



Über dieses Buch

Dies ist ein digitales Exemplar eines Buches, das seit Generationen in den Regalen der Bibliotheken aufbewahrt wurde, bevor es von Google im Rahmen eines Projekts, mit dem die Bücher dieser Welt online verfügbar gemacht werden sollen, sorgfältig gescannt wurde.

Das Buch hat das Urheberrecht überdauert und kann nun öffentlich zugänglich gemacht werden. Ein öffentlich zugängliches Buch ist ein Buch, das niemals Urheberrechten unterlag oder bei dem die Schutzfrist des Urheberrechts abgelaufen ist. Ob ein Buch öffentlich zugänglich ist, kann von Land zu Land unterschiedlich sein. Öffentlich zugängliche Bücher sind unser Tor zur Vergangenheit und stellen ein geschichtliches, kulturelles und wissenschaftliches Vermögen dar, das häufig nur schwierig zu entdecken ist.

Gebrauchsspuren, Anmerkungen und andere Randbemerkungen, die im Originalband enthalten sind, finden sich auch in dieser Datei – eine Erinnerung an die lange Reise, die das Buch vom Verleger zu einer Bibliothek und weiter zu Ihnen hinter sich gebracht hat.

Nutzungsrichtlinien

Google ist stolz, mit Bibliotheken in partnerschaftlicher Zusammenarbeit öffentlich zugängliches Material zu digitalisieren und einer breiten Masse zugänglich zu machen. Öffentlich zugängliche Bücher gehören der Öffentlichkeit, und wir sind nur ihre Hüter. Nichtsdestotrotz ist diese Arbeit kostspielig. Um diese Ressource weiterhin zur Verfügung stellen zu können, haben wir Schritte unternommen, um den Missbrauch durch kommerzielle Parteien zu verhindern. Dazu gehören technische Einschränkungen für automatisierte Abfragen.

Wir bitten Sie um Einhaltung folgender Richtlinien:

- + *Nutzung der Dateien zu nichtkommerziellen Zwecken* Wir haben Google Buchsuche für Endanwender konzipiert und möchten, dass Sie diese Dateien nur für persönliche, nichtkommerzielle Zwecke verwenden.
- + *Keine automatisierten Abfragen* Senden Sie keine automatisierten Abfragen irgendwelcher Art an das Google-System. Wenn Sie Recherchen über maschinelle Übersetzung, optische Zeichenerkennung oder andere Bereiche durchführen, in denen der Zugang zu Text in großen Mengen nützlich ist, wenden Sie sich bitte an uns. Wir fördern die Nutzung des öffentlich zugänglichen Materials für diese Zwecke und können Ihnen unter Umständen helfen.
- + *Beibehaltung von Google-Markenelementen* Das "Wasserzeichen" von Google, das Sie in jeder Datei finden, ist wichtig zur Information über dieses Projekt und hilft den Anwendern weiteres Material über Google Buchsuche zu finden. Bitte entfernen Sie das Wasserzeichen nicht.
- + *Bewegen Sie sich innerhalb der Legalität* Unabhängig von Ihrem Verwendungszweck müssen Sie sich Ihrer Verantwortung bewusst sein, sicherzustellen, dass Ihre Nutzung legal ist. Gehen Sie nicht davon aus, dass ein Buch, das nach unserem Dafürhalten für Nutzer in den USA öffentlich zugänglich ist, auch für Nutzer in anderen Ländern öffentlich zugänglich ist. Ob ein Buch noch dem Urheberrecht unterliegt, ist von Land zu Land verschieden. Wir können keine Beratung leisten, ob eine bestimmte Nutzung eines bestimmten Buches gesetzlich zulässig ist. Gehen Sie nicht davon aus, dass das Erscheinen eines Buchs in Google Buchsuche bedeutet, dass es in jeder Form und überall auf der Welt verwendet werden kann. Eine Urheberrechtsverletzung kann schwerwiegende Folgen haben.

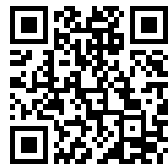
Über Google Buchsuche

Das Ziel von Google besteht darin, die weltweiten Informationen zu organisieren und allgemein nutzbar und zugänglich zu machen. Google Buchsuche hilft Lesern dabei, die Bücher dieser Welt zu entdecken, und unterstützt Autoren und Verleger dabei, neue Zielgruppen zu erreichen. Den gesamten Buchtext können Sie im Internet unter <http://books.google.com> durchsuchen.

This is a reproduction of a library book that was digitized by Google as part of an ongoing effort to preserve the information in books and make it universally accessible.

Google™ books

<https://books.google.com>



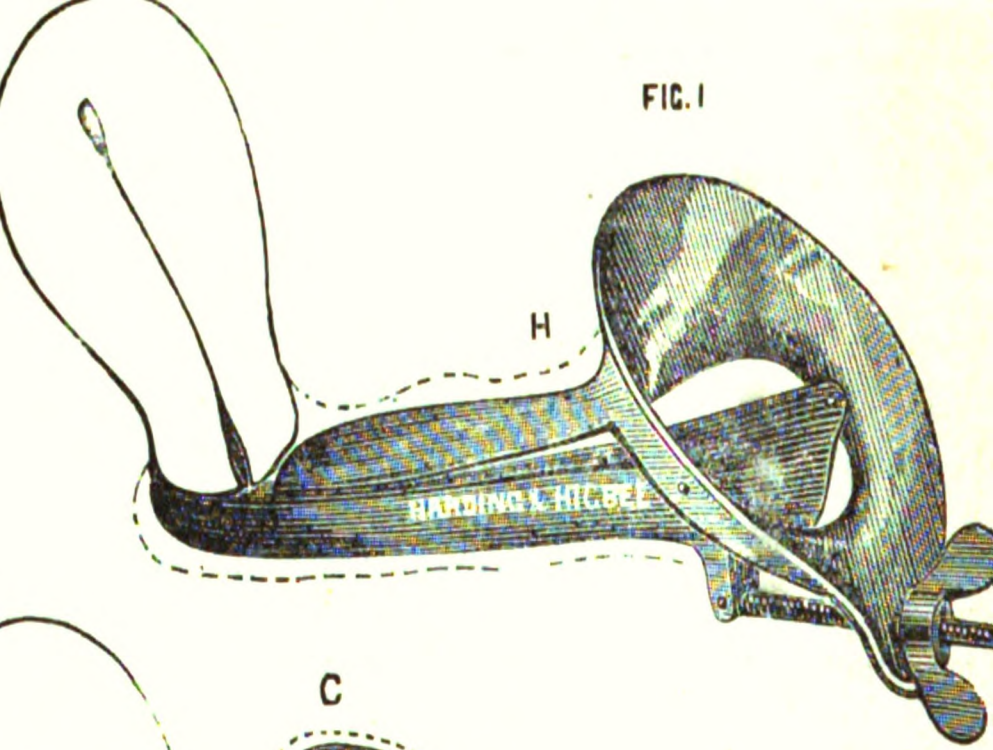


FIG. 1

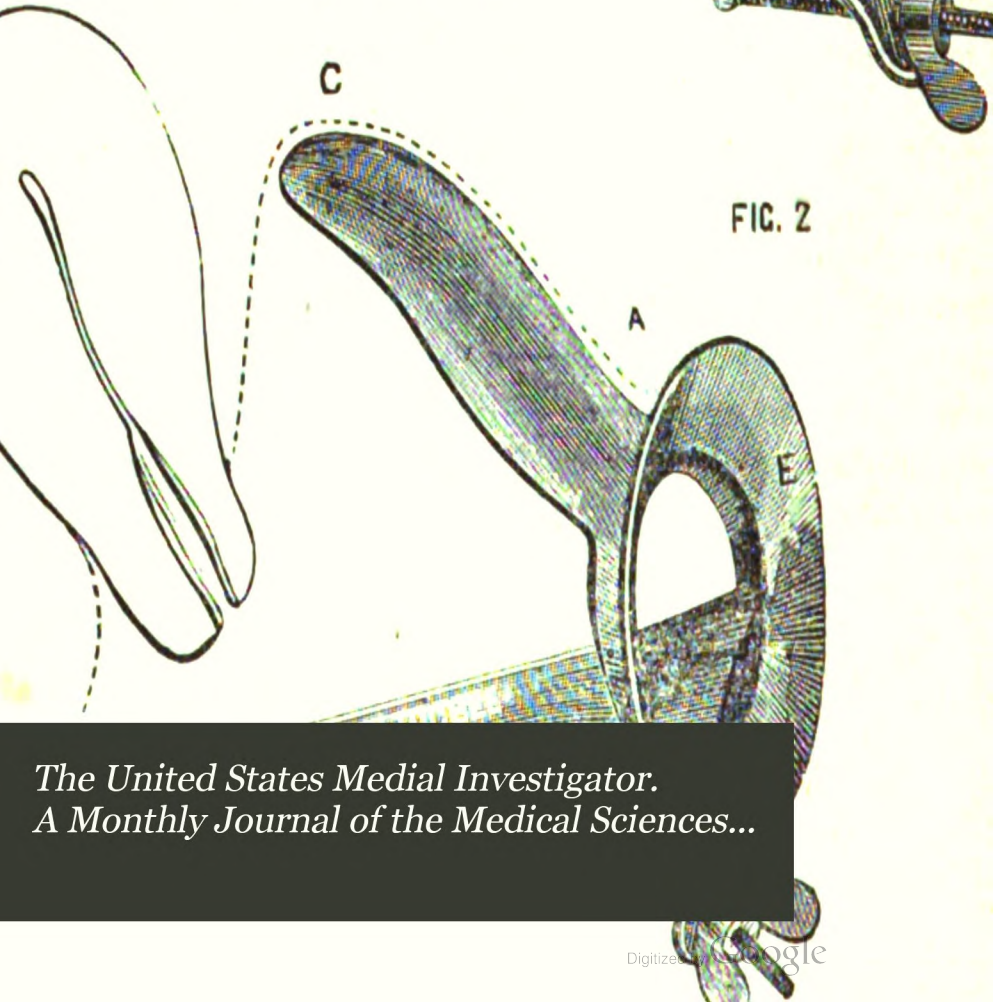
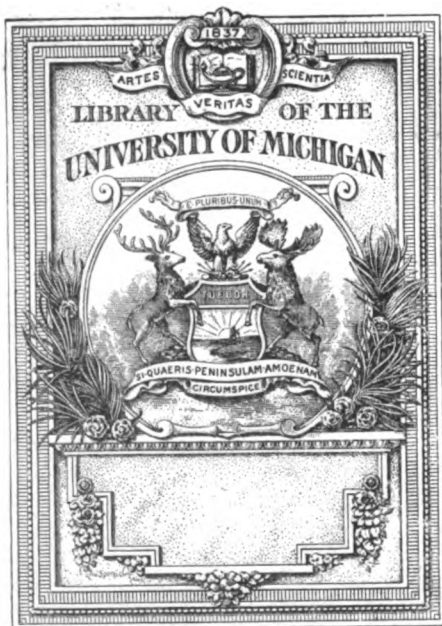


FIG. 2

*The United States Medical Investigator.
A Monthly Journal of the Medical Sciences...*



Harmonop Perio

H 610.5

2658

M5

202.3

1775-5

THE
UNITED STATES
MEDICAL INVESTIGATOR,

A SEMI-MONTHLY JOURNAL

OF

THE MEDICAL SCIENCES.



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

VOLUME II.---NEW SERIES.

CHICAGO:
67 WASHINGTON STREET
1875.

Entered according to Act of Congress, in the year 1875, by
T. C. DUNCAN, M. D., AND F. DUNCAN, M. D.,
In the office of the Librarian of Congress at Washington.

INDEX TO VOLUME II.

- A remarkable case, 245.
Aconite and Rhus tox., Bry. compared with; 417.
Aconite, cardiac disorder cured by, 353.
Aconite, pathological symptom, 414.
Aconite poisoning, 328.
Aconite, sensitive to, 156.
Aggravation, time of attack and, 117.
Ague, cannot Homœopathic physicians cure, 270.
Alcohol, the Arctic expedition and, 232.
Alum, burnt, in granulated lids, 223.
Ambra-gris not Amber, 331.
Amber in hay fever, 397.
American Institute, how to reform 198.
Ammonium mur. the epidemic remedy, 162.
Anæmia, cerebral, typhoid or pernicious, 272.
Anatomical anomalies, 212, 258.
Anatomy, physiology and hygiene, 278.
Angina pectoris, spmthetic, 353.
Arsenicum in intermittent fever, 237.
Arsenate of eupatorium for ague, 111.
Ascities cured by tapping, 451.
Asylum for the insane, New York, 369.
Atrophy and inflammation of the optic nerve, 223.
Attenuation, what, 114.
Bell., curative sphere of, 416.
Biliousness, jaundice alias, 434.
Biographical, 380.
Boletus or Polyporus, 326.
Brain, concussion and compression of the, 83.
Brain, ball in the, 84.
Breech presentation, the forceps in, 410, 452.
Bryonia compared with Acon. and Rhus tox., 417.
Bryonia in intermittent fever, 321.
Bubo, indurated, 249.
Cæsarian operation, a successful, 219.
Camphor, notes on, 483.
Carbolic acid in chronic ulcers, 250.
Carbolic acid in vomiting of drunkards, 231.
Carbozotate of Ammonia, 96.
Cardiac disease in pregnancy, 485.
Catarrh, autumnal, or hay fever, 392.
Catarrh, nasal, 418.
Cellulitis, peri-uterine, 335.
Cepholanthus oc. cured by, 104.
Cerebral typhoid or progressive anæmia, 272.
Children's diseases, 141, 453.
China not Quinine, 415.
Chinchona, sensitive to, 156.
Chloroform, death from, 337.
Chloral, Strychnine antidoted by, 328.
Cholera infantum, totality of, 137.
Chroiditis, some facts about, 44.
Cina, 202.
Cina in intermittent fever, 321.
Clavicle, fractured, 450.
Clavicle fractured, a new apparatus for, 363.
Climate in Norway, 157.
Clinical cases, 391.
Clinical medicine, 80.
Coffea in sleeplessness, 325.
Concussion and compression of the brain, 83.
Concussion, epilepsy from, 457.
Consultation cases, 28, 113, 118, 155, 158, 192, 200, 231, 236, 268, 291, 351, 401, 415, 428, 466.
Consumption, climate effects upon, 247.
Coup de soleil, 276.
Court-plaster, how to make, 342.
Cracked nipples, 119.
Croup, membranous, post-mortem appearance, 160.
Deafness from cerebro-spinal meningitis, 203.

- Death from parturition with twins, 171.
 Diarrhœa, 418.
 Dilphinum azereum, 94.
 Diphtheria, 419.
 Diphtheria, an Allopath behind, 156.
 Diphtheria, a strange case, 469.
 Diploma selling, 99.
 Dislocation of the hip joint, 84.
 Dogmatism, reply to, 476.
 Dose, on the law of, 394.
 Dose, on repetition of the, 423.
 Dyspepsia, Salicylic acid in flatulent, 324.
 Ear and eye clinic, 373.
 Ecampsia, puerperal, the temperature in uræmia and, 119.
 Electricity in ovarian tumors, 250.
 Endocarditis, puerperal, 406.
 Enuresis, is it hereditary? 141, 455.
 Enuresis, nocturnal, 418.
 Epilepsy, a case of, 402.
 Epilepsy from concussion, 457.
 Epilepsy, Picrotoxine as a remedy for, 430.
 Epilepsy, that case of, 466.
 Ergotin in uterine fibroids, 408.
 Erysipelas, report on, 421.
 Eucalyptus cultivation, about, 231.
 Eye and Ear Clinic, 373.
 Fee Bill, 463.
 Femur, fracture of the neck of the, 84.
 Fever, Amber in hay, 397.
 Fever, a typical case of remittent, 453.
 Fever, enteric, Dr. Brand's mode of treating, 233.
 Fever, hay, or autumnal catarrh, 398.
 Fever, hay, treatment of, 441.
 Fever, intermittent, Ars. and Nux in, 237.
 Fever, intermittent, Bry. and China in, 321.
 Fever, intermittent, cases of, 460.
 Fever, intermittent, China in, 313.
 Fever, intermittent and Lyc. 150.
 Fever, intermittent, Ignatia in, 318.
 Fever, intermittent, interesting experience and observations on, 321.
 Fever, intermittent, Ipecac in, 316.
 Fever, intermittent, how to cure, 195.
 Fever, intermittents, high potencies or not in acute, 474.
 Fever, intermittent, Natrum Mur. in, 320.
 Fever, intermittent, Verat. alb. in, 284.
 Fever, intermittent, therapeutics of, 21, 105, 163, 237, 284, 313.
 Fever, puerperal, 421.
 Fever, scarlet, clinical success in, 136.
 Fever, typhus, therapeutics of, 354-438.
 Fevers, malarial, Verat. vir. in, 359.
 Flour a proper food, is, 480.
 Food, is flour a proper, 480.
 Forceps as a time saver, 452.
 Forceps to the breech, 410, 452.
 Fracture of the neck of the femur, 89.
 Fraxinus Polygamie, proving of, 326.
 Fungi and disease, 115.
 Gastralgia from Camphor, 484.
 Gelsemium, sensitive to, 156.
 Gestation, post-climactic, 209.
 Gestation, prolonged, 334.
 Glass, the medical use of colored, 243.
 Granulated lids, Burnt alum in, 223.
 Gynæcological, 39, 119, 335, 409.
 Gynæcology, the bureau of, 184, 419.
 Hæmaturia, 421.
 Hæmorrhage, experience with, 332.
 Hæmorrhage, Oil preventing, 413.
 Headache, congestive, 116, 168.
 Headache, periodical neuralgic, 194.
 Headache, sick, 116.
 Headaches, their causes and treatment, 470.
 Headache, with characteristic indications, 116, 152, 168.
 Health of San Francisco, 270.
 Heatstroke, or nervous exhaustion, 272.
 Heart case, that, 110.
 Heart disease, cured by Lycopus vir. 309.
 Hepatic case for counsel, 155.
 Hereditary diseases, 371.
 Hernia, strangulated, 210.
 Hernæ, congenital, 36.
 Hip-joint, dislocation of the, 84.
 Homœopathy, experience in, 478.
 Homœopathy vs. good sense, 471.
 Homœopaths, honest or dishonest, 348.
 Homœopath, the liberal, 349.
 Homœopathy in St. Louis, 338.
 Homœopathy, how to advance, 405.
 Homœopathy, obstacles to the progress of, 24.
 Homœopathy, four great causes for the discovery and development of, 68.

- Homœopathy, another triumph for, 140.
 Homœopathy vs. Isopathy, 312.
 Hospital construction, 78.
 Hospital department, 44, 124, 210, 293, 373, 457.
 Hospital, Ward's Island, 342.
 Hospitals, a glimpse of the Paris, 130.
 Hydrocephalus, from syphilis, 454.
 Hygiene, the American Medical Association on public, 29.
 Iberis symptoms reliable, 96, 201.
 Ignatia in intermittent fever, 318.
 Ipecac in intermittent fever, 316.
 Inflammation, acute, of the middle ear, 223.
 Inflammation and atrophy of the optic nerve, 223.
 Insane asylum, Middletown, N. Y. 262.
 Jaborandi, 370.
 Jaundice *alias* billousness, 434.
 Kali bich., poisoning by, 93, 103.
 Labor, stimulants in, 334, 413.
 Lactic acid in rheumatism, 29.
 Law of dose, on the, 310.
 Legislation, American Institute on, 182.
 Lepra or Psoriasis annularis, 353.
 Lycopodium, intermittent fever, and, 150.
 Lycopus, action of, on the heart, 124.
 Lycopus, heart disease cured by, 309.
 Magnetism, animal, acquired, 42.
 Malpresentation, Puls. in correcting, 136.
 Mania, 416.
 Materia medica, 94, 132, 201, 262, 326, 337, 370, 414, 483.
 Materia medica, pharmacy and provings, report of bureau of, 74.
 Materia medica, the encyclopædia of pure, 97, 132, 202.
 Measles, a severe epidemic in Fiji, 151.
 Medicine, a course of, 404.
 Medicines, the preparation of, 280.
 Medico-legal, 59.
 Meningitis, cerebro-spinal, deafness from, 203.
 Menstruation and pregnancy, the influence of cardiac disease, 119.
 Mercurius, sensitive to, 157.
 Microscopy, the bureau of, 139.
 Morning sickness, 135.
 Myopia, with case, therapeutic treatment of, 375.
 Narcotic sensualism, 196.
 Natrum mur. in intermittent fever, 320.
 Nature let alone, 235.
 Nervous diseases, rest in the treatment of, 109.
 Neuralgic headache, periodical, 194
 News, 98, 141, 185, 225, 263, 301, 341 385, 461, 492.
 Nux v. in intermittent fever, 239.
 Obstetrical. 171, 207, 332, 410, 452, 485.
 Obstetrics, the bureau of, 135.
 Oil preventing hæmorrhage, 413.
 Onanism, Camphor, 484.
 Ophthalmology and otology, bureau of, 221, 372.
 Optic nerve, inflammation and atrophy of, 223.
 Orthopædic surgery, 34,
 Otology and Ophthalmology, bureau of, 221, 372.
 Outside of the law, 275.
 Pædology, bureau of, 136.
 Parasitic subject, the, 429.
 Paris green, antidote to, 468.
 Pellet business, about the, 327.
 Picrotoxine, as a remedy for epilepsy, 430.
 Pharmaceutical queries, 132.
 Pharmaceutical question, 328.
 Physician, the, 122.
 Pleurisy, 418.
 Podophyllum peltatum indications 329,
 Points from observation, 112.
 Poisons, Strychnine, Aconite and Chloral, 328.
 Polygonum punct. in pruritus ani, 468.
 Polyypi uterine, the removal of, with the elastic ligature, 119.
 Polyporus or Boletus, 326.
 Potencies, accuracy among the, 392.
 Potency, the question of, 473.
 Potency, high or not in intermittents, 474.
 Pott's disease, 218, 294.
 Pregnancy and menstruation. the influence of cardiac disease upon, 119.
 Pregnancy, cardiac disease in, 485.
 Pregnancy, vomiting in, 189.
 Prescribing, more accurate, 19, 112.
 Proposition, a, 396.
 Prospectus for 1876, 424.

- Pruritus ani, Polygonum in, 468.
 Psoriasis annularis or Lepra, a case of, 353.
 Psychological, 42, 122.
 Psychological medicine, bureau of, 257.
 Psychological phenomenon, an, 122.
 Puls. in correcting malpresentation, 136.
 Quinine not China, 415.
 Rectum, extirpation of the inferior extremity of the, 119.
 Reflex diseases, 185.
 Remedy, climate on the choice of the, 77.
 Remedy and name for the case, 27.
 Remedy, what is the, 28.
 Repertory, an illustrated, 442.
 Replies to queries, 192.
 Rheumatism, Lactic acid in, 29.
 Rhus tox. and rad., similarity of, 256.
 Rhus tox. and Aconite, Bryonia compared with, 97.
 Rotheln in Boston, 58.
 Salicylic acid, 324.
 Salts, crab orchard, 332.
 Santonin, characteristic of, 132.
 Sarcoma, exostosis vs osteo, 30.
 Saponaria or soapwort, 371.
 Scald, treatment of an extensive, 249, 450.
 Scarlatina facts, some, 193.
 Season diseases, observations on, 232.
 Sepia, the effects of, 74.
 Septicæmia, puerperal, 406.
 Sleeping cars, sleepless, 91.
 Sleeplessness, Coffea in, 325.
 Small-pox success in Syracuse, 59.
 Society proceedings, 29, 48, 135, 174, 219, 251, 415, 487.
 American Institute, at Put-in Bay, 64, 90, 135, 182, 219, 254.
 American Medical Association, on public hygiene, 29.
 Canadian, 59.
 Indiana Institute, 251.
 Iowa, a new, 181.
 Kankakee and Desplaines Valley 420.
 Michigan, 48, 419, 487.
 New Hampshire, 181.
 New York, 368, 415.
 Texas, 55.
 Vermont, 53.
 Visit to the British, 241.
 Western Academy, 226, 422.
 Wisconsin State, 174.
 World's Homœopathic Convention, 85.
 Spasms from eating Camphor, 483.
 Speculum, a new, 142.
 Spinal deviations, 37, 214, 293.
 Sporule or gaseous causes, 233.
 Springs, notes from hot, 149.
 Stimulants after labor, 207, 413.
 Strychnine is antidoted by Chloral, 328.
 Strychnine, poisoning by, 432.
 Sun-stroke, 276.
 Sun-stroke, the vapor theory, 108.
 Surgical, 30, 203, 249, 393, 450.
 Surgery, orthopædic, 34.
 Swindle ? is it a, 114.
 Syphilis, hydrocephalus from, perhaps, 454.
 Tabes mesenterica, 422.
 Talipes, 36.
 Therapeutic hints, 393.
 Therapeutic treatment of myopia with cases, 375.
 Therapeutics, 17, 57, 101, 145, 187, 227, 267, 305, 345, 387, 426, 465.
 Therapeutics of intermittent fever, 21, 105.
 Therapeutics of typhus, 354, 438.
 Therapeutics, the progress in, 362.
 Tumors, ovarian, a large, 254, 416.
 Tumors, ovarian, electricity in, 250, 451.
 Twins, death from parturition with, 171.
 Ulcers, chronic, Carbolic acid in, 250.
 Uræmia, the temperature in, and puerperal eclampsia, 119.
 Uro-genital fistula, 39.
 Uterine repositior, a new, 302.
 Vaginismus nature, cause and treatment, 39.
 Vaseline, killed by, 154.
 Ventilation in winter, 493.
 Veratrum alb. in intermittent fever, 284.
 Veratrum viride in malarial fevers, 359.
 Vertigo from Camphor, 494.
 Vomiting in pregnancy, 189.
 Warts removed by remedies, 234, 431.
 Water-bed treatment, 472.
 Weather we are to have, 433.
 What some of us propose to do about it, 243.
 Womens diseases in the south, 184.
 Winter in Florida, 470.

CONTRIBUTORS TO VOLUME II.

- Allen, T. F., 97, 132, 202, 326, 370.
 Arkills, M. E., 228.
 Arkills, W. B., 427.
 Armstrong, W. P., 110, 325.
 Baer, O. P., 207, 413.
 Barnes, G. W., 231, 305.
 Bascom, H. M., 189.
 Beach, C. L., 387.
 Beach, E. T., 387.
 Beebe, Albert G., 34, 214, 293.
 Bell, J. S., 228.
 Bennett, D. B., 94.
 Bennett, H. K., 108.
 Bernreuter, C., 150.
 Bird, O. B., 351.
 Bishop, L. A., 203.
 Bishop, S., 200.
 Boardman, H. E., 456.
 Boocock, R., 102.
 Bowie, A. P., 189.
 Breed, S. R., 17.
 Brigham, R. S., 17.
 Bristol, C. R., 227.
 Brooks, J. B., 149.
 Brown, D. T., 267.
 Bruce, H. M., 104.
 Bumstead, S. J., 243, 269, 348, 396,
 429, 476.
 Butts, L. M., 306.
 Campbell, M. B., 420.
 Carmichael, J. H., 346.
 Carr, M. S., 335.
 Cartwright, E., 335.
 Castle, C. C., 450.
 Childs, O. D., 402, 426.
 Churchill, F., 102, 134,
 Churchill, W. R., 425.
 Clark, G. A., 229.
 Coffee, F. E., 454.
 Cogswell, G. E., 181.
 Cole, H. P., 432.
 Cole, L. S., 209.
 Coon, H. C., 468.
 Country Doctor, 27, 312.
 Cowperthwait, A. C., 146.
 Cragin, I., 388.
 Cummings, O. S., 28, 146, 310.
 Cushing, A. M., 156, 292, 306.
 Daggett, L. H., 284.
 Danforth, W., 210, 250.
 Davis, J. W., 269, 450.
 Dever, I., 331.
 Dix, I. H., 158.
 Duff, P. S., 345.
 Duncan, T. C., 90, 103, 188, 232, 346,
 478.
 Dunham, C., 85, 326.
 Earle, E. N., 145.
 Eaton, M. M., 268, 292, 351, 392,
 467, 468.
 Eckles, Thomas 95.
 Elridge, I. N., 98, 487.
 Emmons, J., 431.
 Enos, C. W. & C. R., 102.
 F. W. W., 353.
 Fairbanks, C. D., 249.
 Fellows, H. B., 97, 331, 387, 455,
 Fisher, A. L., 268.
 Fisher, C. E., 230.
 Foster, F. H., 373.
 Foster, G. S., 145.
 Foster, R. N., 410.
 Gallinger, J. H., 347.
 Gatchell, Chas. B., 247.
 Gates, J. M., 147.
 Gentry, W. D., 42, 191, 231, 332,
 346, 474.
 Gilbert, E. A., 327.
 Gilchrist, J. G., 30, 99, 115, 193,
 403.
 Graham, E. B., 232, 466.
 Gregg, R. R., 108, 442.
 Griffin, J. F., 193.
 Griswold, W. N., 352, 389, 434;
 Guernsey, H. N., 453.
 Hale E. M., 96, 325, 353, 414, 468,
 485.
 Hall, H. H., 425.
 Hamilton, Frank H., 266.
 Harris, C. T., 227, 292, 425.
 Hatch, 483.
 Hawley, L. B., 334.
 Hering, C., 484.
 Helmuth, Wm. Tod, 266.
 Herrick, Jno. I., 114.
 Higbee, E. W., 303.
 Higgins, S. B., 195, 455.
 Hill, R. L., 422.
 Holcombe, W. H., 65.
 Hoopes, L., 268, 388, 402, 465.
 Houghton, H. C., 372.
 Hoyne, T. S., 24, 99.

- Hughes, H., 18.
 Hullhurst, F., 187.
 Irvin, J. F., 401, 466, 467.
 Ivatts, E. B., 468.
 James, Lizzie P., 264.
 Jones, W. G., 102.
 K. T. R., 337.
 Kenyon, L. M., 306.
 Kingsley, O. D., 18.
 Kirkup, E. 396.
 Kirby, 122.
 Kirkland, W. H., 147.
 Knerr, C. B., 332.
 Kreuger, H., 433.
 Lawrence, G. W., 346.
 Libby, C. A. 426.
 Lilienthal, S., 245, 273.
 Lippe, Ad., 122, 307.
 Lungren, S. S., 229.
 Ludlam, R., 39, 119, 130, 241, 405, 406.
 McClatchey, R. J. 85.
 McFarlan, M., 114.
 McFarlan, R. H., 422.
 McNeil, A., 21, 102, 105, 163, 237, 284, 313, 354, 426, 438.
 Malcolm, J. G., 95, 250.
 Manning, E., 114.
 Maxwell, S., 451.
 Mercer, W. M., 55.
 Merryman, L., 232.
 Morgan, J. C., 112, 252, 483, 484.
 Morgan, W. F., 156, 226, 228, 413, 415.
 Morse, A. R., 188.
 Morse, Lucas, 359.
 Miller, H. V., 116, 152, 168, 229, 371, 415, 428, 472.
 Mitchell, J. S., 457.
 Nelson, R. W., 419, 467, 494.
 Nichols, T. B., 146.
 Norance, J. G., 328.
 Norton, C. R., 391, 455.
 Norton, Geo. S., 44, 372.
 Noxon, A., 114.
 Paine, R. K., 57, 146.
 Parker, H. C., 382.
 Parsons, G. R., 195.
 Pearson, C., 19, 112.
 Pease, G. M., 18, 228, 236, 270, 273, 466.
 Peck, E. H., 276.
 Pennoyer, N. A., 114.
 Perkins, E., 349, 471.
 Piersons, A. M., 394.
 Pirtle, J. R., 101.
 Porter, H. L., 456.
 Potter, A. L. L., 58.
 Poulson, P. W., 154.
 Pratt, E. H., 212.
 Pratt, S. M., 187.
 Price, Alias C., 189, 194, 320.
 Pyle, 469.
 Randall, A. F., 132, 155, 201, 353, 393, 402, 403.
 Roberts, E. L., 231.
 Rohland, R., 386.
 Rooker, H. W., 101.
 Rorabacker, M., 426.
 Rosevear, J. T., 118.
 Runnels, O. S., 251.
 Sabin, R. C., 145, 201.
 Salisbury, S. S., 426.
 Sanders, C. H., 250.
 Sarchet, G. B., 111, 474.
 Sawyer, E. W., 17.
 Selfridge, J. M., 363.
 Selleck, Wm., 188.
 Shephard, S. W., 228, 329.
 Shepard, W. F., 188.
 Sherman, J. H., 58.
 Sherman, Lewis, 280.
 Shuldham, E. B., 470.
 Simons, N. J. A., 306.
 Skeels, J. S., 388.
 Small, E. A., 171.
 Smith, C. C., 191.
 Smith Eugene R., 63.
 Smith, Henry M., 261.
 Smith, O. W., 428.
 Sovereign, Baxter, 187.
 Stillman, W. D., 190, 427, 467.
 Swan, Saml., 202.
 Tafel, A. J., 331, 397.
 Teague, I. C., 335.
 Throop, A. P., 419.
 Timmons, I. W., 255.
 Tinker, H. H., 283.
 Tooker, R. N., 37, 454.
 Trites, W. B., 103.
 Valentine, Philo. P., 143.
 Vandenburg, J. A., 102, 188.
 Veteran, 362.
 Vincent, Frank L., 370, 419.
 Vincent, John A., 188.
 Waggoner, M. R., 408.
 Wage, John F., 234, 292.
 Walters, R. W., 266.
 Wanstall, Alfred 341
 Ward, J. H., 187.
 Wesselhoft, C., 115.
 Whitman, F. S., 313.
 Whitfield, H. A., 160.
 Whittemore, J. G., 228.
 Wilson, A. L., 345.
 Williams, T. D., 291, 398.
 Worcester, Samuel 53.
 Woodward, A. W., 162.
 Wood, J. B., 196.
 Woodyatt, W. H., 337.

THE
UNITED STATES
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

New Series, VOL. II., No. 1. — JULY 1, 1875. — Whole No. 145.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

TUSCOLA, June 5. — Not much sickness here at present. Sore throat, pneumonia, rheumatism and neuralgia have been prevalent during the spring months.

S. R. BREED.

CAIRO, Ill., May 16. — It still remains healthy in Cairo, though the past winter has been unusually cold, and therefore we had a good deal of pneumonia, which was very fatal with those treated Allopathically. I was very fortunate, losing but one case out of twenty, and that was very poorly nursed. We have a few cases of small-pox in the city, mostly among the poor.

R. S. BRIGHAM.

KOKOMO, Ind., June 12. — Have had an epidemic of diphtheria. *Merc. iod.*, *Merc. cyan.*, and *Lachesis* were of some use, but *Aps mel.* did the work promptly, even where the *Mercurial* preparations and *Lach.* had failed. Capture the bees in an open-mouthed jar, and macerate them in deodorized alcohol myself.

Thank you for encouragement in last letter. It has strengthened me more than you might think.

E. W. SAWYER.

SAN FRANCISCO, June 10.— I notice quite a disposition to dysenteric diarrhœa of late. *Ferrum 200*, and the *Mercurius 200* act well. We have been having a mongrel measles, or perhaps more properly speaking, rotheln. Very little medication seemed needed, as they were light. We are having a very dry season, and fruits are scarce and not as good as usual. Perhaps bowel difficulties may follow as a consequence. Upon that point, time will decide. G. M. PEASE.

PALMYRA, N. Y., June 8.— The spring months have been comparatively healthy here, with the exception of an epid mic of measles. No sequelæ or fatal cases under Homœopathic treatment. *Aconite*, *Bryonia*, and *Arsenicum* have been the remedies. We have had isolated cases of scarlatina, of an unusually fatal type; pulse 150, and upwards, followed by delirium, stupor, and death in thirty-six to forty-eight hours. Other cases would linger, and finally sink under the putridity of the disease, with evidence of complete blood poisoning. *Bapt.*, *Gels.*, *Phyt.*, *Lach.*, *Arum try.*, *Carbo veg.*, *Hepar.* and *Merc.*, given with good indications, without avail. Has any one discovered the true remedy for these violent and seemingly fatal cases? With the exception of scarlet fever, most other diseases have been mild and easily met by the Homœopathic similimum. O. D. KINGSLEY.

SAVANA, N. Y., June 14.— This is usually a healthy locality, but has passed through a visitation of the wide-spread epidemic of acute catarrh of the air passages, and as accompaniments sprang into life many of the ills to which flesh is heir — rheumatism, neuralgia, dropsy, eczematoses, diphtheria, etc. A report of these would be only a rehash of what has appeared from time to time in THE UNITED STATES MEDICAL INVESTIGATOR for the past months. I will, however, recall diphtheria to say that I have had only two cases in the truly malignant form during the past twelve years — or so it appears to me. It is true we have had it to treat occasionally, and some of the cases looked quite formidable, but rapidly yielded to the remedies of the different schools of medicine, and I think there were but few deaths, at least I had none during that period, which satisfies me that the disease was self-limited (non malignant), and probably would have subsided without medical interference, nature curing in spite of the disease, and frequently indifferent or perverse medication. Of the two cases of malignant diphtheria named, the first, a child of two years, sank rapidly under the usual remedies, *Kali bich.* inclusive. The second case, also a little girl of three years, had arrived at the comatose state, prostration extreme, nares completely plugged, fœtor intolerable, pulse intermitting; a complete type of the first case up to that point, when all other remedies were abandoned in despair, on the seventh day of the disease, and the *Pernanganate of potash* substituted. One grain was dissolved in half a drachm of water, and one-sixth of one drop was put in three ounces of water, and one teaspoonful given every two hours. Improvement was perceptible after the second dose. In twelve hours she amused herself by playing with her hands, and convalesced speedily

and permanently on the one remedy. It may be that one "swallow does not make a summer" in Homœopathy, but a thoroughly proven remedy as this is, by Dr. Allen, gives the assurance in my mind, that if you have your "swallow" in symptoms and not some other bird, the summer will follow where recovery is possible. H. HUGHES.

MORE ACCURATE PRESCRIBING.

EDITOR UNITED STATES MEDICAL INVESTIGATOR: What in the world is the matter with the INVESTIGATOR, or rather with your contributors. Are they Eclectic, or to what school, if any, do they belong? Look at the last (15th of May) number. Five drops of *Nit. ac.*, chemically pure, for diphtheria. Cranberries and buttermilk (without relief) and buckwheat batter for erysipelas. Twenty drops tinct. *Canthar.* in water. Cloths wrung out of hot water in which two drachms of powdered *Ipecac* had been steeped applied to the bowels for suppression of the lochia, from the coming of the milk the fourth day after confinement. *Coff.* 6, *Bell.* and *Puls.* 3, and *Wine of Ergot*, for a parturient woman; then have a case of convulsions to treat and a dead infant within a week. *Pod.* 2, *Apoc. can.* 1, *Bell.* 3, *Apis.* 1, for cholera infantum and croup, steam the child over hemlock twigs or *Oil of tar*, then regard it "as a miracle" if it lives, (who would not?) *Colch.* and *Hyper.* low, with water medicated with *Hyper.* for growing pains, also,
Potassii iodide, drachms iii,
Tr. Cinch. Comp., ounce i,
Sarsap. Comp., ounce i.

Another doctor prays his patients to health. What kind of opathy is this?

Now this is a respectable (!) showing when we get it all together. If it were not for my friend Dever, and one or two others who give us a little pure Homœopathy, it would be difficult to tell who is running this thing. Some of us, you know, don't take anything Eclectic in ours, and those who do should be obliged to look for it somewhere else than from Homœopathic sources. Don't accuse me doctor, of wishing to dictate, I am only summing up the evidence in the case. I know what you will say, "Give us something better," but have I not done so time and again, as well as others, and who has heeded the advice. Is it not discouraging? Still, I will report one more case which any one else could have cured had he treated it in the same way.

A lady brought her son, aged eight years, from a neighboring city one hundred miles distant, to consult a celebrated surgeon in reference to a number of ulcers, of over a year's standing, on the left side of his face. The doctor gave as his opinion that the case was clearly one of necrosis and would not yield to medical treatment, advised an operation, that the bones be exposed, scraped, and parts of them perhaps dissected out. This the mother was not prepared to submit to, he then made a prescription for which he charged five dollars, told her to get

the medicine on her return home, use it for three or four months, and if at the end of that time there was no improvement to return and have the operation performed.

This was discouraging to the lady, but before leaving the city she was advised to let me see the case, which she concluded to do, though she said she had tried Homœopathy fairly and it had failed as well as everything else. In fact it was one of those cases where "everything had been tried." I found the whole side of the face covered with a linseed poultice, the removal of which revealed six sinuses or indolent ulcers, from which exuded a thin brownish-yellow secretion, unhealthy in appearance but *free from odor*. Some of these had been discharging for over a year, the first commencing in the region of the submaxillary. Another near the parotid gland, and now the eye was much swollen and inflamed, and the mother felt confident that another would soon form in or near it. I at once decided the case to be scrofula and that it could be cured by proper treatment, but did not prescribe, advising the lady to return home, try the doctor's prescription, and if at any time she wished me to take charge of the case to let me know. I made no charge, and supposed I should hear no more of the patient, but three days later received a letter from the father wishing me to send medicine.

On the 13th of September I made the first prescription, *Sulph.* 200, two powders, one to be taken in the morning the other at night, and *Sac lact.* night and morning for two weeks. Nothing but dry cloths were to be applied externally.

On the 28th of September two powders more of the same medicine were taken and allowed to act for two weeks more. Just how much improvement was perceptible at this time is difficult to say as I did not see the case, but learned that the inflammation and swelling had nearly all subsided, but the discharge still continued and there was sweating about the head and neck.

On the 12th of October, two powders of the 200th of *Cal. c.* were prescribed, and the same medicine repeated every two weeks till the 1st of December, when one powder of the 6000th was given.

On the 17th of the same month, three months from the time of commencing treatment, I again saw the boy and found him entirely well, and so he has remained ever since.

C. PEARSON.

WASHINGTON, D. C., June 18.

[Doctor, how long did it take you to learn to become such a sharp-shooter? I know you did not reach that skill all at one bound, therefore have more charity for those who are "working up," and those who do not yet even know, much less have a longing for the "better way." By the way, doctor, *why* did you give *Sulph.* in your case in preference to *Sil.* or any other remedy? Why not *Cal. c.* 6000, at first? Give us the authority, book and page, please.—ED.]

THERAPEUTICS OF INTERMITTENT FEVER.FROM WURMB UND CASPARI'S *KLINISCHE STUDIEN* — TRANSLATED

BY A. MCNEIL, M. D., NEW ALBANY, INDIANA.

We must begin the therapeutical part of our article on intermittent fever, singular as it may appear, with a self accusation. We had, equally with all our colleagues, labored under the impression that the paroxysm was the chief external expression of the internal existence of the disease, and that the characteristics of the individual forms of intermittent fever resting on however different and separate conditions of the fundamental disease, and therefore first and more particularly sought to cover the symptoms of the paroxysms. We had indeed not neglected the signs of the fundamental disease, but in fact placed them in the second rank, and preferred that they should be sacrificed rather than the paroxysm. Now we do this no more, for after we had collected the observations made in 1850 and submitted them to a rigid examination, we came to the conclusion, that the above hypothesis is wrong, and that in the treatment of intermittents we had not struck the right plan.

The paroxysms give indeed much information of the degree and condition of the fundamental disease, by their violence, length of time and prominent symptoms. For example, from a violent cold stage, great objective heat, cyanosis, etc., we concluded that there is a depression from a weak but long-continued cold stage with a deficient hot stage following, on a torpid condition, and from a violent and long-continued heat in a preponderating excitement of the vaso-motor activity. A rapid change from cold to heat, or their simultaneous existence, allow the supposition that the innervation is especially affected; partial cold and partial heat justify the conjecture, that only individual parts of the vascular system are affected; immoderate thirst without corresponding fever heat or thirst in the cold stage point to disturbances of innervation; imperfectly developed paroxysms frequently give indications of a sinking of the vital forces, etc. These conclusions must only be made, and in the choice of a remedy be brought into consideration when the paroxysms remain constant and their existence can be explained in no better way. But as experience teaches this is not usually the case, in fact the contrary are by far more frequent. The form of this paroxysm is indeed in the majority of cases very changable, and it frequently happens that the second paroxysm appears entirely different from the first; that the third attack is not similar to the second; the fourth does not agree with the third, etc. By such intermittents if the choice of the remedy depends on the condition of the paroxysm, after every attack not only a new but often a remedy of an opposite mode of operation must be employed while it is impossible that the fundamental disease can so often and so quickly take an entirely different character. It therefore follows that the paroxysm forms only a part but not the entire image of the disease, as similar phenomena are called into existence by the most manifold and entirely different pathological condi-

tions; it consequently follows that it (the paroxysm) cannot be a successful guide in the treatment of intermittents, and Hahnemann was right when he asserted, " Yet the state of the patient, during the apyrexia especially, must indicate the choice of the most appropriate Homœopathic remedy." (Organon, section 235, fourth American edition).

We have employed in the treatment of intermittent fever patients fifteen remedies; we made a total of one hundred and fifty-four choice of a remedy, and saw seventy-seven favorable results, also only seventy seven times made the right selection. The remaining seventy-seven unfortunate selections occurred in consequence of our views at that time of the importance of the paroxysm, and therefore proved seventy-seven times the incorrectness of our supposition. But the fortunate selections testify against this view; for wherever a case resulted the remedy corresponded to the general disease and was the true picture of its development, chief seat and its radiations. It is therefore our firm conviction, *that the symptoms of the general condition deserve the chief regard, and that the symptoms of the paroxysm only so far deserve any regard as they refer to and confirm the same.*

Hitherto we have only spoken of such intermittents in which besides the symptoms of the paroxysm, other symptoms were remarkable. The latter, however, never entirely fail; they are many times not clearly enough formed in order to prove a basis in the choice of a remedy.

For these cases the paroxysm must certainly be the guide for our medical treatment; in the meantime it is our duty to search out the exciting cause, and the chief seat of the disease, the nature and character of the prevailing epidemic, and to employ them in our efforts to cure. We are indebted to this plan for more than one beautiful result, and can therefore speak from experience.

All of these rules are indeed not new, but notwithstanding no Homœopath has expressed them clearly and definitely; in fact, the majority of our colleagues have not regarded them at all, as almost every line of our Homœopathic intermittent fever literature proves. So we find in almost all reports of cases, that merely the symptoms of the paroxysm were kept in view, and did not trouble themselves at all, or at most only thought of them (the symptoms of the apyrexia,) when they were particularly conspicuous. So we find that the different combination of symptoms which are offered to us in the confusing register of symptoms of the larger treatises instruct of the general indications of cure, almost exclusively refer to the phenomena of the paroxysm.

We have ourselves experienced this comfortless condition of our intermittent fever literature, and very probably it has been felt seriously by our colleagues, because the complaints of the difficulty of the Homœopathic treatment of this disease are so general, so we believe the chief source of its origin, i. e., the false supposition of the importance of the paroxysm must be closer examined.

The law of the similars as regards intermittents has hitherto been comprehended only in its widest sense, and most imagined that they had satisfied its demands if they had found a remedy which covered

the greatest possible number of the symptoms of the disease; whether this similarity of symptoms was a real and necessary, or only apparent and accidental, etc.; whether the symptoms were connected together or only happened together; about the invisible bond which held the phenomena together in their flow, they did not trouble themselves. We bring this subject to discussion because especially to this erroneous opinion is due, the fallacy of accepting so many different kinds of intermittents, so that almost every medicine may now and then be administered as an intermittent fever remedy. This mode of viewing the law of similarity we have often attacked on rational grounds, here we are permitted to meet it with figures. We have in our seventy-seven intermittent fever cases employed fifteen remedies, and of them five were given without any result, it therefore follows that we had only ten essentially different forms of disease. The group of medicines employed by us was therefore tolerably small and it would be still smaller if we the three isolated results did not reckon. We know indeed, that besides these remedies that there are still others which prove themselves useful in intermittents, we are, however, convinced that the number of Homœopathic antipyretics is notwithstanding not very considerable, but at all events is by far not as great as is usually believed, and this will be established when our colleagues draw similar conclusions out of their experience and publish them in the interests of our mode of cure. Such a sifting we consider a pressing need, even while running the danger of throwing many really valuable fever remedies aside, because the remainder will be so much more accessible to the investigator, then rules for their employment can be so much more easily established and therapeutic mistakes more easily avoided. The older Homœopaths, particularly those who under the guidance of the master participated in building up the *materia medica pura*, and who through their intercourse with Hahnemann and his best pupils learned much which does not occur in the register of symptoms, and who by degrees in the course of time received the *materia medica* and as it were transformed it into flesh and blood, could much more easily dispense with such rules for the choice of a remedy than their younger colleagues, to whom the extent of the medical treasures and of the literature is overwhelming and who, so to express it, cannot see the forest for the trees. For the latter in this record, concise rules must be presented else a confusion of different words will prevail, and the temple of truth become the abode of nonsense.

As in the life of a healthy man, to whom occur at different times feelings of sleepiness, of hunger and thirst, of pressure to start, etc., from so many occurrences accompanied which periodically return and the same happens in diseased conditions, and there are not many diseases, by which, at least in relation to one or the other of its symptoms there does not occur a certain periodicity. What prevails in the natural disease must also prevail in the artificial, the medical disease; one finds in almost all the medicines proved up to this time, a periodical return of many symptoms. So as in the first we may not on account of those circumstances diagnose intermittent fever, even so little may

we do this in the latter, i. e., we must not call a remedy an antipyretic, because this or that symptom returns at a certain hour, such a claim is first to be allowed, when the remedy is able to produce a similar condition as an entire disease to that of intermittent fever. Unfortunately to this requirement was until now no regard paid, consequently it happened that many remedies are considered intermittent fever remedies, which are not nor can be.

[TO BE CONTINUED.]

OBSTACLES TO THE PROGRESS OF HOMŒOPATHY.

Homœopathy is either true or false; and its truth or falsity depends on the truth or falsity of the law *similia similibus curantur*, the foundation stone of our system of practice. It is not necessary at this time to enter into an argument to prove that the law is true. We have all expressed our belief in it by adopting the name of Homœopath. Granted then that the law is true — the superstructure is also true. The Allopathic law, then, *contraria contrariis curantur* is false, because there cannot be in nature two laws equally true which are contradictory.

Every Homœopath believes, or ought to believe, that there is:

First — “No other method of applying medicines profitably in diseases than the Homœopathic, by means of which we select from all others that medicine (in order to direct it against the entire symptoms of the individual morbid case,) whose manner of acting upon persons in health is known, and which has the power of producing an artificial malady the nearest in resemblance to the natural disease before our eyes.”

Second — “The curative power of medicines are grounded upon the faculty which they possess of creating symptoms similar to those of the disease itself, but which are of a more intense nature.”

Third — “From pure experience and the most careful experiments that have been tried, we learn that the existing morbid symptoms, far from being effaced or destroyed by contrary medical symptoms, like those excited by the antipathic, enantiopathic or palliative methods, they on the contrary, reappear more intense than ever after having for a short space of time undergone apparent amendment.”

The man who cannot endorse these cardinal points has no right whatever to call himself a Homœopath; and yet how many claiming to be Homœopaths are daily entirely disregarding the law of similia. It is getting to be quite a rare thing to hear of a Homœopathic physician conducting a serious case from beginning to end, without using, *as such*, cathartics, sodorifics, diuretics, palliatives, etc., etc., in direct opposition to our law. Is this honest? Is this just? Not only are these drugs used in this way, but there are some even who go so far as

to assert that their employment cannot be dispensed with. It is only necessary to read the American Institute Transactions, and the proceedings of some of our state societies to be convinced of this. The man who habitually resorts to such expedients should cease to call himself a Homœopath. As a matter of history it should be stated that the men who do practice in this way are the ones who eventually renounce the system as but partially true. Peters is not the only man who has deserted the cause, and among the latest turn-coats is a graduate of a Homœopathic college. Less real damage would be done to the cause of Homœopathy should all these physicians renounce our system in a body. Their presence and pretensions are a damage to all true Homœopaths. But why do I dwell on these points? What difference does it make to me how Drs. A, B, and C, practice? Simply because I have the interest of Homœopathy at heart, and desire to see it become the universal method of treatment, and I *know* its progress is greatly impeded by such (Allopathic) treatment. It is no unusual thing now-a-days to see or hear of families who have given up Homœopathy, and gone back to the old style of treatment (much modified) because as they say they can see no difference between the two schools. The cathartics, nervines, etc., ordered by Dr. A, Homœopath, are the same as given by Dr. B, Allopath; and frequently the Homœopathic doses are the largest. It is not rare either for a person to ask now-a-days, "Are you a Homœopathic physician?" "Yes!" "Do you use cathartics, etc.?" "No." "Well, I am glad to find a Homœopathic physician. I have tried Drs. A and B, who claim to be Homœopaths, and they gave me as much if not more medicine than my old family doctor—an Allopath. When I asked if it was usual to give emetics and cathartics, they replied, 'Oh, yes, sometimes.' I was beginning to think that there was no real difference between the two schools."

To the observant physician there is real cause for sorrow. He sees the great state of Illinois advancing in wealth and population, and yet the number of Homœopathic physicians does not increase to any great extent. He sees wealthy and influential families, formerly using the Homœopathic system of practice renouncing it and returning to the old school. He sees in Allopathic drug stores, scores of mixed prescription written by so-called Homœopathic physicians, (and many times, the amount of medicine prescribed is far in excess of what his Allopathic neighbor would dare to use). If the Allopathic physician has learned anything about *materia medica* the last twenty years, he has learned that a single drug at a time is far superior to a combination of drugs. And yet many of our school are going backward, and just commencing to travel the road the Allopath has deserted for a better.

Would that Illinois physicians alone were to blame. But unfortunately what is true of one state is true to a greater or less extent of all states and countries. The condition of affairs in England as pictured by Drs. W. E. Payne and E. W. Berridge, in the May number of the *New England Medical Gazette* is sad in the extreme. The doctor says: "In England, as elsewhere abroad, even in the land of Hahnemann, the same desires are manifested, the same efforts are put forth by mem-

bers of the Homœopathic profession to fraternize with the old school, that we see in our own country. The struggle to retain connection with old society organizations as in Boston not long since, to share in hospital facilities on the same ground and in common with the old school as shown in Maine recently, to teach in the same schools as in the Michigan University case, in fact to find some common ground upon which both schools may meet, when in fact there is no ground, is in my judgment, the most discouraging feature in the great conflict now going on. It shows the ignoble dispositions on the part of those who have the truth to surrender it for personal considerations, for it must be obvious enough to those who see clearly the great point of difference between the two schools, that to fraternize, the one side or the other must yield. The great question is between the acceptance of a well established law of nature, and the surrender of human theories and speculations. All other questions in medicine are subordinate." In conclusion the doctor thinks that a union of the two schools can be accomplished only by the surrender of our principles.

The circular lately issued by the Canadian Homœopathic physicians, shows that to a certain extent the same causes are operating in that Dominion to prevent the spread of our school. That, at least, is the construction I place upon the circular. Any one who reads our Homœopathic journals from month to month cannot fail to be struck with the Allopathic tendencies of a majority of our practitioners.

I may have spoken strongly, but I feel what I say, and think that the time has come when some remonstrance should be made to this straying from the right path. There is no use in denying the facts mentioned in this paper for they are patent to every observant physician. Do not understand me as censuring the man who uses low potencies or mother tinctures. The dose has nothing to do with the Homœopathic law. Some of us have better success with high potencies, and our experience teaches us the smaller the dose the more rapid the cure. Others, however, claim equally as good success with the tincture and first decimal.

Now gentlemen what are you going to do about it? Surrender your principles, or turn over a new leaf and commence aright? If the law, *Similia similibus curantur*, is not true, let us be honest and say so. If it is true, let us practice in accordance with it.

A word about the American Institute of Homœopathy in closing.

In order to secure the assistance and good wishes of the profession, the Institute must in the future be conducted on a somewhat different plan. It is now the rule to appoint on committees and bureaux only those who are present at the meeting, thus entirely ignoring the three or four hundred members who are not or cannot be present owing to distance, sickness of themselves or families, poverty, etc.

In the future such out of the way places as Niagara Falls, Put-in-Bay, etc., should be avoided, and the meetings held in such places as need the support and encouragement of the profession, as for instance, Indianapolis, Springfield, Ill., Council Bluffs, Omaha, Quincy, Kansas City, St. Paul, Davenport, Toledo, Columbus, Detroit, Albany, etc.

The fees are altogether too high for the benefits received, and deter many from joining who would be valuable members. Three dollars annual dues are sufficient, and if collected from all would meet the expenses.

Discussions are not permitted to any great extent, and Dr. A, who has come from Yankton with a prepared speech has no sort of show; and he consigns his speech to the flames and thereafter fails to pay his dues or attend the meeting.

The questions and reports for discussion should be of a national character and importance, and not confined to papers on scarlet fever, measles, etc., subjects which are discussed to death in every local, county, and state society.

The bureaux should be appointed in the following way: Surgery— Drs. A and B (one year); C and D (two years); E and F (three years). Hence at each session two new members would be appointed to each bureau. Dr. A would be chairman the first year, and the following years the bureau could elect its own chairman. Let each bureau suggest the names of those they would like on their bureau with the understanding that those whose time has just expired, could not be reappointed to the same until a year had elapsed. I am satisfied that this would give satisfaction to the large army of what might be called outsiders; particularly if a rule was passed that no person should be allowed to serve on two bureaux at the same time.

The transactions should be issued within three months after the session has closed, and not held back for a year when they cease to be of any interest to anybody except paper dealers.

If the secretary is not able to do this, let Duncan or Lodge take the contract, and there will be no delay.

Finally, how is it persons who are not graduates are (or were) members of the Institute? How is it members guilty of wholesale lying and conduct unbecoming a physician are not expelled?

There are many members of the profession who have become convinced that a new organization or society is imperatively demanded; such society to consist of simple pure Homœopaths, not necessarily high potency men, but men who practice in accordance with the law *similia similibus curantur*.

T. S. HOYNE.

“A NAME AND A REMEDY FOR THE CASE.”

SEE UNITED STATES MEDICAL INVESTIGATOR, JUNE 1, 1875, PAGE 467.

Here is a case over the signature of S. L., calling for an opinion from any one who will be liberal enough to give one. I must say to S. L. that I consider it dangerous business to lay our acts before the world, asking for sanction or condemnation. Almost nineteen hundred years ago humanity found fault with Deity. Can you expect them to do better now? But S. L. says, “no blarney, no whitewashing.” Very well. Here comes the fault that I shall find with your practice, and its

explanation. The record says the patient was an "athletic man from New Hampshire, only a few weeks from his mountain home." I infer from this that the patient, ever since he was old enough, had taken daily manual exercise, and breathed the free, pure, mountain air. In this wise his physical organization had gained that degree of strength and vigor it was capable of attaining. We may suppose him healthy, as the record does not show him otherwise. Then came the "severe drenching" which produced the symptoms described, and diagnosed "typhoid rheumatic fever." Then the prescription, *Rhus* 200. If the fever was uncomplicated, then *Rhus* was right. But choosing the 200th dilution of any medicine, with the expectation of influencing the hardened fibre of the athletic mountaineer was the error. It should have been the 1st, 2d, or 3d, dilution. The higher dilutions will cure only those who are born and reared in ease and idleness. Usually possessed of wealth, they consider daily, manual exercise humiliating. Living at ease, they do not perfect their physical organization, strength, and vigor. These and their offspring are delicate and sensitive. It is upon this class of persons that the higher dilutions act so well, and the low dilutions aggravate. This fact I assert from experience.

But if the patient had had uræmic troubles, which had been preying upon him for some time (latent), the "severe drenching" intensifying the symptoms, assuming a typhoid type would so complicate the case as to make it to be feared and dreaded (Buckner, translated by S. L., page 89-92). These cases have occurred to me in practice. Of those that died, death commenced at the heart. Of those that recovered, convalescence was attended with a light and feeble pulse. *Phos.* or its combinations was the principal remedy. *Bapisia* better than *Aconite*.

COUNTRY DOCTOR.

WHAT IS THE REMEDY?

Please publish the following case and request physicians, yourself included, to prescribe, if possible from my description. The case troubles me. I will not publish the remedies used, as they would shame any physician as they have me. In fact, I am "stuck."

The patient, a man, aged fifty-eight years, medium size, sandy complexion, now quite gray; usual weight about one hundred and forty or one hundred and fifty pounds; a missionary; has been active; married; never had any sickness of note until recently, i. e., within a year. Trouble commenced by a vesicular eruption between the knees and ankles, with numbness and insensibility of the skin of the legs and arms; no eruption on arms. He went to an old school physician, who gave him *Syr. Sarsaparilla Comp.* with *Potass. Iod.*, which, in a week, removed the eruption, which has never returned. As soon as the eruption was gone there commenced a deep, gnawing, screwing, twisting, burning in the deep parts of the feet. With these symptoms he left Allopathy and came to me. I have given him ——— remedies. The pain has grown worse, and the feet become swollen, but the swelling is

not of an inflammatory character. Sometimes the swelling will go down for two or three days, then return again worse than ever. He cannot step on his feet. His usual position is with his feet elevated, as that brings some relief. When the feet are not swollen I can handle and examine them without producing pain. The bones, etc., seem healthy. His appetite is good; bowels regular; pulse normal; tongue natural; urine healthy. He now has a pale, anæmic look, with strong scrofulous complication. His father was healthy; mother scrofulous; grandparents healthy. His children are healthy. He seems worse about two o'clock P. M., and gets easier toward morning. By exposing the feet to the sun's rays for a few moments they swell rapidly and the pain is terrible. Cold water used to relieve, but now makes them worse when it is applied. The trouble commenced in the left foot, then the right became involved, then the right hand, then the left.

What shall I give the man?

O. S. CUMMINGS.

HONOLULU, H. I. May 11, 1875.

THE AMERICAN MEDICAL ASSOCIATION ON PUBLIC HYGIENE.

The address of Dr. Bowditch, chairman of the section of "State Medicine and Public Hygiene," considered the subject of a National Council of Health. The attempt to organize such a council, however, could only be made successful by the union of sentiment and labor between State Medical Societies and this National Medical Association itself, and much, therefore, remains to be done before this great end can be accomplished.

It would be unwise and precipitate, when there are so few State medical societies, to agitate the matter in Congress at this time.

Physicians had to be educated to this end, the public must be gradually inducted into the merits and advantages of such a measure, while Congressmen themselves needed wholesome instruction in hygienic science, before the general mind could be made to feel the necessity for the establishment of such a means of protection to the national health. This task must be accomplished by the profession at large, and though years might necessarily elapse before ignorance and prejudice could be removed, still the enterprise, in its wide and beneficent nature, should never be permitted to flag; and when at last the result is successfully attained, the effect upon the life, health, wealth, strength, and influence of the nation would be such as to secure its perpetuity for the benefit of those who shall succeed us on the stage of life.—*Sanitarium*, for June.

LACTIC ACID IN RHEUMATISM.

Prof. Hojne says that *Lactic acid 3* is the best remedy, this season, for acute articular rheumatism. He promises us a paper giving the indications, with his experience and observations.

Surgical Department.

EXOSTOSIS VS. OSTEO SARCOMA.

BY J. G. GILCHRIST, M. D.

Read before the Homœopathic Medical Society of Northwestern Pennsylvania, January, 1875.

Of all the professions medicine is the greatest sufferer from careless nomenclature, and of the different departments of science surgery surely takes the lead. Of late years surgeons have generally agreed to limit the growths from bone, or found in connection with bones, to two classes; those growing *from* the bone, and dependent upon modified osteo-genesis, and those attached *to* the bone but produced by causes operating in neighboring structures. Of the first class we can recognize but two varieties, the hard and soft tumors, which may, at the same time, be malignant or benign.

In the unfortunate technology of early surgery, the terms exostosis and sarcoma were employed to indicate these two great classes. Exostosis means literally, a bone growing out of bone; sarcoma, to make flesh; by prefixing the word osteo to the latter, it means to make bone-flesh. We know that the two structures of bone, compact and cancellated, are really identical, the one being simply a looser arrangement of bone-cells than the other, and hence the term exostosis was used to indicate both structures, either hard or soft. It has lately been suggested by pathologists that the hard, or ivory exostosis, was actually a new formation, i. e., a tissue more resembling the teeth than ordinary compact bone-tissue, and was actually not bone in the true sense of the word, the difference being *chemical*, as well as microscopical. Rather than establish a new nomenclature, the old names are generally retained, but have had a different meaning attached to them than that which originally obtained. Exostosis now means a hard ivory-like tumor; and sarcoma, one of lesser texture.

EXOSTOSIS.

These tumors are usually found growing from the external surfaces of the flat bones, those of the skull more frequently, although the long-bones are occasionally found to be the seat of the former the frontal bone is oftener affected, while in the latter case the femur seems to be the favorite site. When growing from the long bones, they are rarely, if ever, found near the articulating extremities; in most cases they will be found near the lower third of the shaft. They are usually symmetrically conical, smooth and non-lobulated, almost painless unless

implicating nervous trunks or of a size sufficient to cause considerable tension of the skin or deep fascia. In the few cases which it has been my good fortune to see, a careful examination seemed to show that the tumor did not apparently grow *out* of the bone, but was intimately attached *to* it, so closely indeed that it was next to an impossibility to detach it without removing the outer laminae of the bone with it.

In regard to the pathology, Paget remarks: "In both alike (exostosis and sarcoma,) the bone is usually true bone. * * * * * In different specimens there may be varieties in the proportion and arrangements of blood-vessels, and in the size and development of bone-corpuscles or lacunae and their canals; but the proper characters of the bone of the species in which the tumor occurs are not far departed from." He goes on to say, "I believe the pomology of the osseous tumors is, in chemical quantities, as perfect as it is in structure; and that, as with the natural bones, so with these, we may not ascribe differences of hardness or density to the different proportions of the organic, and of the saline and earthy components, but to the different manner in which the similar material that they compose is, in different specimens, compacted." I have the greatest respect for the opinions of Mr. Paget, but think if my edition was a more recent one, the language would be different, or his conclusions modified. When we consider the prominence of the coronal ridge, the length of the bones, and other comparatively slight alternations in animal structure has opened up a new field of scientific research, to evolution, we can see that characteristic as pronounced as those given by Mr. Paget, and more than sufficient to prove exostosis not true bone. Suffice to say these bodies grow but slowly, seldom recur after removal, and are usually single. At times they are attached by a ramus, base, or pedicle, at others the attachment is hard, and the resemblance is not unlike a nut bisected with the flat surface applied to the bone. At other times they seem to have been developed in some of the cavities, as the antrum or frontal sinus, and only secure the attachment to neighboring bones, when far advanced in development. The old term of "ivory exostosis" is not ill-bestowed, inasmuch as they are exceedingly hard, sufficient to break the teeth of a saw, or even the jaws of a bone forceps. Usually they are found composed of closely compacted laminae; at other times almost structureless or homogeneous, enclosing a number of small and irregular cavities.

OSTEO SARCOMA.

In every respect, almost, these tumors differ from exostosis. Growing from any bone in the body, not more frequently in one place than in an other, irregular in form, often nodulated, growing rapidly as compared to exostosis, and of a much softer or compressible feel, they can scarcely be mistaken for anything but what they are. In structure they more closely resemble bone than any other variety, and to all appearances are a simple lobulated hypertrophy. Those I have seen seem to be composed of a thin outer laminae of compact bone-tissue, enclosing either a cavity, or a loose cellular structure, identical to and

continuous with the cancellated portion of the bone from which it springs. It will be observed that the tumor being situated on the shaft of a long bone, at some distance from the extremities, the cystic formation is common, with a very shallow lining of loose and imperfect cancellated tissue. When situated toward the extremities, however, the cancellated tissue is better defined, and constitutes the parenchyma, so to speak. In most cases the attachment is broad, and the external covering seems to be a simple elevation of the outer laminæ of bone, the communication between the tumor and medullary canal being as large as the diameter of the base of the tumor, minus the thickness of the walls. Again the attachment is narrow, almost a pedicle, in which case the growth is usually cystic, and the passage to the medullary canal correspondingly small. In *all* cases, however, there is a free communication.

These two forms of bone tumor are the basis from which all the other varieties spring, depending, for the most part, upon the character of the contents of the cyst. Osteo aneurism, by an unusual development of the blood-vessels; myloid tumor, by the incomplete ossification of cartilage cells, which when completed would make the true exostosis.

ETIOLOGY.

The idea is still prevalent, that a blow, or the reception of any injury, may be the cause for the development of these tumors. A moments consideration will be sufficient to show how elementary this idea is. Why do we not *all* have exostosis? I have received, and so have thousands of others, blows enough on what Tom Hood calls "my most tender bones," to make me a decidedly knobby individual, and yet none of these aids to beauty have been forthcoming. Why should my neighbor, with only half the advantages I have enjoyed, in the way of hard raps, be so much more successful? Simply because there is some derangement in his organs of assimilation that I am happily free from. Another point to be considered, for the preceeding has been dwelt upon *ad nauseam* heretofore, is that *bony tumors are not at all times evidences of diseased action*. For instance, there is an old saying that too many and too warm friends, are as bad, or worse, than no friends at all; this is true in physiology as well. An injury destroys a portion of the compact structure of a bone. The injured individual is not disposed to the development of disease, and nature pours out callus and reparative material in lavish abundance. In other words, it is like the Irishman who said he stood so straight he leaned the other way. He is so healthy, that he runs into morbid action on the other side. The callus being thrown out in quantities much greater than the occasion demands a tumor is produced which is composed of normal tissue, but abnormal in quantity—a simple redundancy. We can correct this by first restoring the lost equilibrium, and a reabsorption or retrograde metamorphosis of the superabundant material. Mechanical treatment will not certainly effect this, as each successive removal of the tumor stimulates deposition. Here we have the pathology of semi-malignant tumors of bones; it is a true typical case.

In the case of the benign tumor, we have another pathological phenomena, yet somewhat similar in its operation. The reparative material may be largely in excess of the actual demand of the body, and yet the cause for this excessive supply be self-limiting, or not permanent, for reasons unknown to us, and the tumor having attained a certain size, ceases to grow from lack of material. This type may be removed and a cure follow, because the disease force has expended itself, and we have only to do with the remains of an extinct action.

In malignant growths, on the other hand, there is not only an over-production of reparative material, but material deteriorated in quality, and imperfectly formed. The indications to be met are, therefore, the same as in the semi-malignant groups, i. e., first arrest the morbid action, and then remove the result of that action either by mechanical means, or physiological, as seems most expedient.

PROGNOSIS.

Having determined the character of the growth, what shall we predict of the termination? If the growth is malignant, probably death. If non-malignant, life and probable restoration to health. When an exostosis is small, and not painful, we are usually sought to restore symmetry. When large and of long-standing, the tumor is not infrequently detached and thrown off by caries or necrosis and suppuration. The same may be said of osteo sarcoma with this modification: caries may destroy the limb entirely, making resection a necessity. Suppuration may induce pyemia, which is liable to result in death, or at most a tedious recovery, obnoxious to frequent relapse. Also the bone may become so weakened that spontaneous fracture may occur, which will also prove incurable without resection. So much for the "probabilities."

TREATMENT.

If there is one of the so-called "incurable" diseases that is more amenable to medicinal treatment than another, it is certainly any one of this class, excepting alone, cancer of bone, and here my experience does not qualify me to speak. I have no doubt even this is curable, but have never had a case to treat. In the other forms I always counsel removal, simply because it is speedy, and measurably radical. When, however, an individual applies to me for treatment, who is manifestly of a debilitated or cachectic constitution, or who is deficient from hygienic mismanagement, in stamina and vital energy, I as invariably trust to my remedies alone, with a feeling of conviction that a cure must follow. In all cases, *Hecla lava* in the 6th attenuation is my sheet anchor. *Ars.*, *Asaf.*, or *Sil.*, may sometimes be needed, but since learning the value of this agent, I have never had occasion to use any other. Its indications can be found in full in the Transactions of the American Institute, 1870, sec. 3, p. 441. If you are unprovided with this valuable book, an extract from it will be found in the Annual Record, 1872, p. 6. I shall do no more here, therefore than to simply refer to it, and assure you that it is not recommended any more highly than the experience of those who have used it can abundantly testify.

The operative procedures are exceptionally simple, and of easy performance as far as the sarcomatous form of tumor is concerned. The tumor, in either case, must be first exposed by a fine incision, care being taken to avoid any blood-vessels large enough to require ligations. You need have no fear of having the preliminary incision too large, as considerable room is required in subsequent manipulations. When the tumor is finally exposed, although I am not determined in my own mind what part the periosteum itself does play in reproduction, it is as well to dissect it up from the growth extensively, completely if practicable. By the use of Hey's saw, a chain saw, bone nippers, and gouge, the mass may then be removed piecemeal, or entire. Hæmorrhage had better be arrested by a strong solution of Monsel's salt, and the wound allowed to heal from the bottom. In two cases recently operated upon the wound healed at the bottom, forming attachments to the bone, and subsequently a large amount of pus, mixed with debris, was discharged at a point remote from the original wound. Occasionally where the growth is large, and it seems inexpedient to remove it entire, it may be "scolloped," as Dr. Danforth calls it, and allowed to break down and disintegrate in suppuration. A case operated upon by this method at our last meeting, proved a failure. The compact portion removed was reproduced, and the only result was a diminution in the size of the tumor. A subsequent operation, resulted, I believe, successfully, and I hope to introduce the patient to you to-day.

In the case of true exostosis, the preliminary steps are the same, but the saw will usually be found inadequate to a complete success. The gouge and mallet are here the weapons. One case, a month ago, of an exostosis in the tibia, was so densely hard that fears were entertained of a failure. An unusually smart blow *knocked the tumor off, together with a small scale of the external laminae.*

In either case, give *Acn.* for a few days, a dose four to six times a day, followed by *Hecla lava* 6, to eradicate the tendency to reproduction.

ORTHOPÆDIC SURGERY.

BY A. G. BEEBE, M. D., PROFESSOR OF ORTHOPÆDIC SURGERY, HAHN-EMANN MEDICAL COLLEGE, CHICAGO.

Read before the Illinois Homœopathic Medical Association, May, 1875.

It is but very recently that orthopædia has attained sufficient prominence to be recognized as a distinct department of surgery; so recently, indeed, that a large proportion of practicing surgeons, even, have not yet recognized its scope or importance. It is somewhat surprising that the term orthopædy, although introduced and defined by Andry as early as 1741, is still not understood or properly defined by quite a large proportion of our surgical writers. Even Dunglison in his dictionary

falling into a very stupid blunder as to its derivation and meaning. The term is derived from the Greek *orthos* straight, correct, and *paua* children; and as Andry defined, it is "the art of preventing and curing in children, the deformities of the human body." But inasmuch as the same principles and practice must in general hold good in the treatment of deformities, whether in adults or children, the restriction as to age has been omitted, so that we should now define orthopædy, or orthopædic surgery as, "The art of preventing and curing the deformities of the human body." The error has often been made, by those who should have known better, of supposing the term was derived from *orthos*, and *pes, pedis* the Latin word for *foot*, thus making a sort of hybrid word, referring to the art of straightening deformed feet alone.

If the meaning of the term itself has been so little understood, it is not strange that the nature, causes, and treatment of deformities should be still more involved in doubt and obscurity.

Within the last few years, however, more scientific study and observation has been directed to this subject; it has been submitted to a more thorough and logical analysis, and more mechanical skill and inventive ingenuity have been brought to our aid, the results becoming in a corresponding degree more satisfactory. The profession are beginning to learn that it requires the skill of the thoroughly educated surgeon, and not the blind grasping of the mere mechanic, to successfully grapple with these diseases; that if mechanical appliances are to be employed, they must be constructed upon a basis of accurate anatomical and pathological knowledge, and accurately adapted to each individual case. This is not a field for brilliant operations or the display of "spread-eagle" surgery. What is demanded is a clear idea of the objects to be attained, skill and invention in adapting means to accomplish these ends, and unlimited patience and perseverance in their employment. The removal of deformities and the moulding of the body again into its normal shape, is generally the work of weeks and months, and often of years, but, with these qualifications, there are few things which the surgeon can not accomplish.

As to the scope of this department of surgery, there has also been much misapprehension, truly one of our authors, Prince, has outlined the field clearly, although he has gone over it in a very imperfect manner. Indeed the definition which has been already given, defines sufficiently well the limits of the subject, including, plainly, all deformities or malformations, whether congenital or subsequently acquired as the result of disease or injury.

Deformities may be classified according to their causes, as due to imperfect development, distortions, or loss of function from muscular contractions or paralysis, from inflammations or faulty nutrition, from vicious cicatrization or mal-union after injuries.

As to the special malformations, it is not the intention of the present paper to touch upon all of them, or to discuss any of them in detail, but rather to allude to some points of sufficient importance to claim a few moments attention.

Among the results of imperfect development or closure of parts are included various

CONGENITAL HERNIÆ.

The protrusion of the meninges of the brain, or spinal cord through openings in the bones, producing meningocele or spina-bifida, need not necessarily call for so unfavorable a prognosis as writers generally have indicated. Two cases which have recently come under observation, illustrate this. One having reached the age of three years with no impairment of the general health; the other rupturing and promising a spontaneous cure although not in any way assisted by surgical art.

The ordinary umbilical hernia of infants is so common and so easily and certainly cured as not to require special attention.

This, however, is not the case with the hernia or the hydrocele due to imperfect closure of the inguinal canal or, rather, of the infundibulum in male children. This malformation is by no means rare, as several cases have come under my own observation during the year past, and it is quite likely to occur in premature and puny infants, the intestine following down the testicle in its descent. The natural tendency toward contraction and obliteration of this canal at this period is so great that a perfect cure is almost certain to result if the descent of the hernia can be prevented for two to four weeks. But if any successful or practicable appliance to secure this end has been devised and offered to the public by any of our instrument makers, I have never seen it, nor have I ever seen a case cured by any of the various trusses which are offered for sale. It is now nearly three years since I threw aside all such instruments and commenced treating my cases with trusses of my own manufacture, and since that time have not had a failure to record.

The trusses which I now use in such cases, specimens of which are shown, have the advantages of being inexpensive, can be made in a few minutes with no tools but a pair of pliers and the fingers, can be readily molded into any desired shape, are light and compact so as not to be displaced by the clothing or movements of the child, are readily kept clean from the discharges which are constantly soiling them, and in short meet all the requirements of the case fully. With these simple means and a modicum of care it does not seem necessary that any case of this kind need fail to be cured without resorting to any of the dangerous measures mentioned in the books.

TALIPES

in its varieties occupies a prominent place among orthopædic diseases, and is also to be included among those which are certainly curable. There is no reason at the present time why any case of this deformity should be allowed to become established, since any and every case might be cured if properly treated in time. To accomplish this, however, it will be necessary to employ a much more correct knowledge of the disease, and much more philosophical forms of apparatus than are in vogue even among the surgeons of this city.

Such statements would be unwarranted were they not sustained by

unmistakable evidence. The various club-foot shoes which are made and applied under the direction of these surgeons are monuments of their ignorance and stupidity more eloquent than lettered marble. With a thorough understanding of what he desires to accomplish, no surgeon need lack for the materials for his apparatus although he were a thousand miles from any instrument maker. Of course a properly constructed shoe would save him a great deal of trouble, but it is in no way essential to the cure. As to the question of the division of tendons there can be no question that the verdict of the authorities upon this subject are overwhelmingly in favor of tendotomy in all cases where there is sufficient shortening of a muscle to interfere with the natural play of the joints; that where this is scientifically done, it should not and does not produce injury. In all cases of ante-natal origin or of long-standing, the distortion of bones and ligaments as well as the disease of the muscles does not admit of immediate cures. This process must require some months at least.

SPINAL DEVIATIONS

compose another group of diseases which have been largely given over to the hands of the instrument maker, as a great multitude of hump-backs can sorrowfully testify. There is but little room for doubt that the various forms of braces for spinal curvature have been productive of much more harm than good. Not that they are in themselves harmful, but because patients and physicians *will* trust to them to affect the cure to the neglect of the more important and successful means. In short, the recumbent position is the only reliable means of treatment, and anything which causes a neglect of this is a positive injury. Absolute rest is the *sine qua non* for diseases of the joints everywhere.

ON SPINAL CURVATURE.

DR. R. N. TOOKER, BEFORE THE ILLINOIS HOMŒOPATHIC MEDICAL ASSOCIATION.

. In Dr. Beebe's remarks on Spinal Curvature, this morning, he seemed to regard the use of the term "Orthopædy" as unfortunate, by reason of its uncertain, or at least irregular, derivation, but failed to suggest a more satisfactory term.

Dr. Henry Heather Bigg, of London, England, published a work on deformities, in 1863, or thereabouts, under the title, "Orthopraxy," derived from two Greek words, *orthos*, straight, and *praxis*, action, a word of legitimate derivation, and much more expressive and comprehensive than the hybrid "Orthopædy." I would suggest to the doctor to throw the latter overboard and substitute the former.

Besides angular curvature of the spine, or Pott's disease, spoken of by Dr. Beebe, there is a lateral curvature of the spine that is by no means infrequent, and is always annoying, as it produces more or less distortion of the body. It is quite as much a blemish as strabismus, and a remedy for it is eagerly sought after. I have seen at least one

case of it where the heart and lungs were so pressed upon as to seriously compromise their functions. This variety of spinal curvature does not proceed from, nor result in, destruction of tissues or textures, but is caused by an inharmonious muscular development. It occurs most frequently in school girls who have acquired bad habits in sitting or lying, and by which the muscles of one side of the body have become relatively stronger than their fellows of the opposite side.

We meet commonly with two varieties of lateral curvature, which might be designated *double* and *single*, but from the shape assumed by the spinal column they have been designated *crescentic*, where there is a single curve, and *sigmoid* where there is a double or compensating curve.

There has been various braces, couches, and devices gotten up with a view of correcting this deformity, some of them possessing considerable merit, but none, I think, as meritorious as a couch devised by me



COUCH FOR SPINAL CURVATURE.

in 1865. In all other couches that I have seen, pressure is made on the convexity of the curved spine by means of elastic straps or bands. These cut into the flesh after a little, so that the pressure can be borne but a short time without inconvenience. To obviate this and provide a pressure that can be borne as long as possible, I use padded arms instead of straps, which are adjusted by means of screws working in slots in iron bands on the side of the couch. These iron bands being the same on both sides of the couch, the arms can be changed at pleasure so as to press upon either side. There are three of these arms for the crescentic variety, and two for the sigmoid. By this means firm pressure can be made and continued for several hours without inconvenience, while the patient is able to sew, read, or sleep. I have cured cases of curvature in married women when the deviation was more than an inch, in from two to six months. The cure is accelerated considerably by daily frictions over the relaxed muscles. In these cases braces and spinal supports are not only needless, but hurtful. By making daily pressure, however, and holding the spine straight for an hour or two a day, combined with such gymnastics and frictions as

will strengthen the relatively weak muscles, these two procedures seem to meet all the requirements, and have been uniformly successful.

Here is a cut of the couch to which I have referred. I can give the dimensions and all necessary instructions to enable any mechanic to construct one, and both are at the service of any physician who may require it. I will say further, that these couches have been used in several of the movement cures, here and in New York, and are highly indorsed by them.

Gynæcological Department.

PROGRESS OF GYNÆCOLOGY.

XIV. *Du Vaginisme, ses causes, sa nature, son traitement; suivi d'une Leçon Clinique de M le Prof. Lorain, par A-T. LUTAUD, etc.* Paris, 1875.

The Nature, Causes, and Treatment of Vaginismus, by A-T. LUTAUD, etc., etc.

XV. *Du Traitement des Fistules Uro-Genitales de la Femme par reunion secondaire, par ED. F. BOUQUE, etc., etc.* Paris, 1875.

On the Treatment of Uro-Genital Fistula in Women by Secondary Union, by ED. F. BOUQUE, etc. Paris, 1875; pp. 261.

XIV. The author of this valuable work gives the credit of having first described the disease in question to Huguier, who mentioned it in 1834. Dupuytren, Lisfranc, Gream, Borelli, Hervez de Chegoin, and Tauchon, among the earlier French authors; Denman and Burns, in England; Busch and Keivisch, in Germany; and, in 1861, Sims and Simpson, wrote concerning it, but in every case confined their observations to single symptoms and parts of the subject, without including its totality. This fragmentary defect M. Lutaud has remedied. The history of vaginismus is followed by very interesting chapters upon its anatomy and physiology, definition and synonyms, frequency, varieties, etiology, pathology, symptomatology, diagnosis, prognosis, course, termination, and treatment. The conclusions arrived at are admirably summed up as follows:

1. Vaginismus is always a symptomatic disorder.
2. It is frequently met with and usually begins after the first sexual congress.
3. It is often associated with dysmenorrhœa, and disorders of the general innervation.
4. It is always curable, but more easily if the case is a recent one.
5. Being an obstacle to coitus, it is a frequent cause of sterility.

