat the same way. Stop the use of liquor, or tobacco to excess, coffee and spiced food, and excessive use of meat

W. W. GLEASON.

In reply to W. W. Gleason, to his case No. 1, in *THE INVESTIGATOR*, October 6, if he will study *Conium mac.* he will find his remedy in his other cases, the diagnosis are not clear enough, let him try the *Conium* and report in *THE INVESTIGATOR*.

A. J. MILLER.

Dr. Lovett's case of impotency is in my opinion one demanding hygienic and not medical treatment. The impotency arises not from physical causes but from mental. There is a lack of confidence owing to his mind being excited at his first few attempts after marriage. Anything that will overcome this fear and lack of confidence will enable him to complete the sexual act satisfactorily and then he will be all right. Too long delay by dallying and caressing should be avoided, by having his partner ready at his first advance to her. One or two glasses of wine will probably give him this confidence and after the first he will laugh at his fears. Another point, it is also well for the patient, after an attempt successful or not, he should not defer too long before trying again as in this way the emission will not take place so soon.

A. McNEIL.

Clinical Medicine.

EXPERIENCE WITH SODÆ SULPHITE.

In THE INVESTIGATOR of October 13, page 234, there is an article upon this remedy, to which I would add my experience having used it in numerous cases with beneficial results.

The symptoms I have found it to relieve are few, but when present its action is immediate. The broad, pallid dirty tongue, also where there is a constant sour taste in the mouth, with *no* sour eructations as is generally present. The nausea is also a symptom. I have known it to help, but it must be constant I think to call for this remedy.

Dr. Hempel in Baehr's Therapeutics, vol. II, page 462, says: "In erysipelas of the extremities I have resorted to a weak watery solution of Sulphite of Soda as an external application. The effect has been to blanch the skin, alleviate the itching and burning, and, in conjunction with the proper internal treatment to shorten and moderate the course of the disease." I will give a case to illustrate: Mrs. A. aged thirty-seven, English, arriving at Castle garden, New York, on a very rainy day, getting very wet and sleeping in her wet clothes, she took a severe cold. I was called in nearly four months later, patient said she had been complaining ever since her arrival in this country. She was now complaining of an eruption on her limbs and hips which upon examination proved to be erysipelas. She was now three months pregnant, Rhus tox. 3x was given her. The next day as I was going by I was called in. She said, "I must give her something to allay the incessant itching and burning." I left her a few powders of about two drachms, one to be placed into about a pint of warm water and used externally. Rhus tox. being continued. The relief was immediate, no further treatment being required until after her confinement, it appeared on her ankles when the wash alone removed the condition and has not since returned.

This is only one of several cases I have had like result in. Rhus poisoning has been very successfully treated by me the past summer by its use, generally giving the indicated remedy internally and using the Sulphite of Soda either finely pulverized or in solution externally, it blanches the skin and it has appeared to antidote the poison, it passing away in every case within a few days, though I have employed it in severer cases than I have had occasion to treat heretofore.

In typhoid fever I have never had much occasion to use it. In one case, Mr. D. aged eighty-one. The fever had progressed, although the indicated remedies had been given faithfully, Carbo veg. being the last remedy given. Knowing that Eclectics use charcoal and Sulphite soda, equal parts, in such cases to advantage, I gave five grain powders of Sulphite soda and Carbo veg. 1x trit. to be taken in alternation. The change in the case was immediate, patient made a rapid recovery and is now well.

The preparation I prefer is the granulated Sulphite soda made by Lloyd Bros. of Cincinnati. Let us have the experience of others in the profession.

FALLS VILLAGE, Conn.

B. C. G.

RANQUET SONG.

This song was sung at the banquet of the American Institute of Homœopathy, at its 40th anniversary, at Niagara Falls, and is worthy of being committed to memory and sung at the close of every medical banquet.

AIR—"Auld Lang Syne."

When the following lines are sung, the members are requested to rise :
Come, brothers, grasp each other's hands,

Stand up in friendly line,
And let us, ere departing, sing
"The days of auld lang syne."

CHORUS.

The days of auld lang syne, my boys,
The days of auld lang syne,
And let us, ere departing, sing,
The days of auld lang syne.

We'll think of all those noble men,
Whose memories still shine,

Niagara Falls, June 21, 1883.

Who loved the dear old Institute
In days of auld lang syne.

Chorus.

Let not the work they nobly did,
In later years decline,
But let the light shine grandly out
From days of auld lang syne.

Chorus.

Good-night, good-bye, my brothers
dear :

Let memory combine
The happy meeting of to-night.

With the days of auld lang syne.

Chorus.

WM. TOD HELMUTH.

HOMŒOPATHY IN CONGRESS.

[We gladly give place to the following, and urge the active co-operation of our readers.—Ed.]

OFFICE OF THE CHAIRMAN OF THE COMMITTEE ON LEGISLATION, AMERICAN INSTITUTE OF HOMŒOPATHY.

1706 Green St., Philadelphia, July 13th, 1883.

DEAR DOCTOR: The committee, for the current year, is constituted as follows (Vacancies will be filled when suitable names shall be suggested) :

John C. Morgan, M. D., Philadelphia, Chairman.

Maine.—J. H. Gallinger, M. D. Concord, New Hampshire; F. W. Halsey, M. D., Middlebury, Vermont; H. E. Spalding, M. D., Hingham, Massachusetts; J. C. Budlong, M. D., Centerville, Rhode Island; C. S. Hoag, M. D., Bridgeport, Connecticut; T. L. Brown, M. D., Binghamton, New York; Clarence W. Butler, M. D., Montclair, New Jersey; Hugh Pitcairn, M. D., Harrisburg, Pennsylvania; William Owens, M. D., Cincinnati, Ohio; A. I. Sawyer, M. D., Monroe, Michigan; Moses T. Runnels, M. D., Indianapolis, Indiana; George F. Roberts, M. D., Chicago, Illinois; Lewis Sherman, M. D., Milwaukee, Wisconsin; Arthur A. Camp, M. D., Minneapolis, Minnesota; R. F. Baker, M. D., Davenport, Iowa; Philo G. Valentine, M. D., St. Louis, Missouri; Charles M. Dinsmoor, M. D., Omaha, Nebraska.

Kansas.—Ambrose S. Everett, M. D., Denver, Colorado; Tullio S. Verdi, Washington, District of Columbia; C. H. Lawton, M. D., Wilmington, Delaware; Elias C. Price, M. D., Baltimore, Maryland; J. V. Hobson, M. D., Richmond, Virginia; Morgan J. Rhees, M. D., Wheeling, West Virginia.

North Carolina.—H. M. Cleckley, M. D., Charleston, South Carolina; Frank H. Orme, M. D., Atlanta, Georgia; H. R. Stout, M. D., Jacksonville, Florida; William L. Breyfogle, M. D., Louisville, Kentucky; Louis D. Morse, M. D., Memphis, Tennessee; Wm. J. Murrell, M. D., Mobile, Alabama;

Mississippi.—E. A. Murphy, M. D., New Orleans, Louisiana; L. S. Ordway, M. D., Hot Springs, Arkansas; C. E. Fisher, M. D., Austin, Tex. s; C. B. Currier, M. D., San Francisco, California; Oregon, Nevada, Arizona.

Many of the above-named gentlemen have already distinguished themselves by energetic and successful efforts to secure the rights of our school under State and national governments. Their membership in this committee forms both a guarantee of vigorous work, and an encouragement to all to make such canvass of his own field, that our aggregate force may prove irresistible in the forty-eighth Congress; the object of our work being still, as heretofore, the enactment of a law securing our equal rights in the United States medical service, civil, military, and naval, from which we are now excluded.

The plan of campaign now most approved, and which will be adhered to for the present, is to separately organize the physicians and laity of *each and every Congressional district of the United States*, so as to bring all possible influence to bear directly, by written or printed petitions, letters, resolutions, etc., upon the member-elect in the said district. The *most important* of all influences is the *political*. In every district live the men who make and unmake Congressmen; these, above all, must and can be rallied to our support. They, in turn, are usually under obligation to certain citizens (sometimes to the physicians themselves), and these citizens must be induced to exert themselves to accomplish the purpose. Not unfrequently, the member himself is a patron of Homeopathy; and either on his own account or on that of his *wife* and family, a staunch supporter of our cause. We need, however, *more than support*, in Congress; we must have engineering and *championship*—earnest, acute, persistent. Who shall be our champions?

In other instances one of our physicians may happen to be the chairman, or at least an influential member of a political committee. All these are *levers* which, in season and out of season, directly and indirectly, the district managers must employ, during vacation, and also during the season, to insure our success. To you, my dear doctor, is committed the work for *organizing* all these forces within your assigned boundaries. To your own good judgment and vigor will be due the praise of whatever advantage shall be gained.

Much will finally depend upon the co-operation of our friends in Washington during the session of next winter; but the result is infinitely more to be determined during the vacation of Congress by the immediate neighbors and constituents of members. If their supports is not now secured it may never be, for the ruts of Congressional routine and the inertia of official and social life at the capital, as well as its ancient conservatism in all matters of human progress, soon wear out enthusiasm at best, and never suffer it to be kindled during the term, where it has not been previously lighted. Therefore, now is the time to *secure the pledge of every member*; and thenceforth, by every means, he must be kept in mind of it continually until our bill has passed both houses, and been signed by the president. Senators are to be secured in each state, by like influences; and the executives as well. "Political punishment," for indifference or hostility to our

just claims, let us hope, will not be needed in any case ; but when needed it should be *unsparing*; and to those true men who sustain our cause a corresponding return of support is due, one may well say, regardless of party affiliations, at this juncture.

The newspaper press is an essential agency. Every local editor, however, large or small his paper, should be fully informed in the premises, and his enthusiasm maintained to the end. The *quid pro quo* is not to be forgotten, "One good turn deserves," etc. Statistics are here very important, particularly those relating to the taxes paid by Homœopaths, the public recognition of our school in various quarters, state and other; and those showing the *practicability* of appointment of surgeons of our school; the fact that no jar whatever need follow their entry into service. It is well known that during the civil war many such proved valuable and efficient officers, whose service not only saved numerous lives but failed to create any inconvenience. The small number who might now enter could easily be assigned to duty *where most wanted*, without duplicating the surgeons or the drug-supplies at any one post; and it might as well be understood that all Homœopathic drugs proper can, if need be, be easily furnished at the private expense of the surgeon himself, as was done during the late war in various instances; or again, from the "hospital fund," *i. e., the saving of sick men's rations*. Either plan is practicable. Further information may be obtained of the chairman if required.

Dr. Tullio S. Verdi, of Washington, D. C., for years the vigorous chairman of this committee, will conduct the work at the capital; and the present chairman, after consultation with him, desires to adopt his emphatic and urgent suggestion that we must *beware of present failure* which, he believes would cripple our efforts for years to come; and that we must summon public opinion to *demonstrate beyond a peradventure* its approval of, and demand for, our equal recognition in government appointments. The time is fortunate; the Civil Service Reform bill, now a living law, has established the principle of equal rights for all; and it only remains to make the obvious application to physicians, as equal citizens, and to do it with irresistible force so that neither the executive, the senate, nor the house of representatives will for a moment gainsay or evade it.

Finally, our young men should be urged to a personal test, by duly preparing themselves, and by formal application for examination and appointment. All required information will be cheerfully furnished by the chairman, and the force of the American Institute of Homeopathy shall be applied to secure justice in every such case.

The following is the text of the joint resolution presented and referred in both Houses of Congress a year ago, and now in the hands of the Senate Committee on Military Affairs (Senate Resolution, No. 97, of July, 1882).

"JOINT RESOLUTION, relative to schools of medical practice in the United States' and to the graduates thereof.

"Resolved, by the Senate and House of Representatives of the United States of America, in Congress assembled, That it shall be a misdemeanor, punishable by a fine of five hundred dollars and dismissal from office, for any officer of the United States government, civil, military or naval, to make discrimination in favor of or against any school of medical practice, or its high legal

diplomas, or its duly and legally graduated members, in the examination and appointment of candidates to the medical service in any of the departments of the government.

"SECTION 2. That all such examinations shall be open to the attendance and witness of all physicians, citizens of the United States; and that duly certified copies of the complete records of all the details of said examinations shall be placed on file in the office of the Librarian of Congress, subject to the inspection and use of members of Congress.

The Senate Military Committee is composed of Hons. John A. Logan, of Illinois, Chairman; J. Donald Cameron, of Pennsylvania; Benjamin Harrison, of Indiana; William J. Sewall, of New Jersey; Joseph R. Hawley, of Connecticut; Francis M. Cockrell, of Missouri; Samuel B. Maxey, of Texas; La Fayette Grover, of Oregon; Wade Hampton, of South Carolina.

Members of committees having charge of our bill, in both Houses, should receive particular attention, as the fate of the measure is largely in their hands, and dependent upon their recommendations.

[The committees of both Houses will doubtless be changed in the coming session of Congress. . . Wherever possible every member of Congress should be appealed to either personally or through some friend. Only by personal appeal can we hope for success.—ED.]

News of the Week.

Drs. Eaton & Hawley, office, No. 120 W. Seventh St., Cincinnati, O.

Removals.—Drs. Buddeke, have removed their office to 265 Main Street, Memphis, Tenn.

Locations.—I know of several good locations for Homeopaths. Must be sober and industrious. Will give all necessary information by enclosing stamp for reply; want to help the cause. JNO. G. FESSENGER, M. D. Geneva, Ky.

Dislocation of the Hip-joint.—DR. Vance in the Cincinnati *Lancet* formulates the following rules for reduction of hip dislocations.

1. Place the limb in the position it occupied the moment it forced its way through the capsule, thus carrying the head of the femur opposite the opening through which it occurred.

2. Manipulate the limb in such a manner as to relax the untorn portion of the capsular ligament.

3. Draw or push, elevate or depress the head of the femur in such a manner as to carry it over the brim of the acetabulum, exercising this force by proper movements of the extremity, directed by the grasp the surgeon has on the leg, at the same time so moving the limb as to keep constantly relaxed the untorn portion of the capsular ligament.

Hæmorrhage from Wounds.—In addition to ligation and torsion of blood-vessels for controlling hæmorrhage from wounds Maclaren employs two methods—suture and pressure. In the suture he uses fine threads of various materials, sometimes hair. In pressure, a pad made from absorbent cotton. He considers the sticking plaster the worst possible thing to use, as the pressure and moisture with the heat and exclusion of air almost surely promote suppuration.

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WHOLE No. 360.

Clinical Medicine.

MERCURY IN THE TREATMENT OF DIPHTHERIA.

BY GEO. M. OCKFORD, M. D., VINCENNES, IND.

It is astonishing how many physicians have discovered a single remedy that is applicable to the treatment of diphtheria. One has discovered that Sanguinaria fills the bill; another prefers Kali permanganate; another says Carbolic acid is the remedy par excellence; another extols the virtues of Chloride of lime, and so on through the list. Kali bichromicum has many advocates, and in certain localities it certainly does seem to be just the thing for producing a cure in all forms of diphtheria. In the October 20th number of *THE INVESTIGATOR*, a writer would utterly discard all the Mercurial preparations and place his sole reliance upon Kali bichrom. Now that may do for the district in which he lives, but to apply that rule to every epidemic of diphtheria in the country would mean a much larger per centage of mortality than, if in many instances, Mercurius protoiod. or Merc. biniod. was used. If there is one remedy that is Homœopathic to the diphtheritic form of inflammation it is to be found in Mercurials. In the mildest forms of Mercurial poisoning, we observe the whitened or dirty looking exudation peculiar to the disease, while in the severe forms, the fibrinous infiltration destroys the whole thickness of the mucous membrane and from the compression exerted by the exudation, a large portion of the mucous membrane slough off, leaving a deep ulcerated surface. This same fibrinous infiltration occurs in true diphtheria, and the membrane is never exfoliated except through the process of disintegration. The process is essentially a localized gangrene, and the action of Mercury in poisonous doses corresponds with that occurring in diphtheria. Yet I do not believe that Mercury is indicated in every case of diphtheria, but it can safely be said that it has proved curative quite as often as the much vaunted Kali bichrom. The latter is undoubtedly a good remedy, but its sphere of action is far greater in the croupous form of diphtheria than in cases in which the pharynx alone is involved. There is no specific for diphtheria and in the most malignant forms of the disorder, scarcely any remedy is of any avail in arresting its ravages. One thing about it should always be borne in mind and that is that the type and malignacy of the disease varies in different localities, and that while in certain districts every case of diphtheria encountered may have the seal of death upon it, and result in death under the very best medical and dietetic management, in other places, all cases although presenting formidable symptoms invariably tends toward recovery. The diet of a diphtheritic patient always needs attention. Plenty of easily digested and nutritious food, as well as a moderate supply of stimulants are demanded. The disease has its origin in defective nutrition, and to effect a cure this must be improved. As a rule, those patients who take plenty of nourish-

ment recover, but aversion to food, and a total inability to receive nourishment constitute one of the worst features in diphtheritic patients and nearly always indicate a fatal termination.

CASE FROM PRACTICE.

ARSENICUM FOR SWOLLEN LIP.

Perhaps the following may be interesting to some of your readers :

Mr. H. C. came under my care with his lower lip so swollen as to disfigure very much. Has been subject to attacks of the same affection once in ever two or three years. His gums were spongy, fiery red, and bled easily when touched. Had lost several teeth which had loosened and come out themselves. These were the symptoms present when he came under my care, with the exception of a pulse of 60 to the minute and temperature of 99.

Upon inquiry I found that he was troubled with spells of diarrhœa after eating heartily, accompanied by fainting fits, and thirst for cold water in small quantities, and profuse irritation, at times almost colorless, followed by scanty, fiery red condition of the same, and cold feet. He stated that whenever he took a dose of physic, he would have fainting fits when it operated. Was subject to restless discouraged spells when he would as soon die as live, but most of the time very cheerful and a reputed joker. In former spells the swollen lip had lasted several months. I gave him two powders of Arsen. 1000th which cured the whole condition. The next night after taking the powders he said was a troublesome one to him upon account of the feeling "as if insects and spiders were crawling over the bed and biting his face," he could see them plainly.

This man had probably at some time in his life taken Mercury in excess, for which I consider Arsen. an excellent antidote, as is Bell. for Opium, and Croc. tig. for Rhus tox. In the report of the above case I would lay stress on these symptoms :

1. Diarrhœa with faintness and thirst for small quantities of cold fluids.
2. Profuse, colorless, followed by scanty fiery red urine.
3. Scorbutic tendency from previous use of Mercury. W. W. GLEASON.

A SINGULAR CASE—APIS RESPONSIBLE.

In reading the article on page 209 of THE INVESTIGATOR with the above caption, I scarcely know whether to admire the writers candor or to blame his ignorance, for I cannot decide whether he intends the article as a confession or a history. He says that he "gave Apis mel. 2x three hours," summoned July 3, to attend her as she had miscarried." Turn to Allen's Encyclopædia, Vol. I, Apis mel. symptoms 523. "*Miscarriage at the second month,* (from drop doses of the 2d dilution,) 524 *Miscarriage at third month,* dose not stated. 525 "abortion in the fourth month, with very copious hæmorrhage in a young, perfectly healthy, recently married woman, during a mild attack of fever, for which Apis 6, was given." 526, "should be given to pregnant females with the utmost caution." Is giving the 2d decimal dilution using "the utmost caution." But she lived, and on August 23 when he gave Verat. viride tincture, gtt. 20, aqua ʒi, "teaspoonful each hour."

After getting as far as I can understand from his statement, three doses, she was taken with symptoms that certainly looked as if death would follow. Her "limbs were cramped and stiffened and she was in a deluge of cold clammy sweat, with imperceptible pulse," and preparing for death. Fortunately the friends had more sense than the doctor and were giving her whiskey and cayenne pepper internally and externally. She had already got a pint. "She quit talking and became colorless, hands clenched, arms flexed, toes cramped down on soles of feet, her legs flexed on abdomen, and lower limbs crossed over nates, while she seemed to just ooze out cold water. Now the eyes seemed motionless and glossy." Turn to Allen's Encyclopædia again, Vol. X, in the pathogenesis of *Veratrum viride*, and compare with the case in hand. That the patient was brought to the verge of death by the *Veratrum* administered to her by Dr. Lyon's direction will scarcely be doubted by any one who reads the above pathogenesis. Then to remedy his own work he gave her at one dose the fiftieth of a grain of Strychnine developed by two triturations and after a little while still more Strychnine. The doctor then draws a pathetic picture of the almost widowed husband and motherless children, and he sighed "for the beacon light of Hahnemann, or Hering, or Dunham, or Pearson." He certainly did not get any sympathy from either the illustrious, dead or the living, for they never did such work. The doctor finally stumbled on a remedy and the patient recovered. But not till the death of her unborn child had been caused and herself brought to the very gates of death and her constitution permanently injured.

I have called attention to this case in order that the doctor and others may avoid such errors in future.

A. McNEIL.

MERCURY IN PERIOSTITIS.

BY W. H. SHERBINO M. D., BELLEVEUE, MICH.

Pirrie in his System of Surgery, page 238, article Periostitis, makes the following assertion: "It seems strange that Mercury, a predisposing cause of periostitis should prove a remedy; yet that it does so, is an ascertained fact. Bichloride of Mercury answers well, and may be given in doses of a tenth of a grain twice or thrice a day either made into a pill, or in solution in sarsaparilla."

On the above treatment, Mr. Lawrence remarks: "I have seen, in so many instances, the pain in that disease continue unrelieved in spite of pretty active employment of antiphlogistic means * * * and have so constantly found it yield only to the full influence of Mercury on the system, that I own myself to be at a considerable loss to account for the opinion entertained by many, that inflammation of the periosteum and affections of the bone are actually brought on by the use of Mercury. *It seems to be very inconsistent that one and the same remedy should be capable of decidedly relieving inflammation of a certain texture and that when employed for other purposes, it should actually produce inflammation of that very texture.*"

Inconsistent indeed! It seems strange that such men as Pirrie, Liston and Lawrence should labor through life seeking and propounding great

ideas, and still could fail to see, through the impenetrable darkness (for darkness brings out all the beauties of light) the great light—the law of similia. Nearly all of the cases of periostitis are caused directly or indirectly by Mercury

Periostitis, when characterized by bone pains; stinging, boring and gnawing in bones at night, accompanied by swelling, redness and excruciating pain, aggravated at night and from warmth of bed, yield readily to Mercury. There may also be present, boring, aching and stinging in periosteum; night sweats; drawing pains in periosteum at night, while sweating and while in bed. These symptoms and many more are daily met with in old, badly treated cases of syphilis and when Mercury has been used injudiciously. Were it not for this fact Mercury would be a *still better* remedy; for where it has been used in large doses either for syphilis or not, its action has been destroyed as a Homœopathic remedial agent. Were it not for this, Mercury I believe, would be of more use than any remedy in our whole pharmacopœia or materia medica.

CASE OF POISONING.

EFFECTS OF CARBOLIC ACID AND IODINE.

Last Friday noon I was called to the case of a two year old child who had drank an unknown amount of a solution of Carbolic acid and Iodine. A teaspoonful of castor oil was given before I arrived which was three-fourths of an hour after the accident. Found the child suffering terribly from the caustic effects of the solution. I immediately stirred about two tablespoonfuls of starch in a teacup of water, and gave the whole. Had to induce vomiting by tickling the fauces with a feather, and not until I had given the fourth teacupful did the starch-water return from the stomach unchanged. The pulse was 150 and very irregular. Temperature began to rise, and respiration impeded on account of swelling of the tongue and glottis. Urine partially suppressed. The cough immediately began to be croupy. Gave Aconite and Apis alternately every half hour.

At 6 P. M. the difficulty of breathing grew rapidly worse, and the case presented all of the symptoms of the advanced stage of membranous croup. At 8 P. M. the respiration became so difficult that tracheotomy seemed to be the only measure that could afford relief. Accordingly assistance was called, but while waiting for the arrival of my colleague the breathing became slightly easier, and we decided to defer the operation a little longer. Instead of growing worse, as we anticipated, the child continued to improve slowly until Sunday evening, when the cough became dry and spasmodic and respiration more difficult. I now gave Aconite and Spongia.

The next morning found him greatly improved. Bowels were constipated but were moved freely by castor oil and enemata.

It is now four days since the accident. No solid food has been eaten on account of the difficulty of swallowing, but milk is readily taken and retained.

Wherever the poison touched the skin it looked as if scalded, and the mucous membrane of the buccal cavity has exfoliated. No serious effects seem to have been produced upon the stomach.

We have about the usual amount of sickness at this season of the year in Rockford. No epidemic diseases, but a few sporadic cases of typhoid and scarlet fever.

F. K. HILL.

COMMON SENSE IN THERAPEUTICS.

BY G. E. GORHAM, M. D., OF ALBANY, N. Y.

Read at the annual meeting of the Medical Society of Northern New York.

In studying the law of reproduction in the animal or vegetable kingdom, we find that two factors are necessary to produce, from one, another of its kind, namely: For the first factor, in the plant, the seed or germ; for the first factor, in the animal, the egg or ovum. For the second factor a genial soil for their development, which in the vegetable consists of heat, light and moisture, and the salts extracted from the earth. In the animal especially mammals, the protection, warmth and nourishment supplied by the body of the parent mother. With these two factors a plant can be grown or an animal reared. If we take away either one, the other is powerless to reproduce its kind.

What is true of plants and animals is also true of many diseases. We have the seeds, or, in other words, the disease producing germ, which we call the exciting cause, for one factor; and a genial soil for its development, which we designate the predisposing cause, for the second factor.

These seeds have regular periods of incubation, after which they develop, grow into maturity, then decay and die. The kind of disease, like the plant, depending wholly upon the kind of seed used. The development depending much upon the soil in which it grows.

Much may be said showing the analogy between the growth of vegetable seed and the seeds of disease; how each produces its own kind, how each has its limited time of incubation, and how each is dependent upon certain laws and conditions for its growth. We have stated that two factors are necessary for the growth of animals and vegetables, and also for the development of disease, and that if one factor is wanting, the other becomes inert. Hence it must follow that if, in treating disease, we destroy one factor, the disease does not develop.

Viewed in this light two distinct methods of treatment can be recognized as successful and scientific, namely: That which kills the seed or germ, and that which removes the predisposing cause, or the favorable condition for the development of the seed or germ. I believe diseases are daily treated, successfully too, by each method.

It is proven beyond all doubt that vaccination removes the predisposing cause, the favorable condition for the development of small-pox in the human system. It is the rule that patients have scarlatina, measles and many of the infectious diseases but once, for the reason that that condition of the system which is favorable to the growth of the disease germ has been eradicated. On the other hand, no one can doubt that, if the disease germ of small-pox or scarlatina is not applied to the patient, he will never have the disease. To prove my assertion that diseases are successfully treated by each method, let me state a few facts bearing on this point. Scabies, for instance, being a parasitic disease is quickly and permanently cured by the

germicide, Sulphur. Apply the Sulphur, kill the germ, and the disease, once so troublesome, is at an end. Intermittent fever, although we cannot see the germ, is no doubt caused by a vegetable parasite, and Quinine, a powerful germicide, is its deströyer. Salicylic acid in rheumatism, Mercury in syphilis, Salicylate of Soda in typhoid, all work upon the same plan.

It is plain to see, and therefore easy to believe the effects. But the treatment of the predisposing cause is not so plainly seen, and therefore not so readily believed and understood. It is none the less true, however, and it is successful and scientific. Thus, the removal of the predisposing cause, is effected by virtue of the law of "*similars*"—a law once doubted, but now acknowledged both in theory and practice by many of the most careful and scientific therapeutists of the medical schools of the present day. Bartholow, Ringer and Phillips tell us that small doses of Mercury will cure a bilious diarrhœa; that Ipecacuanha will cure vomiting or a mucous cough. The fact that small doses of Digitalis will prove a stimulant to the heart is as well known as that large doses will depress its action. The late Dr. Beard said, that there was no opiate which would so quickly allay vesical irritation as small doses of Cantharides. Who does not know that large doses produce irritation and stranguary. Hundreds of medical men whose honesty and ability can not be questioned, tell us of unmistakable curative results obtained by prescribing in small doses the remedy which, if given in large doses, would produce similar symptoms.

How this is done, what the *modus operandi* is, we do not know. Neither do we know why vaccination prevents the patient from taking small-pox. We know that we introduce an agent which will produce a similar set of symptoms, and the effect of its operations in the system are such that the small-pox germ does not develop.

In prescribing according to the law of similars we select drugs, which have the power of producing a similar set of symptoms, as for instance, Cantharis in cases of stranguary and Ipecacuanha for vomiting.

We do not know the etiology of peritonitis, meningitis, dysentery, croup or pneumonia, therefore can not apply the germicide. But by carefully directing our efforts to the removal of the predisposing cause, in other words, the second factor, and selecting from such drugs as Aconite, Arsenicum, Mercurius, Phosphorus, Bryonia and Spongia, applying each according to its pathogenetic indications, we obtain as successful results as when we apply the germicide in ague or itch.

I ask, Mr. President, if this is not a rational view of therapeutics? Shall I call my brother physician a quack because he cures ague with Quinine, and I cure the same disease with Natrum muriaticum, Ipecacuanha, Nux vomica or Eupatorium?

Another point I am told that some of the old members of this society have withdrawn because the name "*Homœopathic*" has been omitted from its title. Is there nothing in the science of medicine, but Homœopathy or Allopathy? Would that the blending scales of illiberality might drop from the eyes of medical men. Would that adherence to sects and creeds and dogmas, might have less influence, and that all medical men might without prejudice, become earnest seekers for truth.

Who shall be first to find the undisputed *bacteria* that producing diphtheria, and also its germ destroying drug? Who first to tell us how to eradicate the predisposing cause of phthisis or Bright's disease? Here are unexplored fields for the greatest and best, where bright laurels will be won during the next decade; while, on the other hand the contestants for creeds and pathies, codes and potencies will have been forgotten and trampled out of sight by the steady march of medical science.

Medico-Legal Department.

INOPERATIVE STATUS OF THE OLD CODE.

BY C. J. FARLEY, M. D., FT. EDWARDS, N. Y.

Nearly two years have elapsed since the Medical Society of the State of New York revised its Code of Ethics. A change was made from the old Adamantine rule (which recognized nothing but regularity) to a more liberal and honest profession, allowing consultations with physicians of other schools.

At its last annual meeting an attempt was made to recind or annul what was done at the previous meeting. A failure in this regard continues the new or revised code in force.

"I believe that a Code of Ethics is all a humbug," says Prof. Helmut, and I agree with him.

A code of ethics will not control those who are not in some degree, at least, guided by a spirit of honor, or manliness in their relation with their fellows. No prescribed rule can curb dishonest intentions. It matters not to what school of medicine the physician may belong, the true instincts of a gentleman will become an infallible guide in his professional associations. Have we not seen our profession dishonored by whimsical and partisan notions.

The community will not be slow to recognize an educated conscientious and honest physician.

Ability will not fail of appreciation. Who can doubt, but many of the so-called Old School physicians at the present time, believe in the law of similars.

If they do not make open confession they practice in part at least, in accord with such a law. What means their miniature pocket case, filled with pellets, parvules and triturations? Many of them acknowledge small doses of medicine oft repeated to be more effective than massive doses. I am acquainted with a fully-fledged Allopathist so-called, who follows this line of treatment in a majority of cases. He goes still farther, not hesitating the least to counsel with the Homœopathist. For this unlawful and ungentlemanly conduct, the society to which he belongs, never thought best to call him to account.

The provisions of the code of ethics, say one bearing upon the ultimatum of "contraria contrarius" in the one hand, and "similia similibus" on the

other has practically become a dead letter. The only practical ethical code in medicine as in other professions, lies in gentlemanly conduct. Prof. James says, "when the other side have settled their code differences, we can shake hands with them on the ground of codeless manliness." No law or rule can be considered operative that does not contain modicum at least, of common sense. Practically the code of ethics as formerly considered, did not contain this element. As far as my observation goes, its pains and penalties remain unobserved.

In the village of Fort Edward where I reside, and the same is true of the adjacent villages, Sandy Hill and Glens Falls, the members of the two schools consult together whenever their associated services are required. In fact the Homœopaths seek Old School counsel rather than Homœopathic, and the same rule applies to a great extent, among Old School physicians.

Is it not in a certain sense true that every physician is a law unto himself. Our labor supplies us with our daily bread, and no restriction can bar an honest and legitimate livelihood. It is the duty of the physician to use any and every means at his command to relieve the sick, and this, too, in as safe and speedy a way as possible, whether his method of treatment bears a distinctive name or not.

One has said "our duty is to heal the sick, and we have a right to seek everywhere for healing agencies, and having found them, to make use of them without the slightest regard to creeds and professional dogmatism."

Let us be consistent, conscientious, truth seeking physicians. Theory is but dross. Truth is the apple of gold. This we are seeking.

Correspondence.

MEDICINE IN MASSACHUSETTS.—GOES IOWA ONE BETTER.

MR. EDITOR: Dr. Lyon boasts of Iowa as being "free to all," so far as the practice of medicine is concerned; still they have to "register" before the clerk of the county. Now here in Massachusetts we have no such "tom-foolery." If one wants to practice medicine (?) here, all they have to do is to *go at it*. Open an office, get a medicine case made so as to show what it is, rush into the street cars and soon get out again, perhaps with the names of three or four persons and their residences and number on a piece of paper, and hold it where all near can see it, and they can soon advertise as a specialist. Brass makes more show than brains anywhere. So you see Massachusetts beats Iowa one point, and we lead the world. We have a man by the name of Butler who has gone into the "show business," and with a little piece of skin taken from an alligator's tail, makes more of a stir than Barnum made with Jumbo. You may look for him out west soon

A. M. CUSHING.

P. S.—Don't tell any one that every one who wishes can practice here, for now we have all the quacks driven from Vermont and New Hampshire.

C.

THE UNITED STATES MEDICAL INVESTIGATOR.

"HOMŒOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

Communications are invited from all parts of the world. Concise, pointed, *practical* articles are the choice of our readers. Give us of your careful observations, practical experience, extensive reading, and choice thought (the great sources of medical knowledge), on any subject pertaining to medicine.

THE MISSION OF MEDICAL JOURNALS does not seem to be clearly understood. One and another nearsighted mortal gets in high dudgeon because a crude suggestion gets into this journal. Nothing but pure high diluted Homœopathy will do for one. If anything less is printed, he orders his journal stopped. He seems to forget that hundreds take a journal for the wheat.

If Homœopathy is true all other forms of practice *must fail* as a rule. A hint now and then may be dropped that may help as an expedient only, or as a Homœopathic prescription for a given case, but its universal use will and must fail and the disgusted one will of his own sweet will ask for a better way. It is most amusing to see how such side issues and raw practice captures and nettles some and forthwith the editor or offending party gets a blow in the face, as if that was the courteous thing to do or would help the matter.

The only way to meet Allopathic practice or Eclectic expedients is to show the better way. Most physicians are honest, do the best they can and are ready to learn. If Homœopathic practice cannot outshine all other kinds then it ought to be put under lock and key at once. Homœopathy is pure gold, and no amount of amalgamating it will dim its lustre in the severe wear of every day practice.

Consultation Department.

CASES FOR COUNSEL.

CASE OF NEURALGIA IN THE LIMBS.

I send the following case for counsel: J. M. aged sixty-two consulted me last winter in regard to severe neuralgic pains in limbs. They first came on fifteen years ago after walking all day in deep snow; but having on rubber boots did not get wet. That evening the pains came on and have continued to do so for fifteen years. The pains are of a stinging burning character and always confined to small spots, usually one spot. The points usually selected are, one about the center of Poupart's ligament, one on anterior aspect of thigh about four inches above superior margin of patella, one on inner aspect of the knee joint, one about midway on anterior aspect of leg, one about center of instep and may be on any of the toes. When the pain is confined

to one of these spots it lasts about twelve or fourteen hours, when there are several painful points it usually lasts from four to ten hours. Pain usually comes suddenly and goes in same way. Always sleeps well when not in pain. Appetite and digestion good, is quite irritable. Chews and smokes excessively. Drinks tea but no coffee. Bowels irregular, sometimes constipation and sometimes diarrhoea. Is troubled with bleeding piles, which are never painful. Has taken a great many different kinds of medicine, both regular and patent. Sometimes has a sensation of great pressure passing down both limbs which he describes as if both limbs would burst. The feeling passes from above downward. Is very sensitive to changes of temperature, but can endure heat better than cold, dislikes fats. It requires quite an effort to begin to void urine, but after it starts it passes off freely. Had always been healthy until this trouble came on. There was a painful point just below the heart during last attack. The pains come in either limb, but never both at same time. Have given Nux, Rhus tox., Bryonia, Arsenicum, Ham., Colechicum, Gels. and Sulphur. At one time under Rhus and Sulphur he was free from an attack six weeks, but pains came on again and they had no effect. Have given high and low. Will some of the readers of THE INVESTIGATOR suggests a remedy.

F. J. M.

CASE OF GONORRHOEAL RHEUMATISM.

I have a patient that has given me a great deal of trouble, and don't seem to be getting any better. I wish some of the readers of THE UNITED STATES MEDICAL INVESTIGATOR would help me out as soon as possible, as I don't want the patient to go into Old School hands, the case is as follows:

"Mr. S. aged twenty-three, has been suffering with gonorrhoeal rheumatism for the last three years. It mostly effects the hips and knee joints, both of the knee joints are swollen (almost twice their natural size,) there is no discoloration, nor tenderness on pressure, but the synovial fluid is very much increased in gravity, (dropsy of the joint.) On bending the knee the water seems to run to and fro in the joints. The patient is very weak in his lower limbs. Has had gonorrhoea twice and at both times the joints became swollen, first the right then the left, there is also tenderness in the left heel resembling a severe bruise. Has masturbated a great deal in his earlier days, and if any sexual excitement makes him very nervous, can hardly control himself, has been to the Hot Springs, Ark., and received very little benefit. There is no pain connected with his trouble, only a sore feeling in the joints when walking. The patient will not allow me to tap the joints. I have tried almost every remedy from A. to X. without any permanent relief. There is also stricture (almost imperceptible,) has a gleet discharge from the penis in the morning, not any during the day, only a drop in the morning when arising. I would like to cure this case he being a young man of means and considerable influence. Any of your readers will do me a kind favor by replying as soon as possible. Hoping I have given the symptoms sufficient to prescribe by.

ROBT. F. STRAYER.

MACON, Ga.

ANSWERS TO CASES.

For M. G. McB's Case.—Give Glonoine high, and report result.

R. E. JAMESON.

For T. S. J's case for counsel in *THE INVESTIGATOR* of October 20, would suggest Ammonium phos. low, which will probably be the remedy for the case. Compare supplement to Ruckert's *Klin Erfahrungen*, page 880. ff.

A. L. DORNBERG.

"Aching pain in the testicles." If T. H's case is not yet cured, give him Rhodo. 3d, then 30th, then cc. let each act for a few weeks. In addition give him a tepid sitz bath five to fifteen minutes every night for a few months.

H. K. L. case of "neurasthenia." Give Sulph. 200, 1000, 5000, a few doses, and let each act for one month. Also Phos. Phos. ac., Ars. and Staph. if needed, all 200, or upward. Also, have him take sitz bath three times a week, at first in tepid water, changing to gradually colder till he finally uses it cold. I have never failed with the above treatment in such cases. The sitz bath work wonders.

A. F. Randall's case of "Brown Spots and Headache," calls for Sepia, first low, then 30 or 200. Try it.

A. A. Lovett's case of "Premature Discharge" calls for Sulph. high, then Calc. carb. high, then Phos. high; let each act for one month and give daily cold sitz baths of from two to ten minutes each. Don't fail to try the baths. Please report the cures.

R. T. HARMAN.

IPECAC IN INTERMITTENT FEVER.

In the September 27th number, page 206, Dr. C. Hoyt relates his success with Ipecac in intermittent fever, doses not mentioned. In reply to inquiry, he sends the following explanation.

CHILLICOTHE, Ohio, Oct. 12, 1883.—*Dear Doctor:* I usually use Ipecac in the 30x potency and repeat the dose every two or three hours till time for the next paroxysm. In strong hearty adults I sometimes use the Ipecac 3x dilution, but doubtless the 30th would do as well or better. C. HOYT.

FOR DR. W. W. GLEASON'S CASES.

CASE I. Arsenicum; or, if this has been given, China. (Has she taken much Quinine?)

CASE II. 1. Use envelope of wet sponge and bandage. 2. Put on a Sili cate of soda dressing; when firm, split in front, line with canton flannel, turn over the edges, and attach eyelets for lacing. Encase in this boot; to be constantly worn. Precautions: (1,) be sure to keep the sole at right angles with the axis of the leg whilst hardening, or walking will be impossible; (2,) the bandage must extend from the toes to the lower leg; (3,) the great toe must be immovably fixed, along with the adjacent parts; and the joint should be prevented from forming an angle, by suitable pads. "Physiological rest" (Hilton) is thus secured.

CASE III. Lycopodium.

J. C. M.

Children's Department.

ON SCARLET FEVER.

BY DR. P. W. POULSON, COUNCIL BLUFFS, IOWA.

Read before the North-Western Academy of Medicine, at Council Bluffs, Iowa, September, 1883.

It may be no easy task to say something new about an old yet ever occurring disease, since what we know ever repeats itself. However, we are here that each member may relate his experience.

The exanthemata are all to be looked upon as a peculiar condition of the lymph, producing an inflammatory condition of the epidermis with hyperæmia of the different layers of the skin. The skin swells and becomes red, secreting serum at times, becoming œdematous, or it produces fermented lymph in pustule as in variola. Scarlet-exanthem comes either as a uniform redness as scarlatina lovigata, or in places scarlatina variegata, or it appears in clusters filled with yellow serum, and is called scarlet pemphigoidea et pustulosa.