6. The treatment is simple, consisting chiefly of cauterization and dilatation.

The clinical lecture, delivered in the Hospital de la Pitie, contains some items such as we have taught, but which we are quite certain the readers of this journal have never yet seen in print. We translate a part of it:

“I have had further occasion to study this disease quite recently, having been consulted by the families of two young men who were married and who left on a wedding trip for Italy. I am opposed to this journey, my conviction being that it is always imprudent to spend the first few nights after marriage in a hotel and in a country destitute of the usual comforts. They told me their history. One of the young women was very ill after the first sexual approach, and was still the victim of severe pain whenever the act was repeated. * * * * *

Some time ago, a lady of social distinction, and illustrious, also, one who is frequently consulted by women, and men likewise, said to me, ‘You know my friend Madam X., she is now fifty-four, you know her husband also, *Eh bien*, they have never known each other sexually.’ But, I thought she had a grand-daughter? ‘So she has, but it was by her former husband; she was thirty when she was re-married; her husband took her to Italy to the best hotel, the first attempt at intercourse was so painful that she cried bitterly, and the act has never been complete. Twenty-four years have passed and she is still as on the first day of her marriage. They are happy together, but she is nothing more than a housekeeper for him, and will not consent to consult a physician.’ * * * * *

Another young wife of three or four months, could not tolerate the approach of her husband on account of an extreme sensibility, and a rigid contraction of the vulvar orifice, which with every act caused her to scream in order to save herself. Despite the love which she had for him and her desire to gratify him, despite the passion which belonged to his age and his temperament, she bore these trials although the pain and force which was necessary almost caused her to repel his approaches. She consulted me because her husband was an artisan, and finished by saying, that unless she could become a wife to him he would go elsewhere, and by imploring me to put an end to her sorrowful state. I made an examination, found her well developed, of an ardent temperament, the breasts normal, the uterus intact, of proper size and shape, the menses regular, no anomaly of the sexual organs, no sign of chronic disease, the hymen had been broken, the finger entered the vagina but the sphincter contracted around it very tightly, there were contractions of the limbs which were almost convulsive, and she suffered very much pain. Only after quite an interval could the presence of the finger be borne. Then I passed two fingers, but it caused very great pain. By the use of sponges designed to dilate the vulvar ring, I have already succeeded in affording very great relief.

I was lately consulted in the case of another young woman who had not been married a very long time. The first sexual attempt, although

she loved her husband very dearly, caused her to scream dreadfully for which she begged pardon. The second time, which was in their country home, she could not refrain from crying and screaming so as to arouse everybody in the house. The neighbors came to learn what was the matter, and were told that there had been an accident. She made a confidant of her mother, and of her husband, who is full of tenderness toward her came for me. For two months, however, she had failed to have her courses. They wished to know if she could really be pregnant in spite of the incompleteness of the sexual act? I told them it was possible, but not very probable. Since that time, however, I have seen this patient again and am confident that she is *enceinte*. * * *

There are men who cannot swallow a pill. I am of that number. I take them in butter. There are women also who refuse all food and who cannot eat without spasm of the œsophagus. It is possible that there exists a certain analogy between the constrictions of the superior orifice of the body and those of the vulva. It has been proposed to treat vaginismus in the same manner as directed for fissure of the anus, but I cannot recommend it. * * * * * We believe it would be preferable to institute a treatment which is sedative and antispasmodic. The use of the *Bromide of potash*, extolled by Racborski, seems more rational and efficacious. * * * * * My opinion is that vaginismus does not arise from a constriction of the organs, but from a feeling of dread at the moment of introduction, and which prevents the dilatation of the canal. Many distinguished women suffer from this disease because their husbands have been lacking in the tact and delicacy with which they should approach their wives. I do not enlarge upon this very delicate point, but I insist that vaginismus often results from brutality and awkwardness on the part of those who should know better. We cannot be too cautious in recommending those men whose wives are delicate and impressible to clothe the sexual relation with the greatest possible care and consideration."

XV. The impression is prevalent, in America at least, that the various forms of urinary fistulæ among women have never been and can not be successfully treated in any other way than by the knife, or scissors, and the silver suture. Elated by the brilliant results that we have achieved by means that were suggested and perfected, by our own countrymen, and by operations which we have performed both publicly and privately, we have been tempted to place an exclusive reliance upon this mode of treatment, and to overlook the fact that others have succeeded equally well without making use of our appliances.

As further evidence of the healthy reaction against the prevalent practice of cutting in every case where it is possible, especially in treating the diseases of women, this book is timely and acceptable. If its contents are carefully pondered, it cannot fail to do a great deal of good. The text is based upon the record of *one hundred and sixty-nine* cures of these fistulæ by means of cauterization. The cases are collected from the writings chiefly of European authors, and are given in detail. They were all vesical and not rectal, however. Some of them were compound, involving the bladder, the uterus, and the vagina;

others were urethro-vaginal; some were deep, others shallow; some large in extent and others quite small. The duration of treatment varied from ten days to as many months; the highest number of applications in any one case was thirty-seven; the actual cautery was used forty times; the *Nitrate of silver* fifty-nine times; the galvano-caustic in two cases; and *Tincture of cantharides*, *Creosote*, *Caustic ammonia*, *Caustic potassa*, and the *Chromic*, *Sulphuric*, *Nitric*, and *Nitro-muriatic acids* in others.

Full and explicit directions for the operation with either of these escharotic, and whether from the vesical or the vaginal side, or both, are given. Strange to say the subsequent introduction of the catheter, more especially of the permanent one, is prohibited; and the author insists upon a remarkable exemption, in the great majority of cases, from inflammatory and painful sequelæ. The vaginal tampon is also interdicted.

In addition to the above, *thirty-five* cases of similar but larger fistulæ are cited in which, after cauterization, the lips of the wound were brought together and kept in apposition by mechanical means. Of these twenty-five were cured, four improved, and six were failures. Of the latter three died. This gives a proportion of 71.4 cured by the combined method. In a table of cases operated on in the usual way the results given by the author are, that out of six hundred and thirty-nine who were operated upon, four hundred and sixty-three were cured, or a percentage of seventy-two.

R. LUDLAM.

PARIS, June, 1875.

Psychological Department.

ANIMAL MAGNETISM ACQUIRED.

BY WM. D. GENTRY, M. D., MEMPHIS, TENNESSEE.

My mind was first called to the subject of animal magnetism and its use in relieving pain, by reading the work of Dr. Lutze, of Germany, two years ago. That distinguished physician wrote:

“Every one who frequents my clinic has seen that the most violent pains often yield to a pass with my hand, to a breath, to a mere word, hence to the *power of the will*; that even ailments which had lasted for years, frequently cease suddenly and even permanently.

This is a gift of God which cannot be acquired by study or compre-

hended by the reason, but which has a real existence although depending upon faith and the will. We have to believe that man is capable of such a power, and that it is bestowed upon him by God's omnipotence. If this faith is accompanied by the firm will of relieving an afflicted brother, I may then either impose my hand or make a pass, or simply extend the hand, or breathe upon him, or speak a word, and the pain will cease."

Being impressed with the usefulness of such a power, and reading a plain declaration of an honorable and respectable physician, like Dr. Lutze, that there was such power, I determined to investigate and if possible attain it. I thought of it much and came to the conclusion after two or three trials and failures, that, as it was not natural with me, it could only be attained by practice. At every opportunity I practiced it, until finally nearly one year ago, I was called to see a lady, Mrs. M., aged twenty-seven, who had been suffering very greatly for three days with a *Glonoine* head-ache. She had been a great sufferer, indeed, once every month since the age of fourteen, and getting worse and suffering longer at each return. I gave her a few pellets of the remedy, and seating myself at her side placed my hands over and on either side of the forehead. In three minutes she remarked that her head felt better already. I commenced slowly passing my hands from the forehead toward the shoulders, holding my arms and wrists stiff at each pass, as if exerting a power. In two minutes more she was free from pain. In fifteen minutes more it returned, but not so severe. Again I used my hands and in less than three minutes the pain was all gone and did not return for nearly three months. Again I relieved her in the same manner, and she has been free from any head trouble since. This power in connection with the Homœopathic remedy cured the case. The power was attained by daily practice, and since then I have used it frequently and in every case quite as satisfactory.

Two other cases I will mention as the most interesting. In January last I was called to see Miss S., aged twenty-one, had dysmenorrhœa, and was suffering the greatest pain in the left ovarian region; had been so for four days and without sleep or any rest. Two well known Allopathic physicians had attended her and given massive doses of *Quinine* and other remedies, but failed to relieve the patient. Various other Allopaths had attended her during previous attacks—she having suffered for eight or ten days at each of her three previous monthly returns—but without relief. Her mother thought there was no hope for her this time, as she was suffering beyond endurance, and as a last resort she thought she would try Homœopathy. On entering the room she was screaming and wringing her hands declaring she could not stand that pain any longer, she would rather die. I exhibited *Lachesis* 3x, and applied my right hand to part directly over the pain and left to forehead. In fifteen minutes she was perfectly easy and asleep! In thirty minutes the pain returned and she awakened. Again I applied my hands and in a few minutes she was again relieved and asleep. I waited an hour, no return, went home. The pain returned lightly next morning and again in the evening, but being sent for I quickly relieved

her each time with my hands. She took *Lachesis* every two hours during the next day and has had no return of the trouble, now four months.

The other case was treated two weeks since. Miss Y., aged seventeen, had menstrual colic; had been in great distress for two hours; her mother called me to give her a dose of *Morphine*. Told her I never gave *Morphine*, but would relieve her daughter directly. Applied my hands and in three minutes patient was fast asleep. Let her sleep twenty minutes, then awakened her by passing my hands. She wanted to know where she had been, and then what I had given her to put her to sleep.

Of course this power is far better than any anæsthesia, and I find that it can be used to great advantage wherever there is pain, and especially in parturition. Not a day now passes but what I relieve some poor sufferer by it. I trust my brother practitioners will try to cultivate and exercise the power, and that they will report success through THE U. S. MED. INVESTIGATOR.

Hospital Department.

SOME FACTS ABOUT CHOROIDITIS.

EXTRACTS FROM AN ARTICLE, "CONTRIBUTIONS TO THE DIAGNOSIS OF CHORODITIS, AND ITS INFLUENCE ON THE SIGHT." By Dr. Otto Bergameister (Assistant in Professor von Arlt's clinic), (*Archiv für Ophthalmologia*, Bb. 20, Abth. 2).

The author first speaks of the various forms of this inflammation as given by the different authorities. He then asks three questions: (1.) How far does the diagnosis depend upon the pathological changes? (2.) What relation has the acuteness of vision to the ophthalmic picture? (3.) To what extent are we able to make our prognosis from these views?

To the first point, Schweigger says the ophthalmoscopic picture depends in a high degree upon the relation of the choroidal epithelium, and that our diagnosis is based in all cases upon the changes visible in the pigment layer of the choroid. He now speaks of the most frequent appearances of a fresh choroiditis, the white or yellow spots of exudation showing as absence of pigment, elevated, spots irregular, sometimes isolated and sometimes not, they come through the different stages till at last they terminate in atrophy. One case he saw run its course through all the different stages, and terminated in atrophy

within fourteen days. The black spots (hypertrophy of the pigment layer) found in the fundus either in connection with the white spots or separate from them, have a constant influence over the corresponding portion of the field of vision. The influence which the disseminate form of choroiditis has over the sight is of two kinds: (1.) scotomata. (2.) universal deterioration of the sight.

The deterioration from circumscribed atrophied spots is never so great as that occurring from the exudation form, though these spots may injure the sight from their deleterious effect upon the external layer of the retina. The local disturbance may also be due to hyperplasia, or to interference in the circulation.

The appearance of clear, white, or colored phosphenes always coincides with the appearance of numerous fresh spots, which are very unfavorable to the patient, as they serve to decrease the sight. Of importance is the wavering of dark spots or clouds, which lie as a mist over objects situated in corresponding parts of the field of vision. This is especially so when found in the macula lutea, as it then causes great decrease of the central vision, compelling the patient to receive the image on an eccentric portion of the retina.

The patient can distinguish objects better, to a certain degree, through this dark mist in a bright illumination, showing a dulling of retinal sensibility in a circumscribed spot. This dark mist, which waves before the patient, clears up in many cases, causing an improvement in the vision, which may even return to the normal. Upon the other hand, we can point out cases of choroiditis disseminate simplex, where there is no break in the field of vision, and where, for a long time, there has been only slight disturbance of the sight, in fact, being nearly normal, when very quickly a sudden sinking of vision occurs.

For this sudden sinking of vision, there are two reasons: *Either inflammatory changes in the choroid are appearing in the vicinity of the papilla, or there is an extension forward of the disease toward the periphery, that is, from the equator of the ball to the anterior end of the choroid. Choroiditis with good vision can only exist when the changes are in the middle zone, between the equator and posterior pole of the fundus, without encroaching upon the point between the papilla and macula.*

The appearance of fresh spots of choroiditis around the optic disk is characterized by two changes: First, hyperæmia of the optic nerve, which is recognized by its deep redness and sharp borders, with a light gray dimness of the nerve tissue, or by a grayish-red striation of the nerve, with dimness of its outlines (Manthner). This hyperæmia is due to the connection between the vessels of choroid and optic nerve (Leber). *The quicker the hyperæmia disappears the sooner will sight return, and the longer it remains the greater influence it will have over the vision, and this will become permanent.*

The second change we observe when the inflammation is increasing around the papilla, thus causing a rapid deterioration of the sight, is dimness of the vitreous in its posterior portion, which takes the form of flocks, threads, membranes, etc.

Sometimes we find remarkable extension of the disease without any

trace of dimness in the vitreous. Now, what is this dimness of the vitreous due to? From the many cases observed, he believes there are two reasons. *One is owing to the localization of choroidal atrophic spots near the papilla, and consequently certain disturbance of the sclerotic circle of vessels.* A confirmation of this is to be found in the dimness of the vitreous, which arises as a constant symptom in sclerotic choroiditis post. as a result of high degrees of myopia when the disease is extending. In the above is to be found more or less congestion of the optic nerve, which terminates in atrophy.

In a second series of cases we find a great diminution of vision when the inflammation extends forward, therefore *the further forward the spots of choroidal inflammation appear, the nearer they come to the corpus ciliare, the more certain are we to have dimness of the vitreous and deterioration of the sight.* Forster observes that in the areolar form, the vitreous is usually clear, except when there is injection of the episcleral vessels, then there is dimness.

The dimness of the vitreous when the inflammation extends forward is generally finer and better seen by a very weak illumination. *In this form of choroiditis the inflammatory process occasionally extends forward to the ciliary body, and even to the iris.* So when the opacities in the vitreous are in the anterior part and due to a stagnation in the corpus ciliare, we have finally a precipitant on the membrane of Descemet synechia and exudation into the pupil. This form is especially seen when dependent upon constitutional syphilis.

The writer here speaks of the circumscribed forms of exudative choroiditis, and how it appears different from atrophic spots; also that this form is usually of syphilitic origin.

When this exudation takes place in the choroid, the outer layers of the retina are, without doubt, affected, thus causing a blunting of its sensitiveness in circumscribed spots (positive scotoma). This is especially observed when situated in the macula lutea, and in this form a constant dark spot is to be seen on a white surface, which is especially marked in a weak light, when it is quite dark; while upon the other hand, when in a bright light, it becomes comparatively quite transparent from the centre to its borders. When the scotoma is due to a real exudation into the macula lutea, the spot appears dark, even in the brightest light, and is also projected further from the eye, so looks larger, and therefore distant vision is more decreased relatively than near vision. On the same point in the field of vision a colored disk or ring is also seen when both eyes are closed; this is first of a trembling clear point, which upon longer closure takes a constant color (blue or green). This chromopsia is increased if the eye has previously been exposed to a bright light. In central scotoma metamorphopsia is usually present.

In choroiditis the patients often complain of a pressing pain, and if the inflammation is confined to the anterior part it is usually sensitive to touch. When the exudation becomes absorbed the scotoma improves, though we can generally find a gap in the field of vision. The appear-

ance of exudation spots does not necessarily produce opacities in the vitreous.

A rarer and more dangerous form of choroiditis is characterized by expanded, flat-shaped, white, glistening exudation around the optic nerve and in the macula lutea. Schweigger thinks that this white mass is situated on the upper surface of the choroid, is of a serous nature, and infiltrated into the outer layer of the retina. Many authorities think this is of a syphilitic nature, and describe it as diffuse choroideo-retinitis. The symptoms are very severe and liable to extend over the whole uveal tract, and so cause destruction of the eye. After the vitreous has cleared up we see the glistening masses of exudation left behind, though they may become absorbed, but leave behind scotomata.

The loss of vision is very great and permanent in this form, therefore the prognosis is very unfavorable. The writer mentions five cases, all, without doubt, due to syphilis, which had been under observation from six months to two years. One terminated in occlusion of the pupil. In three the glistening exudation and scotoma remained, so that figures could be counted only eccentrically. In the fifth case the white mass became absorbed, though a central scotoma remained behind.

A fourth form of choroiditis is characterized by atrophic circumscribed spots extending from the equator toward the posterior pole, with pigmentation of the retina, thus causing contraction of the field of vision, hemeralopia, etc. The prognosis he considers bad, as he has never seen any improvement, only brought to a stand-still. It usually terminates in atrophy of the nerve and opacities of the vitreous. This form differs in several respects from the true retinitis pigmentosa.

The following points he now gives regarding the influence of the various forms of choroiditis upon the sight:

1. The usual atrophic form of choroiditis may run its course with no deterioration in the sight, only when it is confined to the middle zone. The prognosis depends upon the extension of the disease by the formation of new spots. If it extends toward the papillea the vision is impaired by disturbance of the circulation in the nerve, and dimness of the posterior portion of the vitreous. If it extends forward the loss of vision is due to opacities in the anterior portion of the vitreous.

2. When we have circumscribed exudation on the upper surface of the choroid, it causes local disturbance, leaving behind scotomata, photopsia, chromopsia, and metamorphopsia. The degree of the disturbance to vision depends upon the extent and situation of the spots.

3. The loss of vision is greatest when the exudation is near the posterior pole, and of such character that it is with difficulty absorbed, and also when there has been an infiltration into the outer layers of the retina from more or less extension of the disease through the whole uveal tract. The optic nerve can hereby suffer disturbance in the circulation, which goes on to atrophic degeneration. The central vision is decreased by a scotoma when the glistening exudation persists in the posterior pole.

4. When the retina is pigmented in choroiditis, which extends from the æquatorial zone toward the posterior pole, we have contraction of the field of vision, and usually hemeralopia, while the central vision may remain good for a long time, even though the nerve has at an early period taken on an atrophic appearance.

NEW YORK CITY.

GEO. S. NORTON.

Society Proceedings.

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF MICHIGAN.

The sixth annual meeting of the Homœopathic Medical Society of the State of Michigan commenced at Mechanics' Hall, on the corner of Griswold street and Lafayette avenue, Detroit, May 18th. Dr. Robert King, of Kalamazoo, president of the society, in the chair.

The general secretary and treasurer, Dr. I. N. Eldridge, of Flint, then read the minutes of the last annual meeting, held at Jackson, which were approved.

The President delivered an address, during which he paid a feeling tribute to the memory of the late Dr. E. H. Drake, of Detroit, who was a prominent member of the society. The doctor also touched upon the university question, the difference of opinion which has existed, politically and otherwise, among the practitioners of Homœopathy, and expressed the hope that everything would be amicably adjusted, and that at the close of the convention not a vestige of old strifes, feuds, or personal difficulties would remain. He counseled co-operation and hoped harmony would reign.

The Doctor placed implicit confidence in President Angell, of the university, and felt convinced that his position is a friendly one toward the Homœopaths. Let us unite and persevere, in order that we may eventually realize our highest hopes.

The following committees were then appointed:

Obituary—Drs. T. F. Pomeroy, F. Woodruff, and I. N. Eldridge.

Auditing Committee—Drs. T. F. Pomeroy, I. Dever, and A. I. Sawyer.

Board of Censors—Drs. I. N. Eldridge, A. I. Sawyer, I. Dever, A. A. Bancroft, and W. J. Calvert.

The President announced that Dr. F. A. Rockwith, of East Saginaw, was present as a delegate from the New Jersey State Medical Society.

The following persons were reported upon favorably by the board of censors and were admitted as regular members of the society: Drs. A. B. Cornell and J. A. Patrick, of Kalamazoo; Charles Hastings, J. C. Harrington, and E. A. Lodge, of Detroit; DeForest Hunt, of Grand Rapids; F. A. Rockwith, of East Saginaw; D. D. Bartholomew, of Holly; Henry M. Warren, of Jonesville; O. Q. Jones, of Hanover; R. B. House, of Tecumseh.

Dr. Benjamin F. Bailey, Jr., presented credentials from the board of censors of the Michigan Institute of Homœopathy as their representative to the convention, giving him power to arrange for the consolidation of the two societies.

After a prolonged debate upon the subject it was finally resolved to consolidate the societies upon the condition that the Homœopathic Institute transfer all its property to the State Homœopathic Society, and resign its name and organization. All members in good standing will be received in the mother society without the necessity of paying a membership fee.

The secretary and treasurer of the society, Dr. I. N. Eldridge, submitted his annual report, from which it appeared that the balance in the treasury amounts to \$44.10.

The meeting then adjourned until 8 P. M.

EVENING SESSION.

A committee consisting of Drs. Rockwith, Calvert, and Lodge, was appointed by the chair to submit a report at 11:30 to-day upon the recent passage of an act by the legislature establishing a chair of Homœopathy at the State University.

An election of officers to serve for the ensuing year was then held with the following result:

President—Dr. A. I. Sawyer, Monroe.

First Vice-President—Dr. F. Woodruff, Detroit.

Second Vice-President—Dr. L. M. Jones, Brooklyn.

General Secretary and Treasurer—Dr. Isaac N. Eldridge, Flint.

Corresponding Secretary—Dr. Isaiah Dever, Dexter.

Board of Censors—Drs. M. Rorabacher, E. A. Lodge, T. F. Pomeroy, F. A. Rockwith, C. Hastings, W. J. Calvert.

Pending the election the president read the appointments for the reading of papers on medical subjects at the semi-annual convention, which is to be held at Lansing, in November, as follows:

Aural Surgery—Dr. A. I. Sawyer.

Microscopy—Dr. R. King.

Cerebro-spinal Meningitis—Dr. M. Rorabacher.

Medical Uses of Electricity—Dr. E. B. Graham.

Office Methods—Dr. E. A. Lodge.

Pathological Anatomy of the Kidneys—Dr. R. B. House.

Scarlatina—Dr. Charles Hastings.

Water in Treatment of Dispepsia — Dr. J. M. Long.

Ventilation — Dr. J. H. Wattles.

Alcohol in Disease — Dr. B. F. Bailey.

Extra Uterine Gestation — Dr. T. W. Robertson.

Climate in Relation to Health — Dr. L. M. Jones.

Uses of Milk in Disease — Dr. A. A. Bancroft.

Dr. I. N. Eldridge, of Flint, then read a paper on diseases of the ovaries, which was very attentively listened to by those present, and at its conclusion a vote of thanks was tendered the doctor.

A motion to rescind the resolution offered in the early part of the evening relative to the reading of papers at 11:30 to-morrow morning was carried, whereupon Dr. Rockwith, on behalf of the committee on the university question, submitted the following resolutions:

Resolved, That the Homœopathic Medical Society of the State of Michigan have full confidence in the integrity of the Board of Regents of the University of Michigan, and trust that they will in good faith and full regard to equity and justice immediately proceed to the full establishment of a Homœopathic college or department at Ann Arbor, on the University grounds.

Resolved, That this Society is willing to leave it entirely to the Board of Regents to establish such college, with such regulations as in their judgment will meet the requirements of the acts of the Legislature, and appoint such professors as will honor the institution under their charge.

Resolved, That a copy of these resolutions be sent by our secretary to the honorable Board of Regents.

Dr. Bailey, of Detroit, thought that it would not be policy to throw a fire-brand among the Regents. He was convinced that if let alone they would do everything in their power to aid the cause of Homœopathy at the university. He counseled caution and prudence, and hoped that the society would not dictate to the Regents, nor do anything that would injure the objects of the society.

Dr. Calvert did not think that the resolution was at all dictatory, but recognized in a broad sense what the Regents have already done, and that implicit confidence is placed in their acts.

Dr. Rockwith was not in favor of arousing any more ill-feelings, but wanted Homœopathy to stand upon its own merits side by side with other schools of medicine.

After a lengthy discussion as to the merits and demerits of the resolutions they were finally adopted unanimously.

During the discussion the resolutions adopted by the Board of Regents for the government of the Homœopathic department were read.

Dr. Sawyer offered a resolution of thanks to Hon. Charles Rynd, of Adrian, for his services in the interest of Homœopathy, and for the establishment of a chair and department in the Michigan University.

The meeting then adjourned until next day at 9 A. M.

SECOND DAY.

Dr. W. J. Calvert, of Jackson, First Vice-President of the Society, presiding. Dr. Bailey, of Detroit, acted as secretary.

Dr. I. Dever, of Dexter, read a paper entitled "Review of Leadam on Diseases of Females." The paper, though brief, was scientifically handled, and at its conclusion a vote of thanks was tendered the doctor. Drs. Calvert, Dever, Sawyer, Ellis, Bailey, Hastings, and Eldridge, then entered into an informal discussion on the subject of certain diseases, during which individual cases were described and much valuable information was exchanged.

Drs. Eldridge and Sawyer were appointed a committee to revise the appointment for the reading of papers.

At 11 o'clock the society adjourned to the Council chamber for the purpose of listening to the annual address of the President, Dr. Robert King, of Kalamazoo, but owing to the slim attendance it was resolved to postpone the delivery of the address until half-past 1 o'clock in the afternoon.

AFTERNOON SESSION.

At 2:30 o'clock the society assembled in room 12, Mechanics' Hall, President King in the chair.

It was decided to present the following papers at the next semi-annual meeting at Lansing :

- The Elementary Principles of Medicine — Dr. T. F. Pomeroy, Detroit.
 Ophthalmology — Dr. F. A. Rockwith, East Saginaw.
 Surgery of Cancerous Tumors — Dr. A. I. Sawyer, Monroe.
 Importance of a Mixed State Board of Health — Dr. I. N. Eldridge, Flint.
- Ethics of the Practice of Medicine — Dr. F. Woodruff, Detroit.
 Retained Placenta — Dr. W. J. Calvert, Jackson.
 Cerebro-Spinal Meningitis — Dr. M. Rorabacher, Litchfield.
 Gynecology — Dr. R. King, Kalamazoo.
 Typhoid Fever — Dr. Geo. H. Robertson, Chelsea.
 Hepatitis and the Sequelæ — Dr. A. J. Adams, Flint.
 Extra Uterine Gestation — Dr. Thomas W. Robertson, Battle Creek.
 Rose Colds or Hay Fever — Dr. L. M. Jones, Brooklyn.
 Intermittent Fever — Dr. J. B. Hyde, Eaton Rapids.
 Relations of Drainage to Disease — Dr. Charles Hastings, Detroit.
 The Mission of the Physician — Dr. E. A. Lodge, Detroit.
 Diseased Articular Cartilage — Dr. B. F. Bailey, Detroit.
 Pecuniary Remuneration of the Physician — Dr. A. B. Cornell, Kalamazoo.
- Puerperal Fever — Dr. J. A. Patridge, Kalamazoo.
 Membranous Croup — Dr. J. T. Harrington, Detroit.
 Thermometry of Apyrexia — Dr. DeForrest, Grand Rapids.
 Urinary Analysis — Dr. Henry M. Warren, Jonesville.
 Differential Diagnosis of Insanity — Dr. D. D. Bartholomew, Holly.
 Differential Diagnosis of Scrofula and Mercurial Cachexy — Dr. O. Q. Jones, Hanover.
- Tuberculosis of the Kidneys — Dr. R. B. House, Tecumseh
 Dentition — Dr. W. D. Clark, Monroe.
 Materia Medica — Dr. I. Dever, Dexter.

The following preamble and resolutions were then submitted by the obituary committee, consisting of Drs. Pomeroy, Eldridge, and Woodruff:

WHEREAS, It has pleased an inscrutable Providence to remove from the Society and from the profession at large one of its most valued members in the person of Dr. Elijah H. Drake; and

WHEREAS, Both by the nature and suddenness of this occurrence the loss is made doubly calamitous; and

WHEREAS, The subject of these resolutions was favorably known to and generally esteemed by the members of this Society; therefore be it

Resolved, That, submitting in humility and sorrow to this dispensation of a Divine Providence, we hereby express and tender our sincerest sympathy to the bereaved family of the deceased, who have by this sad event lost an exceptionally exemplary husband and father.

Resolved, That the secretary of the Society is hereby instructed to spread these resolutions upon the records, and to transmit a copy of the same to the family of the deceased and to such of the Homœopathic journals as he may select.

Dr. King, the retiring president of the society, then presented his annual report. The paper was replete with valuable information for the profession and was listened to with marked interest. At its conclusion a vote of thanks was tendered Dr. King. A few slight changes proposed by Dr. Rockwith, of East Saginaw, were accepted. The report was then unanimously adopted.

Mrs. Dr. Ellis extended the hospitalities of her residence to the members of the convention, which invitation was appropriately acknowledged.

Dr. Rockwith's paper, entitled "The Clinical and Exegetical Contributions to the Tissue Remedies," and Dr. Woodruff's "Review of Homœopathy and its Relations to Pharmacy," were referred to the publishing committee.

Drs. Eldridge, Sawyer, Pomeroy, and Woodruff, were appointed delegates to the American Institute.

Dr. Pomeroy was appointed a delegate to the next annual meeting of the New York State Homœopathic Society, which will be held next September.

It was resolved to hold the next semi-annual meeting the third Tuesday in November at Ann Arbor, and the next annual meeting at East Saginaw.

A vote of thanks was then tendered to the retiring president for the able and efficient manner in which he had conducted the business of the society for the past two years; also to Dr. Ellis, the Common Council of Detroit, and the citizens in general for the courtesies extended.

The convention then adjourned.

In the evening a number of the visiting physicians were entertained by Doctor and Mrs. Ellis, at their residence on Adams avenue.—*Detroit Paper.*

VERMONT HOMŒOPATHIC MEDICAL SOCIETY.

The twenty-fifth annual meeting of this society was held at the State House, in Montpelier, on Wednesday, June 2d. The meeting was called to order by the President, C. H. Chamberlain, M. D., of Barre, and the records of the semi-annual meeting, held in Burlington, were read and approved.

The Committee on State Board of Health reported that it had seemed inexpedient to bring the subject of the establishment of such a Board before the last Legislature; but that they should urge further action at the proper time. The committee also showed the necessity for securing equal Allopathic and Homœopathic recognition and representation in the appointment of all public medical officers, particularly in the organization of all State and local Health Boards.

The Board of Censors reported favorably upon the following physicians, and they were duly elected to membership: Miss Jane A. Rich, M. D., of Richville; C. A. Jackman, M. D., of Morrisville.

The Bureau of Surgery was then opened, and several interesting cases reported by Drs. H. C. Brigham, James Haylett, Van Deusen, and others. An interesting discussion followed upon the surgical and medical treatment of cancer. The report of this Bureau showed that while the members of the society considered many of the so-called surgical diseases to be amenable to medical treatment, some of their number were not wanting in the manual skill of the surgeon.

The regular order of business was then suspended to allow some remarks from Dr. G. N. Brigham, who said: "The American Institute of Homœopathy will meet in Philadelphia in 1876, as the World's Homœopathic Convention, and it is greatly to be desired that this society shall do its full duty in seeing that Vermont is properly represented upon that occasion. It is especially necessary that a history of Homœopathy in Vermont should be furnished, showing its introduction and progress, with biographical sketches of its early pioneers."

The following physicians were elected to do the work of their respective sections: M. G. Houghton, of St. Johnsbury, for Northeast Vermont; S. H. Sparhawk, of Gaysville, for Windham and Windsor counties; T. R. Waugh, of St. Albans, for Franklin and Grand Isle counties; S. Worcester, of Burlington, and A. E. Horton, of East Poultney, for Chittenden, Addison, Rutland, and Bennington counties; N. H. Thomas, of Stowe, and J. M. Sanborn, of Hardwick, for Orleans and Lamoille counties; J. H. Jones, of Bradford, for Orange county; and G. N. Brigham, of Montpelier, for Washington county.

The Bureau of Proving was next in order, and after the report it was resolved that during the present year the society would prove such drug as may be chosen for that purpose by the American Institute, and the chairman of the Bureau was requested to procure and distribute such drug for proving.

The society then adjourned to dinner, and at 1:30 was again called to order.

The Board of Censors, through Dr. Brigham, made a supplementary report, saying that they had considered an application for membership, but recommended that the society take no action upon it at present. The report was accepted.

The Bureau of Obstetrics was then called up, and Dr. Waugh, of St. Albans, reported an interesting case of labor.

Dr. J. M. Sanborn extolled the method of delivering the placenta advised by Dr. Thomas, of New York, and said that he had been very fortunate in escaping hæmorrhage and other after troubles. A discussion followed as to the best methods of delivering the placenta.

Dr. E. B. Whitaker, of Hinesburgh, reported a case of labor fatal to both mother and child; the woman had previously had eleven children, and was forty years old. The child weighed sixteen pounds.

Dr. Jackman reported the following case coming to his knowledge: A woman gave birth to a child weighing five pounds, and in seventeen days to another weighing eight pounds.

The Bureau of Clinical Medicine was then opened, and a case of interest was presented by Dr. Chamberlin, of Barre. The patient showed entire loss of motion and feeling in the right arm, the trouble following a severe injury of the shoulder; the discussion of the case elicited remarks of interest from the members present.

Dr. Worcester, of Burlington, read a paper reporting a case of mental aberration as illustrative of the manner in which medicines act Homœopathically.

Dr. Whitaker, of Hinesburgh, reported an interesting case of scarlatina.

Dr. Thomas, of Stowe, related several cases of scarlatina, and called especial attention to the cerebral paralysis with which it is sometimes complicated.

The Bureau of Psychological Medicine was then taken up, and a paper read by Dr. Worcester upon Heredity as a Cause of Insanity. The paper showed the extensive part taken by heredity in the causation of mental and nervous diseases, and also the different ways of manifestation, showing itself as insanity, epilepsy, chorea, hysteria, deaf-mutism, general paralysis, etc.

The Committee on Nominations reported the following to serve as officers the coming year, and they were unanimously elected:

PRESIDENT — C. H. Chamberlin, M. D., Barre.

VICE-PRESIDENT — A. E. Horton, M. D., East Poultney.

SECRETARY AND TREASURER — S. Worcester, M. D., Burlington.

CORRESPONDING SECRETARY — H. C. Brigham, M. D., Montpelier.

CENSORS — J. H. Jones, M. D., Bradford; J. M. Van Dusen, M. D., Waitsfield; T. R. Waugh, M. D., St. Albans.

AUDITORS — N. H. Thomas, M. D., Stowe; Jas. Haylett, M. D., Moretown.

Dr. G. N. Brigham, of Montpelier, was appointed delegate to the American Institute of Homœopathy, session of 1875.

Delegates were also appointed to the Homœopathic Medical Societies of New York, New Hampshire, and Massachusetts.

Upon motion a vote of thanks was passed to Mr. Clark, of the American House, and the Vermont Central Railroad Company, for favors received.

Several of the members were accompanied by their wives, which added to the social features of the meeting.

The society then adjourned.

SAMUEL WORCESTER, M. D., Secretary.

THE TEXAS HOMŒOPATHIC MEDICAL ASSOCIATION.

This Association met at the office of Drs. Blake & Parker, in Houston, Wednesday, May 12th.

Present.—Dr. H. C. Parker, president; Drs. E. H. Blake, J. H. Blake, Fountain Jones, C. F. Springer, and W. M. Mercer.

The minutes of the last meeting were read and adopted. The reports of the secretary and treasurer were presented.

Dr. C. E. Fisher, of San Antonio, was unanimously elected a member of the association.

Dr. Jones, of the committee on legislation, presented a form of memorial to be addressed to the legislature. The committee on legislation appointed at the last meeting was continued with full power to act in the name of the association, and the above mentioned memorial together with that prepared by Dr. Parker, were referred to said committee.

The committee on the "History of Homœopathy in Texas," and the committee on "Constitution, By-Laws, and Platform" were continued for another year.

ON LIFE INSURANCE.

Dr. Jones presented a correspondence between A. Moutfort, of Waco, Texas, agent of the Southwestern Life Insurance Company, on the one part, and A. M. Johnson, superintendent of agencies, and T. W. Wiley, M. D., medical director of said company, on the other part, from which it appeared that a medical examination made by Dr. Jones was returned "disapproved, and from the fact that he is a Homœopath," notwithstanding the said medical director had expressed his entire satisfaction with several previous examinations made by Dr. Jones. The said agent was further informed that the company had determined to adhere to the rule "not to employ any irregular physician as an examiner." The following resolution was adopted as expressing the sense of the association in reference to the said correspondence.

WHEREAS, The Southwestern Life Insurance Company has said through its medical director and superintendent of agencies that they will accept no risks examined by Homœopathic physicians, therefore

Resolved, That as an association and as individuals we will exert our influence in opposition to the said Southwestern Life Insurance Company and all other companies manifesting the like illiberal spirit.

The following resolution, presented by Dr. Jones, was also adopted :

Resolved. That the Homœopathic Mutual Life Insurance Company of the City of New York is hereby requested to extend its operations to the State of Texas, and that we pledge our best efforts to promote the success and guard the interests of the said company should this request be complied with.

AID TO THE WESTERN ACADEMY.

A communication was read from J. M. Kershaw, M. D., general secretary of the Western Academy of Homœopathy.

The secretary was instructed to make a suitable reply expressing our interest in the Academy as a western institution, and our desire to cooperate with it in promoting the cause of Homœopathy in the west.

The subject of establishing a

HOMŒOPATHIC HOSPITAL

for chronic diseases, and of selecting a location for it was discussed at considerable length; and the fact was made known to the association that through the liberality of a friend of the cause, a strong probability exists of a sufficient sum of money being obtained to render this enterprise a success. In regard to the location it was regarded by all that it ought to be located in the western part of the state, owing to its exemption from malarious diseases, and the well-known remarkably beneficial influence of its climate upon pulmonary affections.

The following resolution was adopted :

Resolved. That Drs. H. C. Parker, E. H. Blake, and W. M. Mercer, be and they are hereby appointed a committee with authority to select and purchase suitable grounds, of such extent as they may deem advisable, on which to erect a hospital for this association, and that they be instructed to report at the next meeting.

The following officers were elected to serve for the ensuing year :

President—Dr. H. C. Parker.

Secretary—Dr. W. M. Mercer.

Treasurer—Dr. J. H. Blake.

Essayist—E. P. Angell.

Board of Directors and Trustees—Drs. H. C. Parker, E. H. Blake, James Angell, P. P. Cluff, F. Jones, W. M. Mercer, and H. F. Pahl.

The Association then adjourned to meet at the same place on the the third day of the State Fair for the year 1876.

W. M. MERCER, Secretary.

Society Announcements.

The Chicago Academy of Homœopathic Physicians and Surgeons meets Thursday evening (July 8th and 22d), in the Tremont House.

The New York County Homœopathic Medical Society meets the second Wednesday evening of the month, in the Ophthalmic Hospital.

The Philadelphia Homœopathic Medical Society meets the second Thursday evening of the month, at the college.

The Hahnemann Academy meets on the fourth Wednesday Evening of each month, at the Ophthalmic Hospital Building, corner Twenty-third street and Third avenue, New York.

THE
UNITED STATES
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

New Series, VOL. II., No. 2. — JULY 15, 1875. — Whole No. 146.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

MANITOWOC, Wis., June 16.—I have nothing remarkable to report up here in a medical way, but would like to say something through your widely circulated journal, if satisfactory to you, in regard to this place as a health resort during the heat of summer; as I know you all are interested in knowing what to do with your exhausted, sick babies, when nothing but change of climate offers any hope of relief.

Here is a city, easily reached by cars or steamers, where those even in limited circumstances can afford to live, and is remarkably healthy; and it is wonderful how debilitated and worn out patients, especially children, improve during the summer and fall when brought here from large cities south of here. I do not think there is another place in the whole northwest that equals it as a resort for invalids during the summer, and this is the verdict of those who have come here from other places. It is cool, clear, and bracing, giving to new-comers a voracious appetite, and sweet sleep at night.

No particular pains have been taken to make this place known as a resort during the hot season, yet it is visited every year by a great many health seekers, who find pleasure in fishing and hunting along the two rivers that find the lake at this point, and in rowing and sailing on the revers' bay. We have fine parks and natural scenery equal to that of many of the better known resorts, Hotel advantages are good. The Windiate House, situated near the lake, with pleasant grounds for croquet, is being fitted up to specially accommodate visitors and summer boarders. Many private families make special arrangements to accommodate such visitors during the summer, so that there is no lack of accommodations. A stay here of a few weeks is almost a sure cure for the exhausting summer diseases of children. Improvement begins at once and continues without any medical treatment whatever. Where the debility does not depend upon pulmonary disease, adults meet the same good results, and even if there is lung trouble many gain strength by a summer's sojourn here, the bracing clear air seeming to tone them up wonderfully. R. K. PAINE.

ALBION, N. Y., June 21.—Every number of THE UNITED STATES MEDICAL INVESTIGATOR receives a hearty welcome to my table and office—as it deserves, I wish it the most extensive circulation. Western New York has been visited for the last several months with an unusually fatal epidemic of scarlet fever. At Buffalo, Lockport, Brockport, and Rochester it raged fearfully for a time, but now it seems confined to this county and almost to this village. Its peculiar characteristic is its malignity and sudden fatality. The ratio of death between Allopathy and Homœopathy is ten to one. I have lost one case and it did not live twenty-four hours after it was taken; the rash came out about an hour before he died. In most cases *Aconite 1*, and *Bell. 3*, will clear the track. I most heartily approve and endorse the just criticism of Dr. Gallinger on reports of diphtheria, membranaceous croup, and I may add puerperal fever. An experience of twenty-five years has taught me that genuine cases of these diseases are very rare. Our endemic diseases are catarrhal, bilious, and pulmonary. Homœopathy is gaining ground every day. Again I say success to THE INVESTIGATOR. A. L. L. POTTER.

ROTHELN IN BOSTON.

DEAR INVESTIGATOR: Dr. Cushing, of Lynn, says, "nearly every case of measles has been in those who say that they are certain they have had them before." I would inquire if it is not barely possible that the doctor has mistaken rotheln for measles? On pages 312 and 364 of THE INVESTIGATOR, Prof. L. Thomas, Leipsic, gives a very accurate description of the disease. It has prevailed here to a great extent during the past winter, and various names have been given it by different physicians, viz.: "Dutch measles," "roseola," "spurious

measles," etc. The first case seen by the writer was unhesitatingly pronounced measles, much to the surprise of the parents who felt confident that the child had previously had the measles. The next day I was called to attend four children in one family, all apparently sick with measles and yet they all previously had the measles. My diagnosis of the case of the previous day was changed; rotheln substituted. For a few weeks following, the disease was very prevalent in this and adjoining cities.

J. H. SHERMAN.

BOSTON, June 7.

SMALL-POX SUCCESS IN SYRACUSE.

Dr. William Henry Hoyt, Homœopathic city physician, at a meeting of the board of health held May 15th, submitted the following report of the small-pox cases in the city, which have come under his charge since his appointment, March 1st :

Cases reported March 1st	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17
Reported to date, May 15th	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	49
Total,	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	66

Of which forty-eight cases recovered and eighteen cases died.

Thirty-seven cases were treated Homœopathically and only six died.

Twenty-four cases were treated non-Homœopathically and ten died.

Five cases reported no medical attendance, two died.

There were under	1 year	3 cases	2 died.
Over one year and under	5 years	17 "	4 "
Over five years and under	10 "	12 "	2 "
Over ten years and under	20 "	11 "	5 "
Over twenty year and unders	30 "	10 "	2 "
Over thirty years and under	40 "	4 "	1 "
Over forty years and upwards		9 "	2 "
Total,	-	-	-
		66	18

Medico-Legal Department.

PROCEEDINGS OF CANADIAN HOMŒOPATHIC PHYSICIANS.

THEY DEFINE THEIR POSITION.

At the adjourned meeting of Homœopathic physicians, held at the Derby House, in Hamilton, Ontario, on the twentieth of May, Dr. Lan-

caster, of London, was elected chairman, and Dr. Adams, of Toronto, secretary. The following resolutions were adopted, after considerable discussion, and ordered to be printed for distribution among members and the friends of Homœopathy :

Resolved—1. That, in view of the too general ignorance of what Homœopathy is, and the persistent misrepresentation and opposition of the dominant school, it is high time to make known our principles.

2. That we therefore express our cordial belief in the following teaching of the illustrious founder of our art, Samuel Hahnemann : “ That Homœopathy is a system of medicine, remaining always fixed in its principles as in its practice, which, like the doctrine whereon it is based, if rightly apprehended, will be found to be so exclusive (and, *in that way only*, serviceable) that, as the doctrine is pure, so must the practice be also, and all backward straying to the practice of the old school (whose *opposite it is*, as day is to night) is totally impossible, otherwise it ceases to deserve the honorable name of Homœopathy.”

3. That in view of this exposition by the great master of our art, we hereby express our unwavering conviction that any and all attempts to amalgamate Homœopathy with the therapeutic practice of the old or Eclectic system of medicine are impracticable in the *very nature* of things ; that though, in the further language of Hahnemann. “ some erring physicians, who would wish to be considered Homœopaths, engraft some to them more convenient Allopathic practices upon their nominally Homœopathic treatment, it is owing to ignorance of the doctrine, and, in addition, to unpardonable negligence in searching for the best Homœopathic remedy for each case of disease.”

4. That on further consideration of the *inherent* exclusiveness of Homœopathy as a system of treating disease, and its utter incompatibility with other systems (“ *whose opposite it is*”), we deeply deplore that the Honorable Legislature of Ontario should have deemed it expressive of their wisdom to deprive us of our much-prized privilege, the grant of a former government enjoyed by us during ten years — the exclusive right to examine our own candidates for practice according to the curriculum which by law had been given to us.

5. That the provision of the late Ontario Medical Act, whereby Homœopathists are admitted as members of the Medical Council, involves by our acceptance a compromise of principle, to which, though some have yielded and so taken their seats in the Council, they cannot be charged fairly with compromise, as this seemed to them the sole alternative — a seat in the Council or nothing — to such straits had the stratagems of our opponents suddenly reduced us. That these views are neither ultra nor at variance with those of medical men of the opposite school, may be gathered from the following portion of their own protest against the union we have reprobated — a protest largely signed and presented at the first meeting of the Council in Toronto after their amalgamation with Homœopaths and Eclectics by the Ontario Legis-

lature : " Whereas the coalition, in a Council, forced upon the medical profession with two other bodies known as Homœopathists and Eclectics, for the purpose of legislating in regard to questions involving the most vital principles of medical science, is viewed by nearly all the leading and thoughtful members of the profession as fraught with great danger, and likely to lead to the most pernicious consequences, alike subversive of the cause of science and of professional morality ; for if the views held by the great schools of the world are honestly embraced by the medical profession of this Province, and if the so-called theories of the other bodies are honestly held by them, they cannot be compromised by either for any mere expediency without dishonor."

6. That this compromise in an hour of emergency we regret, and we hereby decline any further overtures on the part of the Ontario Medical Council, and beg to express our unqualified disapproval of all such attempts to bring us together ; and any Homœopathist who shall hereafter take a seat in the said Council will be understood by this meeting to forfeit the confidence of our school.

7. That reverting to our principles, we hereby express our firm conviction that Homœopathy needs only to be known and tested practically to obtain universal favor.

8. That in order to diffuse such knowledge, we need a greater number of intelligent exponents — practitioners who, from patient study and close observation, have acquired such acquaintance with our art that they will conscientiously abide by its teachings.

9. That Homœopathy is not, as frequently alleged, a " hypothetical dogma," any more than the doctrine of gravitation as propounded by Newton ; that though Hahnemann first announced the principle that " diseases are curable best by such medicines as can produce on the healthy similar symptoms to those sought to be cured," as hypothetical, some forty years of his own subsequent observations, and that of the thousand others since, have raised the hypothesis to the sphere of indisputable truth.

10. That it is not a system adapted merely to the milder forms of diseases in women and children, as often stated by our opponents. That, on the contrary, it grapples boldly with all forms of human malady, even the most severe, and with a success that challenges comparison with any and all other systems combined.

11. That it neither ignores nor deprecates the fundamental branches of medical inquiry known as anatomy, physiology, chemistry, botany, toxicology, and hygiene, nor the noble arts of surgery and midwifery, in all of which none can present more eminent names than Homœopathy. That these are taught alike in both schools, and are identical in their practical application, but that to Homœopathy it is due to add, that by her medical treatment numerous cases are cured without the knife, where that mode of procedure is to other schools the only alternative, and that numberless lives have been saved after capital opera-

tions, where trumatic fevers have ensued — so often fatal in hospitals where Homœopathy is unknown. That to midwifery likewise, in all its stages and accompaniments, Homœopathy tenders its most wonderful aid, not excepting those justly dreaded scourges, puerperal fever and mania, from which — we speak advisedly — very few indeed need die were they under the potent treatment of this benign but much misrepresented art.

12. That Homœopathy, while agreeing with the old school in those points stated — where the administration of medicines is concerned thoroughly repudiates and rejects their theory and practice of medicine, with its *materia medica* and therapeutics, the study of which, as compulsory on our men, is so much time lost from our own *materia medica* and therapeutics, which demand very lengthened attention.

13. That Homœopathy is *the art of treating diseases by medicinal agents*, in which it claims to have discovered, not *a* but *the mode* — the *only* one by which medicines can be prescribed with accuracy and confidence, and diseases safely, thoroughly, and promptly cured without injury to the patient.

14. That a system of medicine of such pretensions is not to be crushed out by the opposition and misrepresentation of interested parties, however numerous and influential; and that Homœopathy demands, therefore, of the Canadian people the right to prove the truth of these claims in a fair, open field, without let or hindrance.

15. That the need of Homœopathy, as before stated, is a larger supply of competent practitioners; that the supply has always been limited, for during the ten years of the existence of our Board, only some seventy obtained recommendations to the Governor for license to practice, of whom some thirty have left for the States or elsewhere. The small number remaining in the Province has received no accessions since our Board was cancelled and merged into incompatible relationship with the Medical Council of Ontario, which has forced upon us a curriculum of study that demands of Homœopathic students nearly one-third more expenditure of time and money than is expected from men of other schools.

16. That this procedure of the Medical Council of Ontario tends to the gradual extinction of Homœopathy in the Province, and is in harmony with all their former and subsequent acts bearing on this question. That so well pleased are all parties but Homœopathists with the prospects, that the very men who protested most loudly against the "coalition," now sit silent admirers of its working, as destructive to that incubus of their day and night dreams — Homœopathy.

ALLOPATHIC VIGILANCE IN WISCONSIN.**STATE BOARD OF HEALTH.**

At the recent meeting of the State Medical Society (Allopathic), held in this city, Dr. Griffin, from a committee appointed to take measures to secure a law for the appointment of a state board of health, reported that thus far efforts had been unsuccessful, but the object was important and efforts should be continued. This was agreed to and Dr. Griffin reappointed chairman.

This action on the part of the society shows that they are determined to follow up this matter, and it behoves the Homœopathic physicians of Wisconsin to see that, at the meeting of our State Society in June, proper measures be taken to oppose the Allopaths in their efforts to effect legislation detrimental to our interests.

MIXED MEDICAL SCHOOLS.

Very many readers of *THE UNITED STATES MEDICAL INVESTIGATOR* are no doubt aware that at the last session of the state legislature, the property known as the Soldiers' Orphans' Home was donated to the State University for a medical school. The president of the university at the State Medical Society banquet, a few evenings since, spoke in favor of the establishment of a medical school as a department of the state university. He thought that in Michigan they had the correct idea in regard to allowing each of the two schools of medicine to be represented. This liberal view of the case did not suit the medical gentlemen however, and they not only opposed the establishment of a medical branch of the university at Madison, but passed the following resolution to show their disagreement with President Bascom :

Resolved, That this society express its disapprobation of any action looking to any mixed medical schools in connection with the State University.

At which resolution no Homœopath will be surprised. We promise our Allopathic brethren, however, that should there be a medical department created in the State University we shall make vigorous efforts to have it a "mixed medical school." C. R. NORTON.

MADISON, Wis. June 5.

Society Proceedings.

HOMŒOPATHIC MEDICAL SOCIETY OF MIDDLE TENNESSEE.

The regular meeting of the Homœopathic Medical Society of Middle Tennessee, for the month of May, was held on the evening of the 14th,

at the office of Dr. R. M. Lytle. The occasion was an interesting one, several clinical cases of great interest being presented by different members.

Drs. J. P. Dake and T. E. Enloe were appointed delegates, and Drs. Falk and Smith alternates, to represent the society at the meeting of the American Institute, June 15.

Before the society adjourned Dr. Falk stated that it had come to his knowledge that Dr. Lytle had received an appointment from the General Government as an examiner for pensions; that there was a Board of Examiners in the city, composed of three members, two of whom were Allopathic physicians, and the remaining one, Dr. Lytle, a Homœopathic; that they had met and counselled with each other in a harmonious manner, etc., etc. He further stated that he desired the character and standing of the Homœopathic Medical Society of Middle Tennessee to be preserved, and requested that a committee of investigation be appointed to investigate the conduct of Dr. Lytle, one of its members, in associating with Allopathic physicians.

Drs. Enloe, W. C. Dake, and Smith were appointed a committee to investigate the conduct of Dr. Lytle, and report May 21st, to which time the society adjourned.

On the 21st ult. the committee offered their report, and fully acquitted Dr. Lytle of any professional irregularity. The report was too elaborate to be inserted here, but as it has been ordered to be printed, will send you a copy as soon as I get it from the printer.

EUGENE R. SMITH, Secretary.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

INTERESTING SESSION AT PUT-IN-BAY, OHIO.

The twenty-eighth annual session and thirty-second anniversary of this national body of Homœopathic physicians opened June 15th.

There was no preliminary meeting, except a consultation of the executive committee, which is composed of the officers, viz.: Drs. Ober, McClatchey, James, Kellogg, McManus, and Morse. Drs. Holcombe, Higbee, Eldridge and Bigger, were absent. This used to be the meeting for caucusing for president, but it has now become a sort of social reunion, and is more sparsely attended each year.

FIRST DAY.

The morning session was called at 9:30 A. M., with about one hundred physicians present.

In the absence of the president, W. H. Holcombe, M. D., of New Orleans, the vice-president, L. E. Ober, M. D., of LaCrosse, Wis., took the chair, and addressed the institute as follows :

Fellow Members of the American Institute of Homœopathy: The hour has now arrived for the opening of the twenty-eighth session of the Institute. I am sorry to be obliged to announce the absence of our president, Dr. W. H. Holcombe, the man whom by our suffrages at the last session of the American Institute of Homœopathy we delighted to honor with the highest position in our honorable body. We all deeply regret the unpropitious circumstances which have transpired to prevent our much esteemed brother from being with us on this occasion, but we will fondly hope that many of our future sessions will be benefitted by his presence and counsel. A short time since I received a communication from Dr. Holcombe, in which he informed me that the vicissitudes of the climate of Cincinnati had so impaired his health that he was obliged to return immediately to New Orleans, and that he would not be able to attend the American Institute. Therefore, it becomes my duty, on this occasion, to take the place of the president elect and preside at this meeting; in so doing, I assure you I very much regret the circumstances which have contributed to the result. It is with much diffidence that I shall assume the important duties of the position. The old adage that it is hard to step into another man's shoes, is made quite true in this case, both on account of taking the place of one more than my peer and following one whose acknowledged ability and success as a presiding officer has seldom been equalled by his predecessors. Therefore I sincerely crave your indulgence and co-operation; while I shall strive to the utmost of my ability to preside over your deliberations faithfully and impartially. I hope that our coming together on this occasion will be pleasant and profitable to us individually, and contribute much to the great cause of truth and humanity which we have the honor to represent and assert. I shall add no more as our president has furnished us with his opening address which the secretary will now read.

THE HISTORICAL SIGNIFICANCE OF HOMŒOPATHY.

BY W. H. HOLCOMBE, M. D., NEW ORLEANS.

He commenced by saying that we lived in an age of assemblies, conventions, academies, and institutions, which he characterized as the signs and the products of an advancing civilization. He traced the history of associations from the time when men first assembled for consultation upon questions of war and for religious worship, to this present age of assemblies of all sects, and through their agencies so many of the wonderful achievements of modern enlightenment and skill had been brought about. Foremost among these associations of modern times he claimed those whose object is the study, the prevention, and the cure of disease. Among those that were most beneficial, which contemplated the most philosophical advance in theory, and the most substantial reform in practice; and he was confident that posterity would accord that honorable distinction to the American Institute of Homœopathy, whose object was to defend, perfect, and perpetuate the principles of Homœopathy, a system which was founded upon a law of nature, newly discovered; which elaborates a new materia medica in a novel and original manner; which reduces the amount and the dangers of medication to the minimum; which shortens the duration and ameliorates the severity of all curable diseases; which brings even to surgery and obstetrics means of amelioration never before known; and which promises not only to cure diseases promptly and thoroughly, but

to eradicate from the race the constitutional germs of disease, thus purifying and renovating our common humanity for healthier and nobler futures. One could suppose that it would surely enlist the sympathy and support of the entire profession and the respect and even the admiration of mankind.

He then proceeded as follows :

Such indeed is the fact within the highly respectable but limited sphere in which the lofty claims of Homœopathy are fully recognized. The great world, however, regards this assembly and all it represents and symbolizes with stolid indifference or with simple curiosity. But the mass of the medical profession, the party whose business it is to acquaint themselves with our meaning and our mission, is still ignorant of both and maintain toward us a skeptical, scoffing, unfriendly and hostile attitude. The magnates of the medical world dispute our premises and deride our conclusions. They mock our theories and disbelieve the results of our practice. In their blind hatred of all system, they carry their professional ostracism into the social sphere and malign the character and motives of those who could show them a clearer and better way.

THE CONFLICT OF GREAT IDEAS.

What is the meaning of all this? In matters of pure science, determinable only by observation and experiment, why this partizan feeling akin to political or religious prejudices? The meaning is this, that the contest between Homœopathy and Allopathy is a great conflict of ideas. Ideas govern the world. Erroneous ideas are eradicated with much difficulty. Great and true ideas are always of slow and painful birth, with hard growth. A conflict of ideas is a battle, or series of battles, and presents all the meannesses, the cunning, the stratagems, and the bitterness, and sometimes the violence, of actual war. Remember with what persecutions, and even bloodshed, the priestly caste has resisted the march of scientific thought. Men have been burned at the stake for believing in the unity of God, the central position of the sun, the rotundity of the earth, and the plurality of worlds. Notwithstanding all these things look strange and inexcusable to us from our present standpoint, we are no readier than our ancestors to give any new idea a hospitable reception, especially if it clashes with our preconceived opinions, our religious prejudices, the dogmas of our school, or the evidences of our senses; every great idea is indeed a warrior, destined to conquer or be conquered, and fighting his way to empire with the sword of truth.

Ideas which incur the persistent neglect, contempt, animosity, or persecution of the age in which they are presented, belong to one of two classes.

Those of the first class are fundamentally false, erroneous in theory, dangerous in practice, kept alive for a time by the enthusiastic zeal of friends, but slowly dying out from inherent want of vitality and from the pressure of hostile experiences brought to bear against them. Such were the many forms of religious, philosophical and medical doctrines which have illustrated the eccentricities and the vagaries of the human mind. Among these ephemera it is the fashion for the Allopathic school to class our beloved Homœopathy, and its prophets continue to predict that the present generation will witness the burial of the last adherent of the infinitesimal heresy.

On the other hand, the greatest ideas are not received, but are rejected, despised, persecuted, and resisted. When the ground has not been prepared for their reception; when they all spring prematurely upon an unappreciated world, for ideas, like plants, have to be furnished with proper soil and suitable culture, the things of to-day are

the effects of causes which have run through all antecedent generations. We have detected the subtle threads which connect the barons of England, exacting the *magna charta* from King John with our signers of the Declaration of Independence, and the rude experiment of Roger Bacon in his cell, with the splendid manipulations of Faraday in the Royal Institution of Great Britain. The laws of development and evolution are inflexible, and if anything comes before its time, it is as abortion or a premature birth, which must struggle hard for existence, and perhaps perish in the struggle.

Homœopathy too has its historical significance — antecedents which made it a possibility, and surroundings which make it a success. What are they? The fundamental ideas of Homœopathy are these: Diseases are cured by remedies which produce similar symptoms in the diseased party, and that cure may be effected with doses entirely inappreciable by our senses. The uninstructed mind immediately and instinctively revolts against both these propositions, as the child revolts against the idea that the world is round, or that the sun is stationary in the heavens.

An Allopathic physician might go among the Chinese, the Esquimaux, or the tribes of Africa, and command the respect and confidence of the people. His pills, and powders, and potions of different taste and color producing strong, speedy, and sensible effects upon the human body, would be regarded with favor and trust. His explanation that he intended to counteract the disease by giving something exactly opposite to it would be satisfactory to the humblest understanding, and would inspire the faith and hope of the patient and his friends. A Homœopathic physician would be an enigma to these people. His therapeutic armament, his little pocket drug store, would excite their wonder and contempt. His principle of giving something which produced a similar disease, if he could explain it to them at all, would arouse their suspicions or fears, and if he prevailed with them to try his plan, and the patient recovered, they would think that he had acquired the art of concentrating the essence of medicines into an exceedingly small compass; or if not capable of that stretch of thought, seeing no means employed adequate to the end obtained, they would accuse him of witchcraft, or sorcery, or of some occult spiritual power. Passing from the extreme of barbarism to the other end of the scale — into the most refined and cultivated family circle, where Homœopathy is a faith, a principle, and a power, and what do we see? The Allopathic physician is here regarded with suspicion and distrust. His theories are believed to be vague, contradictory, or incapable of proof. His strong remedies are known to be uncertain, dangerous, and frequently mortal in their effects. The Homœopathist is welcomed as a far more intelligent and reliable interpreter of nature. His principle has been verified over and over until its truth is recognized as a trite and obvious thing. The prompt and happy effects of infinitesimals are not attributed to sorcery, or magnetism, or to secretly-concentrated Allopathy, but to simple, natural laws, as incomprehensible as the action of nature's infinitesimals — heat, light, and electricity, on the growth of the vegetable kingdom.

Now what is the reason of this vast difference in thought, opinion, and practice? There is nothing unnatural about it, or miraculous in it. There are no gaps, no interspaces, no wild leaps in the process of development. The missing links in nature are simply the undiscovered ones. If in one age of the world Homœopathy and a belief in it are impossibilities, and in a succeeding age Homœopathy is not only discoverable but acceptable and accepted, there have been causes at work to produce the change, which it is exceedingly interesting and instructive to trace.

Our subject belongs to that department of the philosophy of history known as the history of opinion and discovery. The historical signifi-

cance of any one science or discovery is a matter of vast extent, involving as it does innumerable antecedent and collateral causes and influences. It will be sufficient in our limited space to consider briefly four great causes which have led to the discovery or development of Homœopathy, and prepared the public and professional mind for the partial acceptance it has already received.

THE FOUR GREAT CAUSES FOR THE DISCOVERY AND DEVELOPMENT OF HOMŒOPATHY.

These causes are :

1. The growth of the critical spirit, insuring free discussion and inquiry, and bringing about greater flexibility of thought and readier acceptance of new ideas.
2. The development of experimental philosophy and the consequent elevation of *fact* entirely above theory and speculation.
3. The discovery of the microscope and its application to anatomical researches.
4. The wonderful advances made in the last half century in the laws and phenomena of the imponderable and elementary forces of nature.

THE INFLUENCES OF THE FIRST CAUSE.

It is well known that countries where civil liberty is imperfect, where freedom of thought and action are repressed, and where there are not two parties on every subject, each equally protected by the law, are stationary and unprogressive. History is full of the persecutions of those who had advanced ideas which were repugnant to the unthinking but dominant majority: Galileo, Harvey, Jenner, Fulton, and Hahnemann himself are stereotyped illustrations. But to form a vivid conception of the difficulties which have been overcome, imagine the entire medical profession to be composed of such men as Simpson, Holmes, Hooker, and the editors of the *London Lancet*, with what scorn and even ridicule would such bigots, a few hundred years ago, when they had power, have repressed the doctrine of *similia similibus* and the use of infinitesimal doses. Homœopathy would have been strangled in the birth by these watchful guardians of their own opinions and interests. Indeed, it is probable that the Homœopathic idea has been frequently prevented from taking form and shape and coming to the light. I will give you a curious and interesting example: Less than a thousand years ago Dr. John Greenfield, a London physician, struck upon the fundamental principle of Homœopathy, and made some astonishing cures with *Canth.* in cases presenting the very symptoms which are produced on the healthy man by that substance. He was indicted, arrested, and tried by the Censors of the College of Physicians, for using a dangerous drug on a dangerous principle, in opposition to the teachings and usages of the faculty. He was convicted, imprisoned like a common felon, and persecuted by his enemies to his total ruin. Listen to his earnest and dignified complaint :

"This is my case : I thought it necessary to premise this statement lest from the high character of my adversaries the public might think unjustly of me, being misled, and judging me simply from this mask of infamy, and because I have been thus publicly branded. For what are the circumstances? The Censors of this illustrious college shut up in prison, not a stranger, but a doctor in, and a member of, the same college; a thing that from the building either of the prison or the college had not been seen or heard of — which I confess was a sufficient evidence of guilt to those who look only at the outside of things. For what else could the unlearned gather from these proceedings than that there must be the most just cause for such great disgrace; for that surely such learned and renowned members of the medical profession

would be unwilling to expose a member, and with him the whole college, to such public contempt unless he had been guilty of some great and horrid crime. The whole crime I have committed is the prescription of *Cantharides*."

This spirit, which would arrest and punish the first deviation from the established routine of doctrine and practice, exists to-day, but it is impotent, like the old lion, decrepid, and helpless, and with teeth and claws extracted. The spirit of liberty is abroad. Research and analysis are respected and applauded. The day when all things are to become *new* is approaching. Uniformity of belief, the dream of the old conservatives, is no longer considered desirable, or even possible. Flexibility of thought, openness to conviction, disdain of conventional restraints, and an independent individualism are becoming the characteristics of the age. In such free and prolific soil, and under such genial influences, Homœopathy takes root and flourishes; and it flourishes most in this great and happy land where nature unrolls her richest stores, and where man has held and upreared his noblest standard.

Yes, my friends, a thousand causes conspire to one event. Each century is the child and heir of the preceding one, and all the disasters, repulses, reverses, and persecutions of men in search of truth have been productive of good by exciting a healthy reaction in the public mind. When Bunyan languished in his prison, when Bruno perished at the stake, when Hampden resisted his tax, when the Mayflower breasted the storms of the Atlantic, when Wesley was silenced by the magistrates for preaching in the open fields, when Hahnemann was driven from Læpsic by the apothecaries, when the Bostonians threw the tea into the harbor, and when Patrick Henry was upbraided for treason in the Virginia Assembly, the spirit of liberty and progress were moving upon the earth, weaving with invisible hands the golden chain of destiny, and leading us step by step to the present day, when we can stand in the full blaze of civil freedom and advocate whatever doctrines we please, answerable only to our own consciences and to truth, and appealing not in vain to the intelligence and candor of an enlightened public.

THE EFFECT OF THE SECOND CAUSE.

When I stated that the development of experimental philosophy was a necessary antecedent to the discovery and acceptance of Homœopathy, I asserted a truth of great significance. Experimentation is altogether a modern progress. The ancients were keen observers of facts, but knew nothing of experiment in our sense of the term. They observed and speculated; the modern observe and experiment. To experiment is to operate upon a substance in such a manner as to discover or elicit some fact or facts about it unknown before. This method began with the great revival of thought in Europe after the long night of the dark ages. Experiment is the key-note to the difference between ancient and modern philosophy. This method of investigating and, as it were, interrogating and cross-examining nature, is the cause of our rapid strides in physics and chemistry, and of the vast and all-increasing development of the arts and sciences.

Homœopathy is the child of philosophical experiment. Hahnemann was himself a chemist as well as a physician. He was fond of the laboratory, and of the practical study of nature. Dissatisfied with the current theories of drug action, he experimented boldly upon himself when in perfect health, with *Peruvian bark*. It was one of the grandest and most fruitful experiments ever made—greater than those which identified the name of Priestley with oxygen, and Franklin with electricity. The bark produced on him an attack of ague and fever. It was a new fact, unknown, undiscovered before. *Peruvian bark* cures ague and fever—an old fact; it causes ague and fever—the new fact

discovered by experiment. Put the two facts together, compare them, reason from them, and you have a *new idea*. It causes ague and fever because it has the power to produce it. *Similia similibus curantur*, is uttered; Homœopathy is born, and a thousand hitherto detached and lawless facts are drawn together by a new thought and reduced to a common law. Light breaks in, a new system is inaugurated, and the world is wiser and better for the change.

Such was the glorious beginning of Homœopathy — not in the dreams of the poet, the speculations of the philosopher, or the visions of the saint, but in the bold experiment upon his own body by a determined and sagacious physician. Such an achievement was impossible in any other age but ours, for the world was not ripe for it until experimentation became the ruling thought, principle, and habit in the scientific mind. From that day to this experiment on the healthy system has been the guide and key to the construction of the Homœopathic *materia medica*. Something has been learned from accidental provings, and something from empirical observations on the sick; but true Homœopathy depends for its scientific precision upon the discovery of new facts by experiment, the great instrument of modern thought.

The old school is imitating our method in a crude and bungling manner. Their physicians, catching something of the general spirit of the age, must experiment also, but their experiments are oftener made upon the helpless sick than upon their own systems. When they do attempt the proving of a drug they interrogate nature from their own theoretic stand-point, ask leading questions and learn nothing, or cannot utilize what they learn. They seem to say to every new substance, Are you a purgative, or a cathartic, or a tonic, or an astringent, or an anodyne? They cannot comprehend the Homœopath when he commands the new drug to stand forth and tell its own story however long it may be, unprompted and unassisted, and records every morbid effect it produces in each one of the organs and tissues of the human body from head to foot; and yet the latter is the only true and scientific method. We do not get purgatives, or tonics, or anodynes in that way to classify and arrange on our theoretic shelves, but we get living pictures, photographs of the ever-shifting combinations of disease, whose counterparts, or duplicates, are found in suffering humanity.

The cultivation of experimental philosophy prepared the way not only for the discovery of Homœopathy by the profession, but for its reception by the masses. Experiment has brought to light so many new things, has exploded so many old errors, destroyed so many superstitions, excited so much thoughtful activity, that the human mind has been delivered from the incubus of old dogmas and the tyranny of old methods. When the philosopher experiments to find the truth, the people become ready to take things only on trial; everything must have its hearing, however rough and imperfect, before the popular tribunal. To the natural curiosity of man is now added the deep-rooted sentiment, that nothing should be pre-judged, but all things put to the test of experience, and stand or fall according to their own deserts.

Allopathic physicians can only silence their own patients by assuring them that the profession have examined Homœopathy and found it a delusion or a fraud. The French Academy even accorded it a public mock trial. The people are now giving it a fuller and a fairer hearing, and all men may see from the faces of the jury that the final verdict will be in its favor. [Applause.]

THE INFLUENCE OF THE THIRD CAUSE.

The Homœopathic law having been established and a new *materia medica* created by new and fruitful experiments, the next difficulty to both physicians and laymen was the Homœopathic *dose*. A very minute dose was found, *also by experiment*, to be more efficacious than

merely a small dose ; and it was afterward discovered that an infinitesimal quantity of the drug chosen on the Homœopathic principle was in some cases not more *powerful*, but more *certain* than the very minute, but still appreciable, doses. This was a very puzzling fact, and the difficulty was to realize the existence of any medicine at all after it had been so comminuted as to elude the evidence of the senses and transcend the possibility of chemical analysis.

The compound microscope and its applications have made the Homœopathic dose comprehensible to the human mind. I may safely say that previous to the discovery of that wonderful instrument the conception of an infinitesimal dose would have been an impossibility. The microscope has done for the infinitely minute side of nature what the telescope has done for the infinitely vast and remote. It has revealed a new world to us and enabled us to realize what a universe lies beyond the realm of our senses or the test of our chemical art.

The solar microscope has familiarized even the uneducated masses with the astounding things to be seen in a single drop of water. "Take one drop of water," says Prof. Rymer Jones, "from the stagnant pools around us, from our rivers, our lakes, or from the vast ocean itself, and place it under the microscope and you will find therein countless living beings moving in all directions with considerable swiftness, apparently gifted with sagacity, for they readily elude each other in the active dance they keep up. Increase the power of your glasses and you will see inhabiting the same drop, other animals, compared to which the former were elephantine in their dimensions, equally vivacious and equally gifted."

If we could isolate one of these infinitesimal living creatures and subject it to further microscopic analysis, we would not terminate, but multiply the mystery and the wonder.

Take another illustration — from the crystalline lens of the eye of the codfish. This minute pellucid object is found by the microscope to consist of about five million distinct fibres. These fibres are furnished with teeth like those of a watch wheel, and the teeth of the adjacent fibres lock into each other. Now there are sixty-two thousand five hundred millions of these teeth. Each tooth has six surfaces, which come into contact with the corresponding surfaces of the adjacent teeth, so that the number of touching surfaces is three hundred and sixty-five thousand millions.

Think of this extraordinary fact ; realize it in your imagination ; reflect that each of these surfaces is a space, a reality, a mechanical power, and you can readily conceive that the atom of the highest Homœopathic attenuation retains form, and substance, and properties, and has its part to play in the mechanism of cure.

This is still more comprehensible when we remember that our own nerves, tissues, and blood globules are just as inconceivably minute as the lens of the codfish ; and that our Homœopathic physicians simply bring the medicine into a state of corresponding minuteness. The crude substances of the Allopaths never get into these secret recesses, these molecular and active spheres of vitality, any more than a steamship can get from the sea into the little mountain rill away up near the snow line.

Hear what Hughes Bennett says of the infinitesimal anatomy, in which Homœopathy works wonders :

"The ultimate molecule has never been reached even with the highest magnifying powers. In the same manner that the astronomer, with his telescope, resolves nebulae into clusters of stars, and still sees other nebulae beyond them, at present unsolvable, so the histologist, with his microscope, magnifies molecules into granules, and sees further molecules come constantly into view."

HOW THE FOURTH CAUSE WORKS TO ADVANCE HOMŒOPATHY.

We classify and arrange our knowledge according to the likeness or unlikeness of things. We are enabled to know, recognize, and classify a new fact or experience by comparing it with something we have acquired of a similar or corresponding nature. The modern discoveries in physical science thus help us not only to realize the existence and power of the infinitesimal atoms of medicine, but they give us some intimation of how they act. Whether the corpuscular or undulatory theories of the imponderable agents be accepted, one thing is certain: that the operations of nature, the beginning of life, the atomic changes of form, all take place on the infinitesimal arena. When we are told that light determines the organization of plants, and that the wave lengths of certain light are many millionths of a single inch, and that thousands of millions of vibrations of that wave of light occur in a single second, we know every individual vibration of that infinitesimal wave of light contributes its share to the grand total result—the growth of the vegetable kingdom—and that not one vibration could be changed or lost without affecting the final chemical and vital issue. From these facts we can easily pass to the corresponding idea that the Homœopathic atom may start or excite infinitesimal movements of nutrition, which shall quietly and imperceptibly effect organic changes of which we see only the result.

One of the greatest modern philosophers, La Place, looking with comprehensive spirit on the members of animal life, exclaimed:

“Beyond the limits of this visible anatomy commences another anatomy, whose phenomena we cannot perceive. Beyond the limits of this external physiology of forces, action, and motion, exists another physiology, whose principles, effects, and laws it is of greater importance to know.”

This invisible anatomy and physiology constitute the field where Homœopathy works with its insensible atoms and its invisible operations, but the sure and perceptible results. Within the Allopathic world of wonders there is another world still more wonderful. Within the molecule of old medicine lies a still more energetic atom, opposite in its action. It is not surprising that man, living for ages with no scientific methods or instruments, did not penetrate into this mysterious sphere. It lay undiscovered because the means of its discovery had not been invented. Homœopathy is the new continent, the western hemisphere of medicine, and Hahnemann was its Columbus. [Applause.]

Seeing thus, ladies and gentlemen, that Homœopathy is the last result and product of the causes which underlie the evolution of the human mind itself, we can have no difficulty in predicting its future. The conflict of ideas is irrepressible. Fluctuations may occur, truces may be made, desertions from one side to the other may take place, but the conflict will go on, and the fittest will survive. It is the old story, which has been enacted upon the theatre of the world a thousand times in a thousand forms. One form comes to me now, a boyish memory, which, call it metaphor, or allegory, or prophecy, I will sketch for the moral it contains.

The Persian in his day had the richest vastest empire in the world. He boasted that his laws were unalterable, and his wisdom so great that his opinions were never changed. A small but sturdy people arose on his borders—the Greek: subtle and supple and great students of nature; full of curiosity and credulous of new things. With tents that covered the land and sails that whitened the sea, and with mingled arrogance and contempt, the Persians came on to annihilate his insignificant foe. The result was Salamis and Marathon. And in due process of time when the causes which secretly undermine one system of things and secretly build up another, had done their perfect work, as was ordained of God, the Greek arose in his turn, overran the empire

of his enemy without sheathing his sword, trampled the unalterable laws in the dust, and divided out all his provinces among the followers of his camp.

Members of the Institute!—For the year which has rolled by since last we met, I have the usual record to make of quiet, gradual and certain progress. Our numbers have increased, our literature has been enlarged, our schools have flourished, and we have grown steadily in the good will and confidence of the public. Let this meeting give a new impetus to the cause we advocate. Though much has been accomplished, much remains. There is the old ground to be abandoned, new positions to be attained. Let us meet every question in the liberal spirit which becomes us. Truth is our object—progress our watch-word.

Not in vain the distance beckons. Forward, forward, let us range.
Let the great world spin forever down the ringing grooves of change.

[Applause.]

The address was listened to with wrapt attention, and at its conclusion a vote of thanks was tendered Dr. Holcombe for his excellent address.

The president then appointed the following committees:

On Credentials—G. H. Wilson, M. D., West Meridian, Conn.; J. B. Wood, M. D., West Chester, Pa.; S. P. Hedges, M. D., Chicago.

Auditing—O. S. Sanders, M. D., Boston; E. V. Van Norman, M. D., Springfield, Ohio; J. E. James, M. D., Philadelphia.

On motion of S. R. Beckwith, M. D., of Cincinnati, the printed programme was adopted as the order of business, subject to change upon vote of the Institute.

The report of the necrologist was then read, giving a brief statement of the deceased members of the year, its reading being followed by the presentation of the report of the committee on publication. This report stated that the proceedings of the preceding session, held last June at Niagara Falls, had been published in a handsome octavo volume of nine hundred pages, and distributed to members, foreign societies and public libraries.

The secretary, who made the report, stated that a delay of several months was occasioned by the non-arrival of papers.

The treasurer's report exhibited a healthy condition of finances, the receipts for the year having exceeded three thousand dollars, with collectable dues more than sufficient to meet the outstanding claims against the Institute.

Balance from 1874,	-	-	-	-	-	-	-	-	-	\$	331	64
Received from members,	-	-	-	-	-	-	-	-	-		3,060	60
Total,	-	-	-	-	-	-	-	-	-	\$	3,392	24
Expenses,	-	-	-	-	-	-	-	-	-		3,296	92
Balance on hand,	-	-	-	-	-	-	-	-	-	\$	95	92
Still due printer, about	-	-	-	-	-	-	-	-	-		\$600	00

The president was unanimously directed to extend an invitation to the members of the Ohio State Medical Society of the Old School—also in session on the island—to take part in the deliberations of the Institute.

THE REPORT OF THE BUREAU OF MATERIA MEDICA,
PHARMACY, AND PROVINGS.

Carroll Dunham, M. D., Irvington, N. Y., Chairman; Conrad Wesselhœft, M. D., Boston; T. F. Allen, M. D., New York; E. M. Hale, M. D., Chicago; William E. Payne, M. D., Bath, Me.; J. P. Dake, M. D., Nashville, Tenn.; Wallace McGeorge, M. D., Woodbury, N. J.; J. Heber Smith, M. D., Melrose, Mass.; H. H. Baxter, M. D., Cleveland, Ohio.

This bureau proposed to present: 1. A proving of *Sepia*. 2. The Significance and Value of Primary and Secondary Symptoms of Drugs. (a). Primary and secondary symptoms of drugs defined and distinguished; Drs. Dake, Baxter, Allen. (b). Primary and secondary symptoms of drugs as guides in the selection of remedies in practice; Drs. Wesselhœft, Smith, McGeorge. (c). Primary and secondary symptoms of drugs as affecting the dose in practice; Drs. Hale, Payne, Dunham.

The report was presented by Dr. Dunham. Drs. Allen, Dake, and Baxter, were the only other members present, but all except Hale and Payne (now absent in Europe), sent papers. The whole made a very voluminous and valuable report.

I. THE EFFECTS OF SEPIA

as developed by a large number of provers was the first paper, after the general report of the chairman. The provings had been made under the direction and supervision of professors in the various medical colleges, except Cleveland and Chicago. All the day-books were given, and the resume makes a complete new pathogenesis of *Sepia*.

First came two provers under Professor Hills, of the New York College for Women. A woman proved *Sepia* under the direction of Dr. Emma Scott, and the speculum revealed prolapsus, retroversion, and ulceration, of the os. Six provings by males were reported by Professor Allen. Much pains were taken to test and examine the urine. The urates were reported in excess; so much so as to present a full picture of lithiasis. Murchison looks to the liver as primarily at fault in lithiasis. Meyer sometime ago called attention to the fact that *Sepia* acts chiefly upon the portal system. These two facts seem to be corroborated by these experiments with *Sepia*. Loss of memory and slowness in following ideas was also prominent.

Professor Farrington sent eight provings.

Professor Wesselhœft reported provings by six male and eight female students at the Boston College. Two careful provings were sent up by Professor Owen of Pulte College.

All the women provers reported leucorrhœa, but two.

Mercy B. Jackson, M. D., of Boston, sent a very clear and practical paper, giving chiefly the indications for *Sepia* in diseases of women. In prolapsus, anteversion or retroversion, she has found that *Sepia* will surely and speedily restore the organ. In cases of procidentia she has known it to restore it so quick as to be felt to return to position. In

acute cases of prolapsus she uses *Sepia* in preference to the usual manipulations. She puts the patient upon the back with the feet drawn close up to the body. If the displacement is caused by lifting, *Calc. c.* is the remedy. *Sudden attacks of prostration and sinking weakness*, like fainting, she found very characteristic of *Sepia*. Burning pain in small of back, with dragging sensation; bearing down in pelvis; yellow skin and brown spots were also confirmed. She added a *profuse, watery, offensive leucorrhœa*. This is no doubt antecedent to the green leucorrhœa which is deemed characteristic of *Sepia*. She prescribes the 30th, a dose daily or every second day.

The second part of the report of this bureau was

ON PRIMARY AND SECONDARY SYMPTOMS.

(a). Drs. Dake and Allen attempted to define and distinguish primary and secondary symptoms.

Dr. Dake read his paper, in which he thinks Hahnemann was right in thus distinguishing symptoms as primary and secondary.

Dr. Allen's report consisted of the analysis of a series of provings with one dose and experiments of Allopaths, especially with alkaloids. His conclusion was that we cannot arrive at anything definite until more careful experiments were made with the same dose. What appeared like primary and secondary effects often were but successive series of symptoms. *Aconite*, for example, had four such series of symptoms.

(b). On the point of taking primary and secondary symptoms as guides, Dr. Wesselhœft's paper gave a series of experiments with *Glonoine*. The effects were found to vary with the dose and with the individual. He was not able to draw any practical inference.

Dr. McGeorge sent a collection of cases illustrating his views on primary and secondary symptoms.

(c). Dr. Dunham's paper was the only one examining the effect of these (primary and secondary) symptoms on the dose in practice. As these symptoms can only be partially pointed out no law of dose can be established. In looking over *Argentum*, for example, he found suppression of urine from the 30th and increase from the 1st. The result was different in different individuals. What was secondary in one was primary in another. *Aconite* in one person produced laryngeal symptoms on the 9th, fever on the 16th, hemoptisis on the 19th, and headache on the 24th day. In another case the headache appeared on the seventh day.

He also instanced experiments with *Tellurium*. In his own case in four weeks the eruption on the ear developed itself, and its clinical value has proved it a symptom of the remedy. The conclusion he drew from the mass of evidence was, that as the provings now are, the primary and secondary symptoms could not be divided and cannot be used in the selection of the remedy, nor to determine the size of the dose. These provings and papers were in splendid order and were referred.

The following were appointed by the chair as Bureau of Materia Medica to report in 1877: T. F. Allen, New York, Chairman; C. Wes-

selhoeft, Boston; J. P. Dake, Nashville; T. S. Hoyne, Chicago; W. McGeorge, Woodbury, N. J.; E. A. Farrington, Philadelphia; E. M. Hale, Chicago; Wm. Owens, Cincinnati; Emma Scott, New York.

After this was called the

BUREAU OF GENERAL SANITARY SCIENCE AND CLIMATOLOGY.

Bushrod W. James, M. D., Philadelphia, Chairman; A. R. Wright, M. D., Buffalo, N. Y.; Thomas Nichol, M. D., Montreal, Canada; Lucius D. Morse, M. D., Memphis, Tenn.; William H. Leonard, M. D., Minneapolis, Minn.; D. H. Beckwith, M. D., Cleveland, Ohio; F. H. Orme, M. D., Atlanta, Ga.; T. W. Donovan, M. D., New York.

The following papers were promised: On the Construction of Hospitals, Dr. D. H. Beckwith. On the Climatology of the South Atlantic States, especially with reference to Life Insurance, Dr. H. F. Orme. Climatological Notes, by Drs. L. D. Morse and A. R. Wright. Climatological Observations on Mobile and the Gulf Coast, by W. J. Murrell. General Report of the Bureau, by B. W. James.

There were present, Drs. James, Wright, and Beckwith, of this Bureau. Seven papers were presented.

PREVAILING DISEASES.

Dr. James presented a summary in which he stated that there was no wide-spread epidemics. In localities, scarlet fever, diphtheria, influenza, etc., have prevailed, but none presented a malignant type. These diseases seemed to travel like storms, in tracks. He thought if local diseases were reported extensively [as is being done in our columns.—ED.] we could be forewarned.

It was suggested that health resorts should receive the attention of this bureau; also, the overcrowding of hotels, houses, etc.; putting too many invalids into one house, etc. Small rooms were objected to for the sick. The report also suggested that we obtain in all cities a correspondent to keep the Institute advised of all epidemics—progress, ravages, remedies indicated; note variations of symptoms, effect of local changes of weather and electrical condition; in fine, report a complete weather proving. It was also urged that all mortality statistics of cities, and where these were not published our physicians were urged to make them and forward all to this bureau. It was also urged that mineral springs be proved.

Quite an extensive correspondence was then presented.

Dr. Read, of Halifax, N. S., sent statistics of his city.

Dr. Freeman, of Wilmington, N. C., reports cholera infantum almost entirely extinct. A large mortality is reported among the blacks. They have had no visit of an epidemic for eight years. The chief disease was intermittent fever.

Dr. A. R. Wright read a paper on the epidemics of New York. Scarlet fever, he reported very prevalent throughout the state. Diphtheria had been severe in New York City. Typhoid pneumonia had pre-

vailed in New York City and Chataqua. The pneumonia was of the catarrhal form. He also presented a report entitled, "Notes on the Climatology of Consumption and some Malarial Diseases." These were not co-existing.

Dr. Morse presented a report on the "Hot Springs of Arkansas;" [somewhat similar to what we have published.] He also presented an interesting report showing the

"BEARING OF CLIMATE ON THE CHOICE OF THE REMEDY."

In his section he must always takes malaria into account. In dysentery he has been disappointed with *Merc. cor.* or *Coloc.* when well indicated by the symptoms, and found *China* or *Ars.* help at once. Have seen these latter remedies cure neuralgia where usual remedies have no effect. He complained that book makers had not taken malaria into account in laying down the remedy indications. When called to a case he first examined to see if the anti-malarial remedies were indicated, and if strong epidemic influences do not prevail he is apt to find the remedy indicated among the malarial ones. In west Tennessee typhoid is almost unknown. Malaria may be its antipode. Still in soldiers from the north many had a hybrid called typho-malarial fever, which seemed to be brought about by the local malaria effecting a typhoid diathesis. In acclimating, the body parts with this diathesis or general tendency to a particular endemic disease. Remedies he thought ought to be proved in all climates. Did not think Hahnemann's symptoma-tology adapted to all meridians.

SOUTH VS. NORTH ATLANTIC STATES.

Dr. Orme's report was an interesting one. It being lengthy and he absent, of course it was referred. He contrasted the South Atlantic States with the North Atlantic States. The "Air Baths," atmospheric changes, were not shocking to the system in the South Atlantic States. Winds carried disease away, as was exemplified in the migrations of yellow fever. This, with its typography makes the South Atlantic States very healthy, still some insurance companys have withdrawn from this section attributing a great mortality as the reason. This he showed was an injustice. The per cent of deaths, in 1870 he compared as follows :

NORTH ATLANTIC STATES.		SOUTH ATLANTIC STATES.	
Maine, - - - -	1.23	North Carolina, - - - -	0.98
New Hampshire, - - - -	1.35	South Carolina, - - - -	1.05
Vermont, - - - -	1.07	Georgia, - - - -	1.15
Rhode Island, - - - -	1.26	Florida, - - - -	1.21
Massachusetts, - - - -	1.77		
Connecticut, - - - -	1.28		
New York, - - - -	1.58		
Pennsylvania, - - - -	1.49		
New Jersey, - - - -	1.17		
Average, - - - -	1.354	Average, - - - -	1.094

The average for the whole United States was 1.28. The South Atlantic

States are therefore far below the average and show a healthy record.

He next compared the average deaths in 1870, by consumption, in 100,000 :

NORTH ATLANTIC STATES.		SOUTH ATLANTIC STATES.	
Maine, - - - -	3.18	North Carolina, - - - -	1.15
New Hampshire, - - - -	2.99	South Carolina, - - - -	0.93
Vermont, - - - -	2.16	Georgia, - - - -	0.75
Massachusetts, - - - -	3.53	Florida, - - - -	0.69
Rhode Island, - - - -	2.54		
Connecticut, - - - -	2.17		
New York, - - - -	2.64		
New Jersey, - - - -	2.09		
Pennsylvania, - - - -	2.12		
Average, - - - -	2.61½	Average, - - - -	0.88

In 1860 it showed South Atlantic States 5.6 to North Atlantic States 23.2, (New Jersey was omitted).

The difference between 1860 and 1870 for the South Atlantic States he thought due to immigration. Those going south do not adapt themselves to the localities and thus suffer. *To adapt ourselves to the locality* was the rule of hygiene.

The real cause of withdrawal of life insurance companies was explained by Prof. E. Wright in a convention of southern life insurance companies, to be the greater expense. Southern people will not stick to a company as will Northern people.

Dr. Murrell's report called attention to the small per cent of consumption on the Gulf coast. Thinks in diseases of lungs the mortality is in proportion to the fall of the thermometer. He urged to send consumptives south early. Recovery from operations he thought was more rapid than at the north. Erysipelas and pyæmia were almost unknown. May is their operating month. The health resorts are Bladen, Jackson, and Louderdale, and Blout in the mountains. That section had been exempt from visitations of the cholera epidemic. Since May last had had much diphtheria. The kidneys became early involved, and many cases terminated fatally in twenty-four to forty-eight hours. At the same time had small-pox. In small-pox and diphtheria he only lost one per cent while his Allopathic conferees lost forty per cent.

Dr. Beckwith's report on

HOSPITAL CONSTRUCTION

was a voluminous but very interesting one. He examined the objections made by Simpson to large hospitals, and the advantages and disadvantages of the pavilion plan. He thought the use of *Carbolic acid* as advocated by Lister, obviated many of the objections against large buildings. He presented four plans which met all the objections to a large building, and possessed all the advantages of the pavilion system. His plans were for rather narrow but high buildings, at a cost of about fifty thousand dollars. For the floors he recommended hard wood with a coating of paraffine, consisting of : benzole two and one-half parts to

paraffine one part, mixed, and raised to 100 degrees of heat. In this way he hoped to escape contagion — the enemy of all large hospitals. This paper was well received. [Dr. Beckwith promises us all a view of his plans with their respective advantages.— ED.]

At the close of this paper, (1:30 P. M.), the Institute adjourned to 7:30 P. M., to give half an hour to the discussion of these reports.

At the evening session the number present was greatly increased by the arrivals from Sandusky, Toledo, and Detroit, by boat.

T. S. Verdi, M. D., of the Washington Board of Health, spoke substantially as follows:

Were we more interested in sanitary science it would be better for our patients. Dr. Morse's paper was of great value. We give Homœopathic doses, our patients take poisons in Allopathic doses. There are constituents in the air which have great influence upon health. I refer to ozone and electricity. Ozone has tides. It is low at night. Fevers are worse in the evening, and better in the morning. This is due to the electric or ozonic conditions of the atmosphere. In cases of rheumatism, marked effect is observed by changes of atmosphere. We may give *Rhus* and the atmosphere changing we give credit to *Rhus*, when perhaps it is due to atmospheric change. That is not science. Sanitary science is very important. All great men are now giving it attention.

Pressure of the atmosphere according to the amount of vapor in the air is another thing to be noticed. These papers are very suggestive of what we may do. In reference to hospitals, we find ozone in the out-yard but not in the hospital. Ozone is rapidly absorbed in hospitals. There is less in cities and more in the country. It may and should be used as a disinfectant. Another point we should note is the changes due to atmospheric pressure; we may have neuralgia before a storm, and if we prescribe we may give credit to the remedy and not to the storm.

Dr. Beckwith's paper is a good one. The most important question in hospital construction is that of drainage. Typhoid fever may be caused by bad drainage. Sewers are not drains; they conduct poisons into your bedrooms. I have had some cases like cholera from sewer gas. Traps will not stop it, especially in cities where we have tides. Ventilate the sewer by a flue running up to the top of the building, not by traps. Cholera has been induced by sewer gas. This question is one that enters into the construction of houses. The London plague was due to lack of ventilation. There is no necessity for small-pox, as it can be prevented. We stamped it out in Washington by careful isolation.

Dr. James — We stamped it out in Philadelphia by vaccination without great expense, etc. It prevailed to about the same extent in Philadelphia and Washington. In reference to ventilation he thought there should be two flues — as usually constructed it did not carry up the carbonic acid — one flue to conduct gases up, and the other to conduct carbonic acid down.

Dr. Brown — How much had warm weather to do with stamping out small-pox?

Dr. James thought it had much to do with it.

Dr. Verdi did not think so.

O. H. Mann, M. D., of Evanston, thought it did have more to do with stopping an epidemic than we give it credit.

An invitation was received from the State Board of Underwriters of

Ohio, requesting the Institute to attend a lecture by the Hon. Elizur Wright, at the Put-in-Bay House, at 8 o'clock. The invitation was accepted, and the secretary was instructed to convey the thanks of the Institute to the board.

This report was declared closed, and the following were appointed for 1877 :

Bureau of General Sanitary Science and Climatology—T. S. Verdi, M. D., Washington; B. W. James, M. D., Philadelphia; D. H. Beckwith, M. D., Cleveland; F. H. Orme, M. D., Atlanta, Ga.; A. R. Wright, M. D., Buffalo; L. D. Morse, M. D., Memphis; W. H. Leonard, M. D., Minneapolis, Minn.; George W. Barnes, M. D., San Diego, Cal.; O. S. Wood, M. D., Omaha, Neb.

Next was called

THE BUREAU OF CLINICAL MEDICINE.

Henry Noah Martin, M. D., Philadelphia, Chairman; Samuel Lilienthal, M. D., New York; L. E. Ober, M. D., LaCrosse, Wis.; W. H. Holcombe, M. D., New Orleans; E. C. Beckwith, M. D., Columbus, Ohio; W. H. Watson, M. D., Utica, N. Y.; William Eggert, M. D., Indianapolis, Ind.; J. F. Cooper, M. D., Allegheny, Pa.; Jonathan Pettit, M. D., Cleveland, Ohio.

The special subject for presentation was "Bright's Disease."

The following papers were promised: Pathology and Diagnosis, by Dr. H. N. Martin. Reflex Nervous Symptoms of Bright's Disease, by Dr. E. C. Beckwith. Therapeutics of Bright's Disease, by Dr. W. H. Holcombe. Therapeutics of Diabetes, by Dr. S. Lilienthal. Clinical Cases of Diabetes, by Dr. J. F. Cooper.

There were present Drs. Lilienthal, Ober, Beckwith, Watson, Eggert and Pettit. Drs. Martin, Holcombe, and Cooper being absent, their papers were referred without reading.

Dr. Martin's paper was a clear diagnosis of the disease.

Dr. Ober's paper was a collection of cases reported in the journals, and was prepared by his partner, Dr. W. S. Shepard, of LaCrosse.

In Dr. Holcombe's paper he gives much stress to *Acon.* He thought *Alanth.* promising; *Apis* valuable; *Apoc.* useful; *Arg.* undoubtedly of use; *Ars.* a first-class remedy; *Arnica* intercurrent as for blood stasis; *Aurum* in syphilitic or *Merc.* cases. *Cannab.* is to the pericarditis and *Canth.* is to pleurisy what *Chel.* is for the pneumonja arising. *Coccus*—Grauvogl cures a case with it. *Colch.* he has used with good success. *Carbolic* for vomiting, *Cuprum* also for vomiting. *Dig.* a valuable remedy; *Ferrum* sometimes useful; *Merc.* useful; *Phos.* and *Ars.* promise to do more than other remedies; *Plumbum* useful; *Sarsap.* is a valuable remedy; *Tart. em.* if lungs involved; *Tereb.* promising.

Dr. Lilienthal's paper was a resume of the treatment of diabetes as given by our writers. He advised to keep the skin in a healthy, active condition. He put much stress on making the patient move about, walk, etc. The Allopathic treatment is *Ammon. carb.*, *Phos. ac.*, *Lactic ac.* and *Nitrate uranium.*

Kafka has only *Ars.* and *Phos.* that corresponds to it. *Argent.* had not found much use.

Hayes recommends *Squills* for polyuria. He found none or very few tell whether it is a case glycosuria or polyuria.

Ruddock finds great value in *Phos. ac.*

Guollon, Jr., thinks *Creos.* the remedy in diabetes insipidus.

Diabetes is only a nervous disease. *Plumbum* is valuable in nervous diseases and valuable here. Of the new remedies, *Asclepias tub.* compares with diabetes. *Curare* also found of benefit. In *Secale* found a hint for its use. In *Ustilago* found many more. *Helonius* for latter stage of disease. All that Hale recommends you will find not to correspond to true diabetes, but may help polyuria. *Lachesis* is a splendid remedy. In *Tuantula* we find some good symptoms for sugar in the urine.

LeRoy Fisher, M. D., presented a voluntary report of Bright's disease following scarlet fever, cured by *Kali carb.* and *Helonius*.

G. W. Bowen, M. D., of Ft. Wayne, presented a paper on hydrophobia in which he insisted that this disease originates in the male, and is due to the ungratified sexual instinct.

E. C. Beckwith, M. D., presented a singular case that was deaf, dumb, and blind, by turns. It was supposed to be caused by a movable clot in the brain.

As there was no time to discuss these reports this bureau was granted a sectional meeting next day at 2:30 P. M.

THE COMMITTEE ON LITERATURE

consisting of Drs. I. T. Talbot, M. D., Boston; S. A. Jones, M. D., New York; R. Ludlam, M. D., Chicago; S. Lilienthal, M. D., New York; W. H. Holcombe, M. D., New Orleans, was then called. The report was presented by Dr. Lilienthal. He bewailed the apathy of the profession toward our literature. Allen's work was not as well received as it should be. Hering's valuable Analytical Therapeutics had only about three hundred subscribers. One valuable quarterly, the *United States Medical and Surgical Journal* had ceased to exist, having been consolidated with the MEDICAL INVESTIGATOR. The *New York Journal of Homœopathy* had been consolidated with the *Medical Union* under the name of the *Homœopathic Times*. Professor Small's observations in the former and the provings of *Picric acid* in the latter were alone worth the price of the subscription. He had cured two cases of locomotor ataxy with *Picric acid* from studying the proving in the journal. The Annual Record he did not think would appear again. Out of the twelve hundred odd members but two hundred come. The old, stale excuse was, no time to attend meetings, no time to read journals. He thought the profession ought to be ashamed.

[We arose to defend the profession, but the president declared "the time has expired," so we sat down. But will say here what we think. The signs of the times seem to us the most healthy and promising. The profession heretofore subscribed for everything and bought everything. They now declare they are all tired of this tax "for the good of

the cause," and are beginning to discriminate in favor of certain journals and works. The demand is for practical works for busy men. We do not think our profession any more lazy than busy men ought to be. We know they are ready to appreciate a good thing, but may overlook it.]

The following were appointed the committee on Medical Literature: A. E. Small, D. D., Chicago; I. T. Talbot, M. D., Boston; T. F. Pomeroy, M. D., Detroit; E. U. Jones, M. D., Taunton, Mass.; J. D. Buck, M. D., Cincinnati.

The report of the Committee on the

HOMŒOPATHIC DISPENSATORY

was presented by Carroll Dunham, M. D., chairman. He reported the work complete; it was in the hands of the chairman, and would be published shortly.

The report was adopted, and the committee continued, which is as follows: Carroll Dunham, M. D., Irvington-on-the-Hudson, N. Y.; T. F. Allen, M. D., New York; H. M. Smith, M. D., New York; F. E. Boericke, M. D., Philadelphia; J. J. Mitchell, M. D., Newburg, N. Y.; Constantine Hering, M. D., Philadelphia; R. J. McClatchey, M. D., Philadelphia; Sam. Lilienthal, M. D., New York; J. T. S. Smith, M. D., New York.

The report of the Committee on

FOREIGN CORRESPONDENCE

was next called. In the absence of the chairman, Dr. C. Wesselhoeft, Dr. Dunham presented this also. A communication was received from the Homœopathic Medical Society of Mexico, giving an account of the rise and progress and present condition of Homœopathy in Mexico, and six copies of the *Journal* published in that country. It seems they have fifteen Homœopathic physicians in the City of Mexico, and a flourishing dispensary.

A letter was also received from Dr. Tomasso Cigliano, of Naples, Italy, detailing his experience and success in treating diphtheria with *Carbolic acid*. He had treated more than forty cases with this. He also thinks it is an excellent preventative of diphtheria. He had also good results from *Merc cyan*.

The report was accepted, and the thanks of the Institute was voted to be sent to the correspondents.

The following were constituted the Committee on Foreign Correspondence: Chas. E. Bacon, M. D., Chairman; Carroll Dunham, M. D., E. B. De Gersdorf, M. D., T. S. Verdi, M. D., C. Wesselhoeft, M. D.

The following were appointed the Botanical Committee: T. F. Allen, M. D., New York; A. R. Thomas, M. D., Philadelphia; Wm. Von Gottschalk, M. D., Providence.

This committee will report every morning upon any interesting specimens they may find upon the islands.

The Board of Censors made a partial report through the chairman,

Dr. F. R. McManus, of Baltimore, presenting the names of a number of applicants for membership, whose qualifications had been investigated by the Board, and they had been found eligible to membership. Thereupon the applicants were elected.

The Institute then adjourned to meet in the morning at 9:30.

SECOND DAY — MORNING SESSION.

The Institute reassembled on Wednesday morning at half-past nine o'clock. The first business in order was the presentation and description by the Botanical Committee, of a number of medicinal and non-medicinal plants gathered on the island. J. R. Haynes, M. D., of Indianapolis, who had assisted the committee, was added to the list. Prof. T. F. Allen of New York, who is celebrated as a botanist, presented the specimens. Among them were specimens of *Arum try.*, *Agaricus*, *Rhus tox.* and *Rhus rad.* (which were declared to be identical), *Asclepias*, *Aralia*, *Thaspium aureum* (which is often mistaken for *Zizea integer.*), *Allium*, *Viburnum*, *Iris v.*, *Podophyllum* (some with three leaves), *Hepatica*, *Rhus typhna* (very similar to *Rhus glabra*), *Ranunculus*, *Eriogeron phil.* (which our Philadelphia friends ought to prove) and *Apocynum can.*, a genuine specimen.

Then followed the report and papers of

THE BUREAU OF SURGERY.

L. H. Willard, M. D., Alleghany, Pa., Chairman; W. Tod. Helmuth, M. D., New York; Malcolm Macfarlan, M. D., Philadelphia; E. C. Franklin, M. D., St. Louis; H. M. Jernegan, M. D., Boston; H. F. Biggar, M. D., Cleveland; J. H. McClelland, M. D., Pittsburgh, Pa.; George A. Hall, M. D., Chicago; J. B. Flowers, M. D., Columbus, O.

The special subject selected for presentation and discussion was, Fractures and Dislocations. Papers on the subject selected were promised by Drs. Hall, Macfarlan, Franklin, McClelland, Buffman, and Willard; and by Dr. Helmuth on, The Inflammatory Process, and by Dr. Biggar, on Surgical Diseases of the Prostrate.

There were present Drs. Willard, Franklin, Biggar, McClelland, and Flowers.

This report was very interesting, and is here tersely reported for us by the surgical hand of J. G. Gilchrist, M. D.:

The Bureau of Surgery presented an exceedingly interesting report, completing a series of papers that covered quite fully the surgery of of the bones. Most of the papers were presented and read by title, those of Drs. Franklin, Willard, and McClelland being partially read. Dr. Franklin, whose paper was upon

“CONCUSSION AND COMPRESSION OF THE BRAIN,”

argued that these two conditions could not be differentiated in practice, and of but little importance if it could be done, as in each there is the

the same pathological condition, probably differing, but in degree. That so far from the symptoms being due to molecular derangement, as was usually taught, they seemed to be due to actual contusion, extravasation of blood, and, probably, actual organic lesion of the encephalon.

In connection with this subject, the doctor also spoke of the effect of tobacco upon the brain and spinal cord, and had concluded, after extensive observation, that smoking produced more decidedly deleterious effects than chewing; and that when hemiplegia followed tobacco poisoning, the right side of the body was oftener affected. He cited the case of Gen. Blair, whom he was now treating, as an illustration.

Dr. McClelland gave an abstract of an exceedingly interesting paper upon

FRACTURE OF THE NECK OF THE FEMUR.

The points of special interest were, that bony union could, and did, occur in fracture of the neck of the femur, in cases of very advanced age, one specimen from a person of seventy-one years of age being presented. He adopted the classification of trochanteric when without the capsule, even where the fissure extended into the capsular ligament; and inter-capsular, when mainly within this membrane. In most cases he gave preference to the weight-and-pulley treatment, even when the fracture-box, stanch-bandage, or other means are used. Two specimens were presented, of great interest, showing the mode of union after impaction, and were chiefly important as showing the readiness of bony union in this situation.

Dr. Willard gave an abstract of his paper on

DISLOCATION OF THE HIP JOINT.

He showed that, in opposition to a prevalent opinion, the great difficulties to reduction of the dorsal and supra-ischiatic variety were not muscular contraction, but the ileo-femoral ligament in the first case, and the tendon of the obturator internus in the latter. The most successful method is that of Bigelow, somewhat modified and enlarged, in flexion and rotation. The various manipulations were fully illustrated, and their usefulness amply shown.

Dr. T. P. Wilson, of Cincinnati, exhibited a specimen of a horny tumor removed from the parietal bone.

Dr. A. R. Thomas, of Philadelphia, gave an account of the now historical case of Mr. Carruth, of Vineland, N. J., who had received a large-sized pistol

BALL IN THE BRAIN,

and yet who had recovered, having received by way of treatment little more than occasional doses of *Arnica* in a "high potency." Mr. C. has perfect use of his body and mind, and experiences no inconvenience whatever, excepting a somewhat disordered vision. The ball passed through the skull, entering the occipital bone to the right of the protuberance, and lodged in the sphenoid fissure of the right side, evidently passing through the lower portion of the middle lobe of the cerebrum.

Recovery seems to be complete, with the ball still in the cavity of the skull, and no impairment of brain function.

One gentleman suggested that the recovery in this case was due to the fact that the wounded man was an editor.

A member inquired if any extensive probing was resorted to. [Applause.]

Dr. Thomas believed not, as Prof. Morgan found the probe could be inserted but a short distance.

Another member asked if *Opium* had been given.

Dr. Thomas again replied that *Arnica*, high, only, had been given. Nature was allowed a fair chance, and the man was now doing well. [Loud applause.]

These queries called up the case of James Fisk, Jr., and the opinion of some of the surgeons that his death was due to probing and *Morphine*. The success under Homœopathic care in this case, therefore, called out the enthusiastic applause of the assembly.

The report was accepted, and the papers referred to the Publishing Committee.

The following were appointed to constitute the next Bureau of Surgery: E. C. Franklin, M. D., St. Louis, Chairman; J. H. McClelland, M. D., Pittsburgh; Wm. Tod. Helmuth, M. D., New York; Geo. A. Hall, M. D., Chicago; M. Macfarlan, M. D., Philadelphia; N. Schneider, M. D., Cleveland; H. M. Jernegan, M. D., Boston; L. H. Willard, M. D., Alleghany, Pa.; J. R. Flowers, M. D., Columbus, O.; C. G. Higbee, M. D., St. Paul, Minn., and J. G. Gilchrist, M. D., Detroit.

[TO BE CONCLUDED IN OUR NEXT.]

THE WORLD'S HOMŒOPATHIC CONVENTION.

Our readers are no doubt familiar with the fact that a gigantic convention of Homœopathic physicians, from all parts of the world, is in contemplation to be held in Philadelphia next year.

The project was set on foot at the meeting of the American Institute of Homœopathy, in Philadelphia, in 1871. And at the Washington meeting a committee consisting of a member from each state, who was to select an associate, was appointed as follows:

COMMITTEE ON THE WORLD'S HOMŒOPATHIC CONVENTION.

William E. Paine, M. D., Maine; J. H. Gallinger, M. D., New Hampshire; G. H. Brigham, M. D., Vermont; I. T. Talbot, M. D., Massachusetts; J. C. Budlong, M. D., Rhode Island; G. H. Wilson, M. D., Connecticut; Carroll Dunham, M. D., New York; J. J. Youlin, M. D., New Jersey; J. C. Burgher, M. D., Pennsylvania; A. Negendank, M. D., Delaware; F. R. McManus, M. D., Maryland; T. S. Verdi, M. D., District of Columbia; J. V. Hobson, M. D., Virginia; W. E. Freeman, M. D., North Carolina; F. H. Ormes, M. D., Georgia; W. H. Hol-

combe, M. D., Louisiana; A. Walker, M. D., Arkansas; J. P. Dake, M. D., Tennessee; W. H. Hunt, M. D., Kentucky; E. C. Franklin, M. D., Missouri; S. R. Beckwith, M. D., Ohio; O. P. Baer, M. D., Indiana; R. Ludlam, M. D., Illinois; F. Woodruff, M. D., Michigan; L. E. Ober, M. D., Wisconsin; G. W. Seidlitz, M. D., Iowa; J. F. Alley, M. D., Minnesota; O. S. Wood, M. D., Nebraska; S. K. Huson, M. D., Kansas; G. W. Barnes, M. D., California; E. A. Wild, M. D., Nevada.

EXECUTIVE COMMITTEE.

C. Hering, M. D., B. W. James, M. D., R. J. McClatchey, M. D., Walter M. Williamson, M. D., Henry N. Guernsey, M. D., Pemberton Dudley, M. D., F. E. Bœricke, M. D. A. R. Thomas, M. D., and Thomas Moore, M. D., were subsequently added.

ADDITIONAL APPOINTMENTS IN 1873.

J. H. Jones, M. D., Bradford, Vt.; George W. Swazey, M. D., Springfield, Mass.; Henry D. Paine, M. D., New York; G. W. Pope, M. D., Washington, D. C.; J. H. Way, M. D., Nebraska City, Neb.; J. Lukens, M. D., Newport, Del.; E. J. Frazier, M. D., San Francisco, Cal.; J. M. Schley, M. D., Savannah, Ga.; A. E. Higbee, M. D., Red Wing, Minn.

At Niagara Falls, June 10th and 11th, 1874, the committee of arrangements met at the call of the chairman, and adopted the following as its annual report to the Institute:

* * * The committee have adopted and they recommend to the Institute to sanction and adopt the following plan for conducting the World's Homœopathic Convention:

1. That the American Institute of Homœopathy meet in 1876 in Philadelphia as "The World's Homœopathic Convention under the auspices and control of the American Institute of Homœopathy;" and that the date of the meeting be determined at the annual meeting of the Institute in 1875.

2. That the bureaus and committees of the Institute which shall be appointed in 1875 shall present their usual reports at the regular meeting of the Institute in 1877: and that, in 1876, in place of the reports and discussions of the bureaus and committees of the Institute, the World's Convention receive the reports and discussions of essayists and debaters of our own and foreign countries, to be appointed by the committee of arrangements.

3. That the Transactions of the World's Convention be published in a handsome bound volume, to be distributed among the members of the Institute and their foreign guests; and that the expenses be paid by the Institute. * * *

The Institute by a unanimous vote passed the following resolution:

Resolved, That the Institute accept and adopt the report of the committee of arrangements of the World's Homœopathic Convention, and that it authorize the committee of arrangements to proceed to execute the plans adopted by them.

The following were elected to fill vacancies in the committee of arrangements :

F. F. DeDerkey, M. D., Mobile, Ala. ; D. B. Chase, M. D., Natchez, Miss. ; Wm. M. Mercer, M. D., Galveston, Texas ; A. E. Small, M. D., Chicago ; J. T. Whittle, M. D., Nashua, N. H. ; C. B. Currier, M. D., Middlebury, Vt. ; Wm. von Gottschalk, M. D., Providence, R. I. ; Walter Bailey, M. D., New Orleans.

[Who the other associates are, we do not know.]

On motion it was resolved that the chairman be empowered to fill all other vacancies, and that the executive committee have power to fill vacancies in their committee, and the chairman of the committee of arrangements was made *ex-officio* a member of the executive committee. On motion the chairman was directed to print the proceedings and reports of the committee of arrangements and distribute copies among the members of the same, that they may know what has been done and what is proposed to be done by the committee and what is expected of them.

At the meeting of June 11, 1874, the committee of arrangements unanimously adopted the following report of a sub-committee appointed to present a final plan of operations :

1. That, wherever State or National Homœopathic Societies exist, they be appealed to to furnish historical and statistical reports concerning Homœopathy in their respective states or nations ; where there are no such societies, that prominent resident physicians be requested to do this work ; and they recommend that the business of applying to these societies or individuals, in the United States, be placed in the hands of the chairman of the committee of arrangements and of the members who represent the respective states ; and that, if the members representing states refuse or neglect this duty, the chairman of the committee shall have power to assign the work to other physicians. The object of associating the chairman with the state members is that he may have cognizance of what is doing and may be able to supply deficiencies. Also, the chairman shall be allowed to assign the business of soliciting and receiving reports of various *sections* of our country to such members of the committee as may be peculiarly qualified to assist him

As regards foreign countries, that the committee of arrangements authorize their chairman to appoint a sub-committee of two members to act with the chairman as an "advisory committee," and which, with the chairman, shall conduct the foreign correspondence of the committee of arrangements and appoint essayists and debaters. They shall proceed, without delay, to the work of securing historical and statistical reports and of appointing and securing essayists, to the end that ample time may be allowed for the production of works worthy of the occasion, and shall make every effort to have all papers and reports in the hands of the chairman as early as Jan. 1, 1876.

3. It being, at this time, uncertain what number of foreigners may contribute to our Transactions, the apportionment of appointments as

essayists, etc., among our own and foreign physicians, shall be left to the discretion of the chairman and advisory committee; but an American physician should be appointed to prepare a historical summary of what has been done and is doing in each of the departments of medicine which it is proposed to discuss in convention. This will complete the historical portion of the Transactions, giving us the history and statistics of Homœopathic Institutions, Representation, and Thought.

The chairman and advisory committee shall also secure, if possible, in addition to essays from foreign individual physicians, official scientific communications from foreign National Homœopathic Associations.

In recommending the lodgment of so much power and responsibility in the hands of the chairman and a small committee, the sub-committee are influenced by a consideration of the impossibility of conducting so complicated a business, to be done altogether by correspondence, if it be left in the hands of a large committee scattered over the Union. But they regard it as well understood, that, whenever this may be possible, the chairman shall consult with the entire committee of arrangements and shall seek and procure their approbation and consent to such measures as he and the advisory committee may propose.

This report having been unanimously adopted, the committee of arrangements, on motion, adjourned subject to the call of the chairman.

CARROLL DUNHAM, Chairman.

ROBERT J. McCLATCHEY, Secretary, *pro tem.*

REPORT FOR 1875.

The following is substantially the report made at this session of the Institute, and will be read with interest:

In pursuance of authority given them by the Institute in 1874, they have, through their officers, opened correspondence with National Homœopathic Societies or with distinguished Homœopathic physicians of every country in the world in which Homœopathy is known to be represented, inviting co-operation in the convention by the appointment of delegates and by the presentation of historical and statistical reports and of scientific papers. From many foreign societies and physicians they have received assurances of hearty approval and co-operation in the ways indicated, and information that the reports and papers requested are in course of preparation. These facts are more particularly set forth in a circular addressed to the members of the Institute by the chairman under date of May 15, 1875.

The officers of the committee have also corresponded with the members representing the different states and have assurances from almost all that the work of preparing the historical and statistical reports on Homœopathy from the states is in progress. Should those who have not been heard from fail to respond before mid-summer, the chairman of the committee will exercise the power vested in him in 1874, and appoint, in their stead, others who will do the desired work.

The final appointments of essayists and debaters will be made within a few weeks, so soon as letters now expected from abroad shall have

informed the committee how much and what we may expect from our foreign colleagues.

The following plan of operations, in so far as a detailed plan can be formed at present, is proposed by the committee :

By a resolution of the Institute, in 1874, the committee understand that the Institute will meet as the World's Homœopathic Convention in 1876; that the officers of the Institute (viz : president, vice-president, secretary, treasurer, and censors,) elected in 1875, will be the officers of the World's Convention — it being understood, of course, that the convention may, at its pleasure, elect to temporary honorary offices such distinguished foreign physicians present as it may desire to honor; that the bureaus and committees appointed in 1875 will not report until 1877, but that, instead of the reports of bureaus, the World's Convention will receive and discuss reports on Homœopathy and scientific papers from our own and foreign countries.

It will, therefore, be necessary on some one day of the World's Convention to hold a brief executive session of the American Institute of Homœopathy, simply for the election of officers for the year 1877, and for receiving and acting on the report of the board of censors, and, the the election of honorary and new members, with this exception the sessions of the World's Convention will be devoted entirely to the reading and discussion of statistical reports and of scientific papers.

The Institute has already provided for the appointment of essayists and debaters. The committee propose that scientific papers received from foreign countries shall be translated and immediately printed and copies furnished to physicians who are expected to discuss them, and to members of the convention on its assemblage, in order that opportunity and time may be afforded for abundant preparation. That this may be done, it will be necessary that the treasurer receive funds for the expenses of the convention as early as Jan. 1, 1876. The committee propose that the expenditures for the convention be strictly limited to the printing of the Transactions, the cost of a hall, and the incidental expenses of a meeting of scientific men for discussion of scientific subjects.

As a means of raising the necessary funds, the committee propose :

1. That members of the Institute be requested to pay their dues as established by law, and by special resolution of 1875, in which the initiation fee was fixed at five dollars and an assessment of two dollars and a half levied on each member, payable before Jan. 1, 1876, for expenses of World's Convention.
2. That the committee of arrangements, of which two physicians represent each state, be constituted, with the treasurer of the Institute a finance committee; the state representatives to secure in their respective states, from members of the profession, irrespective of membership of the Institute, such contributions to the funds for the World's Convention expenses as they may be able to procure and transmit them to the treasurer of the Institute. And the committee have instructed their officers to estimate what sum of money in addition to the regular

income of the Institute will be necessary, and to apportion it among the states in the ratio of membership of the Institute, and to notify state representatives and members of the Institute of the per capita apportionment and to urge speedy and generous contributions.

By the proposed arrangement, every member of the Institute who has paid his full dues will receive the Transactions of the convention. But the material available for these Transactions, constituting as it will a historical and statistical report on Homœopathy throughout the world and a representation of Homœopathic thought and practice throughout the world, will involve a large and costly publication, which cannot be issued unless members of the profession, besides paying their dues, contribute liberally and promptly, according to their ability, to the fund. If issued in a complete form, it will, as we believe, constitute a book perfectly unique and of great value to every physician.

The committee propose that the time of the meeting of the World's Convention in Philadelphia be Monday, June 26th. The duration of the session to depend on the business which may come before the convention. Respectfully submitted.

This report was accepted and adopted unanimously.

Resolved, That the American Institute receive and adopt the report of the committee of arrangements of the World's Homœopathic Convention, and that it renew the authority conferred on the committee of arrangements at the session of 1874, and authorize said committee to proceed to execute the plan approved by it as stated in the report just adopted. Unanimously carried.

It will be seen that a general activity is going on in our ranks all over the world to make the coming convention one of interest and profit to all our profession in all countries. We believe our readers will do all they can to aid this work. We shall have farther to say on this subject at a future time.

ABOUT THE PUT-IN-BAY MEETING.

NOTES, INCIDENTS, EXPERIENCES, OBSERVATIONS, ETC.

For several weeks the staple expressions among the profession have been, "Who is going to the American Institute?" "Are you going?" "Well, Drs. ———, ———, and ——— say they are going." "Cannot get away." "Have some cases I cannot leave." "Cannot afford it." "Perhaps, I will see." "Hope to go," etc., etc.

DIFFICULTIES OF GETTING AWAY.

All our readers know how difficult it is to tear away just when you want to. "What day will you go?" was the next question among the going ones. "We'll have to start Sunday night to get there at the preliminary meeting." "Remember the Sabbath day to keep it holy," was raised as an obstacle. We proposed (D. V.) to start Monday evening. Business slack, but 4 P. M. found our partner tied up with an

obstetric case. Another call from another one "expected about now." We make a hurried visit; find first labor; will be tedious; perhaps a false alarm; had several such; gave *Bell.*; twenty minutes to train, and four miles away; hurried, horse lost a shoe on the way, but arrived just in time to get a seat, when "all aboard," was given, and we were off, with some misgivings about leaving two obstetrical cases to our young brother, and one, if not both, forceps cases at that.

NOTES BY THE WAY.

Found some M. D.'s aboard, and of course fell to "talking medicine," to the disgust of passengers within ear-shot. Dr. W. related an experience with green stools, in a child. Tried all remedies that seemed indicated, and finally gave *China*, with prompt result. These stools, it was presumed, were produced by indigestion. For colic, after failing with *Cham.*, *Bell.*, etc., found a little *Anise* essence relieve at once. For a child, that nursed all the time, Dr. U. had verified Dr. Lillenthal's observation, that *Pod.* would give relief.

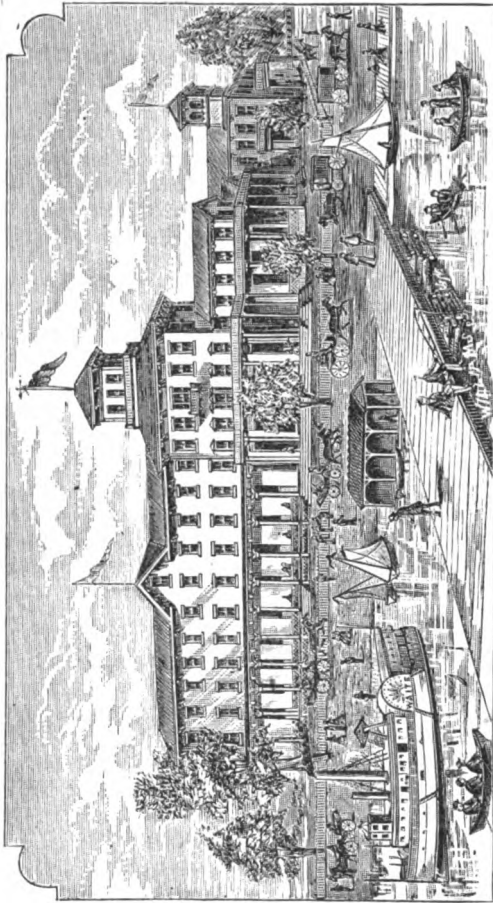
SLEEPLESS SLEEPING CARS.

We essayed to sleep, but could not. The brain was surcharged with blood, and the car seemed closed. We thought it due to the hurry and excitement of getting off; but further thought showed we were rushing through the air feet first, which tended to increase the rush of blood to the head and change the electric poles of the body. This gives the fitful, disturbed, and unrefreshing sleep so many travelers complain of. Would not a reversed position remedy the trouble? Sleep needs anæmia of the brain, but perhaps it might produce fatal paralytic anæmia. We would try it and see. With our head where our feet had been, we were off to sleep in no time, and awoke refreshed. President Ober informed us that changing the head toward the prow often relieved sea sickness. Moral: Always go head first.

ON THE LAKE.

As we neared Sandusky we had the extreme pleasure of seeing the sun rise from Lake Erie in all his royal splendor. Such a gorgeous sunrise, when sky and water are blended in a halo of light, it is worth a trip to see. Sandusky is a pretty, quiet place. At the hotel there was a strange mingling of Allopaths and Homœopaths. One was afraid to speak to a strange professional brother for fear of offending his royal regularity. A jocose brother exclaimed, "Well, this is a strange mixing of blue pills and sugar pills!" Some appreciated the joke, while others looked daggers. Thus we soon sifted friends from "the other fellows." After five long hours' waiting, we were at last off for Put-in-Bay, only sixteen miles away. The "*Gazelle*" proved true to her name and began to roll as if in sport as we steamed down the bay and past Kelly's Island. It produced such an ebb and flow in the choroid plexus about the striated bodies that several began to experience the decided peripheral irritation we term nausea. Many sought the recumbent position. Some strange black mixtures were produced, which reminded one of the nauseating doses of the long-ago. Why

give this when a few white globules of *Nux* would answer every purpose? As we steam up among the islands every eye was strained to make out Put-in-Bay. We stop at Middle Bass Island to unload some empty wine casks, and then pass the famous Gibraltar, and are in the bay, and in full view of the



BEEBE HOUSE, PUT-IN-BAY ISLAND.

The building to the right contains the hall where the Institute held its session.

PUT-IN-BAY ISLAND.

It is one of a group of islands lying north and west of Sandusky, O. It is properly one of the Bass Islands, and figures on the maps as South Bass Island. The name which it generally bears, and by which it has won its high and deserved reputation as a watering place, is attached to it from the fact that the northern front of the island forms a lovely

crested bay or harbor, from which Commodore Perry put forth to engage the enemy in 1813, and to which he returned with his victorious fleet after that sweeping victory, to repair the damage inflicted by the enemy, and to bury his dead. A large weeping willow now marks their resting place.

The historic memories which cluster here are heightened by the lavish gifts which nature has showered upon it. The bay is a most lovely sheet of water, hemmed in by islands, green with verdure, presenting their bold, rocky fronts to the ceaseless dashing of the restless lake. Many private summer houses dot the different islands, and art has contributed her portion to the general beauty. Gibraltar Island, on which Perry established his "Look-out," is a gem of natural effects, and here Jay Cooke, Esq., has established a summer residence, and here many a weary and worn minister has recruited his energies. To the east and west are seen more remote islands of the group, and the southern front presents the main land, distant but a few miles. The formation of the island is peculiar, and presents a rich field for the student of geology. A large subterranean cavern, into which the lake waters penetrate through some mysterious channel, is one of the attractions. All these were duly explored by the members in the interim of the sessions.

The grape, in all varieties, attains its greatest perfection here, and is the principal product. Wines of the purest quality are made in great quantities.

Nearly north, and in full view of the Beebe House, is Middle Bass Island, celebrated as having the largest house for the manufacture of wines in this country.

Here was erected by Toledo parties, the past season, a large club-house for the accommodation of its members. Many of the members will not forget Stacy's, "the Put-in-wine Island."

A little to the right and north of Middle Bass, is Ballast Island, purchased by a Cleveland club, on which they are now building a large number of cottages and club-houses.

Put-in-Bay has become noted as a fishing ground. The waters abound with all varieties of the finny tribe, for which Lake Erie is so justly famous. Black and white bass, perch, pickerel, pike, muscalonge, and whitefish, make it a chosen resort for the disciples of Isaac Walton, some of whom were among the membership. The bass, as served us, will long be remembered by the physicians who can appreciate toothsome articles. The facilities for fishing are unsurpassed. A large boat-house is connected with the hotel, from which were obtained good oarsmen, fishing tackle, bait and boats of all kinds. There were too many attractions about to tempt away from the session rooms. As a place for recreation and diversion, it is the best place we know of.

THE BEEBE HOUSE

and its management will not soon be forgotten. It is very home-like in its appointments, a fact which contributed in no small degree to the

success of the meeting. Messrs. Beebe Brothers done all in their power to make it pleasant for the members, although they did not expect such a host on the first day. It is well supplied with all the modern improvements, and has comfortable accommodations for four hundred guests. The rooms are large and airy, all lighted by gas. The parlors and dining-room are spacious, well-lighted apartments, and the latter can seat four hundred guests. The *cuisine* needs no recommendation to those present. A large building, remote enough from the main structure to prevent annoyance, but connected by walks, is devoted entirely to pleasure. It contains a fine billiard room, bowling alleys, ice-cream and wine rooms. On the second floor is a spacious dancing hall, ladies' and gentlemen's parlors, leading from which are dressing rooms, etc. It was in this building that the meetings were held.

The location, with the lake in front, a splendid grove on the left, the only bathing beach on the island but a short distance in the rear, is one that is not equaled by any other hotel on the island. The chief charm of the house is, however, its home-like comfort and elegance—two things so seldom found at watering-place hotels. Adjoining the premises is a beautiful grove, fitted up with seats and tables for open air enjoyment. It is remarkable that here no mosquitoes or other pestiferous insects were found.

This quiet retreat, with the ease of access by steamer from Sandusky, Cleveland, Toledo, or Detroit, would be more extensively patronized if it was better known to the profession in the West. It is very popular with Southern people, who reach it *via*. Cincinnati. As a health resort Put-in-Bay has a great reputation before it. The quiet, home-like character of the Beebe House will ever make it very desirable. The proprietors, Messrs. Beebe Brothers, are Homœopaths, and we should patronize our friends.

Of what we saw, etc., at the meeting, shall have to be continued in our next. T. C. D.

Materia Medica Department.

DILPHINIUM AZEREUM.

There is a plant very abundant in the foot-hills of the Rocky Mountains, (a variety of the *Dilphinium azereum*,) which poisons a great many cattle every spring. Soon after the animal has eaten the plant it will be found trembling with its feet braced, soon the hind parts fall to the ground, then the forward parts, then it will lie on its back paralyzed. Usually following this, though not always, the stomach will

become distended with gas and the animal soon dies. The usual remedies are to let the gas out with a knife or drench with grease. These means help cattle but not sheep.

I have a flock of sheep that have suffered from the poison weed, as we call it. I saw at once that *Gels.* was indicated. I give three or four drops of the tincture and the animal recovers in a few minutes.

These facts suggest that *Dilphinium azereum* would be a good addition to our *materia medica*. Will supply specimen of this plant to any person wishing it.

D. B. BENNETT.

LIVERMORE, Colorado.

A *MATERIA MEDICA* QUESTION.

I notice in Burt's *Characteristic Materia Medica*, under *Eupatorium purp.* the following symptoms: "Nausea as the chill is leaving and desire to eat immediately after the fever," this is quoted from Dr. Swan. I also find under *Eupatorium perf.*, "vomiting after the chill is a distressing and prominent symptom, the real key-note of this remedy."

I want to ask Dr. Swan, if he has found the "nausea as the chill is leaving" to be also characteristic of *Eup. purp.*, or has Dr. Burt made a mistake and placed this symptom under the wrong remedy?

FLINT, Mich.

J. G. MALCOLM.

POISONING BY *KALI BICH.*

I have quite an interesting case of poisoning from sleeping under a yellow-colored mosquito-bar, causing an eruption almost all over the body, hands and face being freest from it, the trunk and thighs worst. The eruption is like measles, mixed with pustules here and there, which singularly do not break but rather dry up and leave a distinct scar.

The patient is a dry goods clerk, fair complexion and fat; used to sleep in the store last summer, and was in the habit of unrolling a part of a bolt of mosquito-bar and sleeping under it.

First symptom was a soreness under the sternum, like an ulcer under the skin, causing severe pain on lifting his arms to put up shelf goods, soon after, the eruption appeared.

I put up the case this wise: The bar used had been colored with *Kali bich.*, and he being very susceptible to its action we have a case of poisoning from *Kali bich.* Now what I want is the antidote to *Kali bich.* The nearest antidote I can find is *Puls.*

THOS. ECKLES.

STERLING, Ill.

ABOUT CARBOZOTATE OF AMMONIA.

I am daily in receipt of letters from all parts of the United States asking "what I know about" the *Carbozotate of ammonia*, and it will save me a good deal of letter writing if you will give this a place in your very valuable journal.

1. It is an orange-colored intensely bitter salt, in small crystals.
2. It costs fifty cents per ounce in San Francisco.
3. It came before the profession by a notice in the January (1873) number of *Rankin's Abstract*.
4. It possesses all the virtues and none of the objectionable qualities of *Quinine*, and has entirely superseded the use of that drug in my practice.
5. It was originally recommended in doses of two to four centigrammes daily, in intermittent fever.
6. I have used it hitherto with uniform success in intermittent fever, and in the type of headache spoken of in *THE INVESTIGATOR* of June 1st, in doses of one-fourth grain of the salt every hour or two till successful, which it has so far been in a day or two.
7. I have never seen any disagreeable or objectionable after effects follow its use.

SALINAS CITY, Cal.

E. KIRKUP.

IBERIS SYMPTOMS RELIABLE.

In your issue of May 1st, Dr. Hoyne objects to the provings of *Iberis*. He believes them untrustworthy, and warns Dr. Allen not to put the symptoms in his *Encyclopaedia of Materia Medica*.

The provings of *Iberis* were made under my supervision, and I have every reason to believe the majority of them were genuine. If Dr. Allen's *Materia Medica* contains no worse provings than *Iberis* the profession may be thankful. If we are to judge by the second volume I fear the work will be far from *pure*.

The *Iberis* was proved by Drs. R. C. Sabin and M. M. Dodge, then students of Hahnemann Medical College of Chicago. They were not told that it "had a marked action on the heart," but they *were* told to write *all* the symptoms, and *if* any cardiac disturbances occurred to have a stethoscopic examination.

Dr. Hoyne would seem to imply that *because* they knew the remedy would affect the heart, *therefore* the heart-symptoms were imaginary. This would dispose of two-thirds of all the symptoms in our *materia medica*. The assertion is absurd. Any one who will read the heart-symptoms of *Iberis* will see that they *could not* have been imagined.

Moreover, the truth of a proving is best substantiated by its verifications. The clinical use of *Iberis* prior to, and since the provings were

made, confirm the genuineness of the symptoms. The physiological symmetry of the provings go to show that they were genuine.

There is not a drug in Hahnemann's *Materia Medica Pura* that was proven without the provers' knowledge of its name, unless we except the symptoms obtained on the sick, which never ought to have been published.

Dr. Hoyne's charge that a part of the symptoms of *Iberis* are *spurious* and imaginary, is a very grave charge against the gentlemen who proved it. It implies that they were guilty of *fraud*.

It remains for those men to defend their own honor and honesty. If they recorded any spurious symptoms I am anxious to know it, and I demand it of them that they shall defend themselves.

I believe they are genuine, and I hope to show by physiological and pathological experiments before long, that the *Iberis* is a cardiac remedy, holding a place midway between *Lycopus* and *Collinsonia*.

CHICAGO.

E. M. HALE.

THE ENCYCLOPÆDIA OF PURE MATERIA MEDICA.

BY TIMOTHY F. ALLEN, A. M., M. D. VOL. II. BOERICKE & TAFEL.

The *second* volume of this valuable work has been received, and it fully sustains the high promise of the first one. The gleanings from the wide fields of *materia medica* are thorough and exact. There are many drugs of which we have only very fragmentary provings but which are at times useful in the treatment of the sick, and many of these fragments were not available to the majority of practitioners, being scattered in so many places, but here they are found in systematic arrangement. Even "*Blatta Americana*," the "pensive cockroach" appears "cockroaching upon respectable people." The growth of pathogenesis is not, however, confined to either new remedies or those but little known. The older and more-used ones have been extended.

This will be appreciated by whoever will attempt a thorough study of any of the remedies which have received anything like a complete proving. The studies we have had occasion to make since the appearance of Vol. I of the remedies which were in that, has confirmed our first impression of the help we would receive from it.

There are seventy-four names of remedies in the index to this volume, but some are mentioned in the text only to be referred to under some other name. These are all included from *Aurum* to *Cardus marianus*.

It is desirable that our nomenclature should be made as uniform as possible, but each author seems to follow rules that differ from others in choosing what name he will give remedies. Allen gives us, as an example, *Carboneum sulfuratum* for *Carbon bisulphid*, CS₂. Hering, who is copied by Hale, gives us *Carburetum sulphuris* for the same remedy. In Hering's last work he substitutes *Calcareo ostrearum Hahne-*

manni for *Calcareo carb.* Hering also mentions *Calcareo carb.* but we think it is clearly his intention to have the preparation of the oyster shell referred to by the former name, and which has generally been referred to by the profession as *Calcareo carbonica*. The provings given by Dr. Allen are both from the "triturations of the middle layer of the oyster-shell," and the precipitated *Carbonate of lime* from a solution of chalk in *Hydrochloric acid*." He says in a foot-note that "neither of these consists of pure *Calcium carbonate*." If the preparation from the oyster-shells has different effects on the human system from the precipitated *Carbonate of lime*, the name should be changed and the provings reported, but if the symptoms come wholly from the *Calcium carbonate*, the name is correct and a chemically pure drug should be used. Dr. Allen does not give *Calc. ostrea*. as a synonym.

Boletus laricis is given by Hale as *Polyporus officinalis*. The latter name is not given by Allen in his synonyms. This all tends to confusion. In a standard work like this one, we ought to have the synonyms fully given, in order that when different authors refer to the same drug under different names we can settle the question of just what is meant.

The typographical part of this work is very satisfactory, and in some respects is better in the second volume than in the first.

We would again say to the profession that a subscription to this work is a good investment.

H. B. FELLOWS.

Medical News.

Married.—On June third, Dr. J. B. Chandler and Miss Henrietta J. White, all of Alleghany City, Pa.

Dr. W. S. Searle, of Brooklyn, N. Y., will spend July and August in Saratoga, for his health.

The Michigan Appointments.—The Board of Regents of the Michigan University, at their meeting, June 29th, unanimously appointed to the chair of Homœopathic Materia Medica, Samuel A. Jones, M. D., of Englewood, N. J.; and to the chair of Theory and Practice, J. C. Morgan, M. D., of Philadelphia. On the first of October next the Homœopathic Medical Department of the Michigan University will be in full working order. Two better men for these places could not have been selected. They will add popularity to the department.

I. N. ELDRIDGE.

FLINT, Mich., July 3, 1875.

[An excellent selection.—ED.]

Physician Wanted.—Mr. C. W. Russell, of Ogden, Iowa, writes to one of our Chicago physicians: "I have a request to make, and a great many here have urged me to make it at once, and that is, that you will send us a Homœopathic physician out here. The people are



getting tired of being drugged to death, and there is no reason why a young man of energy and skill should not do well. This town is located in the midst of as fine a farming country as the West can boast of, and the town, though small, is a first-class business town. Send us the right kind of a man. For confirmation of my statements I refer you to Dr. Huntington, of Boone. We have three old school physicians here."

Against Watering Places for Society Meetings. — Perhaps all of the working men of the American Institute have arrived at the same conclusion, viz.: It is unwise to hold our sessions at watering places. Certainly, if there are any who have not reached that point, the consideration of one fact may assist them to such a desirable conclusion. At nearly every session there were probably more, or at least as many, members engaged in the pursuit of pleasure as in the pursuit of knowledge in the hall. Many young men but recently entered upon professional life, were absolutely absent from *every* meeting except the one during which officers were elected. If they want a vacation for recreation simply, let them have it; but for their own credit, when they attend a medical gathering hereafter, let them throw aside their pleasures, and give and receive knowledge. Let us go back to the old plan, with this difference: abolish the banquet, hop, and sight seeing. The latter can be attended to after the close of the session.

J. G. GILCHRIST.

Society Announcements.

The Chicago Academy of Homœopathic Physicians and Surgeons meets Thursday evening (July 8th and 22d), in the Tremont House.

The New York County Homœopathic Medical Society meets the second Wednesday evening of the month, in the Ophthalmic Hospital.

The Philadelphia Homœopathic Medical Society meets the second Thursday evening of the month, at the college.

The Hahnemann Academy meets on the fourth Wednesday Evening of each month, at the Ophthalmic Hospital Building, corner Twenty-third street and Third avenue, New York.

SELLING DIPLOMAS.

It looks very much as if the Homœopathic Medical College of Missouri were selling diplomas. A certain man named Hopkins, who is practicing at Geneseo, Ill., claims to have a diploma from the above-named institution, dated 1872. Dr. Franklin certifies that Hopkins graduated in that year. Dr. P. G. Valentine, Registrar of said institution, in a private letter dated June, 1874, says: "If Hopkins claims to be a graduate of the Homœopathic Medical College of Missouri he is a *fraud*; we never saw him. He wrote to us once about coming, but never came." Now Dr. Valentine certifies that he graduated there in 1872. I had a conversation with Hopkins in October or November, 1873, and he had no diploma at that time. His wife claims to be a graduate of 1875, but did not leave Geneseo all last winter. This is written to give St. Louis a chance to explain. It certainly looks as if diplomas could be had for the asking at St. Louis.

T. S. HOYNE.

Office of
The United States Medical Investigator,

A SEMI-MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

[Consolidation of the *United States Medical and Surgical Journal*, (Quarterly, \$4.00)
Vol. X. with the *MEDICAL INVESTIGATOR* (Monthly, \$3.00),
Vol. XII; Commencing January, 1875.]

Two Volumes a Year. — Terms: \$5.00 a Year, Payable in Advance.

T. C. DUNCAN, M. D., Editor.

F. DUNCAN, M. D., Business Manager.

67 Washington St., Chicago, July 15, 1875.

PARTNER.—Those who want industrious young men as partners, will please address this office.

TWENTY-FIVE cents each will be paid for the January and October numbers of **THE MEDICAL INVESTIGATOR** for 1874.

LOCATIONS.—Please send us the facts regarding any locality where you think a young Hoinceopathic physician might succeed.

J. J. YOULIN, M. D., sailed July 7th for a short tour in Europe, to be absent two months. Dr. F. W. Seward attends to his patrons during his absence.

Dr. R. B. Rush, of Salem, Ohio, of off for Europe, also. Madam Europa must be sick, or she is expected to be soon.

ATTRITION FLOUR AGAIN.—Some of our readers will be pleased to learn that the Attrition Flour is again to be had. As a flour it should supercede all other kinds, as it is a superior article.

WANTED.—A young physician, twenty-five years of age, and four years experience, desires a partnership with some good physician. Satisfactory references furnished. Address, X. Y. Z., care **UNITED STATES MEDICAL INVESTIGATOR**.

PETTIT'S VACCINE VIRUS.—Falling health has compelled Dr. Pettit to take a vacation. His vaccine business will be carried on during his absence by an experienced propagator, and all orders will be filled with first-class material if addressed, J. PETTIT, M. D., 75 Public Square, Cleveland, O.

DRS. T. C. & F. DUNCAN: Office 67 Washington street, Rooms 3 and 4. Physicians visiting the city are cordially invited to call and look over the large library of **THE UNITED STATES MEDICAL INVESTIGATOR**, while we tap them for medical items for the benefit of all. The office is open from 7 A. M. to 6 P. M. The editor is in from 1 to 3 P. M. The business manager, from 10 A. M. to 4 P. M.

BACK VOLUMES.—We can furnish a few volumes of 1872 and 1873 for \$2 each. Vol. XI, 1874, we are sorry to say, we cannot furnish *complete* volumes of. Owing to a mistake in the printing, not enough copies were printed of the January and October numbers. Any physician who has duplicates, or does not care to preserve his journals, by sending us January and October, 1874, will receive 25 cents each. The ten numbers (all except January and October) of Vol. XI will be sent to any address on receipt of \$1.50.

REMOVAL.

Dr. G. H. Hawes, from Sission Agency, D. T., to Alden, Ia.

LOCATIONS.

Fox Lake, Dodge County, Wis.; 1,500 inhabitants.

Randolph, Dodge County, Wis.; 400 inhabitants. Good country.

Lowell, Dodge County, Wis.; 600 inhabitants. Farming country, and Homeopathic community.

MARRIED.

June 3d, Dr. J. B. Chandler and Miss Henrietta J. White, all of Alleghany City, Pa. In Oberlin, Ohio, on the 12th inst., by President Finney, assisted by the Rev. Henry Cowles, D. D., Rev. Joseph Adams, of Cambridge, Pa., to Mrs. Julia A. Dunning M. D., of Cory, Pa. No cards.

1875

THE
UNITED STATES
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

New Series, VOL. II., No. 3. — AUGUST 2, 1875. — Whole No. 147.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

Look sharp for medical facts.

Summer diseases are upon us. Some valuable hints may be gleaned from the reports we here give. Report your observations, please, for the benefit of others.

Now is the time for hay fever. Note its first appearance, kind of weather, etc. See if you can not nip it in the bud. It will probably be worse than usual this season.

LOUISVILLE, Ky., July 2.— Not much sickness. Diarrhoea of infants has yielded readily to *Podophyl.* this season. J. R. PIRTLE.

FISHER'S STATION, Ind., July 5.— The last week we have been having bilious fevers, with more or less congestion to the head. *Aconite*, *Bry.*, and *Rhus* have been the principal remedies. In a few cases where there was a periodicity, or complication with malaria, I used *Bebeerine* with success. H. W. ROOKER.

ROCKVILLE CENTRE, Long Island, July 8.—Very little sickness of any kind. A few cases of remittent fever and hooping cough (pertussis). Three miles away they are having some scarlet fever, all in the hands of the regulars. The hot season is fully upon us; 90 degrees in the shade.

R. BOOCOCK.

GRAND ISLAND, Neb., July 2.—Not much sickness the past month. Mostly typhoid fever, most of them *Rhus*. cases. Catarrhal fever helped with *Bryonia* 30 and *Gels.* 30. I would remark, in this dry climate, the centre of Nebraska, *Aconite* is of very little use when indicated. *Gels.* is the remedy, in tincture, or the 30th.

F. CHURCHILL.

JERSEYVILLE, Ill., June 28.—Last winter we were kept quite busy. Principal diseases, pneumonia, typhoid, tonsillitis, a few cases of cerebro spinal meningitis, and quite a number of chronic troubles, which takes a good share of our time. Not much sickness at present; a few cases of rotheln, intermittents, and hooping cough.

C. W. & C. R. ENOS.

SOUTH HOLLAND, Ill., June 25.—I have just been reading your different reports from physicians all over the country, and thought I would let you know what we are doing here. Measles, scarlatina, and the new German disease are keeping us busy. For measles, *Aconite nap.* 3, *Bell.* 3, and *Puls.* 3. Scarlatina, *Bell.* 3, *Mercurius bijod.* 3, and *Arsenic* 3. And for rotheln, *Aconite* 3, and *Bell.* 3 do all that is needed.

JOHN A. VANDERBURG.

NEW ALBANY, Ind., June 24.—Weather intensely hot—94 in the shade. Some cholera infantum. One case is bothering me terribly; has been threatening to run into hydrocephaloid; nothing, so far, has done much. *Rheum* and *Arsenicum* 30 have helped all my others. I feel like petitioning Congress to drown all babies whose mothers are unable or unwilling to nurse them. All the baby foods but those manufactured by Dame Nature, with the trade-mark of a pair of well-developed mammary glands, are a fraud and a snare.

A. MCNEIL.

[Try Horlick's Food, first.]

ALBANY, Oregon.—Have much damp weather, and much consumption, acquired. The mortality is quite as high as in the States. In three years and a half my mortality was two acute cases and four consumptives. One of the acute cases was typhoid fever complicated with erysipelas. The other was typhoid pneumonia from relapse. The consumptive cases were acquired on the coast. About one-fifth of all deaths from natural causes are due to consumption. Have much erysipelas, intermittent and remittent fevers. Have less bowel trouble in children. Had an epidemic of measles; first known and nearly all had it. *Puls.* did little as a prophylaxis. One case had intermittent as an intercurrent. *Nux* was the chief intermittent remedy; then *Ars.*

and *Puls.* Believe that *Nux* will cure more cases of ague than *Quinine*. That is my observation in Iowa, Wisconsin, and Missouri, as well as in Oregon; will break it quicker in Oregon. Had quite a reputation for curing ague. *Cedron* cured some old regular cases in Missouri, but was useless in Oregon. All diseased conditions seem to develop more slowly than in Iowa and Missouri. Had an epidemic of hooping cough last year. *Drosera* was the remedy. With it was chills, with disposition to sink in the chill. *Dros.* met this condition also.

W. G. JONES.

MANAYUNK, Pa., June 22.—We have had here a violent epidemic of diphtheria, the disease being of the most malignant and fatal form, tending to affect, in very many cases, the larynx, and thus bringing on that truly dreadful disease, diphtheritic croup. I have used in most of my cases Neidhard's *Liq. calcis chlor.*, from four to fifteen drops in half a glass of water, according to the severity of the case, a teaspoonful every hour; when very bad, as often as every ten or fifteen minutes. I have also used the potentized remedy which seemed to be indicated, such as *Lachesis*, *Lycopodium*, *Belladonna*, *Bryonia*, *Apis*, *Rhus*, *Kali bich.*, and *Spongia*, the two last, especially, in croup.

I think I have seen very good effects from the use of the *Liq. calcis chlor.* But it must be given right from the start, and continued night and day until the formation of the membrane is checked.

Lime baths in croup, as recommended by Dr. Bird in your journal, I have found serviceable. The disease is still prevalent, but the type is not so virulent.

W. B. TRITES.

CHICAGO.—Cholera infantum and dysenteric diarrhoea are now chiefly met. For the latter *Merc.* seems all that is needed. For the former, *Ars.*, *Verat.*, *Puls.*, and *Hepar* have been called for. Slight nightly attacks have been promptly arrested by *Puls.* *Hepar* has cured cases where the trouble seemed to be due to the irritation of the teeth, chiefly with morning aggravation. For the severe attacks, when the discharges were profuse, offensive, and very watery, the thirst great for small quantities of water, with vomiting soon after, with much restlessness and rapid prostration, *Ars.* was the remedy. When the vomiting was the most persistent, with threatened collapse, *Verat.* cured. The attacks seemed due to the changes from hot to cool, cloudy weather, and to sour milk. Have met more than the usual number of cases of disturbed lacteal secretion—sour breast milk. Caked breasts and colicky mothers need prompt attention or the child cannot be cured. *Puls.*, *Ars.*, or *Bell.* have been the chief remedies needed for the mothers. The rapidly-changing, threatening weather has given more than the usual trouble with bottle-fed babies. Boiling the milk and stirring in some fresh flour has proved a splendid plan. The attacks are so sharp that the mothers need extra caution not to neglect the most slight disturbance in their own health, or the child's. The vomiting is the most serious phase of the attacks. To give *Ipecac* is a waste of time. *Pod.* has helped some, but have been afraid to

trust it in severe cases. As it is the epidemic remedy in Louisville, it will yet be, no doubt, further north this season. *Pod.* is a sour remedy and as this is a sour disease they ought to correspond. If it should prove the remedy it will take rank with such grave remedies as *Arsenicum* and *Veratrum alb.* Sour milk and sour food from the rapid electric changes—cloudy, stormy weather—will give us extra trouble this season, calling for such sour remedies as *Æthusa*, *Ant. crud.*, *Rheum.*, *Puls.*, *Ars.*, *Pod.*, *Verat.*, *Bell.*, *Camphor*, *Merc.*, and the acids.

Think we may expect much malarial (marsh gas poisoning) and typhoid fevers. Limestone regions may have much dysentery.

T. C. D.

BEARDSTOWN, Ill., July 13.—General health good for July. Some puerperal fever. I was called to see Mrs. — eight days after confinement. Found the flow profuse and offensive; the secretion of milk arrested; wild look; said the bed appeared to be sinking. Gave *Scrofularia nodosa*, first decimal attenuation, a tablespoonful every hour until better, then every three hours.

Called next day, and found her better; flow in proper quantity, but slightly offensive.

Called two days after, and found her sitting up; milk plenty. Felt all right, but weak.

I give *Scrofularia n.* in all cases where the lochia has stopped, or is unhealthy, with good results, and have not been disappointed in this remedy the past year.

Some cholera morbus. Called at midnight to see a Miss, twenty-five years old; vomiting, with pain in stomach and bowels; cramps in feet and legs. Gave *Frazinus polygamie*. In half an hour the cramp had all gone, the pain was relieved, and the vomiting stopped after the second dose.

I made a proving with *Frazinus p.*, and give it in my practice. I find it valuable. [Send us the proving, please.—ED.]

CURED BY CEPHALANTHUS OC.

January 1st, at 1 A. M., Mrs. — called at my house, saying, "Come, my husband has one of his old headaches. He is crazy with pain." I found him suffering with intense pain all through the head. I gave a tablespoonful of *Cephalanthus oc.*, and repeated the dose in fifteen minutes. In fifteen minutes more he was sleeping quietly. I called at 9 A. M. He met me at the door and said he was all right. His previous headaches had kept him in bed from two to four days. Has had no headache since. I give *Cephalanthus* in dysmenorrhœa. One or two doses will stop the pain. I find it good for toothache, and what the people call ague here. Two-thirds of all fevers of this kind are cured with *Cephalanthus oc.* in three to five days.

J. S. WRIGHT.

NEWARK, N. J., July 12.—The troubles we have at present are mostly intermittents, calling for *Ars.* 3, *Eupatorium* 3; diarrhœa, cured by *Merc. sol.* 3, *Coloc.* 3; cholera infantum, cured by *Cham.* 3, *Ipecac* 3; inflammation of the bladder, cured by *Aconite* 3.

I want to make a complaint against my Homœopathic brethren. In reading a pamphlet, lately, which advocated that the Homœopathic treatment cured most safely, most surely, and most pleasantly, I find the following passages: "What a startling commentary is this upon the dominant practice of medicine! And yet, with what self-conceit does the old school bar its doors against the Homœopathic physician, refuse to meet him in consultation, and brand him as a quack."

I have often wondered why the Homœopaths complain of the Allopaths not being willing to meet them in consultation. Would any true Homœopath be willing to meet an old school physician in consultation if he were called? Would he, under any circumstances, call an Allopath in consultation? I am sure I would not. Not but that I respect them; not but that many of them are able physicians, but for the simple reason that we could not pull together. *We do not want them to meet us in consultation. We cannot meet them in consultation.* Then why complain? And now that word "quack." Why should we ourselves publish to the world that a certain class stigmatize us as "quacks," thus helping that class to keep the stigma before the people. I honestly believe that the Homœopathic physicians do more to keep that hateful word "quack" before the people as against themselves than the Allopaths do. I often see it used in our medical journals and books, complainingly, but I cannot recollect when I last heard it from ANY Allopathic source. "*Let us have peace,*" and allow "quack," and "dominant practice of medicine" to die out, as I believe it would soon do if the Homœopaths would let it alone.

H. M. B.

THERAPEUTICS OF INTERMITTENT FEVER.

FROM WURMB UND CASPARI'S KLINISCHE STUDIEN—TRANSLATED
BY A. MCNEIL, M. D., NEW ALBANY, INDIANA.

[Continued from page 24.]

It is clear that it is not now our task to go through all the medicines proven on the healthy and to investigate which of them may produce a condition similar to intermittent fever, and how they resemble it. By that means certainly the most reliable information of the usefulness of the remedies in intermittent fever would be obtained. While we do not possess such a comparison, we must look about for another mode of learning the value of our fever remedies. What we consider the best will be seen from the following:

If the supposition is right, that there is no real boundary between the diseases occurring naturally and the drug diseases; if it is true that intermittent fever has certain characteristics which differentiate it from all other diseases, so the admission is certainly true that the intermittent fever remedies also have certain indications by which they are distinguished from all other remedies. If this conclusion is accepted, there can be no great difficulty in separating the real remedies from the

imaginary if we place together the remedies which have been tested by the touch-stone of experience, and so search out what is common to them and what relation exists between their general features and their greater or less usefulness. If we do this, and consider the following seven remedies more closely, viz: *Arsenicum*, *Nux vom.*, *Veratrum alb.*, *Pulsatilla*, *China*, and *Ignatia*, we discover that they all stand in direct relation to the nervous life, and that they, the more this is the case, the more decidedly and extensive this action is, the more useful they prove themselves even in the most difficult cases.

	<i>Ars.</i>	<i>Puls.</i>	<i>Nux.</i>	<i>Verat.</i>	<i>Ipecac.</i>	<i>Ignatia.</i>	<i>China.</i>	<i>Nal. mur.</i>	<i>China.</i>	<i>Bryonia.</i>
Intermittent existing 14 days, times	2	6	6	.	4	12	.	.	.	.
" " 30 " "	2	6	1	1	2	1	.	1	.	1
" " 2 months, times	9	3	4	6	.	1	2	.	.	.
" " 4 " "	3	2	1	2	.	.	.	.	.	.
" " 8 " "	2	.	1	1	.	.	.	.	.	.
" " 18 " "	2	.	1	.	.	.	.	.	.	.
Total, - - - -	20	17	14	10	6	4	3	1	1	1

The above table teaches that while we with *Ars.*, *Nux* and *Veratrum* have cured forty-four cases of intermittent fever, *Ipecac.*, *China* and *Ignatia* only cured thirteen. The first mentioned remedies belong to heroes of the nerve remedies, while the action of the latter is much more superficial and confined to much narrower limits.

If we compare further these seven remedies we will discover a second point which co-operates in regard to their greater or less usefulness. All stand in a near relation to the vegetative sphere and are more useful in proportion as they act on the same. Our chief remedies, *Ars.*, *Nux* and *Veratrum* attack the vegetative life more powerfully and leave far behind, in this respect, those remedies which belong to the second rank, viz.: *Ipecac* and *Ignatia*. But the importance of this property is seen the most clearly in *Puls*, for in reference to its influence on the nervous system it can take no other place than beside *Ignatia* and indeed this can scarcely be assigned to it, and yet we see that with the exception of *Ars.* it took the first place, viz., seventeen times, which singly and alone must be ascribed to its influence on the vegetative sphere. This fact proves that besides the direct relation to the nervous life, the near relation to the vegetative sphere in the properties of a drug must not fail in an antipyretic. The more clearly pronounced both of these properties are, the more frequently it comes into employment, and the more deeply rooted and violent cases are cured by it. Our table proves this, presuming that an intermittent fever the longer it has continued, the deeper disturbances lie at its foundation or exist as a result.

The table brings the remedies in the following order of rank: *Ars.*, *Nux vom.*, *Puls.*, *China*, *Ignatia*, and *Ipecac.*, for with *Ars.*, *Nux*, and *Veratrum*, we have cured the obstinate cases which have continued for months, with *Puls.* and *China* have succeeded only the less violent,

continuing at the most for a few months, and *Ignatia* and *Ipecac* have proved useful only in the mild and fresh cases.

Finally it is to be considered that all these remedies stand in a near relation to the vascular system, and they prove themselves the more efficacious the more decidedly they act on the same. The latter must especially prevail of those remedies which directly attack the vaso-motor part which is governed by the ganglionic nervous system, while such remedies which merely affect the spinal side can only exercise an inferior influence on the vascular movements, and therefore cannot have the importance of the first.

From these it results that, expressed in aphorisms, the following rules for the choice of a remedy in intermittent fever govern :

1. Every fever remedy must (this is its first and indispensable property which must not fail.) act on the nervous system generally, on the ganglionic system and more particularly on the vaso-motor part of it.
2. The intimate relation to the vito-chemical side of the vegetative life forms the second point to be regarded in the choice of an intermittent fever remedy.
3. The more a remedy corresponds to both of these conditions the more useful will it prove.
4. Remedies which only satisfy the first condition can only be considered in mild cases.
5. Remedies to which only the second point can be imputed cannot be antipyretics.

We have hitherto not touched any hypothesis, and have carefully avoided the thorny hedge of antological explanation, but it is no longer possible. The opportunity is too inviting. We believe the intermittent fever must be considered a neurosis whose seat is especially in the ganglionic system, therefore only nerve remedies, and in particular such as act on the vaso-motor part of it, can prove efficacious.

This coincidence with the views of the great majority of physicians, is certainly not without importance ; for every proof of a curative effect is in fact a progress in the knowledge of the subject which we call disease, so it follows that if Homœopathy will conform to the spirit and demands of the present time, she must throw as much light as she can over what has been till now the dark region of nosology. This coincidence also lets it be perceived how much Homœopathy adheres to the prevailing direction of medicine.

If they had looked on physiology, pathology, and pharmacodynamics, as members of one body ; if they had not looked on every rude heap of symptoms as a disease, or a drug picture, our intermittent fever literature would not be found in such a condition. If we had in the beginning of our clinical activity held firmly to the fundamental principles, to the known image of a disease an essentially similar remedy must be opposed ; and if we had in the treatment of intermittent fever held the views of the most skillful physicians in regard to the nature of this dis-

ease, we certainly would not have come to one hundred and fifty-four selections of the remedies and twenty-six paroxysms. Nevertheless to these negative results, where they have been made, have not been useless, for it is by them that our views in regard to the choice have been directed.

[TO BE CONTINUED.]

SUNSTROKE — THE VAPOR THEORY.

The *Vapor* theory of the cause of sunstroke, as presented in the June 1st number of THE UNITED STATES MEDICAL INVESTIGATOR, is already attracting considerable attention. Though so short a time since the article was published, I have received numerous communications expressing deep interest in the idea. But better still, I hand you the following letter, which speaks for itself, upon a very interesting case, and furnishes us all a warning against hot baths :

FITCHBURG, Mass., June 10, 1875.

DEAR DOCTOR: I have just received the June 1st number of THE UNITED STATES MEDICAL INVESTIGATOR, and read your article on *coup de soleil*. I have had considerable thought over the subject, and give you a case I was called to see about two or three weeks ago. I was summoned very hastily to visit a boy aged eleven; found him in an unconscious state, breathing heavily, pupils widely dilated, pulse 160. He died within an hour after my arrival. Was not conscious after he was attacked. I gave *Bell.* a short time, then *Gels.* The parents gave me the following history of the case: He had been ailing, as they supposed, from a slight cold. He went to school that day, and in the evening called upon his grandmother, in the neighborhood. About nine o'clock the parents observed he was quite feverish, and proceeded to give him a steam bath, as follows: They placed his feet in a pan of warm water, wrapped him in a blanket, and put hot stones in the water. He had been in the bath about ten minutes, when he exclaimed, "I feel very badly," immediately fell forward, and was found to be in a terrible convulsion. I was immediately summoned, and arrived there about half-past ten, but he died within an hour.

Do you consider this a parallel case to those you mention? There was undoubtedly cerebral or cerebro-spinal lesion, possibly apoplectic clot or embolism of cerebral arteries. What is your opinion? Was death caused by steam bath, hastened by it, or what? Will be pleased to hear from you. Yours very truly,

H. K. BENNETT, M. D.

This case must be classed with those alluded to in the June article, except that none of those were fatal. Can there be a doubt that there was a sudden and fatal cerebral lesion, or ruptured cerebral vessels, in this patient, and that death was caused by the hot foot-bath, which was made more intense in its effects by the hot stones put in the water? As for an apoplectic clot, it is exceedingly doubtful if one could have formed so quickly under so much heat as there must have been in the brain at the time; and death could hardly have occurred so suddenly from embolism of cerebral arteries. It is submitted in all candor,

whether the generation of vapor in the blood by the great heat, and its rising to the head, where it ruptured vessels or pressed upon the brain-tissue to such an extent as to paralyze all its forces, is not a more rational view to take than any other of the cause of the death of this patient? But whatever may be said of the aetiology or pathology of the disease, it certainly should convey a warning against the indiscriminate use of hot foot or steam baths.

In regard to treatment, it is clear that a cure of his patient was impossible at the time Dr. Bennett arrived. Had the case been of less severity, it strikes me that applications of cold water to the head, and the internal administration of *Aconite*, was the treatment demanded by the conditions. In several instances where infants had been kept in too hot a room and at the same time too warmly wrapped, until serious symptoms arose, I have obtained very marked curative effects from *Aconite*.

With reference to applications of cold water or ice to the head, a word should be said. Do we not violate the law *similia* by so doing? We all know that we cannot apply heat to a frozen limb without the worst consequences resulting; and a proper degree of radiated heat judiciously applied to a burn, where the case admits of it, is better treatment than is often administered. Therefore, should we not apply warm water, not above blood heat, first, then of a little lower temperature, and so on, in the treatment of sunstroke, and kindred conditions, instead of cold water or ice? This course is not recommended to the general practitioner until thorough tests shall be first had in hospital practice. But as consistent advocates of a great law in nature, which we absolutely know admits of no violation in the case of frozen limbs, we should certainly consider, and that deeply, whether it is not an equal violation of the law to apply cold to the injurious effects of heat, whatever those effects may be.

R. R. GREGG.

LONG BRANCH, N. J., June 28, 1875.

REST IN THE TREATMENT OF NERVOUS DISEASES.

BY S. WEIR MITCHELL, M. D.

This is No. 4 of Vol. I, of the Series of American Clinical Lectures being published by G. P. Putnam's Sons, New York, and ably edited by Dr. S. C. Seguin. It was forwarded to us through W. B. Keen, Cooke & Co., Chicago. Price 30 cents.

The value of rest in many nervous diseases is well known, still in some cases it can be carried too far, as in the case of some of the nervous affections of women. When to insist on rest, and when on action, is the problem for the physician. The decision must be made upon a physiological basis, and the physician will find great aid from this instructive lecture.

THAT HEART CASE.

On page 467 of THE UNITED STATES MEDICAL INVESTIGATOR, Dr. Lilienthal reports a case on which he requests more light, and I will try to respond to the call, or at least give my opinion. The patient may have had pneumonia but it is not probable, and if such were the case, that was not the cause of his death. It is my understanding that the disease was cardiac.

Paralysis of the left ventricle from a previously enfeebled condition, as in dilatation or fatty degeneration, would have resulted in death during the first few hours, while the patient was yet chilled from the cold and wet, before reaction had begun.

Right side paralysis alone would not have been attended by pulmonary congestion and dyspnoea.

The *left* side and *not* the right, is the principal seat of hypertrophy resulting from excessive muscular exertion. All cases of hypertrophy are of course of slow growth. Right side hypertrophy alone, which Dr. Duncan suggests, could only result from an obstruction to the pulmonary circulation, of the previous existence of which we have no evidence in this case.

Increased action of the right heart would not be attended by venous congestion without tricuspid regurgitation, and in case regurgitation were present the pulmonary congestion would be absent. I see in the case under consideration no evidence of failure of the right heart, while of that of the left side we have the best of proof. Observe: "The heart worked hard but without energy, as the pulse could not be felt at either radial artery."

My theory is thus: The exposure produced a rheumatism which attacked the heart, producing an endocarditis having its principal seat about the mitral valve, the inflamed and contracted tendinous cords drawing the latter forward so that it could no longer close properly; and the result was a mitral regurgitation which constantly increased with the progress of the inflammation, until, notwithstanding the violent action of the heart, it was no longer able to carry on the systemic circulation. The pulse could not be felt because the blood regurgitated at each systole instead of being propelled onward into the arteries. The consequence was pulmonary and venous congestion, as shown by the sense of suffocation, the dull pain in the head, the region of the kidneys and the liver, with enlargement of the latter organ, the red and suffused eyes, and the livid face, tongue, and lips. Most likely a very careful auscultation of the heart would have revealed a soft systolic murmur near the apex, or it might have been heard at the right of the inferior angle of the left scapula; still, this murmur is not present in every instance of mitral regurgitation, especially at the beginning of the disease, when the affected parts are yet soft, when there are no calcareous or fibrinous deposits, and when the regurgitation is very profuse.

As regards treatment, cases of this kind, and so severe as this, are very difficult to manage, death frequently ensuing before the physician

has time to make much of an impression upon the rheumatic inflammation. As the disease was a very acute one, as there was marked venous congestion in this case, with much thirst, and as *Aconite* has a marked action upon the heart, and is, more frequently than any other medicine, indicated in acute rheumatism, it is probable that this would have been the proper remedy with which to begin the treatment, although a cure might not have been the result.

PARIS, Ill., June, 1875.

W. P. ARMSTRONG.

VINCENT'S SPECIFIC.

ARSENIATE OF EUPATORIUM FOR AGUE.

I am in receipt of a circular over the signature of J. A. Vincent, M. D., Springfield, Ill., setting forth in the most glowing terms his *Arseniate of Eupatorium*, as a never failing and infallible remedy for intermittent fever — ague.

To quote from the doctor's circular, "Suffice it to say that, it cures every type of intermittent fever, and is a *specific* for tertian." Every man — doctor, or otherwise — has the right vouchsafed every citizen of this glorious Republic, to speak his views upon *any* subject, but when those views are erroneous, will not pass criticism, it is my prerogative to question such views, and if possible correct them.

I look upon the law by which we exhibit our curative agents, as positive, and as certain, as a problem in geometry or the rotation of the earth — but that law does not consist in specifics, in the general acceptance of the term. Symptoms may have specifics, diseases never. In my opinion our school is one of symptoms, and not disease. Ignore symptomatology, and the greatest feature, of the grandest law, topples over and falls to the ground. Our school, then, being one of symptoms, modified and changed according to temperament, constitution, and climate, we very readily observe the *utter* impossibility of one remedy curing one and the same disease in every subject, hence, Dr. V.'s error. It is not only an error, but an injury to Homœopathy, opposed to its teachings and robbing it of its *grandest* feature, viz., individualization.

I doubt not but the doctor's *Arseniate of eupatorium* is a fine addition to the *materia medica*, and deserves a record, and may fill an important part in the cure of ague and intermittents generally, but, its range, must of necessity be prescribed, curing alone, diseases similar to its own.

Let us have no such "cure alls" in our profession, no pet remedies. Let that remedy alone be our favorite, that relieves human suffering, and restores the patient to health, and in justice to our noble cause I would say to Dr. Vincent, qualify your statements in your circular, and make them coincide with the profession you espouse.

CHARLESTON, Ill.

G. B. SARCHET.

POINTS FOR OBSERVATION.

Please correct error in my article on typho-malarial fever. *Lachesis* 200, not 2, cured a case of pernicious intermittent.

I agree with our colleague who says that the frequent arrival of your "newly married couple" keeps things pretty warm about the country. If we be inclined to criticise, some new point develops in the next number, and the first is forgotten before it can be uttered; and so on, until one feels quite flooded.

By the way, none of Schussler's opponents are attending to the birth of the breech, but only seem to watch, like Pat on the Fourth of July, for somebody's head to hit. The fledgling ought not to perish because its appearance is not quite normal. The clinical testimony is not to be disregarded—cannot be, without loss. Besides, the arguments of Schussler for the use of his remedies is based on the provings of recognized drugs. These arguments are omitted in great part from the English treatise, hence those who oppose him, clearly have failed to comprehend him for want of his data, published as yet only in the German.

J. C. M.

"MORE ACCURATE PRESCRIBING."

EDITOR UNITED STATES MEDICAL INVESTIGATOR: You asked me why, in the published report of the case in the July 1st number, I gave *Sulph.* in preference to *Sil.* or any other remedy? I perhaps should say, that although the symptoms attending such cases are usually not numerous or very marked, I was perhaps negligent in not mentioning all that might have been noted. The statement is made, however, that caries was not present as the discharge was odorless, which of itself was almost sufficient to determine between *Sulph.* and *Sil.* (See Symptomen Codex, *Silicea*, Clinical Observations).

Teste says, (*Materia Medica*, page 168.) "In caries *Sulphur* seldom effects a cure." The left side of the face was affected, and the sores were painless.

SULPHUR.

Upper left and lower right side,
ulcers painless.

SILICEA.

Upper right and lower left side,
ulcers painful.