At times it appears as inflamed cutis with elevated smaller or larger papillæ, and is scarlet grapulæ, and sometimes effusion of blood in vesicle below the epidermis.

No exanthem we think is more liable to affect the internal viscera than the exanthem from scarlet fever and to produce the most serious complications where remedies have proven of little or no avail. The success in this disease depends upon preventing a diathesis of a reflex action of the exanthema to internal organs.

I will mention some of the most common difficulties. Take for instance, angina of the throat and fauces. In some instances it is only a catarrhal inflammation, and the pharynx looks red and inflamed, and of a peculiar copper colored hue over the velum palati and uvula, or in malignant cases occurring in bad subjects we find the albumen in the blood infiltrated, and the well known grayish-yellow exudats or deposits appear on the tonsils and fauces, and as in bad cases of diphtheria extend all through the pharynx and nostrils, discharging an ichor with a loathsome smell, the same as in malignant cases of diphtheria, where Lachesis 30, Ars. 30 and Carbo veg. 15, are the best remedies, with interpolation once in a while of a dose of Sulphur. But this is not all, as in some cases, especially in psoric and scrofulous subjects the parotid and maxillary glands will swell to an enormous size and close up the jaws and stiffen up the neck, and make it even difficult to administer the remedies. We find, also, here as in diphtheria, that the kidneys become inflamed and the uriniferous tubuli swell and albumen escapes to a large extent in the urine. Cure this suffering with Apis mel. Above all Canth. 30, Lycopod. 30, will also be of the greatest service. Where the pain of the kidneys is aching, Kreas. 30 comes in, and where the pain extends as a neuralgia from the kidneys and all over the bowels, will Colocynthis 30 be of service and give instant relief. In the excessive swelling of the maxillary glands and parotids, the external application of pork has been resorted to with little benefit, except to relieve the tension, and give ease, but Olive oil is much more cleanly to use, and relaxes the

tension promptly. The remedies are especially, the high potencies of Lach., Ars., Phytolacca, Merc. protiod., and an external lotion of tincture Phytolacca dec. The first symptom is not always easy to diagnose, as it commences very much as its bad twin-sisters, typhoid fever and diphtheria. The nausea, headache, vomiting and prostration, and the chilliness is very much the same and also the high fever and temperature which continue till the exanthem appears on the skin. In some cases it fails to appear at all, but takes the character of slow fevers of a typhoid type, and often with diphtheritic exudation on the tonsils and fauces; but we can during the first stage cut the whole concern short, and relieve violent convulsions, as the results of the retracted exudat to appear externally, and it can be done with the wet sheet. All Homœopathic physicians should be students of Hydropathy, and especially read Dr. Carl Mundes book of Hydropathic treatment of scarlet fever with water alone. The method of packing is simply: Take two blankets, one dry sheet and one wet sheet, doubling the sheet around the shoulders, if it is too long, and allow the patient to remain in the pack for three hours, and perspire profusely. This will conquer the fever by bringing the exanthem to the epidermis.

Mr. D's oldest boy was delirious from a retracted exanthem, and became at last hard to manage. I packed him, and three hours after he was rational and his skin as uniformly red as any Indian's. He recovered on Lach. 30. The fever will continue with more or less exacerbations until the rash appears. The exanthem does not appear as in measles, first on the face, but the flushed cheeks and burning skin will soon reveal the eruption on the neck, and gradually all over the body, and especially at the joints, thighs and over the abdomen. During this state we find also more or less gastric condition of the patient. The tongue is white and thick coated, or it is very red, of a straw-berry color and with elevated and inflamed papillæ.

In such cases severe diarrhœas often sets in, where packing and Veratrum album does the good curative work. During the stadium *floræ centio* we have very little to do. It lasts generally about five days, and the child is restless from itching all over from during the last of the former state of eruption and two or three days into this state. Some recommend the skin to be greased with pork or lard to allay the itching and protect the skin from the corrosive influence of the air, but I prefer pure vegetable Olive oil as inunction over the itching part of the body. If the eruption during the previous state has not yet entirely been shown on the surface of the body we will find pretty sick patients, as in such cases there scarcely is any disease, which does more depredation on the internal organs, and is the cause of many chronic diseases. As mentioned, the urine contains much of epithelial cells and considerable albumen, but it is not all. The sequelæ attending scarlet fever are legion, and the most of them can best be prevented during the stadium prodromorum, or during eruptions by using the wet packs, which cuts all difficulties and dangers short, and makes a plaything out of an otherwise very serious affair.

The last stadium desquamatio is counted from the fifth or sixth day after the entire appearance of the exanthem, and it will last from one to ten weeks under ordinary circumstances, and the entire disease will beat

an end in a little over three weeks or so, from its commencement. But not so under Hydropathic treatment, during the first stadium of the disease, as then it will be cut not less than one to two weeks shorter, and it will, in fact, not last more than seven or eight days. If I had my choice to treat scarlet fever either with water or with medicine, I should in every instance not hesitate at my choice, but say, keep your remedies, and I will treat it with water alone, and the same words I must confess in regard to typhoid fever and diphtheria, and twenty-five years practice has about convinced me that my theory is correct.*

In fact these three diseases runs so entirely into each other, that it is very difficult to write about one without touching upon the others. I have treated children of one family, where one had the scarlet fever without exanthemata. The other had the fever but without eruption. The third had the diphtheritic angina of a malignant type, when the fourth was down with scarlatina maligna typhosa. Nobody can convince me that it was four different diseases, as it was only deviations from the same fundamental cause, and needed all a corresponding treatment. In the scarlatina angina et diphtheritis, I depend mainly on the Lachesis 30, and Ars. alb. 30. Sometimes Sulphur 30 and Carbo veg. 30, and Phyt. decand. 15, is of benefit to use, and I never omit the abdominal neptune bandage from 60° water, and the throat bandage from 70° water, and also the wet pack as long as the fever lasts. In the diet during scarlet fever, I differ from those physicians who recommend beef tea and whisky slings, etc., and sponging off in alcohol. Such a proceeding ends generally fatal, and then it is the Lord who takes the children away from their parents, and I have heard these deluded people say, "Oh, the doctor did all that could be done, he was sitting at the bedside all night and gave the medicine every half hour, and whisky and beef-tea every hour, and sponged the child four times in alcohol. All was done that could be done, but the little fellow died anyhow. The Lord wanted the child, and we had to give it up, and the doctor fought hard enough, etc.," for what—to kill the vital hold on nature, and force the little soul in an unnatural way from the body—but as Moliere says in his immortal play, "The Doctor:"

First consulting doctor.—What does it matter, if a soul get torn from the body in a regular manner, he has no reason to complain, as it is better to get into heaven on a scientific plan, than be dosed by a quack.

Second doctor.—But could we not try it?

Third consulting doctor.—Irregular warfare would be as bad as irregular treatment. If a battle is lost in a regular mode of fighting, then nothing can be said against the general, but if we even should be able to save this patient by any irregular treatment, our reputation would suffer, and faith in our science would be lessened. "I propose not to let us try anything but the old regular treatment, and let him at least die scientifically."

The diet during scarlet fever is very simple and consists in toast water, milk, oat-meal, arrow root, farina, tapioca, and for growing children, also corn-starch, when they are past four years of age.

During the typhoid scarlatina the wet pack is absolutely necessary, or the most patients will die and all hard well water given must have been boiled. The immense prostration and coma indicate the sinking vitality attended

* Wasser und Hydropathy in vereint thun als ein allein!

with twitchings, jerking and convulsions, and the cold wet sheets is the best friend to revive, and to relieve the hot dry skin and icy feet, and relax the contracted capillaries and give a chance for the outlet of the carbon gases which charge the body, and eventually otherwise will replace the eruption for purple looking ecchymosed spots, and intestinal ulceration and diarrhoea.

Muriatic acid 12, Rhus tox. 15, and Ars. alb. and Carbo veg. 30, are the best remedies, and not to forget Bell. 3 and Lach. 30 during the comatosa to alternate with. The only case of scarlet fever I ever lost at Council Bluffs was in angina maligna scarlatina diphtheritis with infiltration of the parotid, submaxillary and lymphatic glands. It was a daughter of Mrs. Smith, about six years old and a very scrofulous child. The swelling of the neck was enormous and attended with violent coryza. The most shocking discharge from the nostrils and mouth. The swelling extended into the larynx and along the eustachian tubes into the internal ear, and the tympanic membrane. It was in the stadium desquamatio, when the skin was peeling off on the neck and body, and she would scratch herself incessantly. Olive oil was applied externally. We put gloves on her hands, but she got them off, and in one night she did the work, leaving a bloody surface as big as half dollars in several places on the neck and body. I believe she inoculated the exanthem into the blood, as the places turned black and gangrenous and she died.

Among the final sequelæ of scarlet fever, dropsy and deafness, may be the two most frequent. We have infiltration, where the cervical glands suppurate.

We have a purulent exudation when the synovial membranes inflame and also, where the pleura and pericardium become affected of the exanthem. There is also a third affection from the virtues of the disease, and it is of the kidneys, which swell and cause albuminuria and dropsy. This is a dangerous kind of effusion and much more so, than the other form without discharge of albumen. A sequela of dropsy, which comes from impaired nutrition and pressure of the liver on the vena porta, corresponding to splenary enlargement and cardiac irregularities from deposits of the specific poison or product of the disease. Here is the Cannabis, Apis and Canth. of service, and where much pressure on the kidneys exist, also Terebinth 12.

It is a fact, that the most difficulty in therapeutics is definition. The general outlines can ever be had, and also the general most important remedies, when detailed must be left to the individual judgment of the practitioner, of that good reason, that all constitutions differ, and every expediency differ from any previous. This makes the practice of Homœopathy no rule, and when a late writer in *Scientific Science Monthly* classes Homœopathy among "quackery" and being no science at all, he did not know our endless details and specifications and in fact knew nothing about what he pretended to be dissecting by his pen.

I have mentioned the treatment as we went along, and I will recommend the students to consult our materia medica in each individual case.

My remedies are generally found to be Apis mel. 10, Ars. alb. 30, Baryta carb. or mur. 30, Bell. 30, Carbo veg. 30, Cupr. 30, Gels. 3, Atropine sulph. 30, Hydrocyanic acid. 30, and Lachesis 30 is the par excellence remedy, and

worth more than many combined. Lyc. 30, Mur. acid 30, Rhus tox. 30, Sulph. 30, and Verat. alb. 15, in diarrhœas during the second state of scarlet fevers. In scarlet fevers and diphtheria and typhoid fevers we have alike the infiltration and diminution of the albumen in the blood, and the carbonization of the fibrin. With remedies it can produce such a result, and we have the snake poisons, the Mur. acid, Nitr. acid and Hydrocyanic acid, and Ars. alb., and host of others according to the symptomatological and pathological indications.

The reason why milk and not beef-tea is the standard drink is, that beef-tea is in croup, where the membrane is exudated fibrin, what milk is in these triple disease where the membranes and exudats are infiltrated albumen.

The celebrated pathologist Dr. Hebra classifies scarlet fever as an acute contagious exudat belonging to the exanthematous hyperæmia of the corium sometimes bearing an erysipelatous character and produces albuminous infiltration of the throat. After two or three exacerbations of the fever appear generally the exanthem will flourish three days. In seven days the acute climax of the disease is reached and after the ninth day the moderation is going on, but the skin is for a long time extremely sensitive to atmospheric influence. Dr. Hebra finds the hyperæmia not only confined to the corium, but also to exist in the throat, in the kidneys and in the bladder, and the malignant cases of scarlet fever is caused by the constitutional reaction proves insufficient, and the exudat remains on the internal organs producing condensation of the blood, typhoid symptoms, deafness, Bright's disease, dropsy and uræmia. Death is often from paralysis of the lungs of the glottis and the brain, violent attack of tetanic cramps. The parotid glands disappear sometimes entirely during the disease, or shrink up to about nothing.

I treated in 1857 a case of deafness from scarlet fever. The patient lived near Copenhagen and the total loss of hearing had lasted for over twenty years. After three weeks treatment with Belladonna atroph. 30, she was preparing for breakfast Sunday morning, when at once after twenty-one years silence she heard the bells ringing for church. Both knife and plate fell out of her hand, and she commenced crying and dancing for joy. The cure was perfect. It must have been a paralysis of the auditory nerve, as the cure was so instant. The tympanic membrane must have been in good condition.

Cainca 12 potency has been used with success by some German practitioners during ascites from scarlet fever.

When the Old School imitate our use of Belladonna and Aconite and Gelsemium and Ipecac, etc., and make new discoveries about Phos. in hepatization of the lungs, and of Tart. em. in bronchitis among children, these gentlemen remain very silent about what Hahnemann told the world for over seventy years ago, and equally stubborn about recognizing the therapeutic law of similia similibus, or correspondentia, but their imitations are so crude, and betray so much ignorance, that they constantly are trapping their better judgment, so their purse at last, if not honesty and love for science and success, will compell them to attenuate and triturate and become Homœopaths. The ignorance of the public is the field of Allopathy, as the system is a remnant of the dark age, but the time is fast approaching when the people will rebel against any heroic, barbaric treatment, at the bedside, and the Allopaths will look at each other, not helping, smiling at their dilutions and deluded patients, as the Roman agrurers once did at their sacrifices. *Aude sapere!*

The United States Medical Investigator

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WHOLE No. 361.

Medico-Legal Department.

HOMŒOPATHY IN ENGLAND.

I have been very agreeably surprised to find the mark Homœopathy has made for itself in England. Before I came here I was under the impression that Homœopathy was totally unrecognized here in a legal sense, but I am glad to find that I was very much mistaken. Although I must say, in parenthesis, that I have yet to find the first follower of the so-called high potency leaders of the United States. I suppose your readers know of the stand the Homœopaths of Liverpool made before the British Medical Association which met there last summer. They demanded the right to be admitted to membership to that society, and their demand created a very animated discussion at which I happened to be present. Although a very large number of them showed considerable bigotry, yet I must say that as a whole, they showed much more liberality than their brethren across the Atlantic. One party wanted a by-law adopted keeping out all who claimed to believe in Homœopathy, but this was not carried so that as far as the laws are concerned the British Medical Association admits Homœopaths as members. But in reality, it is utterly impossible for such to get in as every member has to be balloted for, and it requires a nearly unanimous vote. Nearly every town in England of any considerable size has either a Homœopathic hospital or dispensary and some have both. In Liverpool they have a good hospital which is always full, and I think, two dispensaries besides. Birmingham has a large hospital and a largely patronized outpatient department. The outpatient department is opened every afternoon from 2 to 4 except Saturday, and I have never seen less than a hundred present. At Northampton they are also doing excellent work for the poor, as well as the rich. And so as I said above, free Homœopathic dispensaries may be found in every large town, and are very much better patronized, both by those who give money, and by patients, than are the few that are yet in operation in the United States. In London there is one large hospital. The London Homœopathic Hospital, and then there are dispensaries scattered all over the metropolis. The London Homœopathic hospital is being enlarged and by the time it is finished it will not be very far behind the Allopathic hospital of London. By the way it was the treasurer of this hospital, Mr. Morgan, who made the very liberal offer of £5,000, (25,000 dollars) to any London hospital which would accept it on the terms he offered. The terms were that it should be used to support one or more medical wards in the hospital that accepted it and that the patients in these wards should be treated Homœopathically, and that statistics should be kept as to the results. It was to be kept up for five years. But no hospital has as yet accepted it. The *Lancet* took the matter up and said that as Homœopathy was only a humbug, no hospital ought to think of taking money for such a purpose. Mr.

Morgan wrote to the *Lancet* in reply, that it was for that reason he offered the money, viz. : to prove whether Homœopathy was merely a humbug or whether it was what was claimed for it by its adherents. If it was a humbug this would be a good method of proving it. If it was not then let the world know it, and the matter rests.

I had the pleasure of listening to the annual Hahnemannian lecture at the opening of the London medical school, by Dr. H. Blumberg. His subject was "Hippocrates and Hahnemann." Comparing the two he showed that Hippocrates has promulgated much the same ideas as Hahnemann, but had not demonstrated the truths or brought them before the people as the latter has done. The lecturer claimed that the benefits derived from this great teacher for the healing art were, (1,) the knowledge of the action of the drugs in health, (2,) his idea about disease not being distinct entirely in antagonism to the physiological function, (3,) his successful war against polypharmacy, mixture of many drugs, and against blood letting, (4,) his teaching of minute and close observation of symptoms, physical as well as psychical, (5,) the origin and great principle of drug selection. The doctrine of Hahnemann has passed through all the vicissitudes of a new reform and had come out triumphant and progressive. It had leavened and was still leavening the principles and practices of the 200,000 medical men in the world. The lecture throughout was both entertaining and instructive, and was a glowing tribute to the memory of the father of Homœopathy. G. H. S.

LONDON.

Clinical Mediçine.

DYSCRASIC DISEASES OF THE BONES.

BY P. W. POULSON, M. D., COUNCIL BLUFFS, IOWA.

Read before the North Western Academy of Medicine.

In diseases of bones we have osteitis, periostitis, suppuration, caries, and necrosis. In this paper we will consider the last three divisions above named.

The suppuration of bone and its gradual transition into caries and necrosis is of general occurrence in scrofulous patients.

The periostitis from badly treated fractures, or dislocations may often develop itself into osteitis.

The suppurative form is either the osteo-pyelitis in its acute state, or the osteo-myelitis in its chronic and often gangrenous state, with a purulent infiltration of the interior of the bone. This is often the cause of phlebitis and pyæmia, and the medullary membrane becomes vascular as in osteo-pyelitis, and makes a very bad progress by involving the canal.

A common consequence of suppuration of bone is the formation of an abscess, especially at the condyles of the lower end of the tibia. At intervals such abscesses have very acute eruptions caused from a tuberculous and dyscrasic diathesis, assuming an erysipelatous appearance, and ejecting large quantities of pus from softening of previously deposited tubercles.

The destruction of the cancellous structure is often the cause of a degradation upon the contiguous cartilage and the affection of the joint. These abscesses generally occur in very dyscrasic subjects, and are, as said before, developed from illtreated injuries. The patient will first speak of a swelling that will not subside, and of a tender spot which by degrees becomes red, glazy, and oedematous, with a stinging piercing pain; this pain will disappear in very fine weather and return during fall and winter, and the stormy season of spring, is worse at night and better in the middle of the day.

These symptoms may be caused from a pressure upon the osseous structure, thickened by a chronic inflammation, from a sack of pus, necrosed splints of bone, or from hypertrophied osseous tissue.

The Old School surgery has in such cases resorted to the trephine and removing the diseased bone. This usually affords the sufferer some relief at the time, a sort of "stop over" check for the tired traveler, but the dyscrasic diathesis is still there doing its deadly work as before. Surgery is helpless in Allopathic hands. It was Hahnemann who crowned surgery with the laurels of victory over morbid dyscrasic poisons. It is his dynamic giants of vital force, that has torn down the formidable barricades and proclaimed the victory of life! All surgeons should carefully study his chronic diseases.

The secondary aggravation following the trephining of a bone has been in many instances a caries of the diseased part; or a disintegration of the osseous tissue, as properly the ulceration comes under the suppuration of bone. Caries is an increased vascularity, softening, and ultimate disintegration of bone. It is disorganization of bone. The earthy matter becomes eliminated in a granular, molecular composition of pus transuded and eliminated by the process of chronic inflammation from the surrounding organic perfectly healthy operating structures.

The carious bone is porous, frail, gray or brownish, dark or dirty looking sunk into a soft mellow mass, or hollowed out into bee-hive cells which contain an oily fluid; the work of ulceration has then passed into disintegration.

The caries of articular ends of bones does very often involve the joints in the serious affection, ankylosis, by the destruction of the articular cartilage, especially when the patient is confined to his bed.

The first indications and general symptoms of caries have often been prognosed as a phlegmonous abscess or inflammatory rheumatism. The pain is always very deep seated, piercing and aching, as a toothache in caries of the crown of a tooth, on exposure of the nerve, with a red hue and swelling of the parts covering the spot. When pus is ejected from the crater of the disease and a probe is inserted, the bone is not alone felt exposed but soft and impressive to the instrument.

The discharge pours out through fistulous openings, and is fetid, dark, sanious, mixed with granules of cones and charged very heavy with the phosphates from the limb.

In syphilitic scrofulous mercurial constitutions, caries becomes a dragon with three heads and disintegrates and erodes the bone to a terrible degree. Here has Dr. Hahnemann shown us the way in his valuable work on the chronic diseases, worthy to be studied by all his disciples. We have to seek the pathological cause of the disaster and by the guiding light of nature,

the symptoms find out the remedy indicated and corresponding to the pathological first cause. I would cry out to the surgical world "Be slow, be very slow in opening your cases of instruments." Many lives have been lost by the use of the knife in caries and only very few by neglecting to remove some large splints of loose bones. Many hopeless cases of caries apparently condemned by the professional world have got well by change of climate, location, air and food, a good regimen, and a proper Homœopathic treatment without any interference with the knife. The disintegrated part of the diseased bone being eliminated one piece after another, as I have treated patients, which keep more than half an ounce of ejected splints from the diseased bone in their possession, and recovered entirely. Thanks to the truth in the medicative nature, embodied in a rational Homœopathic or specific treatment. Although the Old School practitioners agree with the New School so far, that caries arises from a constitutional disorder and has to be treated pre-eminently as a constitutional disorder, they lack the means, even, if they have the good will to perform the humanitarian work, and they resort in their most helpless condition to a paliating surgical interference.

Their codliver oils, Merc. iodides and their antiphlogistics contain their code of resources, and getting tired of looking at the disorder and doing nothing they conclude that operation becomes necessary. The steel teeth of the gouge forceps are brought into use, and points and corners of the bone are cleared away, and what the bone forceps cannot do satisfactorily the osteotrite is called upon to perform. This instrument is made as a lemon eraser used at lemonade parties, and by its sharp pointed lines will readily remove the soft parts of the bone, and the resistance will tell when the healthy structure is reached. Sometimes a healthy structure may become softened to some degree by a long continued inflammation, but it can always be determined by putting the detritus or bone dust into water. If it is carious the water will either be colored white or dirty, but if the particles are healthy the water will always have a reddish, bloody color. As in suppuration of the bone also in caries must the cavity after any operation be dressed from the bottom and heal by granulation, as the bark on a tree, or by fibrous material deposited in it, if nature and the constitution can do it at all. I have seen cases of caries where the limbs were removed piece after piece in successive operations, but it did not save the patient and did not even prolong life. In other cases the Old School surgery resorted to excision of ends of bones or joints, when they have found a diseased articulation, also to vesesection of a whole bone, and pre-eminently returned to their first love called amputation.

Three great surgeons at Council Bluffs, I say great, because they all are big men were sitting in council about what to do for Mrs. B. They had been treating her for six months, and in that time been lancing her foot in over twenty different places and giving heroic internal treatment for caries of the dorsal bones but without any result. What next puzzled their minds, and the password was given: Amputation of the foot. Next morning two buggies were moving slowly towards Mrs. B's house. The surgeons carried two large amputation cases. When they had alighted from their seats and tied their horses they entered the house. The woman laid on the bed in sus-

pension, when one of the three silently poured Chloroform on a handkerchief and stepping on his toes lightly approached the woman's nose with it. She looked around in fright, and screamed and with such a force that all the neighbors thought of a most foul murder. The three big ones did not know what to say, nor what to do, but dropped their wings as fallen angels, and said, we wanted only to have cut off her foot and say nothing before it was over, as that woman needs to have but one foot, and he dropped his handkerchief and the old big one lost his bone saw and artery forcep, and the tall big one had two long, sharp, flap making knives in his hand, but they gazed upon him and all the neighbors made his shoulder ache from his finger ends up and he allowed the glittering silvery cutters to slide down on the bed-clothes.

All right, said the little big one, "if you had rather die than lose your foot you are welcome to it." I would rather die, cried out the woman and big tears streamed over her face. The three big ones looked on her with pity, and breathed deeply three times, and packed up the instruments and drove home.

She is now well, and able to do her own housework. Thanks to Dr. Hahnemann's teachings. I was called, and she improved gradually, and after a few weeks she called regularly at my office for medicine. She walks on her foot to-day, and when one day, one of the three big surgeons met her, he said, he was glad for it, and I suppose too, that he was. The remedies Mrs. B. took were principally Lyc., Silicea and Phos. acid from 30th to 20th potency.

In regard to removing parts of bones by gouging or scraping it can be asserted, that it has in a few instances been done successfully and large cavities in the tibia, tarsus or fibula have been filled up readily, but the success has always been in non-hectic subjects, and with sufficient positive reaction and constitutional strength and purity to rally on.

The difference between caries and the step further on to necrosis is not very difficult. We said that caries was to be looked at as a granular disintegration, or the molecular death of the osseous tissues, connected with a suppuration kept up by the support from the surrounding healthy tissue. Necrosis is no such thing. It must be looked on as the death of the entire osseous tissue, corresponding to gangrene of the tissues of the skin and muscle. While caries affects the condyles and cancellous structures near joints, necrosis attacks the compact structures of the bone and generally in the shaft of the long bones. At times necrosis is intermixed with caries and simple suppuration of the bones, as these affections pass gradually over into each other, and small masses of necrosed bones are often found in cancellous structures at the head of the tibia or in the os calcis. Besides the tibia we also have the femur and the humerus and phalanges of the fingers (in felons) attacked by necrosis. Syphilitic, mercurial causes will affect the cranium with necrosis and I have often had the opportunity to treat workmen at match manufactories suffering from necrosis of the maxillary lower and upper bone. Dyscrasic subjects with a frequent broken clavicle are at times visited with necrosis of that bone. The constitutional causes are of a dyscrasic nature and a cachectic condition of the system.

It can also be caused from any debilitation of the body, either from

exhaustive diseases; or from psoria including all forms and variations of a diseased lymph impregnated with the germs and latent power to form the whole brigade of skin affections and the interior crisis of suppurations in all its different metastasis of the system. Cold, accident or exposure is only the igniting incident and the blasting of the constitution goes on.

Low vitality is the half sister to death, and where the vital force is lost from any cause, then gangrene pitches its tent, and necrosis builds its castle. Exposure or denudation of a bone to the air, its periosteum lost, may lead to its death, or necrosis, if the periostic membrane is not replaced in good time, or securely protected against the oxygen in the air.

Whatever the cause of necrosis may be, either from the causes already mentioned, or from exposure of bones in compound fractures of poorly constituted subjects, or found by workmen in lucifer match manufactories, it may be classed as peripheral, when it only attacks the outer lamina of the bone, and it may be called central, when the wire layers, which surround the medullary canal, perish off the bone and it loses its vitality. That portion of the bone which is necrosed has been called the sequestrum. It looks dirty and yellow-white, and when exposed to the air it becomes brown or black, the edges are ragged and more or less sharp pointed with an irregular surface. When the rotten, half eaten up sequestrum is formed in the cancellous structure, it is dirty grayish-black and the parts joining are generally in caries, and that adjoining the caries in active suppuration.

The process of necrosis operates in a dual manner. First the dead bone is detached from the living bone, and next the effort of nature is working ceaselessly for the expulsion. Next comes the reparation, process of the effort of nature to restore or replace the lost osseous substance. The symptoms are those of caries, only more intense and painful. The skin looks inflammatory, glazy and œdematous, and is of a purplish red hue and great amounts of fetid bloody pus is discharged. When the large bones as the thigh, the os femur or the os ischia is the seat of the trouble, and suppuration is profuse, and the waste is twice the power of assimilation, then the patient will sink into violent night sweats; and a hectic sneezing fever will provide a way for the escape of a tormented soul and give the long wished for relief from that deep seated throbbing ache, which made nights such a torture, and was partially relieved by Creosotum 15, Thuya 30, or Mercurius 200.

The channel from which the pus is discharged often runs along the whole length of the bone, and it looks much as an old hollow tree and the cavity is termed cloace, at which you can find the rough bone all destituted from any part of periostium. I have seen acute attacks of caries occur in cases of a long protracted character by any malarious influence suddenly to swell the limb either the femur region or condyles around the tibia. For instance among cachectic children and immense quantities of pus are discharged for a time. A boy had such an attack this spring. The modus operandi by which nature works in its sphere of getting the dead bones or splints removed, and substituting it with fresh new osseous tissue is a very interesting battle field to observe between life and death.

Some years ago I treated a travelling missionary, who suffered from caries of tibia just above the lower joint. Piece after piece of the necrosed bone

was ejected during the use of Lyc. 30, and the tibia was about gone, and presented by examination, only a thickness not above one-fourth of an inch. I forbid the man to walk any longer as I expected the limb to break under the weight of the body, and thought it would have by and by to be amputated. One day he showed me a box filled with about an ounce of small pieces of ejected necrosed bones. I said, do you have any more left to walk on? He assured me that for two weeks no more pieces had been thrown off and the pain had all gone, and the discharge had changed and came now away in a very small quantity. The Lyc. 30 was continued, and the dilapidated tibia became rapidly larger by new osseous structures made day after day, and at last presented a stronger and more robust tibia than the one on the other leg, which never had been affected. Lyc. 30, was the only remedy employed, and nothing externally but bathing and the mutton tallow on linen rags.

The separation of the dead splints of bone is called *exfoliation*, and corresponds to the same process in the muscular tissues, only in the bone structures it requires a longer time. The inflammation makes out the line between the living and dead bone. This line of demarcation is gradually deepened until the dead splint is as cut off from the vital part and carried out with the pus as driftwood is carried off by the river. In suppuration of the bone much phosphates is carried away, and in necrosis we discover that the pus contains two and a half per cent. of Phosphate of lime, the average volume of the dead bone mixed in with the destruction of the other tissue. When life has delivered itself from dead, then vitality goes to work as diligent as a bee in his hive, and plastic matter is thrown out and new granulations made. Detachments of small pieces of bones may also take place as in caries by disintegration, or with an insensible exfoliation. The healthy granulation below the dead bone is pushing it to the surface either through the pus channel or by new suppuration. Small destructions are repaired by the periosteum, and the bone is filled up with a fibrous tissue, which gradually ossifies. I said before in one of my cases, that the necrosed bone when cured became thicker and stronger than before, and the explanation is, that when fibrous tissue is deposited in the inner lamella of the shaft, then the entire part of the bone becomes greater and much more solid or consolidated. Reproduction takes place from various causes but principally from the periosteum, and also from the medullary membrane, which in a necrosed bone looks larger and more vascular than usually. The plastic matter is secreted principally from the periosteum and filling up the cloace, is added by the surrounding structures into osseous structure. Amputation in necrosis is always a critical procedure, because the ailment is a constitutional one, and is not cured because the local symptom is removed. I recollect one case of necrosis treated in Europe. The patient was amputated four times in succession and every time necrosis would commence again above the stump, at last it affected the clavicle and scapula and killed the man. We may successfully remove the external depositions of cancers, caries and necrosis but the end is not yet, nor can it be reached by the knife. There are cases where the bone becomes destroyed to such an extent, that it has no power to resist the strain of the muscles and the limb becomes shortened, bent, and even fractured, but even there is the rule not to ampu-

tate as long as life can be sustained in the soft tissue as in nine cases out of ten, the patient is cachectic and emaciated and amputation would constitutionally be worse than none. When the separation of the sequestrum has been ascertained, it can be removed by extraction, if nature asks for any artificial help. Otherwise let it alone. The assistance consists in a widening of the channel or if necessary, incision and with a pair of forceps extract the sequestered and necrosed bone. What has already been said about using the gouge forceps and the trephine in caries holds also good in necrosis and does not need to be repeated, but the resort to external means is always a dangerous affair and to more amusement for the surgeon than for the patient, as the cases where amputation for years arrested the diseases, are only few comparatively on record. At the same time the osteotrite used in caries is of little avail in necrosis where the medullary or internal channel generally is the seat of the disease.

The treatment of the Old School is by antiphlogistic means, good diet and tonics, keeping up the patients strength, as all surgical interference is only possible by a constant appeal to the constitutional support. When the sequestrum is deep seated it is not always an easy thing to get it removed, and to find it, we have to be guided by the direction of the channel which discharges the pus, and incision may be necessary to extract large and deep seated specimen of the sequestrum, the bone or gouge forceps are at times very serviceable. It is not advisable to remove any more of the bone structure, than absolutely necessary. For the extraction of sequestrum are the necrosis forceps the best instrument in use. The best policy would however be, not to use the screw probe and force the sequestrum loose, but give time, and remove the bone, when it is loose by the action of nature. After the removal of the dead bone we will generally have no difficulty in healing up the fistula. As said before, the worst cases in necrosis, are those seated in the femurs lower part, and amputation have oftener taken place there than the affection of the tibia, however, about always with fatal result. When the ilium, pelvic bones, clavicle, scapula or sternum are affected there is little or nothing to do for the surgeon, as far as operative surgery is concerned. In cases of pelvic and iliac necrosis is always discovered by post mortem examination, that in treatment we always must consult the first cause or origin and use the highest dynamized remedies.

I have had the best results from 30, and 200 potency of Fluoric acid, Phosphoric acid, Kali bich. Lycopodium, Calc. carb. and Silicea. In throbbing pain at night has Kreos. Asafetida and Mercurius, given relief and also Thuja occ. 200 to 1000 potency. In affection of the cranium and facial bones is Aurum met. of great service and above all Kreosotum 15. In night sweats and swelling of the periostum is the Nitric acid 30 much to be recommended.

External applications can also be added to the constitutional treatment with good effect. Frequent footbaths daily once or twice, and especially that the vertebræ were also correspondingly affected. Fluoric acid 200. In syphilitic mercurial subjects the cranium is occasionally affected and there is great danger of a termination in meningitis from affections of the membranes, caused from exfoliation in osseous plates of dead bones in scales dropping down. Temporal necrosis will generally produce death from encephalitis. By necrosis of the maxillary bone is a better prognosis,

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I am much pleased with its appearance, and can see that you have spent considerable time in revising it since I saw it in manuscript form. I am glad to have been of service to you in the matter.—J. W. Dowling, M. D., Professor of Physical Diagnosis and Diseases of the Heart and Lungs, New York Homœopathic Medical College.

Placing the book on its merits, it will be able to hold its own with the best of its class yet issued. It is concise and does the author credit. I shall take pleasure in recommending it to "the boys" here at Pulte. Such a book means hard work and plenty of it.—J. D. Buck, M. D., Professor of Practice and Dean, Pulte Medical College, Cincinnati, Ohio.

The peculiarity of the work lies in its brevity; there is no waste of words, and considerable variety is crowded into a volume of very moderate size; of course, it would be folly to look, in such a work, for elaborate descriptions of diseases, so-called, or for minute indications for remedies to be applied in treating them; but, so far as the writer goes, he shows good judgment and acquires himself creditably.

Dr. Ockford has here presented to the Profession a thorough and concise compilation on Homœopathic practice. The symptoms and treatment of nearly all diseases are given in brief, and the work constitutes a most reliable guide. It is one of the best hand-books on the subject with which we are acquainted. It is a good work to be possessed by every Homœopathic family, as well as physician.—Phys. and Surg. Investigator.

I am pleased with it, and shall give it a good showing.—T. P. Wilson, M. D., Professor of Practice, Medical Department Michigan University, Ann Arbor.

We are particularly well pleased with the indications for the remedies mentioned under each heading. The volume is filled with good hints and characteristic symptoms.—*The Clinique*.

Dr. Ockford has given in his hand-book as good a condensation of treatment as any one can give.—*Homœopathic Physician*.

DISCOUNTS.—*Books.*—Hereafter we will allow on all our publications—and also on those of other American Homœopathic publishers—a discount of twenty (20) per cent. from publishers prices to physicians, if forwarded at their expense. If ordered to be sent by mail, postage must be remitted with price of books.

On English books a discount of ten per cent. from publishers prices is allowed, or the books will be forwarded at our expense at publishers rates.

Notice.—Hereafter we shall keep in stock all medical books of all schools and will give from fifteen to twenty per cent. discount on them. Get our prices before you buy. With our greatly increased facilities for manufacturing and handling medicines, books, etc., we are able to sell cheaper than any other house. Please give us a trial order.

The Foremost Medical Journal.

THE
UNITED STATES
MEDICAL INVESTIGATOR.

A Weekly Magazine of the Medical Sciences.

EDITED BY T. C. DUNCAN, M. D.

\$3.00 Per Annum for Two Large Volumes.

January 1883, we began to issue this journal every week, and the great success encourages us to endeavor to extend its usefulness. We hope to put it into the hands of every wide awake Homœopathic physician in America.

I could not do without THE INVESTIGATOR. It is boss, practical and a powerful element in our literature. R. CHRISTIAN.

I like the first number of the weekly exceedingly well. Hope each number will be as good and that the venture will be successful in every way. A. P. BOWIE.

I am glad you have decided to make THE INVESTIGATOR a weekly; for, as long as it is kept up to its standard of excellence, it could not come too often, if it was every day. SAM'L S. HOLTZ.

THE INVESTIGATOR is food for the hungry, arrests the inquiring mind, is good reproof and counsel. Its many good qualities should commend ready pay. Thanks for your kindness. A. G. GRIFFITH.

It is just the thing as an instructor, a stimulus to higher and better endeavor, and a very present help in time of need—a friend indeed, because a friend in need. C. D. WOODRUFF.

A Great Offer.—To every old subscriber who sends us with his own subscription for 1884, a *new* name at the regular price (\$3.00 a year) we will send him any \$1.00 book or its equivalent in medical merchandise.

~~For~~ This offer holds good only until January next. Secure your man now and select your prize early.

Free.—New subscribers who send in now will receive the help of this journal the balance of this year free.

Another Offer.—We are remembered that many physicians are alone in their fields of labor, or without congenial associates. To those who send their own subscription \$3.00 for 1884, can select any of the following books: Diseases of the Pancreas, Helps to Hear, How to be Plump or Teething and Croup. Or if they prefer select fifty cents worth of medical merchandise instead.

This offer is good for the balance of 1883 only.

To Students continuing our magnanimous offer for 1884, this journal will be sent from now until January 1885, to any student who sends us \$2.00. That will be about sixty numbers of a practical medical journal which is pronounced "as good as a course of lectures." Students are expected to send the names of their preceptors.

DUNCAN BROTHERS, Publishers,
133 & 135 Wabash ave., CHICAGO.

as the sequestrum is more easily removed by it and nature, and also necrosis of the costa gives a better chance to get at by surgical aid, but the main point in treating necrosis is the constitutional treatment. When the system is ripe for an ailment any little accident may develop the stupendous monster of suffering, as when the periosteum is congested and inflamed. In maxillary necrosis is Phosphorus 30 of value as in necrosis of the vomer calls for Kali bich. and Aurum mur. and Selenium for necrosis of the frontal bone and temporal necrosis. Kreosotum is the best remedy in syphilitic necrosis of the cranium injections of Carbolic acid, two drachms to a quart of water, into the fistula twice a day. Nitric acid 30, and Silicea 30, are very much to be recommended in necrosis of the phalanges in felons or whitlow, and external water bandages, and in fetid discharges saturated with a Carbolic acid solution just mentioned. It will also be necessary in numerous cases, as in cases of psoas abscess, to keep the channel open from one end to another end, destroy the septic membrane with weak Carbolic acid injections after previous water injections. Good result has also been experienced from external bandages of solution made from Hydrastis and Phytolacca decandra and in cases of disposition to hæmorrhage and low vitality in the tissues from lotions of Hamamelis virginica. The Homœopathic surgeon has to consult Hahnemann's Chronic Diseases, as the best harbinger on news and light.

Jahr's, Ruckert's and Wolf's assistant Homœopathic experience in treating chronic diseases, proving that the dyscrasic origin has to be reached by our specific dynamics of medicine, and nature will secure us triumph and an unparalleled success over the old mode of surgery. Remembering Hahnemann's motto. *Mach es nach, Mach es aber genau nach!*

Consultation Department.

CASES FOR COUNSEL.

WHAT WILL CURE ?

Case, periodical headache. Patient a merchant, light-complexed, blue eyes, not very dark hair and about thirty-six years of age. Was formerly engaged in civil engineering, and employed principally in the field. His mother and an uncle have been similarly affected. During childhood the attacks would occur at intervals of six or eight weeks. Since the age of twenty they appear Friday or Saturday either weekly or semi-monthly. The exception is when medical treatment or change of location has been followed by a delay of from three days to six months.

The paroxysms commence in the morning with a sharp throbbing pain over the left eye, of an intermittent character. As the day advances it gradually extends backward over the left parietal bone, and by night becomes severe in the region of the occiput, involving the muscles of the neck. By the following morning it passes forward to the right eye, and is

of a dull heavy character, continuing until evening, when it often suddenly ceases, and is followed by a copious flow of clear urine.

During the first day he is exceedingly nervous, and disposed to constant motion. Seems languid on the second and disinclined to effort. Has also at this time a sense of muscular soreness, involving particularly those of the lumbar region. Changes of location have produced no prominent results one way or the other.

S. J. QUINBY.

CHEYENNE. W. T.

CASE FOR COUNSEL.

I was badly hurt on January 22, 1879. Three of the ribs on right side fractured, a bad bruise in region of left kidney, another at the lower end of spinal column, caused spitting blood had to micturate often, urine bloody at first, then pus, after that passed, a brick dust sediment.

If I attempted to walk, a numbness of the feet extending to my head, covering fontanelles, or sinking so much so that attendant thought I was dying. Had two Allopaths. They said would never get well, but might possibly stand it two or three years. Was sick six weeks.

In November took cold, had bad cough, could not lie down on account of pain in my right side, worse than when first hurt. Recovered and commenced practice again January 1, 1880.

Three years ago was troubled with stone; seemed to be the size of a hazel nut. We had a great deal of diphtheria here then, was on a constant go up to January 24th; did a severe day's work and the next day was taken so lame could not undress for four days. On January 25th diphtheria set in with the other diseases. Had to micturate every few minutes, but a little at a time, such pain seemed I could not stand it. Gravel passed off in a brick dust and a lime sediment. After that mucus, tough, stringy, and adhered to bottom of vessel. Was confined to my room five weeks. When got well, urine normal until next winter, got cold, had another slight attack the same as before. Have had renal calculi ever since was hurt. The first passed like an electric shock, since then generally several days in passing from kidney to bladder.

March 28th painless hæmaturia, lasted about twelve hours; about a month after one lasting twenty-four hours, two slight attacks since, one lasting six and the other thirty-six hours. Then entirely well up to about a week before October 17th was taken at 9 P. M., discharged up to 7 A. M. about two quarts black as tar, adhered to the bottom of the vessel, and with the best treatment and skill to be found in this section, lasted four days before all blood was gone. Had a little fever, pulse from 80 to 90 irregular. No intermits. Doctors say no heart disease. Can lie in any position and sleep quietly. After the fourth day urine normal, some fever, pulse from 70 to 80 and full. About a week ago took cold, urine acid, and after standing, tough and stringy masses, the same as before. Three years ago had the best skill of the place and Ripon. All gave me up, said could not live, symptoms all bad and such quantities of mucus they never saw. I have been in the study of medicine over thirty-five years, and never saw anything like it. Generally have to press some time before the water starts, not always; occasionally free as ever, once or twice a rather small stream.

Have been strictly temperate, using no tobacco, stimulants, seldom tea or coffee; drink milk with my meals, and water between meals. Have been a hard worker, long rides over rough, muddy roads night and day, two, four, six and as many as ten days in succession, taking rest only as I could catch it. Now what I want is cure if there is any, and if not, help, for I dread those terrible pains, but the hæmaturia more as it comes so suddenly, so excessive and weakening. Would have given treatment but this article is much too long now.

MAX.

CASE FOR COUNSEL.—WHAT WILL CURE ?

Mr. I. aged sixty, tall, slim, straight, deep blue eyes, hair and beard gray. Constitution not very strong, but has not had a days illness for twenty-five years except as noted, formerly had dyspeptic troubles, went to a water cure, regained his health and has ever since lived on strict hygienic principles. Three years ago an only son died quite suddenly, which was a severe blow, and now when speaking of his death he controls his feelings by evident effort. Has also been much broken of rest by the long continued illness of his wife. Within a few months after the death of his son began his present trouble: Constant headache, some throbbing in temples and frontal region, aching most in fore part. But the most prominent feature is a soreness of the brain, aggravated by a jar, false step, sudden nod, turning head quickly, when riding (jar or motion of) from grief, when tired, when sleepy. Can go to sleep almost any time, and when reading. Cheeks somewhat red, dark, as if from stagnation of circulation. Hardware merchant, has much of the business to look after. June 11, gave Phos. acid, 3 and 18. June 23 Phos. ac. 18, July 2, Phos. ac. 3, July 6, Nux 3, July 13, Phos. ac. 3, 18, 28, Phos. ac. 3, 18, August 14, Ign. 12, August 29, Spig. 3, 15, September 20, Bell. 3, 200, September 28, Ign. 30, October 4, Sulphur 200, three doses, Ign. 30, October 18, Fer. phos. 6, (*ala Schussler*.)

The prescription of September 29, was for these conditions: Faint aching in epigastrium when tired, and sometimes *at night*. A. M., by lying down, by eating, by full inspiration. Epigastrium a little tender to pressure. When a boy, lifted very hard and brought on these symptoms, which disappeared, but returned some months after death of his son. Recovered under Allopathic treatment, but returned the last of September, a daughter having died a few days previously. The prescription of September 29, being apparently without effect. I gave the Sulphur and then Ign. again with apparently good effect, the latter train of symptoms disappearing, and his appetite becoming good. But the headache has not improved. It is now and then better but soon returns, as it did before taking treatment, to its former condition, and when improvement seemingly takes place it is in the symptom that appeared first. This is to me an interesting case and should yield to the remedy, and now I would like the opinion of the sharpshooters as to the remedy.

A. F. RANDALL.

ALMONT, Mich.

ANSWERS TO CASES.

For Dr. Lovett's case. I endorse the advice of friend McNeil, but think the cure can be greatly assisted by giving the indicated remedy. If the

penis is too sensitive Vaseline well laid on. as a lubricator will render it less so and probably enable him to effect an entrance. A. F. RANDALL.

YELLOW ATROPHY AND ITS REMEDY.

The 9th No. of THE UNITED STATES MEDICAL INVESTIGATOR, present Vol. is just at hand, and in regard to the question therein, page 137 "What is acute Yellow Atrophy." etc., by John H. Henry, I would refer him to No. 7, present Vol. page 114, for sure remedy, be it Homœopath, Allopath or Homo-genius noxious, etc., or as pefic, in any other form of language. It is the true remedy in all malarial or bilious affections. H. C. CONE.

J. K. M., ear case, Nitric acid or Muriatic acid are the remedies to use in his case I think Muriatic acid may be best of the two. Arseniate of Copper 1-120 grain, one pellet four times a day, with the baked Magnesia sulphur every morning, Glauber Salts 12th or Thuya 3d. If warts on the body Cimicifuga, Rhus tox. and Hyoseyamus, Mur. sulphos. JOHN H. HENRY.

Answer to case of Dr. T. S. J., page 255. The lady has "Rheumatic Gout," or "Arthritis deformans." The joint cartilages are becoming compact bone, like ivory. The case has a sad prospect of grotesque deformity. The most hopeful remedies are: Guaiacum and Calcareo phos., also Rhus. J. C. M.

Book Reviews.

THE DISEASES OF THE EYE THEIR MEDICAL AND SURGICAL TREATMENT.

By J. H. Buffum, M. D., Professor of Ophthalmology and Otology in the Chicago Homœopathic Medical College, Chicago: Gross & Delbridge, Duncan Bros. pp. 450. Price \$4.50.

This is a work of which every Homœopath as well as its author may be proud. While not so small as necessarily to compel the omission or hasty notice of very important subjects, it yet is not so large as to render it valuable only to the specialist. The happy medium in both respects has been found. It is adapted equally for the busy practitioner and student.

The arrangement of the subjects treated is methodical, and the authors method in speaking of a disease, of dividing it into cause, symptoms, diagnosis, complications and sequelæ, prognosis, treatment, remedies, is especially happy. Students will appreciate this.

The author believes in topical applications and gives us what he knows from his own experience to be useful. The therapeutics while ample is brief, and to the point and compares most favorably in this respect with other publications. There are two points we would call especial attention to. One is on page 277, where the author expresses his disagreement with other Homœopathic oculists in the use of Mercury in iritis as is commonly used.

The other is on page 327-8 in which he describes the treatment of cataract so as often to render surgical measures unnecessary. Coming from so good an authority, these points deserve attention.

SPECTACLES AND HOW TO CHOOSE THEM. By C. H. Vilas, M. D., Professor of Diseases of the Eye and Ear, Hahnemann Medical College. *Second Edition.* One illustrated volume. Chicago: Duncan Bros. Cloth \$1.00.

The proof that a book "fills a long felt want" is the rapidity with which it sells, and the early demand for another edition. Such being the case this work is surely just what is needed.

In this, the second edition, Prof. Vilas has profited by the criticisms of his first book, and now presents us something as nearly perfect as a book of this kind can be. It should be on the *every day shelf* of every Homœopathic physician.

DISEASES OF THE SKIN. By J. R. Kippax, M. D., LL. B., Professor of Principles and Practice of Medicine and Medical Jurisprudence in the Chicago Homœopathic Medical College. Chicago: Duncan Bros. Second edition. Price \$2.00.

Just the book we want. Clear, concise, *practical*, pointed. It contains no theories. It gives all of the various diseases of the skin that the practitioner will have to treat, and what is the best of all, gives positive directions for their cure. The topical applications given, are all those that have been proved, and *not* found wanting. The therapeutics are very full, yet not redundant. It will help the doctors out of many a tight place, and will give instruction to medical students upon a subject concerning which they hear far too little in colleges. The nomenclature is very much simplified.

The glossary is as full as is needed by the book. In part first we have: General Observations; The Anatomy and Pathology of the Skin; Symptomatology; Etiology; Diagnosis; Classification.

In part second, we have, The Description and Treatment of Skin Diseases, embracing one-hundred and twenty-five of the "Ills that flesh is heir to." Both from the merits of the work, and from the fate of the first edition, we judge no Homœopathic physician will be without it. S.

Progress of the Medical Sciences.

The Use of Anæsthetics During Labor.—In a recent number of the "*British Medical Journal*" Dr. T. D. Sarill indicates what he believes to be the main precautions, the observation of which would render the use of chloroform perfectly justifiable. 1. There are certain women who have a tendency to flood at every confinement, and in others there seems an already too great relaxation of fibre—weak anæmic females in their eighth or tenth confinement; and to these it would be unadvisable to give chloroform, except for necessity. Happily, it is not these women who suffer the most pain, but rather those strong, healthy primiparæ whose pelvis and general build approximate to the masculine type. 2. We should not give it when labor is complicated with severe vomiting, with acute heart or lung disease, unless there is im

perative call for it. 3. It should not be given to the full extent, except for operation, convulsions, or spasms of the cervix, and then it is necessary that one person should devote his entire attention to it. 4. The inhalation should be stopped, directly we find the pulse becoming very weak or the respiration irregular. 5. Anything which makes us suspect a fatty or enfeebled cardiac wall should make us cautious in the use of chloroform. Here, as in cases other than those of labor, it is not the most extensive valvular disease (so long as it is attended with compensating hypertrophy) but the atrophied or degenerate wall that constitutes the source of danger. Unfortunately, the signs of these conditions are subtle and uncertain. Fatty heart may be suspected by an exceedingly feeble cardiac impulse, combined with an almost inaudible first sound; or attacks of dyspnœa, vertigo, and syncope, in the absence of anæmia or valvular lesion; or the copious deposit of fat in other parts of the body, and the occurrence of dropsy without adequate cause. A dilated heart may be suspected by increased area of præcordial dulness, combined with epigastric and venous pulsation, and a want of correspondence between the violence of the cardiac impulse and the strength of the pulse. Pericardial adhesions also form a great source of danger. They may be suspected when the heart's apex is fixed above its normal position, and does not shift with respiration; or when there is depression instead of protrusion of the intercostal space over the apex, giving a wavy character to the cardiac impulse. 6. In all cases we should take particular care to prevent the occurrence of hæmorrhage after birth by giving a full dose of ergot when the head reaches the perinæum, by ceasing the chloroform immediately after it is born, and by rousing the patient from her lethargy as soon as possible.—*Medical Journal.*

News of the Week.

Dr. I. T. Talbot, of Boston, it seems has been quite ill from Septic poisoning. We are pleased to learn that he is improving.

Dr. G. H. Payne has removed his office and residence from 1508 Washington Street, to 758 Tremont Street, Boston, Mass.

Died.—As we go to press we are pained to learn of the death of *Dr. M. T. Runnel's* only daughter, of laryngeal diphtheria. The doctor has our warmest sympathy.

Epileptic Spasms.—*Dr. Fellows*, of Chicago, reports four cases of epileptic spasms cured by *Enanthe cro.* He does not always use the remedy singly, getting better results when he puts in an "intercurrent remedy for any irritation which may spring up and react on the nervous system."

New York Ophthalmic Hospital.—Report for month ending October 31, 1883. Number of prescriptions, 4,198; number of new patients, 746; number of patients resident in the hospital, 18; average daily attendance, 162; largest daily attendance, 216. *CHAS. DEADY, M. D., Resident Physician.*

Notice.—Any person having purchased a copy of the U. S. Pharmacopœia of 1880, and desiring a list of the corrections since made therein, can pro-

cure same by sending a two cent stamp to Wm. Wood & Co., publishers 56 & 58 Lafayette Place, New York.

The triennial catalogue of the Hahnemann Medical College and Hospital of Chicago makes up a grand array of 1014 names. Some of these rank high among the Homœopathic fraternity. It is proposed to form an alumni association at the next commencement in February.

Rectal Ulcer.—L. J. Ingersoll, M. D. of Denver, Colorado, gave us in October 6th number, an excellent article on rectal ulcer. Will he please be kind enough to supplement it by another, giving his method of examination and diagnosis, and his treatment in full? By so doing he will confer much favor on many readers of THE INVESTIGATOR.

Indiana Respond.—Will you please inform the physicians of Indiana (through this journal to send to my address their signatures. We are to have two new hospitals in our state, and I see no reason why we are not entitled to at least one of them. I have now a petition in pamphlet form now ready for publication, and I want the name of every Homœopathic physician in the state of Indiana printed therein, to go before the senate and legislature of our state. Let them come thick and fast as the work will be in print the first week in December.

J. D. GRABILL.

UNION CITY, Ind.

Brown Spots.—I had some experience in "brown spots," which so far has been satisfactory. Am treating, at present, a case in which the pigmentary deposit is very soctemin, covering about one-third of the trunk and coming well up on the neck and face. Podophyllum has always been my chief remedy given either alone or in alternation with some other remedy. I use it in doses from one-fiftieth of a grain once per day, to the one-thousandth of a grain repeated frequently. The above referred to is progressing most satisfactorily on the one-fiftieth grain dose each day, with Arsenicum 6x twice. Bryonia and Sepia have also given me good results. A. A. L.

Homœopathy in Australia.—An urgent request for Homœopathic physicians to locate in Australia is made by J. Field Deek, of Sidney, N. S. Wales. Homœopathy is extending rapidly. All that is wanted is Homœopathic physicians.

In Sidney, a city of 160,000 population, only four qualified Homœopathic physicians are found. None are located in Queensland, or in New South Wales.

Five of the principal cities of New Zealand, Wellington, Nelson, Napier, Wanganni, Moncayeh, have no Homœopathic practitioners. The want is just as great in Victoria, Dr. Irving, for years a Homœopathic practitioner of Nelson, New Zealand, recently died from hypertrophy of the liver. A few days later, Dr. Robert Ray, of Melbourne, was thrown from his carriage and received injuries from which he died.

War on Quackery.—A special meeting of the State Board of Health was held on Saturday last, in Chicago, at which the president, the Hon. Newton Bateman, L. L. D., of Galesburg, A. L. Clark, M. D., of Elgin, John McLean, M. D., of Pullman, and the secretary, Dr. John H. Rauch, were present. The object of the meeting was mainly to take action in the cases of a

number of medical men against whom charges of unprofessional and dishonorable conduct had been preferred. The charges against Dr. Frank B. Smith, formerly of Chicago, and lately of Peoria, and Dr. Alexander Jones, consisted not only in the claim that they were itinerant physicians, and that they went from place to place, soliciting medical custom, but that they were associated with notorious quacks and medical mountebanks or worse, Smith being employed by "K. & K." a firm of typical charlatans, having their headquarters in Detroit. Jones, it was stated, had been emulating Smith's example; but his present whereabouts are unknown. After a thorough examination of the evidence offered in support of the charges, including written statements of various witnesses, the board ordered the revocation of the certificates of these parties.

Specific charges were also considered against two other physicians, both practicing in Chicago. Written promises from both of them were read, pledging themselves to discontinue the unprofessional and objectionable practices, if the board would withhold action. It was finally decided to give the secretary discretionary power to revoke their certificates if these promises were not strictly and promptly fulfilled.

Stethoscope (Korndorfer's or Snowden's) Perfected.—The manufacturer says: This stethoscope is known to the Homœopathic profession as "Korndorfer's", to the Allopathic as "Snowden's." Prof. Korndorfer suggested some valuable improvements in it, and I think he is entitled to the credit of them."



This instrument is composed of a Hard Wood Bell (E), with a Soft Rubber Cup (F), two Flexible Rubber Tubes (C C), attached to the upper portion of the bell by two Perforated Nipples at (D), two Ear Pieces (A A), of hard wood covered with soft rubber pads, the whole completed by a Wire Spring (B), so arranged as to retain the Ear Pieces firmly in position when in use. The advantages claimed for this instrument are its simplicity, together with the perfection and accuracy of its acoustics.

Attention is especially called to the following: 1st. The construction of the Bell, the Perforations at (D) being so gauged as to meet accurately at the centre of the Dome of the Bell. By this arrangement the sounds are transmitted with equal clearness to each ear. 2d. The Rubber Tubes are free from all woolen or silk coverings, thus avoiding all friction sounds arising from this source. 3d. The Ear Pieces are covered with Soft Rubber Pads which effectually exclude all extraneous sounds. 4th. The manner of applying the Spring Pressure to the Ear Pieces. 5th. The ready adaptability to all positions of both the Patient and Physician, in this, securing the comfort of both.

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WHOLE No. 361.

Surgical Department.

SURGERY OF THE NOSE.

BY S. B. PARSONS, M. D. ST. LOUIS, MO.

Read before the Western Academy of Homœopathy at Madison, Wis. 1883.

Our text books are so meagre on the surgery of the nose, with the exception of rhinoplasty, that I have been led to present some anomalous cases that have come under my personal observation, and the treatment adopted for their relief, as the results were so eminently satisfactory to myself and patients as to be worthy of every consideration. I do this the more cheerfully as some of the deformities treated are considered as a class by nearly all surgeons as irremediable, and therefore the victims live a life time of disgust with themselves, every pleasure marred by the one hated defect, and they the objects of many a smile of derision and look of impudent curiosity.



NO. 1.

There are very many cases similar to the ones I herewith report, throughout our country, that are bearing their cross of deformity with meek and quiet resignation for the sole reason that they have been told nothing could be done for them. I hope others will take up the subject and give it more thought and study than has hitherto been allowed it.

CASE I. Was a young lady with a saddle-back nose as represented in cut I. This was a congenital malformation, and probably dependent upon a lack

of development in the ethmoidal plate and vomer. The septum was very narrow and thin, and the external parts normal, except as regards size and shape of the bridge, and an expanded appearance of the nostrils. This arose from the nasal bones being spread out on a nearly level plane instead of rising cone-shaped to form the dorsum. Her face and features were otherwise handsome and this defect was the bane of her life. The anterior border of the septum was one-fourth of an inch in height, the fossæ contracted in height but expanded laterally at the expense of the turbinated bones, which were hardly more than rudimentary. The vomer extended its normal length anteriorly, but the ethmoidal plate did not project as far forward as in the natural order of things. An examination of the posterior nares gave no evidence of these parts partaking of the deficiencies existing in the face. Although the nose was very abnormally constructed, yet its special function was not in the least disturbed, and odors could be as distinctly and quickly perceived as in an ideal anatomically formed organ.

To remove this deformity it was certain that the nasal bones must be made to change their relationship with the surrounding parts, and this could be done only by separating them from the nasal processes of the superior maxillary and ethmoidal plate. This I wished to do with as little external appearance as possible. To accomplish the purpose I had made a pair of stout bone forceps, with narrow cutting blades, one inch long, and at right angles with the shaft, which I intended to use for dividing the plate of the ethmoid and septum, and possibly the nasal bones, but in the latter I failed.

Placing the patient under an anæsthetic, I began the operation by cutting through the posterior part of the cartilaginous septum and ethmoid plate, mucous membrane and bone, freeing all internal connections as far up as I could go, then making an incision in the skin one-half inch in length, down to the bone, over and parallel with the point of junction of the lateral cartilage with the anterior border of the right nasal bone. I then subcutaneously dissect up the structures nearly to the nasal eminence of the frontal bone. Passing one blade of the forceps into the incision thus made and the other into the right nasal fossa I attempted to cut through the bone at the nasomaxillary suture but was obliged to desist on account of the weakness of the instrument. Introducing then a slender chisel, flatwise and turning it on its edge, I drove it with a mallet through the bone in an upward direction to a point opposite the inner canthus.

The left side was now treated in a similar manner. After partially checking the hæmorrhage, which was quite profuse, I inserted two small iron rods, one into each nostril, as far into the olfactory tract as I could push them, and holding them close against the nasal bones I lifted them gently and steadily, but with increasing force, until the bones were fractured at their points of attachment to the frontal bone. The fragments were now elevated till the dorsum was on a straight line with the lobe and base. The cavities were cleaned with a solution of Calendula water, the bleeding checked, the wounds in the skin were united by horse-hair sutures, and hollow plugs made of hard rubber, inserted into the nostrils to prevent the sinking of the bones again into their former places, until the process of union was far enough advanced to hold them in their new stations. The plugs were worn constantly for two months, but removed and cleansed daily

after the first week and immediately reintroduced, and after the second month were worn only during the day. At the end of the fourth month bony and cartilaginous organization had firmly filled up the spaces made by the separation of the nasal from the maxillary bones, and from the



No. 2.

ethmoid plate, and the appearance of the nose as shown in cut II, was such that only an expert eye could detect any signs of a previously existing hideous deformity.

[To be Continued.]

SURGICAL EXPEDIENTS IN EMERGENCIES.

BY R. J. LEVIS, M. D.

It is the experience of every surgeon to be occasionally obliged, in the absence of ordinary means and appliances, to devise resources available at the moment. Such occasions bring the practical character of the surgeon to the test, and on his readiness for the emergency may depend the relief of suffering or the averting of a fatal termination. His reputation, too, may, at such times, stand in the balance of good or ill report, to be turned happily in his favor, or gravely against him.

The exigencies of active surgical practice have frequently obliged me to rely on hastily devised resources, and I trust that the record of some of them which I recall may possibly be of benefit to the profession, and a relief to human suffering.

• The necessary for *evacuating an over-distended bladder* is liable to become immediately urgent on occasions when a catheter is not quickly attainable,

It is remarkable how often this condition is overlooked by practitioners, until it becomes one of suffering and danger, demanding instant relief. The continued dribbling that often occurs from an almost bursting bladder may mislead or blind one to the grave danger. The absence of a catheter on one such pressing occasions led me to contrive a ready means of evacuating the urine. The recourse was to a piece of iron bell wire, bent double on itself, and the blunt double end passed readily through the urethral tract to the bladder. The distention of the urethra by the doubled wire allowed the urine to freely pass between the wires.

A female catheter may be extemporized from a short piece of rye straw, the end of which is to be closely wrapped for a short distance with thread; or the end of the straw may have its sharpness removed by dipping into melted sealing wax. The stem of the ordinary clay tobacco pipe is also efficient for the purpose. Such crude substitutes, when oiled, are readily introduced.

The operation of venesection would probably be more frequently resorted to when needed, if a proper lancet, in perfect order, were at hand; but the critical time for relief of an actively congested or inflamed lung or brain is sometimes allowed to pass, for want of a ready and certain method of opening a vein. I once, on a pressing occasion, bled a patient at the bend of the elbow, with perfect ease and precision, with but a blunt pointed and dull pocket knife, by resorting to a simple, convenient expedient. Having put on the usual constricting bandage to distend the veins, I first transfixed the most prominent vein with a fine needle. Thus held securely, it was very easy, with even the dull knife, to cut a valvular incision into the vein, and the blood flowed freely.

For the arrest of nasal hæmorrhage, I know of no device so good as one that may be readily extemporized with a strong piece of cord and some small pieces of sponge. The cord is tied securely to a piece of sponge cut rounded, and just large enough to be forced backward through the nostril. Then a number of similar pieces of sponge, with a hole through the center of each, are threaded successively on the cord. The sponge on the end of the cord is then pushed, with a probe or dressing forceps, through the nostril, quite back to the faucial orifice; and the rest of the threaded pieces of sponge are slid back, one at a time, until the nares is tightly filled. When the patient becomes secure against a repetition of hæmorrhage, the plugging is readily removed, one piece of sponge being withdrawn at a time, with the dressing forceps. The posterior nares may also be easily plugged, by introducing either a slender gum bougie or a piece of thick catgut string, with a cord attached, through the nares, catching one end of it in the fauces with forceps, and drawing it forward through the mouth. To the cord which follows, a piece of sponge or pledget of lint is tied, to be drawn up into the posterior nares.

A method of making unirritating and painless pressure within the nares, in cases of obstinate epistaxis, is by a piece of the intestine of chicken or other small animal, about twelve inches long, partially filled with either air or water. One end of the intestine is, while empty and collapsed, pushed backward through the nares; when thus lodged, the air or water in the other end is forced by compression with the hand from the pendulous portion, into

the part lodged in the nares. Strong, equable compression can thus be made, rendering hæmorrhage impossible.

In a case of hæmorrhage from the intercostal artery, from homicidal stabbing, I arrested the flow immediately by making pressure within the pleural cavity, directly on the vessel, by introducing into the wound the handle of a door-key. The key was then turned transversely, so as to make direct pressure, and maintained in that position for some hours, until there was no more tendency to hæmorrhage. The same mechanical action might be effected by the similar use of the handle of an ordinary gimlet.

As a very efficient substitute for Esmarch's elastic bandage, I suggested some years ago, in an article in the *Philadelphia Medical Times*, the use of a bandage made from ordinary flannel, cut bias, so as to increase its elasticity. Such an elastic bandage, from a material almost everywhere at hand, is, I know from experience, perfectly effective.

The hemostatic action of hot water does not seem to be sufficiently known and appreciated among practitioners. It is so effective, and can be so readily applied, that it may well displace from practice all other hemostatics. Water at a temperature not beyond tolerance of the immersion of the hand in it, which is a temperature of one hundred and fifteen to one hundred and twenty degrees, is ordinarily all that is necessary; but in some cases not amenable to treatment by ligature, a temperature above 160° F., the coagulating point of albumen, may be necessary.

The absence of a tenaculum may be well replaced by a small fish hook secured to a pen holder.

For dislodging a foreign body in the œsophagus, by forcing it downward, an ordinary carriage or riding whip, knotted far enough from the end to insure the proper degree of flexibility, may be an efficient expedient in an emergency.

Materials for splints for the temporary dressing of fractures can be at almost all times extemporized from the materials of wooden boxes and binders' boards. To dress fracture of the forearm and of the leg, in a case required to be removed to a distance from the scene of the accident, I once improvised an efficient dressing by breaking into strips some ordinary palm-leaf fans, which were at hand, and bound them on the limbs. I commend the material for its merits of being elastic and conformable to the shape of the limb. Good temporary dressings can also be made from common straw, cut to proper length and bound in layers on the limb.

For a readily made fixed dressing, a plan I have resorted to is with ordinary sand-paper as the material. The sand-paper is dipped into warm water, to soften the paper and glue, and it is then applied and retained with a bandage. The glue of the sand paper soon gives rigidity; body and firmness are produced by the sand and paper. Strong fixed dressing, it should be remembered, can be readily prepared, and with the familiar domestic commodities of starch, or with the combination of eggs and flour.

In removing a patient with a fractured thigh or leg, the uninjured limb can be made to temporarily act as a splint, and take care of the injured one, by simply bandaging the limbs together. It should be borne in mind that many fractures of the long bones can be well treated without any kind of splints. Fractures of the femur are now generally treated with splints.

After coaptation is effected, simple extension, by means of weights, is the only essential. Fractures of the clavical are, I am convinced from practical experience and much attention to the subject, the most effectively treated by keeping the patient in the supine position of the body, with the head alone slightly elevated, to relax the sternomastoid muscle, one of the factors of displacements of the fragments. If this position, or a level mattress, is maintained for only a week or ten days, the tendency to displacements is so evercome that a mere sling for support of the arm and shoulder, or other simple dressing, is all that is necessary.

The simplest postural method of treatment, without splints, is applicable to the most fractures in the vicinity of joints. In fractures of the upper end of the humerus, splints are usually of no real practical advantage, and the injury can be well treated by position of the arm, and by support against the thorax, maintained by adhesive strips or bandages, occasionally aided by an axillary pad.

The usual fracture of the lower end of the radius, transverse in direction, and produced by a fall on the extended palm of the hand, if properly reduced by longitudinal traction and forced flexion of the wrist and hand, has rarely a tendency to displacement, if the wrist and hand are maintained in a state of moderate flexion, without the use of any splint.

The ordinary splint, applied on the outside of a fractured jaw, is mechanically inefficient for the object, and has no advantage over an ordinary bandage or handkerchief applied to keep the part at rest.

Many surgical instruments are made after traditionally complicated forms. Scalpels, bistouries and needles should not be crooked. I know of no use for curved knives, and the occasions for the use of curved needles may be limited to a few plastic procedures in cavities. The ordinary surgical needle, with its absurd and inconvenient curve, I long ago discarded in favor of the more efficient, simple and cheap glover's needles. A good surgical needle can be readily made from an ordinary sewing needle, broken off above its point and ground to such an oblique point as is given to the hollow needle of the hypodermic syringe.

A common gimlet is an efficient instrument for opening the mastoid cells, in cases of abscess, when there is grave threatening of cerebral complication demanding prompt action.

The patient use of a carpenter's rasp may safely substitute the trephine, in cases of fractured skull, by cutting away an angle or edge of bone at the point of fracture, and allowing an elevator, such as a small screw driver, to be inserted beneath a depressed fragment.

In regard to the traditional forms given to instruments, I have inquired of different instrument makers why the sharp, triangular point is made on the ordinary silver probe, but it remains unexplained. I have never seen any surgeon use this curious bayonet point of a probe, and know of no possible use for it.

The facility with which rectal injection can be performed with large quantities of fluids, by hydrostatic pressure, renders not essential the use of a syringe, if a piece of india rubber tubing long enough can be obtained. The lower bowels may be distended, in cases of intussusception, by inject-

ing water and carbonic acid gas, forced from the ordinary mineral water bottle or siphon, fitted for the rectal tube

In cases of violent inflammation and traumatic injuries of the eye, needing immediate use of a mydriatic, the universally present Stramonium may well substitute Belladonna or Atropia.

For antiseptic use, many readily produced substances may well replace Carbolic acid. None is so cheap and efficient as that most neglected preventer of putrefaction, Sulphurous acid, made simply by exposing water to the fumes of burning sulphur in a close chamber. The antiseptic action of a watery solution of turpentine has also the advantage of convenience of procurement and cheapness. For this purpose, turpentine should be kept continually in water and exposed to warmth, and frequently agitated. Diluted alcohol has merits as an antiseptic, which have not received proper attention.

Recent investigations have proved that the Bi-chloride of Mercury is the most powerful of all germicides, and that it can be used effectively in unirritating dilutions of one part to two thousand or more of water. These readily obtainable substances prevent the decomposition of animal matters, and, without disputing over the germinal, chemical or other theories of their action, all surgeons must admit that putrefaction is the most common factor in preventing the healing of wounds, and that it should be avoided.—*Polyclinic*.

Consultation Department.

CASES FOR COUNSEL.

WHAT ARE THE REMEDIES?

Two symptoms are given for your symptomatologists: 1. Sweat in axillæ all day, none at night. Is very profuse but not offensive. What the remedy? 2. Epistaxis mostly from right side of nose, may be caused by lying on right side or leaning on liver after eating.

W. S. G.

THE ILLUSTRATED MATERIA MEDICA.

Friend Duncan. Why did you not keep right on and give us more of those illustrated key notes, (pictorial)? I have the one on Phosphorus pasted upon the margin of Phosphorus in my Hering. Here is a still vacant field, let some one get up a pictorial materia medica, drawings colored when necessary. Not only Phos., Kali bich., Sulph., Sep., Bry. and Nux, could be illustrated but the skillful artist would soon fill a portly volume. The situation and direction of pains, *a la Gregg*, could be made plain by using more figures and thus avoid crowding. When this ideal book is written the study of materia medica will be more popular.

A. F. RANDALL.

[The illustrations already given were off hand sketches for amusement but were not continued for fear some one would deem them a burlesque. We have urged the artist to continue the sketches and he has the matter under advisement. Your approval may aid him to continue his life-like outlines, drawn with a bold hand.—ED.]

ANSWERS TO CASES.

The case of F. J. M. given in November 3d number of THE INVESTIGATOR, characterized by stinging, burning pains, suggest Apis as the appropriate remedy. If the 3 or 12x does not relieve, try higher potencies, say 30 or 200x, and give us results.

S. W. RAYMOND.

CLINTON, N. Y.

For Dr. Robt. F. Strayer's case, page 288, gonorrhœal knee. Give Thuja 200, twice daily; four days; then Sac. lac. Externally, a large soft, "sheep's wool" sponge, wet with tepid water, covered with oiled silk, and confined firmly by roller bandage. Perfect rest of joints. Later, Phos. ac. 200, may be required, as a "nerve tonic."

J. C. M.

For J. M's case, page 287, indicating symptoms are: *Severe exertion* in walking; exposure to cold, pains in one or more spots, either side; stinging and burning; lasting four to fourteen hours; coming *suddenly*, and going away suddenly; also, *bursting* pressure, passing *down the limbs*; also, retention, when *beginning* to pass water. Painful localities; centre of *Poupart's ligament*; * front of lower thigh; inner side of knee; *centre of instep*; one or more toes†; *beneath the heart*. Also, bowels *irregular*, constipated or loose; hæmorrhoids, bleeding, painless. Also, aversion to *fats*; to *colds*; to fluctuations of temperature. Drinks tea; chews and *smokes tobacco* excessively. *Irritable temper*. Lycopodium is *the* remedy; give two doses high; then placeboes. (Compare Allen's Encyclopædia.)

J. C. M.

W. W. Gleason's cases. Case I. Requires Rhus tox. Case II. Requires Symphytum off. 3x for a month; then Ruta grav. 3x for one month; then Rhus tox. for one month. Give in water four to six times a day. Case III. Requires Lycop. 200x for one month; then Sulph. 200x for one month; then 1000x, a few doses of each, to be followed by placebo.

F. J. M's case of "Neuralgia in the Limbs," requires Bell. 3x four times a day for one month; then 30x followed by 200x, a few doses of each, then placebo for one month.

Robt. F. Strayer's case of "Gonorrhœal Rheumatism;" requires some treatment to restore the probably suppressed discharge. I would suggest Puls., Merc. v., Benz. ac., Sarsa. and Thuja; letting each one act for one month. Also put a wet compress around the knees, covered with a dry flannel, every night, and wash off well every morning with cold water, and rub well with dry rough towel.

How much more interesting the Consultation Department might be made if each one would report the cures, and what cured them.

R. T. HARMAN.

*Right side. †Left side.

THE UNITED STATES MEDICAL INVESTIGATOR.

“HOMŒOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR.”

Communications are invited from all parts of the world. Concise, pointed, *practical* articles are the choice of our readers. Give us of your careful observations, practical experience, extensive reading, and choice thought (the great sources of medical knowledge), on any subject pertaining to medicine.

THEORETICAL DREAMING will never bring the medical profession into the “happy family” condition that many hope to see. Each of the three leading schools are split up into factions, so peace and harmony are out of the question, but we can agree to disagree or at least tolerate neglect and overlook abuse. Prejudice is the strongest element in the medical muddle, and prejudice—traditional prejudice—is as blind as a mole. So what is the use of trying to marry the factions? What good will it do to force a union where no union can exist? For our part we believe that it is a good thing to have factions, working factions pushing out into many directions. Credulity and skepticism both help medical progress and both are usually found under the same hat, be the head that of an Allopathic-regular, Homœopathic-irregular or Eclectic—“alf and alf.” If we stop prescribing for the profession and give our doses where they will do the most good, collect our bills and pay our debts, the medical millenium will come on apace.

DR. FRITZ ON A MEDICAL DIARY.—“Say Dr. Fritz” said Dr. Dot, “what kind of a day book do you keep.”

Dr. F. “Vat ze say?”

Dr. D. “How do you keep your accounts? Do you have a diary or a combined ledger?”

Dr. F. “Nix fus ta, ‘diarrhy’ vat is dat?”

Dr. D. “You know these little pocket books that you write the name of the patient, then for a visit, Monday you make —, then if you are to see him Wednesday you make a.”

Dr. F. “Nein! me can write more as dat.”

Dr. D. “But it is so handy when you are in a hurry, you know you can write John Smith — so easy.”

Dr. F. “Yaw zo, but I can write “John Smith, one visit, five dollars,” just so good as noting.”

Dr. D. “So you don’t use a diary. How do you keep the accounts of your patients.”

Dr. F. “Vell you see I am von business man so good as von physician. Dare ish mine books. Dis one I write every day at night, so regular as I go to mine bed. Dis one I write him up every week or so.”

Dr. D. "Oh you keep a regular set of books! Day book and ledger. Suppose you have not time, how do you manage?"

Dr. F. "Not have time! Yaw mein herr. Ich nein so busy as dat. Some dimes I so tired. Den I call Katarina, I sa I been to see so and so den I go mit sleep so quick I can, she write em goot. I take time to sleep and eat and write mine pooks and kollekt mine pills."

Dr. D. "You are a systematic man, Dr. Fritz."

Dr. F. "Yaw mein system is goot. I get mein monish or somedings so goot as dat. Ise nein fool to practice for noting. Vot I bractice for, eh?"

Dr. D. "To cure patients I suppose."

Dr. F. "Is your patients "poor house fellers." Nix mein."

Dr. D. "I suppose they all expect to pay something."

Dr. F. "So! Zen keep goot business accounts and kollekt so much you can, paper ish sheap."

ALLOPATHIC PHARMACY.—Any one who has been at all conversant with Allopathic pharmaceutics for the last two decades will have discovered a decided march towards Homœopathic methods. One cannot contemplate the drift without a strong admiration for the sage of Cœthen, who revolutionized both pharmacy and therapeutics nearly a century ago. He wisely set aside both the infusion of the old ladies and the more refined relative fluid extracts. Heat he discarded entirely in the preparation of his remedies and gave us a clear cold tincture with just the proportions of alcohol and water necessary to obtain the best remedial effects.

For years the manufacturing Allopathic pharmacists have been improving on their fluid extracts or infusions, and under the guise of "cold extracts," "specific tinctures," "normal liquids," etc., have sought to approximate the standard Homœopathic tinctures. It would never do to adopt our methods out and out and acknowledge the source of their information. But we can laugh at their apish tricks. We are proud of our cause and its author.

For the best administration of minerals, metals, etc., Hahnemann devise the method of division among sugar of milk. Look at the expedients resorted to, to subdivide Mercury, for example. Finally a trituration of this favorite remedy is accorded the palm. That trituration was made according to the method of Homœopathy. At last in 1882, we find Hahnemann's method of preparing remedies by trituration admitted into the Allopathic Pharmacopœia. To disguise its source, Elaterium is the remedy chosen to illustrate it. But some of the more enterprising Allopathic firms come out boldly with the 1st, 2d and 3d triturations. Could Homœopathy be greater honored? But is the source acknowledged? The saddest part is to

be related. The effort seems to be to steal both our therapeutic and pharmaceutical methods, and crush Homœopathy everywhere out of existence. If ever there was a time when our physicians should stand by each other and their pharmacies it is now.

Clinical Medicine.

CURE FOR CHILLS AND FEVER.

When I was in Southern Illinois, I had a case of fever and ague that had evidently been in the hands of many physicians. It really was a most perplexing case. The patient he finally became disheartened, and commenced treating himself with domestic medicines and preparations from the drug store. He came to me one day, saying he felt that in his own mind he had found a true specific for chills and fever, as it had helped him more than any thing else. I had a little curiosity to inspect the prescription, so across the prairie I went, to my patient's house, upon examination I found this, (a box) containing a dozen almond shaped tablets, sugar coated, each tablet containing one grain of Quinine and two grains of Eucalyptus. I found this preparation coming into use quite extensively, way out on the prairies of Egypt, as Southern Illinois is called.

T. A. CAPEN.

ELATERIUM IN DROPSY AND CHILLS.

WEST CHESTER, Nov. 15, 1883.

My Dear Doctor: In reply to yours of the 14th inst. I answer that I read in *THE MEDICAL INVESTIGATOR* during the last summer, an infallible cure for dropsy of any form by Dr. — of Kansas, which consisted of Elaterium ten grains, Squills twenty grains, Jalapa twenty grains, compounded, had made into twenty pills, one of which was to have been given every six hours until all were taken. Having on hand at that time an obstinate and incurable case of dropsy, I resorted to it as the patient and friends seemed unwilling to wait on pure Homœopathy, and found that after taking two pills that it was a powerful purgative, (more so than I expected,) as also an emetic. It seemed to do her good for a day or two but afterwards did no good as far as I could see. About this time I had a case of intermittent, with chills every other day, with vomiting and constipated state of the bowels. In thinking over her case I thought of the action of the prescription quoted and concluded to give her Elaterium one-tenth (first decimal) ten drops in half tumbler of water in teaspoonful doses, every one or two hours, and found the chill much lighter at the next return, the emesis gone and the chills disappeared, and has not since had a return. In so-called malarial fever I have used it with uniform success, and so has my son. He places great confidence in the remedy.

J. B. WOOD.

WEST CHESTER, 11, 20, 1883.

Dear Doctor: You ask me the symptoms for which I give Elaterium in intermittent or malarial fever. They are as follows, viz., depression of spirits, despondency; tongue coated dirty brown; bitter mouth; waste of appetite

nausea and vomiting; pain in the stomach; bowels constipated; chilliness with gaping; chill every forty-eight hours.

You ask also about the preparation I use. Some years ago I got of J. F. Sheek, a bottle of the "mother tincture" and have not used much of it, but still as the bottle ran down I filled it up with alcohol, so that I judge (uncertain,) it is now about the 1st decimal dilution, (that is, 1 to 10.) It is bitter, and ten or twelve drops in half tumbler of water makes it quite bitter. That is the way I have been using it.

J. B. WOOD.

ELDORA, Iowa, Nov. 22.—I am just getting around from a broken arm and ribs, so have put in a quiet summer. Our locality has been unusually healthy the past year, our work being obstetrics sandwiched with here and there a moderate case of typhoid, tonsillitis, etc., some chronic cases usual to all ages and conditions so that we are kept at work, but nothing like ordinary years, all of which gives us a glorious chance for meditation.