(Gross' Comparative *Materia Medica*).

Between *Sulph.* and *Cal. c.* it was much more difficult to decide, but there was not that obesity, light complexion, and laxity of the muscular system which we would look for in *Cal. c.* subjects. Hahnemann regarded *Sulph.* as the most important of all the antipsoric remedies, and my experience with it at the 200th fully justifies this opinion. These were some of the reasons for commencing the treatment with that medicine, and had the compositor copied the manuscript correctly and the words "sweating about the head and neck" been printed in

italics as I had intended, your readers would have known without this explanation why after the *Sulph.* had been acting for four weeks, I changed to *Cal. c.* It is possible the latter medicine alone might have cured the case, and yet I am strongly inclined to the opinion, that the *Sulph.* so prepared the system and modified the symptoms that the cure was much more speedy than if it had not been given.

As for being the "sharp-shooter" for which you give me credit, I can only say I do not claim to belong to a "rifle team" who can always hit the "bull's-eye," and perhaps you are right in claiming charity for those who are "working up," and those "who do not know" the "better way," but when you think this should be extended to those too who have "no longing" for it, then I beg leave to enter my demurrer, and to agree with Hahnemann that "ignorance is disgraceful only when willful."

C. PEARSON.

[Thanks! Now any one can see why you gave *Sulph.* and then *Cal.c.*, and furthermore, can go and do likewise.]

"NAME AND REMEDY FOR THE CASE."

On page 467, UNITED STATES MEDICOL INVESTIGATOR of June 1, Dr. S. L. asks for the views of his colleagues. Here are mine:

1. The examination of the liver shows enlargement—agreeing with the heavily-coated tongue.

2. The wetting, as a cause, justified the prescription of *Rhus*, provided the symptoms were not imperatively for some other remedy.

3. I have knowledge of other cases of sudden death during the use of *Rhus*. and similar remedies, if not suited to the general nervous status, etc. Medical jurisprudence will sometime have it to consider.

4. Owing to the mental passivity, evening aggravation, etc., I should have depended but little upon this or any other "centric" remedy, at best.

5. Hence, my preference would have been for a drug of similar but inverse order of symptoms, i. e., one acting on the same nerves but from the opposite, or peripheral, end of the same. *Bryonia* is that remedy. Notwithstanding some of its key-notes are not here recorded, all else is of its sphere.

6. But for the advanced state of the morbid process, shown by the tongue, and the *great* thirst, the recent attack and general symptoms—especially being "so tired," would have indicated *Gelsemium*. (See page 466.)

7. The periodic remission of symptoms, the state of the tongue and liver, lumbar pain, etc., show *bilious remittent fever*. The final symptoms imply the formation of a heart-clot.

J. C. MORGAN.

WHAT ATTENUATION?

I wish your correspondents could be induced to always mention the attenuation of remedies they use in the cases they write about. By so doing they might assist in guiding young practitioners in the good way of using discrimination.

JOHN I. HERRICK.

NEW LISBON, Wis.

IS IT A SWINDLE?

DEAR DOCTOR: The following correspondence will explain itself, as well as put the profession on their guard against stolen references. Dr. Macfarlan requested me to have this letter published in **THE UNITED STATES MEDICAL INVESTIGATOR**.

N. A. P.

KENOSHA, Wis., June 7, 1875.

DEAR DOCTOR: I received a pamphlet, through Boericke & Tafel, New York, on Consumption and Its Treatment, by Dr. Jul. Lobethal, in which they offer your name in reference. Please advise me at your leisure what you think of the remedy offered, and any information you may possess concerning its use, and greatly oblige

Your obedient servant,

N. A. PENNOYER.

M. MACFARLAN, M. D., Philadelphia.

To which was received the following reply:

PHILADELPHIA, June 16, 1875.

MY DEAR SIR: Your letter is just received. The pamphlet I believe to be a swindle. As far as I am concerned, I never used, nor even heard of Dr. Lobethal's medicine for consumption, as made and sold by Dr. Rohland, through Boericke & Tafel, until a few days ago, when I received a letter and the pamphlet from my friends at a distance asking me about it. Some years ago a styptic cotton prepared, by Dr. Rohland, was sent me. I used it and found it good, and so said to him in a short note, asking for a further supply. I never saw the man. And now he takes my name on the first page as reference for the purpose, as it no doubt has the effect, of misleading people into the idea that I have used and recommend his cure for consumption.

Yours truly,

M. MACFARLAN.

N. A. PENNOYER, M. D., Kenosha, Wis.

BLOOMFIELD, Ont., July 12.— We are having a run of scarlatina, angina, and maligna. Some cases have terminated fatally in less than thirty-six hours from commencement of attack; even some deaths among adults. Allopaths are losing from thirty to fifty per cent. My principal remedies have been *Bell.*, *Gels.*, *Merc. jod.*, *Mur. ac.*, *Ars.*, and *Lach.*; but some cases have defied all treatment. A. NOXON.

FOR DR. CUMMING'S CASE.

EDITOR UNITED STATES MEDICAL INVESTIGATOR: In the last number of your journal, Dr. O. S. Cummings asks for advise for a case reported on page 28. He desires to know the remedy for his case, and refuses to state those he has given, a mistake that has been made before. Such questions are interesting and should be answered, but in consequence of the doctor's omission, he will be advised to try remedies he unquestionably has already used. My own preference would be *Arnica* to begin with—provided the patient's urine is really normal and healthy.

C. WESSELHERF.

BOSTON, Mass.

FUNGI AND DISEASE.

In the last number of the *Advance*, the editor takes occasion (nothing new, by the way,) to treat a resolution adopted by the Homœopathic Medical Society of Northwestern Pennsylvania, on the nature of the membrane in diphtheria, with scarcely polite levity. There can be no doubt but that medical men are even now much at variance on the important question: whether the spores found in connection with this, or even other diseases (e. g., cholera), have anything to do with the diseased condition; that is, in the way of cause and effect. To a Homœopathist it would seem an easy thing to guess, but the state of the discussion seems to show that we are not all agreed. Those who recognize, actually, the universality of, not only our law of cure, but the theory of disease which that law presupposes, have all along maintained, the disease is only known in its developed stage, and the exudation does not appear until after this morbid process has been in operation for some time. To strengthen this position, and to give Dr. Wilson another text to preach upon, the last issue of the "International Scientific Series," on "*Fungi; their Nature and Uses*," is of the last importance. The authors, Drs. Cooke and Berkely, names well known to all scientists, take the position that those qualified to judge are of the opinion, "*that the fungi are there in consequence of the disease, and not the disease in consequence of the fungi.*" The *London Athenæum*, in reviewing this work say: "We are glad to see, with reference to this matter, that the author summarizes the important conclusions of Drs. Cunningham and Lewis, the more so as these conclusions, which are based on important observations, are contained in official publications, not readily accessible to the general public. Dr. Cunningham establishes without question, that the air *always* charged more or less with these minute spores, but that no connection can be traced between the numbers of bacteria, spores, etc., present in the air, and the occurrence of diarrhœa, dysentery, cholera, ague, or dengue, nor between the presence or abundance of any special form or forms of cells and the prevalence of any of these diseases." In this connection the *Popular Science Monthly* is in full accord, both with the *Athenæum* and Drs. Cooke

and Berkely, and will be read with pleasure and profit by all adherents of our school who are not yet in the "gall of bitterness and bonds of iniquity."

J. G. GILCHRIST.

DETROIT, May 22, 1875.

HEADACHE, WITH CHARACTERISTIC INDICATIONS.

IV. CONGESTIVE HEADACHE.

BY H. V. MILLER, M. D., SYRACUSE, N. Y.

(Continued from Vol. I., page 473.)

Aconite, Belladonna, etc.

China.—Long-lasting congestive headaches, affecting the whole brain, with deafness and noises of a nervous origin.

Chin. sulph.—Congestion to head, with dark redness of the face, dyspnoea, accelerated pulse and general excitation. *Urticaria* followed the appearance of these symptoms.

Ferrum.—Congestion of brain; throbbing; crimson face, which at other times is pale. The pain drives out of bed.

Fluoric acid.—Alopecia, with congestion of blood to the head.

Glonoine.—Pulsating pain from below upward, with fullness and feeling of enlargement of the head.

Graphites.—Congestion of the head, with roaring in the ears in young people.

Jodium.—(See Age and Sex.)

Kali hydroid.—Congestion of the brain from suppression of an habitual catarrhal discharge from the nose.

Mercurius iod. ruber.—Headache at night, continues in the morning, later only on right side; congestion as with a cold; in the afternoon of sixth day changing sides; next day still more congestion; during the evening only on right side, etc.

Stramonium.—Congestive headache, forenoon, on rising, increasing until noon, and then gradually decreasing until evening. Subject runs and presses the head against a wall (see *Sanguinaria*), with fear of going mad.

V. SICK HEADACHE.

Alum.—Acute shooting from one temple to the other (*China, Phosphorus, Sanguinaria*); at another time heaviness and pressing like a weight on top of the head (see vertex), with nausea, chilliness, as if cold water were poured down the back, etc. (See *Tarantula*.)

Eupatorium perfol.—Headache and nausea every other morning when first awaking, continuing all day, with anorexia during headache, but good appetite on the intervening day. *Nux vomica* has the same every day. Headache arising from a disordered stomach. (*Nux vom.* by a sour stomach.)

Iris v.—Headache in forehead and eyes. More on right side, with distressing vomiting of sweetish mucus, or bilious matter, aggravated by rest.

Nux vomica.—Headache, as if it would split open, with sour vomiting, caused by a sour stomach. Sick headache, caused by wine (see *Cactus*, *Selenium*), coffee (*Ignatia*), close mental application, sedentary habits; commencing in the morning, increasing through the day, growing milder in the evening, with dimness of vision, sour, bitter vomiting, constipation, worse from noise, light, in the open air, or after eating.

Sanguinaria c.—(See occiput extending forward.)

Tabacum.—Sick headache, that comes on early in the morning, and by noon is intolerable, with deathly nausea and violent vomiting, greatly aggravated by noise and light (*Belladonna*, *Nux vom*).

Theridion.—Headache of the worst kind, with nausea and vomiting, like seasickness, and with shaking chills.

Zinc.—Chronic sick headache; great weakness of sight; sticking in the right ear.

VI. TIME OF ATTACK AND AGGRAVATION.

Argent. nit., *Bryonia*, *Calcarea carb.*, *Eupatorium perfol.*, *Kali bich.*, *Natrum mur.*, *Nux vom.*—Headache on waking in the morning.

Lachesis.—Headache on waking; worse after sleep.

Gelsemium.—Waking from headache or colic. (Compare *Arsenicum*.)

Natrum mur.—Headache on rising till 10 A. M.; then the head sweats; dreams of robbers, fire, murder; awakens every morning with a violent, bursting headache.

Stramonium.—Headache on waking in the morning.

Selenium, *Nux vom.*—Headache every afternoon, especially after drinking wine (*Cactus*, *Nux vom.*), tea (*Thuja*), or lemonade.

Lycopodium.—Headache, worse at 4 P. M.

Kali bromat.—Violent aching, particularly in occiput, at about 11 P. M.

Pulsatilla.—Headache; worse in the evening; tendency to diarrhœa (*Sanguinaria*).

Phosphorus.—Headache every other day.

Saccharum alb., *Sanguinaria c.*, *Silicea*, *Sulphur.*—Headache every seventh day.

Niccolum.—Headache once in two weeks.

VII. AGE AND SEX.

Calcarea phos.—Almost continual headache of school-boys before or during second dentition; headache of school-girls, with diarrhœa.

Natrum mur.—Headache of school-girls that study too much.

Jodium.—Chronic congestive headaches and vertigo, especially of old people.

VIII. DEGREE OF VIOLENCE.

Aconite.—Headache so violent that she loses consciousness, and lies as if in a fainting fit.

Nux vom.—Headache, with loss of consciousness.

Ailanthus.—Severe headache, with dizziness, and hot, red face.

Ammon mur.—Rheumatic pains in head, so severe as to cause nausea, burning of the ears and dysecolia.

Argentum.—Headache, not severe, but dull and constant; vertigo and much confusion of the head.

Coffea.—Headache as if the brain were torn or dashed to pieces (*Aethusa c.*): pains drive to despair, and patient runs wildly about the room.

Cuprum.—Violent, continuous headache, increased periodically.

Eupatorium perfol.—Violent headache.

Ambra gris.—Frontal headache, with apprehension of losing his reason.

China.—Intolerable headache, driving to madness.

Jodium.—Headache, so violent that it makes him almost crazy.

Silicea.—Violent headache, with loss of reason.

Tarantula.—Severe headache, with fear of losing the reason (*Ambra-grisea*).

Kali c.—Horrid headache through the eyes.

Kali hydriod.—Violent headache; cranium swells up in hard lumps.

Lachesis.—Cutting headache, as if a part of the right side of the head were cut off.

Solanum nig.—Horrid headache.

Cinnabaris.—Horrid headache, relieved by external pressure.

Zinc.—Exceedingly violent and obstinate intermittent pain in the brain, sometimes accompanying uterine ulceration, the uterus itself being destitute of feeling.

[TO BE CONTINUED.]

CASES FOR TREATMENT.

I have two cases which I would like to give you for consideration :

1. Nocturnal emissions, or sexual dreams, followed by languor next day. More common without any dream; awakes in the morning with languor, and finds a dark stain on the sheet. I have used *Gels.*, and other remedies, but without success.

2. A man—an artist—is troubled with sleepiness, and it is impossible to keep awake; is troubled more in the middle of the day. After a short nap he feels very well for five or six hours. Has a bitter taste in the mouth, and what is commonly called liver spots on his forehead.

Both of these cases are of long standing, but the former is growing worse.

It is very healthy here; have some measles and scarlet fever.

J. T. ROSEVEAR.

ROCKFORD, Ill.

Gynæcological Department.

PROGRESS OF GYNÆCOLOGY.

XVI. *Etude sur l'Extirpation de l'extremite Inferiere du Rectum, par le Dr. A. H. MARCHAND, etc., etc.*, Bailliere et Fils, Paris, 1873.

On the Extirpation of the Inferior Extremity of the Rectum; by Dr. Marchand, etc.

XVII. *Cracked Nipples*; Dr. A. CLAUDE in the *Bulletin de la Societe Medicale Hom. de France*, April, 1875.

XVIII. *The Temperature in Uræmia and in Puerperal Eclampsia*; Dr. BOURNEVILLE, in the *Archives de Tocologie, des Maladies des Femmes et des Enfants nouveau-nes*. April, 1875.

XIX. *The Influence of Cardiac Disease upon Menstruation and Pregnancy*; Dr. DUROZIEZ, in the same journal for June, 1875.

XX. *The Removal of Uterine Polypi with the Elastic Ligature*; Dr. D. BELLI, in *Annales de Gynæcologie* for February, 1875.

XVI. Since the first successful operation was made for the removal of cancer of the rectum, by Lisfranc, in 1826, authorities have been divided as to its expediency. The object of this memoir is to lead to the formation of an intelligent opinion on this subject; to specify the kind of cases in which it is allowable, the best methods of operation, the contingencies which beset it, and, in brief, everything that concerns it. The work is based on *forty-nine* clinical cases, the details of which are given in the text. In twenty-seven of these cases the subjects were women, upon whom, for anatomical reasons, this operation is in general more readily performed, and also more successfully, than in the case of men. The following are the author's conclusions:

1. If practiced carefully, and in proper subjects, this is not a very serious operation.
2. By the use of certain precautionary measures it is not liable to those immediate risks and complications which would otherwise cause it to be rejected.
3. It entails no infirmity to be compared with that against which it is directed.
4. The recurrence of the disease is not more frequent nor more rapid than after similar operations upon other parts of the body, when the lesion has been extensive.
5. It should be reserved for those cases in which the disease is strictly localized. As a mere palliative, the results which it gives can be obtained more easily by other means.

6. Concerning the condition of the parts which are favorable for the operation, authorities are agreed that the rectum should be free and movable. In the case of a male patient we should be certain that the genitals have escaped the disease, else, according to Verneuil, the extirpation of the rectum is contraindicated.

7. With women the case is different, for here the recto-vaginal septum may be more or less extensively involved without serious inconvenience.

8. Extirpation is only exceptionally useful as a remedy for stricture of the rectum, and should not be tried until other expedients have failed and the general condition seems to authorize and to require it.

XVII. Dr. Claude's case is exceedingly interesting. After trying the usual remedies, *id est*, *Arnica* locally, and *Belladonna* and *Aconite* each internally, for the relief of the extreme local suffering and the high fever and delirium, he found the patient grew worse instead of better. Both nipples were excoriated on the tips, their epidermis peeled off, the areolæ became violet in hue, and nursing was impossible without real torture. In desperation he sought a better remedy, and on turning over the leaves of Noack's *Guide* found a formula which called for a mixture of *Glycerine* and *Castor equi*. He accordingly made a glycerole of the first trituration and applied it with a brush, having first cleansed the parts thoroughly with tepid water. "The effect was instantaneous. Whilst I applied it she said the pain had vanished, and gave a sigh of relief. A moment later both nipples had lost all trace of morbid sensibility, and at the end of an hour she nursed the child on one breast. The remedy did not act alone as an anæsthetic, for at the end of two days the fissures were completely cicatrized." All of the other symptoms, except a tumefaction of the gland (for which she took *Phytolacca* 6) disappeared.

The sequel, as described by Dr. Claude, is a clincher in its way. "The nurse, struck with the effect of the glycerole that I had applied, reminded me that the dominant school claimed an equal success in similar cases with pure *Glycerine*. Three weeks later, however, I had occasion to confirm the efficacy of the *Castor equi*, for new fissures came, and the pain returned, but in a worse degree. I tried the simple *Glycerine*, and, in order to be certain of the comparative value of my experience, I used the *Glycerine* from the same bottle from which I had prepared the glycerole. I applied it repeatedly and with the greatest care, but without the least effect. I then put on the *Castor equi* again, and immediately the pain disappeared, and did not return." The report closes with a citation of the symptoms which indicated this remedy, as they are given in Jahr's *Materia Medica*.

XVIII. Dr. Bourneville adds four new cases, making seventeen in all, in which the temperature in puerperal convulsions has been carefully noted. His conclusions are: 1. That during the convulsive stage the temperature rises from the beginning until the end of the

disease. 2. In the intervals of the fits it continues high, and the moment the convulsion approaches it rises a little. 3. If the convulsive state should end with death, the temperature continues to rise until it reaches a very high degree; but if the fits stop, and the coma disappears, or ceases definitely, the temperature is gradually lowered to the normal figure.

Concerning the value of the clinical thermometer as a means of differentiation between this form of eclampsia and simple *uræmia*, Dr. B. says that the thirty-one similar observations made in the latter disease shows that in *uræmia* there is a constant and progressive *lowering* of the temperature, and that in death from this malady the heat is sometimes much below the normal standard.

XIX. The author of these very original observations says, and very truly, that the question of the relations existing between phthisis and menstruation and pregnancy have attracted a great deal of attention, while little or nothing is said of diseases of the heart in this connection. Following his own reports made to the academy in 1873, and the excellent monograph of Ollivier on puerperal endocarditis, he has observed that in twenty-seven mothers who had had some disease of the heart from their own infancy, the average of their first menstruation was fifteen years, or a little later than usual. In eighteen women who had had some cardiac lesions in their youth, but who had never borne children, the average of the first menstruation was seventeen years, and the maximum twenty-three years. He also observed that menstrual *irregularity* was especially prevalent with the latter class. In a majority of these cases there was hæmoptysis. In eight cases there was epistaxis, "which often precedes cardiac rheumatism." In several cases women had had hæmorrhages during the first part of pregnancy. The gravido-cardiac lesions cited are very curious. In one hundred and thirty-five women who had just been delivered, the heart was found as large as that of men. The larger the number of children which each had had, the greater the size of the heart. After delivery the size diminishes, and in ten days is nearly normal. It is bigger with those who nurse their babies than with those who do not: which he might have said, is just as everybody would have thought! In a considerable share of cases, it is shown that cardiac disease precipitates an early climacteric, and thus modifies and complicates the menstrual diseases which are incident to the change of life.

XX. The full details of this case are copied from an Italian journal. They illustrate the possibility of removing uterine polypi by this means, even when they are very large, when they are attached to the fundus of the womb, and in case the ordinary method has failed, as had happened in this instance. "The operation lasted only a few seconds, and was easily borne. The polypus was detached on the fifth day, and the patient recovered rapidly."

R. LUDLAM.

PARIS, June 20, 1875.

Psychological Department.

THE PHYSICIAN.

“Honour a physician with the honour due unto him for the uses which ye may have of him: for the Lord hath created him. For of the most High cometh healing, and he shall receive honour of the King. The skill of the physician shall lift up his head: and in the sight of great men he shall be in admiration.—Ecclesiasticus, xxxviii; 1, 2, 3.

Would it not be useful, Mr. Editor, to remind physicians of the dignity of their origin? Also, the source of the gift of healing? “Since all their labors, incubations, and watchings, are devoted to the people’s health, which of all human blessings is the dearest and most valuable. And yet this blessing is what mankind are the least careful to preserve. They do not only destroy it by riot and excess, but, through a blind credulity, they foolishly intrust it with persons of no skill or experience, who impose upon them by their impudence and presumption, or seduce them by their flattering assurances of infallible recovery.

KIRBY.

NEW YORK, April 10, 1875.

AN PSYCHOLOGICAL PHENOMENON.

On page 354, the author of the Analytical Therapeutics, informed the profession, by letter to you, that his Opus was “coming.” It “came.” It was our intention to write a review, and actually had written it, when your journal came with that letter. We now must decline to publish it. The learned author informs you also, that the third edition of Schussler will be printed, and he says, “*Lippe promoted the sale by his Egyptian objection, and since the froth and foam of Dake the last copies were sold.*” (We feel ourselves highly flattered to be noticed *at all*, and express our sympathy for the learned editor of the *Advance* who was not even taken notice of. Why not?)

If the extraordinary logic of the “author” of a preface to Schussler were correct, then any thing *we* might say in praise of the Analytical Therapeutics would prevent the sale of it, and we could, according to *that* logic, only promote the sale, circulation and use of said opus, by making some more Egyptian objections. The logic and consistency of the great author of a common Domestic Physician and an Analytical Domestic Physician is something *prodigious*. In the great announcement letter to you, the author says that on a good Sunday morning at 3 o’clock the *idea struck him* (why not—*he had an inspiration,*) that his

work was after all "an acephalon," and would remain one till another great author has finished his psychology and undertaken to arrange the mental symptoms, the most important of our *materia medica*!

Now we have an announcement of a third edition of Schuessler, that prince of mountebanks has "not one mental symptom." We are left in Egyptian darkness as to the mental symptoms of the twelve specifics; and the "sage" who tells us that the mental symptoms are the most important of our *materia medica* stands godfather and endorses a material *materia medica* without one single solitary mental symptom. And when we read the preface to the Analytical Domestic Physician, and also the preface, recommendations, and the endorsement of the twelve tissue remedies, we must confess ourselves unable to comprehend how one and the same individual could write such entirely differing papers. May be he can explain. Was it the time of day, 3 A. M. and 3 P. M.? In the mean time we expect the select few who did really appreciate the sage's publication of Gross' Comparative *Materia Medica* will also appreciate the new "Opus." The increasing demand for the Schussler "departure," on the other side, does not augur well for the high appreciation in which a subservient profession is expected to hold the new Opus. As we purchase every work purporting to belong to our school, we are in possession of one copy. And as the learned author has not *condesended* to contravert our arguments, (Egypt, spiritual, and materialism following it *till* the days of Hahnemann,) and as he advocates both: Hahnemann's teachings in his *Organon* in his preface to his Opus, and on the other side advocates the propriety of using Schussler's *nutrition* and *function* remedies, we must confess to feel ourselves to leave the profession in that Egyptian darkness which the "sage" invites.

And the "sage" can probably tell the blinded profession whether Hahnemann is sustained in fact by him in the utterances which we quoted from his (Hahnemann's) works on page 114 of the 3d number of the 10th volume of the *Hahnemannian Monthly*. If he is sustained by him, then Schussler is *all wrong*, and should be discarded; if Schussler is *all right*, then Hahnemann was all wrong. Which? And we may even return to the "sage's" own utterances. The mental symptoms are "all important," so he says in his letter of announcing the arrival of the "Analytical." And again Schussler is endorsed who ignores even the known mental symptoms and goes back again to the *Fleshpots of Egypt*, to the *nutrition* and *function* remedies—to the materialism of the Israelites, discarding, ignoring and maligning the Moses, who, inspired from above, *tried* to lead the profession out of this materialism into the acceptance of a spiritual life, also into the acceptance of the eternal truth that spirit governs matter, that, therefore, diseases are of a *dynamic* (spiritual) origin, and require *dynamic* remedies, and if so, logically, naturally, and incontestably, neither *nutrition* or *function* remedies.

AD. LIPPE.

PHILADELPHIA, April 24, 1875.

Hospital Department.

CLINICAL LECTURE ON THE ACTION OF LYCOPUS ON THE HEART.

BY E. M. HALE, M. D., PROFESSOR OF THERAPEUTICS OF NEW REMEDIES, IN HAHNEMANN COLLEGE, CHICAGO.

The use of the sphygmograph by the provers of medicines, marked a new era in the development of the Homœopathic Materia Medica. I am hopeful that the time will soon come when the thermometer, the dynamometer, and the pulsimeter, will be used in all thorough provings. These, together with chemical analysis of the urine and other secretions, will show all the important modifications caused by the drug, and give us trustworthy and certain indications for their use in disease. I have narrated to you a few cases treated successfully by means of the *Lycopus*, one of our valuable indigenous remedies. I will now talk of its physiological effect on the heart.

The *action of Lycopus on the heart* has not been sufficiently studied by means of experiments on the healthy. Dr. Morrison, of England, is the only one who has attempted a thorough proving with large crude doses. It is to be regretted that he was not in good health, and that his heart was not in a normal condition. The two experiments or provings he has made are valuable, inasmuch as the sphygmograph was used in each proving, and the pulse-tracings given.

The record of his first proving begins by giving his state of health at the beginning of the proving, as follows :

State of Health.—Usually good, though not robust. For the last nine years (since residing in England), tendency to rheumatic pains, with slightly depressed cardiac action. The oppression of crowded rooms induces faintness. For about a week, tendency to diarrhœa. Slight attacks of spasm of the intercostals, which have troubled me for about a month; consequent on the effects of arsenical wall-paper. Depression of vital energy, from a long strain of work.

Examiner's Report (by a hospital physician).—"Impulse of heart rather feeble. Percussion shows that the heart is of natural size. There is a distinct systolic basic murmur heard at the second left inter-space, which I have no doubt is hæmic. The first sound at the apex is not good, and rather murmurish. Occasional intermissions in the heart's beats."

Clinical Observations.—Pulse 70 (sitting); temp. 36.40 C.; resps. 20.

Urine clear, bright (even after standing the whole night); acid; sp.gr. 1012; free from albumen.

Proving.—Sept. 5, 1872, 10 P. M., *Lycopus tinct.* I append pulse-tracing as taken by the sphygmograph. The indications are those of fairly healthy action.



Sept. 7.—Dose 25 drops tincture. The heart has already begun to show its action in the weakened impulse of that organ, as witness the following tracing: Pulse 76; action fairly regular.



Sept. 8.—Took 60 drops. The pulse was 80, standing, with distinct intermissions, with some *cardiac oppression*.

Dr. Morrison says he uses the term "*cardiac oppression*," to denote heavy, labored action, as if the heart were obliged to make great effort to do its work.

Sept. 9.—Took 60 drops. *Cardiac oppression*, pulse 80 (sitting), with the following pulse-tracing:



Sept. 10.—Took 60 drops. *Cardiac depression* when lying down, with dull, heavy beating, lasting several minutes. Pulse 74, sitting and standing, varying in volume. *Depression*, indicates feeble and excitable action.

Sept. 11.—Took 75 drops. On waking, intermittent action of the heart; intermissions at 7th, 8th, 6th, 21st, 9th, 23d and 88th beats. A few minutes after, intermissions between the 6th and 15th beats; later it beat 70 (lying).

Sept. 12.—Took 50 drops. Pulse irregular and intermittent, specially so when lying, quickened by each inspiration.

Sept. 13.—Took 50 drops. "Pulsation scarcely perceptible to the touch." Pulse 72, regular, with this tracing:



Sept. 14.—Took 60 drops. Awoke at 5. Pulse 74; intermissions at 7th, 11th, 31st 10th and 20th beats. At 8, pulse 72, not intermittent. 10 A. M., pulse 74, lying and sitting; 82 standing; general debility. At noon, pulse 82, sitting; 86 standing; irregular and intermittent. Five mins. later, subacute pain at apex, extending to third left interspace.

Sept. 15.—Took 80 drops. Rheumatic pains about the heart. Palpitation on slightest exertion. Pulse, lying 60, sitting 66, standing 80.

Sept. 16.—Took 100 drops. Labored cardiac pulsation in the morning. In the following tracing the *jerking* character of the heart's action is well expressed:



Sept. 19.—*Examination* of heart. “Heart sounds indistinct, systolic running into diastolic, action very feeble. Pulse 78 sitting, 86 standing not intermittent (noon). In the afternoon the pulse came down to 62 sitting, 64 standing, irregular. (Took 180 drops).

Sept. 20.—(No medicine after this date.) Much darting pain at apex of the heart, with general debility.

Sept. 21.—At noon, pulse scarcely perceptible, 76 sitting, regular; 84 standing, irregular. The tracing showed feeble action, obtained with difficulty:



Examination showed the pulse extremely varying both as to time and volume—at first almost imperceptible, 76 to 86 sitting and standing; not intermittent. *Cardiac* pulsations much stronger than the pulse-indications would lead one to expect. No murmurs.

Sept. 24.—*Examiner's Report*. “Impulse feeble; heart-sounds very weak; action irregular in force and rhythm, not intermittent, no murmurs. Pulse feeble, very compressible.

Sept. 25.—Pulse 68 sitting. The subjoined tracing was taken with difficulty at former pressure, owing to feebleness and compressibility:



Sept. 26.—Pulse, 62 lying, feeble, less compressible (in morning). In evening marked cardiac depression, causing slight faintness on quickly ascending a few stairs, lasting fully half an hour; returning later on quietly ascending, with subacute cardiac pain; cardiac action barely perceptible; pulse stronger than cardiac action would indicate; regular.

Sept. 27.—Subacute pain over cardiac region, with cardiac distress. Pulse compressible, irritable, varying in force and rhythm, with frequent intermissions, sighing respiration, cardiac depression.

Sept. 29.—Labored cardiac action, followed by cardiac depression, with faintness; pulse at same time 76, stronger than cardiac impulse indicates.

Sept. 30.—In evening cardiac depression, causing faintness.

Oct. 1.—*Examined*: Cardiac impulse very feeble; hæmic murmur again distinct; no other murmurs; pulse feeble; extremely compressible, irregular in force and rhythm, not intermittent, 72 to 80 sitting and standing, quickened by movement.

Oct. 3.—The annexed tracing was taken last evening with a pulse so feeble as to render it being taken at former pressures a matter of considerable difficulty.



Oct. 9.—Cardiac depression has been the rule up to this date. To-day it is 78 sitting, 88 standing; irregular in rhythm; extremely compressible.

Oct. 10.—7:30 P. M., marked cardiac depression; pulse stronger than indicated by cardiac impulse, 66 lying, sitting and standing, extremely irregular in force and rhythm; respiration oppressed; lasting till 9 P. M. The annexed pulse-tracing shows the character of the heart's action at the time. Owing to slow running of the paper this tracing is rather cramped, but the curves are well marked. A singular feature in this



tracing is its resemblance, in main points, to one recently taken on a patient, aged thirty-one, afflicted with severe mitral regurgitant disease; which latter I annex for the sake of comparison. It should be mentioned that this is not the characteristic tracing of mitral regurgitant disease.



For the sake of clinical comparison I append a second tracing taken from the same patient ten days after, while under the influence of *Digitalis*, of which *Lycopus* appears to be an analogue.



Oct. 15.—No special symptoms since last report. The fæces are gradually assuming their natural character. Cardiac action still rather depressed.

Examiner's Report (by first examiner).—"Cardiac impulse feeble; hæmic murmur distinct on strong pressure; systolic sounds not quite natural at apex, not amounting to a murmur, probably due to feeble action; pulse regular, very compressible, 76 sitting." 10:30 P. M., pulse 68 sitting, 72 standing, regular, compressible; temp. 36.40; resps. 20. Urine clear; acid; sp. gr. 1014. The annexed tracing, taken on the following morning, shows a healthy, though not vigorous, cardiac action. This completes the proving.



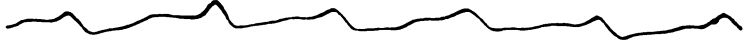
Dr. Morrison made a second proving sometime afterward with the 200th potency.

April 17.—Five drops of the 200th in the evening. On lying down he observed palpitation with altered rhythm, the systole being shortened and the interval lengthened.

April 18 and 19.—No cardiac symptoms.

April 20.—Cardiac depression in the evening; pulse 68 sitting; irregular.

April 29.—Ten drops tincture. The next day on waking, pulse 60, feeble, irregular and intermittent. In P. M., pulse 76, feeble, regular, as shown by the following tracing:



May 1.—Forty drops tincture. No heart symptoms for seven days.

May 8.—Took 120 drops tincture. Two hours afterward had oppressed respiration, with sighing, vertigo; pulse 80 sitting, 88 standing; regular; cardiac depression. On the 9th and 10th he felt the same symptoms. On the 11th he had acute darting pains in the heart, with complete intermissions, lasting nearly an hour. On the 6th of July, he says: "During the last three weeks, I have felt quite as well as usual, but this morning, on rising, noted slight weakness of the pulse, with slight irregularity of rhythm. He took 90 drops of the 200th. He records diminished pulse force with occasional intermissions a few minutes after; and in the evening, pulse 66 sitting and standing; very irregular in force and rhythm."

(I cannot see that the 200th had any effect in this instance. The symptoms of the morning, before the dose, were simply continued during the day). It appeared to act curatively only, as the pulse-tracing of the next day shows:



These provings of Dr. Morrison, while they throw much light on the action of the drug, and denote great care and ability on the part of the prover, are not what we require to perfect our knowledge of the action of *Lycopus* on the heart.

To obtain a thorough insight into the powers of a drug, the prover should be a healthy person. Dr. Morrison was not healthy; he says he "had had for years a tendency to rheumatic pains and slightly depressed cardiac action. The oppression of crowded rooms causes faintness." This latter symptom always denotes a weakened heart. The examination of the heart at the beginning of the proving showed the impulse to be feeble, with intermissions, etc. Moreover, he says: "At the period of commencing the proving, and for weeks after, he kept late hours, and hard labor; all of which would induce feeble and labored cardiac action.

But, admitting all these, the *Lycopus*, doubtless, had some pathogenetic action on the heart, for it seemed to regain its usual power when the drug was left off. It was simply an experiment upon a prover who had a condition of the heart similar to that caused by *Lycopus*, and the drug aggravated the existing cardiac debility. But from these aggravations we can deduce valuable information.

Taking these provings, together with my own experiments and clinical observations, I believe the action of *Lycopus* on the heart, when taken in massive doses, may be thus stated:

Primarily, it weakens the power and vitality of that organ, decreasing the blood pressure in the arteries, and consequently lessens the tension everywhere.

It renders the action of the heart irregular, intermittent and quicker, especially on motion. It causes *oppression* from labored action before it causes depression; or, the two sensations appear alternately. The *pains* caused by *Lycopus* are not rheumatic, but "rheumatoid;" or, more properly, *myalgic*, the result of general muscular enervation.

It does not appear to affect the *nerves* specifically, but may indirectly weaken the retardators and inhibitory cardiac. The *vertigo* is quite notable, and indicates decreased arterial pressure in the head. The ultimate result of a heroic *Lycopus*-proving would be to cause *hypertrophy with dilatation*, if the experiment could be carried far enough.

(It is doubtful if it possesses sufficient power to cause such a result in a *healthy* person.)

Secondarily. The action of *Lycopus*, or the reaction from the primary symptoms, would be to cause an exceedingly irritable heart, with a tendency to hypertrophy with enlargement, or hypertrophy with dilatation, and even valvular disease. Even "Grave's disease," or "exophthalmus," might result from its secondary effects.

It is difficult at this time, and with the knowledge we now possess, to more clearly define its primary and secondary action.

Clinically, the value of *Lycopus*, in all the conditions similar to its primary and secondary action, is undoubted. It is *primarily* indicated in cases where the heart has become weak and irritable, from physical causes, namely: such as originate from over-strain of that organ; from a rheumatic affection, or from constitutional debility; from abuse of cardiac depressants, or cardiac stimulants. I do not think it will be found as useful when the primary cause of the cardiac debility is in the nervous system. In these conditions it should be generally prescribed in the attenuations, even the higher.

It is *secondarily* indicated in excessive cardiac hyperactivity, hyperæsthesia, hypertrophy (either eccentric or concentric), whether from muscular weakness or sympathetic with disease in other organs. (During the primary action of *Lycopus* on the heart, a general venous stasis occurs in all the organs of the body, notably the liver, lungs, and kidneys; consequently it is secondarily indicated when the heart-disorder arises from such causes.)

Even in cases when the cardiac irritability arises from erethism of the nerve-centres, the *Lycopus* is secondarily indicated, for reasons which will occur to any physiologist.

The dose, when secondarily indicated, ranges from the lowest dilutions to appreciable quantities of the matrix tincture.

In several cases of irritable heart, where the pulse was quick (140), but regular, and with sharp, jerking impulse, the persistent use of the tincture in doses of ten drops, three and four times a day, has brought the pulse down in the following manner: When first taken the pulse was in the morning 120; noon 180; night 140; from this it dropped in a week, gradually, to 68 morning; 74 noon; 80 evening. This occurred under the influence of decreasing doses, and the improvement was *permanent* showing that it was not merely a palliative effect of the medicine.

GLIMPSE OF THE PARIS HOSPITALS, ETC.

DEAR DOCTOR: Having now spent a month in close attendance upon the medical school and hospitals of Paris, I am prepared to keep my promise of posting your readers concerning them.

First, this great city with nearly two millions of inhabitants, has never had but *one* medical college. All the medical students who come here must be enrolled as its pupils, consequently there are *three thousand* on the list every year. But their course of study is so long, and split up into so many specialties, and so many of them are at work in the great hospitals, that not more than one-sixth of them is ever seen together in the amphitheatre. The largest class that I have seen numbered about *five hundred*, including four women, and a dozen dark-skinned fellows who came from Martinique, Guadalupe, and the French and Spanish colonies.

Of course the class does not differ in material and appearance from those to which every doctor must once have belonged. There is the usual ratio of fine heads, and of empty ones, of retreating foreheads and unthatched crowns, of gray hairs and eye-glasses, of rowdies and gentlemen, the clever and the coarse, the neat and the nasty, of those who are interested in what the teacher says, and of those who don't care a sou about him or his subject. Whatever curative resources these men may develop in the future, they are already skilled in the art of making their own cigarettes, and of smoking them too.

The first lecture I heard was by Beclard, whose name is a synonym for whatever is interesting in experimental physiology. Personally, he is the counterpart of our friend Dr. Ormes, of Jamestown, N. Y. His manner is simple, earnest, unaffected, and his language clear and explicit. His subject for that day was Animal Heat. I have since heard him repeatedly, and been delighted with his lectures, more especially with those upon the renal and hepatic functions, and upon uræmia, and also with his vivisections, which are so exceedingly well done that the dogs themselves seem to enjoy the exhibition!

Professor Baillon's branch is Medical Botany. His collection of green specimens is remarkable, and his crayons are as eloquent as those with which Agassiz used to delight us, but he is an indifferent speaker. Reynault's lectures on the Principal Remedies are prosy and stupid enough. For the first forty-five minutes there were not more than fifty pupils in his class; but then others came flocking in until every seat and every foot of standing space was taken. They even crowded all around his table, and the amphitheatre finally swarmed with them. There was so much confusion that we could not hear the speaker, for whose feelings and presence very few showed any regard. When the clock struck, and he had disappeared, almost without a ripple of applause, I thought, "if that is the way in which they teach and treat the subject of *Materia Medica* in the land that produced the famous work of Trousseau and Pidoux, it is no marvel that it is unpopular." But I had no time for moralizing, for in a twinkling all these five hundred fellows were shouting over the arrival of Pajot, the pro-

fessor of obstetrics. He is a plump, hearty-looking man of the style, age and manner of the Rev. Henry Ward Beecher, and looks as much like him as you can imagine. He is a genius. He sits, stands, walks, and *talks*. He has not a scrap of a note, but four-fifths of the students are soon as busy as nailers in taking down his "points." (Perhaps, if our teachers should bring fewer notes into the lecture-room, their pupils would have more ideas to carry away with them). He is the most direct and practical, and yet the oddest and drollest "on the boards" since the death of Professor Meigs, of Philadelphia. One sees at a glance that he is in the right groove. He is not a clown, or he would be shallow and tricky; but it was as good as a play to witness his delineation of the varieties of labor pains and their manifestation by different patients, the behavior of attendants, including the accoucheur, the anxiety of outsiders, descent and rotation, and especially of the dilatation of the perineum and the final escape of the child's head. He has no vulgar anecdote or allusion, but goes straight on with the most crisp and graphic and intensely practical description of processes that students usually sleep over in the lecture-room, and afterwards also in the lying-in chamber. Not a word escapes him that does not bear upon his subject. There is no wandering of his thoughts, like the fool's eyes, and no waste of time. From *Messieurs* to the last minute of the hour the measure is full and running over. I really do not know what would be the consequence if one of our colleges could have an entire Faculty composed of such men. I have heard the best speakers in the Assembly at Versailles, and a number of eloquent clergymen in Paris, but there is not one of them who interests me like Pajot.

Charcot is a very pleasing lecturer on Pathological Anatomy. His description of the cellular tissue and its morbid lesions showed him to be a master in his line. His illustrations were the best that I have ever seen. Dr. C. is apparently fifty-five years old, very genial, and looks like one who is killing himself with hard study.

Trelat, the surgeon, is giving a course on the Diseases of the Vessels, the Lymphatic Glands, and the Bones. He is a typical Frenchman, at least in respect to the fluency of his talk. He uncorked himself and drenched me with the nine parts of speech, *pele-mele*, before I could catch my breath. He talked as fast as three auctioneers. *Voila — n'est pas? — scrofuleuse — partout — ça — non! — pourquoi* — and a few others struck me squarely, and at long intervals. But the rest were bowled along so rapidly that it was impossible to tie them together, or to make sense of them in any way. And so the first half of this lecture soon drifted into the *past indefinite*! Bye and bye, however, I recovered myself, or Dr. T. cooled down, or both, and he became intelligible and very interesting.

In my next letter, I will tell you of the prominent workers in my own line of study, more especially of Bernutz, whose clinic I attend daily, and of Depaul, Nonant, Pean, the hysterotomist, and Gallard, the author of the new work on the Diseases of Women.

R. LUDLAM.

Materia Medica Department.

PHARMACEUTICAL QUERIES.

1. If Dr. R. Hughes, in England, uses the 2d of *Naja*, why cannot we get it here?
2. How do Homœopathic drug store pharmacies manage to manufacture mother tinctures of *Lycopodium* and *Cuprum met.*?
3. Would it not be best to buy of those who do sell such articles.

A. F. R.

ENCYCLOPEDIA OF PURE MATERIA MEDICA.

NOTICE OF ERRORS.

A list of Errata to Vols. I. and II. will be published at the end of Vol. III. It is regretted that a *single* error should be found, but even repeated revision fails to make a work of this scope and magnitude *absolutely perfect*. The editor now calls upon any one to point out an error or omission, or to criticise a translation, or suggest any item, however small, that would render this work more accurate. Let such notes be communicated to the editor, or published in the journals, in order that we may possess a perfectly reliable foundation for our therapeutics.

BOTANICAL AND TECHNICAL CORRECTIONS.

Polyporus officinalis, is quite a different plant from *Boletus laricinus*. The provings of *Polyporus* will appear in due time.

My nomenclature is uniform and accurate, and in accordance with that universally accepted in standard works.

Carboneum sulfuratum is quite proper, and the *only* proper latin name.

My *Bismuths* may be consolidated under BISMUTHUM PRECIPITATUM, since the oxide precipitated contains also the basic nitrate.

It does not seem possible that Dr. Burt proved *Polyporus officinalis*, calling it, by mistake, *Boletus laricis*, or he would have referred to his proving in his monograph on *Polyporus*.

Allow me to correct the erroneous notion that *Chimaphila maculata* is at all like *Chimaphila umbellata*; the two plants are very distinct in habit and taste, and probably in effects.

T. F. ALLEN.

NO. 3 EAST THIRTY-THIRD STREET, NEW YORK.

SYMPTOMATOLOGY OF THE NEW REMEDIES.

By Edwin M. Hale, M. D., Professor of Materia Medica and Therapeutics of the New Remedies in Hahnemann Medical College, Chicago: Author of "Lectures on Diseases of the Heart," "Characteristics of New Remedies," etc.

Fourth edition—revised and enlarged. Vol. I. SPECIAL SYMPTOMATOLOGY, with new botanical and pharmacological notes. Bœricke & Tafel, New York and Philadelphia: Halsey Bros., Chicago; 1875; pp. 672; 8vo; half morocco; price, \$5.

This edition contains the following remedies in addition to those contained in the third edition: *Amyl. nitr.*, *Apmorphia*, *Aranea diad.*, *Arsenite of iron*, *Arsenite of quinia*, *Berberina*, *Caffeine*, *Cedron*, *Chionanthus*, *Clematis virginiana*, *Coccus cacti*, *Croton chloral*, *Digitaline*, *Ergotine*, *Eucalyptus glob.*, *Euphorbia hyper.*, *Fugopyrum escul.*, *Ferrocyan. of potass.*, *Gallic acid*, *Hecla lava*, *Hydrophillum*, *Ilex apaca*, *Iodide of Barium*, *Juniperus communis*, *Kaolin*, *Kino*, *Lapis alb.*, *Lobelia card.*, *Enanthe croc.*, *Oleum cajuputi*, *Oleum jecoris aselli*, *Oleum ricini com.*, *Apuntia vulgaris*, *Pancreatine*, *Passiflora*, *Pepsin*, *Protosulphide of mercury*, *Ricinus com.*, *Solanum nigr.*, *Strychnia*, *Tanacetum vulg.*, *Thaspi-um aur.*, *Valerianate of ammonia*, *Viscum album*, etc., forty-four in all; of these, nineteen of them have been subjected to physiological experimentation on the healthy sufficient to enable the author to fix upon certain symptoms which may be relied upon as *characteristic*. Of others only fragmentary provings are known, or clinical experience.

This work has had a peculiar history. The first edition, it will be remembered, was entitled "New Provings," and was chiefly a collection of provings and observations on *indigenous* plants. As such it was a substantial addition to our materia medica and was widely sought for, being essentially an American Materia Medica.

In the second edition everything new was incorporated. The records of the provings were given in full, with poisonings, etc., then came the resume interspersed with clinical observations and experience. These latter were so copious and so general in character that they seemed to detract from the first part of the work.

In the third edition was given (in obedience to the demands of the times,) the characteristics of new remedies. Strictly speaking it contained the pathogenesis of the remedies with here and there clinical observations. The botanical and chemical discussions and provings and other experiments were entirely omitted.

The scope of this edition of the Symptomatology is thus given by the author: "When in course of preparation, a few of my colleagues suggested that I should pursue the plan adopted in the first two editions, namely, giving the day-books of the provers, and the authority for each symptom. After due consideration and consultation it was decided that such a plan was not necessary or desirable. The scope and purpose of the volume did not require it, for it was not intended as a *general* but a *special* Symptomatology. In my mention of each remedy, I have generally given its pathogenetic history, names of prov-

ers, etc. Moreover, Allen's Encyclopedia of *Materia Medica*, now in course of publication, renders the citing of every authority altogether superfluous. Those who have any desire to ascertain the paternity, or investigate the original sources of my pathogenetic-characteristic symptoms, are respectfully referred to the above mentioned work, wherein they are generally given with much accuracy. The few instances where I have appended the names of physicians to symptoms were inadvertencies; for it was not my intention to give any authority except for some peculiar curative symptom, or indication, or for some very recent proving. I trust this explanation will serve as sufficient apology for any apparent omission or neglect in acknowledging my indebtedness to the many authorities from whom I have drawn."

The work is neatly printed on good paper and well bound.

CHARACTERISTIC OF *SANTONIN*.

IT CHANGES THE URINE TO A GREEN.

DEAR UNITED STATES MEDICAL INVESTIGATOR: Please allow me to say a few words about what I consider an important characteristic symptom of the action of *Santonin* on the urinary organs:

There called into my office three days ago a lady with a little patient of three summers. On learning the history of the case from the mother, the personal appearance of the boy, and on examination I concluded the total symptoms called for *Cina*, and especially as there had been observed in the evacuations, and from the description given, the "*ascaris vermicularis*" or small thread worm. As the preparation of *Cina* in my drawer was an unreliable one, (let me remark, I most always give *Santonin* 3d trit., but was out,) I went over to the drug store and procured some *Santonin* and made up into six small powders, one powder to be taken three times a day. This morning the mother met me and inquired if the powders I gave would cause a change in the color of the urine. I told her they would, and now this is the third instance where I have observed the urine to be of an orange color, and once light green staining the clothes. I consider this an important characteristic symptom of the action of *Santonin* on the color of the urine, and as I do not see it mentioned in two of our leading works I note it here.

In Vol. II., page 927, of Dr. George B. Wood's *Treatise on Materia Medica and Pharmacology*, we read: "A change of the color of the urine under the use of *Santonin*, to green or orange-yellow has been noticed in several instances; so rapidly is the urine affected that the latter color has been noticed sixteen minutes after taking the medicine.

GRAND ISLAND, July 2.

F. CHURCHILL.

Society Proceedings.

AMERICAN INSTITUTE OF HOMŒOPATHY.

[Report continued from page 85.]

We learn that the Bureau of Surgery will continue the subject of Fractures and Dislocations until they are all finished. This will then make a very practical treatise on these subjects. Then will take up Exsections, Resections, and Deformities. The assignments to each member will be announced shortly.

The Bureau of Clinical Medicines was announced for 1877, as follows: S. Lilienthal, M. D., New York, *Chairman*; W. H. Holcombe, M. D., New Orleans; J. C. Burgher, M. D., Pittsburgh, Pa.; H. B. Clark, M. D., New Bedford, Mass.; Geo. A. Gordon, M. D., Sandusky, O.; William Eggert, M. D., Indianapolis; H. N. Martin, M. D., Philadelphia; Jonathan Pettet, M. D., Cleveland; E. C. Beckwith, M. D., Columbus, Ohio.

THE BUREAU OF OBSTETRICS.

J. H. Woodbury, M. D., Boston, *Chairman*; O. B. Gause, M. D., Philadelphia; J. T. Alley, M. D., St. Paul, Minn.; S. P. Burdick, M. D., New York; Mercy B. Jackson, M. D., Boston; J. C. Sanders, M. D., Cleveland, O.

The subject selected for presentation and discussion was, Disorders incident to Gestation and Parturition.

The following papers, among others, were promised to be presented: Mental Influences on Maternity, by Dr. O. B. Gause. The Management of the Third Stage of Labor, by Dr. J. C. Sanders. The Perils of Child Birth, by Dr. Jas. T. Alley. "Meddlesome Midwifery," by Dr. S. P. Burdick. Malpositions of the Fœtus in Utero, by Dr. Mercy B. Jackson. Reflex Gastric Derangements during Pregnancy, by Dr. J. H. Woodbury.

There was present only Dr. Gause, of this bureau, and he presented the report. Drs. Alley and Burdick's papers were referred. Dr. Sanders' paper was reported partially complete, owing to the death of his mother. Dr. Woodbury's paper was partially read. In some cases of

MORNING SICKNESS

he had found relief from an application of a rubber bag filled with ice, placed upon the stomach. *Nux vom.* and *Creosote* he had found valuable remedies. Where the nausea was *constant*, *Lactic acid* had afforded

relief. In the last stage of pregnancy he looked upon the sickness as due to dyspepsia, and not reflex in character. Here he finds *Pepsin* of value as an aid to digestion. He prefers the American to the foreign article.

Dr. Jackson's paper recounted the history of the use of

PULSATILLA IN CORRECTING MALPRESENTATIONS.

She cited several new cases going to confirm the value of *Puls.* in these unfortunate obstetrical complications. It was amusing to note the tone in which this paper was read, and the effect upon the audience. The point in the paper which received the most attention was the advice to give *Puls.* some months before full term, and thus anticipate a malpresentation.

The bureau for 1877 was appointed as follows :

O. B. Gause, M. D., Philadelphia, *Chairman*; J. C. Bradford, M. D., Cincinnati; J. T. Alley, M. D., St. Paul; S. P. Burdick, M. D., New York; W. L. Cleveland, M. D., Atlanta, Ga.; C. W. Breyfogle, M. D., San Jose, Cal.; Mercy B. Jackson, M. D., Boston; J. C. Saunders, M. D., Cleveland.

THE BUREAU OF PÆDOLOGY.

N. R. Morse, M. D., Salem, *Acting Chairman*; D. S. Smith, M. D., Chicago; F. R. McManus, M. D., Baltimore; Emma Scott, M. D., New York; T. C. Duncan, M. D., Chicago; F. B. Mandeville, M. D., Newark, N. J.; J. H. Pulte, M. D., Cincinnati; C. W. Sonnenschmidt, M. D., Washington, D. C.; L. M. Kenyon, M. D., Buffalo, N. Y.

The special subject selected for presentation and discussion was, Scarlet Fever.

The following papers were promised to be presented: History and Statistics of Scarlet Fever, by Dr. C. W. Sonnenschmidt. Nature and Diagnosis, by Dr. L. M. Kenyon. Etiology and Prophylaxis, by Dr. N. R. Morse. Pathological Lesions, by Dr. Mandeville. Diet and Auxiliary Treatment, including Hygiene, by Dr. Scott. Clinical Success and Peculiarities, by Dr. T. C. Duncan. Remedial Treatment, by Dr. Lewis Whitney, of Danvers, Mass. Complications and Sequelæ, by Dr. E. B. Cummings, Newburyport, Mass.

There were present Drs. Morse, Smith, McManus, and Duncan.

Dr. Sonnenschmidt's paper was a lengthy one, and as it was compiled from the library of the Surgeon General will be looked for with interest.

Dr. Kenyon's paper was also a splendid one. Dr. Morse's paper went over the ground very thoroughly. Dr. Mandeville's paper was referred. Drs. Scott, McManus, and Smith presented no papers.

Dr. Duncan's paper on

CLINICAL SUCCESS IN SCARLET FEVER,

took up the subject from two standpoints: First, Homœopathy as a prophylactic; and second, in the treatment of this disease. On the first point he quoted a large number of views, chiefly from Allopathic

sources, giving their favorable experience with *Belladonna* as a prophylactic in scarlet fever. He termed this The crowning glory of Homœopathy. These authorities were chiefly Condie's Diseases of Children, page 440. Bonchut on Diseases of Children, page 580. Meigs & Pepper on Diseases of Children, page 722. Stille's Therapeutics, Vol. I., page 170.

On the second point he found it difficult to present statistics as to the comparative success as to time and sequæ. He called upon the old members of the profession to furnish facts on these points. It was generally claimed that the course of the disease is shorter under Homœopathic treatment, and sequæ were rare. This season he had met a greater tendency to sequæ than usual. The comparative mortality was given as: Homœopathic, three per cent. and less. Allopathic, twice as much.

He laid great stress upon the fact that acids aggravate scarlet fever, and also *Bell.* symptoms. During the past season the atmosphere has been electro-positive, and consequently acid; therefore scarlet fever has been more severe. *Aconite* he held was not Homœopathic to scarlet fever, which presented a peripheral congestion, while *Aconite* produced peripheral anæsthesia. *Verat viride* ditto. The miliary fever Hahnemann referred to as not calling for *Bell.*, was a disease that had not appeared for one hundred and fifty years. The miliary form of scarlet fever was held to be a more severe, deeply-extending form of the disease than the smooth form, and therefore demanded more prompt attention and energetic treatment if sequæ would be avoided. He had found *Bell.* prophylactic in all cases except in one, and that had been aggravated by lemonade so that life was lost. Every one in the house was affected by the scarlet fever poison. [We commend these observations to the practical scrutiny of our readers. If true, they are valuable.—Ed.]

TOTALITY OF CHOLERA INFANTUM.

Dr. A. Lippe, of Philadelphia, sent a paper which was a critique of Dr. Martin's paper presented last year, on Cholera Infantum. Dr. M. took exceptions to Dr. Gurnsey's remedies for this disease, insisting that few of them were Homœopathic to it. Dr. L. not being a member of the bureau, and his paper not being on the subject under discussion, it could not be received except by vote of the Institute. On motion the paper was ordered to be read. Dr. L. believes the cold spell coming on at night with "not want to be covered," to be characteristic of *Camphor*, and curable by it. He did not think it characteristic of any disease, but of a low state of the system. *Secale* also had this "not want to be covered," but there was greater thirst. Still, it was not so much these characteristics as it was the totality of the symptoms that governed the choice. The person who prescribed *Dulc.* just because the attack was due to cold, damp weather, was not doing his whole duty. He laid great stress on the selection according to the totality, and this would insure success.

D. S. Smith, M. D., of Chicago, being called upon, said: In 1844 he

had his first experience with the Homœopathic treatment of scarlet fever. He was deeply interested in the reports read. Had a large experience. The mild cases would get well; the others he had cured, although he could not say he never lost a case. He had cured most all, even the very malignant. For the vomiting, he found *Puls.* often indicated. The chief remedies were *Bell.*, *Aconite*, and *Merc. viv.* As a prophylaxis, had used *Bell.*, and it always prevented, or nearly always; or if it did not, the cases were very mild. An Allopath attempted to take advantage of this, and sold a prescription of *Bell.* The extract was used, and in one family where it was used, all died. The epidemic in 1844 was very severe, due, without doubt, to the lack of drainage in the city. Since that time he had found very little of it, and those cases have been mild in comparison.

F. R. McManus, M. D., of Baltimore, arose to give his experience, but the time was declared up, and the report of the bureau was declared closed. [Dr. M., will you please give our readers the results of your experience and observations in the treatment of scarlet fever?—ED.]

The following were then announced as composing the bureau, to report in 1877: T. C. Duncan, M. D., Chicago, *Chairman*; N. R. Morse, M. D., Salem, Mass.; C. W. Sonnenschmidt, M. D., Washington, D. C.; L. M. Kenyon, M. D. Buffalo, N. Y.; G. H. Wilson, M. D., West Meridian, Ct.; J. H. Jenny, M. D., Kansas City, Mo.; H. V. Miller, M. D., Syracuse, N. Y.; W. N. S. Griswold, M. D., San Francisco, Cal.; M. M. L. Reed, M. D., Jacksonville, Ill.; C. D. Crank, M. D., Cincinnati, Ohio.

THE APPOINTING POWER CHANGED.

This announcement brought to a climax a feeling about the appointments on the bureaus. Certain working men were left off, and non-workers put on. Dr. Lillenthal wanted to know who named these bureaus, and why it was that the same men were put on year after year, without giving the younger men a chance.

The President, Dr. Ober, informed the questioner that the bureaus were appointed by the president with the advice and consent of the executive committee. They had discharged themselves of this duty to the best of their ability, and he had no idea that there was any connivance in the matter.

Dr. Franklin, of St. Louis, obtained the floor and proceeded to denounce in round terms the manner in which the bureau of surgery had been arranged, against the expressed wish of the members. It had on hand a very important work on surgery, which was interfered with by the action of the appointing power. The chair had informed him he had little to do in the matter. He wanted to know who was the power behind the throne.

Dr. McGlatchey, the secretary, replied to the strictures of Dr. Franklin, and then they both indulged in a little sparring which became rather personal.

On motion of Dr. Thayer the appointment of the bureau of surgery was reconsidered.

[It was subsequently arranged as we printed it, including Dr. Gilchrist.]

Dr. Dunham subsequently presented an amendment to the by-laws so as to provide for the election of the chairmen of the bureaus by the Institute; the rest of the bureaus to be selected by the chairman, and then announced to the Institute. It was thought that this plan would secure the best chairmen, and they would be responsible for his selection of associates and the character of the reports. This amendment seemed to meet the general approval, and it was carried unanimously, amid loud applause.

THE BUREAU OF MICROSCOPY.

O. P. Baer, M. D., Richmond, Ind., *Chairman*; T. F. Allen, M. D., New York; Bushrod W. James, M. D., Philadelphia; J. D. Buck, M. D., Cincinnati; D. G. Woodvine, M. D., Boston.

The following papers were promised to be presented by this bureau: The Structure of Synovial Membranes; their Relation to Articular Surfaces of Bones, and their Modifications in Inflammation (Illustrated), by Dr. T. F. Allen. Recent Researches Regarding Urine, by Dr. B. W. James. Cell Life, by Dr. O. P. Baer.

There were present Drs. Allen, James, and Buck.

Dr. Allen presented the papers of the Bureau of Microscopy. Dr. Allen read his own paper on the Structure of Synovial Membranes; their Relation to the Articular Surfaces of Bones, and their Modifications in Inflammation. He held that the synovial membrane does not cover all the articular surfaces of bones, and are not closed sacs, as taught. In inflammation extensive proliferation of cells takes place from the free edges of this membrane. His views have been held for years, and have recently been confirmed. (Beale and Frey.) His paper was well illustrated by diagrams. [This is so valuable a matter that we have asked the doctor to give a more perfect abstract of his views for the benefit of our readers.—Ed.]

Dr. J. D. Buck, of Cincinnati, read an interesting paper entitled, The Relations of the Microscope to Therapeutics. This was general in its nature.

The papers were accepted and referred.

Dr. James' paper was not presented.

S. A. Jones, M. D., Englewood, N. J., *Chairman*; C. P. Allen, M. D., Dunkirk, N. Y.; O. P. Baer, M. D., Richmond, Ind.; S. P. Hedges, M. D., Chicago; and H. Buffam, M. D., Pittsburg, were appointed on the Bureau of Microscopy.

The attempt was made to unite this bureau with that of anatomy, but without success. That is where it belongs, as the nature of the reports indicate.

THE BUREAU OF ORGANIZATION, REGISTRATION AND STATISTICS.

E. U. Jones, M. D., Taunton, Mass., *Chairman*; H. M. Smith, M.

D., New York; T. S. Hoyne, M. D., Chicago; M. F. Page, M. D., Appleton, Wis.; Pemberton Dudley, M. D., Philadelphia; Jonathan Pettet, M. D., Cleveland, O.

There were present Drs. Smith, Hoyne and Pettet.

A meagre report by Dr. Pettet, giving the number of Homœopathic physicians in each State, and the ratio to the population, was the only thing presented.

Dr. Smith, who made the report, stated also that this year was the semi-centennial of the introduction of Homœopathy into America by Dr. Gram. An appropriate celebration would take place this fall in New York.

H. M. Smith, M. D., of New York, was elected Chairman under the new rule. He finally announced the bureau to consist of H. M. Smith, M. D., New York, *Chairman*; W. J. Murrell, M. D., Mobile, Ala.; T. L. Bradford, M. D., Reading, Mass.; J. R. Haynes, M. D., Indianapolis, Ind.; P. Dudley, M. D., Philadelphia; M. F. Page, M. D., Appleton, Wis.; F. Woodruff, M. D., Detroit, Mich.; C. H. Skiff, M. D., New Haven, Ct.

[TO BE CONTINUED.]

A CORRECTION.

You state in your notice of the American Institute that all but Hale and Paine sent papers. Please correct that, for I did send an elaborate paper on the Primary and Secondary Symptoms of *Nux*. Dr. Dunham acknowledges its receipt. I have been a member of the institute for twelve years, and never failed to send or read a paper.

Yours truly,

E. M. HALE.

[Am glad to make the correction. We gave the facts as they were given. Possibly we did not get all. Dr. Dunham said something about *Nux* and its primary and secondary action so-called. He said *Nux v.* did have constipation and diarrhœa, but it was neither of these that called for *Nux* above other remedies, but rather a feeling of a desire for a movement.—ED.]

ANOTHER TRIUMPH FOR HOMŒOPATHY.

As your object is the advancement of the above cause, I take it for granted that you will be pleased to learn of any facts which will tend to the furtherance of the same; hence I deem the following item worthy of mention:

Dr. A. P. Chase has recently been appointed Examining Surgeon for Pensions, at Amboy, Lee county, Ill., notwithstanding the extra efforts of the Allopaths to prevent.

E. MANNING.

AMBOY, Ill., July 6, 1875.

Children's Diseases.

IS ENURESIS HEREDITARY?

WHAT SHALL I PRESCRIBE?

I have a patient—a girl sixteen years of age—who has wet the bed ever since she was born. Her grandmother was troubled in the same way; so, also, is her sister older than herself, and her niece, a child of four years. The wetting occurs during sleep—usually about the middle of the night, and will also occur during the day if she takes a nap. Is not troubled through the day, except, perhaps, having to urinate a little oftener than is usual. There is no pain, or burning sensation. Has menses regular, and somewhat profuse. Does not know that she is worse at that particular time. The wetting occurs sometimes nightly, then again two or three times a week only. Is otherwise comparatively healthy. I have prescribed *Belladonna* 3 and *Sulphur* 6, alternately, night and morning. Sleep on a mattress; quick sponge bath in the morning; no warm drinks in the evening; outdoor exercise, etc.

H. M. BRUCE.

NEWARK, N. J., May 25, 1875.

Medical News.

Dr. Chas. Adams sails for Europe July 31st, and expects to return September 28th. We wish him a pleasant voyage, and the happy pair a safe trip to Chicago.

The Michigan University Homœopathic Professors.—To-day I went to New York for conference with President Angell, of the University, and Dr. Jones. We agreed on an announcement, with Dr. Jones as Dean. We have yet to complete our list of text-books, but I suppose it is on its way to the University printers, and will soon be ready for distribution. Dr. Angell is evidently very sincere, besides being very practical and clear-headed.

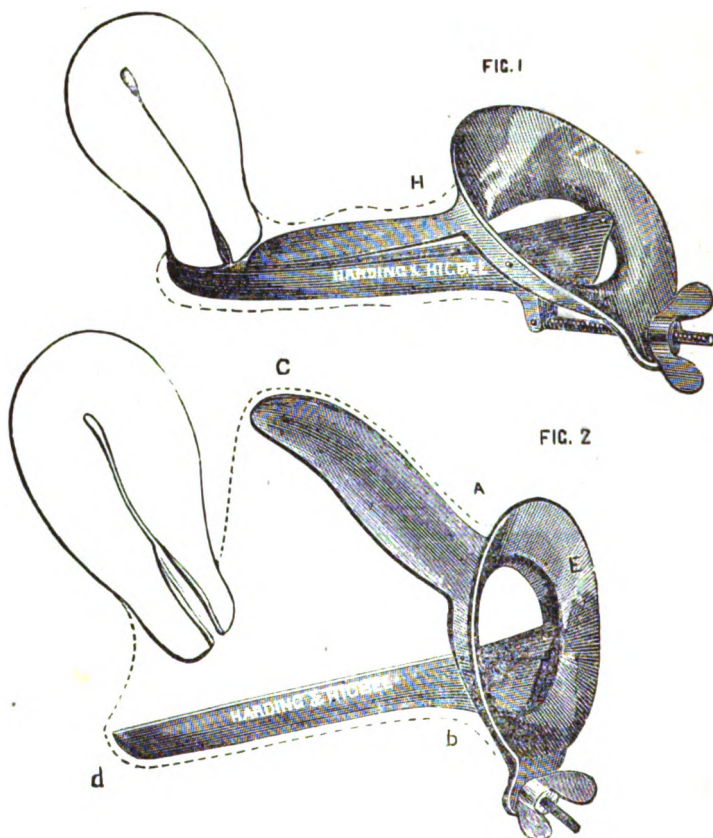
The announcement is sure to please the profession, and the system is also sure to elevate the status of Homœopathic education.

JOHN C. MORGAN.

PPHILADELPHIA, July 20.

A NEW SPECULUM.

While at the Institute we met Dr. Higbee, who has, with Dr. Harding, invented a new speculum that will be well received by the profession. He calls it



THE THUMB AND FINGER SPECULUM.

It is the best of the kind we have seen and that seemed the general opinion of those who examined it. It is anatomically correct. In cases of severe retroversion it may not prove as satisfactory as Sims, Cusco, etc. Still for the majority of cases it will find the os with great facility if the directions are followed.

1. Pass the lower blade downward and backward under the cervix.
2. Keep it well pressed into the posterior cul de sac.
3. Open *widely* thus dilating, to its fullest extent, the *upper* portion of the vagina.

The os will at once drop into view and if the dilatation of the vagina is excessive will render the os patulous, as in the cut.

The merits claimed for it are: "A great improvement over Sims', the cylinder or bivalve. 1st. Requires no assistant. 2d. Patient may be examined on the back or side equally well. 3d. The upper blade clears the cervix, and is greatly depressed at H (Fig. 1), so that the distance from C D (Fig. 2) may be three and three-fourths inches, and the distance A B one and one-fourth inches; the flange E keeping the hair and soft parts from obstructing the light. 4th. It is self-retaining. The vaginal walls cannot fall in at the sides as with the ordinary bivalve, because the speculum may be opened *indefinitely* within the vagina without stretching the external parts. 5th. It keeps the uterus at such an angle that, in every case, it can be probed to the fundus. The cervix is automatically drawn forward toward the vulva. 6th. This speculum is made in three sizes, Nos. 1, 2, and 3, telescoping one into the other, so that the three take up the room of only one, when slipped into each other. In addition, a size No. 3, extra large, and a No. 0, extra small, for *special* cases may be had."

The price is, for a single one, \$6.00; for the set of three, \$15.00. We have ordered a set of them and find that in the majority of cases No. 2 will do, still we do meet cases with a small or large vagina that are best dilated with Nos. 1 or 3. The set will prove a great convenience to physicians who use a speculum to any great extent.

Testimonials from the best authorities and instruments will be sent if you address E. W. Higbee, M. D., Northampton, Mass.

"**Selling Diplomas.**"—MR. EDITOR: The communication of T. S. Hoyme in THE UNITED STATES MEDICAL INVESTIGATOR of July 1st, on "Selling Diplomas," requires a short notice at our hands.

The Diplomas of H. I. Hopkins and A. M. Hopkins bear date respectively March 1873 and March 1875. The degree was withheld from H. I. Hopkins, for non-payment of fees, from 1873 to 1875. He was then given the diploma of 1873, to which he was entitled.

We are not ashamed of our Alumni, and challenge comparison of qualifications and character, at Geneseo, or any other locality.

If this *damaging* charge means "throwing down the glove" for a college contest between Chicago and St. Louis, St. Louis is ready, but *always* prefers friendly greetings and pacific relations to "apples of discord" between rival institutions, which are earnestly and conscientiously engaged in honorable warfare for the same principles, and under the same broad banner.

Query:—Does "Hahnemann Medical College" mean *Homœopathic* Medical College? If so, how does it happen (*see* last Announcement) that the chair of Surgery in the Hahnemann recommends as text books so many *Allopathic* authorities, and not one single *Homœopathic* volume? Are students of the Northwest to be kept ignorant of the brilliant pages of Hill, Helmuth, Gilchrist, and Franklin, and only get the *gospel according to Danforth*? I close with the original remark of "glass houses," etc., etc.

St. LOUIS, July 20, 1875.

PHILO G. VALENTINE, M. D.,
Registrar.

Society Announcements.

The Chicago Academy of Homœopathic Physicians and Surgeons meets Thursday evening (July 8th and 22d), in the Tremont House.

The New York County Homœopathic Medical Society meets the second Wednesday evening of the month, in the Ophthalmic Hospital.

The Philadelphia Homœopathic Medical Society meets the second Thursday evening of the month, at the college.

The Hahnemann Academy meets on the fourth Wednesday Evening of each month, at the Ophthalmic Hospital Building, corner Twenty-third street and Third avenue, New York.

Office of
The United States Medical Investigator,

A SEMI-MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

[Consolidation of the *United States Medical and Surgical Journal*, (Quarterly, \$4.00)
Vol. X. with the *MEDICAL INVESTIGATOR* (Monthly, \$3.00),
Vol. XII; Commencing January, 1875.]

Two Volumes a Year. — Terms: \$5.00 a Year, Payable in Advance.

T. C. DUNCAN, M. D., Editor.

F. DUNCAN, M. D., Business Manager.

67 Washington St., Chicago, August 2, 1875.

PARTNER.—Those who want industrious young men as partners, will please address this office.

TWENTY-FIVE cents each will be paid for the January and October numbers of **THE MEDICAL INVESTIGATOR** for 1874.

LOCATIONS.—Please send us the facts regarding any locality where you think a young Homœopathic physician might succeed.

A **GOOD** location for a Homœopath at Shawneetown, Gallatin county, Ill. Population, 3,000. Will give thirty to forty letters of introduction to good families. For further information address Wm. M. Wilke, No. 296 Milwaukee avenue, Chicago.

WANTED.—A young physician, twenty-five years of age, and four years experience, desires a partnership with some good physician. Satisfactory references furnished. Address, X. Y. Z., care **UNITED STATES MEDICAL INVESTIGATOR**.

BACK VOLUMES.—We can furnish a few volumes of 1872 and 1873 for \$2 each. Vol. XI, 1874, we are sorry to say, we cannot furnish *complete* volumes of. Owing to a mistake in the printing, not enough copies were printed of the January and October numbers. Any physician who has duplicates, or does not care to preserve his journals, by sending us January and October, 1874, will receive 25 cents each. The ten numbers (all except January and October) of Vol. XI will be sent to any address on receipt of \$1.50.

European Tour.—The attention of Homœopathic physicians is again called to the fact that a company of physicians of our school will build, this fall, a finely-finished and luxuriously-furnished "topsail schooner," to prosecute a tour throughout all the principal cities and points of historic interest in England, Scotland, Ireland, the Continent, Palestine, Egypt, North Africa, etc. It will occupy one year of time, beginning May 20, 1876; will be at Centennial Exposition ten days, and contemplates a route 35,000 miles in extent. Ladies accompanying us. Rates extremely moderate. Send for circulars, to Dr. E. W. Fish, Secretary Tourist Excursion Company, 210 South Water St., Chicago.

Report of the New York Ophthalmic Hospital for the month ending June 30, 1875: Number of prescriptions, 2,560; number of new patients, 282; number of patients resident in the hospital, 37; average daily attendance, 98; largest daily attendance, 136.

ALFRED WANSTALL, M. D.,
Resident Surgeon.

Removals.

Dr. R. N. Tooker, from 238 North Clark street, to 208 North Dearborn street, Chicago.

Dr. J. Keck, from Barrington, Ill., to 71 Thirty-seventh street, Chicago. Dr. La Grange is Dr. Keck's successor at Barrington.

Dr. Wm. M. Wilke, from Shawneetown to 296 Milwaukee avenue, Chicago.

Dr. J. D. Craig, from Niles to Grand Rapids, Mich., where he has formed a copartnership with Dr. C. W. Prindle, Drs. Prindle and Bowman having dissolved.

Dr. F. K. Hill, from Lima, N. Y., to Rockford, Ill.

Dr. W. H. Chappell, from Hampton, Iowa, to Oregon, Ill.

THE
UNITED STATES
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

New Series, VOL. II., No. 4. — AUGUST 16, 1875. — Whole No. 148.

Therapeutical Department.

CLINICAL OBSERVATIONS. 

REPORTS FROM THE FIELD OF PRACTICE.

MUKWANAGO, Wis., July 26.— A few bad cases of cholera infantum. *Veratrum* seems to cover them best. R. C. SABIN.

ABINGDON, Ill., July 23.— No great amount of sickness hereabouts, some old cases, principally among females, and during week or ten days past some bowel complaints among young children.

J. HARTZ MILLER.

FRANKLIN, Ohio, July 20.— Have had very little sickness here so far this summer. Within the past two weeks dysentery, cholera infantum and cholera morbus have appeared. During the month past this section has been visited with heavy storms, immense quantities of rain has fallen, greatly interfering with harvesting. G. S. FOSTER.

SANDUSKY, N. Y., July 20.— No prevailing sickness here at present, in fact, very little of any kind. The past winter and spring we had a hard time with scarlet fever. Losses under Homœopathic treatment

were about 8 per cent, and we were not at all troubled with dropsy or other sequelæ, the patients making quick and complete recoveries. Under Allopathic treatment there were 20 per cent of losses, while dropsy was the rule and not the exception, and recovery in nearly every case was slow and tedious.

E. N. EARLE.

NEBRASKA CITY, Neb., July 23.—Sickness increasing somewhat both in amount and severity. Dysentery and cholera infantum prevail, but are easily controlled so far by either *Nux*, *Merc. viv.*, *Pod.*, *Ars.*, or *Aloes*. I desire to ask every Homœopathic physician in the state of Nebraska, whom I have not already personally addressed on the subject, to send me their address, together with any historical or statistical information they can obtain regarding the introduction and growth of Homœopathy in their locality. This is for the use of the World's Homœopathic Convention, and should not, on any account be neglected.

A. C. COWPERTHWAIT.

HONOLULU, H. I., June 28.—From some unaccountable change in the air, or some other cause, we have had some quite severe cases of influenza which the ordinary remedies fail to reach, but which were quickly brought to a climax by *Eupatorium perf.* 3x. The same change of something — perhaps? — has brought more than the usual number of patients afflicted with gonorrhœa. Cases taken in the first stage were shortly cured by *Acon.* 1x, every three or four hours. Cases seen in the second stage improved under *Hamam. vir.* 1x, which remedy I never used much in the United States but here I use it in most cases of gonorrhœa. Was led to its use by its action in some cases of orchitis where it acted on the discharge and scalding as well as on the testes. I use *Hepar sul.* 2x in chancroids; very seldom give any other medicine.

O. S. CUMMINGS.

PLATTSBURG, N. Y., July 19.—Scarlet fever has been our most troublesome disease, both in town and country, during the last five months. Many children have been carried off by it in spite of the most approved style of treatment. We have fought it diligently and persistently, with the best weapons at our command, and have, it seems to me, been too often compelled to acknowledge defeat. Diphtheria would come in and steal our patients from us just when the scarlet fever was letting go its hold upon them, and those that escaped diphtheria, many of them, had their sickness prolonged by an attack of parotitis, while others, who had parotitis first suffered more severely from the scarlet fever. We watch THE UNITED STATES MEDICAL INVESTIGATOR carefully for improvements in the treatment of these severe diseases and hope soon to have our quiver full of the *best-pointed* arrows.

T. B. NICHOLS.

MANITOWOC, July 26.—We are having cool, pleasant weather, and very little sickness. There was some scarlatina in this city this summer, our biggest "*Morphine*" doctor losing four cases in one family. Every case that took on a malignant form he said must die, and they

did, in his hands. Two such cases came under Homœopathic treatment, were visited by mothers who had lost and seen children treated by the "*Morphine*" fellows, and at once declared in the fatal grasp of the disease: their old doctor said so, and they did not believe any power on earth could save them, all other cases "*just like them*" had died. But as they did live, and got well, I suppose the power was not earthly, but the moonshine contained in the 3d dilutions of *Belladonna* and *Rhus tox.*, *Tart. em.* and *Helliborus*, given alternately, first the *Bell.* and *Rhus*, while the head, throat, and typhoid symptoms lasted, and the *Tart. em.* and *Hell.* when the lung and kidney complications occurred. In both these cases, and in those that died, there was delirium, rather wild; red, swollen throats, inside and outside; stiffness of the neck; rough, itching, dark eruption, and great prostration. As this condition began to subside, they commenced to cough in paroxysms, with loud sibilant rhoncus and some mucous rales, together with partial suppression of urine, and dropsy. Those cases that died sank in this stage, the typhoid condition having continued with them to the last.

R. K. PAINE.

MENOMONEE, Dunn County, Wis., July 6.—I am much pleased with the semi-monthly visits of THE UNITED STATES MEDICAL INVESTIGATOR, especially with its clinical observations and criticisms.

I beg pardon for troubling you with interrogatories, but we learn by asking questions though it exposes our ignorance.

Dr. Hoynes says, on page 24, second volume, new series: "Homœopathy is either true or false." Again he says, "Every physician believes, or ought to believe, that there is, first, no other method of applying medicines profitably in diseases than the Homœopathic," etc. I would ask, were I called to see a patient who had recently taken *Arsenous acid*, and should administer *Hydrated per oxide of iron*, and the patient recovers, would the remedy be Homœopathic or chemical, or, would the recovery be purely accidental? Again, were I called to see a lady twenty-four hours after confinement who had eaten one pint of milk curd, one hour later had violent pain in the stomach, one hour later convulsions, patient has to be held in bed and a stick placed between the teeth to keep her from actually biting her tongue; if an emetic be administered and the stomach quickly relieved and a rapid recovery follow, would the treatment be Homœopathic or mechanical, or could we say that the emetic had not been profitably employed?

Could not a medicine be administered and one rightfully claim that it cured by the law of *similia*, and another with an equal correctness claim that it cured by the law of *contraria*? The former taking as his starting point of reasoning the well-known result following the administration of a large dose of a drug to a healthy person, and the other from a point of reasoning following the administration of a small amount of the same drug. To illustrate: A physician is called to a case of retention of urine, he gives small doses of *Cantharides*, because he knows that a large dose of that drug will produce a similar condition in a healthy person, the doctor accurately prescribes according to

the law of "*similia similibus curantur.*" Had another physician been called to the same patient, and diagnosed the case retention of urine from want of contractile force in the circular fibres of the bladder to expel its contents, and reasons thus: We know that over-stimulation will weaken muscular action, whether it be from exercise or drugs, and it is also known that a large dose of *Cantharides* will over-stimulate the bladder so as to cause retention of urine; *Cantharides* stimulates the bladder, so he administers the drug in small doses, just enough to stimulate those muscles to a healthy action, and the bladder empties itself. He says, I find a case of inaction, I must administer a medicine that will produce an opposite effect, viz., action, and prescribes a similar dose of the *same* medicine prescribed by the former physician, producing the same result, but prescribed according to the law of *contraria contrariis curantur.* I ask if both have not reasoned correctly from different starting points.

J. M. GATES.

MASSILLON, Ohio, June 25.—Dr. Dornberg's report, page 169, Vol. I. new series, of THE UNITED STATES MEDICAL INVESTIGATOR, suggested treatment in following case:

John K., aged sixty-two years, phlegmatic; dark complexion, hair and eyes; height, 6 feet 4 inches; weight, 260; former weight, 330. Twenty-six years ago, dropsy; improved after six months Allopathic treatment; free from dropsy for following five years, then a second attack, followed with six months of Allopathy. An intermission of fifteen years. During winter of 1868, typhoid fever. Winter of 1869, dropsy reappeared, worse than preceding attacks. Received first Homœopathic treatment of Dr. Curtis, (Chattanooga,) in six weeks removing all apparent traces of disease. March, 1870, first noticed symptoms of diabetes m.; no treatment for a year and a half, then medication "off and on" for two and a half years, with palliative results, often scarcely that. In October, 1874, went to Green Springs, Ohio, (Diabetic Cure), improved very much for a few days; contracted a severe cold; patient returned home, improvement ceased with a return of former condition. For several months following, various remedies were exhibited; *Bryonia* and *Phos. acid* affording the greater palliation. March 29, 1875, following symptoms presented: Great weakness; restless during night; severe aching pains in feet and legs, preventing sleep; frequent voiding of foamy, strong-smelling, dark urine; quantity excreted, eighteen to twenty pounds per twenty-four hours; in the *morning* urine containing a large amount of *salt*, in the *evening* a great excess of *sugar*; violent thirst day and night; unable to walk farther than a few rods. Gave *Lactic acid* 1, six doses per day. (Dose, five pellets, B. & T.'s, No, 40). Diet: free use fruit, avoiding only sugar, starchy food, and *fermented drinks*. During the first two weeks he thought there was slight improvement. Through third and fourth weeks, change decided and rapid in all the symptoms; at the end of that time could sleep well, pains in legs and feet abating, urine not over one-fourth former quantity, less salt in the morning, scarcely any sugar in the evening. During fifth and sixth weeks suffered from

a severe cold; held on to the remedy to see if same results would follow as in Green Springs treatment. The medicine proved equal to the emergency. During the seventh and eight weeks, another violent cold before fully recovering from the first. (Are diabetic patients more liable to take cold than others?) The amount of urine was considerably increased, with a return of pains in feet. Gave *Mur. acid* 4, in alternation with the *Lactic acid* for three days; symptoms disappeared and *Lactic acid* continued to end of week. During ninth, tenth and eleventh weeks no medicine taken; urine normal in quantity and quality; legs and feet free from pain; walking one and a half to two miles daily with no unusual fatigue. In twelfth week, slight pains in feet; resumed medicine for few days, pain subsided; sleeps well; no restriction in diet; usually voids urine twice during night.

W. H. KIRKLAND.

NOTES FROM HOT SPRINGS.

I have been promising you something from Hot Springs for a long time, and now I will delay no longer.

The INVESTIGATOR comes regular, and I assure you 'tis a welcome visitor, away off down here, where I stand all alone in my glory.

I wish you would try and impress the profession at large with the importance of this place. They do not seem to realize that this is fast becoming one of the great *health* resorts of the *world*, and that in about three months we will be connected with the outside world directly by railroad, and that then we propose to extend a general invitation to the sick and afflicted everywhere to come to Hot Springs and be healed.

But seriously, they do not know that this is a point from which radiates an immense influence that goes out and spreads itself all over the country.

Here invalids are flocking by thousands every year; and Homœopathic physicians all over the country ought to combine and use their influence to make this one of the strongholds of Homœopathy.

This place is fast making a reputation for the cure of diseases of an ulcerative nature, affections of periosteum, caries, etc. And these many wonderful cures are most assuredly based upon that universal law of similars.