The remedies mostly used by me this fall are, Gelsemium, Baptisia, Bryonia, Rhus tox. and Arsenicum, which covers nearly all that I meet, Homœopathy is gaining solidly in the central part of this state, the outlook is rather flattering for our pathy in this state of schools and books. Consultation is quite general in all the towns about, the Allopaths quite often preferring our school, all of which straws show the wind.

J. E. KING.

TREATMENT OF NOCTURNAL EARACHE IN CHILDREN.

The most effectual treatment that I have ever used, or seen commended for this trouble, is the local use of a solution of Sulphate of Atropine. I brought this method of treatment to the notice of the profession some years ago, and have had no occasion since to change or even modify it, its effect being so very satisfactory. In fact, I have not yet met with a case of this kind which was not at once relieved by the local use of Atropine. The solution is to be simply dropped into the painful ear, and allowed to remain there for ten or fifteen minutes. Then it is made to run out by turning the head over, the ear being wiped off with a dry rag. The solution may be put in cold, though it is better to have it slightly warm, as it does not shock the child so much. From three to five drops should be used at a time.

The strength of the solution must vary according to the age of the child. Under three years, one grain to ounce of water; over three years, two grains to ounce of water, and over ten years, four grains to ounce of water. In a grown person almost any strength can be used. In a small infant, not more than half a grain to ounce of water should be used. All ages will bear a stronger solution in the ear than in the eye.

The application should be repeated as often as may be necessary. It is not often necessary to use it more than once the same night. Usually, a few applications permanently stop the pain.

The good effect of Atropine in painful ears is because of its anodyne power. If physicians will try this plan of treatment in this class of cases, I am sure they will not be disappointed. In acute abscesses of the drum, and acute inflammation of the external meatus, the Atropine will only slightly palliate the suffering, but in the recurrent nocturnal earaches of children it is practically a specific.—*Medical Brief*. [Perhaps.—ED.]

SOME CLINICAL NOTES.

A PLEA FOR ALKALOIDS.

Let me say to my medical brothers, McNeil, Hayward and Randall, Youth and flourish have long past with me I am now near fifty-five years of age. I have no desire to do or act in any other way but for the advancement of a practical Homœopathy. I hope this is the only aim of all who write for your most valuable clinical and practical journal. Let me ask my brothers one question, which is the purest Homœopathy, 1-20 grain 1-60 grain one-sixth grain or the 200 dilution? Did Hahnemann ever teach potency and dilution beyond the 30th? Then let us all labor to make progressive modern Homœopathy a successful practical system of medicine, based on the similia, the only true law to guide us in the cure of disease.

Science or the law similia fails at times to teach us how to cure disease which we all know is an abnormal vital force creating morbid symptoms by progressing produce pathological conditions, contrary to healthy functions, which end in morbid effects visible or invisible by the symptoms previously produced. We must remove diseased symptoms by a well selected similar which will gradually restore health, morbid symptoms are always produced by an infringement of the laws of nature, our treatment must be so directed so to restore the vitality to a healthy action by presenting remedies pathogenetically and clinically indicated. Then and only then symptoms will cease, and the pathological results produced by them will pass off and health be restored. To cure disease is to remove the symptoms. Find out the cause of disease, remove its symptoms and the disease is cured. To cure disease then is to destroy the symptoms for all diseases are known through the organs of the senses, the manifestations of we see and know by the symptoms.

Homœopathy is the treatment of disease by symptoms, (it is symptomatology.) "As these are felt and known to be nature's sign posts to indicate a rapidly oncoming calamity, and to remove which as quickly as possible, in order to prevent an after onslaught on the battle field of the body is considered the highest achievement in any rational system of therapeutics. Homœopathy represents a correct practice of therapeutics based on a "scientific proven *Materia Medica*."

"On this the touch-stone of the experimentum comes of proven drugs, in whatever form they may be administered, medicine, both as an art and a science, must stand or fall." Without this first step in the line of cure, even a natural law of therapeutics cannot be made use of with any degree of certainty. Each medicine has specific properties in order to bring about certain results, and these results invariably take place when given according to a natural law. We must know the exact effects produced by drugs in pure tinctures or in the form of *alkaloids* on the human healthy body and to study the law which nature intended us to give medicines by. Homœopathy of the future must be in the use of the pure active principles of drugs in the form of alkaloids, the metallic salts and the metalloids. They are formed into granules of mathematical exactness, and certain precisely definite properties of the active principles of the drug, 1-130, 1-120, 1-60, 1-6 grain, and so on. To these add the baked Epsom Salts prescription, one to two teaspoonfuls to a glass of cold water, one hour before breakfast, fast-

ing, as a "refresher to the alimentary system which prepare the sick to receive a full and speedy advantage of the medicines. This alkaloid form of pellets No. 20 size form of administering Homœopathic remedies is certainly most elegant, refined, safe and agreeable. No mistake can be made, no taking more medicine than is required to cure disease. In short it is mathematics applied to pharmacy. Let it be understood there is only one principle on which any medicine can be given with any prospect of removing diseased conditions, and of bringing about a healthful state of the organism, and that is on the principle of "similar." The drug and disease relation is true, and if the powers of a drug is known, and is given experimentally with a hope good may be done, but no radical cure can ever be made, it matters not if the dose be high or low, large or small, or how beneficial or elegant the medicine given, it will be only palliative from first to last.

Homœopathy don't teach expectant medicine. It never waits for morbid results to come up, but taking the symptoms already developed as a guide, it uses the means at once to prevent if possible, the disease from making headway. It teaches us to sustain the vitality of the system. Let us then labor to make the future of Homœopathy progressive and successful. Let the grand aim of Homœopathy be to restore to normal action the vitalistic abenations of the system, and to find out the powerful remedies medical alkaloids based on the law of similar capable of bringing about this primal desirable and all important end. In these alkaloids is the long-lost and now found cap-stone of true Homœopathy. The use of alkaloids in mathematically prepared and now poisonous doses will give us a success or power in the cure of diseases, the value of which it is difficult fully to appreciate or to find language sufficiently powerful to express. To my brothers that have never used these new remedies let me say to them see Hale's New Remedies and Hering and the *British Journal of Homœopathy*.

My library is extensive. I buy and read everything published in Homœopathic literature. Thus it is with my beloved Homœopathy and the school, everything that emanates from our books, our journals is good; I prize the clinical hints, I note them for use.

From it all is sacred; nothing profane. And any departure from the old rule or from Lippe immediately constitutes charlatanism. Such charlatanism brother cure my patients, in a short and quick time, whilst the devotes to high dilutions and Lippian scholastic teachings takes a long time to cure these that come under your charge if ever. Which of the two young brothers will you take, 30 and 20,000 or 1-120, 1-60, 1-6 grain of the alkaloids to fight bad diseases. For me, I will take the alkaloids based on the law similia as the safest to use in the treatment of acute and old chronic diseases. Try them and answer by grand success in practice.

ALKALOID TREATMENT OF CHOLERA.

Dr. Mandt's successful treatment of cholera in Russia in 1865. He was a Homœopathic physician who used specific doses and not the myths of infinity. He used energetic external treatment.

We will not enumerate the symptoms. Body completely cold. In this condition the treatment is always the same. Alcoholic extract of *Nux vomica* 1-150 grain, Phosphoric acid 1-150 grain, pulverized sugar of milk

five grains, one powder. Give every five, fifteen or thirty minutes as required. If gets worse alternate this with first. Alcoholic extract *Nux vomica* 1-150, extract *Veratrum album* 1-150 grain, sugar of milk five grain.

If the warmth appears tardy, the sheet wrung out of salt and water must be re-applied. Between times the abdomen is to be covered with a poultice of *Carduus marix*. If the disease advances, the entire surface of the body must be rubbed with a mixture of pounded ice and salt, then wrapped in a wet sheet and covered with a blanket, and give the first remedy (*Nux vomica* and Phosphoric acid) alternately with Musk 1-150 grain, extract of *Nux vomica* 1-150 grain and sugar of milk five grains. These powders are to be given every five, ten, fifteen or twenty minutes. If in a few hours warmth does not return again resort to rubbing with ice and salt. These operations have been repeated seven times and cured.

• If the attack of cholera is dry, instantaneous apoplectic with or without paralysis, the same external measures must be used, and give these alternately first, extract of *Nux vomica* 1-150 grain, Musk 1-150 grain and sugar of milk five grains; second, Camphor 1-150 grain, sugar of milk five grains; give alternately every five, ten, fifteen or twenty-five minutes, according to the violence of the symptoms or disease. As improvement follows he gradually stops the use of medicines, first gives up Musk, Camphor, *Veratrum* and Phosphoric acid. *Nux vomica* is the only agent not to be discontinued. The remedy to be exhibited less frequently. He sometimes adds 1-150 grain extract of *Aconite* or *Bryonia*, according as he desires to combat an excess of reaction, or if the cholera is likely to recur.

As soon as warmth begins to well appear he applies demulcent poultice, in which two drachms of *Aconite* leaves are mixed. This is mathematical medicine based on the positive and unerring law of similar.

ALKALOIDS FOR COUNSEL CASES

Remedies for H. K. L.'s case of neurasthenia asked for in INVESTIGATOR of September 1, p. 136. *Natrum mur.* 12x and 30x, *Oraganum maj.* 1x to 3x, *Calc. carb.* 6x to 200, are the remedies to use high. The other remedies, *Digitaline* 1-120 or 1-60 grain, one pellet every three hours. Face and eye symptoms indicate this remedy. Tincture *Staphysagria* twenty gtt to half tumbler of water every three hours a teaspoonful if the least tenderness of the prostatic gland. Phosphoric acid 1-6 grain or one teaspoonful of dilution three times a day in water, especially if urging to make water, nervous debility, workings of liver extremely intolerable; given with *Arsenate of Strychnia* 1-120 grain, three or four times a day. If anæmia, *Arsenate of Iron* 1-120 grain, one pellet three or four times a day.

If the genital weakness is great with impotence, hypochondriac, *Aurum* is his remedy. The Chloride of Gold 1-120 or 1-60 grain pellets, three or four times a day, alternate with the *Arsenates of Strychnia* and *Iron* as indicated for the anæmia. For constipation, or if not, take anyhow, one to two teaspoonfuls of the baked pulverized Sulphate of *Magnesia* in a glass of pure cold water fasting, one hour before breakfast every morning for nine mornings, then stop nine mornings and take again. Use strong tepid *Liverpool salt* baths night and morning, one quart of salt to the bath. *Calcarea carb.* 30 and 200 are well indicated with *Aurum* for all his symptoms. This treatment will help.

For Dr. Randall's case, brown spots and headache. *Lycopodium* 30, *Coc-*

culus ix, for headache. For skin symptoms, Veratrine 1-120 grain pellet, one every two or three hours. If fever, Aconite 1-120 grain pellet, one three times a day. If urine is muddy and the least heart symptoms with the eruption and headache, give Digitalis 1-120 grain, one pellet three or four times a day.

Give in all chronic cases Sulphur 30, six pellets night and morning for a week. Then Arseniate of Strychnine for the skin, if anæmia Arseniate of Iron 1-120, and Arseniate of Copper 1-120 grain, alternate with Arseniate of Antimony as indicated. Don't fail to give from one to two teaspoonfuls of the dried baked Sulphite of Magnesia in a tumbler of cold water fasting, one hour only before breakfast. This will cure his case in three weeks.

Dr. Hayward's treatment of typhoid with Muriatic acid and Hyoscyamus the best could be used, but if the doctor would one time give one pellet less in size than our sugar of milk pellets No. 20, of Hyoscyamine 1-120 grain, he would never use any other form. For the nervous prostration of typhoid fever Arseniate of Strychnine 1-120 grain, of extreme anæmia Arseniate of Iron 1-120 grain or of Phosphoric acid one pellet 1-6 grain, he will be so pleased with positive Homœopathic remedies. Dr. Trinks says Iron, Phosphoric acid and China are his tonics.

JOHN H. HENRY.

News of the Week.

Locations.—Healdsburg, Cal., is an excellent location for a Homœopathic physician, also. Lakeport, Lake County, besides many smaller places where one who was not in haste to be rich could make good living. Address with Stamp, W. S. NICHOLS, Petaluma, Cal.

The Homœopathic Mutual Life Insurance Company, No. 257 Broadway, N. Y., reports that Thomas Connolly, of 259 West 47th Street, New York, died October 3, 1883. He had permanent policy No. 13136. The proofs were received October 4th, 1883, and the company paid the one hundred dollars on the same day.

The Pansy.—The November number of *The Pansy* proves afresh that a periodical in which so much space is devoted to Sunday reading, may be edited and filled with as much brightness and talent as the secular magazines. Its religious stories are as entertaining and strong as the matter in *Wide Awake* and *St. Nicholas*. Like them, it has its serials, its short stories, its poems, its articles, its profusion of illustrations, its regular prospectus for the coming year—in short, it makes Sunday reading for the young as attractive as the popular magazines of the day. In the current number, "Pansy" (Mrs. G. R. Alden) the editor, begins a new serial, "Christie at Home;" Margaret Sidney continues her delightful articles, "How They went to Europe;" Fay Huntington has a bright short story, "Gracie's Mission;" "Pansy" another—a very sweet one—"With All Your Heart," and Margaret Sidney tells the story of "How the Geese Saved Rome;" and there are a dozen interesting articles besides. *The Pansy* is only 75 cents a year. The volume begins with the November number. 75 cents for a yearly subscription will bestow greater happiness on a young friend than the same sum spent in any other way. D. Lothrop & Co., publishers, Boston, Mass. *The Pansy* is only one of four periodicals issued by this house. *Babyland*, 50 cents a year. *Our Little Men and Women*, \$1.00 a year, and *Wide Awake*, \$2.50 a year.

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WHOLE No. 362.

Surgical Department.

RECTAL ULCERS.

BY MORTIMER AYERS, M. D., RUSHVILLE, ILL.

VARIETIES OF RECTAL ULCERS AND THEIR TREATMENT.

All ulcerations within the rectum will be classed under the two heads, malignant and non-malignant. But when we speak of rectal ulcers we mean the non-malignant variety, but they are so often confounded by our authors that I think a few words on the distinctive difference between the two will not be unnecessary, for on the one hand, you can safely say to your patient, it is curable, on the other you would be very slow in making such a positive statement.

In all new growths within the rectum when non-malignant, the tendency is to increase very slowly, and to grow away from the wall of the intestine and form pedicles for themselves, to remain movable, to project into the cavity of the intestinal canal, and not to involve surrounding parts; while with the malignant or cancerous variety the tendency is directly the opposite. With these points carefully attended to the diagnosis between a benign polyp and a cancerous nodule in the wall of the rectum is generally very easy.

Recent careful study has shown that there is a class of tumors occupying the border line between the benign and malignant in which either clinically or with the microscope, it is almost impossible to diagnose the difference, and Dr. Cripps,* who has made some most careful and earnest work in this department groups all growths in the rectum as malignant, semi-malignant and simple adenoid. Generally, but not always, it is possible to distinguish between them. He says: "In the more malignant varieties, the new growth frequently spreads as a thin layer, between the muscular and mucous coats. In this form it often occupies several square inches of the bowel, while its thickness does not exceed a quarter of an inch. At first the mucous membrane lies intact over such a layer, but eventually it gives way to ulceration. This ulceration sometimes begins at more than one point, so that the mucous membrane becomes honey-combed; and portions of the subjacent growth may even sprout through it. The destructive process not only destroys the mucous membrane over the growth, but after a while the new growth itself is destroyed by ulceration, while destruction is proceeding towards the center the growth is advancing toward the circumference. In this way a crater-like mass of disease is produced, the centre of which consists of dense fibrous tissue belonging to the muscular coat of the bowel which appears for a long time to resist the ulcerative process. The margin of the crater consists of the mucous membrane of the bowel, heaped up by the

* Cancer of the Rectum, London, 1880.

extending growth beneath it, tucking it over in such a manner as to overlap the healthy membrane. The border is at times so irregular as to represent a series of nodules rather than a continuous line."

Of all the varieties of malignant growths of the rectum epithelioma is the one most frequently met with, and this presents, here, as elsewhere in the body, under two forms. The first or canceroid or lobulated epithelioma is the same form so commonly seen in the lip, but seldom attacks the anus. The other variety (the cylindrical epithelioma) chooses the rectum proper for its development, and is formed above the sphincter. It is very soft and very vascular, and therefore, prone to bleed from slight causes, and rapidly undergoes degeneration and ulceration, and infiltration of the surrounding tissues.

Next we may have schirrhous, encephaloid, colloid, etc., but they are more uncommon and present their distinguishing features here as elsewhere in the body, and are here spoken of because they may be mistaken for simple rectal ulcer.

CLASSIFICATION OF THE NON-MALIGNANT VARIETIES.

I have adopted the following classification for non-malignant ulcers of the rectum: 1. Simple; 2. Tubercular, including scrofulous; 3. Dysenteric; 4. Venereal; 5. Those due to stricture.

Simple Ulcers.—If we examine carefully into each case of simple ulcer, it is my belief we will always find it to be of traumatic origin. The pressure and passage of hardened feces is the most frequent cause of the traumatism.

For by this means a fissure is often produced within the grasp of the sphincter, and a projecting hæmorrhoidal tumor may become ulcerated for a considerable extent.

Among other frequent causes may be mentioned, pressure of foreign bodies, as fish-bones, fruit stones, etc., which have been swallowed.

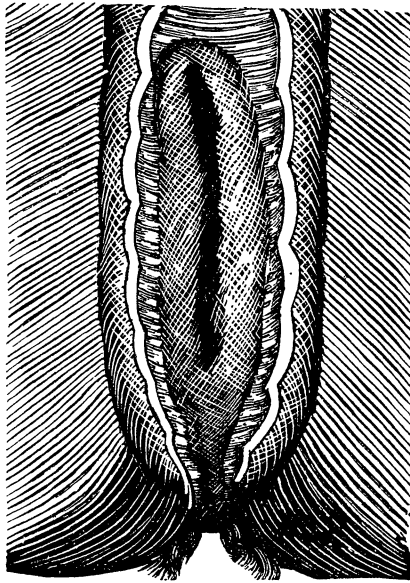
Any direct violence to the rectum may produce ulcers, and in women the injury to which they are subject in child-birth, viz., the bruising of the rectal wall between the head of the fœtus and sacrum, is believed by many to be the cause of the greater frequency of ulceration and stricture in women than in men.

Tubercular Ulcers.—Some authors speak of two varieties of ulceration met with in persons of tubercular diathesis, one due to actual deposit and softening of tubercle, the other a simple ulceration, containing no tubercular deposit, but modified in its course by the patient's condition of mal-nutrition. The former may properly be called tubercular ulceration, and the latter the ulceration of the tuberculous.

The former certainly must be very rare. To my knowledge I have never met one. Of the latter it is truly a simple ulcer in the phthisical patient, modified in its course and characteristics, by the general condition. It may result from any of the causes previously mentioned. It may occur either within the rectum or at the anus, and may be of any size from a small spot to a sore covering the whole lower part of the rectum. It may commence quite small and extend on the surface, or it may extend in depth and perforate the wall of the rectum and produce an abscess ending in a fistula.

Any one who has treated many cases of tubercular consumption will know how frequently they meet abscess and fistula in this neighborhood, and it is my experience that the majority of these arise from simple ulcer.

CASE I. C. C. aged twenty-three came to me on September 2, 1875 for relief from a chronic diarrhoea. He was a victim of that fell destroyer consumption, and was very weak and very much emaciated, his bowels were moving about four to six times a day, very small in quantity, and consisted mostly of pus often streaked with blood, no pain, but exhausting; examination revealed an ulcer, pear-shaped, with the small end nearest the anus; local applications of many kinds were tried with but little relief. On November 2d he came complaining of pain and swelling and on examination found the ulcer had perforated near its lowest end, and there was considerable swelling and tenderness in the ischio-rectal space. Treatment



seemed of no avail in aborting the abscess, which gradually gathered and pointed near the anus, where, upon opening it, I saw some dark little bodies passing, which upon close examination proved to be blackberry seeds. These seeds no doubt lodged in the end of the ulcer, perforated their way through the wall and set up an abscess which became a fistula.

Dysenteric Ulcers.—In dysenteric ulceration the fibrous exudation which is infiltrated into the tissues produces compression, and as a result we have a slough when it is cast off leaves an ulcer, which, if superficial, may soon regain its usual state, but if deep it still may heal by the usual callous cicatrix, and a stricture is the result. The ulcers found in these cases vary much in size, location and appearance, but they are generally large, and their favorite site is the rectum or sigmoid flexure.

Venereal Ulcers.—These may be gonorrhœal or syphilitic in origin, and if the former the inflammation may be very severe. During its height the rectum will be swollen, hot, red and granular, with an abundant discharge issuing from the anus.

Chancroids.—These ulcers are said never to pass above the sphincter, and are generally seen on the skin just around the anus or just within the canal. They present the same characteristics as in other parts of the body, and are more common in women than in men. The class of women in whom they exist is a valuable aid to their diagnosis.

Stricture.—Not only is ulceration a common cause of stricture, but any form of stricture is liable by its obstructive action to set up ulceration in the walls above. There is dilatation of the rectal pouch, with its accompaniment, hypertrophy of the walls, produced by the effort to overcome the obstruction. Next the irritation and traumatism of fœces, set up an ulcerative action in the mucous membrane, which may extend in depth producing perforation.

DIAGNOSIS OF RECTAL ULCERS.

From what has been said of the etiology of these benign ulcers, it is plain that they must present many variations in appearances, yet the diagnosis of each from the other, will not generally be difficult if we give careful attention to the history, the appearance of the lesion, and its course.

A small ulcer within the grasp of the sphincter, might easily escape observation in a superficial examination, but all ulceration within four inches of the anus are within the reach of actual touch or vision, and should not escape detection when the examination is properly conducted.

In some cases a gentle pulling apart of the lips of the anus, with some straining on the part of the patient, will bring into view a small ulcer.

In others a digital examination will reveal an eroded and painful spot, and on withdrawing the finger it will be found to be stained with blood.

But I would say in all cases the diagnosis is easy, for there is but one way to make it, and that is with Ether and the speculum, and from my experience with physicians this is the least used. If we have a lady for a patient it is much easier to prescribe some remedy in conjunction with a local application, and trust to a kind providence, than it is to gain her consent to a thorough examination. The existence of a chronic diarrhœa or a discharge of any kind from the rectum is a good and sufficient reason for a thorough examination, with an anæsthetic, a good speculum, and a dilated sphincter, no one need be in doubt as to the existence of ulceration of the rectum. The existence of an ulcer being decided, its nature alone remains to be determined, and we have as we proceeded given some of the principal points in diagnosis, and to them we refer the reader. In the majority of cases, the ulcer will be of the simple variety first described, only modified more or less by the general condition of the patient, therefore in the treatment of ulceration we need only consider the simplest form, leaving out irritable ulcer of the anus (as that is worthy of an article by itself) and the question of stricture, as our space is too limited.

TREATMENT, MEDICAL AND SURGICAL.

There are few maladies more baffling to the surgeon than ulcerations and strictures of the rectum. I believe that my failures have been almost as frequent as my successes.

And in a severe case of ulceration, let the general condition of the patient be as it may, I have never been able to benefit the patient, unless absolute rest was persevered in for some weeks. Even with rest, diet and appropriate treatment, your task will be no easy one. In the way of local applications, suppositories answer the best purpose. The menstrum should be of some substance which may be easily dissolved at the temperature of the body, which I have found gelatine* the best, and in the way of drugs I have found



more satisfaction with Iodoform and Hydrastis. I was brought to the use of these suppositories by finding out that a speculum examination two or three times a week, caused too much irritation.

To render the patient's rest in bed more endurable, and to secure local rest to the part, I have found it best to combine about one-tenth of a grain of Morphine with the suppository.

In some cases where the ulceration is quite high up in the rectum, good results may be obtained by the daily use of injections, which is best accomplished by a long rubber tube obtained of any instrument maker, attached to an ordinary Davidson's syringe. With the syringe the best results have been obtained by me with Nitrate of Silver fifteen grains to three pints of water.

It is very difficult to point out a general constitutional treatment, for each case will have to be treated according to the peculiar symptoms present. I generally begin my treatment of rectal ulcers with Sulphur, especially if the case is complicated with piles. The general indications for the use of Sulphur, are diarrhoea early in the morning, stitches and soreness in the anus, stools almost involuntary, cramps in the calves and soles at night, extreme emaciation, whole abdomen sore to touch. My note-book gives the following cases, which I am sorry are not more complete.

CASE II. Mr. W. aged forty-six, had chronic diarrhoea since leaving the army, much worse lately, diarrhoea of pus and mucus, hurrying him out of bed in the morning, generally about once in three days would have a hard costive stool. Any labor brought on an increase of number of stools. Examination revealed an ulcer with ragged edges on posterior surface of rectum extending upwards. Prescribed Sulphur 6x with complete rest to be maintained four weeks and longer if required; he reported in two weeks much better and put up a pitiful face about his poverty and that he must work; after warning him of his danger, allowed him to do as he pleased. He reported in about six months afterward that he was as bad as before, but that he must work. I tried local applications, but he soon passed from under my observation, and two years afterward I heard of his death, but no particulars.

After Sulphur I place Arsenicum as next on the list, it is suitable in the run-down constitution, indicated by extreme weakness, prostration, diarrhoea, with painless offensive stools.

CASE III. Sam E. aged forty-three, suffered with offensive stools and flatus for years, worse at times. Carpenter by trade; could only work

*These are sold by Duncan Bros., Chicago.

about one-half his time on account of extreme weakness; examination revealed a large irregular shaped ulcer just above the sphincter, discharging an offensive fluid, and several small patches at different parts of the canal, reminding one of aphthæ of the mouth. Complained of burning and itching, was extremely restless, worse at night. Arsenicum 3x brought relief in two days and in one week was at work contrary to all orders. It is now three years since I first prescribed, but he continues his work most of the time and when he gets very bad takes Arsenicum. He refuses all further treatment than that. Being a government pensioner will probably explain his reason.

Nux vomica and Phosphorus will often be valuable helps in the cure of cases, and in relieving particular symptoms, these with Lycopodium, Ignatia and Graphites, the well known symptoms of which is not necessary for me to mention here, complete the list, except *Æsculus hippocastanum* which of late has given me much satisfaction. When there is much aching in the back, worse from exercise of any kind, constipation, and if the case is further complicated with hæmorrhoids it is much more successful.

Yet with the best chosen remedy you will often fail unless complete rest is enjoined, and some local application is used, and even with them you will sometimes fail. But if the above treatment is followed, you will be reasonably satisfied with the result.

A NEW METHOD OF CONTROLLING HÆMORRHAGE.

A Method of Controlling Hæmorrhage in Amputation at, or Excision of, the Hip-Joint.—Mr. Jordan Lloyd, in the *Lancet* of May 1883, p. 897, describes a new method of compressing the vessels supplying the thigh, so as to render operations in the region of the hip-joint practically bloodless. The principle is as follows: The limb about to be operated upon is first elevated and emptied of blood. A strip of black India-rubber bandage, about two yards long, is to be doubled and passed between the thighs, its centre lying between the tuber ischii of the side to be operated upon and the anus. A common calico thigh-roller must next be laid lengthways over the external iliac artery. The ends of the rubber are now to be firmly and steadily drawn upwards and outwards, one in front and one behind, to a point above the centre of the iliac crest of the same side. They must be pulled tight enough to check pulsation in the femoral artery. The front part of the band passing across the compress, occludes the external iliac; the back half of the band compresses the vessels coming out of the great sacro-sciatic notch. The ends of the bandage thus tightened must be held by the hand of an assistant placed just above the centre of the iliac crest. In this way an elastic tourniquet is made to encircle one of the innominate bones, checking the whole blood supply to the lower limb, and it is altogether out of the surgeon's way in any operation at or about the hip-joint.

ACCIDENTS TO THE LARYNX.

FRACTURES OF THE LARYNX.

Fractures of the larynx are exceedingly dangerous and fatal accidents, perhaps oftener proving fatal than any other form of accident in this region. While fracture of any of the cartilages is a grave occurrence, statistics show that recovery is almost unknown in cases in which the cricoid is involved, either alone or in connection with others. MR. DURHAM (*loc. cit.*) gives a table of fifty-two cases collected by M. Henoque, with ten of his own added, in which this fact is conclusively shown :

CARTILAGES FRACTURED.	CASES.	DEATHS.	RECOVERIES.
Thyroid,	24	18	6
Cricoid,	11	11	
Thyroid and os Hyoides,	4	2	2
" Cricoid,	9	9	
" Cricoid and Os Hyoides,	2	2	
" Cricoid and Trachea,	2	2	
Cricoid and Trachea,	2	2	
" Trachea and os Hyoides,	1	1	
"Fractures of Larynx,"	7	3	4
TOTAL,	62	50	12

The cause of such fractures is usually the application of some squeezing or compressing force to the larynx, as with the hand, or in hanging, particularly in those past middle life, or who from other causes, in early life, have osseous changes in the cartilages. The violence of the symptoms depends upon the degree of displacement of the fragments; in cases in which there is no displacement, the symptoms are insignificant, and indeed the true nature of the accident may never be suspected. When there has been displacement, the symptoms come on at once, and are quite violent from the commencement.

Pain and suffocation are the most frequent. The former may be continuous, or only felt when swallowing or speaking, or making some unusual effort to breathe. It is not violent, more of an aching than a positive pain, excepting when the fragments are sharp pointed and irritate the sensitive mucous surfaces.

Suffocation is due either to the flow of blood into the air passages, to the swelling of the mucous lining, or to both combined. If seen early there will be a noticeable change in form in the neck, particularly when the compression has been made laterally, in which case the *pomum adami* will be more prominent. Manipulation will reveal undue mobility in the parts, and usually crepitation will be readily detected. Later the neck will be found swollen, either with ecchymosis from effusion of blood, emphysema from a laceration of the lining membrane, or the usual serious swelling accompanying fractures in general. There will be cough, causing much pain, lowering of the temperature, and small pulse. In some cases these latter symptoms come on suddenly, late in the case, and are supposed to be due to a sudden displacement of some fractured cartilage. The *treatment* presents few indications, but they are exceedingly difficult to fulfil. The

first, of course, is the reposition of such portions as are displaced. This is, usually easily performed, providing the case is seen sufficiently early. Next is retention of the displaced portions. From the function of the part, and its constant motion, even if slight, this indication is very difficult to fulfill. Strips of adhesive plaster may be used, but they must be closely watched, as the subsidence or increase of the swelling constantly renders the dressings either too tight or too loose. Quietness, of the individual as well as the part, are essential.

Subjective symptoms must be met as they arise. It is impossible to notice them systematically in a brief essay like the present, but a fair knowledge of the *materia medica* will enable the average practitioner to meet all the necessities of the case. As a matter of fact when displacement occurs, it will matter little what is done, the result will be disastrous, in all probability, but duty to our patient, and the knowledge that an occasional case recovers, will give courage to continue treatment to the last. Perhaps *Acon.*, will be the most useful remedy, unless there is much ecchymosis, when *Arnica* should be preferred.

Tracheotomy must be employed when the respiration is much embarrassed, but should be delayed until it is evident that life cannot be preserved without it.

CONCUSSION OF THE LARYNX.

Blows upon the windpipe, not of sufficient violence to induce fracture, occasionally produces violent and even fatal symptoms, of great urgency and demanding prompt treatment. The symptoms produced are not so much due to contusion as to shock and spasmodic closure of the glottis.

The symptoms are pain of a contractive character, in the throat, fauces, and extending up the neck to the ears; a gasping for breath, with feeling of suffocation. These symptoms may be constant or intermitting, but in fatal cases the intermissions gradually become shorter, and the suffocation correspondingly prolonged. The face has a startled expression, somewhat swollen, and dark, and the eyes protrude. The symptoms finally assume the type of apnoea, and death closes the scene.

The *treatment*, as universally given in works of surgery, is to perform tracheotomy at once "if life is still present." This I should prefer to reserve for a last resort, and treat the case as one of reflex nervous irritation, as in the case of chloroform narcosis, or apnoea. Inhalations of *amyl nitrite*, drawing the tongue forcibly forward, or passing the finger down to the glottis should each be attempted, in cases in which life seems to be extinct. When seen during the earlier stages, before complete suspension of respiration, it would seem that "moral treatment" would have a good effect. Thus, much of the distress, I am informed, seems to be due to frantic efforts at respiration, which have the direct effect to increase the spasmodic contraction. Impressing this fact on the patient's mind, and counselling him to breathe slowly, and not lose his self-control, should have the effect to lessen the violence of the spasms. *Arnica*, either administered by olfaction, or dropped upon the tongue should aid reaction. All these measures failing, and the glottis becoming firmly closed, tracheotomy must at once be performed.

THE UNITED STATES MEDICAL INVESTIGATOR.

"HOMŒOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

Communications are invited from all parts of the world. Concise, pointed, *practical* articles are the choice of our readers. Give us of your careful observations, practical experience, extensive reading, and choice thought (the great sources of medical knowledge), on any subject pertaining to medicine.

WHAT GOOD WILL IT DO?—We published that so-called cure for dropsy (Elaterium et al.) with a twinge of conscience. It seems that it has been tried quite extensively. In some cases it cured and in others it failed, evidently not being curative, or if you please Homœopathic to all cases of dropsy. But on page 318 it will be seen that its peculiar action set our old friend Dr. J. B. Wood, on the track of a new remedy for malarial fever. Here we have striking proof of the logical character of our system of practice. We reason that if a remedy cured, there must be some reliable symptoms for its use, and when these are met in other diseases the remedy is given and cures again, because it is the similitum. So it happens that a cure for dropsy turns up as a remedy for cases of intermittent fever. Next we shall hear of this remedy lightening up some dark pathological problem. The cause of dropsy, dirty brown tongue, and malarial fever may be, we were about to say, must be closely related. Can it be that a remedy will throw some little light on pathology? It may. Then won't it be dreadful if Homœopaths become by these remedial measures, better pathologists, as well as better therapeutists, than their regular friends! Will it pay to publish these therapeutic "straws." Yea verily, send us some more. Some astute mind will see the wheat, while others swallowing chaff and all will get beards in their throats and complain. But most of our readers are investigators.

"DOES IT PAY you to read this journal?" we asked of one of the brightest silent men in our ranks. "Does it pay?" he exclaimed. "Do you know that your journal would be cheap at \$10.00 a year to me. I will tell you why. My success as well as that of every other physician often hangs on little things. How often have I been treating a case in the midst of Allopathic surroundings. There is no progress or rather no apparent improvement, things seem at a stand still, and I feel that I must make a favorable hit or the case goes out of my hands, and my reputation must suffer. Explanation more time and attention all have failed simply because the patient does not improve, and for the life of me I cannot see why. I study and worry but get no light

When along comes the journal and I scan it closely with my case pictured before me, when all at once I meet a suggestion or a case recalls a forgotten item that comes in play and my case improves, my reputation is not only saved but greatly advanced and more than all my revenue is decidedly increased. I believe that a journal pays me quite as much for what it recalls as for what it contains. Make the price what you choose and I will always gladly pay it. I will take the journal, yes, and read it also for it helps me to keep my medical knowledge well in hand. I will tell you how I read a Journal. If I have any difficult case I scan it for help. If none occurs I read it carefully for the information it contains. Then I shut the number and epitomize it in my mind. You see I have really read each number three times and I have not been so long about it either. I like the weekly divided doses, I can digest them better. Each number is well filled and during the year the amount of valuable medical material furnished is simply enormous, all for the paltry sum of three dollars, less than an hours work."

SOME HOMŒOPATHIC SURGEONS.—Those who state that there are no surgeons in our ranks would do well to read this journal. The article by Dr. Parsons in our last issue, illustrates what is possible to do in an artistic way by a bold skillful surgeon. We hope that he will keep on until all the pug noses are transformed into Grecian beauties.

Rectal surgery also touches a tender spot and often relieves "piles of suffering." The man who can cure as well as cut, will however, be chosen for these fundamental troubles. Rectal pathology as well as rectal therapeutics demands more attention. Rectal diseases are grave complications, as are well illustrated in this number by Dr. Ayers.

Emergency surgery demands an adept to unravel the confused mass of serious problems that are suddenly all tumbled into a heap. What to do the first, best and all the time, as well as to know all the possible and actual lesions in cases of accidents, must be settled "on the fly." Surgery in detail is simple, but the surgery of emergencies is compound complex. This is well illustrated by the extract from Gilchrist's Surgical Emergencies given in this number. Dr. Gilchrist is doing the profession a royal service by collecting and putting the surgery of accidents into available shape. The great value of the medicine case as well as the surgical case will occur to the most casual reader.

The "braves" who can cure and cut will take the field yet. It looks very much as if the best name we can give them is that of "Homœopathic surgeons."

Correspondence.

NOTES ON A SNEEZE.

EDITOR OF INVESTIGATOR: I saw an article in July 21st number, "a bad sneeze," over my initials I have used over thirty (30) years. (I would like to know who he is and where he hails from.) He says that he had tried Acon., Ars., Alium, Cyclamen, no affect.

C. H. P. recommends Asparagus. W. Moore refers to an *Eclectic* journal for a *sure cure*. Hatten, Aconite and Nux low. W. W. French, Dulcamara. I agree with him, if from cold in damp weather. S. C. gives a long list from Burt, and winds up by saying Nux is the remedy. Great tendency to take cold from the least exposure to cold air, I have cured with Carbo. veg. 30. Also many cases with Puls. Ipecac sneezing with aponia. One case coming at no particular time, gets to going cannot stop for a long time, cured with Lachesis 41,002 (so marked by Halsey King.) I think when one gets a cure for cases for counsel that he should let us know what remedy cured.

I have read with interest THE INVESTIGATOR for over twenty years. In 1860 it was a ten cent sheet sent to doctors, ten for a dollar. When the rebellion broke out the editor dropped his pen and took the musket, the paper was suspended for two and a half years. October 1863 he took up his pen with renewed courage, and gave us a *very good* physician's journal, which has increased with interest up to the present time. I do not swallow all I see in it, but try to select the plumpest of the wheat, let the chaff and rubbish go with the wind.

H. M. BABCOEH.

HOW TO SPREAD HOMŒOPATHY.

MR. EDITOR: I notice in a late issue of THE INVESTIGATOR a mention of the fact that "*Missionary Work* for the Spread of Homœopathy is not prosecuted with the vigor it should be or was formerly." If the science of Homœopathy is what we claim for it, (and we know it is) why not for the sake of humanity make more of an effort to educate the people on this subject and give them the benefit of its advantages. As to the best method of doing this I am not able to determine. This same editorial in THE UNITED STATES MEDICAL INVESTIGATOR, suggests that a lecturer might be sent out by the *American Institute* to spread the glad tidings, etc. My opinion is that a man going before the people with Homœopathy as his subject, to speak all in its favor would be met in many places only by ridicule and abuse. But let him take natural laws and scientific topics generally as his subject, touching nicely on Homœopathy and its application to disease, etc., he would be able in that way to reach the masses. However, a better plan than this I think might be adopted. That is, the establishment of a *quarterly journal* devoted to the education of the people on the subject of hygiene and nursing at the bed-side. With Homœopathy and its advantages always to the front, as well as the dangers of strong drugs and medication, written not for the physician, but for mothers and nurses, to be subscribed for and distributed by the profession, each practitioner taking twenty-five to one-hun-

dred copies, with his own card attached and distributing them gratis among as many of the best families in his community. No better plan could be adopted for getting his own name and the cause he advocates before the public and doing it honestly.

This journal would not necessarily have to contain much original matter, but made up of clippings of such valuable information to the house wife that she would treasure it up for future reference and receiving one every three months would keep the object to which it is devoted always fresh before her. While an isolated pamphlet is too scientific for the common people, contains no practical information, is only partially read, thrown aside and is soon forgotten. I hope some one may bring this subject before the *American Institute* or put it in a shape to make it practical. If we educate the people and get them *all* on the side of truth, the Old School profession *may* be led to see it also. I wonder if they could! T. E. R.

APIS AND WORMS.

BY L. O. ROGERS, M. D., NEWTON, IOWA.

EDITOR OF THE UNITED STATES MEDICAL INVESTIGATOR: Having had a peculiar experience with *Apis*, I give it to the profession for what it is worth. Having under care a patient suffering with heart disease, and failing to get satisfactory results in the removal of the dropsical effusions, with the usual remedies, I gave *Apis* and imagine my surprise, on the second day of its administration, to find liberal loose stools containing thousands of oxyurii. Have others had like experience? If so please report.

A CHALLENGE.

EDITOR INVESTIGATOR: Among the species of animal, there is one, possessed of the power of *assuming the same color*, with that of which it comes in contact. In consequence, it has the power of deceiving; and could do injury to the unfortunate person who comes in contact with it; but for its fear of man. And how striking is this with Bartholow's *ponderous* work, and yet our daily doctor who threads the village paths, with speed as though some house was on fire, never thought to look in the glass before he started. The public eye is become cognizant of *sham* and passes judgment accordingly. Yet we have some *things*, who, when they get snagged on a general law, a natural fact, *assume* the same color, but who leave their tarnish on the place they rubbed against, when they are brushed off. Recently I have given the *scientific* element here a chance to defend itself, but they *dare* not take hold of me. I have proposed to meet *any* one, (gray haired doctors, or chisel faced *graduates*!) on the following propositions: First, medicines, or anything that affects the human system in health (as an injury) is utterly futile, when given in doses, as is directed under *regular* regimen.

Second, that restorative action depends on relative affinity of the medicine and disease, and in the *divided* dose.

Third, that compounds are illogically and unscientific, as remedies for the removal of the cause of disease.