Silicea and *Lime* are the principal elements of these waters; and all Homœopaths know the value of these remedies in diseases of this character.

In a few months now the government will probably take possession of this place, when there will, or ought to, be established here large hospitals — when our benignant treatment ought to take a *first* place.

The diseases most common here are rheumatism, paralysis, and syphilis. Probably two-thirds of the patients are afflicted with syphilis

in some of its various forms—or more properly from *Mercury* and *Iodide of potash*, administered by the physiological school for months, and may be years, before coming here. I never realized the work of devastation going on in the old school ranks until coming here.

J. B. BROOKS.

HOT SPRINGS, Ark.

INTERMITTENT FEVER AND LYCOPODIUM.

According to Lippe, Raue, and others, *Lycopodium* is said to be indicated when the paroxysms appear from 4 to 8 P. M., when the perspiration is followed by violent thirst, and when the patient has a cough with thick, yellow, salty expectoration. Guided by these symptoms, I always excluded *Lyc.* where the attack did not come on near the above stated time; and although I have been watching for such indications for years, I have not met or cured a single case of the above description with this remedy. I have met a few cases where the time of aggravation corresponded almost, but never exactly, to 4 to 8 P. M., but in all of them there were either strong counter indications, or some other remedy was better indicated by other symptoms. Violent thirst after the perspiration I have never met since my attention has been directed to this symptom. The following is the only case I have cured with *Lyc.*, and I report it because it does not present the well-known indications, and because it possesses some new and interesting features. From reports of simple cases, where every one can find the remedy, nothing is to be learned.

H. B., my own child, aged eight years, of an amiable disposition—rather more amiable during her sickness than when well—light hair, blue eyes, slender in form, took the first attack about 9 o'clock A. M.; the next about 7 A. M.; all other attacks, with two exceptions, as I shall presently state, on awaking in the morning. The chill was felt mostly in the lumbar region, and lasted from thirty minutes to one hour. The heat lasted until 7 or 8 o'clock P. M., no difference whether the paroxysm commenced on awaking or at 4 P. M. Some perspiration during the heat. The thirst predominated during the chill, always called for water at the commencement. Vomiting of water, mixed with food, of a greenish color, with two-thirds of the paroxysms and always between chills and heat. The vomiting was attended by irresistible urging to urinate. During chill, strongly developed cutis anserina. Apyrexia free.

The early appearance together with the vomiting between the chill and heat led me to give *Eup. perf.* At first the 200th was tried for about four days, then the tincture. It had no effect. Judge of my disappointment! The chill in the back pointing to *Caps.* induced me to give it high and low. No response. *Ignat.* and others were tried with similar results. Circumstances, which cannot be mentioned here,

made it necessary to arrest the paroxysms by *Quinine*. About two weeks afterward she took a chill about 4 P. M., lasting, together with the heat, until about 8 P. M. No medicine was given. The following attack appeared at 2 P. M. Both were accompanied by vomiting. This vomiting between the chill and heat perplexed me exceedingly. *Eup. perf.*, the only remedy that has this symptom, so far as I then knew, had no effect. The last attacks occurring in the evening set me to study *Lyc.*, and to my great astonishment and joy I found in Lippe's Text-Book symptom 254 of *Lyc.*, sour vomiting (between chill and fever). Now asked the child about the taste of what she had vomited, she said it was as sour as vinegar. This settled the question. She received three doses *Lyc.* 41,000 F., after which she had but one slight attack. I think this was a *Lyc.* case from the beginning, since the characteristic vomiting attended the disease throughout.

NASHVILLE, Ill.

C. BERNREUTER.

A SEVERE EPIDEMIC OF MEASLES IN FIJI.

FEAR PRODUCES A FEARFUL MORTALITY.

A correspondent of the *London Times* writes from Levuka, Fiji, on the 23d of April, as follows: Your correspondent's last report furnished an account of the visit of his ex-Majesty King Cakobau to New South Wales. While in Sydney a measles epidemic was raging, and it attacked in a mild form every member of the Fijian royal party. The King reached here on the 15th of January, and to all appearance, though weak, was quite convalescent.

Within a week afterward the air resounds with wails and lamentations. All at once, and in every direction, the people are stricken down with a fell disease, which up to this time they had never been in the slightest degree acquainted with. Now, strange to say, the chiefs are first attacked, and one by one they silently succumb. From that day to this Ovalau has been a vast charnel house, the people dying daily in every direction. As the sickness extended every effort was made that ingenuity could devise or skill prescribe to arrest its progress, but in vain. The public buildings at Nasova were converted into a hospital and quickly filled with sick and dying. At Levuka the old Wesleyan chapel was also handed over for this purpose; and at Totaga the police offices, lock-up and buildings were each speedily crowded by the dying people. The Administrator, the Colonial Secretary, the government medical officer (Dr. Cruikshank, R. N., retired), and Lieutenant Olive, R. M. L. I., of Her Majesty's ship *Pearl* (the present Superintendent of Police), vied with one another in indefatigable efforts to mitigate suffering, but in most instances, let me add, without success. The natives became somehow imbued with the terrible idea that now the *Papalagi* (English people) had become possessed of their land, they desired to get rid of them. In many instances it

was impossible to dispel the idea that the king had been taken to Sydney for the purpose of communicating to him a fatal poison, with which utterly to destroy all his people. Sick men and women would look you fairly in the face as though convinced of their inexorable fate, and say, "I am going to die," and at once settle down to inevitable death. To tell a Fijian he looked sick was as certain destruction to him, in many instances, as a bullet through his heart would be. There are reported some examples remarkable for the superstitious dread and confident belief in destiny these curious people exhibit. One instance I will give which occurred under my own observation. Six healthy Fijians visited a plantation on Oiti-Levu, and accosted a Tonga man (friendly islander) at work there, and in reply were told that all the Fijians at that plantation were *sa mate* (sick and going to die), and that they (the six) looked sick. A glance of horror in return greeted this remark; they retired to a *bure* (native house) in the neighborhood. Two died on the following day, two the day after, and on the evening of the third day not one of the six was alive. But beyond this fatal panic which immediately seizes the disease-stricken Fijian, it was impossible to treat him from his dogged resistance to medical treatment. The moment measles approach, the patient should at once retire to his place of habitation, and particularly shrink from exposure to cold and rain, and more than all eschew the bath. But these precautions the Fiji native generally will not take, and has but in few cases taken. He at once seeks the cold air and jumps into the nearest river, as a relief to the fever which oppresses him. This "drives the disease in," and is certain death.

Of the population of this island — Ovalau, one of the smallest of the group — over six hundred have been buried, and funerals each day still continue. Nor has the white population escaped. Among the children the mortality has been considerable, and general gloom prevails.

Neither has the mortality been confined to this island. It has spread over all the larger and smaller islands of the group with frightful rapidity. In the mountains of Viti and Vanua Levu it has annihilated whole tribes. The Windward Islands have been decimated; and it is confidently estimated that when the disease shall have worn itself out fully one-third of the native population will have disappeared. At least twenty thousand have died.

REPLY TO CRITICISM ON CHARACTERISTIC INDICATIONS IN HEADACHE.

BY H. V. MILLER, M. D.

IN THE UNITED STATES MEDICAL INVESTIGATOR, of June 15th, I notice a criticism on my paper giving characteristic indications for the cure of headache. The doctor evidently regards these *indications* as no indications at all worthy of notice. He "ventures to say that he can

mention half a dozen drugs that will cure all the headaches I have mentioned or are likely to mention." A large class of Homœopathic pretenders who are too stupid or too lazy to patiently study our materia medica and make a practical application of it, have been waiting a long time for the advent of just such a smart doctor who is able to mention a few infallible specifics, not only for all forms of headache, but for every other disease. His fortunate advent into the medical world at this time will doubtless supercede the necessity of any further wearisome study of that tremendous bugbear, the Homœopathic Materia Medica. But so far as my limited observation extends, this class of doctors seem to be *devout believers* in the *Allopathic* Materia Medica. They will guess at two or more Homœopathic remedies to alternate in a case, and if these fail to do the business they very soon resort to Allopathic palliations. I find that the skill of a Homœopathic practitioner depends primarily upon his knowledge of materia medica, and the less he knows about it the more he is apt to ridicule it. Ridicule is always cheaper than careful investigation. When did the doctor investigate our materia medica and how did he proceed in his inquiries to prove it so worthless? The best and most brilliant therapeuticians are those who are best posted in this very materia medica. And the more it is tested the greater becomes our faith in its truth and efficacy and our admiration for those patient observers who have left us this rich legacy. If some errors have crept into these provings, let us test them and then eradicate them. What does Homœopathy amount to if our materia medica is a grand humbug? And how did such men as Hering, Lippe, and Guernsey, acquire their great therapeutic skill except by studying our materia medica? The doctor's half dozen specifics probably include such remedies as *Acon.*, *Bell.*, *Bry.*, *Puls.*, *Nux.*, and *Sulph.*, all good remedies but I find there are many others, each in its sphere equally indispensable.

He enquires where I got "this vast array of symptoms, minute and exact in every particular; is it the result of experience and have proven this vast amount of drngs, or is it" he triumphantly adds, "the same old rehash of symptoms, whose accuracy he puts about as much faith in as he would in a placebo powder?"

I have not had the honor of proving all the drugs referred to, but I am constantly verifying these characteristic indications. I have recently prepared a repertory to this headache paper, making some valuable additions and arranging the symptoms alphabetically for convenient reference. As the test of a pudding is made by chewing the string, I have used this repertory to advantage in several recent remarkable cases of which the following are specimens. I will venture to quote them though the doctor has little confidence in clinical reports.

I. One of the most obstinate cases of chronic nervous headache that I ever treated was characterized by relief of pain invariably after eating. My repertory gives this indication under *Physostigma*. This remedy relieves the pain better than any other I ever found, and it promises to effect a complete cure.

II. In several cases of severe nervous headache, always excited or greatly aggravated by reading, study, or reflection. *Natrum carb.* has according to the repertory proved to be the remedy.

III. A case of nervous headache of some fifteen years standing, baffled all treatment until I observed the following characteristic, also in the repertory : headache always preceded by blindness or dimness of sight ; as the blindness disappears the headache comes on and gradually increases. *Kali bich.* has perfectly controlled the case during the past six or eight months.

I wish the good doctor would consent to lay aside his prejudices against materia medica, even if it is bulky and contains some errors, and consent to familiarize himself at least with the most prominent characteristic indications for remedies, and then gradually build upon this foundation. If my repertory should be published bye and bye, and should happen to help him out of some few difficult cases, I should feel highly gratified. I would suggest that it is not a very good way to prepare the mind for studying materia medica by condemning it in advance. And the reason why we have so many poor prescribers is, that but few are willing to study and learn materia medica. The *Materia Medica* does not require an emetic half so badly as the *profession* itself. If we could once get rid of the know nothings and do nothings, there would be a clear field for live Homœopaths. But it is not time for the advent of the medical millennium.

KILLED BY VASELINE.

EDITOR UNITED STATES MEDICAL INVESTIGATOR : Mrs. R., of Benicia, suffering for the last sixteen years from psoriasis, happened one day accidentally to burn her hand. Dr. C., of Benicia, was called in attendance and recommended the use of *Vaseline* externally. It had the desired effect in relieving the suffering. The doctor encouraged by the use of *Vaseline*, also applied it to the exanthem which covered nearly all the body and very badly disfigured her face. Also here the *Vaseline* proved capital in effect, and within a short period the psoriasis disappeared leaving a smooth and pure surface of the epidermis.

One week after the so-called happy event of a miraculous cure, Mrs. R. was taken down with chills and vomiting. Dr. C. was called and gave her large doses of *Quinine*. In a few days the parenchyma of the lungs were much congested and engorged, and he pronounced the disease now to be pneumonia. The chills and vomiting of bile continued unabated. Few days later she became delirious and remained unconscious for three days more and died.

The psoriasis, that so promptly disappeared under the external administration of *Vaseline*, never made its reappearance. The skin of the corpse looked as white and clean as any healthy child's. Only the

most superficial observer could doubt the real cause of the death was anything else than a metastasis of the psoriasis to the internal viscera. The violent hepatic reaction against the intruding enemy spoke sufficiently loud of the poisoning of the lymph, and reminds us of those hopeless uremic conditions of the blood, where the poison has entered the circulation and disorganizes the flow of life.

Our Homœopathic pharmacies are blessing the public with a rain of circulars on the grand virtues of *Vaseline*, recommending it as "tasteless, odorless, and harmless," and "for external uses" in "eczema, itch, tetter, salt rheum, ring worm, and all diseases of the skin."

How long time shall our Homœopathic pharmacies continue to be guilty of this and many other gross insults against the rational and specific science of pathology and medicine?

How long shall it last before the medical profession of Homœopathy stand up in the name of science and teach our pharmacies common sense?

P. W. POULSON.

HEPATIC CASE FOR COUNSEL.

MR. EDITOR: I have a case to report. Patient a respectable, hard-working man, aged forty-eight. Health has never been good; has had several slight attacks of liver troubles, and often felt a pain in liver. Patient is tall, large frame, dark complexion and eyes, black hair. Never drank a glass of strong drink.

About five months ago was attacked with these symptoms: Pleurisy-like pain in liver, this soon subsided under *Merc. s.* and *Bry.*, but there remained a dull aching, sometimes burning pain, in liver and shoulder; tenderness of epigastrium and liver; tenderness in kidneys; weakness of back; pain and tenderness in inguinal region; dull headache and aching in eyes; jaundiced complexion; sometimes face and lips flushed purple; tongue large, flabby, and slightly coated yellow, with a furrow in middle; loss of appetite; places on the body which feel sore and do not last long; ascites, apparently, to a slight extent; formerly, when pressing on ribs to right of epigastrium, a sharp pain would shoot to back, and now, when laughing, seems as if a hard lump struck the ribs; a trembling and working sensation starts in the liver and goes in various directions over the abdomen; bowels regular, sometimes of natural color and sometimes yellowish; urine sometimes very high-colored; pulse, 80.

The case improves so slowly that patient and myself feel somewhat discouraged. Have given various remedies, chiefly *Merc. s.*, *Bry.*, *Lyc.*, and *China*, all as low as 3x, and have used abdominal compress to liver.

The symptoms have all been ameliorated and he has been able to sit up for several weeks. Now who will tell me what will cure, what potency, and how often to repeat the dose, and oblige a young physician?

A. F. RANDALL.

LEXINGTON, Mich.

TOO LATE.

June 20th I was called to see Mr. —, aged forty-five, and found him pale, nervous, and emaciated; had been sick two months. He complains of a nervous pain in right occipital region extending to the top of the head, at times severe and sharp, at others dull and heavy, comes suddenly and goes suddenly, is better by lying down and by covering up head warm or warm applications; appetite poor; eyes glassy; bowels costive, (in little balls); sleeps well till 4 A. M. then wakes, is restless for an hour or two, then goes to sleep for an hour, feeling badly after his sleep. Friends think there is but little hope. I gave one powder of *Nux vom.* 200, and wrote to his former physician to know what he had given him when I received the following: "I should give *Ignatia* low and *Gelsemium* low, and *Chloroform* when the pain was severe," but it was too late. He has not had a pain in his head since the first powder (*Nux vom.* 200), though he took several doses of *Sac lac* for three weeks, when he was dismissed cured.

A. M. CUSHING.

LYNN, Mass., July 16.

SENSATIVENESS TO MEDICINES.

SENSATIVE TO CINCHONA.

One of my lady patients is peculiarly sensitive to *Cinchona*. A few pellets of the 2d were dissolved in a tumbler half full of water and a dessert spoonful given. Roaring and singing in the ears, etc., were soon felt, and the lady was sure that she had taken *Quinine*.

SENSATIVE TO ACONITE.

Another lady is unusually susceptible to *Aconite*. A potency as low as the 3d invariably produces characteristic symptoms, the most prominent being headache. Through this lady I first positively learned that our remedies may, and that they sometimes certainly do, retain power after long exposure to light and air. Pellets of *Aconite* had lain scattered in her open work-box for several weeks; thinking the virtue had gone out of them, she took a dose (while in health) as an experiment. The characteristic effects soon appeared.

This lady's mother, sister, and brother, are likewise very responsive to *Aconite*, but in a less degree; and they all have a preternaturally high pulse, being in health from 90 to 100.

SENSATIVE TO GELSEMIUM.

A nervous old lady, with functional disease of the heart, who takes *Gels.* for sleeplessness, complained of colic produced by the remedy. By trying blanks I found that it was not an imaginary colic. The higher potencies do not produce this effect. Some of my colleagues here have also tried *Gels.* in sleeplessness, and in cases like the above we consider it indispensable.

SENSATIVE TO MERCURIUS.

A medical friend produced some ptyalism with *Mercurius* 6, in a patient who had been previously salivated by the crude drug. Not appreciating a scientific explanation, the sufferer attributed it to the minute dose effects, which obviously could not have been except for an idiosyncrasy.

W. F. MORGAN.

LEAVENWORTH, Kan., July 17.

[Will the doctor please describe the temperament and general appearance of these individuals. There are *Puls.* and *Nux* patients, why not *Acon.*, *Gels.*, etc.? If we know those patients "at sight," we can prescribe better.—ED.]

THE CLIMATE OF NORWAY.

If the reader will glance at a map of Norway, he will see that there are two well-defined divisions: the Southern, a region not destitute of flourishing cities and towns; and the Northern, a narrow strip consisting of little more than a succession of headlands and islands, stretching far within the Arctic Circle. Both divisions have their characteristic, that the mountain ranges rise in the form of wide tablelands, extending for long distances in so nearly a perfect level "that, did roads exist, a coach-and-four might be driven along or across them for many miles." The very valleys that break up their continuity are unperceived by the eye, being overlooked on account of their narrowness; and the view is interrupted only by slight undulations, or by occasional mountains of no great size. Here it is that, summer and winter, the moisture which elsewhere descends in the form of rain, spreads the successive layers of the great *Sneefon*. Prof. Forbes, in the map accompanying his interesting work on "The Glaciers of Norway," indicates not less than eighteen of these "chief permanent snow-fields" to the south of Trondhjem, and nineteen in the narrow strip north of that city. It must not, however, be concluded too hastily that the climate of Norway is cold and inhospitable; for no greater contrast can be found between countries lying in the same latitude, than between Norway and Greenland. The influence of the Gulf Stream is nowhere more strikingly traced; for, if the summers in Christiania are comparatively cool, the winters are as warm as in many places far to the south of it. Indeed, it is the remarkably equable temperature of Norway which, while it prevents the harbors from being closed by drifting ice, like those of the opposite shores of Greenland, yet allows the line of perpetual snow to come down as low as 4,000 or 5,000 feet above the sea-level. For it has been conclusively proved that it is not so much the intensity of the winter's cold, as the amount of the summer's heat, that fixes the point where frost reigns supreme throughout the year. So it happens that, while the haven of Bergen, in latitude

60 degrees, is frozen over only twice or three times in a hundred years, or about as often as the same fate befalls the Seine at Paris, the eternal snows cover the mountain sides in the neighborhood of Bergen at heights at which the peasant on the Jura or the Alps pastures his flocks through the long summer months.—Prof. H. M. Baird, in *Popular Science Monthly*.

NAME FOR THE CASE AND ADVICE WANTED.

Will some kind Christian tell me what to do with the following cases, and give me a name for the first :

I. Miss W., aged twenty-four years; sick six years; first symptom was a "stepping out to one side." Had dyspepsia, or gastric derangement, and constipation from nearly the first. One doctor said she was "bilious," her "liver was inactive." Never had much pain, except backache. Gradually grew worse. In 1872 became *enciente*, and gave birth to a child. The father instead of marrying her as he promised, ran away. Trouble perhaps made her worse. For three years she has not walked without holding on to something or some one. For a year she was much troubled on rising in morning, to urinate; could not get the water started, and gave some pain; has been regular most all the time, except when naturally suspended from pregnancy and nursing. For sometime has had leucorrhœa, after menses worse, is abundant and greenish-yellow, flows more in daytime; for three years had a failure of sight, worse past eighteen months, cannot see to read now, letters all seem to blurr together, if the letters are large can read a few minutes; pulse small, weak, and compressible, 92 per minute; tongue a little pointed, and covered with raised, red papilla; is now in better flesh than for four years past, may be owing to her baby and consequent trouble; tingling sensations in hands and legs, more below knees and on left side; makes her sick at stomach to look up. I have read what I can find on locomoter ataxy, and find she has not the sensation of a cushion under her feet; the floor don't seem to come up and meet her feet; cannot walk better by seeing her feet; has a good deal of trembling of hands and voice, but has always been more or less so even since a little girl; has brown hair, grey eyes; bilious, lymphatic temperament (mother is very fat,) and if well would grow fleshy as she advances in life; is better every other day; sleeps well, and eats pretty well.

This is nearly her condition when first seen. What is the pathology of this case, and can she be cured? Oh! Excuse me, she has had some "spells" a year ago now, that seemed to me very like hysterical spasms. Says she used to get rigid, and they thought she would die, etc., etc.

II. A man, fifty perhaps, has been threatened with hemiplegia. Aside from two or three spells of paralytic symptoms affecting mostly

the right side, and not of long duration, he seems very well, except a continued intense *thirst*, and it is for this *thirst* that I want a remedy.

He has a desire for acid fruit or sauce, as apple sauce; mouth very dry; if he drinks milk he "spits cotton;" as he expressed it; if he drinks a great deal of water it sometimes feels cold on the stomach. drinks a pint or so at a time; if at labor, in warm weather, drinks every half hour; if day is cool, not so much; sometimes in very warm weather he stops perspiring and then it is the water feels cold in the stomach, and makes him feel disagreeable generally; been troubled for fifteen years; he drinks nothing at meals, and is worse toward noon and evening; soon as "he lies down at night he is all right;" mouth is not dry in the morning, but becomes so toward noon and evening. He has had *Ars. 30* and *Am. 30*, also *Natrum mur. 15* to no effect. The thirst is not relieved a bit by drinking.

Have been very healthy here for a month, a little more business now. Acute articular rheumatism, nervous fevers, diphtheria, etc., etc., are what we meet most.

For the benefit of Dr. Pearsons let me add that my patient that got *Nitric acid* chemically pure, (see UNITED STATES MEDICAL INVESTIGATOR, May 15,) had steadily grown worse on the 3x of that remedy, and was apparently rapidly going for the "other side," but the *acid* chemically pure, five drops in a tumbler of water, relieved as if by magic—and I was as happy as Dever would have been if it were the 20,000th and his patient. By the way Pearsons, I know Dever better than you do, and—well if my patients all do as well as this one did I am very happy. Dever is a tip-top good fellow, but he would give the *acid* chemically pure if that would save his case. I know for I have lived with him, and I honor his good sense for it. Talk to us about somebody we have not slept with. Not a word against Dever, mind you.

I. H. DIX.

DANVILLE, N. Y.

AN ALLOPATH BEHIND "DIPHTHERIA."

VERBATIM ET LITERATIM.

A recipe. An M. D. in the interior writes: "I sea in your last ishue of the 20th Inst That the Dyphtheria in your citty still pevales At A larming degree * * * I have treated Diphtheria for The last 48 years, have had Thousands of cases, if I wase call to sea my Patience Within 10 Hours after the first Atact & applied ablister from Ear to Ear and had it draw in 10 or 15 Minnits my Patience will loswillss [this is the nearest we can make of this word,] in 3 Days instead of Being Dead. I can cure 99 in 100 if The blister is drawn in time But omit the Blister and 99 in 100 will Dye if it is Malignant Diphtheria

After treatment is Mild Expectorent."—N. Y. *Witness*.

[Who wants an Allopath for counsel ! ?]

CASE OF MEMBRANEOUS CROUP—POST-MORTEM.

On the 5th instant, in company with Dr. I. J. Whitefield, of this city, I was invited to be present at the post mortem of a little boy, aged about four, who, thirty-six hours before, had yielded its life to an attack of true croup, or, as the attending physician called it, diphtheritic croup. The child had died suddenly and unexpectedly to the doctor, who claimed that death was the result of nervous exhaustion, or sudden collapse of the vital forces. The parents, however, took exceptions to that assertion, and hence the autopsy. Dr. D., who was the physician in charge, and is also an Allopathic surgeon and physician of excellent reputation in this city, conducted the investigation. After making the usual incision over the respiratory tract, the sternum was removed; after which the larynx, trachea, and portions of the bronchii were also removed.

The lungs and heart presented no abnormal appearance. The superior surface of the larynx was covered with some patches of diphtheritic membrane, and in some places the surface was denuded not only of the pseudo membrane, but of the mucous membrane proper, giving it the appearance of old scars, which was in a measure owing to the chemical action of the remedies locally used; also, the disease had some action in the destruction of tissue here, because, where the so-called diphtherite membrane was adhering to the mucous membrane some force was required to loosen its attachments—deep pits and scars were beneath, and a few thread-like tendrils seemed to belong to the false membrane, and penetrated into the sub-mucous tissue. After noting these matters, the larynx and trachea, also the bronchial tubes, were carefully opened on their anterior surface, from above downward. The vocal organs were slightly swollen, and seemed surrounded with a semi-puriform fluid, some destruction of the lining membrane was observed, which is not common to this disease. Where the larynx becomes continuous with the trachea, we found the genuine croupous membrane (so characteristic of this disease) completely lining the tracheal wall fully one-half of its length, and contracting its diameter at least two lines. In color it presented but little, if any, difference from that which patched the upper laryngeal surface. Here, as above, the membrane was firmly attached to the mucous surface, and the only noticeable difference in the two localities was, that where this false growth was loosened from the tracheal wall the mucous membrane was left in a smooth and normal condition—quite unlike that of the larynx, described above.

I regret exceedingly that we had no microscope with which to study minutely the difference in this case (if there be any) between the plastic exudation of croup and diphtheria. There was no foul odor in any manner whatever connected with the case throughout the attack.

There is a possibility that the difference between the false membrane lining the trachea and that of the laryngeal surface may have been due to the epithelial cells peculiar to the separate localities; and

if that is a fact, it is presumptive evidence that croupal diphtheria is not a reality, but a misnomer.

Just below, and continuous with the plastic membrane in the upper part of the trachea, and on the posterior wall, lay a portion of this membrane about one inch in length, the free extremity of which floated up against the constricted trachea, or down, synchronous with the respiratory effort. Expiration was always very difficult, but especially when coughing. Then the spasmodic effort to breathe was extremely severe, because of this valvular or mechanical obstruction. As a matter of course the result of such effort will be readily inferred. The bronchia, as far as examined, contained some portions of thoroughly organized lymph, but mostly semi-organized, and only slightly adhered to the lining membrane.

The onset of the disease in this case was such as is common to other cases of this kind—quite insidious in the beginning, until it was fully established; some symptoms of fever, and fretfulness; was willing to eat, and had no difficulty in swallowing; craved large draughts of cold water, which was freely given. The doctor in charge was called on the second inst, in the forenoon; found great dyspnoea, and whistling respiration; suffocating coughing spells, when the face would grow purple and anxious, and the extremities clammy. These symptoms continued to increase, and on the evening of the next day another eminent Allopath was summoned in counsel. To an intelligent physician of the Homœopathic school the treatment of this case will appear absurd and bungling. The first thirty-six hours the treatment consisted of alterative doses of *Calomel*, 1 grain each, in alternation with grain doses of *Quinine* (as a tonic) every three hours. As a lotion for the throat, *Chlorate of potassa* and *Muriate tincture of iron*. After the two regulars had pondered over the case, they decided that "something must be done" soon, if ever, and they, true to their instincts, and the teachings of their thirty centuries of experience and experiments, gave one heroic dose of *Calomel*, for a sedative effect. Why? Why not have given *Salt petre* as well, if a sedative was required? Twenty grains of *Calomel*! If that done no good, then they had done what they could; their skirts were clear from the results of the disease. Six hours after this dose was given, the little one died, and the appearance immediately following death was just what we would expect from a person who had died from strangulation. And yet, the doctor gravely tells the parents that death came from "prostration of the vital forces." Shade of Hippocrates! what wisdom! what scientific and subtle reasoning! what *scientific quackery*! Even though the doctor had been called at a late hour, this treatment would have been useless in any stage of the disease. And the physician who prescribes for such cases, under the unerring law of similia, very seldom has an occasion to study their morbid anatomy under post mortem circumstances.

H. A. WHITFIELD.

GRAND RAPIDS, June 14, 1875.

AMMONIUM MUR. THE EPIDEMIC REMEDY.

The disease forms prevailing still call for *Ammonium muraticum* as the epidemic remedy. The peculiarities observable, or likely to arise are :

Congestive headache with flushed face and enlarged veins, or dull and heavy pains with vertigo and pallor.

The nose is either more dry than natural, or there may be free watery discharges and obstruction.

The mouth and lips are apt to be sore and excoriated; the tongue swollen and "pasty;" the throat full and sore, with increase of glairy mucus and difficult swallowing; the voice may be "husky," and the lungs sore and lame; the bronchial tubes are very likely to be involved, and if at all, every branch is affected to the extremity; the cough is deep and violent, and is attended by tolerably free expectoration.

The stomach is liable to feel over-loaded, lame, and sore, sometimes flatulent; vomiting often occurs; loss of appetite is the rule, as well as thirstlessness, though extreme thirst sometimes attends.

The bowels are full and disturbed, and much severe pain is experienced when they are involved, (similar to *Colocy*). The discharges vary in color and character. *All varieties* are accompanied by a *good deal of flatus*; the watery stools are copious, other kinds are scanty though often repeated; the color varies from day to day, they may be white and undigested, or green and watery, or green and slimy, or they may be yellow and bloody, watery or slimy. I have seen them like "scrapings of meat," or copious of coagulated blood as from hæmorrhage. (These dysenteric symptoms do not appear in Allen's *Materia Medica*, neither in Hull's *Jahr*, but I have cured each of these conditions this spring with this remedy alone).

This remedy produces also obstinate and extreme constipation, which condition it will remove better than any other at present.

Attending upon these local phenomena there is almost always *severe pains in the lumbo-sacral region*; this is the *key-note* symptom for this remedy, and is a very common complaint at present.

Frequent changes of temperature are likely to happen, slight chills are frequent, and flashes of heat or continued heat may attend upon diarrhœa or dysentery; free perspirations are not uncommon and is easily excited; many rheumatoid pains are complained of affecting the extremities and trunk; aggravations are marked in the early morning and from cold and motion; relief is obtained from warmth, dieting, and quiet.

I have used other remedies for these various symptoms with temporary benefit, but I have derived more satisfaction in quick and permanent results from *Ammonium mur.* 6x to 30th alone, than from any other remedy or remedies during the past month.

CHICAGO, July 31,

A. W. WOODWARD.

THERAPEUTICS OF INTERMITTENT FEVER.

FROM WURMB UND CASPAR'S KLINISCHE STUDIEN—TRANSLATED
BY A. MCNEIL, M. D., NEW ALBANY, INDIANA.

[Continued from page 108.]

We consider it necessary, in order not to be misunderstood, to explain that the nature of the disease can only be made a basis of our treatment when it has been entirely understood; but this cannot happen as long as there is no certainty, but only hypothesis, even if it is ever so probable; for in either case it is the duty of every Homœopath to consider only the complex of symptoms, because we otherwise very soon go back to the former chaos of the healing art, when every physician had a different view of the life process in general, and of every case of disease in particular; and when, therefore, therapeutics moved in a tissue of groundless delusions. If we favor the exclusive consideration of the complex of symptoms in such diseases, of which the nature entirely unknown to us, yet we will not recommend the mechanical covering of symptoms, but demand that these symptoms be especially regarded and their physiological importance be properly appreciated, which occur to the disease in a certain stage of development under all conditions. And the very same in regard to the drug which is administered for the disease.

Before we discuss the fever remedies, we believe we must consider more closely intermittent fever in the different forms in which it presents itself to our observation; and with this design we wish to make prominent the following:

ITS NERVOUS NATURE ONLY.

(a) Experience teaches that intermittent fever proceeds from irregular alterations in the nerve or the blood-life, and consequently arises either directly or indirectly. Intermittents which occur after catheterization are certainly not to be explained except by nervous irritation or by the pressure exercised by unskillful employment of the catheter on the sacral plexus. The annals of medicine relate to us that in a very obstinate intermittent ending in death, the anatomical cause proved to be a pseudo-plastic deposit about the ganglia. Fear, anger, but particularly disgust, not only produce a transient condition of which the symptoms (cold, pressure of blood away from the periphery, dryness of the mucous membranes, thirst, sweat, accelerated pulse, and the like) entirely agree with intermittent fever, but also call a real intermittent into existence. In this case the intermittent fever arises through simple and original disturbance of the nerve life. On the contrary we must acknowledge that intermittents which are produced by breathing marsh air, the use of bad food, of certain varieties of fruit, etc., arise in the beginning from an alteration in the composition of the blood, and that first, in consequence, has also caused in a direct way, that disease in the nerve life which is indispensable to the origin of intermittents.

WHEN THE VEGETABLE SPHERE IS AFFECTED.

(b) As a disturbance in the nerve life cannot exist long without reacting on the vegetative life, if the vaso motor part of it is attacked, and as, therefore, the entirely pure cases, after a long continuance, or under the co-operation of particularly favoring circumstances, will more or less soon approximate a great number of changes which arise out of disturbances of the vegetative sphere, it even happens, on the other hand, that intermittents rooted in the blood life, not only produce moderate, but even very violent disturbances in the nerve life, and thereby take on the form of the first, so that it cannot be decided which fundamental condition we have before us.

NERVOUS AND HÆMATIC.

(c) As a reciprocal action exists between the blood life and the nerve life, even so, indeed, in a yet higher degree, between the animal and the vegetative, the motor and the sensory part of the nervous system. The invasion of the one calls out an abnormal expression in the other, and many times even in such a degree of violence that it obscures the signs of the seat of the disease, which are entirely overshadowed.

ON THE MODE OF ITS INVASION.

(d) To be considered in addition to all these differences in relation to the seat of the disease and the sympathies called forth, appear finally those which are conditioned on the mode of invasion, and which form an immense number of transitions, of which the final point of the one on the one hand is the highest excitement, and on the other hand the deepest torpor.

It results from these why intermittents appear under so many forms and such innumerable varieties. If we consider these closely and place together the individual forms of disease whose essential signs show themselves similar and separate those which are essentially different; in short, if we consider them according to their essential similarities and differences, we will soon be convinced that intermittents are divided into but few, and, in fact, only into the following chief groups:

GROUP I., NERVOUS SIMPLY.

To this group belong intermittents arising through original disturbances of the nerve life, in which the vegetative sphere is not at all, or only but little, drawn into sympathy. Why these intermittents cannot exist long as such, and that they can be produced only by influences which act exclusively on the nerve life, we have already shown and therefore need only remark that they occur mostly in young, delicate individuals, women, etc.

These fevers are characterized by the following peculiarities: Those attacked look and feel well when the vegetative sphere is not disturbed, while during the apyrexia they are entirely well; they have a desire to eat, and digest well; stool is regular, etc. Only when the disease has continued some time, or when in the beginning it appears with a high degree of violence, disorders occur in the vegetative sphere;

however, they are never very considerable, and are confined almost always to the digestive organs; we observe decrease of the appetite generally, or only desire for particular dishes; qualmishness; nausea; inclination to vomit, and even vomiting.

The paroxysms are pure, and manifest only the usual constituents of of the paroxysm: cold, heat, thirst, and sweat. Occur exceptionally also other attacks, but they are always of a nervous character and arise through sympathy.

The paroxysms are more or less violent: extremely seldom are they really intense. The quick change of symptoms, the frequent occurrence at the same time of opposite conditions and the want of harmony between the subjective feelings and the objective alterations are characteristic of this variety; therefore, also the individual stages of the attack either follow each other quickly, or the cold is associated with flashes of heat, or the heat with shuddering, or both frequently alternate, or cold and heat in different parts of the body simultaneously exist, or sometimes this, sometimes that part of the body is attacked for a short time, or is limited to single spots; therefore thirst many times fails entirely, many times is very violent; sometimes happens only in the cold stage, or before, or after the attacks, and the patient complains of cold or heat while there is no perceptible change of temperature to the touch.

The paroxysms are generally cut off short, and the transition into the apyrexia is only marked by a feeling of exhaustion.

The symptoms called forth by sympathy are usually present during one or the other stage—generally that of the cold—and fail during the apyrexia, which is almost always pure.

The swelling of the spleen never reaches a high degree, and presents oftener during the paroxysm and the apyrexia surprising differences.

In intermittents belonging to this group a cure follows frequently without the intervention of art by psychical impressions, shocks, light revulsions, and the like. These cases are accessible to all remedies which stand in a special relation to the spinal or ganglionic nerves: also to all intermittent fever remedies generally; but those remedies will be particularly indicated which unstring the nervous system in the same direction, but cannot penetrate deeply into the organic household, i. e., the nerve remedies in the strictest sense of the word.

GROUP II. — AFFECTING CHIEFLY VEGETATIVE LIFE.

This group is by far greater, for to it fall the most intermittents, viz.: those which are produced by residence in marsh air, in damp, moist dwellings, by the use of injurious food, etc., and which call quickly into existence a condition which is perceptible through the disorders of digestion, chyfication, assimilation, and preparation of the blood, of the secretions and excretions, and a deeper derangement of the vegetative life; which frequently depresses the phenomena pertaining to the nervous system, and finally entirely overwhelms them, and in the end forms a real cachexia. The formative life of the system of blood-vessels sinks deeper; it brings none of its products much higher than

that of lymph, therefore, then, either collections of water occur in the tissue or in the cavities of the body, or passes into a general marasmus as the final end.

When in these intermittents not only the nervous sphere is attacked, but also the most different material alterations have formed, it is clear that neither the paroxysm nor the apyrexia can be pure, and that those disorders present in the apyrexia during every attack of the fever, must reach a high degree of violence. For example, that troublesome feeling of weakness or malaise during the apyrexia increases during the paroxysm to a painful feeling of extreme exhaustion, etc.

The paroxysm appears in the most different degrees of development. But the longer the disease already exists, or the more violent it appears in the beginning, the weaker the paroxysm becomes; indeed, it frequently disappears entirely.

The febrile attack itself continues always a long time; it appears slowly, and also passes off slowly.

The individual paroxysms remain in their principal phenomena long the same; but the subjective feelings do not always make the same progress with the objective phenomena, for often the latter are much more clearly pronounced than those perceived by the patient.

A never-failing sign of this form of the disease is the *swelling of the spleen* which is frequently met in an incredible high degree. The liver is only exceptionally enlarged, and the greater this is, so much deeper affected is the vegetative sphere.

Until now we have been learning what is common to all intermittents of this group; but we will now consider more closely their essential differences. And while we do this we discover that it is separable into the two following divisions:

DIVISION A, OF VEGETATIVE GROUP.

The intermittents belonging to this group usually develop rapidly, and are, even in the beginning, accompanied by gastric complaints, viz.: loss of appetite, qualmishness, nausea, inclination to vomit, vomiting, anomalies of stool, etc. The peculiar color of the skin soon shows itself, which is characteristic of intermittents. After a longer continuance of the disease all those symptoms appear which in diseases of the *prima viæ* never fail. The appetite is entirely lost, or is directed only to things of a particular taste. That which is eaten is either not tolerated by the stomach, or only in a very small quantity; the tongue is more or less coated: pains occur in the neighborhood of the liver, stomach or spleen; the vomiting, which may occur at any time, brings up a green, bitter, watery fluid; the stool is withheld; if a passage occurs it consists of hard, knotty, and, as they are accustomed to say, burnt-looking pieces; the discharge of urine is lessened; the urine is dark and cloudy, with the exception of that discharged during the heat, which is generally clearer than the normal. The patient emaciates; shrinks up, as it were; the skin is rough, dry, unelastic, wrinkled, and scaly. In these intermittents the swelling of the spleen and liver

reaches the greatest extent, and later, collections of water are apt to set in in the cavity of the abdomen. [I once had a patient who appeared as if well along in pregnancy, the tumor of the spleen reaching clear into the hypogastric region.—TRANSLATOR.] Parallel with the progress of the disease goes the decrease of strength; and patients become slothful and either morose and irritable, or dull and apathetic.

The nerves controlling the vascular movements are attacked in such intermittents, but particularly those of the chief organs of assimilation, i. e., of the stomach, intestines, and spleen; in these the disease has struck its focus, and from these reacts on the powers of life in general; therefore such remedies are to be chosen which beside the indispensable relation to the nervous system generally, yet have that property that they exercise a particularly powerful reaction (on the vegetative life), equal to the established influence which they exercise on the nervous system.

DIVISION B, OF THE VEGETATIVE GROUP.

The intermittents of this division usually only develop themselves slowly; and it needs in many cases a long time before only in some measure a clearly-formed paroxysm occurs. After a continuance of some time those symptoms are manifested in a high degree which are peculiar to a watery blood crisis (hydræmia). The skin is pale; many times there is a light shade of yellow and gray; the veins shine through; the redness of the mucous membranes decrease; the beat of the pulse and heart becomes weaker and softer; the circulation in the beginning of the disease is easily excited, therefore the most trivial cause produces shuddering, heat, redness of the skin, and acceleration of the pulse. In these cases seldom fail those sounds of the heart and vessels which are so characteristic of hydræmia and anæmia; indeed they increase sometimes to an enormous strength. As it cannot be otherwise in such a condition of the blood, so we find that the secretions are increased and watery; therefore an inclination to sweat and diarrhœa; frequent passage of diluted urine, etc. The nutrition is badly performed; all the functions pertaining to the vegetative sphere go on slowly; the strength, particularly the feeling of strength, decreases rapidly, and at last, yet only by degrees, the erethitic character is lost and gives way to the torpid; therefore these irritable patients finally sink into an apathetic state of mind.

In such fevers we found the spleen only moderately swollen, the liver never enlarged; on the contrary, very frequently arise, indeed, in a short time, serous exudations, but never in a great extent, and limited to the cellular tissue alone.

It is clear that in such a general condition the paroxysms cannot reach a high degree of violence. The cold and hot stages maintain an equilibrium at the beginning; later the former prevails; the thirst either entirely fails or is very trifling, partly on account of the inferior intensity of the fever, partly, besides, on account of the prevailing watery condition of the blood; but the sweat is nearly always very profuse, and continues long.

Such intermittents come to us for treatment, although not exclusively yet, especially in women, children, and young, delicate individuals. It certainly needs no further discussion to show why only such remedies can be indicated which correspond to the blood crisis described.

Finally, we must yet mention that both conditions sometimes occur together; that this only seldom, and only so far happened that sometimes in intermittents of the second group gastric symptoms occurred.

Our division of intermittent fever is not strictly scientific. We have only mentioned, and only those symptoms regarded which we have observed ourselves. Of varieties of fever which did not occur to us, we have paid no regard, because we are not writing a monograph of this disease, but merely to bring our own observations. On these grounds we will, in the following, only consider closely those fever remedies which have proven useful to us, viz.: *Arsenicum*, *Nux*, *Veratrum*, *Pulsatilla*, *China*, *Ignatia*, and *Ipecac*.

[TO BE CONTINUED.]

HEADACHE, WITH CHARACTERISTIC INDICATIONS.

IV. CONGESTIVE HEADACHE.

BY H. V. MILLER, M. D., SYRACUSE, N. Y.

(Continued from page 118.)

IX. CONDITIONS OF ATTACK, OF AGGRAVATION AND OF AMELIORATION.

Aconite.—Headache, as if the brain were moved by boiling water.

Agnus cast.—Headache, with sexual derangement.

Pulsatilla.—Headache from suppressed sexual excitement.

Sepia.—Headache, with desire for an embrace.

Allium cepa.—Headache, which ceases during the menses and returns after they disappear.

Alum.—Headache, relieved by drinking cold water.

Aloes.—Painful hæmorrhoidal headache alternating with pains in the small of the back.

Ammonia carb.—Violent headache after walking in the open air.

Antimonium crud.—Headache from bathing. *Lactic acid*. Headache relieved after bathing.

Argentum nitr.—Headache relieved by tying handkerchief tightly around the head.

Asafœtida.—Pains in head cease or change from contact.

Belladonna.—Pains may suddenly commence, gradually increase in severity till the height is reached and then suddenly disappear.

Platina, *Stannum*, *Strontiana c*.—Neuralgia of the head begins lightly and increases gradually until it reaches its acme, and then it as gradually diminishes.

Sabina.—Headache, especially in temporal eminences (right side), suddenly appearing and slowly disappearing.

Kalmia lat.—Headache; sharp pain through head, laterally above ears and extending to occiput and down the spine without any tenderness of spine. Face very apt to be affected. Pains paroxysmal.

Valerian.—Headache, appearing suddenly or by fits.

Sulphuric acid.—Gradually increasing and suddenly ceasing headache.

Belladonna.—(and various other remedies). Headache worse when lying down.

Glonoine, Helleborus, Ignatia, etc.—Headache better when lying down.

Belladonna.—Headache relieved by bending the head backward.

Clematis, Osmium.—Headache aggravated by bending the head backward.

Arsenicum, Belladonna, Sulphur, Thuja.—Amelioration of the headache by covering the head.

Phosphorus.—Cephalic neuralgia when the head must be kept warmly wrapped up night and day (*Arsenicum, Silicea*).

Glonoine, Ledum.—Aggravation by covering the head.

Bryonia, Chiniodine, etc.—Headache on opening and moving the eyes.

Calcarea carb.—Headache better on closing the eyes.

Cochleria.—Headache changing from side to side, worse when opening the eyes widely.

Camphora.—Headache ameliorated by thinking of it.

Oxalic acid.—Headache aggravated by thinking of it.

Glonoine.—Headache from recent exposure to the sun. Long-lasting occipital pain ameliorated by heat.

Natrum carb.—Headache whenever exposed to the sun (*Nux, Valerian*). Also when working under gas-light (see *Cimicifuga*).

Pulsatilla.—Headache aggravated by stove-heat in a room.

Berberis.—Headache aggravated by movement; ameliorated in the open air.

Borac.—Headache worse after epistaxis.

Calcarea phos.—Almost constant headache of boys before or during second dentition; now and then increasing to violent attacks, particularly after mental exertion, studies in school. Severest pain on or near the sutures.

Colocynth.—Headache intermittent.

China.—Headache improved by moving the head up and down.

Cicuta v.—Headache relieved by sitting erect or by emission of flatus.

Cocculus.—Head symptoms are all aggravated by talking, laughing, crying, walking, smoking or drinking coffee. Headache as if the eyes would be torn out. Headache worse after riding in a carriage (*mephitis*).

Coca.—On coughing and straining at stool, violent pain deep in left frontal region, like a pressing asunder.

Carburetum sulphuris.—Headache after stool. *Oxalic acid*, relieved after stool.

Conium.—Headache caused by too small but frequent stools with tenesmus.

Cyclamen.— With sick headache one always sees countless stars.

Eupatorium perfol.— Headache relieved by conversation.

Ferrum.— Headache precedes sweat.

Gelsemium.— Frequent micturition relieving headache (sensation of heaviness).

Lilium tig.— Peculiar pressive headache with tremulousness and increased flow of urine.

Veratrum.— Headache with stiffness of the neck and profuse micturition (*Eugenia silenium*).

Kobalt.— Headache when rising from a seat.

Lachesis.— Headache with yellowness of the face. Blue vision preceding headache.

Iris v., *Natrum mur.*— Headache beginning with a blinding of the eyes.

Psorin.— Headache preceded by dimness of sight, flickering before the eyes or by the appearance of spots before the eyes (*Gelsemium* blindness). Vertigo with the headache. At night, 1 A. M., sensation as if one received a heavy blow on the forehead, awaking him (*Conium*, *Digitalis*).

Stramonium.— Headache after dim-sightedness. Also with deafness. Alternate headache and tumefaction of the abdomen.

Kali bichromicum.— Complete obscuration of sight (blindness) is followed by violent headache, compelling one to lie down, with great aversion to light and noise; the sight returns with the increasing headache, (this I have corroborated, and Lippe says it is found under no other remedy).

Gelsemium.— With the headache, giddiness, faintness pain in neck, pulsations of the carotid arteries, pain in the limbs, great drowsiness, sneezing, diplopia, blindness.

Nux mosch.— Drowsiness with the headache.

Nux vom.— Headache increasing through the day; better at eve; constipation; aggravated by light, noise, and mental exertion (*Calcarea phos.*); excited or aggravated by stormy weather (*Thuja*, thuner-storm); headache from piles.

Natrum carb.— Inability to think and to perform any mental labor (on account of the severe headache produced).

Oleander.— Headache improved by looking cross-eyed.

Podophyllin.— Headache alternating with diarrhœa. Morning headache with vertex-heat.

Rhus rad.— Headache followed by griping pains in the bowels.

Formica.— Pain, shifting from the stomach to the vertex.

Sanguinaria c.— Cannot endure the pain except by kneeling down and holding the head tight to the floor. (See *Stramonium*).

Spigelia.— When moving facial muscle, sensation as if the skull would split.

Spongia.— Headache when gazing steadily; headache from dry cold weather; headache after intoxication.

Thea sin.— Excessively disagreeable headache, with throbbing of the carotids.

Tarantula.—Headache, as if a large quantity of cold water was poured on the head; relieved by pressure.

Veratrum alb.—Violent headache, with copious discharge of clear urine (see *Asclepias*); maddening headache; bruised pain in brain; nausea, vomiting, etc.

Viola odor.—Headache, with spasm of the eyes, and a fiery semi-circle before the eyes.

Lycopodium.—Headache; better after breakfast.

Nitrum.—Headache after eating veal.

Bryonia.—Headache and red face after every meal. (See *Natrum sulph*).

Nux mosch.—Headache; better after eating.

Nux vom.—Stunning headache in the morning, after eating.

Nux mosch.—Painless pulsation in head, with fear to go to sleep.

Chamomilla.—Headache felt during sleep.

Cocculus.—Headache; worse after sleeping. (Compare *Argentum nit.*, *Cannabar*, *Creasotum*, *Eupatorium perf.*, *Glonoine*, *Graphites*, *Kali bich.*, *Kalmia lat.*, *Mercurius iod.*, *Murex*, *Scilla*, *Sulphur*).

Palladium.—Headache; better after sleep.

Sepia.—Headache; always better after sufficient sleep.

Obstetrical Department.

DEATH FROM PARTURITION WITH TWINS.

The sudden death after labor of a prominent lady of this city, under the care of one of our prominent physicians, has occasioned no small amount of comment in unfriendly quarters. The facts here given, it will be seen, exonerate the attending physician from blame.

The case was a primipara. The lady had not been in good health for many weeks. She suffered from dropsy; the lower extremities, abdomen, and other parts of the body had become enormously swollen, and for want of strength and freedom from suffering she had been unable to exercise, or lie down comfortably to rest. For several days previous to confinement she had been unable to sleep, and consequently she was greatly debilitated. About two weeks earlier than she had anticipated, she began to experience premonitory signs of labor, and at twelve o'clock at night she began to have decided pains, and simultaneously there was a rupture of the membranes and a copious flood of *liquor amnii* was discharged. An experienced accoucheur, who had been thirty-five years in extensive obstetric practice, and so uniformly successful that not a single death from confinement had occurred under his supervision during the entire period, was summoned to attend

the estimable lady in question. On his arrival in the sanctuary of parturition, he found that this untimely escape of the waters was followed by regular labor pains, which occurred every ten or fifteen minutes. After a lapse of six hours he ascertained that the progress of the labor had been such as to enable him to diagnose a slight dilatation of the os tinæ, and a head presentation. For three hours after the pains occurred at intervals of ten minutes, and seemed to be quite effective. A further examination at this stage disclosed a vertex presentation, at the superior strait, the occiput toward the left acetæbulum. The patient was very much exhausted, and dreaded the approach of each pain. A moderate amount of *Chloroform* had been given to mitigate their severity, but not sufficient to induce sleep or provoke nausea. The pains now became more rapid and severe, but no perceptible progress was made toward delivery. At 12 o'clock the pains had become very feeble, and the employment of the forceps became a *sine qua non*. The accoucheur, with some difficulty, was able to reach the head and apply the instrument, and half an hour after effected the delivery without injury to mother or child. The patient expressed thanks for the great relief which the forceps had afforded, although she appeared very much exhausted. The accoucheur, perceiving that another child must be born before the delivery could be completed, administered restoratives and informed her of the situation, at which a dread and disappointment came over her, and she begged for *Chloroform*, which after a while was permitted, with the greatest moderation and care. The second child could not be reached per vaginam at first, but it could be felt extremely high up in the uterus—the abdominal muscles, as well as those of the womb, were so relaxed and flabby that the head was first perceived to be at the right front of the pelvis and external to the pubis. The patient was not at this time under the influence of *Chloroform*. She expressed great dread of this second effort. Food and stimulants were given freely, or as much as she could take, while a gentle mechanical pressure of the child upward was made externally until the head began to descend as in natural labor. A careful examination was made by the accoucheur, and he found the second sac of unruptured membranes filled with liquor amnii, and that the ordeal of a second labor was inevitable. The low tonicity of the abdominal muscles and general absence of vigor were but partially overcome by restorative measures. The patient evinced great discouragement; the uterine pains were feeble, and yet after three hours of tedious labor the accoucheur was enabled to rupture the membrane, and after the discharge of the waters, reach the child's head with the forceps, and by the most careful manipulation, to effect its delivery. After a lapse of ten minutes the uterus seemed to contract as usual in such cases, and the secundines were removed. No hæmorrhage followed; neither were the children scarred. During the last labor the patient begged for, and was permitted to take, a moderate amount of *Chloroform*, which appeared to invigorate rather than retard the labor. During the entire period of seventeen hours, fourteen ounces of *Chloroform* were consumed, and the nurse who gave it said the greater portion of it wa

wasted. It did not at any time render the patient insensible, or produce sickness of the stomach. It simply served to mitigate the severity of her pains. The first child was born twenty minutes to one P. M., and the second twenty minute to five P. M. After a brief rest the wet clothing was removed and greatest comfort possible was secured for the patient. She had no pain, but complained of feeling very weak. Wine whey, and gruel were ordered; the room was ventilated, and all effects of the *Chloroform* had apparently passed away. A six P. M. the accoucheur left for a while to attend to other duties, and returned at nine P. M., and found the patient comfortable but very weak. She seemed hopeful, spoke pleasantly of her children, and in the opinion of two experienced nurses was doing as well as could be expected. The accoucheur then left for the night. At twelve o'clock word was sent to him that the patient complained of feeling cold and faint, and immediately he went to her; found her pulse low, and her breathing like one exhausted. Stimulants afforded temporary relief; nevertheless coldness of the extremities and low condition of the circulation. More stimulants were given, after which the pulse beat stronger, and there was more warmth upon the surface; her respiration, however, became more and more labored and feeble; her mind was clear. She said she had no suffering but that of exhaustion, about thirty minutes before she expired, which was at five o'clock in the morning. Thus perished one of the loveliest of her sex, and one of the brightest ornaments of society.

We have thus given a true account of this unfortunate case for the purpose of correcting many false stories and rumors that have been afloat, having derived our information from the most reliable source. We noticed in the last number of the *Chicago Medical Journal* what we suppose to be an indecorous and ungentlemanly allusion to this case, in the form of a communication to the editors. Whatever may be the difference of opinion, we have always entertained the highest respect for the gentlemanly and talented editors of this journal, and we are not disposed to hold them responsible for the brainless and malignant queries of their correspondent, founded, as they undoubtedly are, partly upon unreliable rumor, and partly upon the flimsy imagination of his brain (if he has any). "Dr. Messentery," said the querist, "the sleepy tub who waited on her, explains it that as the labor was a dry one, the waters that should have discharged in the natural way overflowed her lungs and drowned her. What say ye of him?" Very remarkable tub! and however magnificent its dimensions, there must be sap enough in the querist's head to fill it. This is what we say of him.

CHICAGO.

XXX.

Society Proceedings.

WISCONSIN STATE HOMŒOPATHIC MEDICAL SOCIETY.

The eleventh annual meeting of this society was held at the Newhall House, in Milwaukee, June 24th and 25th, 1875.

FIRST DAY — MORNING SESSION.

The meeting was called to order by the President, E. D. Kanouse, M. D., of Columbus, at 10 A. M.

The first hour was occupied in the examination of two interesting cases of heart disease, brought before the society by Dr. C. B. Bannister, of Eagle.

The report of the Secretary, Lewis Sherman, M. D., was then read and approved. Communications were read from Drs. E. M. Hale, Chicago; M. Mayer Marix, Colorado; H. B. Button and C. L. Hart, Iowa; John I. Herrick, Necedah, Wis.; H. E. Boardman, Sun Prairie, Wis.; E. W. Clark, Neenah, Wis.; and Dr. Kershaw, of St. Louis, Mo., expressing their regrets at being unable to attend. A cordial invitation was extended to the society by Drs. Kershaw and Marix to attend the next regular meeting of the Western Academy of Homœopathy at Davenport, Iowa, the first Tuesday in October, 1875.

The Treasurer's report was then read by Oscar W. Carlson, M. D., for C. A. Leuthstrom, M. D., Treasurer, showing a balance in the treasury of \$34.10.

Drs. Maine and R. B. Brown, of the Board of Censors, being absent, Drs. L. E. Ober and S. J. Martin were appointed to act in their places.

The Censors then reported favorably upon the following candidates: J. J. Davis, M. D., Milwaukee, L. D. Coombs, M. D. Rochester, H. T. F. Gatchell, M. D., Kenosha, graduates of Hahnemann Medical College, Chicago; and Dr. C. B. Bannister, of Eagle, undergraduate. The candidates were elected to membership.

The President, upon motion, appointed Oscar W. Carlson, M. D., Assistant Secretary, to prepare papers for the press.

The Society then adjourned till 2 P. M.

AFTERNOON SESSION.

The meeting was called to order by the President at 2 P. M. At the calling of the roll the following members were found to be present:

D. T. Brown, M. D., O. W. Carlson, M. D., E. F. Storke, M. D., Julia Ford, M. D., Dr. N. A. Gray, Dr. M. A. Fener, C. D. Stanhope, M. D., Lewis Sherman, M. D., J. S. Douglas, M. D., J. J. Davis, M.

D., Milwaukee; Dr. E. C. Maine, Portage; S. J. Martin, M. D., Racine; S. W. Thurber, M. D., Beaver Dam; L. A. Bishop, M. D., G. M. Dixon, M. D., Fond du Lac; H. L. Bradly, M. D., Horicon; A. Kendrick, M. D., A. M. Warner, M. D., Waukesha; E. D. Kanouse, M. D., Columbus; H. T. F. Gatchell, M. D., Kenosha; M. F. Page, M. D., Appleton; L. E. Ober, M. D., La Crosse; Dr. C. B. Bannister, Eagle; L. D. Coombs, M. D., Rochester; R. C. Sabin, M. D., Mukwonago; Dr. A. G. Dye, Sheboygan.

The following visitors were present:

Frank Duncan, M. D., Mary E. Hughes, M. D., N. B. Delamater, M. D., Chicago; Prof. Danforth, M. D., of Hahnemann Medical College, Chicago; W. Barker, M. D., Waukegan, Ill., delegate from Illinois State Association; Dr. Collins, of Mukwonago, Wis.; and Drs. Foster and Martin, of Milwaukee.

The Auditing Committee, Drs. Bradly, Martin, and Bishop, reported that they found the Treasurer's report correct.

The Board of Censors then reported favorably upon the following named candidates, who were duly elected: A. H. Dorris, M. D., Milwaukee; James Ozanne, M. D., Somers; Joseph Lewis, Jr., M. D., Milwaukee — graduates of Hahnemann Medical College, Chicago.

Drs. Sherman, Carlson, and Dorris were appointed Committee on Publication.

Dr. Barker, delegate from the Illinois State Association, was then introduced by the President, and pleasant greetings were exchanged.

Dr. D. T. Brown then read a paper on Dilutions, which was received and referred to the Committee on Publication.

Dr. Julia Ford then read a very interesting essay entitled, "The Old and the New in Medicine," which was received with applause.

Dr. N. B. Delamater then read a lengthy proof from a forthcoming work by Dr. E. M. Hale, on Therapeutics. The subject of the article was *Strychnia*. On motion, Drs. Hale and Delamater received the thanks of the Society.

Dr. L. A. Bishop, of Fond du Lac, then read a paper on Deafness from Cerebro-Spinal Meningitis, in which he strongly recommended electricity, believing that it would cure many of those cases if used early and properly. The paper was accepted and referred to the publication committee.

Dr. Dixon, of Fond du Lac, detailed a case of glioma, upon which he operated, removing the tumor and eye. The after treatment consisted of *Carbolic acid* locally and internally; and although the patient died, the doctor expressed the opinion that had he been allowed to operate on the case sooner the same treatment would have cured it.

Dr. Ober moved that persons having papers not belonging to the bureau should present them to the Secretary for classification. Carried.

Dr. Bradley, of Horicon, having received permission from the Society, reported a case of anomalous menstruation. The patient has menstruated regularly every two weeks for twenty years. It seemed to be the opinion of the Society that this abnormal condition was an idiosyncrasy of the patient, and not a case for treatment.

Mr. Horlick, of Chicago, by permission, presented his patent food, which received commendation from several members of the Society.

The Committee on Necrology, consisting of Drs. G. M. Dixon, J. S. Douglas, and L. E. Ober, presented the following resolutions, which were unanimously adopted :

WHEREAS, An inscrutable Providence has removed from our midst, in the sixty-first year of his age, Dr. Henry Pearce, of Green Bay, a physician of rare skill, an honored member of this society, and a liberal-minded and courteous Christian gentleman, highly esteemed by a large circle of patrons and friends, who, with numerous members of the profession to which he belonged, and a worthy and beloved family, that best knew his worth, are left to mourn their irreparable loss, therefore be it

Resolved, That it is with feelings of deep veneration that we make this record of the excellent worth and sterling virtues of our late co-laborer in the field of medical science, being assured that while we revere his memory, we shall also be prompted by his example to press forward with unabated interest and untiring zeal in the duties of our chosen profession, which hold for us and for the world possibilities that should never fail to be the inspiration of our highest endeavors.

Resolved, That we tender to the family of the deceased our warmest sympathies in this their sad bereavment, and that we request our secretary to furnish them with a certified copy of these resolutions.

On motion the Society adjourned to hold a special session in the evening at 7:45.

EVENING SESSION.

After some discussion Drs. Ober and Patchen, the committee of the American Institute for preparing statistics of the history and condition of Homœopathy in Wisconsin, were empowered to select from the members of the Society such assistants for the work as they might need.

The report on Hygiene, by Dr. C. B. Gatchell, was then read by the Secretary. He strongly recommended the sun bath in the treatment of chlorosis and pulmonary consumption. The paper was accepted and referred to the Committee on Publication.

Dr. H. T. F. Gatchell, by permission, then read portions of his paper on Climatology. Dr. E. D. Kanouse commended the paper, but thought discretion should be used in the class of patients to be sent. The loss of cheerful home associations might not be compensated for by the benefits of the change of climate.

Dr. Ober recommended that in every case the patient be directed to, and placed under the care of a responsible resident physician.

Dr. Sherman moved the appointment of a committee to revise the Constitution and By-Laws. The motion was carried, and the President appointed as such committee Drs. Sherman, Ober, and Bradley.

Dr. Sherman then read a paper on The Proper Mode of Administration of Medicine. The paper was referred to the Committee on Publication.

The Society then adjourned to meet at nine o'clock the next day.

SECOND DAY—MORNING SESSION.

Meeting called to order by the President at 9 A. M.

The Board of Clinical Medicine then presented, through the Secretary, the following papers :

On Catarrh of the Nose and Throat, by E. W. Clark, M. D. On the Care of Infants, by E. W. Clark, M. D. On Scarlatina, by H. E. Boardman, M. D. On Diphtheria, by H. E. Boardman, M. D.

An animated discussion followed upon the subject of Scarlatina, in which several members recommended the free use of water, both cold and tepid, in the form of the wet pack, sponge baths, and the general bath.

Dr. Boardman advocated the darkening of the room of scarlet fever patients.

Dr. H. T. F. Gatchell dissented from this treatment, instancing the practice of Florence Nightingale, in which statistics showed that in the Crimean War a larger proportion of scarlet fever patients recovered who were allowed free access to the air and light.

Dr. Douglas then spoke strongly in favor of the cold sponge bath, instancing a number of cases from his own practice.

Dr. Ober spoke of the importance of prophylactic preparations for the disease.

Dr. Kendrick made a few remarks in reference to the period of the disease when the greatest precaution should be taken.

Dr. Gatchell thought the most care was needed about the eleventh day to prevent sequelæ, and advised the tepid sponge bath.

Dr. Page, of Appleton, Dr. Martin, of Racine, and Dr. Barker, of Waukegan, related cases of scarlatina, with treatment. They advised *Arsenicum* in the cold stages of bad cases, and *Colchicum* and *Elaterium* in the dropsical sequelæ.

Dr. Carlson reported several interesting cases, which drew forth some discussion.

In a case of nocturnal enuresis, Dr. Maine, of Portage, recommended that the patient be kept awake for several nights. He said he had succeeded in curing a similar case by this means.

Dr. Danforth, by invitation, presented the subject of Ovarian Tumors, and made some very valuable practical suggestions in reference to the diagnosis and mode of operation for removal. He mentioned some new means of diagnosis, viz.: the hypodermic needle and rectal exploration. The hypodermic needle is useful in determining whether the enlargement is a sac containing fluid or not; and if so, what the character of that fluid is. If blood is discovered, you have a vascular tumor, or a glandular structure. If a vascular tumor, probably a cancer. If a straw-colored or dark fluid be found, you have an ovarian cyst. If a perfectly clear fluid like spring water is found, there is dropsy of the broad ligament. If no fluid is found, the growth is probably fibroid. The rectal exploration is useful in determining the source from which a tumor springs—whether from the uterus or some

other organ. If the tumor is ovarian, the remedy is excision. After removing the tumor in the usual way, he advises ligation of the pedicle by sections, using the catgut ligature, which should always be kept prepared for use in a solution of *Carbolic acid* and *Olive oil*, and should be wiped dry with a towel before using. Excise the tumor on the distal side of the ligature. Close the wound with a three-cornered needle having blunt edges, carrying the stitches through the peritoneum.

If you have a tumor of the broad ligament, it should be reduced by removing the limpid fluid with a small trocar. Excision would prove fatal. should you determine that you are dealing with an encephaloid of the kidney, let it entirely alone.

The meeting then adjourned till 2 P. M.

SECOND DAY — AFTERNOON SESSION.

Meeting called to order at 2 P. M. by President Kanouse.

Dr. Sherman offered the following resolution :

Resolved, That our society earnestly recommend to physicians that they receive no students into their offices who are not possessed of a thorough preliminary education and proper moral qualifications; and that they insist upon their students taking two courses of lectures before graduating.

The motion was seconded, and Dr. Dixon moved to amend by adding to the resolution the following: " And that preceptors be recommended to endeavor to influence their students not to practice medicine or surgery after a single course of lectures except in association with a responsible physician." The amendment was accepted.

The motion as amended was, after some discussion, carried unanimously.

The Censors reported favorably upon T. M. Martin, M. D., of Racine, graduate of Hahnemann Medical College, Chicago, 1875. He was elected to membership.

Dr. Feuer, of Milwaukee, then presented a paper upon Clinical Medicine, which was accepted and referred to the Committee on Publication.

Dr. Douglas then read an interesting paper upon the Influence of the Mind on the Body, which was discussed, accepted, and referred to the publication committee.

On motion the Society proceeded to the election of officers, with the following result :

President — L. E. Ober, M. D. La Crosse.

Vice-President — H. L. Bradley, M. D., Horicon.

Secretary — Lewis Sherman, M. D., Milwaukee.

Treasurer — O. W. Carlson, M. D., Milwaukee.

Drs. S. J. Martin, G. M. Dixon, and L. A. Bishop were nominated for Censors, and the Secretary instructed to cast the ballot for the society, which was done in favor of the above named gentlemen.

The committee appointed to revise the Constitution and By-Laws, consisting of Drs. Sherman, Ober, and Bradley, reported a recommendation that there be inserted a section in the constitution to take

the place of By-Laws V, VI, and VII, regulating the conditions of membership, to read as follows :

“ Any person having the degree of Doctor of Medicine from a respectable medical college may become a candidate for membership in this Society by obtaining recommendation from the Board of Censors.

His application shall state when and where he graduated. A vote of two-thirds of all the members present shall be required for the election of a candidate.”

And that Section I of the By-Laws be so changed as to read : “ This Society shall hold an annual meeting at such time and place as shall have been designated by a vote of the preceding meeting.”

The report of the committee was accepted, and the committee discharged.

Dr. Ober moved that the section for the constitution be inserted into the by-laws. Dr. Sherman seconded, and amended by retaining the notice of change in the constitution to be voted on at the next annual convention. The amendment was seconded, and the motion carried.

Upon motion, the report of the committee amending Section I. of the by-laws, was adopted.

Drs. Ober and Patchen appointed the following members of the Society as sub-committees to assist them in preparing statistics for the World's Homœopathic Convention, to be held in Philadelphia in 1876, reports to be sent to L. E. Ober, M. D., La Crosse, Wisconsin, or T. J. Patchen, M. D., Fond du Lac, Wisconsin :

Drs. Douglas and Sherman, Milwaukee ; E. C. Maine, Portage ; H. P. Gatchell, Kenosha ; J. B. Bowen, Madison ; G. W. Chittenden, Janesville ; Ober and Shepard, La Crosse ; Patchen and Bishop, Fond du Lac ; E. D. Kanouse, Columbus.

The following extract from the circular of the General Committee, will give an idea of the scope of the information wanted :

“ The transactions of the convention are to be printed in a handsome volume at the expense of the American Institute of Homœopathy, for distribution among its members, and among the members and correspondents of the convention.

“ It is proposed that, besides scientific memoirs, these transactions shall contain material for a complete history of Homœopathy, in the form of historical and statistical reports from the National Societies, or from individual physicians, of every Nation or State in the world in which Homœopathy is now represented.

“ In accordance with this design, I now, in behalf of the committee, invite you to cause to be prepared a historical and statistical report upon Homœopathy in ——. I venture to suggest that this report should embrace :

“ 1. The history and statistics of the introduction, growth, and actual representation of Homœopathy in ———.

“ 2. The description, history, and statistics of ——— Homœopathic societies and institutions (including hospitals, dispensaries, libraries, pharmacies, colleges, etc.)

"3. The history and statistics of Homœopathic literature of all kinds in ———.

"4. The history and details of ——— legislation affecting practitioners of Homœopathy, whether by the government or by corporations (such as municipalities, universities, hospitals, academies, societies, or commercial companies).

"5. A clear statement of the present legal status of Homœopathic practitioners in ———.

"6. A statement of existing means in ——— for the education of young physicians in the science and practice of Homœopathy."

APPOINTMENT OF BUREAUS.

The appointments of bureaus for 1876 were made as follows, by L. E. Ober, M. D., of La Crosse, Wisconsin, President elect of the Society:

MATERIA MEDICA AND THERAPEUTICS — S. J. Martin, M. D., Chairman; J. J. Davis, M. D., J. S. Douglas, M. D., Gilbert Shepard, M. D.

CLINICAL MEDICINE — E. C. Maine, M. D., Chairman; E. D. Kanouse, M. D., C. A. Leuthstrom, M. D., S. W. Thurber, M. D., Wm. v. d. Horst, M. D.

GYNÆCOLOGY — C. D. Stanhope, M. D., Chairman; T. J. Patchen, M. D., L. S. Ingman, M. D., Julia Ford, M. D., H. L. Bradley, M. D.

OBSTETRICS — A. Kendrick, M. D., Chairman; H. P. Carey, M. D., M. F. Page, M. D., H. E. Boardman, M. D.

PÆDOLOGY — C. B. Banister, M. D., Chairman; A. M. Warner, M. D., E. W. Clark, M. D., Ernst Kuemmel, M. D., E. F. Storke, M. D.

SURGERY — O. W. Carlson, M. D., Chairman; Lewis Sherman, M. D., R. B. Brown, M. D., R. S. Dale, M. D., L. Tabor, M. D.

ANATOMY AND PHYSIOLOGY — R. C. Sabin, M. D., Chairman; H. P. Gatchell, M. D., T. M. Martin, M. D.

OPHTHALMOLOGY AND OTOTOLOGY — G. M. Dixon, M. D., Chairman; L. A. Bishop, M. D., Joseph Lewis, Jr., M. D.

CLIMATOLOGY, SANITARY SCIENCE AND HYGIENE — H. T. F. Gatchell, M. D., Chairman; C. B. Gatchell, M. D., A. B. Nichols, M. D.

PSYCHOLOGICAL MEDICINE — N. A. Gray, M. D., Chairman; A. G. Leland, M. D., James Ozanne, M. D.

MEDICAL LITERATURE — Frank Duncan, M. D.

MEDICAL CHEMISTRY — N. B. Delamater, M. D.

The business of the meeting being finished, the Society adjourned to meet at Milwaukee, June 27, 1876.

A NEW SOCIETY IN IOWA.

The Homœopathic physicians of Gynn and adjoining counties, pursuant to a call, met at Marion, June 23d, to organize a County Medical Society.

A temporary organization was effected by calling Dr. D. R. Hindman to the chair, and appointing Dr. G. E. Cogswell, of Cedar Rapids, secretary. Drs. G. J. Waggoner, of Cedar Rapids, N. G. F. eck, Pof Springville, and G. E. Cogswell, were appointed a committee to draft articles of Constitution and By-Laws.

The report of the committee being accepted, a permanent organization was formed under the name of "The Gynn County Homœopathic Medical Society."

The following officers were elected for the ensuing year :

President— D. R. Hindman, M. D.

Vice-President— G. J. Waggoner, M. D.

Secretary— G. E. Cogswell, M. D.

Treasurer— Mrs. M; C. Hickox, M. D.

Censors— P. Moor, M. D., H. Warren, M. D., of Cedar Rapids; N. S. Hubble, M. D., of Mechanicsville.

There being no further business, the society adjourned, to meet in Cedar Rapids on the fourth day of October, 1875.

CEDAR RAPIDS, IOWA.

G. E. COGSWELL, Secretary.

NEW HAMPSHIRE HOMŒOPATHIC MEDICAL SOCIETY.

The twenty-third annual meeting of the above society was held in this city at 10:30 A. M., Wednesday, the chair being occupied by Dr. J. H. Gallinger, of this city, President of the Society, and the attendance being unusually large.

The records of the last meeting were read and approved, and also the report of the Treasurer, which showed a very healthy state of the finances of the society.

Drs. A. D. Smith, of Concord, C. S. Collins, of Nashua, D. L. Jones, of Lancaster, N. R. Perkins, of Woodsville, J. M. Hartwell, of Hooksett, and W. H. Hinds, of Milford, were elected to membership.

At 12 o'clock the President of the society proceeded to deliver the annual address, at the conclusion of which the society adjourned to partake of a dinner at the Phoenix hotel.

AFTERNOON SESSION.

Dr. L. Whiting, of Danvers, Mass., delegate from the Massachusetts Society, was introduced, and briefly addressed the meeting, after which Prof. J. H. Woodbury, of Boston, spoke of the condition of Homœopathy in Massachusetts, which he declared to be in an exceedingly prosperous condition; after which, by request, he gave an exceedingly interesting address, illustrated by diagrams, on Retroflex-

ion and Retroversion of the Uterus, for which the thanks of the Society were extended.

Dr. Hackett, of Henniker, from the Committee on Surgery, and Dr. Sanger, of Littleton, from the Committee on Clinical Medicine, made reports which were supplemented by remarks from various members.

A committee appointed to nominate officers, reported the following list :

President — J. H. Gallinger, M. D., of Concord.

Vice-President — L. T. Weeks, M. D., of Laconia.

Secretary and Treasurer — J. C. Moore, M. D., of Lake Village.

Counselors — E. Custer, M. D., of Manchester, and T. E. Sanger, M. D., of Littleton.

Censors — J. F. Whittle, M. D., of Nashua ; S. C. Morrill, M. D., of Concord ; D. L. Jones, M. D., of Lancaster ; G. H. Hackett, M. D., of Henniker ; D. F. Moore, M. D., of Lake Village.

After the transaction of some business, and an exceedingly interesting conference meeting, at which clinical cases were presented by Drs. Sanger, of Littleton, Hartwell, of Hooksett, Gallinger and E. Morrill, of Concord, and others, the society adjourned to meet in this city on the last Wednesday of May, 1876.

AMERICAN INSTITUTE OF HOMŒOPATHY.

[Report continued from page 140.]

ON LEGISLATION.

Dr. R. J. McClatchey, chairman of the committee on legislation, presented the report of the committee on legislation. This report consisted chiefly of the general report of the committee, prepared by Dr. J. P. Duke, of Nashville, Tenn., referring to the determined effort of Allopathic school to establish what they term "State Medicine," by the establishment of state and national boards of health, to regulate the practice of medicine, say what systems shall and shall not be practiced and employed by the people for the cure of their ills and ailments, and the destruction of the Homœopathic school, by putting all this power and privilege into the hands of the self-styled "regular" school of practitioners. The report also comprised a series of preambles and resolutions referring to these matters, and calling upon the Homœopathic profession to be watchful and strong in resisting the encroachments of these men on our liberties and those of the people.

On motion of Dr. Buck, the report and resolutions were ordered to be published immediately in pamphlet form, and circulated abroad as a campaign document.

WHEREAS, A vigorous effort is being made for the erection of a standard of medical orthodoxy.

Resolved, That no state has a right to erect a standard of medical authority.

Resolved, That the power is wrong and should receive our unanimous condemnation.

[We had copied this part of the report thus far when the document was rudely taken from us. Why we were not allowed to give it to our readers and thus save the Institute the expense we do not know. It was objected that it was against the rules to have any paper published. But we wished only an abstract, and if this rule was carried out fully no report of the proceedings would be allowed. It was feared the papers would get hold of it, and it was to be kept private. As it was ordered to be published "immediately" we could not see the force of these objections. The gist of the report was "to oppose all medical legislation." We took it as a slight to THE UNITED STATES MEDICAL INVESTIGATOR, and its many readers who are not members of the Institute.]

T. S. Verdi, M. D., of Washington, was unanimously elected chairman of this bureau. He selected as his associates, J. P. Dake, M. D., of Nashville, Tenn.; A. C. Torry, M. D., of Utica, N. Y.; D. Thayer, M. D., of Boston; T. F. Smith, M. D., of New York; G. N. Siedlitz, M. D., of Keokuk, Iowa; E. C. Beckwith, M. D., of Columbus, Ohio; J. B. Wood, M. D., of West Chester, Pa.; O. S. Runnels, M. D., of Indianapolis, Ind.; I. N. Eldridge, M. D., of Flint, Mich.

AGAINST TOBACCO NARCOTISM.

Dr. Wood, of West Chester, Pa., introduced a resolution condemning the use of tobacco in all its forms, which did not find favor in the eyes of the convention, and was tabled by a standing vote.

[The paper of Dr. Wood's will be found elsewhere in our pages under the head of "Narcotic Sensualism."—Ed.]

The Treasurer's accounts were reported to be correct by the auditing committee.

The meeting then adjourned until next day at 9:30 o'clock, A. M. At 11 A. M. the election of officers will be held.

THE THIRD DAY'S SESSION.

The Institute was called to order promptly by the president at 9:30 o'clock.

Drs. Ludlam, of Chicago, and Talbot, of Boston, were appointed delegates to represent the Institute at the meeting of the foreign Homœopathic societies during the year.

The report of the botanical committee was presented by J. R. Haynes, M. D., of Indianapolis. Two new plants (Trillium and — Cancer Plant) were presented.

NEW MEMBERS.

A partial report of the board of censors was received as follows :

F. H. Barr, Cleveland, Ohio; Moses Q. Runnells, Franklin, Ind.; Millie J. Chapman, Pittsburgh, Pa.; George K. Shaw, Rapier, Wis.; Robert B. Howe, Tecumseh, Mich.; H. C. French, Cleveland, Ohio; Walter C. Rerkenbrod, Salem, Ohio; Helen J. Underwood, Chicago; R. J. P. Mordon, London, Ontario; Albert C. Cowperthwait, Nebraska City, Neb.; Clara Yeomans, Clinton, Iowa.; J. H. Miller, Abingdon, Ill.; Julia Ford, Milwaukee, Wis.; George H. Palmer, St. Clair, Mich.; John W. Kline, Louisville, Ky.; Edward I. Frazier, San Francisco, Cal.; Owen D. Childs, Akron, Ohio; Frederick H. Foster, Chicago; Abbie S. J. Neville, Randolph, N. Y.; Esther W. Taylor, Freeport, Ill.; Chester E. Cross, Stockton, Cal.; Frank F. Frantz, Lancaster, Pa.; Wm. N. Bahrenburg, Indianapolis, Ind.; George R. Knight, Collegeville, Pa.; Frank S. Adams, Springfield, Ohio; George Robinson, Chelsea, Mich. These were duly elected to membership, making in all seventy-nine new members elected.

THE BUREAU OF GYNÆCOLOGY.

S. R. Beckwith, M. D., of Cincinnati, Chairman; J. C. Burgher, M. D., of Pittsburgh, Pa.; Isaac W. Sawin, M. D., of Providence, R. I.; W. H. Hunt, M. D., of Covington, Ky.; R. Ludlam, M. D., of Chicago; S. S. Lungren, M. D., of Toledo, Ohio; W. A. Edmunds, M. D., of Memphis, Tenn.; H. F. Hunt, M. D., of Camden, N. J.; Cornelius Ormes, M. D., Jamestown, N. Y.

The special subject selected for discussion was, "Deviations of the Uterus."

The following papers were promised to be presented: Deviations of the Uterus, by Dr. J. C. Burgher. A Plea for the Study of the Diseases of Women as a Specialty, by Dr. R. Ludlam. Dysmenorrhœa, by Dr. C. Ormes. Dysmenorrhœa, by The Philadelphia Homœopathic Medical Society. Relative Violence and Frequency of Diseases peculiar to Women in Northern and Southern Latitudes, by Dr. W. A. Edmunds. Hæmorrhage from the Uterus, by Dr. H. F. Hunt. Hæmorrhage in Placenta Prævia, by H. F. Hunt, M. D. Uterine Tumors, by Dr. I. W. Sawin. Uterine Fibroids, by Dr. T. Y. Kinne. Reflex and Remote Diseases Caused by and Dependent upon Uterine Disturbance, by Dr. S. R. Beckwith.

There were present, Drs. Beckwith, Burgher, Hunt, Lungren, and Ormes.

Dr. S. R. Beckwith presented the report.

DISEASES OF WOMEN IN THE SOUTH.

Dr. Edmunds paper was interesting and was partially read. He said dysmenorrhœa was rare in the south. Menstruation commences two years earlier than in the north. Puerperal fever is not contagious with them. Phlegmasia alba dolens is rare. Disease of the cervix very common. Hard labors are rarely met. A still birth is a rare occurrence. Diseases of the mammæ are frequent while diseases of the ovaries are as rare. Ovariectomy has only been performed thirteen

times in Tennessee. Syphilitic ulcers, etc., very common. Tobacco is used largely by both women and men, and had a marked effect upon the offspring. The healthiest portions of the south for consumptives were the uplands of Tennessee, Texas, Georgia, and Alabama.

Dr. Kinne's paper was a report of a case of uterine fibroids. His advice in all these cases was to cut them out.

Dr. Orme's paper, The Philadelphia Homœopathic Society's paper prepared by a committee of that society, and Dr. Hunt's two papers were referred without reading. Dr. Ludlam's paper was reported partially prepared and in consequence of his absence was referred to the publishing committee.

REFLEX DISEASES.

Dr. Beckwith then read his report which was very interesting. Many diseases like trismus are reflex. Cited a case of neuralgia of the chest which was cured by cauterizing the inner walls of the uterus. The cause of the neuralgia was no doubt due to the diseased condition of the uterine surface. As soon as pus began to secrete the pain stopped, and reappeared again in less degree when the flow of pus ceased. He repeated the operation when till the case was cured. Many cases of remote disease were due to bad local treatment. He advocated more scientific general treatment. He said if insanity was due to uterine disease it was easily curable. This fact he had verified repeatedly in the Cincinnati Sanitarium.

[TO BE CONTINUED.]

Medical News.

Dr. Alfred Wanstall has been appointed resident surgeon of the New York Ophthalmic Hospital. Drs. J. M. Schley and F. H. Boynton have been appointed assistant surgeons.

St. Louis.—Dr. Everett, of St. Louis, called on us the other day. He reports dysentery as being the chief disease met just now. That is as we predicted. That city is in a limestone region.

Report of the New York Ophthalmic Hospital for the month ending July 31, 1875: Number of prescriptions, 2,480; number of new patients, 291; number of patients resident in the hospital, 30; average daily attendance, 95; largest daily attendance, 145.

ALFRED WANSTALL, Resident Surgeon.

Professor Ludlam is making excellent use of his time in Europe as will be seen from his communications. His many years as a clinical teacher has made him an excellent observer. He will come home full of new and valuable facts, and his lectures, always racy and practical,

will be doubly so. He dearly loves to impart to his professional brethren and his pen will not be idle. "Observe and Record," is his motto—one that many of our readers appreciate.

Calls.—We have been favored with many calls from professional brethren during the last few days.

Dr. G. R. Patchen says the heavy rains at Burlington, Iowa, causes them to anticipate an active fall campaign.

Dr. R. L. Robb, of Delevan, Ill., has lost his sight. Over work is thought to be the cause. It is hoped rest will restore it.

Dr. Geo. Allen and family, of Portland, Mich., graced our sanctum with their presence. Not much sickness is the report, yet the doctor looked as though he had not been idle much of the time.

Society Announcements.

The Chicago Academy of Homœopathic Physicians and Surgeons meets Thursday evening (August 19th), in the Tremont House.

The New York County Homœopathic Medical Society meets the second Wednesday evening of the month, in the Ophthalmic Hospital.

The Philadelphia Homœopathic Medical Society meets the second Thursday evening of the month, at the college.

The Hahnemann Academy meets on the fourth Wednesday Evening of each month, at the Ophthalmic Hospital Building, corner Twenty-first street and Third avenue, New York.