Well, no one has the hardihood to take it up, from the simple *fact* they are not able to prove any thing against it, and hence a signal failure of the regular school representatives here to reply to this challenge. And now six patients came over to me from the hands of *scientific influential regular* medicine. One says, "Oh, I doctored all summer with Dr. *Sage*, but I am no better than when I began." Another says, "My doctor said I could'nt stand his medicine any longer, as my stomach was about eat out now, and *he had nothing to go on.*" Another says, "Doctor! said I could'nt stand another course of medicines, as my nerves were all shattered to pieces now." How is that sort of evidence, in comparison of the boasted *regular* "with fair round belly and good capon lined" with beer and whiskey who with *plated* eye glass, chain, and ring, *assumes now* to mimick Homœopathic treatment, when they find they can do nothing more, and who get their professional mouth closed when they run against me. Quite all of the six patients in question, are rapidly gaining their former health under my treatment.

More anon,

O. J. LYON.

Consultation Department.

CASES FOR COUNSEL.

GIVE US THE DOSE.

As I am just entering the practice of medicine, I find a formidable difficulty in the fact, that there is nothing in Homœopathic literature which serves as a guide to the dose, to be given in different forms of disease. We have exhaustive works on symptomatology, but very little is said about the dose. Will some kind reader of THE INVESTIGATOR, who has had a large experience in battling with disease, give me the results of the same, in regard to regulating the dose to be employed in different ailments. Light is what I am after, and I am sure some one can give it.

CASE OF SEVERE PAIN.

S. forty-nine years old, auburn hair. Weight 200 pounds. About fifteen years ago he had sun stroke. Lay insensible for about six hours. Since then about every two months he has attacks of severe pain. These pains generally start from back of head or from the back and run to either side. At times it will run from head or back into both lower and upper extremities. Occasionally it will start in right side, and run over into left bowels and kidneys. The last attack the pain started just below the left nipple running up into the neck and top of the shoulder, and was very severe every time he breathed. What will cure?

G. L. R.

CASE FOR COUNSEL.

Mrs. C. aged twenty-five, tall, slender, blonde. Fifteen months ago became ill. Symptoms point to diabetes mellitus. Extreme thirst, ravenous appetite, profuse discharge of urine, two gallons during a night, heavy aching in top of head, falling off of hair, at times extremely nervous and irritable emaciation, much pain in dorsal spine more in sacral and lumbar; distress in stomach in connection with taking food with belching that gives only momentary relief. Cessation of menstruation four months. The thirst is not constant but frequent, amounting to about one-half the time, and the flow of urine varies with the drinking. Urine heated with caustic potassa gives deep yellow-brown color. At times cramping pains in lower extremities.

Have treated the case one month. Remedies used, Phos. acid, China, Arsenite of Bromium and Helonias.

The appetite is more natural, patient feels stronger, and the Helonias greatly relieved the head symptoms for which it was given, and which prevented rest at night. The Ars. of Brom. has been mainly relied upon. But still the thirst and great flow of urine remain. What will help? H. C. G.

ANSWERS TO CASES.

For the cases I suggest as follows: Dr. Quimby's case, page 304, Argentum nit.

Max's case. Diagnosis, stone in the bladder. Remedy, operation.

Dr. A. F. Randall's case. Alumina 200; if insufficient, Calc. 3x. J. C. M.

If Dr. Quimby's patient is not *dead* he may probably be relieved *yet* by Spigelia 6x four times a day. I should like to see the reports of results from some of the answers to cases for counsel. E. R. MCINTYRE.

In answer to case of Dr. S. J. Quimby, should think Silicea 30, would give five globules night and morning for two weeks; if not better give same remedy 200, once a day for a week.

Max reports a case that ought to have an easier field to labor in, but if he will work night and day at his time in life, I should think he would find much relief by taking Secale 30 three times a day, or Ipecac 30 or 12th, may come in later. For hæmaturia these two (one or the other) remedies should be first thought of. B. G. CLARK.

Book Reviews.

DOMESTIC PRACTICE FOR PARENTS AND NURSES. By M. M. Eaton, M. D.: Cincinnati, M. M. Eaton, Jr. & Co.: Chicago, Duncan Bros., 8 Vo. pp. 702. Price \$3.50.

This is a portly volume abundantly illustrated. First is given a copious medical dictionary, then follows a very full anatomy, physiology and hygiene. Chapters are given on symptoms, general diseases, and special diseases, dis-

eases of women, taken largely from Eaton's Diseases of Women, (200 pages,) infantile ailments and surgical diseases, a materia medica and pharmacy follows, including diet. The work is largely a compilation and in the main is well done. The arrangement however, is original and the treatment very well selected. The author inclines to the low potencies and expedients. Intelligent heads of families and students will find this work very helpful. If a little knowledge is a dangerous thing this is one of the safest works to put into the hands of the people. It is both large and comprehensive. Domestic works help to supercede the resort to patent medicines and the more of them the better. Each one fills its own niche.

HOMŒOPATHIC PRINCIPLES AND PRACTICE OF MEDICINE. By W. H. Dickinson, M. D., Professor of Theory and Practice of Medicine in the Homœopathic Medical Department of the State University of Iowa, and vice president of the State Board of Health. DesMoines: Mills & Co. : Chicago, Duncan Bros. 8 Vo. pages 730. Price \$7.00.

For a year past through students of the Iowa University have we heard of the prospects of the new work on Practice, by Prof. Dickinson, and from the success of the author as a teacher in that institution, and the high regard in which he is held by the students, we have anticipated a great deal. The work at hand does not deceive our expectations, and must certainly be ranked as a very superior practical book, fully equal, to the popular works of Flint and Bartholow in the Old School. The author modestly states in his preface that "the work is intended chiefly for the use of students and graduates just entering upon practice, but the author indulges the hope that physicians of large experience may also find in it something of value." Certainly they will, for a concise practical work on practice, such as this is, has been the unanimous desire of the Homœopathic profession for a long time.

The book opens with a very interesting chapter on the "History of Medicine," which is really fascinating as compared with the dry manner in which this subject is usually handled. The next chapter is devoted to "Pathology" and the following to "General Pathology," these subjects being treated briefly, but in a manner that indicates the author's familiarity with them, and his ability to make the subjects familiar to others. The fourth chapter discusses "the origin and theory of Homœopathy." The fifth on "Practice," gives Hahnemann's rules for physicians and treats on etiology, epidemics, and endemics, examination of the sick, subjective and objective symptoms, methods of diagnosis, action of medicines, etc. The sixth chapter is devoted to special pathology. In the first section diseases of the respiratory system are considered, followed respectively by diseases of the digestive system, circulatory system, nervous system, genito-urinary system, general diseases, and diseases of the skin. As a rule the author gives the synonyms first, followed by the definition, history, pathology, causation, symptoms, diagnosis, prognosis and treatment, a full chapter is devoted to physical diagnosis. In treatment the author first briefly enumerates the most important hygienic and accessory means which may be employed, and then follows with brief indications for the use of a few remedies which experience has established as most useful in the disease. This method will at once make the book popular with young physicians whose experience has not already taught them all these things, and to whom a long list of remedies alphabetically

arranged is very unsatisfactory, and we opine also, that older physicians will appreciate as well the improvement over old methods. As an example we remember how in our younger days we worried over a case of sore nipples, no book would tell us what to do, internal medicines were unavailing, and we were obliged to experiment, or adopt some "old woman's" suggestion.

Prof. Dickinson treats this subject fully, and mentions several of the local applications which his experience has taught him as valuable. Possibly the author carries this too far when he even mentions the palliative use of Morphine in neuralgia, (though not recommending it,) or Laudanum and starch injections in dysentery, or the application of acid Nitrate of mercury, or fuming Nitric acid to chancres. But while this may call forth the criticisms of our so-called "pure Hahnemannians," it will nevertheless be accepted with confidence by those who occasionally feel the need of resorting to such means, (and who does not?) and if abused by them it is not the fault of the author, who is himself a conscientious Hahnemannian, and who, we are informed adheres very closely, as a rule to "the single remedy and the minimum dose."

On the whole we find the book to be concise and eminently practical, a credit to the author, and to Homœopathy as well, and we have no doubt it will soon find its way into the library of every Homœopathic physician. It is well gotten up, bound in sheep. It is an Iowa book in every respect, and our Iowa brethren ought to be proud of the fact that both of their two professors in the University stand at the head of the list, not only as teachers but also as practical authors on their respective subjects. R.

News of the Week.

G. Wigg, M. D., has located at East Portland, Oregon.

Dr. V. Thompson has removed to No. 161 West 13th street, between 6th and 7th avenues, New York City.

F. H. Orme, M. D., of Atlanta, Ga., met with a serious accident recently. His horse ran away, and in the smash up, our good friend the doctor, had both arms broken. He writes: "My arms are doing nicely. Had a rough time the first two or three weeks without anodynes. Hope to have two straight arms, that I may greet my friends at Deer Park next June." The Institute meets at Deer Park, near Washington, and we hope to meet the smiling face of our good friend, Dr. Orme, on that occasion.

Locations.—A good Homœopathist would be welcomed by many of the people of Orwell, Bradford Co., Pa. The right man would soon work up a good business there. The place has supported two good physicians, but there are none there now, the business being done by physicians in neighboring villages. Rome, four miles from Oswell is another good location. A lady Homœopathic physician worked up a good business in that vicinity but lately left it for an easier field of labor. These are the particulars in brief. I hope that you will be able to send a good physician to that vicinity. Two Minnesota towns need Homœopathic physicians. Elk River, Sherburne County, and Clearwater, Wright, County. The latter, a village of eight hundred or more, (two hundred hotels) is twelve miles below St. Cloud, and surrounded by a well-to-do-farming community. There is a good Homœopathic patronage there, with not even the real Old School opposition. For places to begin practice they are excellent. Elk River is thirty and Clearwater about fifty miles from Minneapolis. WM. EBBOWARD.

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Surgical Department.

ACCIDENTS TO THE BACK.

From Gilchrist's Surgical Emergencies. *In press* by DUNCAN BROS.

Injuries of the spine are of interest, from the function of the cord enclosed therein, and the importance of the column to locomotion. A moments consideration of the various uses of this important part, some of them apparently antagonistic, will clearly show that serious injury must at all times be a matter demanding the solicitous care of the surgeon. It supports the head and superior parts of the body, resting upon the comparatively firm base of the pelvis. It gives at the same time flexibility to the trunk. It affords attachment and support to the ribs. Above all, it contains in its center the all-important medulla spinalis. With such important functions we would look for some unusual protection from injury, and are not disappointed. The first consideration would be protection of the cord from injury. This is secured both by location, and disposition of the spinal meninges. The vertebral canal, in which the cord is contained, is situated nearly in the center of the column, the diameter of the bodies of the vertebræ little, if any, exceeding that of the lamellæ and spinous processes. In cases of extreme flexion, therefore, the cord is in that portion of the column that is least affected by motion. It is further protected from the fact that the cord does not fill the canal, being much smaller in calibre, and the dura mater is not attached to the walls of the canal as is the case in the skull. At the foramina for the passage of the spinal nerves processes are thrown off, which while investing the roots of the nerves, at the same time serve as suspensory ligaments to the cord itself. The arachnoid spaces are also filled with an abundant supply of cerebro-spinal fluid, a fact which materially protects from jars. The cord may be said, therefore, to float in a water packing, and suspended by the processes of the dura mater at the foramina.

The column is protected from fracture by a provision in obedience to a well known law of physics, touched upon when speaking of cranial fractures, viz. : that fracture, in case of extreme flexion occurs at the point of extension, in preference to the point of compression. Should the flexion be posteriorly, the point of extension would be on the anterior face of the bodies of the vertebræ, which are not fixed, but yield considerably, through the medium of the intervertebral cartilages, which will give way before the bone itself yields. With the flexion in the opposite direction, or laterally, the freedom of motion in the articulations between the transverse processes, and extreme elasticity of the ligaments, effectually protects the parts from injury.

Joined to these elements of safety, we cannot fail to observe the number, size and strength of the muscles of the spine, filling the deep depression caused by the mode of attachment of the ribs, as well as the strength and density of the fascia. From this brief *resume* of the construction of the spinal column, it will be at once apparent that the protections from injury, by the exertion of any usual force, are ample and fracture must be, to a large degree at least, from direct causes.

The weakest regions in the spine, according to this process of reasoning, are those in which there is the least mobility, or mobility confined to or greater in one direction. Thus the sacro-lumbar, lumbo-dorsal, and the atlo-axial articulations. "It thence appears" says MR. SHAW (HOLMES, *Syst. Surg.* II, p. 357) that the portions most prone to injury are those situated where a flexible joins on to a comparatively inflexible division, and it might be expected that such should be the case. A force directed upon a pliant part of the column will cause it to bend, but on reaching a more rigid part, it will fail to do so; instead, therefore, of meeting with a gradually yielding, it will encounter a dead resistance; the force will be concentrated in place of divided, and it will overcome the strength of the material. Sir C. Bell illustrated the point by the breaking of a fishing rod. If the trout fisher in casting a long line snaps his rod in twain, the fracture will take place, not in the centre of one of the pieces, but near a joint, that is, at a part analogous to where the spine is most liable to be broken."

In considering the accidents to which the spine is liable, I shall first take lesions of the bony structure, and finally those of the cord. The subject will therefore be, sprains, fracture, dislocation of the spine with contusion, puncture, division and concussion of the cord.

SPRAINS AND STRAINS OF THE BACK.

It is utterly impossible to establish, with any degree of certainty, a differential diagnosis between strain and sprain; whether the condition is a subluxation, or a purely muscular lesion, will always be a matter of more or less doubt; not so much, however, from the similarity of the symptoms, as from the fact that the conditions usually co-exist. Every case of sprain will have some symptoms of strain because there are the *conditions* of strain; the reverse, however, does not necessarily hold good. As a matter of fact, concussion will often present a preponderance of the conditions of strain, while extreme and unlooked for flexion will give those of sprain; when the concussion is severe enough to cause symptoms of sufficient importance to demand medical aid, flexion also occurs, as will be shown later, and the etiology is correspondingly valueless. For this reason I shall speak of the conditions as identical, and include them both in the word sprain.

The causes of sprain are various, and the symptoms vary much with the region principally affected, and the degree of force applied. It will be convenient, therefore, to divide the subject into sprains of the neck, and the lumbar spine, the dorsal region being practically exempt from such accidents.

(a.) *Cervical spine*.—The causes of sprain in this region, are usually sudden, unlooked for, or extreme flexion, or a severe jar. Under either circumstances the effects are the same. For instance: A man falls on the back, the neck striking on a curb-stone, stick of wood, or a stone. The momentum of falling being suddenly arrested by such an object as that referred to, the head and that portion of the spine above the point of contact, continue on, in the same direction, and with the same force and velocity, until arrested by the action of the muscles, involuntarily made tense, or by the head reaching the ground. The result is a sprain at the point first struck, caused by the concussion, the jar and the sudden forced flexion.

The *symptoms* of such an accident may simulate those of fracture or dislocation, but the matter can be readily determined, in most instances, particularly when the case is seen very soon after the accident, from the diffused character of the pain, and the absence of any irregularity of the spinal processes. The symptoms, again, vary somewhat with reference to the extent of the lesion, e. g., whether extending to the cord or not. At this time we are more particularly concerned with the conditions external to the spinal canal, which last will be reserved for a later paragraph. The most prominent symptoms are pain, immobility, and swelling. In the majority of instances the pain will be quite insignificant while the parts are at rest, but become very acute upon any attempt of motion. It may in the earliest stages be localized, but very soon becomes diffused, and extends along the muscles into the head, chest, and arm. In severe cases the patient will lie in the position that gives the most relief from pain, will be very averse to motion or any attempt thereto, and when necessary to change position will either do so by aiding the motion of the head with the hands, have it done by a bystander, or accomplish it very slowly and with complaint of suffering. Convalescence can be recognized by the greater freedom of motion.

Immobility of the neck is due to various causes; partly voluntarily, from the pain the least attempt at motion produces, and partly involuntary from the swelling of the parts, and the spasmodic tension of the muscles. Immobility being one of the chief diagnostic features of dislocation, it is essential that care be had to differentiate from sprain at this time it will be sufficient to observe that in dislocation, at least to a sufficient extent to produce the characteristic immobility, there will be more or less indication of spinal lesion, particularly paralytic symptoms.

Swelling is due to effusion, either serous or sanguineous, as occurs in the case of all contusions; when of blood the ecchymosis will be considerable and at once settle the question. If the blood remains fluid and is poured out in considerable quantities, there is always danger that some of it may find its way into the spinal canal, or becoming disorganized induce pyæmia. In the large majority of cases the swelling will be quite small; when the reverse greater care must be had in the examination, there being a reasonable presumption of graver lesion.

In rare cases there may be delirium, paraplegia, some paralytic conditions in some of the viscera, priapism, or convulsions, many of which, if not all, are producible by shock or concussion. While such symptoms are usually considered evidences of lesions of the cord, they may likewise be purely functional, and of a temporary character. With considerable effusion and swelling, it is often the case that one or more of the spinal roots are compressed, or they may have been squeezed at the time the neck was flexed. Such symptoms will, however, usually be onesided, and in the absence of any evidence of brain lesion, may be readily interpreted. Nevertheless there are exceptional instances, to which the surgeon must call to his aid his own common sense and powers of discrimination, which cannot be described with pen and ink.

The *pathology* does not differ from that of sprains in general, at least in any essential particular, excepting the liability of the roots of the nerves to injury as they pass out of the foramina. The muscles and ligaments are more or less lacerated, occasionally but a fibre or two, and again to some extent parts on the side of compression are contused; the venous sinuses are occasionally found ruptured, from being caught between the vertebræ, and as they are unprovided with valves the hæmorrhage is usually very profuse. In some instances, in which the exhibition of force has been extreme, there has been found evidences of partial dislocation, the parts slipping back into their position again, with slight fracture of the articulating surfaces.

The *treatment* depends upon the violence of the symptoms, and the extent of injury sustained by the parts. In ordinary cases, those in which the sufferer is not confined to his bed or house, *Rhus*, in any attenuation, given at intervals of an hour, will ordinarily produce perfect resolution in a day or two. In cases in which there is good reason to believe that there has been a slight dislocation, *Ruta g.*, has always done me good service. Much ecchymosis would call for *Arnica*; when the blood is fluid, however, forming a fluctuating swelling, *Hamamelis*, will have curative effects. Paraplegic symptoms, if due to shock, will be benefitted and often relieved by Paradaism of the affected parts. When shock alone seems to be the cause, *Arnica* will rarely fail to afford relief. So also when there is much ecchymosis, followed by more or less paralysis, there is a fair reason to suppose effusion into the vertebræ canal, and *Arnica* again will be the appropriate remedy.

In cases of greater severity, in which motion is excessively painful, and the constitutional symptoms severe, it will be necessary to have the head well supported by pillows, or even bags of sand, as long as this sensitiveness continues; after this period, when motion can again be tolerated to some extent, caution must be exercised to avoid the continuance of this immobility, fearing future stiffness of the neck, and also to avoid too much or too violent motion, which might renew the active symptoms, or even establish inflammatory action.

(b.) *Lumbar Spine*.—Probably more sprains occur in this region of the spine than any other. The reason for this is thought to be the greater weight it is called upon to sustain, both in state of rest, and

when the individual is engaged in any of the ordinary avocations of life; the position being between the fixed pelvis below, and the comparatively fixed dorsal spine above, and its greater exposure to accident from position and function.

The *causes* are similar to those observed in the case of the cervical spine, but in the majority of cases is a wrench or twist from attempts to save oneself from a fall or misstep. When occurring from a fall or jar, as has occurred in falls from a height on the nates, sudden arrest of momentum by the nates striking the ground, causes a very great weight, that of the thorax and head multiplied by the velocity of the fall, to fall upon this extremely flexible portion of the column. Indeed there are many cases on record in which both the neck and loins have equally suffered from such an accident. Accidents from machinery, such as being thrown over a shaft by belting, have caused many of the worst sprains; attempts to lift or carry heavy weights are also responsible for many accidents.

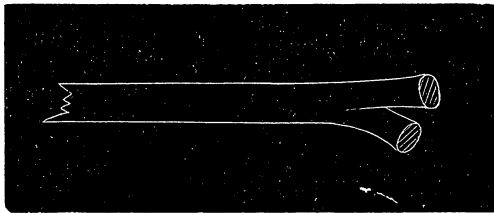
The *symptoms* vary greatly, as in the case of cervical sprains, but on the whole are more local in character, with less danger of lesions of the cord, and other nervous injuries, than obtains in other regions of the spine. The proximity of the kidneys, rectum and other abdominal and pelvic organs, predisposes to a group of symptoms peculiar to this region, and opens questions of deep interest to the medical jurist, which will be briefly discussed later. As far as pain, swelling and immobility are concerned, the symptoms are of similar character, and proceed from the same causes as when the neck is sprained. They may assume greater prominence, however, from the greater impediment to bodily movement. At times the pain and immobility will be so great, that suspicion of fracture or dislocation will be entertained. The fact that the pain extends through all the lumbar region on tactile examination or movement, and that the spinous processes can be traced in a direct line, will at once settle the question. Examination for purposes of differentiation will be very unsatisfactory unless made early before there has been time for much swelling. The pain in fracture, however, is localized, and attempts at motion, while causing some diffusion of the pain, will not remove or lessen that at the point of fracture; furthermore, the patient will feel a grating or slipping in the region, unless there should be impaction, which never occurs, or very rarely.

The *treatment* according to the prevailing authorities, contemplates six or eight weeks in effecting a cure, even in the most favorable cases. My experience, whilst not large, has been respectable, teaches me that in nine out of ten cases, it need not consume as many days. *Rhus* is the most prominently indicated remedy, and has rarely, if ever, failed me, unless there was much ecchymosis, when *Arn.*, took the lead. Rest is an important aid, but it is perfectly competent to cure quite severe cases while the patient is moving about with the aid of a stick, attending to the ordinary affairs of life.

Some of the more frequent concomitants and sequelæ of sprains of the spine, particularly as they involve the spinal cord, remain to be considered; while our knowledge of these conditions is necessarily

limited, any attempt at a systematic study of this common lesion would be incomplete without reference at least, to some of those more constant.

(a.) *Hæmaturia*, or bloody urine, is one of the more frequent concomitants of lumbar sprain. The situation of the kidneys with reference to the spine, and their somewhat fixed position, predisposes them to injury when the flexure of the spine has been extreme. That the blood so often observed in the urine is from a laceration of the kidney has been shown by the few autopsies that have been made; also that the laceration is in the pelvis of the organ. The amount of blood varies from a few drops sufficient to color the urine, to a positive hæmorrhage, which may and has been so profuse as to endanger life. In many instances it will cease in a day or two, and be reproduced a number of times, but in no well authenticated cases has the accident resulted in permanent disease of the kidney when no disorganization or predisposition thereto existed prior to the accident. In several instances, as appears in the various works on medical jurisprudence, suit has been brought against railway companies for damages resulting from accidents, when it was claimed that Bright's disease had been caused by the accident. In every instance, so far as my knowledge goes, it has been conclusively shown that the disease either existed prior to the accident, or what was supposed to be such a condition disappeared after a time, showing a purely traumatic condition. In several instances, however, juries have given plaintiff damages, when all the medical testimony was in favor of the defendant, probably from a well-known hostility to large corporations prevailing among the class from among whom juries are usually drawn.



The *treatment* of hæmaturia is not at all times easily determined, so much depending upon the extent of the lesion in the kidney. Although it will be reached again, when I come to speak of *Injuries to the Pelvis*, it may be noted here, that very frequently after a few discharges of blood from the urethra, there will be a suppression of urine, the cause for which may cause embarrassment unless prepared for it. On introducing a catheter it will be found that no urine flows, upon withdrawing it the fenestra will be found filled with coagulated blood. The difficulty is now seen to be the lodgment of a clot of blood in the neck of the bladder. This must be broken up with a catheter or sound; if the urine still flows with difficulty, injections of warm water may be practiced, through a double catheter like that exhibited in the

accompanying cut. The double catheter is to be preferred to the ordinary form, inasmuch as the necessity for withdrawing and re-introducing the instrument is avoided. The urine will sometimes flow in a steady stream, with considerable force, when suddenly there will be a distinct shock felt by the hand holding the instrument, and the flow will be at once arrested. This is caused by a clot of blood falling into the fenestra of the catheter. Do not withdraw the instrument, if possible; it can usually be cleaned by applying suction with a syringe. There are cases noted, in which death has occurred, when the whole cavity of the bladder, greatly distended, has been found filled with coagulated blood, and the pelvis of the kidneys likewise engorged.

Arnica, or *Hamamelis* are the remedies most frequently called for in hæmaturia, the differential indications not being very exact or readily made out. As a rule it may be said that *Arnica* is indicated the greater the shock. When constitutional symptoms are absent or insignificant, *Ham.* would more properly be the remedy.

(b.) *Hæmorrhage into the canal* is an occasional concomitant of sprains, and one of an exceedingly grave character. Up to the present time it has been found almost impossible to determine with any degree of certainty the existence of this accident; it is always a mere conjecture. The symptoms are sufficiently pronounced, but resemble so closely concussion or compression of the cord that it defies modern science to differentiate the conditions. The accident is usually due to extreme flexure of the spine, more frequently laterally, by which the venous sinuses are torn or squeezed. When the blood is poured into the subcutaneous cellular tissue there is a reasonable certainty in attributing symptoms of spinal lesion to effusion of blood into the canal, if for no other reason, because there is evidence of considerable hæmorrhage. Under other circumstances, no blood appearing under the skin, there cannot fail to be much doubt.

The symptoms are generally paraplegic, but vary somewhat from those following destruction of the cord. When the cervical region is the seat of the injury, there is very frequently priapism, retention of urine, and constipation as primary symptoms. Later there will be incontinence of urine, diarrhœa, occasionally with involuntary stools, and shriveling of the sexual organs. These symptoms are not so marked when the lumbar spine is affected. The paralytic symptoms are very irregular, and cannot at all times be readily accounted for. Thus cases have occurred in which the left arm and right leg lose both sensation and power of motion, with some lowering of the temperature. In others the symptoms will be choræic, sensation either unimpaired or exalted, but co-ordination disturbed, and the affected parts thrown about entirely beyond the control of the will. At other times the paralysis will be complete, both sides being affected alike. The symptoms are established very speedily after the accident, and slowly increase in intensity until the maximum is reached, when they may as slowly decline or remain permanent. It is only in exceptional cases, however, that perfect recovery takes place. The blood as it increases in amount, in the same proportion increases the intensity of

the symptoms. The flow ceasing, the symptoms have reached their maximum, and commence to decline. Moreover, the lower portions of the canal being first filled with the blood, it is function derived from nerves supplied by that portion of the cord that first suffers. Should the extravasated blood be absorbed completely, perfect recovery may ensue, provided the compression to which the cord has been subjected has not continued so long that some lesion has been produced. Otherwise the symptoms may remain for an indefinite period, or morbid action once set up, some bodily vice may perpetuate or aggravate it. Complete resolution very rarely occurs. The commoner termination, it is thought, is a coagulation of the blood, partial absorption, and great injury done the cord by the contraction of the coagulum. In other instances, even when the greater portion of the blood is absorbed, small coagulæ remain attached to the walls of the canal or the dura mater, which at the best keep up more or less spinal irritation, and in some dyscrasic individuals even establish suppuration.

The *treatment* is as unsatisfactory as the diagnosis. This is unquestionably due to the obscurity surrounding the etiology. In ordinary practice, I do not question for a moment, etiology may be largely ignored, and the patient treated solely by indications purely subjective. But in conditions like the present, this method would signally fail. The symptoms, as has been shown may be of a character to indicate any supposable lesion of the cord, and any one out of a long list of remedies. Here we have but one solitary indication, *viz.*: the promotion of absorption of the extravasated blood. There is but one remedy, perhaps two, that is known to produce any such effect, at least as far as my knowledge extends. That remedy is *Arnica*. If any other has similar properties it would be *Conium*. Whilst *Rhus*, therefore, would be the remedy oftener indicated for a sprain, if effusion into the spinal canal can be made out *Arnica* must take precedence. From the difficulty met with in establishing this point, it seems to me, our treatment must always be purely expectant, and quite unsatisfactory.

(c.) *Inflammation and suppuration* are very remotely sequelæ to sprains of the spine, and in the absence of dyscrasia many authors deny the occurrence. On the other hand the relation of the dura mater to the vertebral canal would readily account for the latency of such conditions, or the failure to recognize them until well advanced. In the skull the intimate relation between the dura mater and bones, the former actually fulfilling the office of periosteum, morbid action in the bones is readily extended to the brain. In the spinal canal, on the other hand, there is a proper periosteum, and the dura mater, except at the point of exit for the spinal nerves, is far removed from the bones. Hence, inflammatory conditions may exist for a long time before the cord will be implicated, at least to a sufficient extent to attract attention. The earlier symptoms will invariably proceed from irritation at the roots of the nerves, and being one-sided, evidently not from cerebral irritation, attention will be directed to the point of injury. Another question then presents itself; is it a

case of caries, and if so, what agency had the sprain in its production?

In caries the bodies of the vertebræ are chiefly attacked, and as they break down produce great deformity, projection of the spinous processes being the most marked. There are evident signs, also, of severe constitutional disturbance, symptoms that can hardly be misinterpreted. In the case of inflammation from sprain, the articulating surfaces of the lamellæ, and transverse processes suffer, and there can be great destruction of the parts with very little, if any, deformity. Abscesses forming in the region of the spine, evidently implicating the bones, can be distinguished from caries, therefore, by the absence of deformity, of cachexia, and of any history of constitutional trouble pre-existent to the accident. There can be no doubt, as every case of caries is referred by the sufferer to the reception of injury, that caries *may* succeed a sprain of the back; it can never be considered as more than an accidental exciting cause, the disease would be developed sooner or later, without any such accident.

It has been thought that the more frequent cause of inflammation of the spine, is a considerable displacement of the vertebræ, which slips back into position immediately, but only after severely contusing and squeezing the parts involved. Under all circumstances, however, the symptoms are slowly developed, and may pass away without suppuration ensuing.

The consequences, or results of inflammation, are various, apart from suppuration. Resolution is probably the more frequent, particularly where the diagnosis is made out early, judging from the infrequency with which we meet with reports of cases in the journals.

Erosion of the bone, and spontaneous fracture of some of the processes entering into the formation of the arch of the vertebræ, will be liable to occur when the inflammation is unchecked. It can hardly occur to any extent unless suppuration occurs. Such an occurrence will be nearly as serious as caries, portions of bone being detached, and abscesses form in the soft tissues, which have a tendency to reopen after being partially healed, which sooner or later exhausts the patient, inducing hectic, or pyæmia. The admission of pus into the vertebræ canal will set up some destructive affection of the cord, and the prognosis will be decidedly unfavorable.

The *treatment* depends upon the stage in which the condition is when recognized. In the earlier stages, when the integrity of the bone has not suffered, *Arnica* will be the remedy usually selected. Should suppuration have become established, and abscesses form, the pus must be freely evacuated. A failure to attend to this important matter, will precipitate that which every effort should be made to avoid, *viz.*, the admission of pus into the vertebræ canal. Should pyæmia threaten, it should be treated precisely as when originating elsewhere (*See Surgical Therapeutics*). When there is loss of osseous tissue some attention must be paid to splints, braces, position, or some measures taken to avert deformity, for recovery can then only occur with more or less ankylosis.

II. FRACTURES.

Fractures of the spine, are usually the result of the direct application of force; in very few instances are examples of indirect fracture observed. For convenience of description, as well because the division is logical and practical, I shall adopt the method of PROF. HAMILTON, and classify these lesions with reference to the different portions of a vertebræ, *i. e.*, first of the spinous processes, next of the transverse processes, then of the arches, closing with fractures of the body. Gun-shot fractures will require a few words in addition, and from the fact that they are always compound, whilst those from other causes are more frequently simple, it might be well, as some writers have already attempted, to treat the subject under these two heads. We cannot proceed far in our studies before the conviction is reached that the arrangement is purely artificial and impractical.

(*a.*) FRACTURE OF THE SPINOUS PROCESSES occurs in all regions of the spinal column, with less frequency in the lumbar spine on account of the projection backwards and upwards of the spine of the ilium on each side, as well as the greater strength of the processes themselves.

The *causes*, when direct, are blows upon the processes, either downward, or laterally. When applied directly on the extremity, tending to drive the process in upon the canal, the force will usually, or at least with great frequency, cause fracture of the arch. Indirectly the spines may be fractured by severe muscular effort, or sudden tension being placed on the ligaments; indeed a case was reported in a foreign journal some time since, the reference is unfortunately lost, in which on examining the body of a criminal who had been executed by hanging, two of the spinous processes in the cervical region, the sixth and the seventh, were completely fractured.

The *symptoms* are chiefly pain, mobility, frequently crepitus, and occasionally displacement. Pain is constant, and while quite severe at all times, is more particularly so when the trunk is bent forwards, thus putting the tissues of the back on the stretch.

Mobility is always marked, and while a certain indication may very well prove a deceptive one as to the exact nature of the injury. It may be fracture of the arches, in place of the spinous projections the fact that there are no evidences of lesion of the cord, and the spinous process is not driven in, will ordinarily settle the question. Should the force producing the fracture be extreme, the concussion may cause paralytic symptoms, but as they are transient in character, a little delay in completing the diagnosis will enable the examiner to arrive at a correct opinion.

Displacement occasionally occurs, but rarely to such an extent, at least laterally, to produce much deformity. The record of nearly all the cases to which I have access, fail to note any marked displacement, and when we consider the strength and number of the ligaments and muscles attached to these processes, we cease to wonder that displacement so rarely occurs. Occasionally the fragment will be found forced downward, the appearance then resembling fracture of the arches or body that unusual care must be had in the examina-

tion. This is the more necessary as the force under those circumstances is usually so great that sufficient shock or concussion may be communicated to the cord and brain to produce paralytic symptoms of any degree of gravity. As said earlier, however, such symptoms are quite transient, and after a day or two, there should be no difficulty in arriving at a correct conclusion.

The *prognosis*, as to repair of the injury, is not good. It was stated by many of the older writers, notably HIPPOCRATES, that such fractures healed with as great readiness as in the case of other spongy bones. HAMILTON, together with all the more modern writers, arrive at an entirely different conclusion. In the vast majority of instances there is no appearance of union when an opportunity is presented, years after such an accident, for examining the parts at post-mortems. In but one case, in fact, related by SIR ASTLEY COOPER, occurring in the practice of MR. KEY, has any kind of union been observed, and in this it was ligamentous and imperfect.

The *treatment* is purely expectant. In short there is nothing to be done. There always being room to doubt whether the arches are involved or not, no one would feel justified in applying retentive dressings, which would have a tendency to force the fragments in upon the cord, if the lamellæ were really fractured. Securing a comfortable position, and meeting febrile or inflammatory symptoms as they arise with an occasional dose of *Symphytum* to hasten repair, will include all the indications. No great damage will result, if union *should* occur with some displacement, which, however, is so seldom the case that it may safely be asserted the fragments are always found in position.

(b.) FRACTURE OF THE TRANSVERSE PROCESSES can scarcely occur except from direct violence, as a gun-shot, or some stabbing weapon. Very many cases have occurred, unquestionably, in which the accident was never recognized, the symptoms as related to the bone, at least, proving too insignificant to challenge attention. Such symptoms as are common to fractures of the various processes of the spine, such as mobility and severe deformity, will be found, but in the large majority of cases the symptoms of associated spinal lesion will entirely obscure those relating to the bones. In fact, should the accident occur in such a manner that the injury is confined to these processes there is small chance that the true condition would ever be recognized. Such symptoms as pain and swelling would be attributed to contusion or sprain, and the fracture escape detection.

The force being always an extreme one, we will expect to find concussion of the cord, some wounding of the same, or effusion, either inflammatory or hæmorrhagic into the vertebral canal. For this reason, whilst the fracture itself is quite an insignificant affair, a prognosis is at all times unfavorable, the majority of such cases terminating fatally.

The *treatment*, as far as the fracture is concerned, is expectant; the patient is to be placed in the most comfortable position, and the various complications to be met as they arise. The few cases that

have recovered, or at least in which death was delayed some months, have on *post mortem* examination exhibited no signs of an attempt at repair. The broken extremities of the bone have been found rounded off, and either totally unconnected, or a false joint formed as was seen to be the case in fracture of the spinous processes.

(c.) FRACTURE OF THE VERTEBRAL ARCHES occurs, for the most part, when the blow is received directly on the spinous processes, driving them in on the cord, or laterally. The same force, in fact, that received not in the exact axis of the processes, will cause a fracture of the spinous protuberance which in the same axis will be communicated to the lamellar plates. As far as examination has been had both plates are broken, the pedicals rarely if ever being involved.

The *symptoms* vary materially from those indicative of either of the forms of fracture we have just considered. Displacement is the rule, and while a depression of the spinous process is usually observed, cases have occurred in which it was laterally. This last is produced by the fragments over-riding on one side. The nature of this fracture, and the direction of the force as usually applied, renders it almost impossible that the cord should escape injury. This will serve to assist in forming a diagnosis in doubtful cases, for, as has been shown, in fractures of the spinous processes, such symptoms are due to concussion or shock, and will soon pass away. Furthermore, in some instances, particularly when the case is seen sufficiently early, it may be possible to secure mobility of the fragments in such a manner that no doubt can be entertained as to the seat of fracture.

Cases occur, again, in which the symptoms of injury to the cord are so extreme, and the sinking of the spinous processes so considerable, that fracture of the body will be suspected. Something may be predicated, as HAMILTON says, on a consideration of the "direction and manner of the blow which has produced the fracture. Thus a fall upon the top of the head would most often produce a comminution of the bodies by crushing them together; while a blow upon the back could scarcely break one of the vertebræ, without breaking the corresponding arch also. We might thus be led to infer in the first instance, that the arches were not broken; and, in the second instance if we could convince ourselves that the arches were not broken, we might rest partly well assured that the bodies were not." Again, it must be borne in mind, a fracture of the arch may be clearly made out, and yet the observer still remain in doubt as to the condition of the bodies.

Symptoms of injury to the cord, which are of especial interest in this form of fracture, vary with the region injured. Following the arrangement of HAMILTON, in this respect, their consideration will be embraced under the head of fractures of the bodies of the vertebræ, which will save repetition.

The *treatment*, as is usual in spinal fractures, is altogether expectant. If there is no displacement, there is nothing to be done further than preserving quietude in some comfortable posture, and meeting concomitant conditions as they appear. The lesions to the cord are the chief interest, and in the absence of actual wounding will probably be due to effusion into the canal, or to shock or concussion. These have been

partially referred to elsewhere, and will claim our attention more fully before the close of this chapter. *Arnica*, we may state in passing, will probable be the remedy in a majority of cases, as the frequency of effusion is greater than that of wounding.

With displacement the question naturally arises, whether attempts at reduction should be made, and if so what method shall be employed, HAMILTON (*Fracture* p. 148), discusses this question at considerable length, and in common with nearly all of the authorities of to day, concludes that it is worse than useless. The patient will die if the fracture is unreduced, it is true, from a comparison of all the cases reported to which he had access, it appears that every one that was well authenticated, died after any operation. Surgeons of the first position, have repeatedly attempted operative measures, but invariably death has ensued. So uniformly has this been the case, that all reports to the contrary will be received with great suspicion, and it will require unusual evidence to alter the conviction of surgical practitioners that the case will do better if left to nature. If reduction should be effected, there is no possibility of securing retention. The accident is an eminently fatal one, death being due, as in the case of fracture of the transverse processes, to the associate injury to the cord. Recoveries have occurred, but in every instance it was where the officious practitioner would consider the "case had been shamefully neglected."

(d.) FRACTURE OF THE BODIES OF THE VERTEBRÆ are produced in various ways; either by blows directly on the spinous processes, in which case the arches are also broken; falls upon the head or nates; extreme flexion, as in the case of sprains; or from injury directly to the bone, as in the case of gun-shot accidents, or wounds from some stabbing weapon. It is impossible to state under which circumstances fracture oftener occurs; perhaps, all things considered, transmitted force is oftener the means. We have already seen, as MARGARIGNE has shown, that there are three points in the spinal column where motion is free, and that sprains occur, for the most part, at the point where an inflexible joins on to a flexible portion. In the case of fracture, and dislocation as well, the injury is sustained by the vertebræ forming the flexible part of the column. Thus we find the majority of the fractures, except those from direct violence, in either the region between the third and seventh cervical vertebræ, the eleventh dorsal and second lumbar, or the fourth lumbar and the sacrum. There are a few instances recorded of supposed fracture of the bodies of vertebræ by muscular action alone, or by transmitted force from the head striking the water when diving from a height. In both of them there are too many elements of doubt to permit us to include them in a list of probable causes.

The direction of the line of fracture, and its character, varies greatly. In some the bone is crushed into a great number of fragments; in others a small piece is chipped off; in still others the break is vertical or transverse; and in a large number of instances oblique, the line of fracture being from above downward, and from behind forward.

In cases in which the force has been a crushing one, from above downward, the injury is rarely confined to the body of the bone, the spinous process, and arches usually partaking in the lesion.

Displacement is usually marked in these fractures, the upper fragment riding down over the lower. The deformity thus produced is extreme, throwing the spine out at a sharp angle, the point of the angle being formed by the spinous process next below the fractured vertebræ. It is this displacement, and consequent compression or laceration of the spinal cord, which causes so much interest to attach to this form of fracture.

Prognosis is always unfavorable, although there are many cases which escape with life; in these, however, there are functional troubles, of a paralytic character, that are never fully relieved.

The *symptoms* vary greatly with the region injured; certain symptoms, however, are common to all. Thus there is common pain, more particularly on contact or attempts at motion; swelling; ecchymosis; often crepitus; angular deformity, to some extent in all cases, but occasionally very slight; particularly, as symptoms of the first importance, paralysis of parts below the seat of fracture, due to lesions of the cord or spinal nerves. The bladder is paralyzed, in nearly all cases, and the urine is markedly alkaline; priapism is common, particularly in cervical fractures; at first retention of urine, followed by incontinence. So with the rectum, there is ordinarily first a spasmodic contraction of the sphincter, with retention of fæces, followed by diarrhœa with involuntary stools. Respiration, cardiac action, and other functional acts are more or less disturbed, depending upon location, and bed sores are frequent. To properly understand the significance of these symptoms, it will be necessary to take up each region of the spine separately.

Common Affections of the Anus often Neglected.—Dr. Myrtle, in the *British Med. Jour.*, June, 1883, p. 1061, comments upon some of the common affections of the anus. The first he notices is pruritus ani, which is most painful to bear, and which, when it has existed for a long time causes the mucous membrane, through constant scratching, to become hard, thick, and corrugated; then nothing effects a cure but the removal of the whole affected skin and mucous membrane by the knife. Fissure is of much more common occurrence than one would at first believe, and is only successfully treated by an operation. Hæmorrhoids are often neglected, and it is a common remark, 'Never mind, bleeding piles are safe; take a spoonful of electuary at bed-time.' This is bad advice, as an operation is nearly always needed. Another affection to which attention is drawn is a form of neuralgia produced by cold, either from the bed-clothes being too scanty or from sitting on a cold seat. This is best relieved by warmth. In nearly all these cases, Dr. Myrtle insists that a surgeon should see the case, as medical treatment is of little use.—[Dr. M. knows nothing of Homœopathy and the value of remedies.—Ed.]

NEW TREATMENT FOR WOUNDS.

BY J. D. BONNER, M. D., BUFFALO, N. Y.

A young man while working a machine in a planing mill, got his hand smashed between the wheels, necessitating its amputation through the middle of the metacarpal bones, which I performed in my office on the 24th of last August, he was then taken home and soon afterwards I visited him and found him suffering quite severely from pain, though Morphine had been given to relieve it. Then I fixed the stump comfortably on a small table in front of the bed and wound a small rubber tubing neatly around it and a portion of the wrist, after which I tied a weight on one end of the tube and dropped it into a bucket of cold water, placed either on the table or near to it, then by sucking on the free end of the tube the water runs, encircling the stump and may be conducted to another bucket on the floor; thus on the principle of the siphon we obtain a continual application of *dry cold*, that may be moderated according to the sensations of the patient. If there be pain, let a larger stream of water flow, if he feels it cold, tie a loose knot on the tubing, which diminishes the stream to the feelings of the patient, and indeed my patient rested comfortably after the tubing was adjusted, which was continued for about three days with occasional remissions or intermissions in the stream, when indicated, using ice in the water, always being guided by the feelings of my patient. At the end of the above time I dispensed with the tubing, and continued with a dressing of Boro-glyceride dissolved in hot alcohol—the patient being able to go down to the mill in one week from the time he met with the accident, and in four weeks could commence working.

In another case where I operated for extensive caries in both tibiae of a boy ten years old, I used the *dry cold* in like manner and granulation, without suppuration went along beautifully, the patient feeling quite comfortable while the current of cool water encircled his legs; so also in numerous other cases, with like pleasing results have I employed the *dry cold*. Now, in any case where traumatic inflammation is liable to occur on the extremities or superficial parts of the body, the above course of action will obviate this complication and all its sequences. Though ice bags, cold water irrigation, wet rags, etc., have been and are still used to subdue such inflammations, I claim originality and superior results from the dry cold treatment as above described, which allows physiological cell proliferation sufficient to repair the injuries, while it *prevents* exaggerated or pathological activity in the parts, thus avoiding suppurative products, which belong to the realm of decay, rather than repair.—*Phys. and Surg's Invest.*

Urethragraph.—Dr. George Herschell, in the *Lancet*, June, 1883, p. 943 describes a new instrument which he calls the 'urethragraph,' and by which it is possible to obtain, in the simple act of withdrawing it from the urethra, a graphic representation of the whole length of the canal, in the form of two lines more or less parallel, traced upon a strip of smoked paper. A wood cut is given of the instrument, with a detailed description as to now it is to be used. Messrs. Weiss & Son are the makers.

Gynæcological Department.

SYPHILIS IN PREGNANCY.

BY JOHN ATWATER, M. D., CHICAGO.

July 30, I was called to see Mrs. B., aged twenty-three, who said she was about five months pregnant. She appeared a stout, healthy woman, and was living in apparently a snug way in a nice, tidy cottage. She informed me that she had one child that died when a few months old, and she seemed very anxious to have the one she was now carrying do well.

Her only cause of complaint seemed to be an ulcer on the left breast just above and involving the base of the nipple. It was a little more than an inch in length, and about three-fourths of an inch in the widest part, with edges irregular and a little raised. It was not very deep, but of rather angry appearance. She said it was not very painful, but at times would burn fearfully, especially when she got heated about her work.

She said it had been there a number of weeks, and she and her husband had been trying a number of different preparations to heal it, but it would not heal.

I asked her if she then had, or at any time recently had had any sores on any other part of her body, to which she promptly answered no not any. This answer, with the surrounding appearances of a happy home, tended to remove from my mind fears that it was a of specific character. I gave *Arsenicum* 30x, to be taken four times each day, and ordered to dress the ulcer with bread and milk poultice. This was continued with some change in the dressing for about three weeks with some relief, but with very little improvement in the ulcer.

August 22, I received a letter from her husband expressive of his dissatisfaction with the slow progress that was being made, and, furthermore saying, "it is breaking out very badly on her entire body. She tells me she has two very aggravating eruptions on her privates, which leads me to believe that it has taken a sort of syphilitic turn, in which case the sooner it is attended to the better, I think." With this revelation, I called and put my patient on *Nit. acid* 3x, and applied a little powder of *Merc. sol.* on the dressing of the ulcer on the breast, and ordered it used on the other ulcers also. The one on the breast soon improved, and by the middle of September was entirely healed. My patient now complained bitterly of those on her private parts, which, she said, had increased in number to five or six, and were attended with so much burning and itching as to make her almost crazy, especially at night on getting warm in bed. Gave *Sulphur* 30x, followed by *Thuja* 30x, neither of which seemed to do much good.

October 3, gave *Biniodide of Mercury* 3x three times daily. October 6, found her with less suffering from the syphilis, but she was considerably frightened from a discharge of water that had been going on during the previous two or three hours. She said she could not tell where it came from, but it had soaked three napkins. Her pulse was full and accelerated. Left *Acon.* 6x to be taken every three hours.

October 7, found patient with pulse normal. The water had stopped flowing, and she was up, feeling, she said, quite comfortable.

October 8, they called another doctor (old school), as she was in pains like those of labor. He came made an examination, and went away saying his services were not required yet. About an hour later she gave birth to a lifeless child, apparently nearly matured, as at proper time.

The books tell us that nearly all such cases result in about this manner; or that if the child is born alive it will in most cases soon die. Is there not some way to better results in such cases?

Again, they tell us that the future offspring of parents thus afflicted, although such parents may have been apparently cured, are apt to perish in like manner. Is there no way to so completely cure parents of syphilis that they can produce healthy children? If there is, for humanity's sake, let it be inscribed in bold letters that all may read.

Again, can it be possible that the ulcer on the breast was the first, and for a long time the only outward evidence of the terrible disease at work in the system?—*The Clinique*,

Sanitary Department.

NOTES ON THE CLIMATE OF ASHEVILLE, N. C.

MESSRS EDITORS: Permit me the pleasure of complying with your request that I give you some notes for publication in regard to the climate of Western North Carolina. My conclusions are based more especially within the vicinity of Asheville, where I spent some time in the practice of my profession in recent years. During the time I had patients who had visited all the places of renown, such as Spain, China, California, Minnesota, Colorado, etc., but they invariably gave preference to this climate, saying they more perfectly felt exhilarated and cheerful, and free from that feeling after nature, and in every way experienced its beneficial effects.

And, to be brief, and, enable the reader to judge better really, of the atmosphere of said section, will give the mean annual humidity of several places, taken in part from Prof. Kerr's *Geology of North Carolina* in the year 1879 as the latest dates we have at hand.

Atlas Peak, Cal.	40 St. Louis, Mo.	69
Atlanta, Ga.	56 Santa Barbara, Cal.	69
Wilmington, N. C.	56 San Diego, Cal.	72
Blakes, Cal.	57 San Francisco, Cal.	73
Charlestown, S. C.	65 London, Eng.	80
New York, N. Y.	67 New Orleans, La.	83
St. Paul, Minn.	68	

The air is neither excessively dry, nor excessively humid. The signal service of that year in Atlanta reporting for the first four months a mean humidity of 56.4.

I was impressed with the salubrity, especially with the small mortality from consumption. As to dyspepsia among the natives, I scarcely ever heard complaints from. The soil is, generally, a sandy, gravelly clay, resulting from, as some scientists say, the disintegration of the granite rocks of the Blue Ridge, with enough of sand and gravel to render it, in most places, readily absorbent of water.

This too, as you may judge from the nature of the soil, is where the finest and highest price tobacco is raised, said to be the very purest in the states. Asheville has an altitude of, if we remember correctly 2,200 feet.

We will not attempt to give a description of the scenery, aye indeed, our pen lamentably fails us. None finer, we veritably believe is to be found upon God's footstool. Nature seems to have done her utmost. Beautiful! beautiful! At every turn of the eye, rarest of beauty meets the vision. But we will mention one place of great attraction, and that is the Warm Springs, west of Asheville, and near the Tennessee line, in a fertile valley of about a thousand acres of perfectly level land, on the French Broad river, surrounded on all sides by the highest mountain ranges east of the Mississippi river, presenting some of the most magnificent scenery in the world. Points of interest, and places of delightful resort. Mountain elevations from which the tourists views the extended ranges of the Blue Ridge and Alleghany. Mountains looking into six different states, all presenting natures finest panorama, and much of this is to be seen from the hotel, very large and commodious of the latest appointment. In its surroundings, scenery, salubrity of climate, altitude, and perpetual freedom from fogs, dampness, and insect pests this resort has no superior, and few, if any, equals in America.

The climate certainly, is unsurpassed. A noted scientist treating on this subject, remarks "Among two hundred and eighty-six points east of the Rocky Mountains, only three reported as low a maximum during the hot summer of 1868, as did the Warm Springs of North Carolina. Of eleven points in the state of Wisconsin cooled by the great lakes, only three reported as low a mean for July. and of these three, one (Bayfield, on Lake Superior,) while it afforded a mean slightly lower, gave a maximum ten degrees higher." While the Warm Springs section has a mean summer temperature but one degree higher than that of St. Paul, its maximum is from twelve to twenty degrees less. Those who have spent the summer on Lake Superior are impressed with the similarity of the summer atmosphere of this mountain region. They find the climate equally invigorating, and the country entirely free from insect pests, such as mosquitos, etc.

In fine, the climate of Western North Carolina is the most desirable east of the Rocky mountains. It has the mildest winters in proportion to the coolness of its summers, and a general equalness quite remarkable. The atmosphere always dry and invigorating. Fogs are unknown.

In order to enable the reader to conclude upon actual facts, the following temperature table is appended :

	SPRING.	SUM.	AUT.	WINT.	YEAR.
Geneva,	52.2	70.3	54.2	34.0	51.7
Milan,	54.9	72.8	55.7	36.1	54.9
Turin,	53.7	71.8	53.4	33.4	53.3
Warm Springs,	55.3	71.7	55.8	38.3	55.6

But we have already trespassed upon your time and said as much, if not more than we intended at the beginning, and if you Messrs Editors in the future desire anything further upon the subject, with a laudable desire to aid suffering humanity, we will gladly aid you. And if any of your readers desire personal information, will be pleased to have them drop a line to,
CHICAGO.

N. KEVAN HERON.

THE UNITED STATES MEDICAL INVESTIGATOR.

"HOMŒOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

Communications are invited from all parts of the world. Concise, pointed, *practical* articles are the choice of our readers. Give us of your careful observations, practical experience, extensive reading, and choice thought (the great sources of medical knowledge), on any subject pertaining to medicine.

VERATRUM VIRIDE IN TYPHOID FEVER.—The value of this remedy in pneumonia with a typhoid tendency, will serve to suggest that it may be a valuable remedy in typhoid fever, as an article in this number states. That it will lower both pulse and temperature we all know, but whether it will prevent ulceration and arrest hæmorrhage is a question. If the fever is an index of the local lesion, then there is a possibility that as the fever is checked the disease may be arrested. To arrest this disease in the second week may be possible, but that is contrary to the teachings of the recent work on Fevers by Prof. Kippax. If "convalescence is frequently established at the end of the second week" by the use of Veratrum viride in Old School hands, then it would seem that the question of aborting or of arresting this disease by remedies is neither an open nor a doubtful one.

This "cure" is not, of course, a universal one for all cases of typhoid fever, therefore those of our readers who use it, should get at some clear cut indications. Hering suggests it in the apoplectic form. (See Pannelli's Typhoid Fever, p. 250). Pannelli gives the clear indications for Veratrum album, and some one should tell us when and where to use Veratrum viride in typhoid fever.

UNKIND REMARKS.—In our news columns are found some rather uncharitable remarks about a bold innovator in gynæcology. He founded a woman's hospital and was really the father of uterine surgery. Because we do not all cut is no reason why we should decry those who do. Dr. Sims no doubt was an extremist, but was no hobbist, as was, and is, many of his imitators.

That Dr. Peters should come forward with an isopathic remedy to prevent scarlet fever, is absolutely funny. Some will say that is Homœopathy which he has not forgotten. But nevertheless the suggestion is one worthy of trial. He may be a second Jenner after all.

GOOD LOCATIONS.—More might be done for the advancement of the cause if physicians would, in sending us a list of places that need physicians, to give the most complete particulars. In locating physicians, as we do hundreds every year, we find several difficulties. Not every place that *wants* a Homœopathic physician *needs* one. A small place of a few hundred, sends for a physician to locate there while a good man may be within easy call. They judge because two or three Old School "drug slingers" are there that of course a Homœopath would do well. They forget that our families are not

sick half as often and are not sick half as long, so that four to six regulars would find plenty to do while a Homœopathic sharp shooter would not be more than half busy. So one Homœopath to ten Allopaths is a safe rule. He will soon cure up many an old case so that one or more of the regular fry will be compelled to leave every year. That has been our observation for nearly a score of years.

A good active man can fill a place of 3,000, unless in a very sickly locality and where the country is very thickly settled all around. There are plenty of growing towns, of about 1,000 or more, where young physicians could begin and get into a good business right along.

Another difficulty that we have met is in selecting the man for the place. For example, a place of 2,500 calls for a physician. It would seem that that would be a good field, but on inquiring we find a large foreign population or the people are mostly mechanics, miners, negroes, or others notable to appreciate the principles and practices of Homœopathy. If we can fit a German or Swede, etc., into a place where he would get the intelligent as well as this foreign element all would be well, but to send a delicate student amid a brawny people, is to make a "misfit" that does harm all round. Those who want physicians should send the fullest particulars.

Another obstacle. We have calls for a "good physician." When we come to inquire or learn after we have sent a man there (for we have no time to get at all the facts,) that there is a man on the ground whom some one does not like. When we get the emphasis on the word "good" we are led to suspect that the field is filled. Possibly the place has from 6,000 to 10,000, and has two or three and because some woman or man does not like them they call for a good physician, adding as an excuse, that there is room enough for more. A place of about 5,000 would seem to be large enough for two, but for the reasons already enumerated it may not be. When the new comer's patients are largely those of his colleagues he may set it down that he is an intruder.

Another obstacle we have met is the unwillingness of an old physician to allow another to occupy part of his field. When the field gets larger than the old physician or one physician can or does manage, he should take an assistant or select himself a congenial associate, and so fill the field.

Another obstacle is the unwillingness on the part of young men, especially fresh graduates to go into small fields where they will have to do pioneer work. They want a place of 6,000 to 10,000. They lack the tack and experience to fill a large field and often make a fizzle and so drop out of sight.

Locating physicians is like making matches, it takes old hands at the business with the most thorough knowledge to make a success. But more anon.

Consultation Department.

CASES FOR COUNSEL.

ALKALOID PELLETS.

What does John H. Henry mean by "alkaloid pellets" in THE UNITED STATES MEDICAL INVESTIGATOR, Nov. 17? Have you any?

G. S. STEVENS.

(1.) He means that the alkaloids of many remedies are put up in small bulk like pellets. (2.) Yes.—[D. Bros.]

AN ABBREVIATED DICTIONARY WANTED.

I would like a pamphlet, book, dictionary, periodical, vocabulary, lexicon, *thesauens* or anything else that will give me the nomenclature, significance or interpretation or exposition, or the exegesis of *abbreviations* as used in medicines by the various *M. D's*. I am at this date swamped for the first time in thirty-three years, and do not like to acknowledge it. Is there any thing this side of Dunglinson's, Gardner's, etc., dictionary, that will cover the bill. Please respond as soon as possible, and oblige,

H. C. CONE.

WHAT WILL DEVELOPE THE BREAST?

Is there any thing in the materia medica that will make the breasts grow, or that will restore their natural firmness and fullness. The patient had one child about ten years ago and lost it since that time, her breasts have been soft and flabby. It is a great source of annoyance to her. She does not care to wear pads. She is slight built, fair complexion, light hair, five feet four inches in height, weighs 110 pounds, thirty years of age. General health moderately good, except a bronchial trouble. How would a current of electricity do? Is there any local application that will bring about the desired result?

LADY PHYSICIAN.

MEMBRANOUS DYSMENORRHŒA.

Mrs. B. aged thirty-one, of florid complexion, dark hair and eyes, short and fleshy, commenced to menstruate at thirteen. For the following five years menses normal and painless. Having to assist in the care of an invalid father, she soon had dysmenorrhœa, the flow at times dark, but never profuse. No leucorrhœa at any time. Two years after marriage membrane appeared, and has for the past five years. Has never been pregnant. During the first day there is no pain, but on the second, the bearing down is extreme, the membrane being sufficient to fill a wine glass. She has had all the diseases peculiar to children, having had diphtheria followed by quinsy three years ago. Extremely nervous and wakeful, inclined to constipation, often burning in the soles of the feet, which are always cold and damp. The perspiration in the axillæ has a musty smell. There is no displacement, nor stricture. I look upon it as congestive dysmenorrhœa. Now taking Calc. carb. and Bell. What is the remedy, potency, and how often?

W. R. M.

ANSWERS TO CASES.

In answer to W. S. G. in "Cases for Counsel," "What are the remedies?" I wish to reply.

1. Dulcamara comes the nearest to the "axillary sweat all day," etc.
2. Kali bich. has epistaxis after eating from right nostril; Ammonium carb. after dinner.

But I should not advise your correspondent to use these medicines until assured that they will fit this patients general condition. No acute or chronic case can be cured only on the indications given by "W. S. G."

Probably the history of the patient's will help him fix upon something curative. "Symptomatologists," who go no further than this in prescribing, will be disappointed in Homœopathy. WM. E. LEONARD.

I am well pleased with the get up of THE UNITED STATES MEDICAL INVESTIGATOR and the fair and impartial manner in which you dispose of all important subjects." B. MCKEE.

Book Reviews.

LOWELL'S BANKRUPT BILL.—We have received a copy of this bill and it seems wise in its provision. Those physicians who found their assets cut off a few years ago in many cases by the forlorn statement "gone into bankruptcy" will be interested in this one, or the passage of some judicious bill by Congress.

THE MEDICAL RECORD VISITING LIST FOR 1884, is at hand. Its well known reputation needs nothing at our hands. It is a very convenient memorandum book for those who labor under the delusion that they have not time to keep their accounts in a business like manner.

THE REPORT OF THE COMMISSIONER OF EDUCATION FOR 1881 has just come to hand. That it was only printed this year shows a screw loose some where. Congress men certainly are no business men or these "reports" would not drag this way. What is the good of statistics two years old for present use. Formerly we were inclined to blame the government printer, but since friend Rounds has been in charge, we know that he would "rush things" if he was given tull power. This report is a valuable compound of statistical and general information on educational matters in the United States. It may surprise our readers to know that the American Medical Association is an educational association. We quote this choice bit of information going down to posterity. Session at Richmond. "The subjects under discussion related mainly to medical practice and not to the elevation of standards in medical colleges. The question of admitting Homœopathic students to the regular schools, which has been a boring one for several years was finally disposed of by a compromise. The Homœopath is to be allowed an education, but not a diploma."

Clinical Medicine.

NOTES FROM PRACTICE.

PIERRE, D. T., Dec. 3.—Not much sickness here, but people will have babies. Dakota is rapidly filling up with them. I am getting my good big share in that line of work. Diphtheria is reported in surrounding towns.

M. H. CHAMBERLIN.

NEW TACOMA, Wash. Ty., Nov. 23.—There is no prevailing disease upon the sound at present. Although the scarlatina has just made its appearance to-day, one case. The winter has been very mild so far. Not sufficient frost to kill vegetation. Rains mostly in the night time. Will give some items as soon as I have leisure.

W. H. RICE.

FORT COLLINS, Colorado, December 7.—The prevailing diseases are first, malarial fevers with *great prostration*. They are termed, by the leading M. D's here, as malarial typhoid, but I have seldom found the bowels of patients of these ailments in any way particularly disturbed. Remedies used: Creta and Aceticum 4x, first three or four days breaks, or continued even six days. Verat vir., Ipec., Bry. and Bell., Rhus tox., Arsen. follows.

Second, an eruptive fever, rather epidemic and innocent, appears something like the scarlet rash, one M. D., published it as scarlatina. Remedies used: Rhus tox. and Puls. Verdiosis.

Third, last spring, a number of cases of pleurisy, several fatal. I break the inflammation inside of six hours by reducing the temperature with one, two three to four tablespoonfuls of J. Marenberg's R. Silicilic acid, Kali acet. Glycerine a a ʒij, Aqua ʒij, mix. Repeat the dose as often as every ten, fifteen, twenty or thirty minutes. Inflammation of bowels, the same treatment arrests it.

H. C. CONE.

DYSENTERY.—LILIUM TIGRINUM.

BY G. M. PEASE, M. D., SAN FRANCISCO, CAL.

July 8th called to see Mrs. F., suffering with dysentery. Stools were very frequent and of a bloody mucus; almost constant urging and much backache. When a stool has been had, there remains a feeling as if more would pass. Wakens about 3 A. M., and cannot go to sleep again for several hours, and then sleeps very soundly. This symptom is an old one. Nux vom. 200 was given; but, upon a visit made in the evening, she was found to be worse, rather than better, there being a colic added to the symptoms of the morning. The mouth was dry and a constant thirst for large quantities was present. She longed to keep quiet, as the slightest movement produced an aggravation which made her particularly ill-natured.

Bryonia 200 was administered with the expectation that relief would certainly follow; but upon my next visit I found no improvement, the passages being more bloody and occurring about every thirty minutes. Mercurius was then given, but followed by no good results.

Carefully reviewing the case, I found a mental symptom which led my

thoughts toward another remedy. She had a restless, hurried feeling, as if she must attend to some very important duties, but which she was conscious of being unable to do. There was a tenderness over the region of the left ovary, with a downward pressure, as if everything would come out of the vulva, and a feeling as if she must hold herself up in that region whenever she went to stool, also frequent desire to urinate.

Although *Lilium tigrinum* was the remedy that came into my mind, it lacked the bloody stool and many of the other symptoms; but as she had the mental, together with a few of the other symptoms, and an examination revealed a decided prolapsus uteri, it was given in the 200th and followed by almost instant relief.

On the following morning I found her absolutely free from suffering and was told that she had had only one stool since the *Lilium* was given the evening before.

No other remedy was given afterward, and only two doses of the *Lilium* had been taken.

The following day she was discharged as cured.

I have long since learned to regard mental symptoms as of great importance in selecting remedies, and have often found them to be such "key-notes" as to overbalance some symptoms of apparently greater conspicuity. They often will suggest a remedy that has the other symptoms, which might not have been thought of but for the hint afforded by the mental condition.
—*Hom. Phys.*

A SOLUTION OF THE WEATHER QUESTION.

AN EXPLANATION OF THE WEATHER CHANGES AND POSSIBLY EPIDEMIC INFLUENCES.

Assuming the various members of the solar system to have an electric or magnetic connection, or, to use a more familiar term, are connected by the law of gravitation, then when two bodies are moving through space together the condition should be equal. If a third body comes between the connection (or current, to be more explicit) is broken between the two, and disturbance ensues, with more or less violence, according to the distance. If surrounded by a thin envelope like the atmosphere the lightest material will first be agitated or stirred up before the solid body is affected, or the atmosphere may be sufficient to sustain the disturbance altogether. As the bodies are constantly moving it will be seen the disturbance cannot and do not always occur in the same locality.

Now, this is precisely the case of our atmosphere and the earth in their relation to the heavenly bodies. The moon in its monthly course around the earth crosses the path of each planet and the sun. When coming between us and the sun we are affected in various ways, and frequently witness eclipses of that luminary. The sun being the most powerful, its influence overshadows that of the moon, and hence retains a predominance over that body, and is thereby enabled to hold its control of the earth. But even this does not always prevent the earth from being heated unduly in the summer nor from a certain allotment of stormy weather at all seasons. Passing

between us and Jupiter, the connection with the earth and that planet is broken or interrupted and a disturbance ensues in the atmosphere at that point nearest to the connection, from whence it is carried onward by the motion of the earth.

Saturn being evidently a highly electric body, in addition to the disturbance in the atmosphere the solid body of the earth is sometimes also affected; hence we have earthquakes and other terrestrial wonders when the moon comes in conjunction with that body.

The inferior and superior conjunctions of Mercury and Venus affect our atmosphere, as will be seen by these tables, as also do their perihelia and their conjunctions with the moon.

When Saturn and Jupiter go around the sun the atmosphere is frequently affected by a "cold wave" and very stormy weather on or about the date of their conjunction with the sun. The moon frequently causes disturbance when in perigee and apogee; but I will not discuss this now.

That these changes and disturbances are electric there can be no doubt, as any one can testify who has frequently witnessed the fierce lightning with which they are accompanied. The planet Venus is often between us and the sun for weeks at a time, which evidently explains our heated summers and our cold winters, like the last. In summer the sun's rays are vertical, and with Venus in this position we get the heat she receives and our own share too. In winter the sun's rays being oblique we suffer from the opposite effect and frequently encounter cold and stormy weather.

Does it not, therefore, seem reasonable that by connecting the celestial phenomena and the disturbance in our atmosphere we are enabled to arrive at the correct theory of forecasting the weather, as these tables, which are part of a voluminous record, seem to amply demonstrate? E. F. TEST.

[As a cloud passing over our head causes a violent wave of atmosphere, so the planets in their orbits and the sun in its tremendous circle may explain the atmospheric changes that certainly cause disease. Cholera and a negative electric condition of the atmosphere seem closely related and some predict that cholera will come next year. Whether the planets are favorable some astronomer may tell us. We should be familiar with all the actual as well as possible causes of disease.—Ed.]

A SINULAR CASE.

BY A. L. FISHER, M. D. ELKHART, IND.

Luscitas.—On Saturday, the 6th ult., a little five-year-old had fever, with vertigo, diplopia and loquacity. He said to his sister "O! Linnie, I see two of you," and so of other objects. I saw him on the 7th, when there was ceaseless talking on ordinary children's topics, except when partly sleeping, when he was very rambling in his talk. Eyes fixed squarely to the front, with drooping of the lids. To see an object it had to be held below the ordinary line of vision, and he could follow it only by turning his head. Sees better toward the right; some frontal headache; fever not high—101°; some sweat occasionally; very thirsty, grasping the goblet suddenly, and drinking two or three swallows greedily. Gave *Belladonna* 6x, in water, every hour or two. 8th. No change; has talked nearly all night, occasionally singing and whistling. Pupils re-act normally; involuntary urination.

-*Stramonium* 200 every two hours. At 8 P. M., same day, he is evidently better, and the *Stramonium* continued. 9th. Still some improvement. Not nearly so talkative and free from fever; no thirst; eyes remain fixed and lids droop. Continued *Stramonium* less frequently.

10th. He remains *in stat. quo.* *Gelsemium* 3x.

11th. He remains *in stat. quo.* *Causticum* 200.

12th. He remains *in stat. quo.* *Gelsemium* 200.

13th. He remains *in stat. quo.* *Gelsemium* 200.

14th, 15th, 16th, 17th and 18th. He remains *in stat. quo.* *Gelsemium* 200.

19th. Medicine stopped. He is bright and lively; can walk, but can't run; appetite, thirst and stool natural.

Comsng on so suddenly, without previous illness, and at the first accompanied by marked cerebral symptoms, leads me to locate the cause in and about the pons varolii, most where the third pair originate, but somewhat where the sixth is given off, as the external are less affected than the other recti.

VERATRUM VIRIDE IN TYPHOID.

Nelson (*Archives of Med.*, April, 1883,) says he has given this drug in small doses in every case of typhoid he has treated during the last ten years, and has not lost a case. He says that it lowers the pulse and temperature, reduces the danger of hæmorrhage to a minimum, and convalescence is frequently established at the end of the second week. His doses are one to two drops of the tincture every hour. *Ver. vir.* has been employed with success by practitioners of our school in typhoid —*Brit. Journ. of Hom.*

A CHINESE HOSPITAL.

PRACTICE OF THE FACULTY, NOTIONS OF ANATOMY, PATHOLOGY, PHARMACY, ETC.

Your correspondent was taken by the learned Dr. Eitler to a native hospital. Here seated on three little stools at three tables, sat the "faculty" waiting for patients. The indigent crowd as it came in selected its own physician and went to him. Then ensued a species of treatment which was about as curious as can well be imagined. The Chinese have a theory that there is a different pulse in every limb. They also hold that all complaints are connected with either fire, air or water. And they place immense faith in the benefit to be derived from puncturing any affected part with a long needle. So it came about that when a man entered and consulted one of the "faculty," about a pain in his leg—probably rheumatic in its nature—the learned man, after glaring at him for some time through an enormous pair of goggles, proceeded to feel for his "ankle pulse," which, when found, to his satisfaction indicated some very wonderful facts. The man was suffering, he remarked, from "fire" in the leg, and must be punctured; saying which he stirred up the limb with a long needle, till I, who looked on only, felt positively ill. This operation completed, he produced a tiny plaster, probably about an inch and a half square, and giving it to the man told him to put it on the leg at night. The patient, who seemed to have

perfect confidence in the doctor, hobbled off, and the turn of the next victim then came. He had a pain in his head, probably having smoked too much opium or drunk too much samtschu. The doctor was quite equal to the occasion. He seized the victim by the head, and taking a small iron rod proceeded to rub his neck till he made an abrasion at least an inch square. Then he rubbed at another spot, and yet another, till the skin was off in three places. This was all. The patient was told to go. He, too, was suffering from "fire." Yet there was no sound of a murmur. The operator evidently was considered a very clever person. Inside the hospital the wards seemed to be in excellent condition. The patients there might have gone to a European hospital had they so chosen; but they preferred the doctoring of their own people, who, from all I heard, are certainly very clever at putting fractures or dislocations right. I went into the pharmacy and found the medicines were nearly all vegetable—one, the rind of oranges, being in great request. But everything seemed harmless enough; and if the patients die I should say they were killed by the disease and not by the doctors, which is more than can be averred of every English hospital. One thing I noted, however, and it was that the notions of anatomy were very vague at this place of healing, for all the diagrams I saw were woefully wrong, and could not have existed an hour had the Chinese surgeons ever examined a dead subject.

L. T.

EXPERIENCE WITH CHILLS.

MR. EDITOR: Some one asks why more practitioners do not give their experience in the treatment of chills. I second the motion. I have cured very promptly at least three in every four of my cases with Arsenicum and Eupatorium perf. both the 2nd decimal dilution. As many of my cases come from the Illinois river I presume it will be admitted that they are genuine and as hard to cure as any.

M. P. HAYWARD.

CARROLLTON, Ill.

URETHRAL STRICTURE CURED BY ELECTROLYSIS.

Dr. Butler, of New York, reports in the *Trans. N. Y. Medico Chirurgical Society*, three cases of urethral stricture cured by Electrolysis. In the first case there were two strictures, the first about an inch from the meatus, the other in the membranous portion of the urethra. At first a No. 4 bougie (American,) could be passed. Both strictures were hard and cartilaginous. The patient had been subjected to all of the usual methods of treatment. March 9, the urethra was divided so as to admit the electrode. For two weeks the cut surfaces were kept from uniting and at the end of the fourth week the urethra was first electrolyzed. April 11, a No. 18 (American) bougie was passed.

The patient gradually improved until July 28th, when a No 20 bougie was passed easily, and since that time the calibre has not decreased in the least.

CASE II. Male twenty-eight years old, stricture in membranous portion of the urethra. Admitted a No. 4 American bougie. Electrolyzed four times at intervals of nine or ten days, cured. Patient had previously tried the usual means.

CASE III. Male, aged fifty eight. Old case of gonorrhœa. Meatus narrowed to a No. 4. A very close stricture in spongy portion and an impermeable one in membranous, behind which was a large fistula through which micturition had occurred for years. Meatus first dilated to a No. 22. August 22, first stricture electrolyzed. From then to September 12, repeated attempts to pass, a filiform guide had failed. Twice the patient was anæsthetized. September 13, succeeded and a small electrode guided by it passed through in a few moments. A catheter was introduced and the same day the patient micturated in the normal way, and November 22, was dismissed cured, and since then he has so remained. From these cases the doctor agreed that electrolysis was the surest permanent cure.

Dr. Searle asked if the same method could be used in stricture of the lachrymal duct.

Dr. Butler said Drs. Poore and Althaus, had recommended its use.

Dr. Norton said that Dr. Buffum late of New York, now at 90 E. Washington St., Chicago, while an interne at the New York Ophthalmic Hospital had given the subject much attention and had used it a number of times with marked permanent success.

EFFECTS OF THE INTERNAL USE OF GLYCERINE.

In a recent *These de Paris*, T. Tisse (*Journ. de Therap.*, April 25th) gives an account of the results of the employment of Glycerine by Drs. Jaccoud and Ferrand. The former prescribes it as a stimulant to the digestive organs in the non-febrile stage of phthisis, when for any reason Cod-liver oil ceases to be tolerated. The following mixture is given daily in two or three doses: Glycerine forty grammes, and rum or cognac ten grammes, with one drop of essence of Mint. This aromatic alcoholised compound, of agreeable flavour, is well tolerated by the stomach, and even after long uninterrupted use it causes neither satiety nor disgust. The addition of the rum or brandy has simply in view the modification of the insipid taste of the Glycerine, and to assist its digestion. The amount of the Glycerine may be raised to fifty or sixty grammes, but only in persons who do not exhibit any signs of abnormal excitability of the heart and nervous system; and *restlessness, unusual loquacity, obstinate insomnia*, or an *increase of temperature* announce that the proper dose has been exceeded. [Query, Are the italicised symptoms recognized pathognetic effects of Glycerine?] Dr. Ferrand makes daily use of Glycerine in his wards at the Lœnnec, and it is found to be readily absorbed without producing any tonic effects. It diminishes constipation in almost all cases, and yet moderates diarrhœa when it is present, and under its use sleep becomes calmer. It has an evident effect on nutrition, its employment in most cases leading to an increase in weight after the first fortnight. In tuberculous cases it induces a considerable amendment in the functional manifestations of the disease, such as dyspnœa, cough and sweating. The expectoration is the symptom which is least influenced. The local condition of the lung also remains stationary, and the physical signs undergo no change. The action of Glycerine on the liver is exhibited by its increase of size, and by the more abundant flow of bile. With respect to its action on the kidneys, there are observed a more abundant diuresis, and an absolute

and relative increase of the urea, chlorides, and phosphates eliminated by the urine. In affections of the genito-urinary organs, M. Tisné has found that under the use of Glycerine, the alkalescence of the urine seems to diminish, while purulence, when present, become considerably lessened. —*Medical Times*.

TREATMENT OF BURNS.

BY PROF I. T. TALBOT, M. D., BOSTON. MASS.

What is wanted as a dressing is something which will preserve the skin and hold it intact until the new one has formed, that is, usually less than one week. After experimenting with a large number of substances, I am convinced that there is nothing equal to what I have recommended several times, and which I here repeat, the covering of the burn with a *mixture of equal parts of white of egg and sweet oil* thoroughly beaten together. If the skin is broken or displaced it should be carefully brought to its original position, and if there is a vesication the serum should be removed by puncturing with a fine needle and applying gentle pressure, then the parts should be freely covered with this mixture, which forms a kind of paste, and, to give greater security, strips of fine muslin or gauze saturated with the dressing may be laid over the wound. This should not be removed until the new cuticle has fully formed and becomes sufficiently firm to bear exposure to the air. If further vesication takes place under the dressing, the serum should again be removed, as also any pus, if it should form, and then more of the dressing should be applied. If through motion or other cause the wound becomes exposed—and daily care is required to avoid this—more of the mixture should be promptly applied. The dressing should completely cover, and even extend beyond, the part injured, and generally by the third day the edges may be trimmed off with scissors, and by from the sixth to the tenth day the whole dressing can be removed, leaving a perfectly formed cuticle without blemish or scar. I can speak with great confidence of this treatment, for, after an experience of more than twenty years in a large number of cases, I have never been disappointed in its results. N. E. G.

IODOFORM IN FISSURE OF THE ANUS.

Dr. Hay, of Philadelphia, states that the value and efficacy of Iodoform are very great, so that it will in most cases supercede the use of the knife or forcible rupture. While using it the bowels must never be allowed to become constipated or relaxed, and the parts around must be kept constantly clean, so that there may be no deposit of dry incrustations. With one or two evacuations a day, the fissure may be speedily cured by the Iodoform, which should be dusted in very fine powder, three or four times a day, upon and into the fissured parts, or applied as ointment or suppository. In some cases, the powder however fine, causes some pain, and then should be mixed with Pulv. Acaciæ, or it may be made into an ointment with Vaseline, or suppository with Oil of Theobroma. Balsam of Peru, Carbolic acid, or Peppermint oil will moderate the odour of the Iodoform. There may be a little smarting after the application, but the parts soon become insensible

to this, and defæcation can now be performed without the previous pain. It is asserted that the powder should be *very fine*, not the smallest crystal remaining unpowdered, or great suffering may be produced.—*Medical Times*.

NOTES ON DIPHThERIA.

BY C. F. POPPELE, MT. PULASKI, FLA.

In severe cases of diphtheria it is of very great importance to see the case early and know that it is, or going to be diphtheria. The doctor's sense of smell ought to well educate as the characteristic odor of diphtheria can be detected as much as six hours before any swelling or much inflammation or membrane appears.

The most severe cases never complain, or only when getting better, of pain in the throat, and if not detected early by the odor much valuable time is lost (perhaps a life.) The urine ought to be examined frequently. All severe cases have albumen in the urine, the more the more dangerous especially is paralysis likely to follow if long present. As it can be detected in the breath before any local symptoms appear is conclusive it is not only a local disease still the outcry against all local applications is not entirely just. One part of Salicylic acid, one of alcohol, two of Glycerine, for local application or a teaspoonful added to water as a gargle is a very valuable adjunct.

PRACTICAL POINTS.

THE UNITED STATES MEDICAL INVESTIGATOR of October 18th for which I sent has come to hand, it is a really valuable number. I think the magazine improves. Prof. Cowperthwaites article on fever remedies is capital, what we all want in a live medical journal is a clearer understanding of the sphere of remedial action. Theory, etc., are not so reliable or acceptable as sound trustworthy facts, pathogenesis, etc., to guide old and young, for none are too old to learn if they desire. Practical information is what we need more and more. I am using now Sulphite of Soda, have a case in hand and it seems to act thus far very well.

M. A. TICKNOR.

Progress of the Medical Sciences.

The Physiological Action of Convallaria Majalis.—After a series of experiments with *Convallaria majalis* upon rabbits and frogs, Dr. Isaac Ott, ("Arch. of Med.," Feb., 1883,) formulates his conclusions as follows: 1. That *Convallaria* increases the arterial greatly at the same time that the heart begins to beat more frequently; that the heart begins to fall before the tension. 2. The decrease of cardiac frequency is not due to excitation

of the inhibitory apparatus, but rather to an action upon the heart itself, probably its muscular structure. 3. The rise of arterial tension is still present after section of the spinal cord high up; it is therefore mainly due to stimulation of other vaso-motor apparatus than the main monarchical vaso-motor center in the medulla. 4. The drug causes clonic spasms. If we compare the action of this drug with that of digitalis, we find that the slowing of the heart is due to different causes; with digitalis it is due to cardio-inhibitory excitation. With Convallaria some other part of the heart is influenced. Digitalis does not primarily accelerate the heart; Convallaria does. After section of the spinal cord, digitalis does not increase arterial tension; Convallaria does. The great rise in arterial tension caused by Convallaria would indicate its value in dropsies. Experiments on animals show that it is a drug which should not be pushed to any great extent.—*Medical Journal*.

Local Treatment of Diphtheria with Iodoform.—*Deutsch Med. Wochenschrift*, No. 36, 1882. Dr. S. Korach raises his voice in behalf of the use of that panacea of the present day, Iodoform, in the treatment of diphtheria. Since July, 1881, he states that all cases of diphtheria which have entered the hospital at Cologne, with which he is connected, have been treated by the application of Iodoform to the throat and mouth, no other local treatment being employed. The Iodoform has been applied in several different ways; when he first commenced its use, it was mixed with starch, and blown into the throat with a powder blower, then the dry powder was applied with a pencil; subsequently this method was replaced by one in which a solution of Iodoform in collodium (one part to ten) was painted on the throat several times a day with a camel's hair pencil; or else a solution consisting of 2-5 parts of Iodoform, 25 of sulphuric ether, and 5 of balsam of tolu were applied in a similar way. The results, he states, were sufficiently satisfactory to make further trial of this mode of treatment desirable.—*Virginia Medical Monthly*.