Honor in Michigan.—It seems that we have allowed parties who are not alone entitled to it, to claim the honor of the great success in Michigan, as due to their labors chiefly. The struggle was such a protracted one that many have helped and hindered. The ones who have borne the heat and battle have been chiefly Drs. Thayer, Sawyer, Eldridge, Woodruff, and Pomeroy, who have always worked in harmony. The Branch issue was led by Dr. Ellis and friends, and it was his bill that was amended and passed. It was a skillful movement that thus harmonized the Homœopathic forces and secured the cherished desire of their hearts. Now they should all unite to enjoy it.

Tumbler Breaking.—Sometime ago Professor Sanders, of Cleveland, inquired if any of his medical brethren had had an experience similar to his own in regard to the breaking of tumblers used for Homœopathic remedies. Recently I observed a lady pour pure water into a clean glass when it immediately cracked with an audible click. The temperature of the water was found to be 60 degrees, and the surrounding atmosphere 85 degrees F. From this incident it would seem, either that a less inequality of temperature may cause glass to fracture than is generally supposed to be necessary; or, that if electricity be the cause of the phenomenon, it was generated without the "potentizing process."
W. F. M.

Errata of Article on "Exostosis vs. Osteo-Sarcoma."—In Vol. II., No. 1 (July 1), in article on "*Exostosis vs. Osteo-Sarcoma*," please make the following corrections:

Page 30, line 29, "*looser texture*," vs. "*lesser texture*." Line 33, "found to be the seat;" vs. "found to be the seat of the" etc.

Page 31, line 13, "believe the *homology*" vs. "*ptomology*." Line 21, "consider that *this*" vs. "consider the." Line 24, "*to-wit* evolution," vs. "to evolution." Line 25, "characteristics" vs. "characteristic." Line 25, "*are more than*" vs. "and more than." Line 26, "*suffice it to say*" vs. "suffice to say." Line 28, "by a *narrow* base" vs. "ramus, base." Line 29, "attachment is broad" vs. "hard." Line 32, "*an attachment*" vs. "the attachment."

Page 34, line 18, "*scalped*" vs. "*scolloped*."

THE
UNITED STATES
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

New Series, VOL. II., No. 5. — SEPTEMBER 1, 1875. — Whole No. 149.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

HEADLAND, Neb., July 30.—The doctors here have had vacation now for over three months. Have had no sickness here. Had last week single case of summer complaint; *Cham.* 6. F. HULLHORST.

YORKSHIRE, N. Y., Aug. 5.—There is about one-half dozen cases of typhoid fever, and a few diarrhoea cases. THE UNITED STATES MEDICAL INVESTIGATOR I can not get along without!

BAXTER SOVEREIGN.

BROOKLYN, N. Y., Aug. 5.—We have had nothing but the usual summer complaints except a little “spurt” of diarrhoea and dysentery among adults, which *Pod.* and the *Mercurius* have invariably “put a head on.”

J. H. WARD.

HIAWATHA, Kan., Aug. 5.—Sickness mostly dysentery. Find *Podophyllum* 3x meets the indications better than *Mercurius* or *Colocynth*, in fact leaves nothing to be desired. Mrs. P. is a hay fever sufferer;

two weeks ago gave her *Arum tryph.* 3x, one dose, since which no attack. For indications see symptoms 62 and 67 Allen's Cyclopaedia.

S. M. PLATT.

SALEM, Mass., Aug. 5.—Health report for Salem. Measles are epidemic. Scarlet fever sporadic. Whooping cough ditto, although epidemic in Beverley, adjoining. Rheumatism prevalent and cholera infantum just making its appearance, four fatal cases reported in this city last week, and nearly one hundred in Boston.

N. R. MORSE.

CHICAGO.—While farmers have been complaining about the long cold and rainy weather there has been great joy among the children, whose report is a healthy, happy smile. Dysentery has been the only trouble met. Dr. Woodward reports *Merc.* to be superceding *Amm. mur.* as the epidemic remedy. This is the general observation. Here is a significant fact, *Merc. cor.* 200 is more promptly curative than *Merc. cor.* 3 or 6.

T. C. D.

SOUTH HOLLAND, Ill., Aug. 8.—During the last few weeks have had a good deal of cholera infantum. *Verat. alb.* 6x, *Cham.* 3x, and *Pod.* 12x; these remedies as indicated, cure every case. Have had one patient die of anæmia of the brain, used *Phos.*, and other remedies, but did no good. Weather damp and chilly. Expect malarial troubles soon, as everything is rotting. What is the matter with J. S. Wright, giving a tablespoonful at a dose every fifteen minutes?

JOHN A. VANDEN BURG.

ANDOVER, Mass., Aug. 4.—We are having some diarrhœa and cholera infantum to deal with; several cases of the latter were distinguished by profuse, yellow, watery discharges, painless to a great extent, with considerable prostration, and morning aggravation. *Pod.* didn't seem to hit, but *Crot. tig.*, *Apis*, or *Hepar* (200th) did the business. THE UNITED STATES MEDICAL INVESTIGATOR is a welcome visitor to my office, I assure you. Not the least of its virtues is the promptness with which it puts in an appearance every fortnight.

W. F. SHEPARD.

GREENSBOROUGH, N. C., July 28.—It is very healthy here at present. I have a case of bilious remittent fever on hand. I think the prevailing diseases now are fevers, typhoid and malarial. I am not practicing here. I came here from Fairview, N. J., (nine miles from New York,) for the benefit of my own health. I have had severe hæmorrhages from the lungs. We have no Homœopathic doctors here, there is none I believe any nearer than Charleston, that is seventy-nine miles. I think this would be a good point for a good strong man to settle.

WM. SELLECK.

SPRINGFIELD, Ill., Aug. 5.—So far this season our city has been remarkably healthy. We have not had an epidemic of any kind for two years. In consequence of too much rain people generally have

predicted a great deal of sickness, but the doctors have not seen it. Cholera infantum has prevailed to some extent, but has yielded promptly to *Ars.*, *Verat. alb.*, *Pod.*, *Merc.*, and *Sulph.*, a few obstinate cases responded to *Silicea* and made very rapid recoveries. Dysentery has been easily controlled by *Merc.*, *Colocynth.*, *Dios. vill.*, *Colch.*, *Dul.*, *Bry.*, and *Sulph.* A small sprinkling of small-pox has made vaccination lively for a short time.

JOHN A. VINCENT.

OTTAWA, Ill., Aug. 9.—Diarrhœa in children and dysentery in adults very prevalent. *Merc. cor.* 6x to 12x the *sine qui non*. *Brom. potass.* one grain in one-half glass of water, teaspoonful every half hour, saved one child when the comatose condition had been present one or two hours, but *Merc. cor.* was needed to complete the cure.

A CASE OF PERSISTENT VOMITING IN PREGNANCY

occurring late in the afternoon, or evening, was controlled only by *Lachesis*, (thanks to Dr. Woodward, of Chicago). The patient was safely delivered of two girls and a boy. Labor occurring a few weeks premature.

Query—Will some of the *sisters of the profession* venture a new proving of *Lachesis*?

H. M. BASCOM.

BALTIMORE, Md., Aug. 8.—Cholera infantum was very prevalent and very fatal here during the intensely hot weather in the early part of the summer. Dr. B., who has charge of a foundlings' hospital here, says that "*none* of the artificial foods agree with sick infants. The only chance to save them is to send them to the country and give them cow's milk." I believe that he recommends it pure, and warm from the cow when practicable.

Intermittent fever of a mild type was prevalent here during the spring and early summer, *Natr. m.* 30, *Ars.* 30, *Apis.* 1 to 30, and *Lyc.* 200, were the remedies most frequently indicated. *Lyc.* 200 made brilliant cures.

We have had a few cases of dysentery, but the indicated remedy, which is most frequently *Merc. cor.*, *Ars.*, *Nux.*, or *Aloes*, with the aid of *buttermilk* soon brings them through. In a few days *buttermilk* will be reinforced by *peaches*. Twenty-four years experience with the former, and nearly as many with the latter, enables me to say with confidence, don't forget them.

ELIAS C. PRICE.

UNIONTOWN, Pa., Aug. 12.—During July and this month weather very wet with much sickness. Many children taken with vomiting and diarrhœa, much thirst and heat of surface, hot enough to burn the hand, and in many cases convulsions. *Bell.* proved curative for the acute symptoms; afterwards *Cham.*, *Merc.*, or *Pod.*

In a case of cholera infantum, *Æthusa cyn.* 30 cured a child with the following symptoms: Child vomits frequently curdled milk, also passes same from bowels; tinea nasalis; after vomiting the child is cold and clammy, stupid, with straining eyes and dilated pupils. The child is three months old, and has to be fed with cow's milk diluted.

The milk did not seem to agree; after using the *Aethusa* the child commenced improving and is now growing rapidly.

Kali mur. (Schussler) acted very promptly in a case of dysentery where much blood was passed with slime. In children's diseases I get the best effect from the 30th dilution, and I repeat the dose every half hour until improvement commences and then suspend the remedy and let the action continue.

A. P. BOWIE.

COUNCIL BLUFFS, Iowa, Aug. 4.—We have had a brisk run of cholera infantum and infantile diarrhoea. In every case where the conditions were good the case recovered. The remedies have been *Ars.* 3 and 30, *Pod.* 3 and 30, *Apis.* 6 and 30, *Sulph.* 200, *Carbo veg.* seemed indicated but did no good. In adults dysentery and remittent fever have the sway; *Merc. sol.* 30x, and *Colocynth* 10x. Then came a *Merc. sol.* case that required a couple of doses of *Colch.*—nausea on smelling food cooking. Now *Nux vom.* is more indicated; there being constant inclination to stool as soon as the patient sits or stands, with relief from tenesmus after stool; “backache, as if broken;” there is also great irritability of the nervous system. In all the fever cases *Bapt.* has been indicated by the peculiar delirium dullness of the intellect and abdominal tenderness. The *Bapt.* has never struck my patients until this spring and summer (now). *Bapt.* was given in the beginning of the cases in the 3x dilution, as the Homœopathicity of the remedy to the disease type was verified I advanced confidently to the 30x dilution. Excessive debility attends all cases of illness. *Rhus tox.* will be the leading fever remedy soon.

WALTER D. STILLMAN.

CHARLOTTE, N. C., Aug. 9.—We have had an abundance of scarlatina for four months past, and many deaths. In my own practice I have had about thirty to thirty-five cases, all of which I have treated with the 100,000th potency of *Bell.*, *Apis mell.*, or *Rhus tox.* I have not lost a case, and the duration of cases has been from two to eight days—generally about six days. Precursory symptoms were invariably a pain in the throat. I give a dose of *Bell.* 100,000 (Swan) at once, of eight to ten pellets, and dissolve about twenty more in four ounces of aqua and give a teaspoonful every hour till eruption comes out, which takes place in twelve to twenty-four hours, then sponge the whole body with warm water and keep patient covered with a thin sheet to keep up perspiration, this is continued as long as any sign of eruption remain on the skin. Only warm drinks allowed till eruption is all gone and perspiration ceases, Post-scarlatinal dropsy yields like a charm to *Crot. horr.* 500th potency. The Allopathic treatment here is: *Calomel.* ice-water to drink, and an ice bag on the abdomen till a reper-cussion of the eruption to the stomach takes place, then a mustard plaster over stomach, and so on. Every case treated as above, or allowed ice water to drink, has terminated fatally, still they pursue the same treatment with the fresh cases!

S. B. HIGGINS.

MEMPHIS, Tenn., Aug. 8.—I send you the report of the secretary of the board of health of this city, for July:

MONTHLY REPORT.

The following, for which we are indebted to the secretary of the board of health, makes an exhibit that is flattering to our good name :

Causes of Death.		Adult.	Minor.	Causes of Death.		Adult.	Minor.
Abcesses	- - -	1	1	Heart Disease,	- - -	2	1
Accident, drowned	- - -	1	1	Homicide,	- - -	2	1
Accident, injury	- - -	1	1	Inflammation of the Bowels,	- - -	4	2
Apoplexy,	- - -	1	1	Inflammation of the Brain,	- - -	2	3
Cholera, infantum	- - -	18	18	Lock-jaw, infant	- - -	1	3
Congestion of the Bowels,	- - -	1	3	Marasmus,	- - -	1	1
Congestion of the Brain,	- - -	2	4	Old Age,	- - -	1	1
Congestion of the Lungs,	- - -	1	1	Paralysis,	- - -	2	2
Congestion of the Liver,	- - -	1	1	Pneumonia,	- - -	2	2
Consumption,	- - -	10	2	Scrofula,	- - -	2	2
Debility,	- - -	2	2	Spasms,	- - -	2	1
Dentition,	- - -	14	14	Suicide,	- - -	1	1
Diarrhœa,	- - -	2	2	Sun-Stroke,	- - -	1	1
Dropsy,	- - -	1	1	Syphilis,	- - -	1	1
Dysentery,	- - -	7	3	Whooping Cough,	- - -	1	1
Erysipelas,	- - -	1	1	Wound, gun-shot	- - -	1	1
Fever, congestive	- - -	5	3				
Fever, puerperal	- - -	1	1				
Fever, remittent	- - -	7	1	Total,		56	81

COMPARATIVE MONTHLY MORTALITY.

1874.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
In City, - - - - -	81	75	68	79	84	87	112	109	76	74	56	54
Still born, - - - - -	7	3	7	2	2	6	9	4	5	7	2	5
In Hospital, - - - - -	19	7	15	10	24	16	15	13	18	18	17	21
1875.												
In City, - - - - -	64	68	65	69	54	87	128					
Still born, - - - - -	6	7	13	6	13	13	13					
In Hospital, - - - - -	21	21	15	7	11	11	14					

The mortality for the month was heavier than any corresponding time for the year; still the city remains free from all special diseases. The reports from the various boards of health throughout the south indicates an unusual death rate for the month, especially, as with us, among children.

Extreme warm weather in the first part of July was followed by a great number of dysenteric cases, then remittent and malarial fevers. Since then physicians have had more to do in the same length of time than for eighteen months. But two patients lost by Homœopaths during the time. One, gun-shot wound; the other, reported "ulceration of the throat," was the most horrible case of gangrenous oris I ever saw. The child was completely impregnated with *Mercury*, and given up by a leading Allopath. We were called too late to neutralize the *Mercury*. Medicated *Muriatic acid* locally applied stopped the mortification in cheeks, but it reached the brain and death occurred in ten days after the Allopath gave it up.

W. D. GENTRY.

PHILADELPHIA, Pa., Aug. 3.—For some months past we have had a great deal of scarlet fever in this city. The principle remedy found indicated among my circle of patients was *Apts*. In each indicating

this remedy there was present: 1. Sore throat, tonsils enlarged, very red, with *stinging* pains when swallowing. 2. Stinging-itching of the skin, causing restlessness with weeping and lamenting. 3. Scanty secretion of urine, or complete suppression. 4. Eyes somewhat sensitive to bright light but not marked, as under *Bell*. In each case *Apis* 40,000, a few pellets in water, a teaspoonful every two hours was administered, lengthening the interval between the doses as the symptoms improved. Under the use of this medicine and this high potency, improvement commenced immediately, and in this order: 1. The throat symptoms yielded so promptly that at the end of twenty-four hours patients reported that swallowing was no longer painful. 2. The urine was increased to the normal quantity, or was passed freely where entire suppression had taken place. 3. The stinging-itching of the skin next yielded, and patients went rapidly forward to a perfect cure. No sequelæ, and no deaths.

Some one has asked me if I attribute this success to the high potencies? I answer most emphatically, yes. Not, however, because they were high potencies simply, but because the use of the high attenuations invariably leads to *individualization*, and individualization to *perfect success*. While speaking of potencies I will take this opportunity to call attention to a statement made by one signing himself "Country Doctor," on page 28, July number of THE UNITED STATES MEDICAL INVESTIGATOR, which runs as follows: "The highest dilutions will cure only those who are born and reared in ease and idleness." As this statement is positively made, without any qualification, I will also, without any qualification, and most decidedly too, state that the conclusion arrived at by the author of said article is *not true*. For years, I have used but one preparation of *Colocynth*, viz., the 100,000, which has never yet in a single instance failed to cure the severest cases of colic, when indicated, in the most robust, hard working, hard fisted men, who know nothing but hard labor and toil from one year's end to another. My experience is, that the stronger and more robust the patient, the more rapidly and perfectly the high potencies act. Such teaching as the above by "Country Doctor" is pernicious, because untrue.

C. CARLETON SMITH.

PRACTICAL REPLIES TO QUERIES.

On page 118, of THE UNITED STATES MEDICAL INVESTIGATOR, inquiry is made as to the proper remedies for two cases. The first case, "nocturnal emissions," needs *Phos. acid* 200, night and morning. The second case, *Sepia* 200, night and morning. When improvement is manifest in either case, suspend the medicine. If necessary to repeat, give the remedies higher.

The case of nocturnal enuresis mentioned on page 141, is evidently hereditary. It is highly important to know the *temperament* of this

patient in order to prescribe. The principal remedies to select from are the following, viz: *Calc. carb.*, *Puls.*, *Causticum*, *Sulph.*, *Sepia*, *Benzoic acid*, *Kreos.*, *Natr. mur.*

It is just possible that the doctor is laying too much stress on the objective symptoms, which has caused him to overlook important subjective and perhaps characteristic symptoms which would lead to the choice of the proper remedy; something lying back of the enuresis.

PHILADELPHIA, Pa., Aug. 5.

C. CARLETON SMITH.

THAT CASE OF POISONING BY KALI BICH.

Dr. Eckles, of Sterling, Ill., reports a case of poisoning by *Kali bich.* on page 95. I think if he will try one dose of *Kali bich.*, *high*, he will find in it all he desires.

Invariably when I find a patient suffering from the effects of a drug or poison, treat the case with the same remedy *high*, and am scarcely ever disappointed. I frequently find them suffering from overdoses of *Quinine* which I relieve with *China* 1000.

I had a very interesting case of a young lady who had used the dry *Carbonate of lead* as a cosmetic, and the result was an excruciating colic night and day. without relief. I gave one dose of *Plumbum met.* 1000, which produced an aggravation in the shape of "wrist drop" the next day, after that she began to improve and in two weeks was entirely well.

There are a number of our best practitioners working upon this theory.

We believe in the law of similars, and what is nearer to a drug than the same thing potentized. How high it is necessary to go I am not prepared to say, the 200th removes the unpleasant symptoms following the administration of the tincture, but for a chronic poisoning, such as your correspondent reports, should prefer to go much higher.

STAMFORD, Conn.

J. F. GRIFFEN.

SOME SCARLATINA FACTS.

In the August 2d number of THE UNITED STATES MEDICAL INVESTIGATOR, Dr. Duncan gives us some notes on scarlatina that are singularly confirmatory of my own experience, inasmuch as our fields of practice were wide apart, and greatly differing in topographical conditions. My field was in a deep valley in the northern Alleghenys, with heavy fogs, and great thermometric changes during each twenty-four hours. It will be remembered that last winter I stated nearly all the cases I had to treat called for *Bell.*, and that the spring opened with some light cases of scarlet fever; the doctor thinking we might find a

disease prognostication therefrom. During the summer, up to June 12th, when I finally removed to Detroit, we had a wide-spread epidemic of scarlet fever of a very malignant type. I had always boasted that all my cases recovered; but, alas! out of forty-eight cases I lost four, each one with dropsical sequelæ. *Bell.* did good service as a prophylactic, failing in but one case, and that case *the only one not succeeded by dropsy!* One case that died had been taking acid drinks surreptitiously, and had dropsy of the pericardium.

The remedies oftener indicated, and that proved curative, were *Acon.*, *Bell.*, *Merc. s.*, *Ars.*, *Kali b.*, *Calc. c.*, and *Hell.*

Ailanthus, as it always has, disappointed me in every case in which it was used.

DETROIT, Aug. 3.

J. G. GILCHRIST.

PERIODICAL NEURALGIC HEADACHE.

Reading Dr. H. V. Miller's article on Headache has called to mind my experience with periodical neuralgic headache since December, 1871. Since that date I have had some five or six cases, the general character of the symptoms are as follows: Pain in the forehead over either the right or left eyebrow, commences about 9 A. M., grows worse and worse until about 12, when it begins to decline and by 3 P. M. has passed off, but returns again at 9 the next morning.

The first case I had continued twelve days in spite of the best selected remedies I could give. Among the remedies given were *Bell.* (see J. C. Peters, on Diseases of the Head, page 13,) *Nux*, *Stann.*, *Cact. g.*, *Sulph.*, etc. I was very much dissatisfied with the result of the treatment, but the patient stopped me on the street a few weeks ago, and thanked me for the successful termination of it, saying that previous to that time he had two attacks every year, but since then had no return of it.

The next case that occurred, having no confidence in the remedies already tried and found wanting, I searched for some other remedy, finding *Stram.* put down in a marginal note that I had added to Raue's Pathology and Diagnostics, for the above symptoms, I concluded it could not do worse than the remedies previously used, so I gave the 200th in water, a teaspoonful every half hour during the paroxysm, and every two hours during the interval. The following day the paroxysm was very much mitigated, and in a day or two more the patient was well. I have continued to use it ever since for the above symptoms with the same success.

Another case of periodical headache coming on at 2 P. M. and lasting till bed-time was cured with *Sepia*, (see Jahr's New Manual, page 770.) the patient was a colored man.

ELIAS C. PRICE.

BALTIMORE, Aug. 8.

HOW TO CURE INTERMITTENT FEVER.

In Vol. II., No. 1, of THE UNITED STATES MEDICAL INVESTIGATOR, pages 21 to 24, appears a translated German article on the "Therapeutics of Intermittent Fever," which we believe to be a gross misrepresentation of facts. If there is any one thing in the list of curable diseases, which has proved a *bete noir* to our profession, it is intermittents. And why? We believe it is simply because the practitioner is either too busy, too lazy, or too ignorant to find the similitum. He commences the treatment on general principles, e. g., it is a case of ague, and, they think, what will cure one case will cure another, and if they can cure one-half of all the cases treated — say seventy-seven out of one hundred and fifty-four — they straightway publish a new theory, and simmer the remedies down to tens, thus practically ignoring the key to our system of prescribing by symptoms. The subscriber has always lived in eastern Illinois, a section of country noted for this class of fevers, and have seen more *Quinine*, *Arenic*, and ague specifics used than would stock a wholesale drug house, and, as the result of this promiscuous and general prescribing, we can show more people to the square mile, who are suffering from erysipelas, deafness, impaired vision, seminal weakness, leucorrhœa, and general innervation, than any other section of country in America. Notwithstanding all these facts, the old way is considered the best, and *our* physicians are no better than the rest, but continue to prescribe, as a parrot talks, by *rote*.

When but a tyro, I was taught, by my preceptor, (and I shall always thank him for it,) that our system of medicine depended upon a thorough analysis of the malady treated, and its drug similitum. With this method of practice, the writer has failed to cure but *two* cases out of more than a hundred treated. If the case is recent, and there is no definite paroxysm, we give *Ipecac*, which so far has never failed to bring out the characteristic points to be sought or permanently cured the case at once. If the case is well marked we take *Rauë*, (see pages 534 to 560,) and just as carefully select the remedy as if we had never seen a case of ague previous, and paying special attention to the sweat and thirst symptoms, and also to the time of day or night when the paroxysms come on. In the treatment of chronic cases we prescribe (according to the same authority) for the conditions or symptoms as first presented, no attention whatever is paid to the paroxysms at the time of applying for relief. In all of these old cases the patient will faithfully describe several well marked stages, each one lasting for months or years, and I find without exception a strong tendency for each subsequent attack to take on more of a *remittent* form as many of them finally develop themselves into a perfect type of *remittent* fever. I find the potency has but little to do in recent cases, but am satisfied that the higher potencies are best for the chronic forms. The coming fall promises to be prolific in malarial diseases. Won't some of our doctors try according to *Rauë's Practice* and report.

CHEBANSE, Ill.

G. R. PARSONS.

NARCOTIC SENSUALISM.

EDITOR UNITED STATES MEDICAL INVESTIGATOR: The following preamble and resolution was offered by me at the Twenty-sixth and Twenty-seventh Sessions of the American Institute of Homœopathy, and upon each occasion laid upon the table, showing that the Institute is unwilling to take a stand against an article in common use tending to natural degeneracy.

I trust that in publishing the resolution, that you will favor me also with publishing the following observations on the subject, made at the meeting held at Niagara Falls, New York.

J. B. WOOD.

WHEREAS, The American Institute of Homœopathy was founded for the mutual benefit of its members in respect to the science of that school of medicine; and likewise in regard to the proper physical, mental, and moral condition of all who may associate themselves in membership, and by its emphatic condemnation in every stage of its progress of alcoholic stimulants as a beverage, and likewise by its banishment from the room of the sick, deserve the thanks of every friend of humanity, and should incite to further effort; therefore

Resolved, That believing as we do as before stated on the proper physical, mental and moral well-being of its members, and the community at large, do hereby condemn in unmeasured terms the use of tobacco in all its forms (except as a medicine in accordance with the law, "*similia similibus curantur*,") believing it to be a fruitful cause of many diseases afflicting the human family, and that we will in all suitable ways discountenance its use.

MR. PRESIDENT AND GENTLEMEN OF THE INSTITUTE: "That man is my best friend who tells me of my faults," and the saying is just as true to-day as it ever was.

In the discussion of this subject I am aware that I am counter to the personal habits of many of you, and that many who are victims of this habit, no matter how wrong in itself they may consider it, will at least attempt a justification.

Tobacco in its various forms is in very general use — for what purpose it is used is a question not easily answered, except that it has become a habit, and habits grow into necessities, but of all habits none more enslaves men than the one of which we are about to speak.

Reflect for a moment that the most virulent poison known is the alkaloid or active principle of tobacco called nicotine. This is inhaled into the lungs and taints the blood if we smoke, and also absorbed, if we chew, in the course of the alimentary canal, and in like manner absorbed if we snuff, by the nasal mucous membrane; thus in all cases is conveyed to the current of life from which is absorbed all the tissues of the body.

I am aware that, with those who have formed the habit, any words of admonition from me will be as futile, almost, as an attempt to stop or check the mighty cataract, which forms the outlet of the lake, upon which we are now assembled. But I ask you whether it is consistent with the laws of health, that the blood can be thus trifled with, with impunity, even so far as the smoker, chewer or snuffer is concerned; and whether, if he may escape all visible punishment, there is not a

probability of the physical ills he may engender being entailed on his offspring; can it be that a practice which makes the blood more fluid, and renders its corpuscles so different, as between the user and non-user, that the microscopic anatomist can with unerring certainty tell the blood of the smoker or user of tobacco from one who does not, be consistent with the laws of health and the proper performance of bodily functions.

Why is it, and I assert it as a fact, that so far as my personal observation goes in my immediate vicinity and within the range of my practice and observation, that where I see cases of epilepsy, St. Vitas dance, idiocy, spinal affections, or other nervous diseases, they are almost invariably the children of the smokers and chewers of tobacco, or tobacco and ardent spirits, mostly the former.

In the various diseases of the heart, investigation reveals the fact that they occur mostly in persons addicted to the use of tobacco, and that deaths from such diseases are alarmingly on the increase, and that the increase is among men. Now I ask you the question why this should be so; women are as liable to other general diseases as men, the only difference is women do not use tobacco and therefore escape the penalty.

Have we not some examples amongst ourselves. A member of this body, recently deceased, met me but a short time before his death with cigar in his hand, and upon inquiry as to the state of his health, he informed me that he had recently several severe hæmorrhages from the lungs; that one lung was entirely consumed, and that the other was seriously affected. Shortly afterward he had another attack which terminated fatally. Now mark what I have said in regard to diseases of the heart. At the autopsy made forty-eight hours after death, the right ventricle of the heart was found greatly hypertrophied, valves normal; both lungs greatly congested, with vesicular emphysema of their edges; bronchial mucous membrane extremely congested; smaller bronchial tubes filled with blood; lungs free from cavities. tubercular deposits, points of ulceration, and hepatization. No large vessels were ruptured, the hæmorrhage evidently having been from the air cells and the smaller bronchial ramifications—the result of increased pressure upon the pulmonary circulation from the hypertrophied right ventricle. Does any one doubt but that the whole morbid condition here recited was the result, in a great measure, of the use of tobacco.

I mention this case out of no disrespect to the dead, for I entertained for the deceased the highest respect, and our state and national societies will not soon find another to fill his place. Neither do I recite it for the particular benefit of those within the sound of my voice, but to form a nucleus for the dissemination of its injurious effects, in order to prevent the degeneration of the countless millions yet unborn, by the effects of tobacco on the system generally and particularly on the procreative power, and likewise to point out the rocks and shoals upon which so many of our fellow men are being lost.

The hydra-headed monster dyspepsia, in its various phases are engendered by its use, and the worst forms of this disease arise from indul-

gence in this pernicious habit. Perhaps you will ask me how it impairs digestion — by the waste of saliva induced by its use, and the consequent want of power in the stomach to properly assist in this process.

One other view of the case and I am done, as the by-laws of the Institute admonish me I must be brief. I allude to its moral and social aspect. Go where you will, into the public streets, post-offices, public halls, railroad depots or into the cars, we are met with persons unwilling to relinquish, even for a short time, their indulgence in this narcotic sensualism, no matter how offensive to others it may be. The floors of all places frequented by the victim of this habit presents a deplorable condition — filthy in the extreme. I do not expect we shall attain perfection. Christ was the most perfect type of purity ever known, or of whom we have any record. Ministers of His gospel ought to be patterns of Him in regard to personal purity, yet how many of His followers are guilty of the self-abasing, filthy habit of which I now speak.

We should take this advice to ourselves, for as the people look to them to administer to their spiritual wants, they likewise look to us for advice as to their physical ills and the preservation of health. Proper respect for our personal appearance we voluntarily take upon ourselves, and no habit is more filthy and offensive to many than the use of tobacco.

Let us remember that when a person becomes filthy in one respect, he is most likely to become filthy in others, as bad habits never go singly — one begets another of its kind. I therefore, Mr. President, move you the passage of the resolution.

HOW TO REFORM THE INSTITUTE.

EDITOR UNITED STATES MEDICAL INVESTIGATOR: In your number for July 1st, Dr. T. S. Hoyne publishes a letter on the "Ostacles to the Progress of Homœopathy," most of the points of which are well taken and should set us thinking.

After stating that a large number of those who profess to be Homœopathic physicians do really practice in a loose and mixed fashion, which is neither in accordance with, nor defensible by, the law of Homœopathy and its corollaries. Dr. Hoyne refers to the Transactions of the American Institute of Homœopathy and the proceedings of some of our state societies to confirm his statement. They *do* confirm it.

He then specifies what he regards as errors in the laws and conduct of the Institute and hints at secession and revolution as the remedies. These expedients should be regarded as a last resort, justifiable only when all other means have failed. Let me, by answering some of Dr. Hoyne's questions, point out other remedies less severe, but in my judgment, more effectual.

Dr. Hoyne asks, "How is it that members, guilty of * * * conduct unbecoming a physician, are not expelled?" I reply: Because

those, if there be any, who are cognizant of such conduct on the part of members of the Institute, have not brought charges against them, asked for an investigation and moved their expulsion. If Dr. Hoyne knows of a case in point, and has evidence in his possession, he has failed of his duty to the Institute and the profession, in not taking the steps above indicated. He asks, "How is it that persons who are not graduates are (or were) members of the Institute?" I reply: If men not qualified for membership under the laws of the Institute are members, it is because members who are aware of the fact, have failed to protest against their admission, or, if they were already admitted, to move that the election be declared void on the ground of illegality!

At the recent meeting of the Institute, an election had in 1874, was, by vote, declared null and void. Likewise, a candidate was rejected, because some members had the courage to object to him on the ground of disqualification. If Dr. Hoyne now, or hereafter, knows of cases calling for similar action, he will fail of his duty if he does not bring the facts to the notice of the Institute by making the proper motions during a session of that body. If the Institute refuse to listen to presumptive evidence, he will *then* have just ground of complaint.

Dr. Hoyne would like a different method of appointing bureaux. There is force in his suggestions. The Institute will listen to any proposition to amend its laws. At the recent meeting, in accordance with a proposition by a member not holding office, two important changes were unanimously made, in a full meeting. One of these makes the chairmen of bureaux elective by the Institute and devolves upon the chairman the appointment of his associates. The other enacts that, "No person shall be allowed to serve on two bureaux at the same time." These changes are in the direction of Dr. Hoyne's wishes.

If the discussions and transactions of the Institute and of state societies show a tendency toward a mixed practice, if they contain pleas in favor of palliatives, etc., without exhibiting, at the same time, vigorous protests and cogent arguments against the same, then they show that the "pure Homœopaths," members of the Institute and societies, have failed of their duty to uphold and defend the truth! that Dr. Hoyne and others (myself included), who "know the better way," have not been on the watch to display and vindicate it!

In the Institute and in our societies, *let us have the courage of our opinions!*

Whenever a loose practice is confessed in public discussion, let us lay down the principles and show the excellence of sound Homœopathic practice.

When we think the laws of the Institute should be amended, let us move their amendment. If once defeated, let us try again, and again, and again.

If we know of violations of law and good morals, let us fearlessly, but in good temper, expose the facts and propose the remedy.

If men, unfit for office in the Institute or for the chairmanship of bureaux are nominated, instead of senselessly voting aye to every nom-

ination, as the sheep without looking, follow the bell-weather over the fence, let us fearlessly state our convictions and vote against the nominee. This is the manly course. It is the only way to make and keep a society sound and prosperous. Neglect of such duties would suffer a "new society of simon pure Homœopaths" to lapse, in the course of time, into just such a condition as the Institute is said to have come to. A strict observance of them will reclaim the Institute—if indeed it be so bad—and will preserve it.

No outside fault-finding, no complaining letters to journals, no threats of secession, can take the place of a faithful, vigilant, courageous performance of duty at the meetings of the Institute, where, according to my experience, which is much greater than Dr. Hoyne's, temperate, judicious plain-speaking always secures a favorable hearing.

When expositions of wrong-doing, according to its laws, shall fail to secure attention and action; when freedom of speech shall have been put down; when a plea for true Homœopathy can no longer secure a respectful audience in the Institute, *then*, should that time ever come, there may be reason to propose a new organization. But first let us have the exposition, the plain-speaking, and the earnest plea.

Yours truly,

OLD MEMBER.

THOSE CASES FOR TREATMENT.

On page 118, Vol. II., No. 3, of THE UNITED STATES MEDICAL INVESTIGATOR, Dr. J. T. Rosevear reports two cases for treatment.

For No. 1, I would try *Phosphorus* 30, and for No. 2, either *Nux vom.* 30, or *Sulph.* 200. *Phosphorus* has for a key-note, nocturnal emissions without dreams; *Nux vom.* has bitter taste in the mouth, and sleep in the middle of the day; *Sulphur* has sleepiness in the afternoon, and those liver spots on the forehead.

Let him try these remedies and I think he will cure those cases.

SOUTH HOLLAND, Ill., Aug. 8.

JOHN A. VANDEN BURG.

THANKS FOR HELP.

I desire to acknowledge with profound gratitude the generous and numerous responses to my call for help in Vol. I., page 391. Besides suggestions through THE UNITED STATES MEDICAL INVESTIGATOR, I have had a score or more of prescriptions by private address. Scarcely two of these are alike. I am giving trial, first, to those that seem most promising. It will be about two years before I can report the result, unless my patient should get well before I get through with the list.

One or two have suggested abscess of the antrum. Are there any means of certainly diagnosing as to that without probing? Again, *many thanks* and blessings on the helping heads.

S. BISHOP.

MOLINE, Ill., Aug. 10.

Materia Medica Department.

MEDICINES DOUBTFUL BUT CHEAP.

I know of two "pharmacies" where the mother tincture of *Lycopodium* can be procured! One of them sells cheap tinctures made according to Jahr and Gruner, and warranted to be as good as any made.

LEXINGTON, Mich.

A. F. RANDALL.

[Cannot a tincture be made from the seeds of the *Lycopodium*? We should prefer to use the 30th, 200th, or higher. The powder is not inert, as many a baby could testify. Cheap should not be the standard of medicines. A good article demands time, care, and skill; things that cost. A fair profit should be allowed our pharmacies.]

RELIABILITY OF *IBERIS* SYMPTOMS.

EDITOR UNITED STATES MEDICAL INVESTIGATOR: My attention has been called to an article in THE INVESTIGATOR of May 1st, page 398, signed "T. S. Hoyne."

The writer says: "It has come to my knowledge that the greater part of the proving of *Iberis* is spurious and imaginary. * * * The provers were informed that that the remedy had a marked action on the heart, hence many imaginary heart symptoms. * * * The spurious symptoms, I am told, were recorded by one of the provers who knew them to be spurious at the time."

As one of the provers of *Iberis*, allow me to trespass upon your valuable space to deny the imputation of having joined in a conspiracy to perpetrate a gross fraud upon the profession of which I have the honor to be a member.

I pronounce the three assertions and insinuations above quoted, to be scandalous and malicious falsehoods. Their *real* author I know not, but I am positive that no *gentleman* would have *published* a charge so gross and injurious, without first making a full investigation and giving the parties accused a chance to clear themselves. Without doing this, his pretended "knowledge" is mere hearsay.

My "knowledge" of the case is this: The symptoms and sensations recorded in my proving are a faithful transcript of what I felt while

taking the drug. Their *value* is to be estimated by wiser heads than mine.

From my acquaintance with Dr. Dodge I do not hesitate to announce my entire confidence in the reliability of his proving, and I earnestly believe that those who are personally acquainted with either of us will find it hard to believe Professor Hoyne to be *serious* in his charge of *fraud*.

R. C. SABIN.

MUKWONAGO, Wis., July 28.

THE ENCYCLOPEDIA OF MATERIA MEDICA.

Volume III. will be out in the fall. I am more and more convinced that clinical symptoms and notes are only in place in a text-book which treats of the application of drugs and their legitimate evolution (if I may use the term). Hardly any one drug is prepared by me without a desire to prune and cast out symptoms and provings, but I can only give my authorities and leave the profession to estimate the value of a symptom from the status of the observer.

Dr. Hoyne's charge is a serious one (concerning *Iberis*.) and the matter should be thoroughly sifted and settled, the "internal evidence" of the provings is far from conclusive as to their genuineness.

Very careful provings are now being made here of *Jabarandi*, with special attention to the excretions as well as its peculiar symptoms.

NEW YORK, July 27.

T. F. ALLEN.

THIRST BEFORE THE CHILL.

In answer to Dr. Malcolm's question in the July 15th number of THE UNITED STATES MEDICAL INVESTIGATOR, I find, on referring to an interleaved copy of Douglas on Intermittent Fever; the following note to

EUPATORIUM PERFOLIATUM:

"Cured: Thirst before the chill. Very thirsty for *warm* drinks during the chill. Vomited immediately after the chill. Thirst with the heat. Very weak and nervous during the paroxysm. Good appetite after the fever."

CINA HAS:

"Vomiting of food or bile at the commencement of the fever, with desire for food soon after."

With your permission I will give

ANOTHER CASE CURED BY EUPATORIUM PERF.

During the chill, which commenced in the *pit of the stomach*, there

were, terrible stretching of the body; large quantities of colorless urine.

During the heat, scanty urine with brick dust sediment.

After the paroxysm, felt sore as if bruised and beaten, and as if the flesh was loose from the bones; aching, particularly in the joints; great prostration; obscuration of sight; no appetite; throat very dry, impeding deglutition; throbbing, hammering headache; stitch under lower right rib on making a long inspiration. SAM. SWAN.

NEW YORK, No. 12 West Thirty-eighth Street.

[How about the *Eupatorium purp.*?]

Surgical Department.

DEAFNESS FROM CEREBRO-SPINAL MENINGITIS.

READ BEFORE THE WISCONSIN STATE HOMOEOPATHIC MEDICAL SOCIETY, BY L. A. BISHOP, M. D., FOND DU LAC, WISCONSIN.

GENTLEMEN: I have chosen a subject to bring before you to-day, one to me of no mean proportion, but on the contrary, one of the most vexing, many times unconquerable, of the long list of maladies it is our fortune to treat, namely, Deafness from Cerebro-Spinal Meningitis.

In bringing the consideration of this subject before this body of learned men, I do it, *not* expecting they will learn of me, for my knowledge of this subject is decidedly limited, but on the contrary, that I may learn of them, by the free discussion I trust this paper may receive.

This sequelæ has unfortunately been known ever since the primary disease has had an existence. In some epidemics as well as in some localities it has appeared as a result, though very few physicians practicing medicine in localities to which spotted fever has been a visitor, either epidemic, endemic, or sporadic, but what have seen this form of deafness, and longed for *something* that would assist them in restoring even to a partial extent the lost faculty, so much even, that the child might enjoy the advantages even under difficulty of a common school education.

Cerebro-spinal meningitis and inflammation of the labyrinth are so analogous that many times it is difficult to differentiate between the two diseases, so much so that it has been acknowledged by all the prominent *aurists* of the age, that many cases of inflammation of the labyrinth in children have been treated for *spotted fever* by the physician, never for once suspecting what the real difficulty was. The little one either falling a victim to the disease or recovering with par-

tial or complete deafness and staggering gait, indeed has this been so common that one who has done much for *aural science*, namely Voltolini, in his excitement on this subject, gave expression to the opinion that deafness never resulted from cerebro-spinal meningitis but from disease of the labyrinth. This opinion has been proved by scientists, equally eminent, to be a too bold and sweeping assertion.

Just how cerebro-spinal meningitis effects the ear is to this day a question of considerable doubt, but the majority agree that it is by direct transition to the labyrinth of the inflammatory action.

In those cases in which the labyrinth or inner ear is the seat of difficulty, which is almost always the case when arising from cerebro-spinal meningitis, it is observed as soon as the patient is roused from his stupor, that there is complete deafness, with staggering.

While in disease of the middle ear the deafness comes on during convalescence, as after scarlet fever for instance. In corresponding some time since with a learned gentleman at the east, he gave as his opinion that the cause of deafness from this fever lay in the fourth ventricle. I suppose, judging from the large amount of sanguinous fluid many times found in this cavity, in *post-mortem examinations* following cerebro-spinal meningitis, this condition has given rise to the opinion among some physicians, that have become noted, that the difficulty has its origin here. To me it has very little the savory of a fact, when deafness is the only sequelæ.

As five of the twelve cranial nerves have their deep origin, to a certain extent, in common in the gray matter on the floor of the fourth ventricle, viz., the fourth, or *trochea*, which supplies the superior oblique muscle of the eye; the sixth, or *abducens*, which supplies the external rectus of the eye; the seventh, or *facial*, which supplies the muscles of the face, especially those of *facial* expression; the eighth, or *auditory*, which supplies the internal ear; and the tenth, or *pneumo-gastric*, which supplies the muscles of the pharynx, larynx, lungs, heart, and stomach.

It would seem to me almost if not quite impossible to have either a change in the component parts of, or paralysis of, the *auditory* nerve from an effusion in the fourth ventricle without affecting the other nerves above mentioned, and thereby giving rise to other troublesome conditions aside from the one under consideration, as for instance, *paralysis* of the various organs, through which the balance of these nerves are distributed.

Very frequently we find loss of speech or dumbness associated with loss of hearing.

I have never seen a case I did not think the deafness was the cause of the dumbness rather than a pathological condition, this peculiar result, so far as my observation goes, has always been found in young children who have not yet received an education, and consequently have nothing to remember from, so that in a short time a child otherwise well, after complete deafness soon begins to show a deficiency in speech which finally results in dumbness. Many of the cases of deaf mutes have been found to possess perfect organs of speech and yet do

not use them for the reason they cannot hear what they say, and by hearing only we learn to talk.

Another evidence that this is the fact is, that a deaf mute when displeased or teased will scream out, showing the power to use the vocal chords although they do not hear it. This is no less true in cases of partial deafness, the sounds of the voices being changed in ratio to the extent of deafness, this probably all of you have observed in your every day practice.

In examining a case of deafness we have four ordinary forms of tests, namely: 1. Conversation. 2. By the tick of the watch. 3. By the tuning fork. 4. Electricity.

1 The first is so well understood that it will not be worth my while to dwell upon it.

2. It has been found that a perfect ear should hear the ordinary ticking of a watch at a distance of not less than four feet, then by holding the watch off at a distance and bringing it nearer until the ticks can be distinctly heard, we have the numerator of the fraction and the four feet as the denominator, for instance, a person that can hear a watch only at a distance of six inches his hearing power will be equal to $\frac{6}{48}$ or $\frac{1}{8}$ of natural capacity.

3. It is a well known fact if we close our ears and speak the sound of the voice seems to be confined to the head, if now the auditory nerve be sound and there be impacted wax in one or thickening of the mucus membrane lining the tympanum or thickening of the membrana tympani, the state of things will be similar to that in the healthy ear when the external meatus is closed with the finger or other means, and the vibrations of the tuning fork will be heard more distinct when applied to the teeth, forehead, or mastoid cells, in the diseased than in the healthy ear. Now if the difficulty lay in the labyrinth or nerve, there will be no marked difference by closing the external meatus. In many cases where the tick of the watch cannot be heard at all, the sound of the tuning-fork is heard very plain when applied to the teeth. In cases of complete suspension of the nerve the tuning-fork cannot be heard at all, and just in ratio to the activity of the nerve in just such ratio will sound be heard by this test.

4. Electricity has been considerably used by a certain few in diagnosing diseases of the nerves, by applying one insulated electrode against the membrana tympani and the second being held in the opposite hand, then if the nerve is intact it will respond in proportion to the extent of the lesion. This test is of very little value to the general practitioner, owing to the inability of patients to correctly describe the peculiarities of the sounds produced.

As to the treatment of this difficulty there is very little indeed to be said, owing to the almost unanimous negative results in attempting to do anything for it, so much so, that many have given up in despair, saying there is no use trying to do anything, for it is positively incurable.

Professor Rosa says, "Chronic affections of the labyrinth, so far as his experience goes, is utterly hopeless."

Dr. Knapp says he "has never had a shadow of improvement."

Others have been a little more hopeful.

Professor Moos says, "Toll the knell for all the opponents of the therapeutic value of electricity in aural diseases."

Beard and Rockwell give their views as to the value of electricity in the treatment of diseases of the auditory nerve and labyrinth in the following cautious language :

"Cases of nervous deafness, or of deafness resulting from various pathological conditions, with which a morbid condition of the auditory nerve is complicated, whatever be their supposed pathology, should only be regarded as hopeless after the failure of persevering and varied treatment by electricity, although perfect or approximate cures will be obtained only in a small percentage of the cases."

As to internal medication I must say I am quite skeptical, though such remedies as *Silicea*, *Petroleum*, *Sulph.*, *Calc. carb.*, *Causticum*, *Nux vom.*, *Bell.*, *Merc.*, and *Verat. vir.*, are entitled to a large amount of our consideration.

It has been my fortune to have but one case of cerebro-spinal meningitis to treat in which complete deafness was a result, viz: A little, plump, black-haired boy of seven years, was taken a year ago this month with the above fever in one of its most severe types. Through the internal treatment of *Gels.* and *Rhus rad.* 1x, and *Acon.* in brandy locally to the spine, the little fellow made a rapid recovery, I said rapid, considering the severity. Upon return to consciousness I observed he could not hear at all, fortunately the little fellow had learned to print at school, so by this means and that of motioning we made out to converse with him quite readily. Under the use of *Merc.*, *Silicea*, *Bell.*, and *Nux vom.*, he improved so much that he could be made to hear by screaming in his ears. His case then seemed to reach a stand still. For quite a while after that he remained without any treatment.

In corresponding with a learned professor, in Philadelphia, on the subject, he advised the internal use of *Verat. vir.*, and consequently sent me two powders of the 200th, which I gave as directed but without any visible effect. After waiting two months after giving the *Verat. vir.*, I again renewed his treatment, which brought the case up to five weeks ago. After giving the case a great amount of thought and study, I came to the firm conclusion that no remedy seemed, according to my diagnosis of the case, deserving of so large amount of credit as electricity; therefore, I commenced the daily use of this agent five weeks ago by means of the Stohrer galvanic battery, manufactured by the Galvano-Faradic Manufacturing Company of New York, using the power of two cells by applying the positive electrode to the membrana tympani, the ear being filled with water, and the negative electrode back of the ear, continuing the seance not over two minutes, giving internally *Causticum* 12, morning and evening, and from two to

three times a week using Politzer's air-bag.

He has so much improved that he can now at times just distinguish the tick of a watch applied to the external meatus of the left ear, and can hear conversation a little above the ordinary pitch of voice, when paying attention, quite readily. For the last two weeks the galvanic current has not been used oftener than every other day. I was much in hopes that I might have been able to have made a finer report of the boy than this, but unfortunately he contracted a severe cold in the head which checked his improvement for a week, but I am happy to say he is again improving finely, and I am yet in hopes of restoring this case of complete deafness from cerebro-spinal meningitis to perfect hearing, or at least to that extent that he may be able to receive an education and capable of pursuing the ordinary avocations of life.

I should have said in the beginning of this description that I used the ordinary tests, of which I spoke in a former place, and diagnosed the case one of partial paralysis of the auditory nerves probably from purulent exudation.

Obstetrical Department.

AGAINST STIMULANTS AFTER LABOR.

EDITOR UNITED STATES MEDICAL INVESTIGATOR: A long time has elapsed since I wrote for your valuable columns, owing to continued ill-health, accompanied by severe pain and suffering, particularly at night; thus rendering me unfit for mental work during the day. But as I am slowly mending, I will venture to write you a few items, which may be of some use to our younger brethren in the profession.

The case I propose to relate was one of mechanical obstetrics. The lady was aged about twenty-five years; first birth; of a sanguino-nervous temperament; tall, slender, of lax fibre, well-formed pelvis and associate organs. General health pretty good, with the exception of occasional rushes of blood to the head, causing complete orgasm of the carotids. Had a bad attack some ten days previous to her accouchment, which was very promptly cured by a few doses of *Aconite*. On the twenty-ninth of April last I was called in, in consultation by the attending physician, who informed me that the patient had been in hard labor for more than thirty hours. She manifested a great deal of true womanly pluck up to the very last moment of her tedious labor, although her strength greatly failed her, and complete emphysema of

both the face, neck, and chest came on some hours before I saw her, and continued for four or five days after delivery, giving her a very unnaturally full and puffy appearance. Pulse 90, and compressible. Breathing short and rather hurried, and asthmatic, giving her an anxious, worried expression. On examination of the parts, found the external and internal os fully dilated. Os uteri fully slipped over the head and thoroughly out of the way; anus considerably swollen and protruded; and the presentation that of Guernsey's first, viz.: *left occipito-iliac-anterior*, which I prefer to that of the French authors. Finding her pains inefficient to expel the child, and there being no just reason for further delay, I used Comstock's forceps, which were very easily adjusted, and all passed off successfully, and mother and babe did well until the fourth day, when the mother took chills, from what I supposed to be overflow of milk, although I did not see her from the day of her delivery until the seventh day, when I was called hastily to her bed-side by her attending physician, saying she was in a dying condition. and feared it was too late to save her. On the way up I quizzed the doctor as to what was the trouble. He remarked, "Prostration; prostration." Said he: "I have given her *Arsenicum*, but I cannot see that it does her the least good." We entered, and on approaching her bed-side she gasped out, "*Wine, wine,*" in a long, scarcely audible tone. The article was promptly brought forward. I forbade its use, most peremptorily, but in its stead ordered pure cold *water*. She gasped, gasped, sighed, fainted; gasped, yawned, sighed, fainted, every few minutes. Pulse 150 per minute, very soft, compressible, and exceeding feeble, indicating active uterine hæmorrhage of a most serious character, which had been flowing for some time, passing from her every few seconds in large lumps (coagula), accompanied by gasping, yawning, fainting. I prepared at once the 30th dilution of *Chamomilla* and gave every fifteen minutes, at the same time ordered her face to be bathed with cold water every time the fainting spells came on, and applied cold compresses to the abdomen directly over the uterus. Her breathing became lengthened a few seconds after *Chamomilla* was given, after the second dose the flooding was perceptibly less; in one hour she was out of danger; pulse 100, weak and compressible, though slowly gaining in volume; gasping, yawning, sighing, fainting, all left her rapidly. I took my leave of absence, but returned in four hours to find my patient in the act of eating, and feeling comfortable in every respect. Hæmorrhage was fully allayed, to a normal standard. Former treatment was stopped, and *China* 30 was ordered, to give tone to the weakened tissues. The patient convalesced nicely, without any untoward symptoms.

This was a desperate case of hæmorrhage, induced by the too free use of stimulants, and persisted in, until the patient was in the very jaws of death, and no doubt would have *killed* her in a very short time. She was only rescued from impending doom by the prompt rejection of its use. This is a most beautiful instance of the truth of Hahnemann's principles, of the efficacy of the true *similimum*, and the utter failure of palliatives, narcotics, and stimulants. I had

ANOTHER CASE,

in the wife of an Eclectic physician of our city. His wife had a miscarriage, sank away with excessive hæmorrhage, the doctor gave her freely of brandy, but in spite of all she fainted about mid-night, and I was called in, found her vomiting, and greatly nauseated, as she said, all over. She was perfectly limp, not being able to raise hand or foot, lying directly on her back, and could not be turned without fainting. The doctor begged me to save his wife "if possible." I found her pulse beyond my ability to count, and her face was cadaverous, utterly inexpressive. I gave *Ipecacuanha* 30, and applied cold compress over her abdomen, in a very few moments she rallied slightly, and in the course of two hours she was out of all danger, without the least stimulant, after I took the case.

Such cases are not uncommon, and physicians often let them die, or kill them, more properly speaking, with their apparent medical skill and kindness. I say emphatically, away with all stimulants, tonics, narcotics, and palliatives of whatsoever character. They are dangerous in the extreme, first to the patient, and secondly to the physician. In the first case life is at stake, and in order to be rescued from impending death, the very utmost of the medical man's rationality should be brought forward and faithfully applied. We should be master of the situation, which is to be master of the *materia medica*. If physicians would earnestly study our *materia medica*, and let other trashy things alone, they would never have need of palliatives, for in my humble estimation, the only true soothant, palliative, tonic, and stimulant, is the *similimum*, and by diligent search can usually be found as a pearl of great price.

O. P. BAER.

RICHMOND, Ind.

 POST-CLIMACTIC GESTATION.

A case of considerable interest to me has just occurred here, about which I should like to ask a few questions.

Dr. Anthony has just (a few days since,) delivered a woman here of her second child, at the age of forty-six years and eight months. She was not married until about forty-three years of age, and, as I said, has had two children, both beyond what is generally considered as the change of life. How do you account for this anomaly?

The first child born about a year and a half ago seems to be healthy and doing well, but the second seemed to lack vital force and lived only two or three days. Is this a natural sequence from the age of the parents, or does it depend on the fact that they are full cousins?

I did not know of any record of two children being born beyond the change of life, and thought I would report.

L. S. COLE.

PRINCETON, Ill., July 24.

Hospital Department.

SURGICAL CLINIC OF HAHNEMANN MEDICAL COLLEGE AND HOSPITAL, CHICAGO.

SERVICE OF W. DANFORTH, M. D., PROFESSOR OF CLINICAL AND OPERATIVE SURGERY.

CASE LVIII. Strangulated (Oblique Inguinal) Hernia. Operation. Recovery.

GENTLEMEN: This lady, aged fifty-five—a hard working woman—first noticed this tumor some fifteen years ago. It came as the result of lifting, and was pronounced a hernia by her medical attendant. You observe that it occupies the right inguinal region, and is now an unyielding tumor as large as a small fist.

You remember while lecturing on this subject, we said that an oblique inguinal hernia may contain omentum, or intestine, or both. In this case we first had an omental hernia, which proved to be irreducible; inflammation of the sac—especially about the neck—obtained, adhesions formed, preventing the return of the protruding mass, and our patient passed on from year to year “hoping that the lump would go away,” until finally a portion of intestine slipped down alongside the omental mass and became strangulated, pain ensued, vomiting of stercoraceous matter followed, and now we are called upon to afford certain relief or our patient will succumb.

I first saw this case day before yesterday, and placing her under *Chloroform* tried the taxis faithfully, flexing the limbs, and by gentle long-continued manipulation, succeeded in reducing the volume of the tumor considerably, so much so, indeed, as to induce the belief that possibly the worst was over—that the intestine had returned—and ordering *Nux 30* given, and a bladder of ice over the mass. I left her in charge of my friend, Dr. Meissler, who says that the vomiting was arrested for twenty-four hours, when the tumor “swelled up again,” the abdominal pain and stercoraceous vomiting returning also, and now she is worse than before. I apprehended death from further delay, and propose to operate at once for the relief of the strangulation.

We have here then, a case of entero-epiplocele. You feel the doughy, inelastic omentum above, and the elastic intestine just below—not a dangerous or difficult complication, and yet one that would be likely to embarrass the young doctor and cause him to delay an operation to his patients injury, not to say peril.

The rule is to operate, in such cases as this, and that without delay. Shall we make the major or minor operation? You remember that I instructed you that the minor operation consists of dividing the stricture external to the sac, and this operation ought to be preferred if the case will admit of it, that is to say, if you find the obstruction external to the sac, so that dividing the stricture readily admits of a return of the intestine through the neck of the sac into the abdomen; in such a case you avoid the danger of exciting peritoneal inflammation, by making the minor operation. But I wish to warn you not to confound the conditions that admit of the minor with those which call for the performance of the major operation; if you do, and simply divide the stricture external to the sac, returning (not the intestine *through* the neck of the sac into the abdomen) but sac and contents into the abdomen, then your patient will surely succumb to the strangulation existing in the neck of the sac. In the major operation you first divide the stricture external to sac, and then on manipulation of its contents you find that the intestine cannot be pushed through the neck into the adomen, but that adhesions have taken place within the sac, in this case you must carefully open the sac and explore for and relieve the intestine so that it can be freely returned, pushing the sac after it. Of course the latter is attended with more danger than the former case, nevertheless it is your duty to face this danger for the good of your patient.

In the case before us, we are convinced of the fact of hernia, and that it is in a state of strangulation, we have the abdominal pains, and the continued stercoraceous vomiting, and we propose to operate for the relief of the strangulation, by the minor, if practicable, if not, by the major operation.

We first shave the hair off the tumor and then (assisted by Professor Adams,) etherize our patient and make an incision of about three inches over the most prominent part of the hernia in the line of Poupart's ligament, dividing the integument superficial fascia, intercolumnar fascia, transversalis fascia, subserous cellular tissue down to the peritoneum. We now explore for the stricture, and find it to be deep-seated, in about the center of the hernial mass. It is impossible for us to return it, or pass the grooved director under it; whichever way we turn the mass seems deeply-strictured in its centre. This is unusual, (you commonly find it at the upper side of the hernia,) and devolves upon us the necessity of opening the sac, which we do by pinching up a small portion and carefully incising it, when, as you see, there is an escape of blood-stained serum, indicating extreme congestion. Enlarging the opening upon the director we discover the knuckle of intestine below the omental protrusion, and can readily locate the stricture, which seems firm and unyielding. The bent point of the director is passed under the resisting band of the internal oblique, or transversalis which are pushed forward to the external ring, and constitute the stricture. Carefully depressing the intestine, the hernia knife is slid along the director, its edge directly upward, and the stricture divided to the extent of three-eighths of an inch; we can now press the finger through

the ring, and by carefully manipulating the bowel can return it into the abdomen. You should always handle the intestine with great care, not attempting to pull it out, as you may thereby tear it, and seriously, if not fatally injure your patient. You observe that the bowel is discolored, looking as though it were gangrenous, this is the result of extreme congestion from long-continued stricture, but happily, in this case its texture is not softened, there is no feter, its natural resiliency is preserved, and so we can safely return it. You see that it has disappeared into the abdomen, and now we only have to do with the protruding omentum. This, although adherent to the sac, we shall return into the abdomen, hoping that it may constitute a plug to prevent the re-appearance of the hernia. We now close the wound with interrupted silver-wire sutures, place a bag of shot over it, and keep our patient quietly on her back taking *Aconite* and *Arnica* 12.

NOTE.—Patient rested well; abdomen flat; urine drawn with catheter for two days; swelling and induration about the wound; bowels did not move for seven days, when there was a copious passage; induration softened and quite a quantity of pus discharged from the wound on the tenth day; shreds of the sac and omentum sloughed away on the fifteenth day; abscess freely injected with *Carbolized water*, no other untoward symptoms followed; patient up and quite well on the twentieth day.

ANATOMICAL ANOMALIES.

A REPORT PRESENTED AT THE LAST MEETING OF THE ILLINOIS STATE HOMEOPATHIC MEDICAL SOCIETY, BY E. H. PRATT, A. M., M. D., PROFESSOR OF ANATOMY IN HAHNEMANN MEDICAL COLLEGE, CHICAGO.

MR. PRESIDENT AND FELLOW DOCTORS: As chairman of your anatomical committee I have but a short report to make.

The meaning, I take it, of an anatomical committee in the association is to search for, record and report variations from normal anatomy.

I have had the dissection of about thirty cadavers under observation during the past year, and have noticed a few anomalies in bones, muscles, nerves, arteries, and viscera.

The following perhaps are worthy of record :

On one skull the styloid processes were two and a half inches long. Osseous throughout.

One calvarium contained a round wormian bone, three-fourths of an inch in diameter, in the situation of the anterior fontanel.

In another the whole of the occipital bone above the superior curved lines consisted of two large wormian bones. The existence of wormian

bones in the lambdoid suture, and also in the coronal and sagittal sutures was frequently met with.

In two instances there was a short spine grown from the lower part of the internal surface of the humerus.

One large-framed man had but eleven ribs on a side; another had thirteen. The former having six lumbar vertebræ, the latter but four.

The sternal foramen existed in three cases, always situated near the lower end of the gladiolus.

In eight (male) subjects the sacrum consisted of six agglutinated bones, and the coccyx of three.

In three subjects the biceps flexor cubiti had three heads; the third head arising from near the insertion of the coraco-brachialis muscle and passing, once into the bicipital fascia, and twice into the tendon of insertion of the biceps. The artery, veins, and nerves, which hug the inner margin of the biceps, in this situation passed *over* the third head.

The rectus sternalis existed in two subjects.

The psoas parvus appeared single twice; double, three times.

In one cadaver the clavicular attachment of the trapezius was so extensive that, instead of there being the usual interval between the trapezius and sterno-cleido-mastoid muscles, the trapezius was inserted into nearly the whole length of the clavicle, passing behind the mastoideus.

A curious muscular anomaly, mentioned by Cruveilhier, existed in four subjects. It is a small muscular slip which sometimes connects the tendinous raphe between the mylo-hyoid muscles and the tendon connecting the digastric bellies. In one instance the slip was as large as the anterior belly of the digastric muscle. I have never seen it on both sides of a subject; but once, a thickened portion of the mylo-hyoid seemed to be a rudiment of the anomalous muscle.

Six times the sciatic nerve (great) was divided high, twice by the pelvis, the pyriformis muscle passing between the divisions at their exit from the pelvis by the great sacro-sciatic foramen.

The brachial plexus often differs in its construction from the ordinary description given of it, but I shall not tax your patience with a description of the anomaly, as the subject is now being investigated in an eastern dissecting room and will be presented in print in due time.

Arterial variations are of such frequent occurrence that it would be an anomaly to find a system of arteries corresponding in *all* particulars to the orthodox description of them as laid down in the common textbooks. Of course the *main* trunks seldom wander from their usual places—the variations occurring usually in the smaller branches.

I will mention but two of the irregularities noticed :

The brachial artery was divided in three subjects just below the head

of the humerus instead of at its usual place, the bend of the elbow. In only one of the cases was the high division on *both* sides.

Once the vertebral artery on the left side took its origin from the thyroid axis instead of from the subclavian.

I have noticed but two visceral anomalies worthy of mention :

In two subjects the foramen ovale, which always exists between the auricles of the foetal heart and which is commonly closed by the tenth day after birth, was still a foramen.

In another cadaver—a woman—there appeared the rare anomaly of a double ureter. There were two kidneys of normal size and in the customary position. But, joining the left kidney to the bladder were *two* ureters. One was of ordinary size and expanded at the hilum into a pelvis in the usual manner. But the second one was a large sacculated tube, averaging three-fourths of an inch in diameter, and passing from the upper end of the kidney where it formed a pelvis in which were three or four calices but having no communication with the other pelvis. It opened into the bladder near the entrance of the other ureter.

A CLINICAL LECTURE ON SPINAL DEVIATIONS.

BY ALBERT G. BEEBE, A. M., M. D., PROFESSOR OF DERMIC AND
ORTHOPÆDIC SURGERY IN HAHNEMANN MEDICAL
COLLEGE AND HOSPITAL, CHICAGO.

The group of diseases included under this term are so frequent in their occurrence, so deplorable in their results, so obvious (in most cases,) in their etiology and diagnosis, and so amenable to appropriate and timely preventive and curative treatment, that the orthopædic surgeon has every incentive for a thorough understanding of this branch of his subject, at least.

It is however safe to assert that a great deal more scientific study and mechanical skill might be profitably expended in this direction.

The varieties of spinal curvature may be classified as : 1. Anterior. 2. Posterior. 3. Lateral. 4. Pott's Disease or Angular Curvature.

ANTERIOR CURVATURE

(Lordosis,) is probably less frequently met with than any of the other varieties and when found is generally produced by rachitis. It consists simply of an exaggeration of the normal lumbar curve and produces a compensating exaggeration of the dorsal curve. It is, in short, the deformity which fashionable ladies have, for a few years past, been striving so hard to imitate by one means or another.

The *imitation* is however the result of softness of the *brain* and not of the *bones*.

POSTERIOR CURVATURE

(Excurvation, Cyphosis, or Gibbous,) is not to be confused with caries or Pott's disease. This distinction, which is important, is not always made even by surgical writers.

Posterior curvature, like the anterior or lateral varieties, is not due to destructive disease of the vertebræ, but to other causes which we will presently consider. We have one form of posterior curvature which affects the entire spine producing a uniform arc extending from the occiput to the sacrum, and to this form it seems to me proper to restrict the term *Gibbous* or *Gibbosity*. The other variety is restricted to a portion of the spine, (usually the dorsal,) producing, perhaps, compensating curves above and below, and to this variety I would apply the term *Cyphosis*. This distinction between these terms has not, I believe, been made by surgeons, but it seems desirable that instead of being synonymous or interchangeable each should possess a distinctive significance.

LATERAL CURVATURE

(Scholiosis) may affect a part or the whole of the spine. There may be but a single curve or there may be several. Usually in well-developed cases there are at least two, one of which is primary and the other secondary or compensating. Before entering more fully into the description of each variety let us consider the philosophy of the origin of these deformities.

In the earliest months of infancy the spine is a pretty uniform curve from the occiput to the sacrum, with the concavity directed forward. The muscular supports are, of course, insufficient to maintain it in the erect position. If, therefore, the child be kept too much in an upright position before the muscles and ligaments are sufficiently developed, the inevitable result will be to increase this normal curve, producing the variety of deviation which we propose to call gibbous. This is accomplished, in part, by stretching out the posterior vertebral ligaments and, in part, by flattening of the anterior border of the intervertebral discs and (in the more advanced stages of the disease,) of the bodies of the vertebræ themselves. We have a good example of this deformity in

CASE I.

This little girl, about two years and three months of age, was recently brought to the dispensary by her mother who states that she has always been very robust and healthy until within the last three weeks. She now has but little appetite, is very fretful, and cries when held upright. Her face is cachectic in appearance and bears the indications of suffering. About two weeks ago the mother first noticed that the back was "humped out" a good deal, and comes now to know "what the matter is." Upon examining the back as the child is made to sit upright we have a perfect picture of the deformity we are discussing. There is no

lump or prominence at any point, no evidence of localized tenderness on pressure; nothing in the history of the case to account for the trouble except that the mother, thinking the child was old and strong enough to bear it, has kept her sitting up most of the time, either alone or trotting upon her knee, until the spinal muscles becoming wearied have let the weight down upon the ligaments, these having been too long put upon the stretch have been lengthened, and, as you observe by the difficulty of straightening the spine, the cartilaginous discs are becoming affected. If this were allowed to proceed the disease would soon become firmly established, the general health and nutrition would be seriously impaired and the result would be death or a permanent deformity. This, then, is the usual form of curvature coming on before the child has commenced walking. As soon as he commences standing upon the feet the conformation of the spine undergoes a change.

The pelvis is now tilted forward so as to bring the base of the spinal column over the hip joints. This of course directs the sacrum well forward and the spine springing from its surface is deflected forward also. In order to counterbalance this disturbance of the equilibrium, the spine then curves back, crosses the perpendicular line representing the centre of gravity and after describing a rather long curve recrosses the line and finishes by a short curve corresponding to the first. Thus we have established the *normal curvatures* of the spine, consisting of the lumbar, the dorsal, and the cervical. The maintainance of these curves depends, therefore, upon: 1. The position of the pelvis. 2. The form and firmness of the vertebræ and (3.) of the inter-vertebral cartilages. 4. The integrity of the ligaments. 5. The vigor and (6.) the proper antagonism of the muscles. Any influence deranging any of these factors will correspondingly derange the product, i. e., the symmetry of the spine. These influences may be classified as *predisposing* and *exciting*. The former class would, of course, include all which tend to impair the vigor or healthy functions of the system, such as rachitis, scrofulosis, general or local paralysis, or atony of muscles or ligaments. Among exciting causes may be mentioned long continuance of faulty positions, injuries affecting the symmetry or balance of the body or the action of certain muscles, etc. If we consider these influences a little more in detail, as effecting each of the factors just mentioned, it will readily be seen that the position of the pelvis would be affected by rachitis, by allowing the weight of the body to force the abnormally flexible bones of the pelvis together, i. e., to carry the sacrum downward and forward toward the pubis thus increasing its obliquity and producing anterior curvature, or *lordosis*. The same increase of obliquity may result from dislocation of the heads of both femurs upon the dorsum of the ilium, which is sometimes met with as a congenital deformity. The pelvis may be tilted laterally, thus producing lateral curvature of the lumbar spine, by inequality in the length or nobility of the lower extremities, whether from disease or deformity of the feet, ankles, knees or hip joints, or from amputations. The same result may arise from merely standing too constantly on one foot. The texture and form of the vertebræ, or inter-vertebral cartilages, or both, are, of

course, impaired by the inflammation and suppuration of Pott's disease. The firmness of these bodies may also be diminished by rachitis, and their form may be modified, especially if so diseased, or, during the earlier years of life, even if perfectly healthy, by a long continuance in a particular position.

The integrity of the ligaments may be impaired by general debility, or mal-nutrition, or by being subjected to too severe or too long-continued tension. The same causes will of course affect the vigor of the muscles in general, and in addition they may be affected by paralysis. The proper antagonism of muscles would be lost by paralysis or injury of a group of muscles upon one side only, or by the loss of the use of a limb, thus rendering the muscles upon the opposite side more powerful and deranging the position of the spine correspondingly.

By carefully considering these causes we shall be able to readily understand the etiology of any case which may present itself, as well as the changes which take place in the course of the disease. For example, a lateral curve occurring in the lumbar region a compensating curve will be pretty certainly produced in the dorsal region (upon the other side), in the same way and for the same reason that the *normal dorsal* curve is produced as a result of the *normal lumbar* curve. In primary dorsal curvatures the tendency is to the production of a secondary one in the lumbar region, although to a less degree, because the resistance is greater. In severe cases the cervical spine is also affected, to a certain extent in the same manner.

In dosal scoliosis, especially in the young and rachitic subjects, another element is also to be considered. It is to be borne in mind that the posterior extremities of the ribs are directed considerably forward to articulate with the transverse processes and the posterior aspect of the bodies of the vertebræ. The weight and, therefore, the displacing force is exerted mainly upon the bodies of the vertebræ, while their resistance to displacement is exerted more upon the processes. It follows, therefore that while the bodies are carried laterally out of their normal position, the spinous processes are comparatively stationary, thus rotating the spine upon its axis and as a consequence the ribs upon the side toward which the displacement occurs are bent more sharply upon themselves and thrust backward while those upon the opposite side are rather straightened and drawn forward.

This is well illustrated by this plaster cast recently taken from a case in private practice. A rachitic little girl of three years.

The rachitis was so marked in this case that the child had at one time produced a "willow-stick" fracture of the forearm, and at another, of the leg, by simply falling while running across the floor.

If we were to estimate the amount of lateral deviation in such a case by the displacement of the spinous processes we should be greatly misled.

When the ribs have become well ossified they offer a much greater resistance and hence the deformity does not become so severe.

An increase of the antero-posterior diameter of the chest is produced by posterior dorsal curvature, but as this is so much more marked in

Pott's disease we will proceed to the consideration of this form of deviation, which is an essentially different disease from those we have been discussing.

The appellation,

POTT'S DISEASE,

is, perhaps, as little objectionable as any which has been applied to this affection. Caries of the spine is also a good designation and has the advantage of being descriptive. "Posterior curvature" is more properly applied to cyphosis and gibbous. "Angular curvature" besides being a rather contradictory expression, (an *angular curve* would indeed be a geometrical anomaly,) is hardly a proper designation, since the deviation is, in many cases, not more angular than in cyphosis, while "vertical curvature" seems to have no means of self-defense. Let us therefore call the destructive disease (or caries) of the vertebræ and the resulting deformity, "Pott's Disease," in honor of the surgeon who first gave it a place in our pathology.

This disease originates in inflammation of the bodies of the vertebræ. (one or more) or, sometimes, primarily, of the inter-vertebral cartilages, from them extending to the bones. This inflammation may be traumatic or scrofulous. A blow or fall may chip off a portion of a vertebra or may produce sufficient contusion to set up osteitis. This is liable to occur at any period of life, however advanced. Tubercular deposits were, until within a few years, supposed by surgeons to be the chief cause of the destructive process. More recently, however, this has come to be considered rather the exception than the rule and traumatic influences have been brought to the front, as in diseases of other bones and joints.

Without stopping to discuss this question, let us suppose that inflammation has arisen in the cancellous structure of the body of a vertebra, this going on to suppuration and destruction of the osseous tissue allows the body of the bone to crush down under the superincumbent weight while the articular processes remain comparatively intact. It is evident the result will be to double the spine upon itself at this point and thrust the spinous processes of the diseased bones backward. Whether this projection shall be an angle or a curve will depend largely upon the extent of the disease. If but one vertebra is affected, the deviation will be decidedly angular; if several, a more or less gradual curve will be described. The pus thus generated, after burrowing among the dorsal muscles, may make its exit upon the back, in which case it produces a "lumbar abscess," or, if the disease is located near the origin of the psoas muscles, the fluid may follow the sheath of one or both of these down into the pelvis to a point in the groin, or, still lower, upon the inner aspect of the thigh, in which case it is termed a "psoas abscess." It is not to be supposed, however, that all psoas abscesses have a spinal origin.

Again, if the disease is located in the dorsal region — as it most frequently is — the ribs are necessarily affected. The crushing together of the vertebræ brings the spinal ends of the ribs nearer together, and

more nearly on a level with the sternal ends, thus, by rendering the ribs more horizontal increases the antero-posterior diameter of the thorax. This is still further increased by the bowing out of the spine backward, which, in some cases, draws out the ribs in this direction to such a degree as to lessen the transverse diameter of the chest, as is well illustrated in some of the cases before us.

[TO BE CONTINUED.]

Society Proceedings.

AMERICAN INSTITUTE OF HOMŒOPATHY.

[Report continued from page 185.]

A SUCCESSFUL CÆSARIAN OPERATION.

Dr. S. S. Lungren, of Toledo, narrated an interesting case of cæsarian operation performed by him a few weeks ago, which was entirely successful in saving the lives of both mother and child. The mother is now so nearly recovered that she is about the house doing her own work. The pelvis was $2\frac{1}{2} \times 2\frac{1}{4}$ inches in diameter at the upper strait. After making the proper incisions and removing the child, he carefully mopped out all the blood in the abdominal contents, then he put *five silver sutures in the uterine walls* which effectually closed the wound therein. This he believed had never been done before. [Applause.]

One thing which he regarded as contributing greatly to his success was the use of silver sutures to close the wound. Another was carefully cleansing the abdomen and operating early in the labor. He gave just enough *Chloroform* to perform the operation, and gave nothing to quiet after she was put to bed. He had relied solely on Homœopathic remedies in treating the case. [Cheers.] He was satisfied that *Chloroform* interferes with the action of our remedies, as its benumbing effects must do.

This was looked upon as a grand triumph to our cause and was the most interesting case presented.

Dr. Burgher then read his report which went over the ground very thoroughly, giving all the deviations, causes, and the treatment demanded.

With this report this bureau was declared closed.

Dr. Burgher was elected chairman. The following named persons he subsequently announced would constitute the Bureau of Gynæcology of the American Institute of Homœopathy, to report in 1877 :

J. C. Burgher, M. D., of Pittsburgh, Pa., Chairman; S. R. Beckwith, M. D. of Cincinnati; S. S. Lungren, M. D., of Toledo, Ohio; W. H. Hunt, M. D., of Covington, Ky.; C. Ormes, M. D., of Jamestown, N. Y.; W. A. Edmonds, M. D., of Memphis, Tenn.; Isaac W. Sawin, M. D., of Providence, R. I.; O. H. Mann, M. D., of Evanston, Ill.; J. H. Woodbury, M. D., of Boston, Mass.; R. Ludlam, M. D., of Chicago.

A resolution was offered by the bureau of gynæcology to the effect that all communications and papers designed for reading should be sent to the chairman sixty days before the time of meeting. The bureau should then select such papers as were suitable for reading. The resolution was amended so as to make it general in its application, and to extend the time to ninety days. After considerable discussion the subject was referred to the bureau of Organization, Registration, and Statistics.

ELECTION OF OFFICERS.

The hour set apart for the election of officers having arrived the Institute proceeded with the election.

On motion of Dr. Beckwith a recess of ten minutes was taken to allow the new members to pay their dues.

All was commotion and bustle. The friends of candidates were busy canvassing for votes, and the anxious inquiry was: Who will be president, an Eastern or a Western man?

On calling to order, nominations were declared in order.

Dr. Von Gottschalk nominated Carroll Dunham, M. D., of New York. [Loud applause by his friends.]

Dr. Thayer nominated S. R. Beckwith, M. D., of Cincinnati. [Louder applause by his supporters.]

E. C. Franklin, M. D., of St. Louis, was also nominated. [More applause.]

Dr. Beckwith was evidently the rising man, but to the astonishment of all he arose and withdrew his name in favor of Dr. Dunham. He thought that from the labors in behalf of the World's Convention, Dr. Dunham was the man above all others who should preside next year at Philadelphia.

Dr. Franklin was not to be outdone in magnanimity and he also withdrew his name.

CARROLL DUNHAM, M. D., was then unanimously elected PRESIDENT of the Institute.

Dr. Dunham was called on for a speech and gratefully acknowledged the compliment paid him. He had worked to make the coming convention a success, but he begged them to understand that it was more than one man could do. He urged that all those present, as well as those absent, should do all in their power to make the World's Homœopathic Convention a grand success. He called upon all the profession everywhere to co-operate. [Applause.]

For Vice-President, Drs. Franklin, Buck, Pomeroy, and Smith of Chicago, were nominated. Dr. Smith withdrew his name. The vote

was then taken and stood : Franklin, 90 ; Pomeroy, 17 ; Buck, 5.

The vote was made unanimous, and E. C. FRANKLIN, M. D., of St. Louis, was declared VICE-PRESIDENT.

Dr. Franklin acknowledged the compliment in a neat speech in which he said he would labor for the success of the next meeting with the same enthusiasm with which he had always labored.

For Secretary, Drs. R. J. McClatchey, T. C. Duncan, and H. M. Paine, were nominated.

Drs. Paine and Duncan withdrew their names, considering it necessary for the next meeting that the secretary should be on the ground.

On ballot R. J. McCLATCHEY, M. D., of Philadelphia, was declared elected GENERAL SECRETARY.

When called on for a speech Dr. McClatchey said he had nothing to say.

For Provisional Secretary, Drs. T. C. Duncan and Bushrod W. James were placed in nomination. The vote stood, for Dr. Duncan, 50 ; for Dr. James, 42.

T. C. DUNCAN, M. D., of Chicago, was unanimously declared PROVISIONAL SECRETARY.

Dr. Duncan, in response to the call for a speech, acknowledged the compliment. The office being chiefly honorary he accepted it as a compliment to the West, and to the readers of the journal he had the honor to represent. He promised to lend his influence to secure a very large delegation, not only from the West but from all over the country, to the next meeting. He would do all in his power to make the World's Homœopathic Convention a grand success. [Applause.]

For Treasurer, Drs. E. M. Kellogg and N. R. Morse were nominated. The vote being taken, E. M. KELLOGG, M. D., of New York, was declared elected TREASURER.

Dr. Kellogg said that this was the first time for several years that a man could be found to run against him. In view of the importance of the next meeting he would accept. [Laughter.]

BOARD OF CENSORS — F. R. McManus, M. D., of Baltimore, Md. ; N. R. Morse, M. D., of Salem, Mass. ; A. E. Small, M. D., of Chicago ; A. R. Thomas, M. D., of Philadelphia ; T. F. Pomeroy, M. D., of Detroit, Mich., were elected out of about ten names.

The Institute then took a recess of an hour. After reassembling came the report of

THE BUREAU OF OPHTHAMOLOGY, OTOLOGY, ETC.

This was the favorite bureau at this session, its reports being the most interesting and the most practical. Dr. Woodyatt, who had his eye upon all that was going on and his ear open to all that was said, has kindly given us an elaborate delineation. Read it carefully for it is full of practical points.

W. H. Woodyatt, M. D., of Chicago, was elected chairman of this bureau, to report in 1877. He announced as his associates : H. C. Houghton, M. D., of New York ; T. P. Wilson, M. D., of Cincinnati ; C. T. Liebold, M. D., of New York ; W. L. Breyfogle, M. D., of Louis-

ville, Ky.; H. C. Angell, M. D., of Boston; J. Phillips, M. D., of Cleveland, Ohio.

THE BUREAU OF OPHTHALMOLOGY, OTOLOGY AND LARYNGOLOGY.

Henry C. Houghton, M. D., of New York, Chairman; T. P. Wilson, M. D., of Cincinnati; C. T. Liebold, M. D., of New York; W. H. Woodyatt, M. D., of Chicago; H. C. Angell, M. D., of Boston; W. L. Breyfogle, M. D., of Louisville, Ky.; Geo. S. Norton, M. D., of New York.

There were present, Drs. Houghton, Wilson, and Woodyatt.

The following papers were presented: Retinitis Brightii, by Dr. Geo. S. Norton. Optic Neuritis, by Dr. W. H. Woodyatt. Acute Suppurative Inflammation of the Middle Ear, by Dr. T. P. Wilson. Chronic Suppurative Inflammation of the Middle Ear, by Dr. W. L. Breyfogle. Consequences of Chronic Suppurative Inflammation of the Middle Ear, by Dr. W. H. Woodyatt. Annual Review, by Dr. H. C. Houghton.

It was the pleasant duty of the chairman to announce that papers had been received on each of the subjects assigned to the different members, and they were so decidedly practical in their character that he could bespeak for them a careful hearing. It was the desire of the bureau to bring forward subjects not of interest alone or exclusively to those engaged in these special departments, but such as were of general interest and importance; those which claimed the attention of both general practitioner and specialist necessarily, and a study of which would be mutually profitable. Another point which was impressed upon the bureau was, to avoid the general drift of argument followed by our text-books, which are accessible to all, and to present the anomalous or unusual phases of the diseases under consideration, together with their essential features, giving the Institute the benefit of the experience and practice of its different representatives. Although such a course might seem at first sight to be the only one that would suggest itself, one could be convinced of the contrary by listening to some of the papers offered at our last meeting.

The object of these annual national gatherings certainly ought not to be to listen to the elementary truths, such as are laid down with clearness and conciseness in our school text-books, and without the least desire to make invidious distinctions there has been need for improvement apparent in certain directions, and to avoid a similar error in this bureau the point was discussed and presented as stated.

The first paper offered was on

RETINITIS BRIGHTII.

In it the subject was studied carefully and at length. The different ways in which it appears were given; the condition of the urine accompanying it, and its relation to the heart and brain, also, the various changes in the retina, their causes and consequences and the

value of the ophthalmoscopic picture in prognosing the future state of vision. The treatment was taken up at the close. The paper was too long to be read in full and only a synopsis was given. A short paper on

INFLAMMATION AND ATROPHY OF THE OPTIC NERVE

followed. Its object was not to add anything especially new on the subject, but to direct attention to certain questions in connection with it which could only be settled by the joint efforts of physicians and ophthalmic surgeons. One of these was whether congestion, inflammation, and atrophy of the optic nerve not arising from extra orbital causes always indicates lesion of the cerebro-spinal cavity. Many careful investigators say that they do, but admit that more evidence is necessary. The settlement of the question demands a co-operation between the specialist and the general practitioner. Whenever a case of meningitis occurs, the possibility of a future affection of the optic nerve must be borne in mind by the doctor treating it, and stated to the patient. Years may elapse between the first indications of brain trouble and the affection of the sight, so that the occurrence of the first may have been forgotten beyond recall unless the possible danger of future trouble in the eye had been impressed upon the patient's mind. On the other hand, the ophthalmic surgeon who is called upon to treat either of the affections named, should remind his patient that there is a possibility of a brain trouble showing itself at a later period. It might be actually present at the time but could only be discovered by a negative course of reasoning, if indeed it could be at all. With such positive evidence coming from either party the other in making the necessary post-mortem examination would have reliable data on which to base his conclusions. Until this is done, many questions of vital importance must remain in a state of uncertainty and doubt.

Another point of the paper was to show the necessity for discriminating between engorged or congested disk and true inflammation. The conditions are distinct and have an individual significance. The confusion that has heretofore existed in the contributions on this subject, has retarded the labors of those who are seeking to interpret the condition of the brain by the signs which are visible to the ophthalmoscope.

A PRACTICAL FACT.

A paper on the use of burnt alum as a remedy for granulated lids, with cases illustrating its action, was then presented. It is a remedy of value, and to be especially noted as another agent to be used in combatting that prevalent disease, which presents so many different phases and is accompanied by such a variety of constitutional symptoms.

ACUTE INFLAMMATION OF THE MIDDLE EAR

was the next subject introduced and treated of in a way that held the attention of the meeting closely.

The minds of those present were freshened on the anatomy of the ear; the division into external, middle, and internal, made plain; and then the size, location and surroundings of the middle ear were given,

so that a clear and accurate idea of the condition spoken of might possess the minds of all.

The importance of the subject and the generally expressed desire for a clearer insight into this oft-appearing disease made the remarks especially interesting, indeed, it aroused an interest at this stage in the reports of the bureau that lasted to the last moment of the sectional meeting. Though memory may not prove recreant in recalling the other subjects presented, with all their valuable additions to our store of knowledge, it certainly will respond readily to what was said on this subject and the one which followed immediately after, as it naturally should, i. e.

CHRONIC INFLAMMATION OF THE MIDDLE EAR AND ITS CONSEQUENCES.

On Wednesday evening a voluntary paper was presented to the bureau of clinical medicine, in which an imploring appeal was made to disseminate any knowledge we might possess, by the application of which, the foul discharges and accompanying deafness following measles, scarlatina, and the like, might be removed. The bureau hardly supposed so dire a want was felt, in any quarter, when they selected the above named subjects, but were much gratified to find their papers responding so aptly to so piteous a cry for help. The essayist did not fail, in describing acute inflammation of the middle ear, to explain clearly how and why it so frequently occurred in connection with the above diseases. The symptoms from incipency to a full-blown case were given; nothing was forgotten, from the first sensation of fullness or stoppage of the ears with the first twinge of pain to the climax of the disease, when the external canal is swollen and moist, the drum head thick with infiltration and reddened throughout; the pain intense located in the ear and around that side of the head; aggravated toward night and by every movement of the jaw; the pulse quickened; face and hands hot, with possibly a slight coated tongue. It was shown how this suffering was induced by pressure from an over-loaded tympanic cavity upon the bony walls and upon the drum head; and why relief should come from ulceration of this fibrous wall, allowing the pent up matter to find its way into the external canal. Here was the beginning and partial progress of the *bete noir* of the Institute's appellant.

Leaving a further description of the disease to his successor, the treatment was taken up and the value of *Aconite* internally and externally, in the early stages, dwelt upon. If the mucous membrane was much swollen, drum head bright red and intact, pain intense and worse at night, *Hepar* and *Merc. sol.* were to be brought to the rescue. Locally, heat was regarded as the great adjuvant and best applied as hot water by means of a sponge or douche.

Atropine, two to four grains to the ounce of hot water, was also highly spoken of. If the drum head protruded at some one point, or even if not, when the pain was severe and evidently prolonged and intensified by the resistance of this membrane, it was recommended to incise it

with a needle, made for the purpose of making a clean cut of two or three lines and letting the collected matter out; afterward, to blow out still more by the use of Eustachian catheter or other instrument for inflating the middle ear. The advantages of the cut were dwelt upon. It was explained how much more readily it healed than did the opening produced by the ulcerative process; how it might have to be repeated twice or thrice in the same case, and with impunity so long as it was done under a clear inspection of the parts. The knife was not to be thrust in blindly, but carefully introduced and directed to the desired spot, clearly illuminated by the ear mirror. The evils of poulticing were spoken of. This common practice is responsible for scores of ears impaired beyond remedy. The advantage of the poultice, the heat, can be secured by the use of water, without softening and necrosing the drum head and causing extensive perforation.

[TO BE CONTINUED.]

Medical News.

Died.—At Mount Carroll, Ill., Wednesday evening, August 4, 1875, of gastritis, accompanied with cerebro-spinal congestion, Achsa S., wife of Dr. E. M. McAfee. Aged forty years.

Dr. E. C Smedley, of West Chester, Pa., we are sorry to learn, is having very poor health. Dr. J. H. Way, from Nebraska City, Neb., is assisting him to recuperate. Dr. A. C. Cowperthwait is Dr. Way's successor in Nebraska City.

Dr. J. A. Vincent says, in reply to the strictures on his specific, that he only resorted to it after failing with everything else; that if we give our ague patients *Quinine* they will go off to the Allopaths.

[Will not the indicated remedy cure intermittent fever? Is not *Cinchona* Homœopathic to some cases of this disease? Hahnemann thought so. Teach the people properly and they will not "fly the track." It is the diseased condition, that gives rise to the "chills," that we aim at.]

Society Announcements.

The Homœopathic Medical Society of the State of New York will hold its Semi-Annual Meeting in New York City, Tuesday and Wednesday, the 21st and 22d of September, at the Ophthalmic Hospital, corner Third avenue and Twenty-third street.

This year being the semi-centennial anniversary of the introduction of Homœopathy in this country, the County Homœopathic Medical Societies of New York and Kings, propose an appropriate celebration of the event during the meeting of the State Society, to which a cordial invitation is extended. A. W. HOLDEN, President.

FRANK L. VINCENT, Recording Secretary.

The Chicago Academy of Homœopathic Physicians and Surgeons meets Thursday evening (Sept. 2d and 16th,) in the Tremont House.

The Western Academy of Homœopathy will meet at Davenport, Iowa, the first Tuesday in October, (October 5th,) 1875.

Members of Bureaus are requested to have papers prepared for presentation; also, to notify the chairman of their bureau of the subject of their article—this is to be done as early as possible.

Chairmen of Bureaus are expected to give their personal attention to papers relating to their bureaus, which may be referred to them.

Members unable to attend should send papers to chairman of bureau to which their article relates. Members not on bureaus may send articles to the general secretary, with title or subject of papers.

An applicant for membership should address: the general secretary, giving full name and address, time and place of graduation, and be endorsed by three members of the Academy having a personal acquaintance with him.

Applications should be sent to the general secretary not later than the 25th of September.

Papers and other documents sent to the general secretary will receive proper attention. Any other information regarding the Academy may be obtained by addressing J. Martine Kershaw, M. D., General Secretary, Fourteenth and Olive streets, St. Louis, Mo.

Publications Received.

Pulte Medical College Announcement for session of 1875-6.

Womens' Hospital Medical College, Chicago. Sixth Announcement.

Homœopathic Dispensary of Providence, R. I. First Annual Report.

Transactions of the Illinois State Dental Society, held at Ottawa, May, 1875.

Maison Saint-Jacques Hospital Homœopathique de Paris. Per kindness of Prof. R. Ludam.

New York Homœopathic Medical College. Sixteenth Annual Announcement for session of 1875-6.

Homœopathic Hospital College, Cleveland, Ohio. Twenty-sixth Annual Announcement for session of 1875-6.

The Mysteries of the Head and Heart Explained, by J. Stanley Grimes. Chicago: W. B. Keen, Cooke & Co.

Homœopathic Medical College of Missouri. Seventeenth Annual Announcement and Catalogue of session of 1875-6.

Hospital College of Medicine—Medical Department Central University—Louisville, Ky. Second Annual Announcement.

Hahnemann Medical College and Hospital, Chicago. Sixteenth Annual Announcement and Catalogue for the session of 1875-6.

College of Physicians and Surgeons, New York—Medical Department of Columbia College—Sixty-eighth Annual Catalogue and Announcement.

The Extension Windlass. Presented to the American Medical Association, May, 1875. By Chas. Denison, M. D., Denver, Col. Reprint from May number of the *New York Medical Journal*.

ACCIDENTS EMERGENCIES AND POISONS. Distributed to its policy holders by the Mutual Life Insurance Company of New York. This is a neatly printed pamphlet of 126 pages. The directions are clear and practical. Under the directions for the use of different lotions we notice under *Tincture of arnica*: "It has no more 'healing' properties when applied to wounds and bruises than *Laudanum*, and is, in fact, not so soothing." It is Homœopathic to bruises, my dear friend.

THE
UNITED STATES
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

New Series, VOL. II., No. 6. — SEPTEMBER 15, 1875. — Whole No. 150.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

DELEVAN, Wis.—Several severe cases of diphtheria with fatal termination.
C. T. HARRIS.

INDIA.—Cholera has been moving toward Europe but it is thought to have subsided.

FLORIDA.—Yellow fever is still reported among the marines and soldiers at the forts.

CHICAGO.—Dr. Hedges reports some very severe cases of scarlet fever in his section of the city (North Side). *Bell.*, *Rhus.*, and *Merc.*, were the chief remedies. Dr. Woodward says that he still finds *Amm. mur.* to be very frequently indicated. Cholera infantum chiefly calls for *Verat.*
D.

WATSEKA, Ill., Aug. 26.—Have had considerable sickness of a malarial origin. Some cholera infantum; *Pod.* controls most of the cases, some few, *Cham.* Some dysentery of a bilious character; *Nux. Colo.*, and *Pod.* Am very much pleased with THE UNITED STATES MEDICAL INVESTIGATOR.
C. R. BRISTOL.

FREDERICKSBURG, Ia., Sept. 3.—I am quite busy now with diarrhœa, dysentery, and bilious fever. Diarrhœa has so far yielded readily to *Ars*, *Ipecac*, and *Phos. acid*. Dysentery to *Ars.*, *Veratrum alb.*, *Colo.*, and *Merc. cor*. In bilious fevers I have succeeded well, by giving *Gels.* six doses half hour apart, followed with *Bry.*, and *Nux. v.* or *Ars.*, one to two hours apart.

M. E. ARKILLS.

CEDAR FALLS, IOWA, Aug. 17.—We are having cool, pleasant weather, and, as a result of cold nights and unripe fruits, considerable diarrhœa and cholera infantum among the "little ones," and some few cases of dysentery of adults. *Verat. alb.* 1x, or *Ars.* 3x for the cholera infantum; *Cobyc.* 2x, and *Nux* 3x, for the majority of the cases of diarrhœa and dysentery, are generally all that is required.

J. S. BELL.

LEAVENWORTH, Kan., Sept. 3.—Dysentery is prevailing here now and the usual summer gastro-enteritis of infants. There has been a few deaths among babies who were being raised on the bottle. In these cases "Borden's Concentrated Milk" often does admirably—thanks to the fact that in this manufacture only the purest article can be used, with great care and skill in the process.

W. F. MORGAN.

TROY, Pa., Aug. 16.—This season, so far, there has not been as much "summer complaint" as usual. The weather has been cool and wet for four or five weeks past. During the last week had a few severe but short cases that yielded to the *Tincture of aconite*, one drop in a tea-cup of water. two or three doses at intervals of 10, 20, 40, and 60 minutes, each dose relieving the pain and vomiting. I have used other medicines in a few cases, but the *Acon.* cured the quickest. I generally double the interval between each dose.

S. W. S.

GLENWOOD, Minn., Aug. 26.—But little sickness during the five months past. Summer cool, calm, and pleasant, with but very few showers and those were accompanied with more or less hail. Scarlet fever is the prevailing disease. Last winter was one of unusual severity; scarlatina maligna was the prevailing disease then; remedies used, *Acon.*, *Bell.*, *Muriatic acid*, and *Sulphuric acid*. The summer epidemic is controlled almost entirely with *Bell.* 200. I am more than pleased with THE UNITED STATES MEDICAL INVESTIGATOR as a semi-monthly, each number helps me out of some perplexing muddle. Would that the Clinical Observations were more extensive.

J. G. WHITTEMORE.

SAN FRANCISCO, Cal., Aug. 11.—As I predicted in the July 1st number of THE UNITED STATES MEDICAL INVESTIGATOR, we had a run of dysenteric diarrhœa, but that is about a thing of the past, at least so far as its epidemic character is concerned; *Merc.*, *Ferrum*, *China*, and *Dios.*, were most used. A few nights ago had a case closely resembling cholera, except the stool—violent vomiting of rice-water, cramps, coldness, etc. *Cuprum met.*, 6th centesimal trit., relieved in a very few minutes. Patient had never before tried Homeopathy and was delighted with it; thought she should have died if she had been obliged to send for her family doctor and waited so long before a prescription

could be put up. Her husband was equally delighted, and put in my hand, as I went out, a coin of more value than the amount of my ordinary fee. Business good, but no epidemic so far as I know.

G. M. PEASE.

TOLEDO, Sept. 4.—The September number of THE UNITED STATES MEDICAL INVESTIGATOR, under the head of "Proceedings of the American Institute," you do not report my paper quite correctly. I said "the largest antero-posterior diameter of the superior strait was from two and a quarter ($2\frac{1}{4}$) to two and a half ($2\frac{1}{2}$) inches," and not $2\frac{1}{4} \times 2\frac{1}{2}$ inches. "Abdominal cavity," and not, "abdominal contents." I said, "I am satisfied that other remedies do not act in the presence of *Morphine*, (not *Chloroform*,) and did not allow the patient the former drug to quiet pain," etc. Will you be kind enough to make the above corrections. I will add that at this date, both mother and child are in full health.

S. S. LUNGREN.

SYRACUSE, N. Y., Sept. 6.—I have not used *Amm. mur.* much this year, but it has some reputation as an epizootic remedy. The epizootic is again prevalent in Syracuse and vicinity. Small-pox has made its appearance again. Dr. Hoyt, the city physician, will doubtless report to THE UNITED STATES MEDICAL INVESTIGATOR occasionally. He says Homœopathy cures four out of five cases, including paupers and all abandoned cases, while Allopathy loses one-half to one-third of paying patients. Still they will grumble like a dog with a sore head. We have less of diarrhœa and dysentery than usual. In dysentery I find *Nux vom.* 6 and 200 fulfills the conditions generally; if much discharge of blood and terrible colic and tenesmus, *Merc. cor.* 6 or 200. More anon.

H. V. MILLER.

PORTLAND, Me., Sept. 3.—Perhaps a word from this point may interest your readers. We had considerable sickness during August. The weather was generally cool and wet. The highest barometer was 30.39; lowest, 29.77. The monthly range of temperature was 36. Total rain fall 2.70 inches. Prevailing disease, cholera infantum, of which many cases under Allopathic treatment died. I found *Calc.*, especially *Calcis hypophos.*, indicated in many cases. *Bell.* and *Pod.* were of much service in infantile dysentery. I made a good cure of bowel difficulty following miscarriage; stools muco-gelatinous, preceded by undefined pain all over the abdomen, increasing after stool; tongue red and pointed. Indicated remedies were tried without much relief until I gave *Pod.* 3x, which restored the patients at once. I have tried Horlick's Food with much satisfaction, and believe it will help us out of many difficulties.

G. A. CLARK.

ALASKA.—The *Alaska Herald*, which is printed and published at San Francisco, gives some details of the frightful ravages of the black measles in Alaska. The particulars were obtained from Mr. L. Sheeran late collector of customs at Kodiak, Alaska, who says that the disease has not been previously known at Kodiak, but a few years ago was prevalent at Sitka, and also at Unga and Belkofsky. The number of

deaths the present season is as follows: At Kodiak, 46; Woody Island 50; Afognac, 50; Alloveria, 10; Eagle Harbor and Kolloduk, 10. At last advices, June, 16, the disease has disappeared at St. Paul, Eagle Island, and Afognac, but was still raging at Eagle Harbor. Yet to hear from, on the island of Kodiak, the villages of Kodiak, Iatalik, and Karluka, in all of which places the disease is known to have made its appearance. To the want of medical assistance and the ignorance of the people as to proper treatment is attributed to the extreme fatality of the disease. The natives paid little attention at first to the advice given them by the whites. After the consequences of imprudence and neglect had demonstrated the wisdom of their white friends, they became more prudent, and met the disease with better chances of successful resistance. At Eagle Harbor there were at one time six corpses in the church awaiting interment, with scarcely enough well persons (in a total population of 200) to perform the last offices. But few children died, and most of those who succumbed to the disease were persons previously more or less debilitated, a large proportion being females.

SAN ANTONIO, Texas, Aug. 20.—An occasional case of diarrhœa, dysentery, yielding to *Nux. Merc. cor.*, *Ars.*, and *Pod.*, with now and then a case of infantile diarrhœa, responding generally to *Cham.*, *Nux. Ipecac.* and *China*, are about all the "prevailing diseases" we are called upon to treat. A severe case of dysentery recently treated, responded to *Codeine*, 1st centesimal, after *Nux. Merc.*, *Ipecac.*, *China*, and *Ars.*, had failed, discharge becoming free from blood and patient obtaining relief from the pain attending stool in a few hours after the administration of the remedy. The 30th and 200th usually act well here, although we sometimes have to resort to the lower attenuations.

Our transient pulmonary practice is coming in upon us as fall approaches, and we have a number of cases of incipient tuberculosis under treatment. The usual remedies act quite as well as could be expected, and we have not yet been called upon to resort to *Cod liver oil* and whisky, used so extensively by our Allopathic friends here and by Homœopaths in the north.

Mercurius prot. 3, acts well in nasal catarrh, where there is a constant inclination to swallow. This symptom, Dr. Holcombe considers characteristic, and I have verified it in several instances.

I believe our climate is especially beneficial in chronic catarrh as well as in all forms of pulmonary disease. San Antonio (Western Texas) is becoming deservedly popular as a health resort for pulmonary invalids, and nearly every case coming here acknowledges the beneficial influences of our pure air and healthful climate. We are entirely free from malaria. Not a single instance of remittent and but one case of intermittent fever coming under my notice during a residence of six months in San Antonio, and this case of ague was contracted during a residence of the patient in the malarious districts in the eastern part of the state. The real fact of the case is that San Antonio is too distressingly healthy for any use.

C. E. FISHER.

CARBOLIC ACID IN VOMITING OF DRUNKARDS.

I was called up the other night to attend a man who had been "on a big drunk" for several days. Had been constantly vomiting for nine hours. After exhibiting the usual remedies and working with him an hour, I thought of *Carbolic acid*. I mixed one drop of the 3d potency of the remedy in half a glass of water, gave one teaspoonful, the vomiting ceased immediately and permanently.

MEMPHIS, Tenn., Aug. 9.

W. D. GENTRY.

IN THE FOG.

EDITOR UNITED STATES MEDICAL INVESTIGATOR: What in the world is the matter with C. Pearson? (see No. 1, Vol. II., New Series.) He seems to be laboring under a terrible aggravation of the mind, produced by reading the Clinical Observations in THE UNITED STATES MEDICAL INVESTIGATOR of May 15th.

Through some twist of the imagination, he can see *pure* Homœopathy only in the very highest fractional doses. Small doses and Homœopathy mean one and the same thing with him. Why don't the man tell us how to treat erysipelas, scarlatina, cholera infantum, croup, etc. Of course our efforts were lost, so far as Dr. Pearson and his patrons are concerned.

When Dr. Pearson can give us a better local application for erysipelas than "buckwheat flour," we are ready to accept it. Let him not find fault without a reason. Yours for progress, E. L. R.

MARSHALL, Mich., July 2.

ABOUT EUCALYPTUS CULTIVATION.

DEAR EDITOR: I am making some inquiry concerning the *Eucalyptus globulus*, and having learned through THE UNITED STATES MEDICAL INVESTIGATOR, sometime since, that you were cultivating one or more of them, I presume upon your kindness so far as to ask you to inform me how low a temperature you have known it to be exposed to, and of your opinion as to how low a temperature it will endure. It is one of the most common and the most thrifty of the ornamental trees of this city. I have one which averaged an inch a day in upward growth, for three months of last summer.

SAN DIEGO, Cal.

G. W. BARNES.

[I have a plant that was exposed to freezing point last winter without injury. Do not think it will stand much frost. Have sent seed to some of our physicians in the South, who will no doubt be able to report on its hardiness. How about its malarial preventing qualities?—ED.]

CONSULTATION CASES.

Will some of my colleagues prescribe through THE UNITED STATES MEDICAL INVESTIGATOR, for the following case :

Mrs. B., aged forty-three, of a nervous, sanguine temperament, has been suffering over a year with neuralgia of the right side of the head, extending from the frontal along the parietal to the occipital bone. At times the pains seem to shift to the cervical muscles of the neck running up the occipital to the right side of the frontal bone. The pain intermits, but at no regular period ; at times it is very sharp, cutting, and excruciating, leaving the scalp very sore to the touch, hot or cold applications produces an aggravation of the symptoms.

This ladies' menses ceased about one year ago and the pains seem to be worse every month. I might say that the menses gradually ceased. I find that she has been under both schools and without benefit. The treatment has been from the commencement, *Morphia*, until she came into my hands. I have given her *Acon.*, *Bell.*, *Spigelia*, *Ars.*, *China*, and *Gels.*, some of them as high as the 200th, and some of them low. I almost forgot to say that she finds relief by pinching the skin with her fingers, so much so that her husband quite frequently pulls her hands away from her head.

THREE RIVERS, Mich., Aug. 7.

E. B. GRAHAM.

AN ANSWER.

In the August 2d number of THE UNITED STATES MEDICAL INVESTIGATOR, Dr. H. M. Bruce asks for advice for a case reported on page 141. I improve the occasion to say in a general way that I have repeatedly prescribed *Cin.—Santon* — with satisfactory results in such cases as you report, enquiring "What shall I prescribe?"

Note Dr. Churchill's article on page 134 of THE UNITED STATES MEDICAL INVESTIGATOR.

BELOIT, Wis., Aug. 19.

L. MERRIMAN.

THE ARCTIC EXPEDITION AND ALCOHOL.

It has always been said that, whether at the equator or at the pole, it is always found that teetotalers get along better than moderate drinkers. The fact was alluded to in a debate on the value of *Alcohol* as an article of diet, held at New York not long ago, by Dr. Willard Parker, and we believe that the fact is quite indisputable.

It appears that among the crew of the Arctic expedition there were several mariners who had made several voyages to the regions of eternal snow without having broken the abstainers' pledge to refrain from

the use of alcoholic drinks, and to encourage the same practice in others.

Dr. Parker has called attention to the spirit ration served out to the soldiers in the late Ashantee war, and has shown that many soldiers did admirably well without any alcoholic stimulant in that dangerous climate. *Alcohol* is well known, from late researches, to lower the temperature of the surface of the body, and hence it is of course likely to be quite contra-indicated in the Arctic regions. And we hear that former expeditions have proved that it is quite impossible to keep up the normal temperature of the body if *Alcohol* is taken, except in the very greatest moderation. Doubtless one of the results of the present expedition will be to more thoroughly clear up this important point in diet and regimen.—*Medical Press and Circular.*

SPORULE OR GASEOUS CAUSES.

Mr. Douglas Cunningham, an English microscopist, has been recently making experiments with atmospheric air, of a very interesting character. He took specimens from the tropical atmosphere in thin brass tubes. Among the chief conclusions reached we find that infusorial animalcules, their germs and ova, are almost entirely absent from atmospheric dust. No connection could therefore be traced between the number of germs found present in the air and the prevalence of cholera, dysentery, diarrhœa, ague, and other diseases. The experiments were not, however, exhaustive, and refer only to aerial particles distinguishable while in the air. A writer is of the opinion that, notwithstanding these investigations in Calcutta, the air is heavily freighted with infusorial life, capable of affecting the human system, as we know it often fatally affects hardy vegetation. The atmosphere is the medium of transit for animalcular life, and the microscopic and chemical analysis of the air in the various geographical zones and special localities would richly repay the investigation.

DR. BRAND'S METHOD OF TREATING ENTERIC FEVER.

Every three hours take the rectal temperature and give a plunge bath of 68 degrees F. of fifteen minutes duration until the temperature is below 101.50. During the bath the head is sprayed with water at 43 degrees, especially when cerebral symptoms are present, when these are allayed the spray may be the same temperature as the bath. He must remain in the bath fifteen minutes, even though the breathing becomes difficult and teeth chatter, then the night-dress is put on without drying him, the feet being wrapped in a sheet.

A little tepid soup is administered along with a mouthful of old wine

and he is left to rally from his shivering which lasts from fifteen minutes to half an hour. Fluid tepid nourishment must be regularly given also mouthfuls of ice water. If very weak, the patient may have a spoonful of old wine before the bath.—*Detroit Medical Review.*

WARTS REMOVED BY REMEDIES.

Two years ago, while residing in the city of Toronto, Ont., I became acquainted with the senior proprietor of the Commercial College at that place, his hands were covered with warts of all of the variety of sizes usual in such cases, many running together forming large patches and presenting a very disgusting appearance. They were a great annoyance to him, especially as he was the principal teacher in penmanship in the college. They had been removed two or three times by *Caustic*, but always returned in about as short a time as they could conveniently grow. The writer expressed to him his belief that they might be permanently removed by a thorough constitutional treatment, he was also informed that inasmuch as his general health was not good, he being dyspeptic and of a constipated habit, etc., it might take a year to eradicate them, he very willingly consented and the treatment was as follows:

Thuja 6x every morning internally, and *Thuja*, tinct., applied morning and evening, with *Nux vom.* 6, twice or three times a week; the above treatment for two weeks. The following two weeks the *Nux v.*, but *Causticum* 12x, internally, and *Causticum* 3x, externally, in place of *Thuja*, and so continuing, alternating as above.

There was no perceptible diminution in the size of the warts for nearly six months. The general health, however, continued to improve, the appetite was good and he felt stronger. His faith required considerable encouragement to continue the remedies. During his treatment he made two or three trips of a week or ten days each into the country, hunting and fishing, and during this absence his medicine was generally forgotten or neglected.

Between the sixth and seventh months it was not difficult to see the warts were decreasing in size, drying up, so to speak, looking white; and at the ninth month he surprised me very much when he removed his gloves for me to see the progress my treatment was making, the hands were quite smooth, with no marks to show where the warts had been. He said his health was better than it had been for many years.

I am now treating a little girl of about eleven years old in the same manner. Her hands were covered with warts. She had one large one upon the tip of her nose, which looked badly, and was a cause of great annoyance to her and her parents. It is now four months since I began treating her, the one has left the nose, and large patches have retired from the hands, in all cases leaving no marks whatever.

I present these cases for the encouragement of my fellow practitioners, who might become discouraged by the protracted delay of favorable results. I will not consent to take such cases unless they agree to continue the treatment for one year if necessary.

BUFFALO, Aug. 14.

JOHN F. WAGE.

NATURE LET ALONE.

MR. EDITOR: If I write and only provoke a smile for yourself and go into the waste-basket, or if perchance I reach farther and cause a laugh to the fraternity, it may in either case fulfill that old adage of some one, "a laugh doeth good like unto a medicine."

I am always pleased to read of prompt cures of severe cases, with doses, potency, etc. On page 104, (Aug 2,) J. S. W., gives his experience. First, puerperal fever, *Scrof. nod.*, tablespoonful 1st decimal every hour, always sure, case cured in three days, indications mostly pathological. Query: Are puerperal fevers cured in three days? Second case, cholera morbus by *Fraz. polygamie*, cured by two doses. Query: Same dose as above, or six No. 10 pellets, 40,000, in goblets of water, one teaspoonful every four hours? Was vomit green, yellow, dark, watery, food or what? Pain cutting, sticking, tearing, sharp, incessant, spasmodic, etc., etc.? Lastly, headache! Old headache! crazy do! two doses *Cephalanthus oc.*, fifteen minutes apart cures, supposed to be tincture. There are several varieties of headache, vide pages 116-118, same number.

Now, Mr. Editor, I have had some experiences too, yea, several of them; have seen headaches, neuralgias, cholera morbus, etc. Called five miles to see a child, raging fever, quick sharp pulse, great restlessness, turning in bed, head hot and face dark red, lips dark red dry and scaly, tongue coated a dirty white, breathing quick and labored. Gave two grains *Sac lac* in twenty teaspoons of rather drumlick water which had been hauled five miles the day before in what had formerly been a kerosene barrel, the same being in a cracked tea cup and dealt out with a brassy spoon, one teaspoonful every hour—remarkable effect; called next day, symptoms all gone, child slept well, ate heartily at breakfast, and out at play. Parent says, "Doctor, your medicine acted like a charm, you nipped that fever in the bud, it quieted down and fever left after second dose. It is truly wonderful, the effect of Homœopathic medicine; so glad I called you in time." Other cases might be added where one drop of *Alcohol* doses, in a teaspoonful of water, have dissipated pains that pointed to colic; neuralgia, stranguary, and other ills to which flesh is heir.

One remarkable case I would like to give: Mr. G. had dysentery in autumn of 1874; attended by Allopath five or six months; came down from 185 pounds, tall, strong, and athletic, to 120 pounds, pale, stooped, apparent hectic flush; but little appetite; pappy taste; tongue pale,

large, soft, and slight whitish coat ; had three or four stools in forenoon, first one preceeded by discharge of three or four tablespoonsful of heavy yellow matter ; some soreness in left iliac region, not much acute pain any place, but general prostrated feeling. Was taking a powder night and morning and some liquid during the day — prescription of Allopath. He was given a powder night and morning of two grains *Sac lac.* and eight No. 20 pellets every two hours during the day, saturated with pur. *Alcohol.* The discharge continued for a week (growing less), and appeared about once a week two or three times afterward ; the stools became regular and natural. In four weeks gained from 120, to 139 pounds ; could then walk half a mile with ease ; powders discontinued and only pellets given, and to day, four months since treatment began. Mr. G. tips the beam at 180 pounds, and says he can plow, mow, or bind grain equal to most any man of his age (30 years) and weight.

I am led to exclaim, Verily, verily, great is — *nature let alone!*

WINONA, Minn., Aug. 13.

I. W. TIMMONS.

WHAT WILL CURE ?

I have a case which has puzzled me, and I want to get some help. I first saw the patient April 29th, and at that time gave three powders each of *Sepia* 200 and *Sulphur* 200, to be taken on alternate days, one powder each day. From this she got some relief, when, after a week, as the symptoms reappeared, I gave the same with a regular sprinkling of *Sacch lac* powders, but from this prescription she got no relief. I persisted in this for quite a time, but no good results followed. I then gave *Lillium tig.* 30, inasmuch as there was a slight prolapsus of the uterus which had come on since the first prescription. The symptoms as now presented are the same, substantially, as when first seen, except the prolapsus and those connected with urination.

Patient is a widow, aged forty-one ; very gray (white) hair ; gray eyes ; has never been pregnant ; menstruated first at seventeen years for only once, and not again for a year. Menses have nearly always been once in three weeks, normal in quantity, seldom much pain during or before menses. Her symptoms are : Sharp, neuralgic (?) pains in labia, worse on right side, extending or shooting upward ; when they first begin are not severe but increase rapidly in severity unless stopped by applications of vinegar, *Tincture camphor*, *Chloroform*, or some other heating or smarting substance — vinegar seemed to relieve quickest. (She formerly got some relief from drinking lemon juice in considerable quantities, but it did not last long, and everything she has tried and from which she got any relief acted in the same way, being of short duration in effect.) Has some pain in the small of the back of a dragging character, which often extends upward and toward the side ; easily gets nervous and heated when she has the pains, and is worse when annoyed or anxious ; generally worse or more liable to the pains

in the after part of the day; when urinating there is a difficulty in starting the urine, and much straining, but it passes freely after it once starts, this symptom is worse after or during the pains; when the pains have been on awhile she can only urinate after sitting over hot water, or applying hot water to the parts; has a sensation as if something would fall out in front and lower part of the abdomen; has a *tendency* to constipation, but keeps her bowels free by judicious diet. Does not have headache, and appetite is good. No periodicity in the pains, is liable to them at any time, but has them worse when she has been on her feet for sometime. She has been a bookkeeper and stood at a desk which was rather high and she was obliged to reach up a little. Any suggestions will be thankfully received.

Another question, What will prevent the recurrence of a uterine, fatty, fibroid tumor, which has once been removed by operation? The case in point had, a few months previously, a fibroid polypus thoroughly removed from near the os (right side), and afterward the fatty fibroid developed from the fundus and opposite (left) wall of the uterus.

SAN FRANCISCO, Aug. 18.

G. M. PEASE.

THERAPEUTICS OF INTERMITTENT FEVER.

FROM WURMB UND CASPAR'S KLINISCHE STUDIEN—TRANSLATED

BY A. MCNEIL, M. D., NEW ALBANY, INDIANA.

[Continued from page 168.]

ARSENICUM IN INTERMITTENT FEVER.

Arsenic is one of the few remedies, whose action is characterized not only by violence (intensive greatness), but also by its extensiveness (extensive greatness); it embraces the organism in its totality. All the life adjusting systems with all their individual factors, every province and every organ of the body, every nerve twig, etc., are subjected to its power, so that it cannot be determined where its action is primary or where it is secondary, and where the focus of its action principally lies. We see the entire nerve life attacked in every direction, from the nervous feeling of weakness up to actual paralysis, and we see arise from one member to another because of another class of disturbances, from the most trifling acceleration of the circulation to the most violent febrile storm, from the most insignificant disorder in the vegetative sphere up to cachectic decomposition of the fluids till breaking down and destruction of the organic substances follow. In this way appears the most striking similarity of the signs of chronic *Arsenic* poisoning with that of intermittent fever cachexia, so that *Arsenic* possesses in the highest degree, so that it herein excels all other drugs in the property of producing periodically returning attacks; with a word, *none of the remedies hitherto known has exhibited such power and so many*

sided and near relation to the organs which are especially attacked in intermittents, and none corresponds so well as Arsenic to all the demands which we have previously learned to know as necessary to the usefulness of a fever remedy, therefore we consider Arsenicum to be not only a remedy to be very frequently employed, but also the FIRST antipyretic.

(But on this account it is by no means the only one, for example, the very torpid intermittents are not in its sphere. But also we cannot consider it an absolute specific against the others, although from a physiological standpoint its employment against all intermittents, whether they arise directly or indirectly, or belong to this or that group, is justifiable; although clinical experience teaches that many intermittents can be cured which did not yield to apparently suitable remedies, and that by the administration of *Ars.* as a remedy of so many sided and so aggressive action, and which stands to intermittents in so near a relation, we will reach usually much quicker and surer the desired object than by a rigid adherence to a single, however conspicuous, symptom; indeed we often took refuge in *Ars.*, when one or two apparently rightly chosen remedies left us in the lurch, and, supported by the results, we most pressingly recommend this mode of proceeding. We, notwithstanding, cannot consider *Ars.* as an absolute specific, because experience shows otherwise, that in spite of its apparently great similarity, even if proportionally seldom, yet it leaves very many intermittents unaltered, which are soon removed by the use of another remedy.)

Clinical experience stands in the most beautiful harmony with the expectations justified by the physiological provings, for no remedy performs in intermittents belonging to the first division of the second group so much as it, i. e., in those which the most frequently occur and are the most violent cases of sickness. Intermittents demand so much the more urgently the employment of *Ars.* (a) the more characteristically the symptoms point to irritation in the blood or in the nervous system alone, or in both together, or in a single organ, to a weakness of the vital power and breaking down of the organic substances; (b) the more malignant and injurious the influence which called the disease into existence. First of all we must mention malaria, for the intermittents produced by this cause are the worst and most dangerous; in these is *Ars.* not only generally useful but very often the only remedy which can avert the danger to life; (c) the longer it has already continued, because then in the most cases so much deeper disturbances are produced in that direction, it is clear that only a drug of the most powerful action and many-sided effects can remove the disease.

We unconditionally believe that *Ars.* must be recommended when the vegetative sphere is violently attacked and a considerable cachexia is present, and when, therefore, great material alterations exist in the abdominal organs, viz., in the liver and spleen. The more the organs mentioned are swollen and the more visibly the organism approaches dissolution, so much the more is *Ars.* indicated.

We cannot leave unmentioned here that the development of this condition is materially assisted by the abuse of *Quinine*, as well as that we gave *Ars.* with the best results in this artificial destruction of health.

CHARACTERISTICS FOR ARSENICUM.

The intermittents to which *Ars.* is Homœopathically indicated present in their paroxysms the following characteristics: The attacks are violent and of long continuance; the stages are either clearly formed and stand in harmony to each other, or, as most frequently is the case, the one or the other part of the paroxysm is absent, or is weak; if the latter occurs, this refers most frequently to the cold stage while, therefore, the heat is so much the more violent. The stronger the heat, the longer it continues; the higher the accompanying irritation in the vascular system, and the more burning and the more insatiable the thirst, so much the more is *Ars.* indicated. The sweat either entirely falls or is very violent, it usually breaks forth several hours after the hot stage, and continues very long. The attacks are apt to be accompanied by many kinds of secondary symptoms, which belong partly to disorders of the nervous system and partly to the vascular system, viz., cramps, pains, delirium, paralytic conditions, and the anguish which is so characteristic of *Ars.*

Whether the type is to be regarded in the choice of *Ars.*, we believe, in conformity to our experience, to be doubtful.

The apyrexia in intermittents in which *Ars.* is indicated is not pure, but is troubled by complaints of the most different character: restlessness, sleeplessness, cramps, disturbances of digestion, feeling of weakness, and a general malaise; but characteristic for our remedy is the clearly-marked loss of strength after every paroxysm.

NUX VOMICA IN INTERMITTENT FEVER.

The sphere of action of the vomic nut is much more limited than that of *Ars.*, for it embraces, as the cases of poisoning and the physiological experiments instituted with *Nux* teach, originally and especially the *nervous sphere*; the irregularities occurring in the *Nux* disease in the other systems are of a secondary kind, and arise in consequence of disturbed innervation. The action of *Nux* prevails more especially, primarily, and particularly in the *spinal system*, where the *Nux* especially prevails; the second focus of its action is the *ganglionic system*, and particularly that portion regulating the functions of the stomach, intestinal canal, and liver.

The general curative indications for the choice of *Nux* arise from what has been said, it hereby follows:

1. That *Nux* as a remedy which attacks the entire nervous system in all its ramifications and is in an especial manner a violent and persistently aggressive drug, and especially belongs to those intermittents of the first group and will prove curative to them. This is the case in so high a degree that *Nux* can only be the Homœopathic remedy in those intermittents which are produced entirely or principally by irritations of the nerve life. In these fevers, *Nux* stands in the same relation as we expressed in regard to *Ars.* concerning the whole family of intermittents, therefore, its choice in such cases is justified every time from a scientific standpoint.

In general the intermittents referred to demand the employment of *Nux* so much the more urgently, (a) the longer they have continued, and the more violent, numerous, and wide-spread the disorders in the sphere of the nerve life as a result, (b) the more persistently they retain their form; (c) but especially the more the part of the ganglionic system governing the functions of the stomach, of the intestinal canal, and of the liver is affected. Every symptom persistently occurring in these organs must make us attentive to *Nux*, particularly if they have reached a high degree of violence, but still more so if they occur during the apyrexia, but chiefly, however, the better grounded the suspicion is that organic alterations are at the bottom of the disease.

2. Those intermittents belonging to the first division of the second group and to which *Nux* is the Homœopathic remedy. Intermittents in which the reaction on the first organs of assimilation is a violent one, and soon lead to disorders of the entire vegetative and pass thereby out of the first group into the second. Where this is the case, there is not usually a more suitable remedy than *Nux*, when it corresponds to all the symptoms which such a disease presents. If there is also present besides the local symptoms, viz., decrease of appetite, qualmishness, nausea, inclination to vomit, eructations, vomiting, sour bitter taste to the mouth, and all the other so-called gastric phenomena, also, the signs of a real, material alteration of the organs of assimilation, and thereby manifold disorders of digestion, discharge of stool, the preparation of the bile, etc.; finally, if the entire nutrition is visibly affected, and consequently emaciation, cachectic appearance, dryness and a peculiar, yellow, gray color of the skin, weakness, etc., occur, no other drug than *Nux* can be indicated.

As it happens that the ganglionic is involved secondarily, in the intermittent fever process, even so the contrary happens, viz., that the original headquarters of the disease was in that part of the ganglionic system where the second focus of *Nux* lies, i. e., in those nerves which regulate the functions of the stomach, intestinal tract, and liver. That therefore in those intermittents of the second group, *Nux* must also be the similia cannot be doubted for a moment after what has been said.

CHARACTERISTICS FOR NUX VOMICA.

What are the characteristic indications for cure in the choice of *Nux* in intermittents? We have the following to remark:

The paroxysm of medium violence corresponds the best to *Nux*, but if the general indications demand its employment we must not refrain from its use because the febrile attacks are very weak or very violent. Even as little influence is exercised by the time of day in which the paroxysm appears, in the choice, or whether the paroxysm is pure or whether it is troubled by the most manifold symptoms of a nervous character, or whether the latter are produced by disorders in the animal or the vegetative nervous system, because the *Nux* fever in regard to the time of its appearance is not limited to certain times of the day, and because they are either entirely pure or accompanied by the most

different subordinate symptoms. We pay as little attention to whether the paroxysm appears in the quotidian, tertian, or quartan type as we do in any other remedy, because it appeared to us of no importance.

The individual stages of the paroxysm produced by *Nux* are sharply cut and vigorous and very often stand in harmony to each other, so that, when the one is violent so is the other, and *vice versa*. However this is by far not always the case, for not unfrequently this or that stage is developed more strongly in the one or the other entirely fails, or the stages are mixed up, etc., therefore, *Nux* may be the Homœopathic remedy in intermittents which differ much from each other in regard to time and manner.

The apyrexia is pure or troubled with gastric symptoms. In the highest degree of development these signs indicative of injury to the entire nutrition never fail during the apyrexia.

The majority of our intermittent fever patients to whom *Nux* proved useful belonged to a ripe age and the male sex. This circumstance appears to us to be not unimportant, because it agrees with the generally received opinion that *Nux* is especially indicated in diseases of men.

We could unfrequently learn with certainty the exciting cause of the disease, but when this was possible and the origin of the disease could be imputed to an evident dietic fault, then we could confidently anticipate a favorable result after the employment of *Nux* or *Ipecac* according to the circumstances.

[TO BE CONTINUED.]

VISIT TO THE BRITISH HOMŒOPATHIC MEDICAL SOCIETY.

MR. EDITOR: Learning that the Annual Meeting of the British Homœopathic Medical Society would take place on the 23d and 24th of June. in London, I took the train on Tuesday last, in order to report myself as a delegate to that honorable body. The next morning I called upon Mr. Henry Turner, the well-known pharmacist and publisher, and spent a very pleasant hour with him. He has a large and systematic establishment, with resources in the shape of books, periodicals, and medicines, which are in ratio to his extensive reputation. He told me that, as usual, the meeting would be held in the Hospital, in Great Ormond street. I set out to find it, and the thought occurred to me, here is a city with more than *four millions* of inhabitants, and with hundreds of hospitals and of charitable institutions of every name and description; let us see if the cabman can take me to the Homœopathic Hospital without any explicit directions. The old fellow knew the precise location, and the test, which I had occasion to repeat several times, and always with the same result, was satisfactory.

So then, Homœopathy had been heard of by the lower class, even in the great city of London.

I must defer an account of the hospital until a subsequent letter.

The meetings of the Society were held in the evening only, the business session at 6, and the reading of essays at 8 P. M. Dr. Talbot and myself were cordially received, introduced, and invited to participate in the deliberations. Mr. Pope, the Vice-President, and editor of the *Homœopathic Review*, had the chair. Dr. Robert T. Cooper, now of London, but formerly of Southampton, read a paper illustrating the antiperiodic virtues of *Sulphur*, by a series of interesting clinical observations. In his dispensary practice, Dr. C. had cured some very obstinate cases which had the qualities of the chagres fever, which were brought to his door by the ships from India, by giving them *Sulphur* when they had resisted every other remedy. The paper was listened to very attentively, and the discussion that followed was participated in by Drs. Wm. Bayes, Leadam, Dudgeon, R. Douglas Hale, Vernon Bell, Richard Hughes, Roth, Hewan, Wyld, Blagley, Pope, Cooper, and others, including the American visitors. Although no new facts were elicited, and although the special therapeutics of intermittent fever was shown to vary with different physicians and with circumstances, just as on our side of the Atlantic, still I was interested in the discussion, for the manner of debate was different from ours, and what was very remarkable was that, incredible as it may seem to your readers, these gentlemen talked for two hours on the subject of ague exclusively, without running into other matters, or reporting a single cure with the higher potencies. One could not have a better criterion of the thoroughness with which they do whatever they attempt.

On the second evening, after the business was concluded and the officers were elected, the claims of the World's Homœopathic Convention, to be held in Philadelphia, in June, 1876, were presented and very kindly received by the Society—indeed, everything pertaining to the growth and development of American medicine is at a premium in Europe. Then followed a delightful tea-drinking in the hospital parlors, after which came the address of the acting president, Dr. Alfred C. Pope. The first part thereof was devoted to a summing up of the year's work, and a very interesting record it was. Monthly meetings had been held, at which numerous and very practical papers had been read and discussed. The course of lectures organized by the society, and given under its auspices, in the hospital, by Drs. Dudgeon, Hughes, and Hale, had been in every respect a successful one, and the members were notified that the new Pharmacopœia, which is now in press, will be ready for delivery in the autumn. The finances of the Society were also reported in good condition, there being about four hundred pounds, or two thousand dollars, in the treasury. The concluding part of the address reviewed the experiences and the indignities which the Homœopaths have had and suffered in London during the past few years. This chapter of insult is indeed briefer than heretofore, but it included a sketch of some things that would seem impossible of performance in a Christian community during the present century. For all of this,

however, Dr. Pope found compensation in the establishment of a course of medical instruction in the London Homœopathic Hospital, in the recent popular developments at Birmingham, in the increased liberality of the public press, and in the professional courtesies which of late had been extended to the members by those who are high in position in the old school. The whole production was a masterly one — for this Pope is infallible — and you will enjoy reading it in due time.

After the meeting we went, by invitation, to the elegant home of Dr. Bayes, in Granville Place, Portman Square, where we were magnificently entertained. Indeed, in the full remembrance of what we have seen and suffered on similar occasions in America, we must declare this the most delightful experience that we have ever had of its kind. Excepting forty and one other good fellows, our host was the happiest man in the party, and I shall never forget the inimitable taste and tact with which he proposed the toasts, and afterward responded to one given to himself and to his good wife.

And thus ended the Annual Meeting of the British Homœopathic Medical Society for 1874-5. Its forthcoming volume of *Annals*, which will contain all of its papers and transactions for the year, will give you the fruit of its labors. It is true that I did not hear, and can not therefore report upon very much of scientific disquisition, and that the coming records will be new to your correspondent also — for they do not crowd everything into a two or three day's meeting, as we do — but I am ready to give you my impression of the men who represent the interests of our branch of the healing art in Great Britain. It is, that with an editorial pen like Pope's; a mind, and experience, and a genius for the practice like Dudgeon's; a character and a constituency like that of Dr. Bayes; a man like Richard Hughes, who is faithfully and intelligently at work on the special virtues and value of our remedies; and many others, who are in unison with them, and whose name and fame have reached you already, there need be no fears for the future of Homœopathy in all the British Isles, including what is now the greatest city in the world.

The Homœopathic Congress, which is the larger body, and the sessions of which are attended by members from other cities, as well as from London, and from the country also, will convene in Manchester in September next. I have promised to be there. For the present, having resumed my old quarters and habits as a medical student in the hospitals of Paris, I must subscribe myself,

Very respectfully,

PARIS, France, June 26.

R. LUDLAM.

WHAT SOME OF US PROPOSE TO DO ABOUT IT.

In the July number of *THE UNITED STATES MEDICAL INVESTIGATOR*, Dr. Hoyne has much to say about the obstacles to the progress of Homœopathy. He also asks what we are going to do about these

matters, and since no one else seems disposed to inform him, we will tell him what we propose to do about it.

Probably Dr. Hoyme would be happy if the great body of medical men, usually termed Homœopaths, would allow him to state authoritatively the following three cardinal propositions, viz :

1. What Homœopathy is.
2. Who are Homœopaths.
3. What Homœopaths should believe.

But the difficulty in the way of such a step is, that while those who agree with the Doctor would be satisfied, those who do not would rebel, and as we belong to the latter, we should be compelled to raise the flag of rebellion, and turning to him hat in hand politely ask "What are you going to do about it?"

We do not hesitate to proclaim our belief in the principle, *similia similibus curantur*, but we also believe, that methods of cure which cannot by any *hocus pocus* be classed under that law, (see Tooker on the Homœopathicity of Electricity,) are sometimes preferable to it. This, therefore, is a sufficiently direct answer to his first proposition.

In reply to the second we would say, that neither he, nor the author he quotes, knows or knew upon *what* faculty the curative power of medicine depends. And in answer to the third, we say most emphatically, that while in many instances this is true, that it is so in all is absolutely false. Then the Doctor brings forward his clincher, viz : "The man who cannot endorse these cardinal points has no right to call himself a Homœopath." Well, who, does he suppose will care if they are called everything by him. We have not much doubt that the Doctor will call us an Allopath, he can't help it if he sticks to his text, but this does not frighten us. We are conscious that the term Homœopath is not in the main misapplied when given to us, but we are also certain of having more pride in being a physician, than in being a Homœopath.

We have never been a strenuous advocate of sectarianism and never expect to be. We think it would not be difficult to tell the Doctor of some results which would naturally follow the adoption of his suggestions. One great one might be in a kind of Mexican disintegration of the Homœopathic school, and a great difficulty might be found in the decision of the question as to who were sheep, and who the goats, when the weeding out process in the American Institute began. And further than this, we look forward to the time with pleasure, when there will be no necessity for our being dubbed Homœopaths, but when in the then prevailing liberty of thought and freedom of medical opinion, a man may stand up in a medical society and relate a case cured with the 200th potency of a drug and excite no more commotion than is done by an ordinary prescription of one of the regulars of to-day. This state of things we presume would not be agreeable to the Doctor. There is no use in closing our eyes to the fact that as a school we are running wild upon symptomatology, and the issue of Allen's Encyclopedica is

only a sad commentary upon our lack of science. At this late day we are having a great work on *materia medica* issued, which is being constructed without the assistance of any of the great aids which modern science has given us. For our part we believe we have all the *materia medica* of that kind that we need. When, however, we can have one in which the remedies shall have been proved with the aid of the ophthalmoscope, sphygmograph, chemical and microscopical analysis of urine, not forgetting the esthesiometer and dynamometer, we think it will be needed. This we believe has not yet been attempted, and it will not be surprising if Dr. Allen finds his great work useless in a few years on account of these scientific omissions. What we want is not to settle down behind the *immortal Hahnemann*, as our Society orators put it, but to take a step in advance, and never rest contented with the condition of medical science so long as disease continues to cut down men and women in their youthful days. So long as the cry, "This is holy ground," tread lightly here, is kept up, progress will be slow, and dogmas will be transmitted from generation to generation merely because our fathers believed them. Much might be said about our colleges, but as it would be nothing very flattering we will refrain, but we cannot see why every medical man who is allowed to practice, should not first be compelled to prove that he was conversant with medical science in its most advanced positions and discoveries at the time of graduating, and this we say boldly is almost never the case. With perhaps a few exceptions we believe this is the case with all the medical colleges in this country.

We can only commend the strictures of Dr. Hoyne in reference to the American Institute, and think it would be a step in advance to have most of them adopted, but with his closing paragraph we cannot agree, and trust all liberal-minded men will recognize the entering wedge of dissolution which he would introduce.

In conclusion we cannot refrain from expressing our admiration of the wisdom, discernment, and liberality of Dr. C. Dunham, high dilutionist as he is, for his manly plea in favor of entire freedom of medical opinion, and would add that this, faithfully maintained, is the principle which will be most likely to hold the American Institute together.

As a final answer to the Doctor's query, we say that we propose to do just as we please about it; to reject whatever our judgment condemns, and accept that which it, upon investigation, approves.

PEKIN, Ill.

S. J. BUMSTEAD.

A REMARKABLE CASE.

Mrs. Louise Burkhardt, thirty-six years old, large and strongly built, rather fat, of melancholy temperament, mother of two boys, is a descendant of a nervous family, menstruated for the first time at the age of fourteen.

Two or three days before the flow, she always suffered severely from

headache, then in abdomen, finally in small of back, and the discharge usually was more copious than her physician desired. At the age of sixteen she had typhus, was sick for three months, and for four years afterward could eat no animal food nor wine, she had a perfect horror for it, and a kind of chlorotic state was the consequence (or the cause?) of such abstinence. At twenty she had some family difficulty and from that time an emotional melancholy overshadowed her life.

She frequently became unconscious, a kind of inward life, followed by spasms, stiffness of body, when she came too she cried and laughed without cause and for a few days she had headache, felt bruised all over and very tired.

About ten years ago she married and with her husband emigrated to America. Mr. B., engaged in one of our largest music ware-houses had to be from home during business hours and his young wife felt homesick and lonesome, and a deep-seated melancholy settled again over her. From her wedding-day even, coitus was disgusting and painful to her. In the third month of her first pregnancy she perceived a swelling of the thyroid gland, pain in the pit of the throat so that she could hardly bear to have it touched, and a spasmodic sensation of choking, all of which lasted up to the full term. On account of her weak state she did not nurse her babe and after having menstruated five times became again pregnant. The second labor was also tedious, but natural, and she felt pretty well for her during nursing.

In 1874 she became pregnant for the third time, miscarried May 5th, flooded fearfully for several weeks, till Dr. N. removed the placenta, during this flooding she became very anaemic, suffered from neuralgic headache with congestion to the head, and these fits of unconsciousness, stiffness of body, spasms, etc., are becoming more frequent week after week. The urine was examined and contained albumen. Shortly after the miscarriage she had an unnatural appetite. From that time up to date she is troubled with sleeplessness, and even large doses of *Morphine* and *Chloral*, which she takes night after night, produce only a sleep of four or five hours. For a whole year it appears to her, that she is a double person and that there is somebody within her, who directs her speech and motion. Thus she sometimes utters indecent words which she abhors. Her vision is continually changing and nothing appears clear to her. Formerly she had only hysterical spasms night after night, now they come at night as well as in day-time, and are of twofold character, sometimes as emprosthotonus, and then her spine curved inwardly, her abdomen pushed out, and in the midst of a conversation her eyelids droop, her hands and arms fall, her feet loose all power of motion and although perfectly conscious she is perfectly unable to speak, to swallow, or to move. After a while only she becomes unconscious and when coming too she has lost all recollection of what happened and it takes time to find herself correct again.

Or while lying in bed, it feels as if that inward person throws her with force from her bed and she is compelled to move forward to one side or to the other, but always only to one side, till some obstacle comes in the way which stops her motion, but increases the spasm.

When she comes out of this unconscious state, she feels bruised and sore all over.

Country air failed to produce any change. About New Years she had abscesses on both shoulders, since May, 1875, abscesses on different places, especially on back and upper arm, finally discharging, but so far without any influence on this remarkable neurosis.

The Allopathic treatment consisted of hypodermic injection of Magendie's solution, of increasing large doses of *Hydrate of chloral*, of suppositories of *Morphine*, *Quinine* and *Iron*, of *Pepsine* and *Phosphates* internally, of liberal allowance of food, but failed to give any relief whatever.

At the advice of friends she now tries Homœopathy. Remedies like *Conium*, *Ignatia*, *Cup.*, *Opium*, especially *Calc. carb.*, perhaps also *Sulph.* looms up for our study.

A full explanation of this double state—who of our psychologists will be kind enough to give it? Which remedy is the simillimum? I have looked for it, but have failed so far to find it. Consulting all the friends of Homœopathy, may a favorable reply and in restoring a highly cultivated and noble woman to a state of health, unknown to her for years.

I began treatment with *Sulph.* 100,000 followed by *Placebo*. My next remedy will be *Calc. c.* a high potency again, and thus I hope to be able to gain time and good advice.

S. LILIENTHAL.

CLIMATE EFFECTS UPON CONSUMPTION.

READ BEFORE THE ILLINOIS STATE HOMŒOPATHIC MEDICAL ASSOCIATION, BY C. B. GATCHELL, M. D., CHICAGO.

There is no disease over which climate exerts a greater influence, either for better or worse, than consumption, and we, as physicians will be called upon to advise patients afflicted with this disease, what climate to seek. It becomes, then, a matter of grave importance for us to be able to advise intelligently, since so much depends upon the decision. Individual observation is worth nothing—it is only by careful comparison of numerous vital statistics that a correct judgment can be found.

Study of such statistics teaches us that the prevalence of consumption is in direct ratio to the humidity of a climate, that it is in indirect ratio to the altitude of a region, that it is more prevalent in high than in low latitudes, and that the greatest freedom from it is found among those whose occupation obliges them to live in the open air. In selecting a climate for a consumptive patient, one must be chosen which most fully combines these conditions.

Among the mountains of western North Carolina is a region of country with an elevation of about twenty-five hundred feet, where consumption among the native-born inhabitants is comparatively

unknown, the death rate from this disease is very small, and many remarkable recoveries have taken place. It possesses many of the conditions mentioned as necessary, some of the most interesting and beautiful scenery in America, and a kind and hospitable class of people. No more pleasant place of resort than this can be found for the consumptive invalid, possessing as it does, a delightful climate, magnificent scenery, and abundance of delicious fruits, and fine chances for trout fishing. With this region Chicago will soon have direct railroad communication.

The conditions named are also very fully met in Colorado, which presents us with a climate not too rigorous, and elevation of from four thousand to fourteen thousand feet, and a freedom from moisture which permits the patient to spend night and day in the open air. But disappointment sometimes follows a resort to this Territory, and for reasons that can be made clear. As much depends upon the manner of going and the mode of life after reaching Colorado, as there does upon the climate.

The usual mode is to take the cars in some eastern city; go directly to Denver, and thus in about forty-eight hours make a change from a few hundred feet above sea level to an altitude of over five thousand feet. The change is too sudden and great, for in this brief space the patient is essentially elevated a mile in the atmosphere, the already weak lungs are strained by the removal of so much untoward pressure and hæmorrhage very naturally follows, which, in many cases leads to a fatal issue. Or if no such result follows, the mode of life is usually very unfavorable to recovery, the patient takes rooms at a comfortable boarding-house, spends but little time in the open air, takes no regular exercise, sleeps in an illy ventilated room, and the cool evenings and mornings are spent in hugging the stove. No improvement need be expected under such circumstances. The only proper course to pursue is to make the trip overland. Let a party of health seekers fit out with a team and covered wagon at some convenient point, taking a tent and camp equipage. In this manner make the trip by easy stages of twenty or thirty miles a day, ride a pony as much as possible during the day, sleep on the ground at night. By the time they have reached the mountains they will find that they have gained in flesh and strength and are possessed of vigorous appetite. Spend the rest of the season in travelling from place to place, always avoiding too great an altitude. When the winter months come, erect a log house, having plenty of cracks for ventilation, build a large fire-place to be filled with pine knots, and in this way live, the only mode of life which promises a cure.

Those who go and lead an indolent life, waiting for the climate to do it all, nine times out of ten will be disappointed. Those who follow the plan laid out, providing the disease is not too far advanced, may confidently expect a complete recovery, but should be cautioned against returning to their old homes and subjecting themselves to the same influences which first induced it. What is said of Colorado, is true also of New Mexico, as far south as Santa Fe.

Surgical Department.

TREATMENT OF AN EXTENSIVE SCALD.

REPORTED TO THE ILLINOIS VALLEY HOMŒOPATHIC MEDICAL SOCIETY.

June 23, 1875, Blanche McP., a delicate child of three years, was scalded by a quantity of boiling water falling on her left arm and breast. The entire surface of the arm was blistered from shoulder to wrist. The clothing when removed brought away part of the epidermis on the arm, and laid bare two denuded spots on the left chest each as large as her hand, and a small spot on the right shoulder.

I first dressed it with a soap paste, made by wetting a quantity of shavings of white castile soap with *Cantharis* 3x, aqueous dilution. *Carbo veg.* 30, was given internally. This removed all swelling and inflammation in four days, and on the fifth day I applied the third dressing, and as the abraded surfaces were beginning to exude a laudable pus I ordered Fuller's earth to be procured for the next dressing. Two days elapsed before the proper article could be obtained, by this time the arm especially was flooded with the purulent discharge and nothing could be kept on except a sleeve of sheet rubber. The whole burnt surface was then powdered with the finely triturated earth. This was continually applied until every spot was literally dried up, and as soon as any moisture became visible more was applied. Three days afterward I examined the arm and found to my surprise that it was almost entirely healed.

A close examination some weeks since failed to discover any contraction of the cicatrices except in two or three small spots burned deeper than the rest, and there it was but slight. She now uses that arm as freely as the other. The earth ought to have been applied on the fourth or fifth day, thus hastening the tendency to heal by first intention.

ENGLEWOOD, Ill.

C. D. FAIRBANKS.

INDURATED BUBO.

According to the *New York Medical Record*, the following method of treatment has given excellent results: "Cover the part freely with *Mercurial Ointment*, and keep up a constant pressure by means of a hot brick.—*British Medical Journal*.

[*Merc.* internally will work better, if indicated.]

HOW SHALL I USE ELECTRICITY IN OVARIAN TUMOR.

Will you tell in your next issue just how to apply electricity in case of ovarian tumor? What instrument, or will any good one do? How strong should the current be? How long and how often should it be applied, and what is the prognosis?

FLINT, Mich.

J. G. MALCOLM.

ANSWER.

DEAR DOCTOR: The galvanic current is the only one to be used in the treatment of ovarian tumors, and that is only useful in *small* monocysts, in which it may (?) prove beneficial.

The case should be first *correctly* diagnosed, then (patient etherized) three gold needles should be plunged into the tumor and the negative pole of a 32-celled battery connected to them, and sponge electrode of of positive pole applied to the thigh for thirty minutes. I should not advise the repetition of the treatment.

Its use in any case is of questionable value, as it has seldom, if ever, succeeded in doing any good.

CHICAGO.

W. DANFORTH.

CARBOLIC ACID IN CHRONIC ULCERS.

Mrs. K., aged forty-six years, who is of a scrofulous diathesis, has had a breaking out of this disease in its worst form in both feet and ankles for the last eleven years; has not walked any for eight years. She has been treated by some of the best Allopathic physicians but none of them could do anything for her.

Her case came under my hand on the 24th day of last March. The ulcers were deep, emitting a very strong odor, and burning like fire most of the time. I gave her *Ars.*, *Hepar sulph.*, *Sil.*, and *Sulph.*, all in high attenuations. I treated her about three months with those remedies, but I could not get the ulcers to heal, and as she was getting impatient, I was determined to try something else, so I had her bathe both feet in a pail of fresh well-water three times a day, two hours each time, and after taking them out of the water and letting them dry I ordered *Carbolic acid* in the 2d decimal trit. to be sprinkled on the sores. I also gave the 3d trit. to be taken one hour before each meal. From that day they healed rapidly, and now she is a well woman, wearing shoes, something she has not done for over eight years.

Homœopathy was little thought of here six months ago, but when it cures such cases as the above, it sets the people to thinking. Vive la Homœopathy.

LOVINGTON, Ill., Aug. 24.

C. H. SANDERS.

Society Proceedings.

PROCEEDINGS OF THE INDIANA INSTITUTE OF HOMŒOPATHY.

The Indiana Institute convened in annual session in the parlors of Plymouth Church, Indianapolis, on the fourth day of May, at 10 A. M. After a brief and uneventful opening session, the meeting adjourned till 1:30 P. M.

At the time appointed the Institute reassembled, with a goodly number in attendance, including several visitors from adjoining States.

The first paper, presented by Dr. P. B. Hoyt, discussed the Value of Differentiation in the Choice of the Remedy. It was a plea for a more careful estimate of the minor symptoms in the selection of the medicine. The minor and major symptoms should be jointly considered in getting the parallel remedy.

Dr. W. R. Elder read a report of a case of placenta prævia, which had recently occurred in his practice. A rigid and undilatable os uteri had provoked the special danger, and which prevented access to placenta and membranes. The hæmorrhage finally became so exhausting that he decided, if possible, to rupture the placenta. A catheter was, with difficulty, successfully employed, and the case speedily progressed to a safe delivery.

The doctor said he should henceforth rupture the placenta and membranes as soon as he was assured in his diagnosis, and the hæmorrhage was at all excessive.

The Secretary then read a paper from Dr. F. L. Davis, of Evansville, on the Uses of the Microscope in the Study of Pathology. He spoke of the revelations regarding infusoria in general, and bacteria in particular.

It is pretty well settled that bacteria occupy a primary rank in fermentation and decomposition. They do not have the power primarily to excite disease, but are able to absorb or "fix" the morbid force, and "give it up" to any inviting tissue with which they may come in contact. Even the air we breathe is said to be freighted with bacteria, and in them may we not have the channel of transmission of the various contagions?

Dr. T. P. Wilson said he could speak better of things about which he had a knowledge; knew little on this subject. But philosophers are divided regarding the offices of bacteria. While some accept the view presented in the paper, others claim that the disease is *in* the bacteria;

that they are, in and of themselves, the cause of the disease. Don't believe the question is or ever will be settled. Disease is deranged force, therefore of dynamic origin. This derangement is preparatory to the lodgement and nidus of bacteria, which may further give character to the malady. It is only in this way that they could be considered as having mechanical influence. If we correct the dynamic cause the malady and its effects will cease.

A paper was then read from Dr. Balfau, entitled, Ulcerative Absorption of Bone, Resulting in Spontaneous Fracture. Case: A lady, aged fifty-nine, had necrosis of the left femur, which, after several months, was attended with a spontaneous fracture. Many segments of diseased bone were extracted, the leg put into shape, and a gutta-percha splint and water dressings applied.

Kali phos. 6, *Silicea* 6, and *Magnes. phos.* 30 (Schussler's) were employed for several months, when entire resolution was obtained — cure of necrosis, and reunion of bone with but slight shortening.

Quite a discussion followed on the uses and value of Schussler's remedies. The members seemed to be a unit in the opinion that these remedies — except those of them which had known and tried pathogeneses — were unreliable, and not satisfactory.

The Institute here adjourned till 9:30 A. M.

SECOND DAY.

Institute met pursuant to adjournment.

The first hour of the session was occupied by the members in giving reports of cases, and discussion. Cases were presented by Drs. W. R. Elder, J. T. Boyd, O. S. Runnels, and W. L. Morgan.

Dr. W. L. Breyfogle read a paper on Our Ears, and How to Take Care of Them. It was a paper brim full of practical knowledge — just supplying the demand of the general practitioner. As it will probably soon appear in print, we will not here give an abstract of it.

The Board of Censors reported favorably on the following names:

J. Hyde, M. D., of Terre Haute; S. Cook, M. D., Greensburg; A. McNeil, M. D., New Albany; E. J. Ehrmann, M. D., Evansville; Dr. C. Otis, of Indianapolis; and Mrs. Dr. Folley, La Fayette, who were promptly elected to membership.

At this juncture, in accordance with a special order, the Institute proceeded to the election of officers, which resulted as follows:

President — W. Eggert, M. D.

Vice-Presidents — J. A. Compton, M. D., and S. Maguire, M. D.

Secretary — O. S. Runnels, M. D.

Treasurer — J. R. Haynes, M. D.

Censors — C. T. Corliss, M. D., J. B. Hunt, M. D., W. R. Elder, M. D., A. McNeil, M. D., and W. N. Bahrenburg, M. D.

Adjourned till 2 P. M.

Institute reassembled promptly, and after the call to order the President proceeded to the delivery of the annual address. Subject: The Necessity for a More General and Correct Medical Education of the

People. The address was attentively listened to, and was by vote ordered to be placed at the disposal of the local press.

Dr. M. T. Runnels read a lengthy and well-written essay on The Bile; and Dr. McNeil a valuable paper on the Psoric Theory, both of which were received.

The subject of the Treatment of Intermittent Fever being then introduced, a lively discussion followed.

Dr. McNeil said he used to be greatly troubled with cases of intermittent fever, and was now satisfied his ill-success was because of poor individualization. If he did not cure the first time, he used to resort to *Quinine*, etc. Of late years he had been curing promptly and satisfactorily with potencies ranging from the 30th upward, and *Quinine* had been absolutely abandoned. Thought he had as bad chills to contend with in the vicinity of New Albany as could be found anywhere. Sometimes after fooling around on the 30th, he got prompt relief from the 200th.

Dr. Breyfogle was more and more in favor of higher potencies. Relied much in the selection of the remedy on the time of day; chill coming at 10 A. M., *Nat. mur.*; 1 to 2 P. M., *Apis*; 3 to 4 P. M., *Lyc.*; sunset; *Puls.*, etc. Related a case of masked intermittent; woman, had periodical pain in chest, which was very severe and intractable. Its expression was that of asthma. After various remedies had failed she responded readily to *Ipecac.* 1st trit.

Dr. Compton was prompted by his experience to ask Dr. B. if he did not find all cases of "masked intermittent" were those that had been *Quinined*—taken either recently or remotely?

Dr. Breyfogle—Yes, universally; and I also find chills more common in Allopathic or *Quinated* subjects, and all my hard cases are, or have been, *Quinine* takers.

Dr. M. T. Runnels had had happy results from high potencies, but did not always succeed with them, and sometimes resorted to lower potencies.

Dr. Eggert used to give *Quinine pills* for ague, but had stopped it; seldom gave anything below the 200th in this treatment.

Dr. Maguire had but little trouble in controlling this disease, but was not confined to any altitude of potency.

Dr. O. S. Runnels spoke against the prevalent routine practice in treating chills; cases were individual, and must be so treated. Often found high potencies the sheet-anchor, and believed them to be the thing called for in old and mal-treated cases.

The report of the Committee on Legislation was made. It detailed at length the obstacles encountered and overcome by the committee in opposing Allopathic measures, and especially the Health Bill, at the recent Legislature. The bill was defeated. A loud appeal was made to the profession of the State to come to the rescue and aid in preventing the accomplishment of this deep-laid scheme. Too much energy cannot be manifested by way of opposition to State medicine; and this not only in Indiana, but in every State in the Union. Let coma no longer prevail in our ranks.

The Chair nominated Drs. W. L. Breyfogle, O. S. Runnels, and W. Eggert as delegates to the American Institute of Homœopathy, after which the following bureaus were announced :

PROVING^e — Drs. W. L. Breyfogle, A. L. Fisher, J. Hyde.

MATERIA MEDICA — Drs. E. J. Ehrmann, E. Beckwith, J. A. Compton.

POTENCY AND DOSE — Drs. W. P. Armstrong, J. B. Hunt, F. L. Davis.

CLINICAL MEDICINE — Drs. W. Moore, M. H. Waters, W. I. Morgan.

INTERMITTENT FEVER — Drs. S. Cook, A. McNeil.

NURSES AND CARE OF SICK — Drs. A. B. Falley, C. T. Corliss, C. F. Wymond.

OBSTETRICS — Drs. S. Maguire, G. W. Riddell, P. B. Hoyt.

GYNÆCOLOGY — Drs. S. C. Whiting, M. T. Runnels, W. Eggert.

MICROSCOPY — Drs. O. P. Baer, J. R. Haynes.

SURGERY — Drs. J. M. Lucas, W. N. Bahrenburg, W. L. Becker.

EPIDEMICAL AND INFECTIOUS DISEASES — Drs. O. S. Runnels, W. R. Elder.

The Institute then adjourned till the second Tuesday in May, 1876.
O. S. RUNNELS, Secretary.

AMERICAN INSTITUTE OF HOMEOPATHY.

[Report continued from page 225.]

A LARGE TUMOR.

Dr. II. F. Biggar, of Cleveland, exhibited to the Institute an enormous recurrent fibroid mammary tumor, weighing thirteen pounds, which he had that morning removed from the person of a lady in Berea. Two years ago he had removed a similar one from the same lady; it was smaller, however, weighing but seven pounds. The prognosis of the case is unfavorable, as another tumor will in all probability develop. The question of a recurrent fibroid or scirrhus was freely discussed.

Amid the confusion attendant upon an examination of this tumor, Dr. E. C. Beckwith called attention to the report of the Ohio State Society that they would move next year to secure the passage of a medical bill providing for a state board of health. He called on the Ohio Homœopaths to be on the alert.

The Secretary announced with pain mingled with sorrow that Dr. E. D. Burr, of Tecumseh, Mich., who had been admitted into the association, had afterward burlesqued a part of the secretary's report, and

used it as an advertising dodge, which was published as a supplement to the *Michigan Granger*.

The election of Dr. Burr was declared "null and void."

The final report of the board of censors was then made. All except P. S. Duff, M. D., to whom objections were raised, were elected to membership.

THE BANQUET.

At five o'clock the meeting adjourned to the dining room of the Beebe House, where a splendid banquet was in waiting, at which Dr. McClatchey presided. The following were the toasts and responses:

1. The memory of Hahnemann — drank in silence.

2. The Homœopathic branch of the medical profession; asking no special privileges, it demands for itself and its patrons, equal liberty with other members of the profession, and of the community.

Response by J. P. Dake, M. D., of Nashville, Tenn.

3. Homœopathy in America, which this year celebrates its semi-centennial.

Response by H. M. Smith, M. D., of New York.

4. Medical science; the culmination and combination of all natural sciences. Knowing no country, sect, or limitation, its field is the human race, its law progress, its spirit liberality.

Responded to by S. R. Beckwith, M. D., of Cincinnati.

5. The World's Homœopathic Convention of 1876.

Response by O. B. Gause, M. D., of Philadelphia.

6. The great event of which the country celebrates to-day, the hundredth anniversary of the battle of Bunker Hill. The first aggressive step in the struggle which emancipated our people from laws they had no hand in making, and from rulers in whose election they had no voice.

Response by David Thayer, M. D., of Boston.

After the last of the regular toasts had been responded to, the general secretary, who had been acting as toastmaster, said:

Ladies and gentlemen, we have finished our regular toasts, but before we adjourn, there is a piece of business to be transacted, in which, I have no doubt, you will all be glad to take part; it consists in the passage of certain resolutions, in consideration of the uniform kindness and courtesy of our hosts, the Messrs. Beebe and their employes, we desire to express our satisfaction by the passage of the following:

Resolved, That the members of the American Institute of Homœopathy hereby tender to the Messrs. Beebe, of the Beebe House, our sincere thanks for the complete manner in which they have met and supplied the wants of the Institute, and especially for the sumptuous banquet provided for our social enjoyment.

Resolved, That we shall ever cherish with peculiar pleasure the mem-

ory of our visit to Put-tu-Bay, with its delightful lake scenery and balmy air.

These resolutions were received with great applause, and were unanimously adopted. Mr. Henry Beebe was loudly called for, and he requested Dr. E. C. Franklin to respond for him, which the Doctor did in a neat speech, and introduced to the assembly Mrs. Bennett, who delighted the guests by some magnificent singing. This terminated this very pleasant affair.

After the banquet the drawing-room, which was elegantly decorated, was cleared for a dancing hall. At nine o'clock it was filled with elegantly dressed ladies and gentlemen, who chased the glowing hours with flying feet.

Following the banquet the Ophthalmic bureau held a most profitable and lengthy sectional meeting, which was well attended by the more scientific part of the Institute.

THE FOURTH DAY'S SESSION.

The Institute was called to order at 9:30 A. M. Vice-President Ober in the chair.

The first thing was the report of the Botanical committee. Dr. J. R. Haynes having obtained some characteristic specimens brought up the subject of

THE SIMILARITY OF RHUS RAD. AND RHUS TOX.

He said that it has been claimed by eminent botanists that the *Rhus rad.* and the *Rhus tox.* are one and the same plant. This has been denied by others equally eminent. Let us first look at the provings of the two plants and we find the symptoms widely different, we find many symptoms in common, and so we do in that of many other plants. The poisonings are as different in their character and appearance as black and white; the one being bright red, vesicular, shining, swollen; the other, brownish-purple eruption resembling measles. The itching, burning, and smarting, very much greater in the latter than in the former. The two plants do not resemble each other in no way, the one having three oakleaf-shaped leaflets (hence its name, poison oak), the other, three on the young and tender shoots, but the matured or older has five oblong, acuminate, lanceolate, dentate and finally, seven leaflets, the two inner leaflets are about one-half the size of the outer. There is no need of mistaking this for any other plant, its only approximate is the *Ampelopsis quinquefolia*, which is widely different in form and habit.

Dr. Dunham moved that this subject be referred to the bureau of materia medica, and that they be instructed to report upon the differences, botanical and physiological, between the *Rhus tox.*, *rad.*, and *venenata*, and report at the next meeting of the Institute, and that Dr. Haynes be invited to co-operate with the bureau. Carried unanimously.

THE BUREAU OF PSYCHOLOGICAL MEDICINE.

Henry R. Stiles, M. D., of Middletown, N. Y., Chairman; George W. Swazey, M. D., of Springfield, Mass.; George F. Foote, M. D., of Stamford, Conn.; T. L. Brown, M. D., of Binghamton, N. Y.; Samuel Worcester, M. D., of Burlington, Vt.; T. Dwight Stow, M. D., of Fall River, Mass.; J. B. Hunt, M. D., of Indianapolis, Ind.

The Chairman of this bureau, Dr. Stiles, was expected to present several practical papers on Psychological Medicine.

There were present only Dr. Brown, who presented the report.

Dr. Dunham read a paper, sent forward by Dr. Swazey, on Psychology as a Remedy. The effect of mind upon mind was a valuable remedy if properly used. Dr. Brown was informed that Mrs. Julia A. Ford, M. D., of Milwaukee, had a paper bearing on this bureau, and asked that it be accepted as part of the report of this bureau. On motion, it was so voted, and Dr. Ford read her paper on "The Old and New," which was listened to with marked attention.

Dr. Brown then read his solid paper entitled

HEALTH IN THOUGHT.

Sanity, he defined to be the ideal wholeness of the perception and conception of the real—full power to think and act correctly. In whatever degree we may fall short of a distinct appreciation of what is, in a similar ratio we are insane and unhealthy in mind. Want of correct consciousness is the morbid mental condition of those who most need educational and psychological treatment.

The therapeutics of thought has not been fairly tested independent of the materia medica remedies, under the law of which some persons are as sure to become possessed of insane ideas as they are to live to a certain age.

To maintain healthy and useful thought, we must confine our efforts to the real, the available, and the practical.

Removing a patient to an asylum will often remove many of the objective surroundings which cause insanity. Quiet, sleep, rest, proper food, equal temperature, cleanliness, and pleasant guidance, commence the cure. Thought impressions which most completely represent the truth of things, is healthy and sane.

The usefulness and success of physicians depended upon: 1. Healthy conceptions of diseased conditions, and their causes. 2. We must have the necessary knowledge of the means of cure. 3. And not the least, we must have the ability to control our patients in such a manner that our ideas of a cure will be carried into effect.

Physicians can cure with thought as well as with medicines. Psychological medicine is the real foundation of all known means of cure. Healthy thought is the real therapeutical guide to a cure. Some physicians are insane on the power of remedies to cure, an idea from physiology or hygiene would restore this. Thought substitution cures just as labor often cures. Pleasant thoughts promote health and prevent disease.

Dr. Ober said that he could say that a contented mind and trust in Providence had been his salvation. He attributed his recovery to health to this fact.

Dr. Brown was elected chairman of this bureau for 1877, and he announced his associates to be F. A. Rockwith, M. D., of Saginaw, Mich.; H. V. Miller, M. D., of Syracuse, N. Y.; A. B. Spinney, M. D., of Detroit, Mich.; Julia A. Ford, M. D., of Milwaukee, Wis.; M. O. Terry, M. D.; G. W. Swazey, M. D., of Springfield, Mass.; G. W. Foote, M. D., of Stamford, Conn.

The subject selected is, "The Available Treatment of Insanity."

THE BUREAU OF ANATOMY, PHYSIOLOGY, AND HYGIENE.

Wm. Von Gottschalk, M. D., of Providence, R. I., Chairman; J. D. Buck, M. D., of Cincinnati; A. R. Thomas, M. D., of Philadelphia; A. R. Wright, M. D., of Buffalo, N. Y.; Thomas Shearer, M. D., of Baltimore, Md.; F. F. De Derkey, M. D., of Mobile, Ala.; T. Y. Kinne, M. D., of Paterson, N. J.; H. B. Van Norman, M. D., of Cleveland, O.

Papers were to be presented by Drs. Buck, Thomas, Wright, Van Norman (on Ventilation), and Von Gottschalk.

There were present Drs. Von Gottschalk, Buck, Thomas, and Van Norman.

Dr. Von Gottschalk reported that he had a paper on the progress in anatomy and physiology for the last decade, but it was incomplete.

Dr. Van Norman's paper was referred to the Bureau of General Sanitary Science.

Dr. Thomas then read his paper entitled

ANATOMICAL ANOMALIES IN MAN EXPLAINED UPON THE DARWINIAN THEORY.

He cited a case of a child in which he made a post-mortem. The death was caused from croup. They found the left side of diaphragm simply a membranous expansion, as in the case of birds. No trace of a muscle was to be found. This portion of the diaphragm was pounced by the colon which brought the cecum over the stomach. The report was very interesting, the idea being a novel one.

A. R. Thomas, M. D., of Philadelphia, was elected chairman. He announced his associates as follows:

Wm. Von Gottschalk, M. D., of Providence, R. I.; Thomas Shearer, M. D., of Baltimore, Md.; G. M. Pease, M. D., of San Francisco; T. Y. Kinne, M. D., of Paterson, N. J.; H. B. Van Norman, M. D., of Cleveland, Ohio; S. P. Hedges, M. D., of Chicago; S. J. Bumstead, M. D., of Pekin, Ill.; O. S. Runnels, M. D., of Indianapolis, Ind.

On motion of Dr. Dake, "Hygiene" was struck off this bureau.

THE DUES RAISED.

Dr. A. E. Small presented the following resolution:

Resolved, That all members shall be assessed two dollars and a half for the volume of Transactions for next year, and that the initiation fee be raised to five dollars.

Dr. Beckwith thought the Institute ought to know more of its financial standing. He thought this Institute ought to have funds on hand. He did not think this was the way to do it, to tax those who wanted to join so heavily. Many of them were young men who could not afford it. He thought that with our thousand members there would be funds enough if the dues were collected. The largest amount received during any one year was only about \$3000. Several members were many years in arrears. He thought there was a screw loose somewhere.

The resolution was finally carried.

REPORTS ON COLLEGES.

The report on colleges was presented by Dr. A. E. Small, of Chicago. He urged that the Institute membership use their influence to send students, first, to a good college, and second, by all means commend a Homœopathic one. No duplicate lectures should be given. The reports of the various colleges were then given.

Dr. Beckwith urged that our colleges adopt, as far as possible, Homœopathic text-books.

Dr. Gause stated that if all of our societies would adopt the plan of the Allegheny County Society, the standard of students would be raised. Their best students came from Pittsburgh.

Dr. Burgher explained that they had appointed a committee to examine all students who might want to study medicine. Thirty-two of the thirty-four physicians in the county belonged to the society. They had adopted the standard established by the Institute in 1873. It was a sad fact that some of the students knew nothing of our text-books.

This committee's lease of life expired with this session.

THE INTER-COLLEGIATE COMMITTEE

consists of two members from each college, each faculty making their own appointments.

The report of the committee was made by D. Thayer, M. D., of Boston, Mass.

Its object is to recommend and adopt such rules of comity as to secure a uniform system of education and requirements. It recommended the adoption of the three years graded course, styled the Junior, Middle, and Senior year.

Juniors, after February, 1877, must present a degree in letters, i. e., A. M., or pass an examination embracing a good English education, also a fair knowledge of Greek, Latin, algebra, geometry, physical science, and common treatises on natural philosophy.

To enter the Middle class the student must pass examination in branches of the Junior year.

To enter the Senior class, those of the Middle year must be passed.

Deficiencies may be made up during the scholastic year. The final

examination shall be made by the faculty, board of trustees, and board of censors. Graduates to become members of the colleges.

The course of study is as follows :

JUNIOR CLASS.—Anatomy, general and descriptive; Natural Philosophy and Chemistry; Physiology and Microscopic Anatomy; Pharmacy; Practical Anatomy.

MIDDLE CLASS.—Institutes of Homœopathy; First part of Practice; Clinical Medicine; General Pathology; *Materia Medica*; Clinical Surgery; Practical Anatomy; Practical Surgery.

SENIOR CLASS.—Second part of Practice; Clinical Medicine; Special Pathology and Diagnosis; *Materia Medica*; Surgery; Clinical and Medical Surgery; Midwifery and Diseases of Women and Children; Toxicology and Medical Jurisprudence.

Homœopathic text-books to be adopted as far as possible.

All colleges adopting the above were to be considered to be in good and regular standing with the Institute, and their graduates would be admitted to membership upon the presenting of a certificate of good moral character. Every member shall be entitled to write after his name, A. I. H. S.

All differences may be referred to the inter-collegiate committee for adjudication.

This report was accepted. Strenuous efforts were made to have it adopted, but without avail, and it was ordered printed. It will no doubt come up for adoption at the next meeting.

The committee on the World's Homœopathic Convention was next called. The report was made by Carroll Dunham, M. D., and will be found on page 88, of our July 15th issue.

THE REPORT ON CREDENTIALS

was now made by Dr. G. H. Wilson, chairman. There were present, 7 veterans; 126 physicians; 116 members; 12 state societies were represented; 29 local societies; 9 colleges; 15 hospitals; 13 dispensaries; 9 journals, and members from nineteen states.

The following resolution was then adopted :

Resolved, That no member shall serve on more than one bureau or standing committee. [Applause.]

THE FINANCIAL QUESTION AGAIN.

Dr. S. R. Beckwith, of Cincinnati, stated that he had examined the treasurer's books and ascertained that in 1874, at Niagara Falls, the largest amount that had been paid by members for any one year, also there was in the hands of the treasurer a balance of \$337. which added to the receipts of 1875, made the snug sum of about \$3,400 on hand and received since the last meeting.

The expenses of 1875 was a little more than \$3,600, leaving a deficit in treasury of \$837. on a debt of about \$500. He argued that the exe-

cutive committee should be in constant communication with the treasurer and make no expenditures in excess of the money on hand; that in his opinion the business of 1875 had been done in too loose and careless a manner, he did not attribute extravagance or want of business management to any one, but simply thoughtlessness, or in other words expenses were made that were supposed to be necessary without first consulting cost or the means the Institute had to pay. And in view of the large sum required for another year and the danger of incurring debt, he offered the following resolution :

Resolved, That the treasurer be instructed to notify the publishing and executive committee of the amount of monies belonging to the Institute in his possession, and that he neither pay or acknowledge any debt contracted by the executive committee in excess of the monies on hand.