Damage to the Heart from the Inhalation of Nitrous Oxide.—Dr. W. Ottley records a case in which an existing valvular lesion was unfavorably influenced by the administration of nitrous oxide gas. The patient was a young woman who had suffered from rheumatic fever, and was left with a slight mitral lesion. There was a faint murmur, at times hard to hear; the heart was but little enlarged, and there was no functional disturbance. On two occasions this patient took the gas, in order to escape the pains attending the extraction of teeth. The first time there was no trouble; the second time, a few days later, so much dyspnoea and cardiac irregularity were developed that the administration of the gas had to be suspended. Subsequently the patient suffered from palpitation and dyspnoea; the heart was found acting irregularly, and the murmur was very much louder. The heart now, for the first time, gave evidence of inadequacy. This case is interesting from its rarity, the gas having been given indiscriminately with surprisingly few accidents.—*Med. Journal*.

News of the Week.

Dr. G. E. Newcomb has returned to Oldtown, Me.

Dr. F. W. Bradbury has removed from Providence to Auburn, R. I.

Dr. Benj. A. Bradley has removed to 504 West Seventh St., Cincinnati, O.

Dr. W. E. Bongartz, B. U. S. of M., 1883, has located at Lancaster, N. H.

Dr. H. M. Potter and Gertrude E. Heath has resumed practice in Gardiner, Me.

Dr. F. H. Cole has removed from 620 Tremont St. to Hotel Rutland, 701 Tremont St., Boston.

F. W. Mann, M. D., class of 1883, B. U. S. of M., has located at 262 Main St., Woonsocket, R. I.

H. W. Hawley, M. D., has removed from Toledo, O., and is now associated with Dr. M. M. Eaton, 120 West Seventh St., Cincinnati, O.

Dr. John H. Payne has gone to Europe for purpose of study. He will be absent from Boston from Nov. 10, 1883, to Sept. 1, 1884.

Dr. Samuel O. L. Potter, late acting surgeon United States Army, has removed from Fort Douglas, to Salt Lake City, where he will engage in general medical and surgical practice.

J. Marion Sims.—By the death of Dr. Sims, Allopathy loses one of its greatest gynæcologists—a class of men who have done more to debauch, unsex, and demoralize women than any set of men who ever lived. Of these, Dr. Sims was the greatest slasher of all. He had long enjoyed celebrity as a surgeon, skillful and original, and will be especially remembered as the founder of the Woman's Hospital of New York.—*Hon. Phys.*

McIntosh's Improved Medical Batteries.—We thought that our friend Dr. McIntosh had got to the end of his improvements, but we find that his recent changes in his batteries, which were already models of compactness and portability, add greatly to their convenience. The spring bolts and thumb screws to hold the sections in position are replaced by a spring on the top of each base which serves as a handle to lift them by, and also press the rubber base firmly against the cells when the batteries are closed, and prevents any spilling of fluid. The McIntosh Company are bound to keep to the front.

A Second Jenner.—Jenner taught physicians to poison mankind with vaccine virus. He gathered his wisdom from the cowboys of Old England. A second Jenner has now appeared in the person of the great Dr. John C. Peters. Dr. Peters advocates the use of an equine (asinine would be better) virus for the purpose of antidoting or preventing scarlatina. He gathers his wisdom from a Russian veterinary surgeon who noticed the outbreak of scarlet fever in various supposably healthy places. He familiarized himself with the habits of life of the first victim in each locality, and states that he was surprised to find that in every case they had been in daily close communication with horses. It also appeared that the animals were at the time or had been previously affected by a disease which was sufficiently like scarlet fever to characterize it as such.—*Ex.*

The Internationals are suffering from symptoms of rupture. For a while judging from the key notes of the case we supposed that Platina was the remedy. Then we thought of Lyc., especially for the loud rumbling in the discharge pocket, but we have finally almost settled on Nux. That has threatened hernia as well as Lycopodium, but the mental symptoms seems hardly to correspond all around. Again we have thought of a big dose of China 1x trituration, but was afraid that would aggravate the symptoms. The whole case begins to smack of Psorinum. Perhaps properly potentized by each up to the 200th by hand would relieve the case. If that does not do we suggest heroic measures. Pistols and coffee for two at Deer Park next June.

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Clinical Medicine.

*THE MOVEMENT CURE, ITS PLACE IN MEDICINE.**

BY W. A. KNIGHT, M. D. WORCESTER, MASS.

MR. PRESIDENT AND GENTLEMAN: An Association having the same objects in view, composed of such heterogeneous elements as is the one we represent, has never, to my knowledge been formed; To the end that these elements may become homogeneous, it seems to me that each and every present and future member should lay before the society his grounds for belief in the specialty he represents; means of comparison will thus be offered, which are otherwise unattainable; we need have no *fear* that the *truth* will suffer; we may entertain the *hope* that all will be benefitted, and that by such means our spheres of usefulness will be enlarged much beyond that of the practitioner who is satisfied to travel only in the ruts of antiquated predecessors. I hope that I may not be accused of paradox when I call your attention to my specialty, which is "The Cure of Chronic Diseases by Movements," in Europe familiarly known as the Swedish Movement Cure. What is the Movement Cure? "Have the Priests and Elders believed on these things?" Speaking Historically, I will say that *movements* as *means* of *cure* have been known and practiced from the earliest ages; that in India, China and Polynesia, they are regarded as beyond *all other* means potential in chronic diseases; that they were so regarded by most of the ancients worthies in our profession, and that from Hippocrates and Galen to the present day there has been only praise of the means I speak of for the purpose named. I might cite the two just named, and *many* others in proof of these claims: * * * * * so far Historically: We *know* that motion or movement is the manifest law of life; from that of cilia in the lowest forms to the stupendous movements of celestial bodies, *one law* is paramount, that of motion. In the human organism healthy life exists by virtue of normal vital action, which is everywhere expressed by *motion*. To specify their varieties and characteristics would be superfluous in this audience. In diseased conditions these motions are retarded in the ratio of departure from normal states. How shall we best restore them? In Sweden, Ling discovered that the lameness and stiffness resulting from Rheumatism in the arm were cured by *Fencing*. This was the original cause of his investigation of all that had been handed down in relation to movements to his day. He founded a school having a thorough knowledge of Anatomy and Physiology as its base, and movement for applied exercise was the outcome. To-day this system prevails in nearly every European Kingdom, and, in most of them by Royal authority. * * * * * A few years ago Dr. Brown-Sequard in a lecture to the faculty, called attention to a means of cure which is quite popular in Europe, known as *massage*; the hints given were appropriated by many practitioners, and to-day I am

*Medical Society of Specialists.

told it has become quite popular *here*, as I know it has elsewhere. I speak of this just here to anticipate a probable question suggested by my own experience when calling the attention of physicians to the movement cure, —which is this, viz: “Is not the movement cure Massage?” I answer yes and no, i. e.: Movement Cure *includes* Massage in armamentarium as the larger includes the lesser, but the latter is *simply* rubbing and kneading with more or less of pressure.

What then will you ask are the characteristic effects of movements applied in specific ways? In order to have a clear apprehension of their application we must first consider the facts of chronic disease, but let us be specific, and we shall reach results more clearly: Let us illustrate by reference, first, to the diseases of the pelvic basin in females which engage the attention of so many physicians and of gynæcologists in particular. Here in confirmed cases there has been such a loss of abdominal motion through pressure of clothing and other causes, believed by some to be constitutional, that you may seek in vain for any abdominal motion whatsoever in the respiratory act.

There will be found pelvic hyperæmia, or congestion of the pelvic vessels, with so much *irritability* following voluntary motion that the sufferer desists from *all* efforts, and chooses recumbency when possible, as a relief from pain. We are all familiar with the physiological axiom, “Use it, or lose it,” and there is good reason to believe that after a lapse of time, tissues which have not fulfilled their functions, cease to have the ability to do so. In the cases under consideration there is loss of nutrition greater or less according to the degree. The clear indications are to restore nutrition to the weakened muscles; to bring back to or induce in them a resumption of their functional ability, and this by *physiological processes*, that is, by applied exercise or specific movements. Let me sketch an outline of such means as in detail and with variations suitable to given cases, will most certainly restore ten per cent of such cases to comparative, and ninety per cent to good health! These means or movements consist of strictly passive movements through the trunk (pelvic) muscles; of passive, passive-active, and active passive use of the oblique muscles; of passive, passive-active, and active-passive movements to elevate the hips; these and many other special ones; of derivative movements for all the extremities for the purpose not only of relieving central vessels of congestion but, also to equalize the general circulation, (it being axiomatic in movement Therapeutics that health and equal circulation are synonymous terms, these and many others bring about the renutrition of almost atrophied muscles; such results follow the means named because the attention and will of the patient is directed to the parts moved and to no others, and also because her body is in repose as to all other parts except those we desire to effect. Without dwelling longer on the means employed, fuller statements of which you may read in Dr. Roth’s Manual, his Handbook, and his many monographs in the *British Journal of Homœopathy*, Dr. C. F. and Dr. Geo. H. Taylor’s works, to all of whom I am largely indebted. * * * * *

In lateral spinal curvature. Here we have to deal with a disease of which the *evidence is visible*, so much so as to excite alike the sympathies of physicians and lay-people, for *cures* are so rare that the *latter* regard it as a

foregone conclusion that there is *no help* and the *former well-know* that such cases are not amenable to ordinary treatment. But should they be regarded as hopeless? I think not, and for these reasons we find that generally from some occult, often congenital cause, (called by Hahnemann a dyscrasia), there is unequal action of the muscles which support the spine; when this inharmonious action occurs, the weaker muscles give way to the stronger, by daily use—for right-sided lateral curvature occurs three times in every four cases—and we find that all such patients invariably favor the weak side, standing by preference on the right foot. Besides this, bad positions in school *confirm* the mischief by daily practice. We find the principal deviation generally in the middle of the dorsal region, and two compensating curvatures, one in the cervical and the other in the lumbar region, the last two dependant upon, and caused by the first named curvature.

We have then *relaxation* on one side, retraction on the other; evidently, the condition being one of mechanical displacement, the means of restoration should be found in the same sphere; this is precisely the fact, for from the very outset of treatment we seek by duplicated eccentric movements to relax retracted muscles, and by duplicated concentric, to retract relaxed ones; such treatment requires tact, patience, and somewhat long periods of time, results being generally favorable in adolescent cases. * *

* * * (Reports of cases of their exhibition at meetings of our Worcester County Homeopathic Society, here omitted.)

The *will* of the patient is constantly used in the movement of her own muscles—always under *special direction* while taking treatment—whereas, in some methods, constant recumbency (in cribs made for the purpose), for periods of one to three years, where exercise for the patient is out of the question, while in others some kind of harness is prescribed, burdensome to wear, requiring frequent adjustment, and never productive of the desired ends in full measure, a perplexity to the friends and a disappointment of the patient: It is *not claimed* that *many* or even *most* of the cases are so speedily cured as were the cases cited above, but it is a satisfaction to say that they are *cured* in the fullest sense of the word, the proofs of which can easily be had by whoever chooses to enquire. Permit me, gentlemen, to thank you for your respectful consideration of my paper, and to hope that it may aid in the amelioration of human suffering.

SOME FACTS ABOUT LEPROSY.

There are, in the Sandwich Islands about 2,000 lepers, and about half of whom are gathered at Kalawao, on the Island of Molokai.

The origin of leprosy in the islands is not very well known, but its name, **Mai Pake** (Chinese disease) shows from whence it came. It is a generally accepted fact throughout the islands, that the disease was introduced into the country by Chinamen.*

A local numbness is generally the first symptom. For example, a foreign resident, to all appearance well, found one evening, upon taking hold of a hot lamp thimney, that he did not feel the heat in his fingers. This was the first intimation that he was the victim of leprosy.

[*Doubtful.—Ed.]

A gentleman who was born in the islands, of foreign parentage, found some eight years ago, that a patch on his right thigh was insensible to touch. He could pinch it, or run a pin into it, without sensation. His physician thought it a local paralysis. After a few months the flesh and skin covering the arch above the eyes became thickened; beneath the eyes the cheek took on a red and shiny appearance; the lobes of the ears began to thicken; the joints of the fingers and toes, to stiffen. Consultations with various physicians in Honolulu were of no avail, and to escape being sent to the leper settlement, he left the islands and came to New York, where he is now residing in the upper part of the city.

Foreigners are very rarely the victims of leprosy. When I visited the leper settlement, I found there but two white men, while the natives numbered considerably over a thousand.

I spent three days in the leper settlement, and witnessed some thrilling spectacles. The features of the victims were so thickened and distorted that they must have passed all recognition, even by their nearest friends. Some had their fingers and toes, and some their hands, rotted off. One poor woman had lost both arms and legs, and lay on the ground a helpless head and trunk. In some the lobes of the ears were so enlarged that they hung upon the shoulders. The wretched creatures suffer but little. The appetite continues, while the parts affected are benumbed. Some of them, however, complain grievously of a sensation as if thousands of ants were crawling over the part. *

The natives do not believe that leprosy is contagious. They have no fear and no loathing of a leper. If a member of the family is attacked with the malady, his friends try to conceal him. They eat with him, smoke from the same pipe, and sleep with him. The officers and medical men of the islands think this conduct of the natives contributes many victims to the ranks of the lepers.

The government makes a generous appropriation for the support of these people. They are well fed and housed, and, so far as their strength and inclination permits, cultivate little patches of land.—*C. L. Tisdale,*

PAIN IN THE BACK IN TYPHOID FEVER.

I have just discharged a case of typhoid fever that had one annoying symptom which I never met before. A lad of sixteen left his Portland, Oregon home, Monday, November 19, and arrived in Chicago Sunday, November 25th. Was ill on the journey and was seen the 27th, when he had a high fever, pulse 130.

The evening of the 29th the temperature rose to 104°. *Baptisia* brought down the temperature two degrees; followed by *Opium* and *Muriatic acid* the disease was under control in the second week. The only complaint of the patient was pain in his back. "Oh, my back!" Supposing it was due to the long ride over the new Northern Pacific railroad, *Arnica* was given, as well as *Bryonia* and *Rhus tox.*, without effect, except to check a diarrhoea. *Panelli* gives, quoting *Hering*, "Pain in the back, *Coch.*," but none of the other symptoms corresponded, and it was not given. Has any one

met that symptom in typhoid fever? I might add that the lad is frail, and formerly was subject to epileptiform spasms. The pain was located in the dorsal region. During convalescence he complained once of coldness of the back at night. After a three weeks absence he returned to the dinner table complaining of nothing but weakness and an empty void below the belt. Digestion and sleep are normal.

T. C. DUNCAN.

ABOUT MASSAGE AND ITS APPLICATION.

[DEAR DOCTOR: In answer to your request for something practical about "rubbing," we give you herewith a very good article by Dr. F. H. Martin, that will interest you.—ED.]

The word *massage*, according to Piorry, is taken from the Greek (rub or knead), and according to Savary from the Arabic word *mass* (softly squeeze).

Massage was practiced by the Chinese over 3,000 years B. C., it was also practiced with considerable success and favor by the ancient Greeks and Romans. In tracing the interesting and eventful history of this subject, one finds that "movement" treatment, in some form or other, has been practiced by almost every people who have left a medical history. It was practiced rationally by the ancient Greeks and Romans; it was practiced by the ancient Persians, and others of later date, for the superhuman healing powers supposed to be imparted by the hands of the operator; it was and is practiced by the Sandwich and other Pacific islanders as an after-dinner luxury; it has been, and is yet, even in our own present enlightenment, unscientifically practiced by numerous indiscriminating impostors and quacks. On account of its many mysterious and unsavory connections, massage is naturally looked upon by investigating therapeutists with not a little distrust, and in consequence, a fertile field of therapeutics has, until very recently, been left comparatively unexplored. Another reason that may be given for the unpopularity and primitiveness of the therapeutics of massage, is the fact that so many of our general practitioners have not the time to spare from a busy family practice that is necessary to perfect themselves in an art that requires no little practice and knack, as well as a peculiar physiological and anatomical knowledge.

Massage, as now generally accepted by the profession, includes all kinds of mechanical manipulations and movements, of whatever nature, used by the physicians for their curative effect on diseases. Strictly speaking, however, it includes only those kneadings, rubbings, slappings and frictions that can be accomplished by the operative's hands alone, while the patient's body and muscles are allowed to remain practically passive. We, therefore, it will be seen, do not include under the head of massage gymnastic exercises and the so-called "movement cure," although we recognize in them powerful aids in the treatment of many forms of diseases, when discriminately and scientifically applied.

The room in which massage is given should be well carpeted and have connected with it a small dressing and toilet apartment. The temperature of the room should be about 75° F. The patient to be treated, after disrobing, which is absolutely necessary, should lie upon a table or lounge, the person being protected by a light flannel spread. In the office may be used

a narrow, upholstered table, without springs, about thirty inches in height, twenty-eight inches in width and six feet in length. It should be well upholstered with moss or hair, covered firmly with rep or leather. In this you have a comfortable, yet, what is desirable, a firm, unyielding bed, of a convenient height. I use for this purpose a table of my own device, the bed of which is in two parts, connected near the centre by double-acting hinges, which allow either the head or the foot of the bed to be raised or lowered and retained at any angle. The movement is accomplished by a suitable ratchet combination. The two parts, by a simple arrangement, are made to fold together, when not in use as a bed, making an excellent gynecological table, and at the same time occupying but little space.

The different movements used by masseurs are many. These movements have been variously named and classified, according to the fancies of different operators. I will adopt the classification used by Prof. von Mosengeil in his description of the French method of massage. He describes the movements under four heads: First, *Effleurage*; second, *Massage a friction*; third, *Petissage*; and fourth, *Tappotement*.

The patient to be manipulated should be instructed to lie perfectly passive, with muscles relaxed. When the growth of hair on some particular part to be manipulated is heavy, the surface should be shaved, otherwise, even when the massage is light, inflammation of the hair bulbs is often produced. A thin growth of fine hair is not objectionable. It is not only unnecessary to use a thick oil or lubricating substance on the part to be massed, as some masseurs recommend, but it positively defeats to a marked degree the principal effects desired. Where a part is lubricated, friction is lost, and friction is highly necessary to complete massage. In fact, lubricants, to my mind hamper all the principal movements by making the parts uncontrollable. However, in some few cases where the skin after the massage is left dry and harsh, you may anoint the surface with a little Vaseline, rubbing it in well; this leaves the skin soft, and at the same time obviates any tendency to inflammation of the hair bulbs. In doing away with lubricants, of course we do not lose sight of the fact that it is, many times, desirable to administer certain remedies by inunction. That may be done, however, without reference to massage.

By *Effleurage* we mean centripetal strokes, which are performed with the palms of both hands. It is the variety of massage that is used in the stroking treatment of inflamed and enlarged joints, oedematous swellings, etc. It is usually necessary to begin with light strokes, until the tender tissues become gradually more and more tolerant, when the pressure of the hands can be increased and the stroke quickened. The increased force should be exerted gradually from the beginning of the stroke, the intensity of the pressure reaching its climax at the middle of the movement and then again lessening, allowing the hand to be removed by gradual lightened pressure while the other hand is being applied. In this way a much greater pressure and more friction is agreeably tolerated than could possibly be if the hands were applied with the same force suddenly. In manipulating an inflamed joint, or a diseased part of any kind, the change of hands should be made at the most painful point, for it is at that point the stroke is lightest. If the part to be operated upon is too small to admit of using the whole palmar

surface of the hand, use only the palmar surface of the fingers. The gentle pressure centrally directed not the friction, is the principal factor in effleurage. Therefore the movements need not necessarily be rapidly performed. A masseur must be well practiced, and at the same time very skillful, to be able to manipulate properly an inflamed knee-joint and use over 150 strokes a minute. It can be done, however, and one can only imagine the great skill it must require, when it is remembered the sensation to be experienced by the possessor of that sensitive knee-joint, is one of agreeable constant pressure.

By these movements, the absorption of pathological fluid exudates is promoted. Exudates in serous cavities, joint cavities, and in cellular tissues, in all parts of the body, are by direct mechanical force dispersed. Venous and lymphatic circulations are primarily directly forced into action, thereby aiding secondarily, by a *vis a frontis*, the arterial circulation. As the circulation is increased, the tissue change is increased, oxidation takes place more rapidly, and thereby the temperature is increased in the part. It can readily be seen without much stretch of the imagination, how absorption of extravasated blood, blood exudates, or the products of old chronic inflammation, is promoted by effleurage. By the strokes with accompanying pressure, the pathological fluid is spread over a greater space, allowing it to come in contact with a greater number of absorbents, the more solid products of disease are emulsified, and the solid particles subdivided, allowing them to be more readily taken up by the absorbents. The absorbent vessels, both capillary, vascular and lymphatic, are capable of more work, on account of the tonicity given them by the increased blood supply, and therefore absorb with greater rapidity the foreign particles of tissue that have already been partly prepared for absorption. Not only does all this seem rational, but still more, the stroking movements in the direction of the venous and lymphatic vessels, with the accompanying pressure, not only naturally, but actually forces, by mechanical pressure, the flow of their contents. Some therapeutists go so far as to say that the emulsified particles are actually pressed into the absorbent vessels. Stroking in any other direction than toward the blood center is only applicable in exceptional cases, on account of its directly retarding the lymph and venous circulation. Still, there are cases, for instance, where there is an extraordinary fluid accumulation, in which stroking in different directions might assist in spreading the fluid over a greater absorptive territory, and thereby facilitate the absorptive process.

Every inflammatory swelling, of course, it would not be safe to treat by massage, as the tissues might contain infectious material, and by promoting its absorption or distribution, the infection would contaminate otherwise healthy tissues. Massage is absolutely contra-indicated in all cases of venous inflammation, on account of the liability of emboli being detached and thrown into the circulating blood from the diseased coats of the vessels. The evil consequences of such a result can easily be imagined. The absorption of soft fibrous tissues, fungoid accumulations, etc., may be promoted by the crushing that their tissues receive by the proper application of effleurage.

After this stroking process has been performed for some time, the skin

becomes red, the patient feels a warm glow over the surface of the part, and by the touch, as well as the thermometer, the temperature is found to be increased. This condition of stimulation lasts for some hours after the manipulation has ceased, and a delicious sense of restfulness in the part is experienced by the patient as the result.

Where the parts to be manipulated are very tender, effleurage should be commenced by using light and not very energetic strokes over the diseased portion, until the over-sensibility gradually diminishes.

(To be Continued.)

WHERE IMPREGNATION OCCURS.

Thos. Engoll, of London, (*Hom. Review*) has been making some experiments with spermatozoa and finds that they cannot move except in a capillary tube, and therefore his conclusion is that impregnation takes place usually and of necessity at the top of the cervical canal. We suppose that he would explain extra uterine fœtation on the principle that gravitation carried the semen into the uterine canal, and then they wiggle up the fallopian tubes. He doubtless has not studied Dr. Guernsey's theory of impregnation, viz., the passage of the fecundating principle or article up the walls of the uterus.

PAROXYSMAL DYSPNŒA FROM A FALL.

Dr. Dudgeon, reports in the *London Homœopathic Review* a case of special interest; a man in the prime of life fell forward on the side walk on his hands. This was followed by attacks of dyspnœa at irregular intervals. Finally the circulation became obstructed and the man died, fifteen days after the fall. The autopsy revealed a fatty heart. "The left coronary artery was atheromatous its lumen occluded by a large semi-organized clot. The right ventricle was occupied by a large white clot. The fall was supposed to cause a slight injury to the brittle artery which gave rise to the formation of the clot occupying it.

NOTES FROM PRACTICE.

PARIS, Texas, Dec. 12.—Prevailing diseases. Intermittent fever, Eup. perf., Nat. mur. Bronchial catarrh, Acon., Bry., Ars.. Typhoid fever, Bap., Bry.
W. T. THATCHER.

DUBOISINA IN EXOPHTHALMOS.

Phillips (*Brit. Med. Journ.*, May, 1883, p. 958) mentions that he treated a woman, aged thirty-nine, who had a large goitre exophthalmos, palpitation, systolic bruit, and œdema of the legs, with one one hundred and twentieth of a grain of Duboisina sulphate three times a day. She improved very considerably, but the medicine caused looseness of bowels, and made her tipsy and sleepy. Perhaps it might have been given in still smaller doses with effect. We know that Belladonna (and Atropine) in very small doses have produced equally good effects in exophthalmos, and its action seems to be in many respects very similar to that of Duboisina.

THE UNITED STATES MEDICAL INVESTIGATOR.

"HOMŒOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

Communications are invited from all parts of the world. Concise, pointed, *practical* articles are the choice of our readers. Give us of your careful observations, practical experience, extensive reading, and choice thought (the great sources of medical knowledge), on any subject pertaining to medicine.

HOMŒOPATHY IN LONDON is receiving another boom. It seems that the St. George's Hospital had some empty beds and public attention was called to the fact. Major Vaughan Morgan, Treasurer of the London Homœopathic Hospital came forward and telegraphed to the special meeting of the hospital authorities offering to give £5,000, in five annual gifts of £1,000 each, on the condition that a certain number of beds should be placed under Homœopathic control. No notice was taken of this gallant offer. This tacit and discourteous refusal awoke the ire of the press, and the comments have been anything but favorable to those who are afraid to submit to the test exacted. The hospital authorities claim that the offer is "disrespectful in the highest degree," and the people feel that the Major has been insulted. The sympathy is largely with Homœopathy, and the outcome will be that the coffers of the Homœopathic Hospital will be well replenished. Nothing could have happened to give it wider notice, and the cause it represents. It is by such wise strategetic moves as the above that our cause can be advanced.

The lay friends of Homœopathy could do more for its advancement if they were wisely directed.

NEXT YEAR will soon be here, and perhaps our readers would like to know what is in store for them. We can only say at this time that we have no heavy paid contributors, nor favorites who will come to the front in every number. No, doctor, no lengthy lectures nor rambling reports tympanitic with words and wind await you. If we cannot get crisp practical articles we shall glean all fields. They cannot be bought but can and will be forthcoming. We are on the track of much valuable information, and shall so conduct this journal that the reader will feel compelled to give us all the benefit of his practical experience.

A series of practical articles on "spinal irritation and its cure" and "what I have learned about electricity," is promised us in language plain but pointed. Other papers are at hand, and other contributors promise us all something new and practical.

Like a daily paper we cannot fortell all the good things that awaits us, but with the epidemic atmosphere above us, we feel assured that this journal will well repay a careful persual every week next year. The price is to remain at \$3.00 for 1884.

THE HOLIDAYS come and go with many a wish and hope. This journal, comes to wish all its many readers the compliments of the season. As you send your greetings to the publishers in the shape of drafts, money orders, postal notes, etc., remember that the editor "receives" also. A bit of experience is what he appreciates. "Come boys let's fill the ——"

A NEW SPHERE FOR LILIUM.—On page 365 will be found a striking illustration of the logic of similia. A case of dysentery, cited by Dr. Pease, is not relieved by apparently closely selected remedies. The mental symptoms suggest a remedy unheard of for dysentery. Some uterine symptoms of the remedy are also found, and it is given and revolutionizes the case. Liliun, it seems, has "bloody discharges." But the point that struck us was that the clue to the remedy was found in a remote symptom. Some may say that the trouble was kept up by the "decided prolapsus uteri," and that the cure was brought about by repositing that organ. Granted that it was, the remedy Liliun, however, suggested the uterine condition which before might have been overlooked as functional merely, incident to the rectal tenesmus.

There is another thing in that case, and that is that the related remedies to Liliun are brought out, viz: Nux vomica, Bryonia, Mercurius and Belladonna. Here it would not be out of place to call attention to the fact of the wonderful discovery made years ago, that this remedy would cause and cure prolapsus uteri. That fact was developed by medical women—all honor to them.

There are many other practical points in that number worthy of attention, prominent among these is Prof. Talbot's treatment of burns. Try it and report results.

Correspondence

ITEMS FROM THE EAST.

BOSTON, Dec. 15, 1883.

MR. EDITOR: New England is still here, the doctors are all here, but the Lord has forsaken them for a while, but the weather we are having, warm spring-like till the middle of December, will set the doctor's at work ere long. It is a good time for medical meetings, though it is said the October meeting of the Massachusetts Homœopathic Medical Society was the smallest, the shortest, and least interesting for years.

GYNÆCOLOGICAL NOTES.

The Surgical and Gynæcological Society held its annual meeting December 13, and was well attended, so many papers were read there was but little

time for discussion. N. R. Morse, M. D., of Salem, read an interesting paper on The Presumptive and Characteristic Signs of Uterine Diseases and their Homœopathic Treatment. A paper by T. Dwight Stowe, M. D., Fall River, on The Treatment of Diseases of the Womb and Appendages was read by the secretary. Dr. Stowe strongly advocated internal Homœopathic treatment and denounced caustics, washes, etc. The next paper was read by A. M. Cushing, M. D., of Boston. The Homœopathic Treatment of Uterine Diseases. He said medicines will cure many more cases than what we think, and when they find as they often do, the medicines are not to blame. We are at fault. He claimed that medicines high or low would cure uterine disease, including tumors in or about the uterus, or its appendages, and reported cases to verify his belief. He reported curing cases of leucorrhœa with the third of Ova testa obtained from Duncan Brother's, Chicago. The secretary read a paper from Dr. H. N. Guernsey, Philadelphia, The Homœopathic Treatment of Uterine Diseases. No washes or injections were recommended in that paper, but Homœopathy was advocated. The next paper was by W. H. Lougee, M. D., of Lawrence, Some Diseases of Women which Medicine will *not* cure. He said that in cases of inflammation, medicine will cure in the first and second stages, but not in the third. In fine its object was to show that diseases of women often reach that stage or degree just beyond the dynamic power of drugs administered internally. That in order to work a cure we must resort to such means as would be capable of setting up a *reparative* inflammation in the membranous tissues or organs diseased. And also that the honor of our school of medicine depended largely upon our physicians being good diagnosticians, and knowing when disease had passed beyond the power of drugs and not promise cures by drugs alone when such a cure was impossible. A paper, Clinical Observations, by F. A. Warner, M. D., Lowell, followed, and interesting cases were reported, treated and cured with high attenuations (200) by himself and H. M. Hunter, M. D., Lowell. H. K. Bennett, M. D., Fitchburgh, read a paper, Limitation of Remedies in the Treatment of Woman's Diseases. He took nearly the same ground as Dr. Lougee, but put less reliance upon medicines. Dr. G. H. Southwick, of Boston, read a paper, Clinical Notes on *Ustilago madis*, giving Dr. Burt of Chicago, credit for much of it. Dr. O. S. Sanders, of Boston, read an elaborate paper on Hæmorrhages and their Treatment. It was an interesting meeting but as it is held only in the afternoon but little time could be had for discussion. DOWN EAST.

ALL ABOUT DEER PARK.

WHERE THE INSTITUTE WILL MEET IN JUNE.

IOWA CITY, Iowa, December 20, 1883.

EDITOR OF THE UNITED STATES MEDICAL INVESTIGATOR:

In answer to numerous enquiries concerning Deer Park, at which point the next meeting of the American Institute is to be held, I take the liberty of asking you to publish this letter, and thus save me much unnecessary correspondence.

Deer Park is a summer resort located on the line of the Baltimore and Ohio Railroad, on the crest of the Alleghenies, three thousand feet above

the sea level, and about midway between the east and west as well as the north and south. It is very accessible from all points, there being three fast trains every day in each direction, which stop at Deer Park, and which afford connection for all other lines. Parties leaving Chicago in the evening reach Deer Park about noon the next day, and those leaving New York in the evening reach there the next morning. From St. Louis it requires twenty-four hours, and from Pittsburgh, Sandusky and Cincinnati only about twelve. It is thus very central, and this taken in connection with the admirable management of the hotel, and the beauty of the surrounding scenery, makes it a most convenient as well as delightful spot for our meeting.

The hotel is near the railroad thus avoiding the customary tedious omnibus ride. It is owned and managed by the Baltimore and Ohio Railroad Company, and is first-class in every respect, the furnishings as well as the table service being superior to those of our northern resorts. The rates will be \$2.00 per day to physicians and their families, and the accommodations in every respect will be kept up to the full rate standard. The hotel will accommodate six hundred guests, and will not be opened to the public until after our meeting.

In case we are so fortunate as to secure more than that number, the Oakland Hotel, six miles distant and under the same management will be placed at our disposal, and a free train will be run between the two hotels for our accommodation.

Space will not permit me to dwell on the beauties of the surrounding scenery, or the special inducements that will be given to make our meeting unusually pleasant and profitable. The Baltimore and Ohio Railroad will sell round-trip tickets from all points on its lines for one fare, and will arrange for reduced rates on connecting lines.

I expect to have a conference with the railroad officials early in March, and at that time will make definite arrangements so that the Executive Committee of the Institute can arrange the details for the meeting, and notify the members.

Yours fraternally,

A. C. COWPERTHWAIT.

Surgical Department.

EXPERIENCE WITH RECTAL ULCER.

After reading Dr. Ingersoll's paper on rectal ulcer, I wrote him for further information. He sends the following interesting reply:

DENVER, COLO. 11-1st, 1883.

JOHN C. MORGAN, M. D. *Dear Doctor.* Your postal making certain inquiries received yesterday. I am glad the article in THE INVESTIGATOR has been so favorably received, and commented upon by so many of my professional brethren. I am yet studying the subject of rectal ulcers and find them every where, that is in men, and woman of all stations and occupations. There are three symptoms which I regard as positive indications of

rectal ulcer: 1. Itching about the anus, no matter if there are or are not hæmorrhoids if there is persistent itching there is also an ulcer above. 2. The escape of a jelly like mucous at time of stool with a desire to remain longer in closet. 3. An obstinate constipation. 4. An insufficient hard and soft stool (mixed) on first rising.

If any one of these symptoms is present as a prominent or constant symptom, there is scarcely a doubt of the presence of an ulcer. For the last five months in every case where I have suspected an ulcer, on examination has proved its presence. I have no data but my own experience and that of my partner Dr. Henderson, by which to determine the proportionate number of "chronics" who have rectal ulcers. But I fully believe it entirely safe to say 7 in 10, I believe all consumptives and scrofulous persons are so troubled or almost all who have had difficult labors. (I am minded to make your questions a text for a short article, but I am not accustomed to writing, and fear the profession would not be particularly interested.) The symptoms I have given are in almost all cases strictly reliable. When once you have found one ulcer you will have little trouble to multiply them. Whenever you have a case of constant back ache a feeling of "soreness" "weakness" or ovarian tenderness which seems to involve the uterus and spreads over the bowels, the patient can't quite locate the centre or starting point of pains, the soreness and weakness and pains are no place in particular, but "are all over her" in general look for an ulcer. But if I continue this random writing you will be wearied.

I do not know of any very unobjectionable speculum. I am just completing one of my own, which has cost a good deal, but I fully believe after having had one made and having used it in my own work, it will prove to be a very great improvement, over any now in use. It is very difficult to get just what I want here, but I perfected my idea and gave it to the instrument maker yesterday. He promised it to me in two weeks. If I get it in four I shall be pleased, with this I am able to explore by sections every part of the rectum, and except in a very few cases, where there is great inflammation or special tenderness of the mucous membranes, without pain to the patient. We have many cases where "Duck bills" and the fenestrated or common reflectors, none of them could be used at all. If the one I am hoping to perfect meets my expectation, judging from the proof of what it has already displayed, in actual work, I believe a new era in the comfortable discovery and treatment of rectal diseases will come to the profession. And what a vast uncultivated field lies before us. And there are multitudes of sufferers, visiting our offices or calling us to them, pleading for relief, from all manner of ills; the origin and cause of which they are wholly ignorant.

Most sincerely,

LUTHER J. INGERSOLL.

TREPHING IN ESSENTIAL EPILEPSY.

BY PROF. J. C. MINOR, OF NEW YORK.

Read before the New York, Medico-Chirurgical Society

The use of the trephine is restricted to traumatic epilepsy, and its application to the non-traumatic or essential variety is not authorized by modern writers. In the speaker's opinion the operation has, for various reasons,

been restricted to too great an extent, his own experience, and study of that of other surgeons, inducing him to believe that the clinical testimony is amply sufficient to warrant the assertion that the operation of trephining is indicated in any case of epilepsy, whether traumatic or essential, provided other methods fail, and the case is becoming progressively worse. The subject is introduced by the exhibition of two discs of bone removed from the skulls of epileptics whose histories are minutely presented. Both patients were suffering from the essential variety. The result of the operation of trephining has been eminently satisfactory, particularly with regard to the mental condition, as improvement here has been marked and progressive. The intervals between the seizure have also become longer. The cases are still under observation. As they were both instances of essential epilepsy, the question naturally arises, How does it happen that relief occurred as the result of the trephining?

The speaker now enters very exhaustively into a consideration of the hyperæmia and anæmia theories respecting the causative origin of the disease, citing the different authorities advocating either one or the other, and reaches the conclusion that the question is still undecided. The discussion is closed as follows: "For the present, then, we may leave this topic in *statu quo*; for, so long as the applied pathology of epilepsy is in so unsettled a condition as at present obtains, we cannot afford to leave so important a question in operative therapeutics to be settled in any other way than by a reference to clinical experience." What, then, are the clinical facts upon which the proposition of trephining in essential epilepsy must rest? The question is answered by a very comprehensive presentation of statistics from different authorities. To put the question in the plainest terms, so far as the speaker's examination of the records has gone, it shows that trephining has been largely employed in both traumatic and essential epilepsy. It has cured at least sixty-four per cent. of the traumatic epilepsies and sixty-eight per cent. of the essential variety; and the percentage of those relieved is as large in the one class as in the other. It may fairly be concluded, accordingly, aside from all theoretical objections, that the operation of trephining is as successful in essential epilepsy as in the traumatic variety, and that success in either case is due to the relief occasioned by it to cerebral pressure, itself caused by conditions as yet not definitely determined. The different theories respecting the origin of said pressure are discussed in the paper at considerable length. As far as the *cure* of epilepsy is concerned, there is a marked degree of variation in the results. In a large proportion of cases there is no return of the fits; in many the seizures are diminished in force and frequency; in a few there is no change whatever; there is one case at least on record where the patient was made worse, and nearly twenty per cent. die from the operation. On the other hand, the improvement in the mental conditions is almost invariable. The importance of this fact becomes at once manifest. The explanation of the cures resulting from the operation in essential epilepsy appears, in our present state of knowledge, to be impossible on any other ground than that by means of the operation cerebral pressure is removed. Hence, we may conclude that one cause of essential epilepsy, and the mental impairment that so frequently accompanies it, lies in the disparity between the skull and its contents amounting to virtual

compression of the brain, or any portion of it, so that its functional power as an organ is impaired or perverted. In view of the success of the operation in essential epilepsy, this explanation must hold good until a better one is offered.

DISCUSSION ON DR. MINER'S PAPER.

Dr. Powell, by invitation, described in brief the case of a lady who had fallen out of a window at a considerable elevation, and, in consequence, suffered from injuries that induced epilepsy, with its customary train of symptoms. The operation of trephining was performed at the request of her friends, to save her, if possible, from the insane asylum. The disc was removed from the parietal bone, near the occipital suture. Recovery was complete. The employment of the dental burr was advocated by the speaker as a desirable and perfectly safe substitute for the instruments in common use.

Dr. Schley cited the history of a patient whose frontal bone had been injured. He was trephined, and a spicula of bone was discovered pressing upon the anterior surface of the cerebrum. The convulsions, which occurred from twice to three times a week, were checked, and the patient's mental condition, which had been seriously affected subsequent to the injury, was relieved by the operation. A second case, that of a child who had fallen from a fence upon the side of his head, was briefly adverted to. A large cicatrix was left at the site of the injury, but no depression. Trephining was refused. Would relief be obtained by the removal of the cicatrix?

Dr. Minor stated, in reply, that three cases of excentric epilepsy had been cured by removal of cicatrices. The operation is certainly not a common one in practice.—*Trans.*

Consultation Department.

CASES FOR COUNSEL.

THE WESTERN ACADEMY'S TRANSACTIONS.

MR. EDITOR: Can you inform us where the papers read before the Western Academy at Madison, are. Some were very excellent. Yours truly,
D. H. J.

[We infer that they were returned to the writers as some of them are appearing in this Journal.—*ED.*]

THE AMERICAN INSTITUTE.

Where and when does the American Institute of Homœopathy meet next year? H. L.

[*Ans.* Deer Park, in June.—*ED.*]

ANSWERS TO CASES.

* GIVE US THE DOSE.

A young practitioner asks that question in *THE INVESTIGATOR*, of Nov. 24. This question is not very hard to answer. 1. Individualize every case strictly, no two cases are alike. 2. We deal in every case with three factors:

the individuality of the patient, the individuality of the drug, the individuality of the functional or organic derangement.

In relation to the first we must consider age, sex, temperament, constitution. In relation to the second the evanescent (volatile) or long lasting effects of the drug. In relation to the third the status quo et ante of the patient. In many cases quick repetitions may be necessary, especially when there periculum in mora, and in other cases tincture of time, that blessed Sac. lac. or any other placebo, are in order so that the drug may fulfill its whole duty. All interference produces mischief and it is our duty to know and to differentiate the symptoms belonging to the drug from those belonging to the diseased state.

The nearer your symptoms of the drug approach to those of the diseased state, the higher the potency may be. Good prescribers find the simillimum by constantly studying their materia medica and it is no easy task. The greater the difference the lower the potency. Hence men like Hahnemann, Bœnninghausen, Hering, Dunham, Lippe, Bell, Wesselhoeft, (William) succeed and praise the power of high potencies; whereas our easy going physicians are satisfied with a slight simile and hanker after the fleshpots of Egypt, *narcotics, purgatives et id omne genus*.

Study your materia medica, it is your bible, the simillimum may even give you the keynote to the pathology of the case.

NEW YORK.

S. LILIENTHAL.

News of the Week.

The Western Academy next year meets in Cincinnati in June. The time should be so arranged that many delegates can take it in on the way to Deer Park. Next year the Academy should go to Omaha or some other city in Nebraska.

The Illinois Homeopathic Association meets next May in Chicago. This will be really a medical convention, as large delegations are expected from many states. The medical menu is always choice and sumptuous. Come to Chicago, May 20, 21 and 22d, and have a good time.

Homœopathy in Chicago has scored a great triumph, two large wards in the Cook County Hospital having been assigned to its representatives. The staff is taken entirely from the officers of the Chicago Homeopathic College, the Hahnemann College preferring the purity and seclusion of its own hospital. Their wisdom has been shown so far, that the rival institution has had to exclude female students, mainly from the impossibility of their getting on in the general hospital.—*Brit. Journ. of Hom.*

Littell's Living Age For 1884.—For forty years *The Living Age* has been published with uninterrupted success, and has enabled its readers, at small expense of time and money, to keep pace with the literary progress of the age. Frequent in issue, and unequalled among periodicals in amount of matter, it furnishes an unrivalled compilation of a great and growing literature which embraces the productions of the most eminent living writers in all departments of literary and scientific work. And as this literature grows year by year in extent and importance, *The Living Age* becomes more and more valuable. Filling the place of many periodicals, it can hardly be dispensed with by any American reader who desires a thorough compendium of the best literature and thought of the time. Its prospectus for 1884 is commended to the attention of all who are selecting their reading-matter for the new year. Reduced clubbing rates with other periodicals are given, and to new subscribers remitting now for the year 1884 the intervening weekly numbers are sent *gratis*. Littell & Co., Boston, are the publishers.

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WHOLE NO. 366-7.

Pharmacy Department.

WHAT ARE ALKALOIDS?

Before the profession get wild over "alkaloid pellets" and follow brother Henry into the supposed new fields of accurate "Dosimetric (measured doses) medicaments" let us look a little at this alkaloid business.

I am as ready as any one to adopt anything that is an improvement on what we now possess. Anything towards accuracy is much to be desired, but perhaps this is polypharmacy and Allopathic inaccuracy after all. Let us see. These alkaloid pellets I suppose are made with the alkaloid of the remedy and sugar. Now let us see how an alkaloid, so-called, is prepared. Take that of Atropia, the one most extensively used and see the operation in detail. Here is the formula :

"Take of Belladonna root.....	48 ounces.
Purified Chloroform (by weight).....	4½ ounces.
Diluted Sulphuric acid.....	sufficient.
Solution of Potassa.....	"
Alcohol.....	"
Water.....	"

Percolate the Belladonna with the alcohol until sixteen pints are obtained; reduce to four pints by distilling off the alcohol. Acidulate this with diluted Sulphuric acid, evaporate to one-half pint, add an equal bulk of water and filter. To the filtered liquid add first one and one-half ounces of Chloroform, then solution of Potassa in slight excess and shake occasionally for half an hour. When the heavier liquid has subsided, separate it, add one and one-half ounces of Chloroform to the lighter liquid, shake and separate as before. Repeat with the remainder of the Chloroform, mix the heavier liquids in a capsule and set aside until by evaporation, the Atropia is left dry."

Now that is the whole process as extracted from the American Pharmacopœia. We will examine it and see what we have. First the Belladonna is a foreign plant and the dry root is imported and ground in a mill that has ground, the Lord only knows what. It is percolated in an open vessel, in an atmosphere of many drug-odors. The alcohol is distilled by heat, to be used we suppose to prepare some other alkaloid. The four pints of Belladonna resin (which has lost doubtless much of its value by the distillation) now gets a dose of acid and again is evaporated by heat to one-half pint, now water is added and the whole pint filtered. The acid and Belladonna extract is thrown away or perhaps sold for Belladonna extract. The liquid Sulphate of Belladonna is now treated to a dose of Chloroform, then Potash ("in excess" of what) is mixed in, then the mixture is well shaken, so as to hasten chemical transformation. The lighter liquid is poured off, mixed with more

Chloroform, poured off again, finally set aside the residue after the Chloroform is all driven off to evaporate. What is left is called Atropia. This mixture dried and crystalized, we are told produces "essentially the same effects as Belladonna." Now in the name of all that is accurate can it? Does it? Compare the careful provings. They are to all intents and purposes two remedies. In the Atropine the Sulphur symptoms crop out even to the diarrhoea with morning aggravation.

That is the alkaloid, but we have not reached the alkaloid pellet. That can be prepared in two ways. The Atropia may be made into solution "with 300 parts of water, twenty-five of Ether (Sulphuric) and in a smaller proportion of alcohol." This solution (of what?) may be used to saturate pellets, and be sold at the fancy figure of half a cent apiece to gullable doctors.

Another way to make the Alkaloid pellets is to mix them with the melted sugar while the latter is being rolled into pills. If one pan is used to roll pellets of Atropine, Hyoscyamine, Morphine, (antidotes,) Arsenate of Iron, (an antagonistic mixture) Aconitine, etc., what will be the result and where is the accuracy? Echo answers where?

These dosimetric granules are said to contain "a given proportion of the active substance." Then we supposed they are simply pellets saturated with medicines, the same as any physician can prepare in his own office.

This is another labyrinth in which to lose the deluded members of our profession. If we would follow out the pharmaceutical history of all the new articles offered us we would perhaps grow in admiration of the simplicity, accuracy and beauty of Homœopathic Pharmacy.

H. J. SMITH.

Consultation Department.

ANSWERS TO CASES.

If G. L. R. will prescribe Turkish baths, a radical change of diet, and strict attention to all known hygienic rules, he will be pleased with the results. Then give the proper remedy. I have just discharged cured two patients similarly afflicted—indeed almost identical as regards many of the symptoms recorded in G. L. R's case. One was from western Iowa, and the other from Dakota. I have cured two cases of facial neuralgia of three and six years standing. My professional brethren who have never tried them, know but little of the great good to be derived by a judicious, systematic course of baths.

SANITARIUM PALMYRA, Wis.

JOHN W. DAVIS.

DIABETES MELLITUS.

In answer to H. C. G. page 346 of THE INVESTIGATOR, will say I have a similar case of diabetes mellitus. In my experience of fifteen years there are four different medicines that I use, and only four. If I cannot handle my case with them I cannot with anything. They are generally incurable anyway, but the four medicines will cover all symptoms, and in my experience can be relied upon. Use one till it expends itself then take the next.

I use them all in tincture. My medicines are: Collinsonia, Pareira brava, Juniper and Buchu.

T. A. CAPEN.

Tell "Lady Physician" to give her patient Iodine 30x or some other potency and report.

To W. R. M. give Borax 3x three times a day, Gels. 3x during the period.

W. S. G.

Society Department.

GYNÆCOLOGY IN MASSACHUSETTS.

EDITOR OF THE UNITED STATES MEDICAL INVESTIGATOR: I submit to you a brief report of the recent meeting of the Massachusetts Surgical and Gynæcological society.

The annual meeting which occurred December 12th was one of the most enthusiastic and largely attended, which the society has ever known. The following were elected officers for the ensuing year, viz: H. A. Houghton, M. D., president; N. R. Morse, M. D., first vice president, Laura M. Porter, M. D., second vice president; L. A. Phillips, M. D., Secretary; J. H. Sherman, M. D., treasurer.

David Foss, M. D., of Newburyport, and F. E. Crockett, M. D., of West Newton, were elected to membership.

The programme which was unusually long, was presented in full, without a single failure. "The Homœopathic Treatment of Woman's Diseases," being the theme.

N. R. Morse, M. D., of Salem, read a paper entitled "The Presumptive and Characteristic Signs of Uterine Diseases," in which attention was directed especially to the fact that many times the symptoms and outward manifestations of cases presented for treatment appear to belong to other and often remote organs or parts, when the real cause, the disturbance upon which the whole trouble depends, is to be found in the pelvic organs, and that treatment to be successful must be directed to this underlying condition as well as to the secondary or reflex disturbances which are often more prominent and troublesome to the patient.

T. Dwight Stow, M. D., of Fall River, under the title of "Treatment of the Womb and Appendages" considered Uterine Congestion, and Inflammation, only, giving differential diagnosis and urging a closer adherence to and dependence upon the internal remedies Homœopathically selected, and deprecating local treatment even with hot water as mischevious in its effects even if temporary relief be gained.

The Homœopathic Treatment of Uterine Diseases was the title of a paper by A. M. Cushing, M. D., who argued the authenticity and reliability of reported cures with internal remedies even where the pathological condition had not been demonstrated and claiming that Homœopathic remedies were capable of and sufficient for the cure of any and all difficulties even to ovarian tumors.

H. N. Guernsey, M. D., of Philadelphia sent a communication under the

same title, in which he had little to add to "Guernsey's Obstetrics" but said he has found *Berberis vulgaris* a very valuable remedy in vaginismus and other diseases of the sexual organs, when accompanied by the characteristic urinary and kidney symptom. Ovarian tumors, stenosis of the os, vaginismus, etc., he is curing frequently and always with internal remedies alone.

W. H. Lougee, M. D., of Lawrence read a very instructive and valuable paper entitled, Some Diseases of Women which Medicines will *not* cure. He argued that there exist boundaries in the pathological condition of many diseases, beyond which remedies, Homœopathic or Allopathic are incapable of going. As in inflammation for instance, the primary or earlier stages of pathological change may be met and overcome by the well selected remedy, but when the stage of hypertrophy or all proliferation is reached and the blood pressure has been sufficient to cause exudation into surrounding tissues, cure can only be effected by exciting what is know as "reparative inflammation," and dynamic medicines cannot do this and therefore fail to cure. After outlining the treatment he would advise in these conditions he concludes. "In my judgment, when we have a clearly defined knowledge of the power of drug action upon the primary and secondary stages of inflammatory diseases affecting the generative organs of women, and apply them judiciously in these two stages, very little will be required beyond these; but as there is a pathological condition over which the dynamic power of the best selected drug has no power, therefore the good name of every physician as well as the successful progress of Homœopathy demands a sufficient knowledge to discriminate between the conditions which can and those which cannot be cured with drugs, alone, and independence to act accordingly."

F. A. Warner, M. D., reported under the title, Clinical Observations, several cases of different diseases of women, cured with potentized drugs applied *not* to the *local* trouble *simply*, but to the totality of symptoms, also cures of Uterine Fibroids and an Ovarian tumor by Dr. H. M. Hunter.

Limitations of Remedies in the Treatment of Woman's diseases, was the title of a paper by H. K. Bennett, M. D., wherein he endeavored to prove the impossibility of removing various pathological conditions by internal medication, and the probability that a mistaken diagnosis must have been made in some of the cases reported in our journals and elsewhere. He held that in the treatment of woman's diseases the medical and surgical methods should not be separated but reasonably blended, and that we should prove all things and hold fast to that which is true.

G. R. Southwick, M. D., reported a large number of cases from his own practice, and various other sources, illustrating the power of *Ustilago madis* as a curative agent; especially as related to women's diseases, and his paper constitutes a better study of this drug that I have seen published.

O. S. Sanders, M. D., read a very practical and instructive paper upon Hæmorrhages, which being the fruit of long years of experience will prove of much value to those who may read it. The length of the programme left little time for general discussion, and as points of importance were brought out which were not included in the papers. As you may suppose from the above report, the Massachusetts Surgical and Gynæcological Society is an active, wide-awake organization and is doing more and better work, we believe, than any other of our medical societies. L. H. PHILLIPS, Secy.

THE UNITED STATES MEDICAL INVESTIGATOR.

"HOMŒOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

Communications are invited from all parts of the world. Concise, pointed, *practical* articles are the choice of our readers. Give us of your careful observations, practical experience, extensive reading, and choice thought (the great sources of medical knowledge), on any subject pertaining to medicine.

THE BEST DOCTOR'S HORSE.—The typical doctor's horse is a substantial animal, intelligent and reliable. Would we not like to see all the horses driven by all our readers? Not to criticise the choice of horse flesh selected by each, but to just see them. We have thought much of this lately. What are we doing for the faithful animals that carry us about? What are we doing to make their diseases and treatment better understood. For it was soon apparant during the epizootic a decade ago that our physicians could cure horses as well as men. Pondering on that wide spread epidemic we fell asleep. We had a vision. We saw a vast assembly of physicians conveyances. They filled up the wide avenue before our store and crowded all the side streets and stretched down the avenue for many blocks.

"For pity sakes what caravan is this," said a party at our side.

"Only an assembly of Homœopathic physicians in their turnouts," we replied.

"Who is responsible for this gathering—blocking up the streets," said the police captain.

"It is an editorial review of our physician's equipages," we explained.

"Oh it is a grand review is it. Well sargeant take the doctor's pheaton and head the column.

We gave the command. "Double file, forward, march," and as the physicians from Maine to California and from Winnipeg to Jacksonville, drove by the lookers on were amazed and surprised, while we were delighted. The press next day stated that "there was a fine array of horse flesh. Some fancy some speedy, some stocky, but the majority were remarkable for intelligence and bottom. There were some plugs, nags, ponies, mules, but the most of them were substantial family horses." We thought how few followed the maxium given by a professor to a graduating class: "always drive a little better horse than you can afford."

At the banquet given in the evening by the turfmen of Chicago in honor of the event, we were called on for a speech in reply to the toast. "The doctor's horse may he be like his master. always reliable." We grew eloquent on that theme, and in closing inquired what was the best horse for the physician? The wit of the evening brought down the house by saying, the best horse for the surgeon was "a saw horse." We awoke to find it all a dream.

But we cannot get out of our mind the "query," what or which is the better or best horse for the physician? Is there any particular breed that combines speed, style, and bottom? Answer ye veterans please.

ANOTHER JOURNALISTIC YEAR has closed. It is the first one of the new weekly issues. We began it with some trepidation. Would it be properly appreciated? Would our small weekly dose suffer in comparison with a monthly or quarterly collection? We knew it would not with the active working members. Would it be compared unfavorably with the big Allopathic weeklies? We knew it would not with the sensible who consider both price and nature of contents. The outcome was far beyond our expectations. Moving in May caused a slight interruption and recently a block in the publishing department, but we are able to close with the year.

The amount of practical matter furnished is simply enormous, as will be seen by the indices. We advise our readers to scan these closely for some practical hint may have been overlooked or forgotten. Examine your files and if any numbers are missing, order them *at once*. If any have duplicate copies send them back, please, for we are short of several numbers.

While the past year has been largely experimental, we are encouraged by the many expressions that reach us, that this journal is highly appreciated. We look forward to the coming year with bright anticipations. In closing, permit the editor to return many thanks for many favors and courtesies.

THE CLOSING YEAR adds to the gray hairs of many of our readers. Some who began with us in 1864 have ceased to work and gone on before. Of the editorial corps only two are left. Time is making sad havoc in our ranks. Many of our readers years ago dreamed what they would do for medical science before long. Has that waking dream been realized? Is the veteran corps—the old body guard of Homœopathy—as active and faithful as might be expected? This is a time for good resolutions. We suggest that you add your mite to medical knowledge, at once. To all our readers both old and young we wish a very prosperous Happy New Year.

Children's Department.

EXPERIENCE WITH DIPHThERIA MALIGNA.

VALUE OF CYANURET OF MERCURY.

I shall premise by a historical account of my first acquaintance with epidemic diphtheria.

In February, 1864, my son, aged seven, a stout lad, physically and intellectually, after rising from his bed one morning, showed a want of liveliness and freshness. After school he gave a long recitation to his school-fellows in the court-yard of the school, the temperature of the air being a long way below freezing-point and the wind blowing strongly from the north-east. He evidently inspired more cold air than his young organism could warm by its own heat. So when he came home in the afternoon I heard the first

complaints about painful feelings in the palate and throat. His throat presented the ordinary signs of angina catarrhalis: redness and swelling of the mucous membrane of the palate, fauces, and tonsils, with constrictive aching pain on swallowing, combined with dryness in the throat. At the next meal the patient ate little and made grimaces whenever he swallowed. All this only in moderate degree. The most striking thing about him was the most unusual want of interest and depression. As after dinner he complained of headache, his temperature was increased and his pulse quick and small, I sent him to bed early. Believing I had an ordinary case of angina catarrhalis before me, I gave him Belladonna every four hours, as for years I have done in similar cases with success. For the first time this remedy failed completely, which was obvious after thirty-six hours, as the intensity of the symptoms appeared to be considerably greater and new ones were added, among which was a considerable swelling of the submaxillary glands on the left side. Sleep was disturbed at night, the patient tossing from side to side. There was complete anorexia, he could with difficulty be persuaded to take a few spoonfuls of beef tea. The usual stool was not passed, the urinary secretion was diminished. The pulse became quicker and smaller. Slight sweat occurred only in the upper part of the body, especially the front of the chest. There was considerable prostration. The swelling was larger, the mucous membrane bluish red, the tonsils, especially the left, studded with small yellowish points. There was remarkable foetor oris and slight salivation.

I now substituted for the Belladonna *Mercurius solubilis Hahnemanni* which had previously always proved efficacious in such cases, especially when there were present foetor oris and salivation. But this prescription was also useless. The next night was more disturbed than the previous one. The following day hoarseness came on, whilst the dirty colour of the confluent points of exudation had spread over the left arch of the velum palati and a portion of the uvula. I had never seen anything like this before. On the fourth night the respiration was much altered, the several acts of inspiration no longer occurred at equal intervals; they were at one time short at another longer, until at length there suddenly occurred an attack of coughing with distinct croup sounds. In the course of the next hours the cough came on in ever shorter intervals, during which the patient always anxiously raised himself up and clutched convulsively at the counterpane. I thought I had to do with a complication with croup, which I tried to combat with Iodine, being of opinion that the laryngeal affection was the most important thing to attend to. I lost sight of the affection of the palate and fauces as I had to give up the inspection, because every attempt at it caused convulsive spasms of coughing and the patient resisted inspection with all his might. During the next two days the paroxysms of coughing diminished in frequency and severity, but this I ascribed less to the influence of the Iodine than to extreme weakness, for the respiration which was accompanied by a sawing noise was performed with ever greater difficulty, and was accompanied by increase of the opening of the fauces and visible movements of the normal muscles. After little more than three days employment of the Iodine, being myself physically exhausted, I knew not what to do, and anticipated the collapse of my poor child. Just as I was

preparing with a sad heart to go on my morning round, one of my colleagues Dr. A. Beck, came to see me, having heard that there was a case of serious illness in my house. I gave him a circumstantial report of the case, and with his assistance I made an inspection of the primary seat of the disease, which was now done more easily as the paroxysms of coughing had much diminished in intensity. The soft palate was throughout its whole extent changed into a greenish-grey, greasy, foetid mass, in which all the contours were lost. I returned to my study with Dr. Beck to consult over this state of things. He said he remembered in his studies having read in a book on medical jurisprudence of five cases of poisoning by Cyanuret of Mercury in which all had died in a short time. In all five cases there was found a necrotic destruction of the soft parts of the palate and fauces. He recommended a trial by way of experiment of this remedy, though it had not yet been proved; I begged him to undertake the case, as I felt myself quite unequal to it. I rushed with the prescription to the nearest chemist and got him to make me a sixth cent. dilution of Cyanuret of Mercury. In two hours I returned home, put five drops in a tumblerful of water and at once gave the first teaspoonful to my patient. The dose was repeated every two hours.

The remainder of the day passed over without anything particular occurring. Towards evening, however, the patient fell into a quiet sleep, which had not been the case for several days, and he was but little disturbed during the night. Whilst it lasted I could only notice a change in the sound of the less frequent cough. It sounded more scraping than barking, the respiration, too, was more regular and noiseless. In the morning the patient awoke refreshed and wanted food. He got some beef tea and immediately fell asleep again. On inspecting the throat we found the contours of the soft palate distinctly visible. Some small remains of pseudo-membrane were to be seen. The mucous membrane exhibited no great degree of swelling or redness. The coating on the tongue was transparent, the temperature of the skin normal, the pulse strong, and nearly normal in frequency.

The remainder of the convalescence was completed in an astonishingly short time, the medicine being continued at longer intervals. Sleep, appetite, normal alvine evacuations and copious urinary secretion returned, and strength and plumpness were soon restored. In three days more the child bore no traces of his serious malady.

As this case was unique, we could not be sure whether it was one of spontaneous cure or due to the remedy employed. But we did not remain long in doubt. A week afterwards I met with a similar case in the family of a poor man who had just lost a child from diphtheria, where no medical treatment had been employed. When a second child, an ill-nourished, three-year-old boy, sickened in the same way, the parents sought my aid. I undertook the treatment under the most unfavorable hygienic conditions. My new patient was in close proximity to the corpse of the diphtheric child, which was only removed twenty-four hours later. He lay on a dirty bed on the floor, covered with rags. When I arrived the mother had just been scrubbing the floor; the walls of the room were damp, a thick coating of ice encrusted the window. The diphtheria was fully developed. The disease had been ushered in by prostration and headache. After a restless night there was pain on swallowing, no appetite, no motion of the bowels,

diminished secretion of urine. I found the tonsils and velum palati covered with a yellowish-white pseudo-membrane, the tongue was coated with a thick yellow fur. The submaxillary glands were swollen and tender to the touch, the cutaneous temperature was irregularly distributed, the pulse small and scarcely to be felt, the prostration great; the voice was hoarse, no cough.

Taught by the experience of my child's case, I immediately prescribed the Cyanuret of Mercury in the above named form and dose. After three doses at two hours intervals, sleep came on and lasted all night. On awaking the patient wanted food. Inspection showed only a few remains of the pseudo-membranous exudation, which all disappeared in the next twenty-four hours. There was scarcely any stage of convalescence. In three days he was perfectly well.*

In view of the above described bad hygienic conditions and the short duration of the disease, I could not doubt the fact of a cure by art. I had ample opportunity of confirming this impression during the enormous prevalence of the diphtheric epidemic in Petersburg in the following weeks and months. The cases that came under my care were very numerous, and I treated them all without exception with the Cyanuret of Mercury, with equal success, whilst all around, under the constant employment of Nitrate of Silver locally, and the frequent recourse to laryngotomy, the mortality was enormous. The plague lasted through the winter and spring with undiminished violence; every week I had two or three cases, and up to the month of July of that year I had had to treat sporadic cases which occurred in the summer residences outside the town. Then the epidemic extension of the diphtheria declined, but there were frequent recrudescences of the epidemic in the following year, though limited in extent; even yet it is not quite extinguished. It became endemic as it did in other thickly populated places.—*Dr. Villers in B. J. Hom.*

Clinical Medicine.

SILICEA AND ABNORMAL PERSPIRATION.

BY DR. A. S. KENNEDY, BLACKHEATH ENG.

Mr. C., aged eighteen, came to me suffering from very peculiar axillary perspiration. My attention was drawn to the case in the first place oddly enough, by his tailor, who attends the Deptford Dispensary. One day whilst conversing of his own case, this man asked me if I thought there was any cure for a customer of his, who perspired in such an extraordinary manner as to ruin his coats in a very short time. The appearance presented by the coats was that of having been soaked in a greasy chalky material under the arm—

*Although my treatment might be considered as ended, I continued to visit the patient. On visiting the wretched house one afternoon, I found the patient sitting on the window seat, his back towards the window, which was covered with ice. I had him immediately removed to a more appropriate seat and reproached the mother for her carelessness. I was unable to repeat my visit until after the lapse of forty-eight hours, when I found him suffering from severe laryngitis with violent fever, which under Phosphorus was cured in two days, so that the child could be pronounced quite well. The observation of two serious diseases cured in this ill-nourished child, without leaving a trace behind them convinced me of the power of art to cure diphtheria.

pi s, which rotted the cloth and caused great annoyance to the wearer. The result of this conversation was that the young gentleman presented himself some time afterwards to see whether Homœopathy could relieve him of his annoying complaint. He said he was in perfect health in every way with this one exception. Washing the axillæ night and morning with various soaps made no difference. As soon as he began to move about this extraordinary milky perspiration exuded freely. This state of affairs had now continued for about eighteen months. The only therapeutic indication which I could find was from Hughes' *Pharmacodynamics*. "Unhealthy perspiration with a greasy skin, *Silicea*," so I gave him twelve doses of *Silicea* 6, and instructed him to take three Turkish baths. The result was quite satisfactory, as by the time the medicine was finished the perspiration was quite normal.

Whether it was the *Silicea* or the Turkish baths which cured him I know not, but the fact remains.—*Hom. Review*.

NITRITE OF SODIUM EFFECTS.

It appears to have been first used in epilepsy by Dr. Law, of St. Leonards, who, in the *Practitioner* for June, 1882, advocates its employment in this disease on theoretical grounds; the basis of which appears to be, that cerebral anæmia was supposed by him to be one of the factors of epilepsy, and that *Nitrite of Sodium* had some analogy to—*Amyl nitrite*—a drug which reduces arterial tension in a very marked manner. Upon this *Nitrite of Sodium* was freely tried in epilepsy. A paper on the subject was read before the Royal Medico-Chirurgical Society in the following November, when Dr. Ralfe, of the London Hospital, Dr. Gowers, Dr. Ramskill, and others contributed reports of cases of epilepsy in which *Nitrite of Sodium* had been prescribed. Dr. Ralfe saw decided improvement in nine out of seventeen cases; Dr. Gowers in one out of twelve; none of Dr. Ramskill's patients were benefited.

Subsequent to these experiments—we can regard them as nothing else—Dr. Matthew Hay, of Aberdeen, made a short proving on himself and some friends, the net result of which is recorded in the following passage quoted from his paper on this drug in the *Practitioner* for March, 1883. "On three separate occasions," he says:

"I took five, ten, and twenty grains of the salt. I then observed that the rate of my pulse became accelerated shortly after taking each dose, and more distinctly after the largest dose. But what was more remarkable, I experienced, within a few minutes after taking the two larger doses, a feeling of fulness in my head and eyes, accompanied by a throbbing sensation. There was also a slight, almost doubtful flushing of the countenance. The sense of fulness and throbbing continued for an hour or more after the administration of the salt, without at any time being so intense as to be unbearable, or even severe enough to prevent me from proceeding with my usual duties; indeed, it was comparatively trifling, and caused me no inconvenience. The smallest dose of the salt produced a similar effect, but of a very short duration, and very slight degree, so slight as almost to have escaped observation. These experiments were repeated on myself and a few of my friends, and always with the same result."

It must be remembered here, in connection with Dr. Murrill's cases, that Dr. Hay was unwittingly using an *impure* salt, containing 66 per cent. of *Nitrate of Sodium* and only 33 per cent. of the *Nitrite*.

The next we hear of this new drug is in the new edition of Dr. Ringer's *Handbook of Therapeutics*, where the dose is stated to be 20 grains, an assertion described by a reviewer in the *British Journal* (Nov. 10.) to be a "terrible mistake."

After this we have the experience of Dr. Murrell, given in order to point out the method employed to ascertain the *safe* dose. For this purpose two cats were selected, one black and the other brown, each weighing about six pounds. Each cat received a hypodermic injection of about six grains, and died, the black in twenty minutes, the brown in about half an hour. At the same time a white cat, weighing four pounds and a half, had a hypodermic injection of $4\frac{1}{2}$ grains of the *Nitrate of Sodium* without any deleterious effect, "the *Nitrate* cat" we are told "was purring round the room while its *Nitrite* companion was having its *post mortem* meal."

Dr. Murrell omits to state what conclusions we are to draw as to the dose that may be taken with safety, by a human adult weighing, we will suppose, a hundred and twenty pounds. But we quite agree with him in his conclusion that "most patients would prefer taking it in small doses." Dr. Hay, we may observe, gave the pure salt in *two grain* doses.

This brief history of the method of studying a new drug exhibits fairly enough the plan at present pursued by physicians who do not recognize the law of similars as a principle of drug selection.

In the first place we have the purely speculative basis of Dr. Law. In epilepsy there is cerebral *anæmia*—at least he thinks so. *Nitrite of Sodium* is like *Nitrite of Amyl* in its action, and the latter determines blood to the brain *ergo*, give *Nitrite of Sodium*! What is the result? Has one case of epilepsy been cured? Not one. Only in the practice of one physician, who was induced by Dr. Law to make use of his extensive opportunities for testing it, has any benefit at all been seen.

That it may palliate a paroxysm of *angina pectoris* is probable enough. It does so, however, by inducing its physiological action, by relieving for the moment the heart tension which may be presumed to exist. But it does not cure the condition which gives rise to this tension.—*Hom. Review.*

WILL POWER VS. DISEASE.

This is a subject about which much error prevails. Many persons are inclined to believe that the fatigue experienced after a certain amount of exercise is indicative of over-exertion of muscles, when, in reality, it only shows that the *will-power* has been taxed, probably beyond its capabilities. The degree of fatigue does not of necessity, bear a direct relation to the amount of exercise taken; but this degree of fatigue merely indicates the length of *time required* to perform a certain movement. We need only reflect a moment. We are all aware that many physiological operations take place without our attention being called to the fact, and, of course, without fatigue. The action of the heart is incessant and powerful, but whoever complained of a fatigued or tired heart? When in a healthy condition none of us know that we have a heart.

So with the stomach, and many other organs of the body. Though in constant motion, performing a prodigious amount of work, they never tell us they are tired. Many of the habits of life, though calling for constant effort, are performed without fatigue. The ordinary daily avocations are automatic, requiring no exercise of volition, hence not tiresome. Such movements are governed by, and under the control of the involuntary system of nerves.

The act of breathing, respiration, is an excellent illustration of the relationship existing between the will and cerebro-spinal nerves. We breathe without fatigue, indeed, we are not conscious that we have inhaled or exhaled, atmospheric air.

Ask a patient to breathe deeply a number of times in succession, and what is the result? They complain of being so tired? "Why, doctor," they exclaim, "it tires me so much." Only yesterday, while treating a lady, I asked her to take a deep breath. She made the effort, but sank down in her chair exhausted. This was but one of many cases of neurasthenia I am called upon to treat daily. Why all this exhaustion? Why complain of being so tired? My request was a very simple one. Surely every lady, or delicate man, possesses the necessary muscles, lungs, bronchia, nerves, etc., required to perform the act of respiration. Then why sink down in a state of exhaustion, and complain of pains and aches? It was simply for the reason that they had *fixed* their attention on the work required of them, in other words, they used *will-power* to do the work. Respiration, being involuntary, does not fatigue, it proceeds without consciousness.

But to *think*, while you breathe, may become irksome, and, indeed, painful. The paralytic walks with the greatest difficulty. His muscles are intact, it may be perfect, but there is an inharmonious action between the nerves, muscular fibers, and the will. Ask the paralytic to will that his muscles should perform their function, and you have taken the first step toward a cure. Strychnine acts by producing contractions in muscles formerly inactive, and so with electricity; but one may use either, or both, yet without a certain amount of will-force, the cure is tedious, and perhaps, never accomplished. Force of habit has much to do with many, perhaps, a large majority, of our chronic ailments. We are all conversant with the fact that it is possible for us to sit quietly, and nurse a pain previously bearable, until it becomes a "raging monster."

The exercise of the will frequently aids us in throwing off many of the infirmities "to which flesh is heir."

Let me illustrate this point: A day or two since I was called in haste to see a lady patient affected with malaria. She was wrought up to the highest pitch, for the reason that another "horrible chill was coming on." This lady's will-power was, and had been, in abeyance for some time. My treatment consisted in waking up her "better judgment," so I startled her with an exclamation that aroused her, she began to cry; crying was followed by thinking, and *she had no chill*. A friend once asked me if I knew how to cure the ague. His prescription was this: "Put the patient in a boat, he may be shaking his very toe-nails off, but never mind that. When well out in the stream, with no sounds to disturb the quiet of the hour, save the chattering of teeth so familiar to all who have had "chills," toss a

huge dead serpent over and on the suffering man, and yell, snake in the boat! Your ague is cured. Never to return!!" Scream fire, as loud as your lungs will permit you, and if there be any cripples about the house, you may expect to see old limbs wiggle though they may have long since, apparently, passed the wiggling point. We cause our patients to think, to exercise the God-given power vouchsafed to every human being, to-wit: will-force. The muscles of the paralytic may be really unaffected, and the will-force is imperfectly transmitted because of the vitiated condition of the nerve fluid. We may, and should, aim to improve, or alter that vitiated condition of the conductors of nerve influence, but without will-force, all the doctors in Christendom must surely fail to effect a cure. There is a tendency especially among those suffering from chronic ailments, to do things in spasmodic haste, but in order to do them good, as physicians, we should teach them to act thoughtfully, and only after *deliberately willing so to do.*

JOHN W. DAVIS.

SANITARIUM, PALMYRA, Wis.

NOTES FROM PRACTICE.

NEW LACOMA, Wash. Ter. December, 17.—Diphtheria has been raging in this city the past two or three weeks with fatal results, there having been some eight deaths the past week, but under the benign influence of a few clear days and frosty nights it has materially abated. No other epidemic prevailing. The remedies the most efficient in my hands are Kali bich. in solution, about straw color, and Bell 3x alternately every hour or half hour. If there be fetor Kali permanganum gargle, five to ten times per day, also swab the throat gently with glycerole of silver, three grains to the ounce of glycerine pura. Grind together in a mortar till thoroughly incorporated then swab three or four times a day. This course if taken early will be speedily efficient in most cases. If not arrested within twenty-four hours by proper treatment, especially in the malignant form, it will be difficult to manage the case fatal blood poisoning will be the result. W. H. R.

ABOUT MESSAGE AND ITS APPLICATION.

Continued from page 379.

Massage a friction is the variety of manipulation that is accomplished by the finger-tips of one hand vigorously rubbing from the periphery toward the center, followed by the finger-tips of the other hand with a slow, stroking movement. This variety is used both in general massage, and also in promoting absorption of superficial inflammatory exudation. The portions of semi-solid morbid tissue that the finger-tips of the first hand crush and rub up or emulsify, the other hand spread and determine toward the center, and thereby promote their absorption. The proper performance of massage a friction requires more skill and patient practice than any of the other varieties of massage, because of the entirely different movements required of the fingers of the two hands. It is peculiarly difficult to perform the rapid rubbing movements with the left hand while the right follows with the slow stroking movements.

By *Petrissage*, we mean a kneading of the parts. One grasps deeply a

fleshy mass of tissue, and rolls it gently in the hands, allowing it to gradually escape from one hand as it is grasped with the other. As the part is being rolled in the hand it should be squeezed with more or less force, according to the toleration of the tissues. The general rolling movement should be in the direction of the center of the body. When the muscles of a limb are receiving this treatment, the hands should grasp the limb on either side at the distal end, and an irregular, rolling motion of both hands in opposite directions, with considerable pressure a constant determination of the movements toward the central end of the limb, the hands not being removed until the whole limb has been traversed.

Petrissage is used in kneading the deep muscles of the back and the different viscera that can be reached through the thin abdominal walls, as well as the muscles of the abdomen themselves. Through the walls of the abdomen the uterus, the liver and the spleen can with greater or less success, according to the corpulency of the patients, be manipulated by this method, while the stomach, the intestines, especially the large intestines, can be influenced by this kneading process as by no other method.

Tappotement is the name of the last division of massage that we have to describe. It includes all the flagellations, the slappings, beating and pounding movements that may be performed with the hands of the operator, or any little device he may find to take the place of the hand. *Tappotement* may be performed with the flat palm of the fingers, by a succession of light, rapid slaps, or the whole open palm of the hands by a succession of slower, harder blows. The effect of the former is simply to stimulate the circulation in the skin; the latter affects in the same way somewhat deeper tissues. The tips of the fingers, the ends on a plane, may be used; the ulnar border of the hand is often used; where harder blows are required, the knuckles of the closed hand may be used; there are also various kinds of instruments that have been manufactured for this purpose, from India-rubber, whale bone, wood, and other materials. These devices serve some very good purposes, but cannot compare in efficacy with the well trained hand.

General massage includes all these varieties of manipulations, systematically combined and rationally applied, that we have with considerable minuteness described. In applying massage for its general effect on the system, the masseur should commence, 1st, at the hands, and manipulate in the direction of the trunk; 2d, with the feet, and manipulate in the direction of the trunk; 3d, with the head; and 4th, with the trunk itself, directing all manipulations toward the center of circulation.

To commence, the manipulator takes the distended hand of the patient in his left hand with either the palmar or dorsal surface uppermost, and supporting it in that position, applies friction by rapid ascending strokes with the palmar tips of the fingers of the right hand. These movements are applied to the palmar, dorsal and sides of each and all the fingers; they are then each rolled transversely in the closed hand of the operator.

The same ascending rapid friction strokes will then be applied to the metacarpal and carpal region with one hand, while the other may follow with slower strokes, in the same direction; these movements to be followed by gentle kneading of the more fleshy parts. Passing on to the forearm and arm, similar movements may be repeated (from the wrist to the elbow, and from elbow to shoulder) to those used in the metacarpal and carpal

regions—that is, massage a friction followed by petrissage. The arm is a very convenient portion of the body for both of these processes. The strokes necessary are of convenient length, and the fleshy masses are easily kneaded. About five minutes should be occupied in thoroughly manipulating each upper extremity.

The feet may be manipulated in the same general manner as the hands, the strokes, of course, necessarily being longer. The metacarpal and carpal regions are first treated with ascending strokes in rapid succession, followed by the slower kneading strokes.

Transverse kneading is applied by grasping the foot in both hands, and drawing and rubbing the tissues in either direction. The leg and thigh come next in succession; each in their turn are treated similar to the corresponding parts of the upper extremity. More time will necessarily be required, however, in manipulating the large, unwieldy muscles of the leg and thigh than the corresponding parts of the upper extremity. In kneading the fleshy masses at the upper part of the thigh and gluteal region, commence kneading the superficial muscles with the fingers, and as the deeper muscles are called in, use both hands with considerable pressure, and impart to the mass a rolling motion, endeavoring to have the direction of the motion in opposite directions. The tissues of the back are next manipulated. A convenient place for commencing is at the back of the neck, beginning with descending strokes from the occiput. Every portion of the back should first be gone over by the massage a friction, vigorously applied. The strokes here may be both ascending and descending, and of a length convenient to the operator. These rapid, short strokes of one hand, followed by the slow, regular strokes of the other, are to be followed by effleurage and deep petrissage. The latter should be given special attention, as it is the only method by which the deeper muscles of the back can be reached. The kneadings here are usually applied transversely, in a direction away from the spine.

The chest is treated in the same general way as the back. The strokes should be from the sternum toward the spine, following the direction of the pectoral muscles toward their insertion. Rapid and short strokings are especially applicable here, followed by long kneading strokes.

The abdomen requires careful treatment. The massage here should be of a slow kneading variety (petrissage), and the direction that of the ascending, transverse, and descending colon.

After the whole body has been manipulated in the general methods described above, about five minutes should be spent in going over the whole surface with rapid slapping (tappotement) movements, applied by the palms of the hands. These movements may be accomplished with great rapidity by skilful alternating of the two hands.

For the proper application of general massage, about one hour in time is required. The time required on the several parts may be roughly estimated as follows: Upper extremities, each five minutes; lower extremities, each eight to ten minutes; trunk, twenty-five to thirty minutes; and the general tappotement about five to ten minutes. Of course, it is unnecessary to say these are not invariable rules. One patient may tolerate and require double the massage of his neighbor. Also, as therapeutical indications vary, so will the intelligent masseur find it necessary to constantly modify his manipulations to meet each individual case.

News of the Week.

Dr. Reed of Middletown, Ohio, mourns the loss of his estimable wife. The sympathies of our readers go out for the doctor in his bereavement.

New York Ophthalmic Hospital.—Report for the month ending November 30, 1883. Number of prescriptions, 3652. Number of new patients, 789. Number of patients resident in the hospital, 25. Average daily attendance 141. Largest daily attendance, 209.

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

The Thirty-third Annual Meeting of the Homœopathic Medical Society of the state of New York will be held in the Common Council Room, City building Albany, N. Y., on Tuesday and Wednesday, February 12th and 13th, 1884, commencing at 10 A. M. The annual address will be delivered by the president, Dr. Everitt Hasbrouck of Brooklyn, on Tuesday evening at 8 P. M.

A. P. HOLLETT, Secy.

Locations.—I am about to leave Auburn on account of my health and that this is a good location for a first class Homœopath, one that has got the ability and the nerve to cope with lots of Old School competition and opposition. He must have the ability to take care of his cases well. No Homœopath here, and Auburn is a nice little town county seat, about 2,000 inhabitants, etc.

J. J. LITTLEFIELD.

College and Hospital is a favorite term. To keep up with the times, Rush Medical College although situated opposite the great Chicago Hospital has about finished a large fine hospital building of its own. Its leading surgeon Prof. Gunn, through its large class of students attracts a large amount of operative surgery. A private hospital is therefore a necessity. To be up to the times all our leading schools have hospitals attached or adjacent.

The Chicago Hospital Pile is receiving the finishing touches of its main administrative building. The two large pavilions are complete. It would seem that the six large pavilion buildings would be sufficient for years to come, but the plans contemplate the erection of four more immense pavilions, two medical and two surgical. When completed, the Cook County (Chicago) Hospital building, it is believed, will be the finest in the world. It is no small honor that Homœopathy has charge of a portion of this hospital with its own staff of physicians and surgeons.

The American Institute meets this year "in the mountains of Hepsidam, where the lion roareth and the whang doodle mourneth for its first born." Therefore there should be a great meeting at Deer Park, Md. Ex-President James says that there is a fine trout stream there, but the biggest fishing will doubtless be for the presidency. The anglers this year will all be expert eastern men. For the vice-presidency the western men will cover the mountains for there is a tendency to follow the line of promotion. The scientific men, the workers, are busy as cooks to dish up the best medical feast the Institute has yet had. With a good crowd the meeting ought to be a grand success.

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