Arguments were made for and against the resolution, concluding by Dr. Beckwith stating that the expenses of the World's Convention would exceed the sum of \$6000 to which must be added the present loss of \$850. To meet this large amount an assessment of \$2.50 has been made, yet the present rate of expending money, allowing the largest estimate for collections, there would still be a debt of more than three thousand dollars in 1876, and unless there were large donations, which were partially promised, the Institute would incur a debt that could not be collected except through the generosity of its members, and as the body was not incorporated, and have no rights to assess, he feared this expected debt would be the means of injuring the harmony of the Institute, and hoped that for safety and as a guarantee of good management the resolution would pass, and then the treasurer would never report a debt, as he would, after its passage, be individually liable for all monies paid out in excess of his receipts.

This judicious resolution was lost.

THANKS ALL AROUND.

There being no further business coming before the Institute, resolutions of thanks were passed to the retiring officers, Beebe Bros., the press, etc.

Dr. Ober thanked the Institute for the kindness it had shown him, and he hoped the members would overlook any error on his part. He then declared the Institute adjourned *sine die*.

[To the large number of friends who assisted us to make this very full report the special thanks of our readers are due.—ED.]

THE BUREAU OF ORGANIZATION, ETC.

DEAR DOCTOR: Let me correct an error on page 140 of the August 2d number of THE UNITED STATES MEDICAL INVESTIGATOR. The Bureau of Organization, Registration, and Statistics consists of :

Henry M. Smith, M. D., of New York; Jonathan Pettit, M. D., of Cleveland, Ohio; Pemberton Dudley, M. D., of Philadelphia; Edwin M. Kellogg, M. D., of New York; Temple S. Hoynes, M. D., of Chicago; T. Dwight Stowe, M. D., of Fall River, Mass., and Thomas F. Smith, M. D., of New York.

NEW YORK, Aug. 4.

HENRY M. SMITH.

Medico-Legal Department.

MIDDLETOWN INSANE ASYLUM.

[From *The Middletown (N. Y.) Argus*, of August 17.]

The *Argus* was the first to raise the note of alarm, last spring, against the action of Senator Madden, who, without counselling any one, or without the sanction of any one, had surreptitiously inserted a section in the Supply Bill, just at the breaking up of the session, entirely changing the character of the Asylum Board of Trustees.

Since that time, the Homœopathic Medical Society of the state has taken hold of it and issued a circular to the people, severely condemning the act. We entirely agree with them in all they say, with one exception. We do not believe that it is the design of the present board, in any manner, to change the character of the institution.

We know the men in the present board, and can say unhesitatingly that they are not the men to commit such an act of perfidy as that. But at the same time we charge distinctly that the act was an outrage not only on the old board but upon Homœopathists generally.

It was an act of *indecent* which called for the severest censure, and one which we believe no other senator could have been guilty of.

Had the act been embodied in a separate bill, and offered in the usual way and submitted upon its merits, it could not have received a dozen votes in either House, and Mr. Madden well knew it.

But instigated by a mischievous spirit, he clandestinely inserted it where he knew it would go through, or defeat the appropriation for the completion of the building.

We cannot blame Homœopathists for their out-spoken denunciations of this thing. They have a right to feel that they have been shabbily treated. We hold that the government of any institution should be in the hands of its friends. Our Homœopathic Asylum is the only one of its kind in the United States. It is an experiment, in the best interests of mankind, and no stone should be laid in its way. We have no fear of the present board taking a course inimical to its interests, for it is composed of good men throughout; but we oppose strongly the practice of placing the government of any institution in the hands of its enemies.

The Homœopathists are anxious to see the effects of their treatment upon the insane, and the people of the state have generously donated nearly half a million of dollars towards the purpose, and it is only right that they have a fair show in the matter. Here where the *personel* of the present board is known, we feel no anxiety; but we submit that others at a distance have a right to feel uneasy when they are told that the board is composed of a majority of men having no sympathy with the practice of Homœopathy.

Should we be told that the Allopathists throughout the state had been taxed toward the building of this institution, we admit it, and answer that the Homœopathists of the state have been taxed for the building and support of a dozen Allopathic institutions of the kind; and we have yet to learn of a single instance where an Homœopathist has crowded himself into the management of an Allopathic Asylum.

Medical News.

The *Chicago Medical Journal* and the *Chicago Medical Examiner* have been consolidated and will hereafter appear as the *Chicago Medical Journal and Examiner*.

G. N. Seidlitz, M. D., of Keokuk, Iowa, dropped in on us the other day. His merry ringing laugh "does good like a medicine" because it is Hemœopathic.

C. T. Harris, M. D., of Ypsilanti, Mich., made us a very pleasant call as he was returning from Delavan, Wis., where he had been in answer to a telegram, to care for relatives, and old friends who were suffering with diphtheria.

Report of the New York Ophthalmic Hospital for the month ending August 31, 1875: Number of prescriptions, 2,427; number of new patients, 286; number of patients resident in the hospital, 27; average daily attendance, 93; largest daily attendance, 136.

ALFRED WANSTALL, M. D.,
Resident Surgeon.

Died.

WARREN.—August 13th, of phthisis pulmonalis, after a long and painful illness, Lidia, wife of Dr. R. N. Warren, Wooster, Ohio.

OBER.—On August 31st, of pluro-pneumonia, Mrs. Abigail C. Ober, wife of Dr. L. E. Ober, La Crosse, Wis.

Dr. T. G. Comstock's obstetrical practice extends from St. Louis to Chicago—"a big ride." His forceps we learn are having quite a sale in Europe. An Allopath who borrowed a pair exclaimed, when he returned them: "Allow me, Dr. G., to congratulate you on your choice of forceps." Homœopathy is ahead in the forceps line.

Tumbler Breaking, of which mention is made in THE UNITED STATES MEDICAL INVESTIGATOR, of August 16th, has been observed in Plattsburgh, by frequently being under similar circumstances, and sometimes also, when standing empty when a draught of cold air

comes suddenly upon them. The reason of this is, probably, to be found in the material of which these tumblers are made, being in whole or in part, at least, of old glass remelted. N.

An Imposter, Beware of Him!—A man calling himself Dr. F. H. Morton, a Homœopathic physician, residing at a place which he calls Tilsonburg, Ontario, Canada, on the plea of being without the means whereby to pay his fare to Chicago, swindled me out of five dollars. He says he is well acquainted with Drs. Ludlam, Small, Hale, Beebe, and others, and promised to remit from Chicago. N. S. HUBBELL.

MECHANICSVILLE, IOWA, Aug. 27.

Improvement Possible.—If you will allow me to speak frankly, I will say it is the opinion of several hereaway that THE UNITED STATES MEDICAL INVESTIGATOR is not as good as before the change. Can you not get back to the old goodness? C. P. J.

[The quality of the articles is subject to the caprices or ability of the writers. The scope of the journal is wider, so the variety of the articles is greater. The reports from the field of practice is a new venture and therefore often frothy, but it will right itself in time. Let all do the best possible.]

Medial Missionaries Wanted.—We have considerable difficulty in finding suitable young ladies who have a medical education, who will engage in foreign mission work, and have thought that if it was generally known that nearly all schools make a reduction in expenses in favor of those preparing for foreign mission work, there then might be many young ladies who do not feel able to support themselves through a regular course of study, who might be encouraged to undertake it if in some way their attention could be called to such schools of first class who do thus favor them. L. H. DAGGETT

No. 36 Broomfield street, BOSTON, Mass.

"Sensitiveness to Medicines."—In answer to the request in THE UNITED STATES MEDICAL INVESTIGATOR, (see page 156,) I report that the lady who is so sensitive to *Cinchona* is slender, frail, and nervous; has gray eyes, and dark hair. The *Acon.* subjects are a combination of the lymphatic, nervous, and sanguine temperaments; delicate, pink and white complexions; light brown hair, and light gray eyes. The patient who is so susceptible to *Gels.* has blue-gray eyes; is hypochondriacal and very nervous. The one who was *severely* salivated by *Merc. 6*, is of marked lymphatic temperament and blue eyes.

W. F. MORGAN.

Diploma Selling.—Mr. EDITOR: I find in THE UNITED STATES MEDICAL INVESTIGATOR, July 15th, page 99, an article from Dr. Hoyne, in regard to selling diplomas; August 2d, page 143, a reply from Dr. Valentine.

Dr. Hoyne states that "Dr. Valentine, in a private letter dated June, 1874, says, 'If Hopkins claims to be a graduate of the Homœopathic Medical College of Missouri, he is a *fraud*—we never saw him. He wrote to us about coming, but never came'" Now, if he never came, how does it happen that his diploma was *withheld for non-payment of fees*? And how did A. M. Hopkins, (who I understand is the wife of H. I. Hopkins,) get her diploma? I can assure you she was not a member of the class, as I was a regular attendant, and as there were not more than twenty-five students, and but four ladies, I cannot be mistaken.

Dr. Valentine tries to dodge these questions by referring to the Chicago chair of surgery; neither school should boast of this chair. I have heard Dr. Danforth relate his biblical and other anecdotes, from fifteen to twenty minutes of the fifty minutes allotted to him to give instruction to the class. I have heard Dr. Franklin relate his exploits

in surgery, which were not instructive but amusing to the students who had not heard the stories the previous term; he also gave instructions to use *Morphine* hypodermically, stating it *would not injure the Homœopathic remedies they were using internally*. Is that Homœopathic teaching? If his surgical cases (this is only a sample of his instructions,) are treated in this manner, why use *his* work more than another, for, when shorn of its Homœopathic treatment, what is there original in it?

LIZZIE P. JAMES.

DECATUR, Ill., Aug. 14.

Prospectus.—The consolidation of two large Homœopathic journals and the publication of a semi-monthly medical magazine, was a venture that tested the faith of the most level-headed publishers. It was pronounced "risky," and it was feared we should not get enough of valuable matter to fill such a large issue every two weeks. The result has far exceeded the expectations of all. The profession have deeply appreciated this effort in their behalf. Two journals condensed into one, issued so often, and at a reduced price, was such a tempting offer that few could resist. The articles have poured in, till at this writing there are enough to fill several numbers on hand. The best verdict is such expressions as this: "It grows more practical with each issue."

The result of this semi-monthly experiment is such that we might feel disposed to rest content. But we are urged to issue a weekly UNITED STATES MEDICAL INVESTIGATOR. Much as we would like to satisfy this large class who declare, "we want the help of those 'Practical Observations' every week," we cannot take this extra labor and care yet. Perhaps next year we may, if it seems the general wish. If these observations grow more and more practical and numerous, and the mass of valuable articles continues to pile in upon us, we will heed the hint and despatch a medical cargo twice as often.

A few miss the lengthy essays found in the quarterlies, and to satisfy these (for we try to get up a journal that *all* will appreciate,) we shall enlarge the *journal* for 1876, and thus still further benefit all our readers and writers.

Many changes and improvements will be introduced and no effort will be spared to make it still more valuable to the busy practitioner. But there will be no increase of the price. It will remain at \$5.00.

Our aim is to give a PRACTICAL, SCIENTIFIC, HOMŒOPATHIC, PROGRESSIVE MEDICAL JOURNAL.

NOW IS YOUR CHANCE!

We want next year to benefit EVERY Homœopathic physician.

We want to send this journal next year to every professed Homœopath who can read it — or who can get some one to read it to him.

Now we want you to help us (and we will pay you well, too).

1. If you send us *four* new names (with the money) you will get your copy for 1876, FREE!
2. If you send us *three* new subscriptions with your own, we will send you, free, a copy of SURGICAL DISEASES.
3. If you send us *five* new names with your own subscription, (i. e., \$30.00) we will send you, free, a copy of DISEASES OF WOMEN.

If you cannot induce your neighbors to take it, send us their names (with the reasons) and we will try our persuasive powers and remunerate you for your trouble.

"Every Homœopathist should receive it regularly," is the opinion of many of the best men in our ranks, therefore we are going to do our level best to get every one of the six thousand to take it for 1876, even if we have to send it "a year on trial" to some of them who "cannot afford it."

We wish all our readers to understand (what our personal friends well know) that we publish this journal for the good it does, and are satisfied when it pays for the labor spent upon it—which few medical journals do.

This is the reason why we offer so much medical matter at so low a figure, also why we can offer such rare inducements.

☞ We make a large discount to students.

See advertisement of Surgical Diseases, and Diseases of Women.

IT IS A SWINDLE.

EDITOR UNITED STATES MEDICAL INVESTIGATOR: I desire to have you publish the within correspondence: Upon the second page of the cover of the named pamphlet, occurs a list of names of eminent medical men, as reference to the efficacy, etc., of a cure for consumption. I procured a supply from Boericke & Tafel, and fearing I had been swindled, I selected six names to whom I wrote, and received from each substantially the same reply. I have copied the letters from three of them, and as I said above, I desire you to publish them thereby hoping to benefit my medical brethren, and put them on their guard against stolen references. If you entertain doubts relative to authenticity of the within named letters I can forward to you the original letters.

R. W. WALTERS

CHAGRIN FALLS, Ohio, Aug. 14.

CHAGRIN FALLS, Ohio, Aug. 3, 1875.

DEAR DOCTOR: I received a pamphlet from Dr. Rohland, through Boericke & Tafel, New York, on consumption and its treatment, by Dr. Jul. Lobethal, in which he offers your name in reference. Please advise me at your convenience what you think of the remedy offered, and any information you may possess concerning its use, and greatly oblige.

R. W. WALTERS.

No. 21 West 31st St., New York, Aug. 11, 1875.

DEAR DOCTOR: I have never authorized my name to be applied to any circular advertising to cure consumption. I know nothing concerning the pamphlet of which you speak.

WM. TOD HELMUTH.

Wells House on Schoon Lake, }
ADIRONDACK, Wayne, Co., N. Y. }

DEAR SIR: I know nothing about Dr. Rohland or his medicines, and he has been directed to cease to use my name. He is an imposter.

Yours truly,

FRANK H. HAMILTON.

92 Madison Ave., New York, Aug. 10, 1875.

DEAR DOCTOR: Upon receiving your letter of 3d instant, I wrote to Dr. Rohland to call and see me, as I wished to find out something about the matter you refer to, and by what authority my name was used although in my note to him, I said nothing about the object of the desired interview, he wrote me a letter apologizing for the liberty he had taken, etc. This does not prevent the fact that circulars are distributed with my name attached and I should be very glad to be able to caution the public against placing any confidence in such advertising quacks who dare not circulate these documents at home, but send them over the country not expecting us to bear of the liberty they have taken in using a name without consent, which in this case Dr. Rohland has done and imposed upon the public. You can make what use you see fit of this note.

Yours very truly,

ALEX. B. MOTT.

THE
UNITED STATES
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

New Series, VOL. II., No. 7. — OCTOBER 1, 1875. — *Whole No.* 151.

”
Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

MICHIGAN CITY, Ind., Sept. 21.—There is but very little sickness here: less than for a number of years past, and what little we do have is of a mild form of malarial fever. D. T. BROWN.

FIJI.—The reports that come from there state that the fearful mortality from measles still continues. The prevalence of measles so severe in Oregon, Alaska, Fiji, and in China and India, is something remarkable and noteworthy.

SYRIA, Aug. 10.—Cholera is raging at Damascus, Beyrout, Latakia, Hamath, Antioch, and other places. It has done fearful work at Damascus and its vicinity. At Beyrout most of its population have fled to the country. A strict quarantine has been established in the villages about Mount Lebanon

PEORIA, Ill., Sept. 18.—We are having a healthy fall; very little fever, some dysentery, cholera infantum, etc. Rather more surgery and chronic lung disease than usual. *Rhus*, *Ars.*, *Bell.*, and *Sepia*,

seem most frequently indicated. Have been very successful so far.

Can you not visit our city and attend the Military Tract Homœopathic Medical Society, December 7th, at 10 A. M., in the Council Chamber of the City Hall? We expect a large and interesting meeting. Invite some of the Chicago doctors to come. M. M. EATON.

POTTSTOWN, Pa., Sept. 21.—Up to September 1st we had a great deal of cholera infantum and cholera morbus. The cholera infantum was generally controlled by *Crot. tig.* 200, *Ars.* 200, and *Pod.* 200. The cholera morbus by *Verat.* 200, and *Pod.* 200, with a few doses of *Chin.* 200, to clear up the cases. I find the 200th potency to act better than lower in diarrhetic and dysenteric affections; also in headaches and intermittent fever. Since the 1st of September we have had very little sickness of any kind, with the exception of an occasional diarrhœa which is generally controlled by *Dulc.* or *Pod.*

L. HOOPES.

ELKHART, Ind., Sept. 20.—We are having considerable remittent fever. Cases are mostly mild, but nearly all take on the intermittent type early. *Rhus tox.* corresponds to most cases. Heavy aching all over, with frequent change of position affording momentary relief; tongue slightly coated. The *Rhus* brings clear intermissions in the morning, and patient thinks he will be able to sit up in the afternoon, but he finds himself shaking hard before that time, and goes through a genuine old-fashioned ague. Symptoms of the paroxysm are: Long, hard chill, with thirst, headache, and backache; hot stage long, with horrid headache, thirst, and pain in back — lumbar region; sweat profuse *without any relief of headache*, which lasts long into the night; anorexia is short, characterized by a "clean gone" feeling; type, quotidian. *Natrum mur.* 200, cures every case so far, and, also corresponds to most of our intermittents that have not been remittent. Weather cool and damp.

A. L. FISHER.

LINCOLN, Neb., Sept., 13.—The report from Headland, this state, in the September 1st number of THE UNITED STATES MEDICAL INVESTIGATOR, corresponds with our experience here. The summer has been wet and cool. Doctors and undertakers look blank, and so do their grocers.

A few cases of diarrhœa through the season controlled by single prescriptions of *Pod.* 12, is about all we have had of disease; the obstetric work promises abundant, so our bread will come from the hand of the living if not the dying.

I have a case for counsel: Patient troubled with tænia; boy, seven years old, nervous temperament. *Kousso* has never failed in exterminating large portions of the worm; in this case I do not *know* that I ever expelled an entire worm though my patient has been greatly relieved for a season. I have used *Calc. c.* 6x, *Santonin* 6x, *Silicea* 6 and 12, with no permanent good. Patient is active, out of doors most of the time; is disturbed mostly at night, bad dreams, jumping up on feet in bed greatly agitated, with perspiration on head. I tried *Sulphuric ether* and *Oil* at one time with no success. With one patient I succeeded in expelling the entire worm, but still another grew.

The above is my experience, I have not succeeded, who can enlighten me from personal experience in the treatment of tape-worm? I find but little in our books on the subject.

L. J. BUMSTEAD.

LANSING, Iowa, Sept. 8.—“*The highest dilutions will cure only those who are born and reared in ease and idleness.*” I agree with Dr. Smith, of Philadelphia, in denying the truth of such assertions. My daily practice is among all classes—rich and poor, strong and weak, old and young. My pocket case, the only one I use, contains thirty-two (No. 3,) vials, filled with No. 10 globules, and these are medicated with potencies ranging from the 200th to the 80,000. I treat fevers of every name and type, whether among oxygenoid, hydrogenoid, or carbonitrogenous constitutions, and I cure with these little globules medicated as above stated. Every day I surprise myself and wonder how it can be possible to effect cures with so little medicine and so few doses.

Backward or forward? Our pharmacies are lauding “Carlsbad salz” as a mild cathartic. Are we not wandering backward toward the days of *Croton oil*, *Jalap*, effervescing draughts, and tablespoonful doses of *Rhubarb*? We have *Bryonia* constipations, *Merc.* ditto, *Lyc.* ditto, *Sulph.* ditto, *Ars.* ditto, etc., etc., and if there is any virtue in our law of cure, any truth in the positive assertions of the Hahnemanns, Herings, Dunhams, and Duncans, and hosts of others, why return to the days of *Croton oil* and teaspoonful doses of white mustard seed? Verily, we need to be chastized.

Calcarea bowel complaints have been rife among our little folks. A few doses of *Calcarea* 200, and the mother sends to the office for some mild cathartic, her child’s bowel complaint has ceased entirely.

Bryonia pains trouble our people. Two or three doses of the 200th or 80,000th always relieves, and it makes no difference whether the patient is a blacksmith or a gentleman “reared in ease and idleness,” the remedy, if indicated, relieves the former just as soon as it does the latter. I would that every Homœopathic physician in the land would purchase, and use, a pocket case of high, and highest, potencies. Try it, ye skeptics!

Weather remedies. My barometer, for the past ten days, has been unsteady, now rising, now falling. My thermometer has ranged as high as eighty-five degrees, and as low as fifty-five degrees. Change has been sudden. Wind, south-west, and north. Hydrogenoid remedies *Nat. mur.*, *Ars.*, etc., are indicated during a south and west wind, while oxygenoid remedies, such as *China*, *Nit. acid*, and *Iron*, acted kindly during a north wind. When we know more about barometers and thermometers, I believe it will be possible for us, before beginning the duties of the day, to arm ourselves with the endemic or epidemic remedy, and leave the rest of our case at home. I am approaching this position in my professional life. Day after day have I gone forth resolved, it may be, to use only my vial of *China*, *Ars.*, or the remedy whose symptoms most clearly resemble the prevailing disease-symptoms. For an entire week I remember to have used only *China*, high.

J. W. DAVIS.



CANNOT HOMŒOPATHIC PHYSICIANS CURE AGUE?

[In our issue of September 1st, we stated that Dr. Vincent resorted to his so-called "specific" after he had failed with everything else. He claims that we have misconstrued his letter. We are glad to correct the false impression. It will be seen that he does cure the "minority of his cases," when he treats them Homœopathically we presume. The following is just what he did say:]

"Individually I prefer and use the higher attenuations. Very seldom prescribe lower than the 30th. but while that is the case, I am not disposed to denounce my brother, who, in his judgment, prescribes the 3d. Intermittent fever, to me, has proved an exceptional disease. I have seldom been able to cure a recent case of ague with high attenuation, and I might add, nor with any other attenuation. Even the best selected remedies fail me in a majority of cases. How very many times I have prescribed feeling confident and assuring my patient that this would cure them, only to be mortified by the unwelcome announcement, day after day, "I had another chill," until the patient becomes tired and disgusted, says there is nothing in Homœopathy, goes to an Allopath, takes *Quinine*, and has his "chill stopped" at the expense of my reputation, the loss of the case, and the loss of their future patronage and influence. My own experience in ague is the experience of nineteen out of every twenty physicians in our school, and so thoroughly is this matter understood that it has become proverbial in malarial districts that Homœopathic "physicians cannot cure ague." Many persons ardent Homœopathists will resort to *Quinine* or an Allopath, if they or their families take intermittent fever, rather than take the chances of a run of the disease for several days and probably have to resort to it in the end."

[An entertaining discussion on this subject will be found on page 253, by the Indiana Institute of Homœopathy.]

 THE HEALTH OF SAN FRANCISCO.

It occurs to me that some of the readers of THE UNITED STATES MEDICAL INVESTIGATOR might like to know something about the mortuary statistics of the city of the Golden Gate, consequently I will make a few extracts from the report of the health officer for the past year.

Our population last March was 230,132, of which nearly 19,000 were Chinese. Inclusive of Chinese there were 4,163 death in the past fiscal year, an increase over the previous year of 150. While the increase of mortality was less than 4 per cent the population has increased fully 15 per cent. The ratio during the year 1874-5, inclusive of Chinese, was

17.5, while in 1873-4 it was 19.1. The mortality among the Chinese was 453, or 23.8 per 1000, in 1874-5, against 32.1 in 1873-4. Exclusive of Chinese the deaths were 3,710.

The statistics of mortality are augmented because the death rate of Chinese over seventeen years of age is greatly in excess of the whites. Even with that disadvantage our city compares favorably with other large cities, as shown by the following figures for 1874:

The death rates per 1000 being in New York, 27.6; Philadelphia, 19.6; Brooklyn, 24.4; St. Louis, 14.5; Chicago, 20; Baltimore, 21.1; Boston, 23.6; Cincinnati, 20.5; New Orleans, 32.8; San Francisco, 19.1; Providence, R. I., 19.9. Average of fourteen large cities, 22.

While across the Atlantic, the figures run as high as: Liverpool, 31.9; Berlin, 32.6; Rome, 34.3; Florence, 34.7; Manchester, 30.3; Dublin, 26; Leeds, 28.6; Newcastle, 29.2; and as low as: Bristol, 22.7; Paris, 22.3; Vienna, 24.2; Brussels, 23.9.

The deaths from zymotic diseases numbered 785; constitutional diseases, 743; local diseases, 1,503; developmental diseases, 537; violence or negligence, 222; unknown causes, 373. Total, 4,163. Of the violent deaths 37 were homicides; of special diseases there were 125 from scarlatina, 28 from measles, 9 from small-pox, 51 from diphtheria, 21 from croup, 28 from hooping-cough. In the above cases the female decedents outnumbered the males, except in small-pox. There were 139 death from typhus and typhoid fevers, three of these being reported as typhus. Thirty-two of these deaths occurred in public institutions and 18 in the Ninth ward, the latter mortality is attributable to the Mission creek and bay, made land, and defective drainage.

From diarrhœa (infantile) and cholera infantum the deaths were 60.

Of the 555 deaths from consumption, 39 were Chinese. The number of deaths from this and many other diseases is not surprising when it is considered that San Francisco is the refuge of the sick from all quarters of the state, and in fact from all parts of the world.

Sixty-eight cases of death from cancer are reported, of these, 16 were of the uterus, 16 of the stomach, and seven of the breast. The females exceed the males.

The number of female decedents from aneurism is unprecedented. San Francisco has the highest rate of mortality from this class of diseases (heart disease in general,) of any of the thirteen largest cities in the United States.

Fifty deaths of persons over 70 years of age occurred, four were over 100 years old, viz., Patrick M., (Irish,) aged 101; Mary M., (colored,) was born in New Orleans in 1766, making her 109; Patrick F., (Irish,) 104; Jane H., (Scotch,) 109.

There were 64 suicides, only one of which was a Chinaman. Of the 37 homicides, seven were Chinese, five women, and 23 foreign born. San Francisco exceeds every city in the Union in the number of suicides, and there is only one city (Richmond,) that approaches the number of homicides.

Twenty-one per cent of all the deaths occurred in private hospitals or asylums. One-fifth were under five years of age, and three-fifths were between 20 and 50 years. Three-fourths of the adult males were foreigners.

To sum up, we can beat other large cities in the small ratio of mortality; and in the large percentage of deaths from heart disease, suicides, and homicides.

I hope at some future time to be able to give some statistics showing the ratio of losses between the two schools of medicine.

SAN FRANCISCO, Sept. 6.

G. M. PEASE.

SINGULAR CASES.

NERVOUS EXHAUSTION OR HEAT STROKE ?

A friend of mine, Dr. F., had a certificate of death returned by the registrar of the board of health with the remark, "Please give name of disease." Her diagnosis was: Primary: exhaustion from mal-assimilation.

The child had neither diarrhœa nor vomiting, but just languished for a few days then died; refused all food and drink, had very little or no fever.

Of what did that child die? The Doctor thought scrofulosis the primary cause of mal-assimilation. The sultry, hot weather came on and the children died from exhaustion, not from disease. [Heat stroke, remedy, *Ars.*]

CEREBRAL TYPHOID OR PROGRESSIVE PERNICIOUS ANÆMIA ?

An Irish girl of about twenty-five years was taken, August 20th, with excruciating frontal headache; excessive prostration; white coated tongue, or rather a heavy, thick, white or creamy coating all over the tongue; perfect disgust for food; sleepiness, but impossible to sleep; no thirst and no fever; pulse weak, 75 to 80; temperature, morning and evening, not over 97 degrees; no chill, nor any extraordinary heat. During all her sickness she never took to her bed. Considering it, as I do still, a typhoid state, I prescribed *Bapt.* for several days, without any relief, I then changed to *Antimon. crud.*, which cleared the tongue off, but the appetite failed to return. Although her head was now clear and she slept better, and though for a few days she appeared to get better, she still complained of her excessive weakness. Ice was the only thing craved, and she took it in small quantities. There was not the restlessness of *Ars.*, nor the anæmia of *China*. At once, on the thirteenth day of her disease, she became raving crazy, not delirious, for she was wide awake during her maniacal attacks, and died-exhausted in less than twenty-four hours. (*Stram.* failed to do anything.) The girl was out of sorts, although doing her work for the past few months; her appetite was capricious; her courses, as far as

her fellow-servant recollected, were scanty, and she always had a pale, anæmic, or if you please, chlorotic look. To me it seems now to be a case of "progressive pernicious anæmia," so well described by Professor Hoerner, and all of which in his practice also ended fatally.

If I have another such case to treat, I intend to rely on *Phosphoric acid* in my treatment. If Poufids is right, who considers these cases fatal from fatty degeneration of the heart, then hardly any remedy will be of any avail.

Oh! How little do we know, how much have we to learn yet of the hidden mysteries of nature! When will this microcosmos be fully investigated!!
S. L.

[For the headache, *Bry.* or *Gels.* would be suggested, with a preference for the latter. For the exhaustion, or anæmia, or both, *China* or *Phos.*, possibly *Ferrum*, would be indicated. The mania was due to the excessive anæmia and would suggest *Zinc* or *Ars.*, (vide Her-
ing's Analytical Therapeutics,) rather than any congestive remedy. *Bell.* is the Irish congestive head remedy.]

THE MEDICAL USE OF COLORED GLASS.

BY G. M. PEASE, M. D., OF SAN FRANCISCO, CALIFORNIA.

In a former article upon the above subject which appeared in the January number of THE UNITED STATES MEDICAL INVESTIGATOR, it was my intention to call to notice the fact that for ten or eleven years I had more or less frequently experimented with colored glass, as an adjuvant to drug-medicine, in the treatment of disease, and it was my wish that others might try it, if they had not, and report their experience; or if any had already investigated in that direction that they might either substantiate my own research or prove me in the wrong.

Now it seems, as Dr. F. A. Rockwith tells us in the *Hahnemannian Monthly* for March, that he has used different colors of glass in his office for "at least six or seven years."

But he says that, "unlike Dr. Pease (he) can lay no claim to any Newtonian talent for original observation and discovery." He further intimates that I had read about it somewhere and at sometime, but that, as he says, "the text of which is short-lived, while the spirit, the idea, may continue for long after the memory part of the mind, which imbibed it," or in other words, that I had forgotten where and when I read of it. Perhaps that may be true, and the "memory part of the mind" did fail me, but really I must acknowledge that I had not at that time any idea of colored glass being used for any medical purpose, except as a means of softening the light for persons whose eyes were tender when the full sun or artificial light was upon them.

I do not claim to be a Newton, though much I would like to do a little of what he did for coming generations.

I fancied in this particular case that I felt better after being under a blue light, and I began my experiments some three or four years before Dr. R., says he used colored glass. The Doctor thought that "in this matter of chromatics it was common knowledge," and yet I do not remember ever to have heard even the slightest allusion to it by any medical man of my acquaintance until after I had spoken of it to those with whom I associated.

To this day I do not remember ever seeing or hearing of any article upon the *medical* use of colored glass, other than what was referred to in my article above mentioned, viz., General Pleasanton's experiment.

Professor Pfriffer has made some experiments upon animals; and in England, as well as in this country, the effects of different colored glass upon plants has been tried to some considerable extent, and the results have shown, I believe, that the violet color gave the most rapid growth.

It may possibly be true that medical men have many years ago used the colored glass as an assistant in the cure of disease, but I should thank any one for giving the information as to where any note of it can be found.

It was long ago known to me that the experiments with plants had been made, and the fact of feeling better under the blue light of the photographer *may* have called to mind those experiments and led me to reason that it might be good for man as well as plants; but *just what* my reasoning in the matter was, in the first place, I cannot give, still for all that, I might claim some degree of originality in applying it to medicine.

Dr. Rockwith, in his semi-criticism, goes more deeply into the scientific medical possibilities than I had thought of doing, thereby showing him to be no mere tyro, but a man of extensive reading, and it is just such men that I would especially choose to further investigate the subject by experiments, and ask for the results. He speaks of chemical effects—I ask, if blue, red, or violet rays cause a chemical destruction of certain ingredients *out* of the body, why might they not cause a change or destruction of those same ingredients when they happen to be *in* the body?

As far as the use of colored glass by the ophthalmologist is concerned, I believe it will be conceded that the object was for the softening of the light. The case mentioned by Dr. R. as illustrating the use of the "Berlin blue spectacles" was clearly of benefit (primarily at least) because the light was softened, and could not have been the actinic effect of the sun's rays upon the nervous system, since he says "the effect was instantaneous."

In Draper's *Physiology*, edition of 1856, upon page 461, we find the following: "Since the sunlight is composed of many differently colored rays and different principles, it becomes an interesting inquiry which of these is the immediate agent in ministering to the nutrition of plants?"

In a work entitled "Chemistry of Plants," also by Dr. Draper, we

find a chapter devoted to the effects of different colored lights upon plants, but nowhere do we find any allusion to the application of colored light as a remedy for disease in man; and yet who shall say that Draper has not gone deeply into the subject of sunlight and its effects upon vegetable life — in fact has told us more about sunlight in general than perhaps any other man unless we include Tyndall.

Dr. Rockwith says he cannot “comprehend how so limited a motory agent as light could possibly act through any other than the optic tract.” Would he have us believe that all the other nerves of the body which send their sentinels to the surface, to watch over their internal welfare, do not equal in power and volume the one single pair of optic nerves, and that because there happens to be a glass window in front of them, that they alone can receive impressions of light. Again he says, “light holds to the plant a strictly nutritive relation only.”

We have all doubtless seen a plant growing in a totally (as far as we can judge) dark place, but its color was pale, it had life and grew rapidly, its nutrition appeared good, but it needed the chemical influence of light to give it perfect health, namely its color. I would not have it understood that I rely solely upon the colored glass in the cases in which I use it, but only as an adjuvant to the remedy selected with the greatest care in my power as being the nearest similar to the disease I am treating.

For the past six months I have been using a glass which was the nearest in color, according to my idea, that could be obtained, but which was more dense and of a redder shade than any previously used, and although I have seen apparent benefit follow its use, still I cannot say it has given me the satisfaction and as rapid results as I formerly noticed. This fact, to my mind, demonstrated the possibility of getting too much red in the mixture, and also that density may obstruct rather than intensify those rays which are needed.

I cannot close without wishing that this subject may be experimented upon and the results given to the profession, and also that Dr. Rockwith or others may find the sun’s violet (or other colored) rays to possess something of benefit for suffering humanity.

OUTSIDE THE LAW.

MISTER EDITOR: As our Homœopathy sometimes “gives out” it may be comforting to know that some people, will get well under other principles of treatment. One of our citizens who has been troubled with a severe cold on the lungs, effected his recovery in the following manner: He boiled a little bone-set and horehound together, and drank freely of the tea before going to bed. The next day he took five pills, put one kind of plaster on his breast, another under his arms, and still another on his back.

Under advice from an experienced old lady he took all these off with

an oyster knife, in the afternoon, and slapped on a mustard paste instead. His mother put some onion drafts on his feet, and gave him a lump of tar to swallow. Then he put some hot bricks to his feet, and went to bed.

Next morning, another old lady came in with a bottle of goose oil, and gave him a dose of it on a quill, and an aunt arrived about the same time from Bethel, with a bundle of sweet fern, which she made into tea, and gave him some every half hour till noon, when he took a big dose of salts. After dinner, his wife, who had seen a fine old lady of great experience in doctoring on Franklin street, gave him two pills of her make, about the size of an English walnut and of similar shape, and two table-spoonfuls of home-made balsam to keep them down.

Then he took half a pint of hot rum at the suggestion of an old sea captain in the next house, and steamed his legs with an alcohol bath.

At this crisis two of the neighbors arrived who saw at once that his blood was out of order, and gave him a half gallon of spearmint tea, and a big dose of castor oil. Before going to bed he took eight of a new kind of pills, wrapped about his neck a flannel soaked in hot vinegar and salt, and had feathers burnt on a shovel in his room. He is thoroughly cured and full of gratitude.

MEDICAL X ROADS.

MEDICAL BILIUS.

COUP DE SOLEIL.

THE VAPOR OR HEAT THEORY VS. THE LIGHT THEORY.

In June 1st and August 2d numbers, 1875, there are some thoughts on sun-stroke, by Dr. Gregg, of Buffalo. He accounts for the cause and results of the stroke by a novel theory, viz., pressure upon the brain by a *vapor of the blood or the water of the blood*. The source of this vapor is a high degree of external heat. It seems to me the Doctor has not supported this theory by any facts or plausible reasoning that would satisfy the demands of science.

Theories, now-a-days, have to be deluged by well-established facts before they can receive a respectful hearing. It is not common, I think, to find a patient very hot who is sunstruck, i. e., at the time of or very soon after the event, but, when *reaction* comes on. He quotes H. C. Wood, Jr., "on sun-stroke," July, 1872, as saying that the patient when *passing by insensible degrees* into coma or stupor is in a temperature of one hundred and nine degrees and in some cases one hundred and thirteen degrees F. This is a high temperature but it occurred *as quoted* only as an effect and not a cause.

Admitting that there was at the beginning of the stroke a temperature of one hundred and thirteen degrees would it follow that a *vapor* would form in the blood and by its lack of specific gravity rise to the brain and cause the furor, convulsions, or coma, that are sometimes

seen? But we believe it is *not true* that this excessive degree of heat is reached in the early stage of the malady, and it is not true that solar heat can *impart* such a degree to the human body.

On the contrary it is well known that men work in rolling mills with the thermometer indicating one hundred and twenty degrees, and work for several consecutive hours in this heat. I am told by a gentleman conversant with a furnace at Covington that men have worked there when the temperature was one-hundred and sixty degrees and upwards.

I have taken the trouble within the last two years to ask laborers of this class of the frequency of sun-stroke in the rolling mills, and have never found one who had seen or known of a case of sunstroke in such employ. The human body seems capable of a high degree of heat without injury, as instanced by the "Fire-king" Chalert who could endure over five hundred degrees.

There is in the human body, a large margin for accidents and any unusual draft upon its endurance. In fact it is *doubtful* if the thermometer *will* indicate any higher degree of temperature in the hottest day of summer than the coldest day of winter; probably not as great; for the great evaporation from the skin when perspiring, much would cool the body while the excess of carbonaceous food of winter would elevate the temperature. But the symptoms following a sun-stroke are not usually those of compression, for many times there is delirium, attended with violent actions and requiring the patient to be restrained. Again we see men working under great heat with the temperature of the body not increased much above the normal yet exempt from sun-stroke, while on the other hand we see many cases of sun-stroke (not exhaustion) where the parties are not exposed to a high degree of heat.

For instance, a gentleman in Covington, Ky., was sun-struck while setting in his house and under the influence of reflected rays. If Dr. Gregg will consult authorities he will find record of like cases. He will find in Da Costa's Diagnosis, accounts of sun-stroke in the night in India.

About three years ago last July I was called to see a child about four months old that was evidently suffering from a partial stroke. About two months since I prescribed for a gentleman who had the following experience: While at a target shooting, a fixed, sharp pain was felt in his forehead, and so intense and sudden as to be alarming. He hastened to a stream near by and bathed his head freely and, by the help of a friend reached a street car and started home. He was seated in the car but a few minutes before he fell asleep and so continued for most of the distance home.

He was so ill from this as to be confined to his house for about two weeks. He had not walked far enough or fast enough to convert himself into a "Keely motor," but he *had* sustained a *peculiar attitude* to the sun long enough, if only ten minutes, to cause the result. One or two more anomalous cases, yet analagous to sun-stroke, may be mentioned. From the *vaporic* standpoint they are inexplicable.

A man aged over sixty, while driving on a very cold day, about six miles west of this city, was taken with delirium when near home, and was found by his son unable to manage his team. He was taken home and remained ill for more than a week and most of the time in such a furor of delirium as to require forcible restraint. This case I was conversant with but did not attend.

Last winter I was called to see a milk-peddler who had been riding for several hours, on a very cold day. After getting home he was soon seized with delirium like the one above. Both cases were attended soon after the attack, with high fever and strong reaction. Both men were temperate in their habits, but had sun-stroke some years before. The ground was covered with snow, and I think the day clear.

Another case, a strong young man was engaged for two or more days before a large snow-bank in disengaging a snow-bound train. The result was many of the symptoms of sun-stroke and a temporary total blindness (snow-blindness) for several weeks.

It is also well known that many cases of sun-stroke occur on buildings among the masons, who have the benefit of a stiff breeze upon a high wall, but it is a fact worth remembering that the adjoining building is covered with tile or a tin roof and that the victim receives a strongly reflected light. Persons in a gravel-pit may be the victims. They do not have the advantage of a breeze, while they have the disadvantages of a strongly reflected light from the sand. The same may be said of persons walking upon the stone pavement, although protected by an umbrella they do not have immunity from sun-stroke, the reflected rays being the source of danger as in the case of the gentleman from Covington who was overtaken while sitting at ease in his own house.

If, however, the vapor notion will account for the phenomena attending this malady, a remedy will suggest itself at once as curative, though antipathic, i. e., *invert the patient*. *Aconite* might be required to counteract the mischief already done, but the cause being removed, viz., compression of the brain by vapor, we should expect rapid recovery so far as the head is concerned, though the feet might be the worse for it.

In the foregoing we would not be understood as saying that reflected rays are more dangerous than the direct, but that the body's *salient point* for sun-stroke purposes is unavoidably the *recipient* of reflected rays and not of the direct. This point is the *retina*.

The babe four months old, on a very hot and bright day, had been carried about with the face exposed to the sun. Previous to leaving home, and I think since birth, it seemed quite well. *Without warning* it seemed but partially conscious and was soon having facial spasms.

The gentleman who was target shooting, on a very clear day, placed his target towards the sun, so that the sun's ray was reflected from the gun-barrel into his face.

The milkman, the teamster, and the one snow-bound were profoundly affected by the cold, as well as the light reflected from the snow. Excessive cold or heat can prostrate as many a "bushed" or

chilled man can testify. But this is quite different from a sun-stroke.

No doubt the cold or heat may be a predisposing agent, but may not the chief factor of a genuine sun-stroke be *irritation of the optic nerve?*

In the summer, when the malady prevails, we have the maximum of direct rays as well as intense heat; but if any is disposed to credit heat with the result, why not have cases in the rolling-mills, where men work in a temperature above one hundred and thirty degrees, sometimes as high as one hundred and sixty degrees?

The cases reported from India as occurring in the night, may be delayed results, and can, with consistency, be referred to one theory or another. In that latitude where the hot season is long continued, and that too under malarial influences, the human body becomes enervated and its power of resistance to disturbing agencies, much lessened.

But *all* may not be susceptible of a sun-stroke, under ordinary circumstances, at any rate not equally so, yet they may be exposed alike.

Temperament, age, and previous health are predisposing causes.

The strongest, however, may, under extreme exposure, experience this fearful calamity. In fact, any one can induce many of the formidable symptoms of a *sun-stroke* at any season of the year, by steadily gazing at the sun. Vertigo and blindness will follow this act in a few minutes, and probably the worst results follow if the act should be continued five or ten minutes. Any one who has tried it (and what boy has not?) will recall the disagreeable sensations that follow a brief sun-gaze.

Ordinarily, the orbicular muscles unavoidably and involuntarily close upon the first attempt, so sensitive are the retinal nerve cells to light. (An exception, however to this may be mentioned, viz., that of an *idiot*, about fifteen miles from this city, whose amusement is sun-gazing.)

Whatever may be the true and chief cause of the malady in question, enough has been observed by every one, to know that solar irritation of the optic tract does cause very disagreeable cerebral symptoms; and if the irritation be intense and continued it is reasonable to expect convulsions and cerebral paralysis.

Heat from its debilitating effect may *fit* one for the final blow, but seems incapable, alone, of producing it.

If, then, irritation of the optic nerve be a cause of sun-stroke, have we not an efficient prophylaxis in *smoke colored glasses?* For remedial treatment *Aconite* low is very efficient.

CLEVELAND, Ohio, Sept. 13.

E. H. PECK.

Since writing the foregoing, a hatter called on me to prescribe for an "*unusual*" headache. He had no exposure or irregularity of habits that could account for it. He was not out of health otherwise and was quite puzzled to know how to account for it, being usually healthy.

Upon looking at his bench and window, which faced the south, I observed that the sun's rays fell upon his work at an angle of about forty-five degrees and are received at about the same angle by the eye.

Hence I prescribe smoke colored glasses or a dark curtain for the window and *Atropine* for the mischief already done. Two days after, much better. If in the foregoing, there is too much theory and too little fact, we may be excused with Dr. Gregg on the ground that literature upon this subject is not abundant.

E. H. P.

THE PREPARATION OF MEDICINES.

READ BEFORE THE WISCONSIN STATE HOMŒOPATHIC MEDICAL SOCIETY, BY LEWIS SHERMAN, M. D., MILWAUKEE, WISCONSIN.

The proper form for the administration of medicine is of much importance. Not only is it important from the æsthetic, but from the practical point of view. Homœopathic medicine derives some of its popularity, from the comparatively pleasant doses in which it is given.

Allopathic pharmacists and physicians exercise much skill in making nauseous drugs less unpalatable. Sugar-coated pills, elixirs, and other compounds, too numerous to mention, are rapidly replacing the bolus and the revolting liquid mixtures of former days.

On the other hand the physical effects of a drug upon the body depend upon its physical condition; for instance, it is well known that a quantity of *Mercury* taken into the stomach in the crude form will not produce the effects of the same quantity of the metal in a finely divided form, and likewise that lead in a soluble form has a very different effect on the animal system from lead in an insoluble form.

Homeopathic Pharmacy is yet in its infancy. Much remains to be learned in making medicines both agreeable to the tastes and thoroughly effective.

The most common forms of administration are :

1. In trituration with sugar of milk.
2. In solution in alcohol and water.
3. In sugar (including pellets and wafers) moistened with an alcoholic solution.

At the bedside, each of these preparations is usually administered in extemporaneous solution in water. Patients usually prefer the alcoholic solution for use in this form, "because it seems to have some strength to it." The *Alcohol*, however, if a considerable quantity is used, would seem objectionable, especially for the high attenuations.

For patients not confined to the house, the dry preparations are preferable, on account of their greater convenience.

Practically, each medicinal substance has to be studied as to whether it shall first be prepared in trituration or solution.

A few medicines in common use which are sometimes administered in an improper form, will be noticed in this paper.

Merc. viv., *Merc. sol.*, *Aurum met.*, *Platina met.*, *Carbo veg.*, *Baryta carb.*, and generally all insoluble substances, should always be given in trituration, dry, if below the ninth decimal or the fifth centesimal attenuation, for the reason that a solution of these substances in water or *Alcohol*, of sufficient strength to represent lower dilutions cannot be made.

For a similar reason *Merc. iod. flavus*, or *Merc. prot.*, and other substances of very sparing solubility must be given in trituration dry if below the sixth decimal attenuation.

Merc. iod. ruber, or *Merc. biniod.*, below the sixth decimal or the third centesimal, on the contrary should always be prepared in alcoholic solution, because it is thus most finely divided. Triturations of this substance below the sixth decimal when thrown into water do not dissolve. The saturated *alcoholic* solution, which should be made officinal, contains at ordinary temperatures one part in two hundred of the *Binodide of mercury*.

Merc. cor., may be administered in any of the above forms. The *alcoholic* tincture of the strength, one to one hundred is the best form for preservation.

Phosphorus below the third decimal or the second centesimal may be given in solution in *Almond oil*. Alcoholic dilutions of *Phosphorus* lower than the third decimal cannot be made.

In the third decimal and above, this substance should always be kept in *Alcohol*. The preparations in sugar, besides being sometimes unsafe, always contain more or less *Phosphoric acid*.

Acidum phosphoricum, below the third decimal, should be prepared in distilled water, and above the third decimal in *Alcohol*, because the lower dilutions cannot be made with *Alcohol*, and the higher will not keep in water.

Triturations of the glacial *Phosphoric acid* are not allowable in place of *Acidum phosphoricum* of the Homœopathic pharmacopœia, because it is chemically and medicinally a different substance from the *Tribasic acid*, which has been proved.

Acidum nitricum, *Acidum sulphuricum*, and *Acidum muriaticum*, must always be freshly prepared in distilled water. Freshly, because aqueous solutions of these acids, which have been kept for some time, contain organic growths, and in water, because *Alcohol* and sugar are chemically incompatible with these acids.

Argentum nitricum may be prepared for administration in pure distilled water, or better, in *Alcohol*, never in trituration or on pellets, because the nitrate is changed by sugar to the *Suboxide of silver*.

Apis mell., may perhaps be medicinally efficacious in *alcoholic* dilution; the virus of the sting is however insoluble in *Alcohol*. Hence we should prefer the trituration until it is certain that the sting is not concerned in the therapeutic action of the remedy.

Arum triphyllum is useless in *alcoholic* solution. It is likewise inert in trituration unless freshly prepared from fresh corms.

Cuprum met., in a finely divided state changes on keeping to *Cuprum oxidum*. The latter should be made the regular officinal preparation

of *Cuprum*; because the oxide being capable of subdivision by trituration is more uniform and reliable in its effects than the mixture of metal and oxide which is usually given.

Any trituration of metallic copper which has been kept for a considerable time will be found to consist of large flakes of metal and small irregular roundish particles of oxide. I have examined triturations of copper with the microscope, and have always found that the longer and more thorough the trituration the larger in length and breadth were the flakes of the metal.

Plumbum in the form of *Plumbum metallicum* is often called for by physicians. The carbonate is the proper officinal form; not only because it is a more uniform and reliable preparation but because from it the symptoms have been obtained. It should be observed that *Plumbum met.*, in trituration, gradually changes to *Plumbum carb.*, consequently the article varies in composition according to its age. *Plumbum*, if given below the ninth decimal, should be in trituration.

OBSERVATIONS ON SEASON-DISEASES, ETC.

The summer diseases have given place to those of autumn, and we have this observation to record, that the peculiar weather we have had has given rise to disturbances of the sympathetic system chiefly. Cholera infantum has not been marked with the profound general depression manifested in other years. The worst cases met by myself were those from Allopathic drugging, where I had to give prompt attention to "repairing damages." Those cases that have succumbed have been from the drainage of the system, and from heat-stroke. By the way, has any one studied out a better remedy for heat-stroke or exhaustion than *Aconite*? This seems to step beyond the range of *Ars.* and *Verat.* for these cases. Still it does not seem to meet the extreme relaxation that must be met to rescue the case. *Sulph.* is of no sort of account. *Bell.* works like a charm if there is a congestion to the head, but in anæmic cases it is of no service. If any of our readers have saved anæmic patients with cholera infantum that have "wilted" to death's door by the extreme heat, will they please publish them. Most of the so-called cases of cholera infantum have been ones of what might be called diarrhœa from indigestion incident to portal congestion and heat. The value of *Pod.* (and if dysenteric, *Merc.*) proves this. One case of indigestion and mal-assimilation, marked by frequent discharges and ravenous hunger, was cured by *Pod.*, the epidemic remedy, after other remedies had failed.

We are now meeting cases of slight bilious fever, catarrhal fever, rheumatism, dysentery, diphtheria, and an occasional case of typhoid fever. This seems a queer mixture, and is due, I think, to the changes occasioned by the storms from the east. *Pod.*, *Nux.*, *Bry.*, *Merc.*, and occasionally *Rhus*, seem the remedies indicated. It will be seen that they have chiefly, a marked effect upon the portal system.

The present cold, foggy weather with the storms corresponds so closely to that of three years ago, that we may expect a wide-spread catarrhal fever epidemic in both man and animals. The sudden and extreme changes taxes the mucous surfaces severely. Congestion and excessive secretion are the results, especially when there is back of it a derangement of the portal circulation. The above named different so-called diseases seem but the manifestation, or alternate manifestations, of one systemic condition in different individuals. Whether the root of the whole is an excess of the soda, or bile acids, or of the cyanides of pancreatic or salivary glands, or of the gastric chlorides, is an interesting study for our vital pathologist. It is a question alike interesting to physiologists and therapeutists, for the food side is almost as practical as the remedy side.

Let us record our observations and ideas, and we will thus the sooner aid all to solve the many important questions that season-changes provoke.

T. C. D.

CHICAGO.

IS IT SOMETHING NEW?

Will some brother give me his views in regard to the following cases, viz :

Was called on Sunday to see two children, ages two and a half and four years. On examination I found the body of the younger covered with a rash which was an exact type of measles; there was a high fever; pulse, 170; throat swollen; both tonsils very much inflamed; not much thirst; bowels constipated; no catarrh of nasal passages or eyes; the exanthem was slightly raised and arranged in a crecentic manner, dull deep-red, it first appeared on the neck and thence spread over the surface of the body excepting the face. On Monday, Tuesday, and Wednesday, there was not much change, but on Thursday morning the eruption had commenced to peel off on the back and arms, and for the first time I saw a pustule on the back, umbilicated, the size of a split pea. At night the eruption, or exanthem, was entirely gone on the back but still remained on the limbs; the pulse on this day was 150, and the child appeared as sick as at first. On Friday I noticed more pustules, perhaps a dozen on the face and arms, not umbilicated. On Saturday the exanthem had gone but the pustules remained; pulse, 145; no appetite, and very much exhausted.

The other child has the same exanthem but no pustules up to to-day, (week after taken).

Will some brother name the disease? The children have not been exposed to small-pox or measles, and I don't think there is a case of small-pox in the state. I have counseled with two physicians, one calls it varioloid, and the other says if a catarrh of the bowels supervenes he shall think it is measles.

H. H. TINKER.

OAK BLUFFS, Mass., Sept. 5.

THERAPEUTICS OF INTERMITTENT FEVER.

FROM WURMB UND CASPAR'S KLINISCHE STUDIEN—TRANSLATED

BY A. MCNEIL, M. D., NEW ALBANY, INDIANA.

[Continued from page 241.]

VERATRUM ALBUM IN INTERMITTENT FEVER.

We have already expressed our views of *Veratrum* when we spoke of the curative indications in regard to typhus fever,* and we there remarked that its employment was not frequent but was all the more certain than that of many other remedies, because its character is so clearly stamped: the same occurs also in its choice and result in intermittents.

This form of intermittents is unusual, but when it appears it is not easily mistaken, and our remedy surely causes it to disappear.

The *Veratrum* is recommended as an antipyretic because of its direct, intimate relation to the entire nervous system. It acquires its great importance, however, because it especially exercises so powerful an influence on the ganglionic system, and particularly on the motor part of it, (for all the motor nerves in the jurisdiction of the vegetative sphere are subject to *Veratrum*, but especially those to which are intrusted the organic movements of the alimentary canal and of the vascular system,) and because it meets all the demands which a fever remedy of the first importance must satisfy.

*There are typhoids in which the vegetative sphere is especially attacked, and the organic formative process is so deeply sunken that mechanical and chemical relations arise which are foreign to the vital process. The circulation is sluggish; the pulse slow, soft, and weak; the energy necessary to the forward movement of the blood in the capillary vessels fails; the blood becomes stagnant, and cyanosis arises. The serous constituents of the blood, which tends to decomposition, ooze mechanically through the relaxed walls, and in consequence of this particular relation are deposited partly on the skin as (cold) sweat and partly removed to the mucous membranes, and thereby called forth as profuse vomiting and diarrhoea. The following conditions of organic decline now follow: The temperature sinks below the normal, turgor disappears, so that the skin becomes relaxed and wrinkled; the eyes lose their brilliancy and become sunken; the nose becomes pointed; the lips hang relaxed, etc. In spite of this powerful disturbance the consciousness is blunted in only a limited degree; the intelligence is not injured but so that by an effort of the will or through external excitement its activity can be maintained. Delirium is either not at all present or only in a moderate degree, etc., in a word, the irregular expression of the animal life is not equal to the morbid alterations of the vegetative sphere, but remains so far behind that a striking want of harmony exists between them. This want of agreement is particularly remarkable if such a depression of the vegetative activity occurs at the beginning of the disease, but it is not easily overlooked when this happens in the further course of disease, because in such a case the already existing sensory disturbances usually remain in the same condition as formerly, or at least are not particularly increased by the disorder in the sphere of the vegetative life.

The physiological provings teach that *Veratrum* exerts its influence on the nervous system to weaken and depress its vital action, therefore it produces a sinking of the strength, extreme weakness, attacks of fainting, paralysis and the like. We can give concerning the manner of its action no reliable information, and can only say that several of its characteristic symptoms, for example the electric like pains, allow the supposition that *Veratrum* causes a violent, sudden discord in the nervous system, which, as the shocks indicate in the beginning, are marked by reflex movements, but later pass into the opposite condition, viz., a condition of exhaustion in the parts of the nerves affected.

In the vascular system at first appear signs of excitement, but they soon give way to those symptoms which denote a sinking of the vital powers, the heart and pulse beat become slower, weaker, and softer, and often imperceptible; the blood can no longer move through the capillaries; the turgor decreases rapidly. The blood clogs in the capillary vessels, therefore cyanosis arises; or it can no longer press through them, so the skin shows a death-like paleness. That the temperature, which is so intimately connected with the circulation, sinks below the normal, need not be mentioned.

How *Veratrum* acts on the composition of the blood is unknown to us. We only know that its action must deviate from the normal, because the disturbance in all the vegetative functions and excretions express it so plainly. The organic activity sinks down so low that, during life, mechanical and chemical relations are formed, consequently the watery constituents of the blood, if we may so express it, ooze through the walls of the stomach and intestines and the skin, just as during the death struggle, and consequently profuse watery discharges occur by vomiting, purging, &c.

This is the picture of the White Hellebore disease in its highest development. We have treated intermittents only during the cholera epidemic entirely agreeing with it; intermittents more or less approaching this drug picture came to us, however, outside of that time, before as well as after, and every busy physician has certainly had opportunity to make their acquaintance.

In such intermittents the choice of *Veratrum* is rendered certain by the appearance of the following symptoms: Feeling of extreme weakness and malaise; actual loss of strength; slowness of the beat of pulse and heart, as well during the apyrexia as (naturally, proportionately,) during the paroxysm, but particularly during the latter.

The more distinctly the phenomena are pronounced the more certainly is *Veratrum* indicated, besides the following accompanying symptoms: cramp in the limbs, especially in the stomach and intestinal canal; going to sleep of the extremities; paralyzed feeling; attacks of faintness; watery diarrhœa, or obstinate constipation because of inactivity of the intestinal canal; quick loss of strength; cyanosis or deathly paleness, make it almost impossible (intelligently,) to administer any other drug than *Veratrum*.

The paroxysm offers in behalf of the choice of this remedy only few peculiarities which have not been mentioned in the already related

characteristic features. We have only the following to add :

The cold stage is more or less violent, yet relatively always predominates, and often reaches into and over the hot stage far into the apyrexia. The alteration of temperature appears particularly in the limbs, subjectively as well as objectively.

The hot stage often fails entirely, and never reaches when it does appear a high grade. Usually there is only a subjective feeling of heat, for the objective temperature is scarcely elevated, indeed, is not unfrequently depressed. The pulse rises during this period but little, it is in fact quicker but not fuller or stronger.

The thirst is of no importance ; it depends more on the violence of the excretions than on the fever.

The sweat has the previously mentioned peculiarity ; it sometimes appears before the attack, continues long, even into the next paroxysm, and is either very profuse or only appears as a cold, clammy moisture on the skin.

The secondary complaints peculiar to the *Veratrum* fever occur almost always during the cold stage. After the attacks the patients feel very much exhausted and only partially recover during the apyrexia.

In one case we observed at the time when the fever was accustomed to return, only an increased coldness with some little cyanosis of the limbs, and during the entire apyrexia an uninterrupted cold sweat, which flowed especially profusely at night and weakened the patient very much.

The fever indicating *Veratrum* either appeared as such in the beginning or was transformed in the further course of the disease, particularly after the abuse of *Quinine*. The transition happened usually suddenly ; sometimes we saw this form pass into another also torpid form.

From what we have said it follows that *Veratrum* belongs especially to those drugs which are indicated in malignant intermittents, and that it must be preferred to *Arsenicum* to which it is entirely opposite in many respects, when a vital paralytic condition of the vital activity is present, i. e., the malignant asphyxic intermittents.

PULSATILLA IN INTERMITTENT FEVER.

The action of few remedies is so easily understood as that of *Pulsatilla*, and it consequently only needs some attention but no particular acuteness in order, at the first reading of Hahnemann's register of symptoms, to be acquainted with the peculiar characteristic features of this healing potency. For example, its original action in the vegetative life is so clear that it cannot be overlooked ; that its influence is particularly felt in the vascular system, and more especially directed to the composition of the blood. In regard to the latter we are without any accurate knowledge as long as we are destitute of an exact analysis of the blood in the *Pulsatilla* disease, however, it is not entirely unknown, but at all events better than that of many other drug diseases.

because the phenomena arising as well in their individual existence as in their accompaniments and relations agree so closely with the leading features of chlorosis, and thereby make it almost a certainty that both must necessarily rest on the same blood crasis, and because the clinical result has removed every remaining doubt which might have arisen, for this could not have been so favorable in chlorosis if the similarity between it and the *Pulsatilla* disease was merely apparent but not real. If our conclusion is correct, all which applies to chlorosis must be applicable to the *Pulsatilla* disease. If science succeeds in supplying a quantitative formula of the chlorotic blood crasis, we will know what alteration *Pulsatilla* produces in the blood; if successful in discovering the original disturbance in the assimilative and sexual organs, we will know how *Pulsatilla* acts on the same; in short, in the same ratio in which science moves forward we will also advance. On these grounds the striking similarity existing between them seems so important, not to mention that it will offer to us accurate data for the choice of *Pulsatilla* in other diseases, and enable us to avoid all hypothesis about the manner of its action. But allowing that our supposition is not correct, it, however, will enable us to make the immense number of *Pulsatilla* symptoms more accessible to the memory.

If we do not consider those which avail the most scrutinizing investigation, but only those striking alterations in the composition of the blood whose existence in the chlorotic and the *Pulsatilla* crasis is not denied, but especially indicate the more fluid condition and paler color of the blood, and we are thereby compelled to the conclusion that those alterations follow because the blood is poorer in one or the other of its constituents. It is clear that such blood cannot meet all the demands of the assimilative powers, but it is not implied that it is utterly unfit for purposes of nutrition. This is not the case really for experience teaches that chlorosis usually does not cause any great deviation or other particularly violent disturbances in the sphere of the vegetative functions, and that only by a long continuance and the coincidence of certain circumstances, and also even then, only gradually takes on a threatening character, while on the contrary it almost always yields to the curative efforts of nature.

When the abnormal alterations which chlorosis produces in the vegetative sphere are known, we believe they will teach that there is no particular lesion, but will only in general show that the energy of the assimilative life is decreased in all directions, and the qualities of the functions especially only in so far deviate from the normal as the decreased power will necessarily bring.

As the second characteristic peculiarity of this crasis the disorders of the nerve life are to be considered. Whether they arise out of a direct invasion of the nervous system, or out of disturbances of the harmony between the blood and the nerve life we leave undecided; so much is certain they are always present, that they form an essential constituent of the picture of the disease, and that they as well in the sensory in as the motor nervous system, but in particular in the vaso-motor part of so it, much the more increase the more the strength and fullness of life

disappear. To this influence on the nerve life *Pulsatilla* is indebted for its high rank among the apyretics; without that it might perhaps be useful in vegetative diseases, but it would not be a fever remedy.

Considering all the points we must accept *Pulsatilla* as a drug which depresses the vital activity to a certain degree, but on the other hand increases its irritability, in short, which produces a condition which entirely agrees with erethitic chlorosis.

From these it follows that we have won a good basis for the choice of *Pulsatilla* in intermittents, and we now only require some special information in order to make its selection absolutely certain.

As the hydræmic crisis is peculiar to the female sex, so *Pulsatilla* proved itself a useful remedy mostly in women; indeed even those momenta which are conditional to chlorosis, or as is more probable, out of which it arises, viz., lessening or suppression of the monthly flow were met in most of our intermittent fever patients, and had either yet occurred in the beginning of the intermittents, or soon after. Also the causes so very favorable to the outbreak of chlorosis were established as the exciting cause which called the intermittents into existence, as, for example, residence in damp, moist dwellings; the almost exclusive use of vegetable food; sedentary modes of life, and the like.

The intermittents for which *Pulsatilla* was the suitable remedy came especially in the spring, which is the time of year that produces most chlorosis, because the vegetative impulse is more active and therefore the more easily departs from the normal if it be suppressed by injurious influences.

There exists, however, between both crises not merely in relation to pre disposition and causative momenta a perfect agreement, but it may also be established in the special phenomena.

So we observed in our intermittent fever patients who were cured by *Pulsatilla* the same gentleness of disposition and indecision of volition, and the same occasional increased irritability as in women who suffer from erethitic chlorosis. Each manifests that characteristic misproportion of irritability and power in the vascular system; the pulse very often beats very rapidly, but is weak; there is an annoying palpitation of the heart present, but the impulse and the forward movement of the column of blood is deficient; indeed, in a high degree the strength so little keeps pace with the irritability that even the rhythm cannot be maintained, and therefore very quickly and very frequently in consequence of the most trivial cause on the one hand congestion (viz., to the head and heart), on the other hand partial anæmia arises. As here we find there is in relation to the nervous system the same irritability and the same resulting anomalies of movement, sensation, and power. The digestive activity is here as well as there partly weakened, partly deviates from the normal; the secretions are imperfectly formed, or as we might say unprepared, watery, and profuse, or (but rarer) scanty.

As finally erethitic chlorosis forms a picture which is exuberant in the most heterogenous and apparently disconnected, indeed, even contradictory phenomena, even so this is the case with the *Pulsatilla* dis-

ease, as this circumstance is characteristic for the former so it is for the latter. Who, therefore, does not comprehend *Pulsatilla* in its general characteristic features, will in its choice as a remedy make many mistakes, he may adhere ever so closely to the individual attacks; and because to *Pulsatilla* few phenomena of the blood and nerve life are entirely foreign, so he will almost everywhere consider this drug, as our mechanical symptom cover which brings *Pulsatilla* into consideration in almost every disease to which human flesh is heir.

Our table shows that *Pulsatilla* proved to be the remedy principally in recent cases, viz., fifteen times in intermittents which had continued one or two months, and only twice in cases of four months standing. This might have been expected, for in very old cases *Pulsatilla* can never, or only exceptionally, be indicated, and in fact on this account, because it corresponds to sickness of an erethitic character, and this almost always after a long continuance takes on the opposite, i. e., the torpid character, also for the reason that it is not sufficient to remove such deep disorders as a deeply rooted intermittent fever produces. For the performance of this task it is too weak, this condition requires more powerfully acting remedies. We believe we must seize this opportunity to draw attention to the fact that not a few intermittents sometimes cause a condition similar to chlorosis, particularly if the paroxysms are imperfectly developed, and therefore are easily overlooked, but still more when they entirely stop. If such a condition occurs immediately at the beginning, or at least soon after, *Pulsatilla* will most frequently be the remedy; on the contrary it will never or only in rare cases come into employment if this happens to be, because this is only an apparent and not a real similarity, for the blood crisis present is a consequence of torpor, and therefore is very different from that which occurs to *Pulsatilla* and which rests on an original disorder of the blood life. That also prevails of the hydropic swelling, for it only yields to *Pulsatilla* in the beginning of the intermittent, but not when it is found later as the result of the deeply depressed energy of the vascular life.

CHARACTERISTIC CURATIVE INDICATIONS.

The paroxysms corresponding to *Pulsatilla* are generally quite weak. The cause of this is clear, for generally, when the power is depressed, the paroxysms cannot be violent, or if they reach a high point can only continue for a short time, and not without the result of a much greater exhaustion. For example, the chill is characterized, although the most conspicuous constituent of the fever, not so much because of its violence, but merely because it continues longer than the heat and also during that period often returns. Still less seldom the heat reaches a high degree, in fact, many times it is only indicated by flashes of heat, but it is usually moderate.

The paroxysms do not remain constant; the individual stages are not separated sharply, and often change among each other or become mixed up; they offer no definite relation, as they generally clearly reflect the erithitic character of the drug. Only the mode of transition

of the first stage into the second is almost always the same; there occurs during the period of chill light attacks of heat, these become gradually stronger and follow more quickly after each other, until it gradually passes into the hot stage which is more or less interrupted by cold shudders.

Not unfrequently the thirst entirely fails or occurs only in a moderate degree during the hot stage; many times, however, it is violent and present during the whole paroxysm. On these grounds we cannot agree with the general opinion that *Pulsatilla* is only indicated in such intermittents in which the thirst fails entirely, or at least, in the hot stage, as very many intermittents which we cured with *Pulsatilla* were accompanied by thirst, and *vice versa*, many yielded not to this but to other remedies, although characterized by thirstlessness. According to our views this only prevails of the thirst that in most cases it is not violent, because indeed the fever is not particularly severe, but principally because the supply of fluid for the blood which already contains a superabundance of serum cannot be a pressing one. We consider thirstlessness a very good hint, but by no means a binding obligation in the choice of *Pulsatilla*.

The critical discharges appeared to us to deserve more regard in the choice of this remedy than has hitherto been given. Several times it happened to us that the sweat was more profuse than could be expected from the relation of the paroxysm, yet we were still more struck by the great amount of urine discharged. We sometimes found the latter so watery-clear that it did not look like urine.

The paroxysms only go gradually into the apyrexia; single ebullitions and indeed chilliness continue far into this period, so that in quotidians it many times appeared to us as if we had a remittent instead of an intermittent to deal with.

The paroxysms were accompanied by the most different subordinate phenomena, which principally arose from partial hyperæmia or anæmia, viz.: vertigo; faintness; headache; optical illusions; oppression of the heart; pains in the loins, limbs, etc.

The apyrexia, moreover, is never pure, but is usually troubled by painful or unpleasant feelings in the digestive tract, heart, and head. Still more frequently, indeed almost always, the erithitic condition of the vascular system was perceptible, therefore ebullition, slight chilliness, palpitation of the heart, and acceleration of the pulse during almost all hours of the apyrexia, but particularly shortly before or after the paroxysm.

We formerly mentioned the action of *Pulsatilla* on the nervous system as constant but, however, only a moderate one. It is therefore clear why that in some of our intermittent fever patients after the employment of *Pulsatilla* the chlorotic condition disappeared, but the paroxysms, though less stormy, continued, and were only silenced by the use of a drug standing in closer relation to the nervous system, viz., *Ignatia*.

These observations confirm the standard which we set up in order to properly value the worth of a fever remedy, when it so decidedly speaks

for the conspicuous importance of the influence which it must exercise on the nervous system, but it also proves how necessary it is to keep in view the two factors, i. e., the disturbance in the blood, and the nervous life. If now one or the other of these is eliminated either in consequence of the natural completion or retrogression of the disease, or as the result of medical aid, because clearly the character must be altered and consequently the formerly indicated remedy cannot be the similar. In such a case when it not merely relates to a temporary appearance of unessential groups of symptoms or essential alterations of the disease, then a change of the remedy is urgently demanded, and an obstinate adherence to that formerly administered is not at all to be excused.

[TO BE CONTINUED.]

CONSULTATION CASES.

ANSWERS TO DR. E. B. GRAHAM.

Dr. E. B. Graham reports a case of menstrual headache, in *THE UNITED STATES MEDICAL INVESTIGATOR*, page 232, September 15th number, and asks that some of his colleagues shall prescribe. In Hale's *New Remedies*, second edition, page 215, under the heading, "Clinical Observations," he will find the following :

"Dull pain in the occipital region, with shooting pains down the back of the neck."

"*Cimicifuga* has a calming influence and prevents cerebral congestion, spasms, etc."

CHICAGO.

T. D. WILLIAMS.

In the last number, September 15th, Dr. E. B. Graham, of Three Rivers, asks advice in a case of neuralgia with "nervous, sanguine temperament; neuralgia of right side of head, extending from frontal along the parietal to occipital bone, shifting to cervical muscles of the neck to right side of the frontal bone; pain intermits, with no regular intervals, at times very sharp, cutting, and excruciating, leaving the scalp sore to the touch; hot or cold applications aggravate; finds relief by pinching the skin." We would give *Puls.* 30, and if that did not relieve alternate it with the 200th. Such would be our experience.

By consulting the *Symptomen Codex* and *Teste's Materia Medica* we find *Puls.* for :

"Ailments of the female sex. Erratic pains. Headache from nape of neck. Where she feels a constrictive sensation, drawing pains on scalp when drawing the hand over the hair from before. Pains and ailments of one side of the body. Acute rheumatism, with or without swelling at nape of the neck, right side of neck, and right shoulder. Throbbing and pulling of the muscles, alleviated by pressure of the

hand. Pains worse each month. Too hot with clothes, and too cold without them."

Supposing he has given all the abnormal symptoms he should expect to cure with *Pulsatilla*. C. T. HARRIS.

YPSILANTI, Mich.

DR. RANDALL'S HEPATIC CASE,

Page 155, calls for *Chelidonium* 200, three times a day, in water. If insufficient, *Sulph.* in the same way. J. C. MORGAN.

PHILADELPHIA.

REPLY TO G. M. PEASE.

1. I would diagnose "gravel." Test the urine and use the indicated remedies. There is evidently irritation of the bladder, probably caused by renal calculi.

2. After removal of tumor that had required a second removal, I would use *Argent. nit.*, gr. x, to *Aqua oz. i.*, and swab the entire intraurine surface three or four times at intervals of three days.

PEORIA, Ill.

M. M. EATON.

Dr. Pease asks for help in a case noted on page 236, September number of THE UNITED STATES MEDICAL INVESTIGATOR. There is no doubt but this is a case wholly, or nearly so, depending upon uterine displacement, with contraction of the sphincter muscle of the bladder: the latter perhaps partially due to the deranged condition of the uterus. *Cimicifuga* 3x, eight drops in a gill of water, teaspoonful every four hours, with *Cantharis* 3x, prepared the same way, night and morning; the patient, if possible, taking the recumbent posture for a few days, or wearing the T bandage when obliged to be on her feet. Try it, Doctor, I am sure it will help your patient.

BUFFALO, Sept. 23.

JOHN F. WAGE.

Answer to Dr. Pease: Give your patient *Helonias*, in water. Can you cure nocturnal emissions of semen with *Dioscorea* out there in California?

LYNN, Mass.

A. M. CUSHING.

REMARKABLE CASE.

The case reported by Dr. Lilienthal is certainly a *remarkable case*, and we do not wish to advise a man so far above us, but simply ask if *Baptisia* does not cover the important symptom of "double person," and if so, may it not relieve other important symptoms that have not been observed in the remedy?

LYNN, Mass.

A. M. CUSHING.

Hospital Department.

A CLINICAL LECTURE ON SPINAL DEVIATIONS.

BY ALBERT G. BEEBE, A. M., M. D., PROFESSOR OF DERMIC AND
ORTHOPÆDIC SURGERY IN HAHNEMANN MEDICAL
COLLEGE AND HOSPITAL, CHICAGO.

[Continued from page 219.]

THE DIAGNOSIS OF ANTERIOR, POSTERIOR, OR LATERAL, CURV- ATURES

is usually easy, after one's attention has been directed to the spine. It often happens, however, that a considerable time has elapsed and the disease may have become well established before the attention of parents or patient or physician has been directed to the real seat of the disease. No better illustration of this could be found than the case of a lady of culture and in very comfortable circumstances who was recently examined and found to have a severe lateral curvature with rotation of the spine which was accidentally brought to light by her son who was rubbing her back to relieve a severe pain from which she had often suffered. This lady must have been upwards of sixty years old and had probably been suffering from curvature for years. Mothers bathe and dress their children and do not observe these deformities, as you have seen in Case I. already brought to your notice. Children, as they grow older and even adults, at all periods of life, are quite as unobserving, so that it is not surprising if even careful and observing physicians and surgeons often overlook the real cause of their patients' distress until the deformity has become so well pronounced as to force itself upon their notice and has already become almost incurable. The presence of any of the predisposing or exciting causes of spinal deviations already mentioned should claim our attention, especially rachitis or general debility, or any habitual derangement of the position of the pelvis or shoulders.

If, in addition to any of these, there is an evidently increasing cachexia, with pain in the back, inclination to lie down or support the spine, etc., we should not fail to interrogate the spine as to its condition. If there is curvature it can readily be seen by exposing the back and making the patient sit upright, or in some cases, lie upon a flat surface in the prone position, and running the finger down the points of the spinous processes.

Exaggeration of normal curves cannot, of course, be estimated by any absolute standard, but due allowance should be made for age, sex, occupation, etc.

THE DIAGNOSIS OF POTT'S DISEASE

and especially its differentiation from cyphosis is often a matter of much greater importance and difficulty. The inflammatory and destructive character of Pott's disease would lead us to expect a somewhat different history and symptoms in these two affections. To get a clear idea of these differences, let us examine some of the cases which have presented themselves at the hospital clinics during a few weeks past.

CASE II. A little girl, about three years of age, has been under observation about one year. Her mother reports her history somewhat as follows. Until two years of age she was quite healthy, ran about and played as other children do. She then began to grow listless, would often stop her play to lean upon a chair or lie down, would trip often in walking or running and seemed to suffer from any fall or sudden movement. She lost appetite and flesh, grew fretful, feverish and weak so that she could hardly stand without resting her arms on a chair or table, and when she attempted to walk would rest her hands on her thighs to support herself.

About this time the mother noticed that the spine projected backward decidedly, in the lower dorsal region, and brought her to the clinic to have her treated. This plaster cast taken about that time shows the extent of the deformity at that period. She cried pitifully whenever she was handled, was very much emaciated and cachectic, unable to stand or even sit alone. The appetite was variable the digestion impaired, the bowels irregular and the respiration, at times, much oppressed. In addition a swelling appeared in the right groin and more or less irritative fever was present. Upon making pressure along the spine it was found quite sensitive at the most prominent part, which is, as you observe, quite angular in this case, showing that the disease is confined within very narrow limits, probably not more than one, or at most two, of the vertebræ being affected.

At the present time, the patient presents a somewhat different appearance. She has gained flesh, eats, sleeps and is cheerful, she can stand and walk, but the lower extremities are still quite weak. The swelling in the groin gradually disappeared and left no sign, after the treatment was commenced, while the right thigh which was partially flexed upon the abdomen has regained its normal freedom of motion.

The prominence upon the back is still, in appearance, about the same but instead of being sensitive to pressure or motion, it seems now quite rigid and insensible, even to severe manipulation, thus showing that consolidation of the diseased bones has taken place.

CASE III. Presents a more advanced stage of the disease which Case II has happily escaped. This lad of twelve years presents all the well known characteristics of a confirmed "hump-back." He has

been suffering from this disease for seven years, and the history of these years is recorded upon his back. Here we have a huge bow, including the entire dorsal and a portion of the lumbar spinal and describing nearly a semicircle. The chest seems crushed down from above and flattened upon the two sides, while the sternum is thrust forward and the antero-posterior diameter of the thorax correspondingly increased.

Upon either side of the spine, about its middle, are large cicatrices, the craters of extinct volcanoes of pus. Below the crural ring, upon the right thigh, is another and a sinus from which still flows a considerable quantity of sero-purulent fluid. The spine seems as rigid as if carved out of wood, the boy is able to get about readily without assistance of any kind, but after long sitting or standing he is troubled with severe twitching and spasms of the entire right side of the body.

It is evident that ankylosis has taken place in the spine, but the disease has not yet disappeared and, although there is no mobility of the bones discoverable, there is still considerable irritation of the spinal cord.

Let us briefly examine

CASE IV. A young woman of about twenty-two years, by occupation a domestic. About three years ago while engaged at her occupation, and without any assignable cause, she began to be affected with pain in the back, especially about the middle of the dorsal region. She paid little attention to it until, in the course of some months, it became much more troublesome and began to effect her strength in lifting and caused pain in the chest and stomach. She then discovered that the spine was bowing out, was soon obliged to abandon work and has since then been under treatment in the various hospitals in this city.

Upon examination we find a decided posterior curvature located in the dorsal region and not especially prominent at any point. There is no tenderness and very little mobility in the effected region, no special pain on motion or in the upright position, except that she feels generally worse after being up or about any considerable time. In short, there are no symptoms indicating any inflammatory or destructive disease, but only such as are referable to impairment of the ligamentous and muscular supports of the spine and to the consequent mal-position of the vertebræ.

It is not difficult, with these cases before us, to pronounce Cases II and III, Pott's disease, and Case IV, cyphosis. It is plain that we should be misled were we to be guided alone by the comparative angularity of the deformities, as Case III, in which the evidences of caries are unmistakable, presents quite as gradual a curvature as Case IV, or any other case of cyphosis, whereas some cases of cyphosis present a decidedly angular appearance. The diagnosis must rest on the history of the case and the evidence of inflammatory or destructive disease. Indeed, in some instances, the first evidence we have of Pott's disease is the lameness resulting from implication of the psoas muscle upon one or both sides. This is well illustrated by

CASE V. A healthy looking little fellow of three years, who was presented for examination, as he had been declared to have "hip disease" by two surgeons of the "regular" order. As he stands up he has somewhat that appearance, as one hip is somewhat flexed, but upon carefully and thoroughly manipulating and moving the joint in every way, there is found absolutely no evidence of inflammation of the joint, and only when the attempt is made to fully extend the hip, is there any resistance. Complete extension is, however, impossible. Upon exposing the spine, a slight prominence is noticed in the upper lumbar region, but so slight that it had never before been observed. This prominence is also sensitive to pressure, and the child can with difficulty be made to stand or attempt to walk.

CASE VI. A little girl of four years, quite weak and pale, has the same symptoms of the hip, (inability to fully extend,) but here we observe a large fluctuating swelling inside the left thigh, which can also be seen and felt in the left iliac fossa. The hip joint is not in the least affected, nor is there any local evidence of spinal disease, as there is no deformity or sensitiveness discoverable. We can give no history of the case implicating any of the abdominal organs, so that the origin of this abscess is, as yet, somewhat obscure. That it may have its origin in the vertebra is possible, as cases are recorded in which no evidence of caries was discoverable until the autopsy showed the body of a vertebra excavated by an abscess discharging its contents into the sheath of the psoas, without the apparent integrity of the spine being in the least impaired.

The diagnosis, in such cases, would necessarily, be difficult; and could be made only by a careful study of the history and progress of the case. This patient is presented for the purpose of calling up this problem in diagnosis, which we will not now pause to solve, only remembering that there may be caries of the spine without any evidence of its presence being discoverable at the seat of the disease, although such cases must be rare. Often the first evidence shown, if we are on the alert to find it, will be a slight depression, instead of a prominence, caused by the swelling of the vertebral bodies and discs in the earliest stage of the inflammation.

PROGNOSIS OF CURVATURE.

The prognosis, in all recent cases of spinal curvature, is favorable to recovery without deformity, provided the *cause* can be overcome. Cases of long standing may have become too firmly established to admit of remedy by any practicable means. In Pott's disease the prognosis is also, generally, favorable to ultimate recovery, but not without deformity, if the vertebræ have already commenced to break down. In such cases, to arrest the further progress of the deformity is all that can reasonably be expected.

In some cases, also, paralysis and even death may occur from encroachment of pus, or of the bones themselves, on the spinal canal, producing compression of the cord. Death may also ensue from the exhaustion consequent upon long continued abscesses, or from these

abscesses bursting into the abdominal cavity, or pushing their way into important abdominal or thoracic organs.

The percentage of deaths, however, is not so great as we should expect from the nature of the disease, as the conservative powers of nature are truly astonishing, even when unaided by science.

Having ascertained the nature of the case, it is of great importance that the surgeon should define, as clearly as possible, the causes which have produced this result. If Pott's disease, whether it arises from a traumatic, or strumous origin, or from both. If some form of simple curvature, whether it has been caused by constitutional derangements, such as rachitis, scrofula, general debility, etc., or by local derangements of the muscles, or vicious positions, or what not. When these points are clearly defined, if possible, (and it must be confessed it is not always possible,) we are then prepared to discuss understandingly the question of

TREATMENT OF SPINAL CURVATURE.

The first and most important indication for treatment is the removal of the cause. Rachitis should be met by improving the nutrition of the entire system, by means of remedies such as *Calc. phos.*, *Calc. carb.*, *Silicea*, and *Ferrum lact.*, together with a properly selected diet, exercise, air and sunshine. The same will apply to the treatment of scrofulosis, with the addition of some other remedies, especially *Iodine*, *Iodide of lime*, *Hepar sulph.*, or such others as the particular symptoms might indicate, especially directing attention to the condition of the digestive and lymphatic systems. If particular muscles or groups of muscles are impaired in vigor, they should be restored by frictions, electricity, and exercise, within the limits of moderation. Errors of position must be carefully corrected. Inequalities of the pelvis or shoulders should be removed, when practicable, and, in short, all deranging influences are to be avoided or mitigated as much as may be.

At the same time, our efforts must be directed to the removal of the mischief already done. The spine must be assisted to maintain its rectitude until it is in a condition to do so unaided; and not only this, but the abnormal curves must, if possible, be unfolded and the bones, cartilages, and ligaments, restored to their natural conditions. We must suspend the action of distorting forces, and employ opposing or counteracting forces. The spine having once given way under any of these influences can never, unaided, throw off the disease and deformity. In other words, it is idle to hope that these diseases will be *outgrown* without assistance. As we have already found, the distorting force, in nearly all cases, is the weight of the body above the point of curvature. This, once having overcome the resistance of the spinal column, tends always to perpetuate and increase the deformity. It is plain, therefore, that this weight must be removed, wholly or in part, or the spine must be sufficiently supported to enable it to carry this weight, or both. At the same time that this is done, forces must be brought to bear to mould the spine back into its natural shape. These, then, are the indications for treatment to be met by mechanical means.

A great many forms of apparatus have been devised to take the weight off of the spine and support it upon the hips. This is done, for the dorsal and lumbar spine, by crutch pieces supported by a broad, padded band buckled firmly upon the pelvis. If the cervical spine is affected, a steel rod passes up and supports the head by a sort of sling under the occiput and chin; at the same time, steel springs pass up the back and are fixed at their upper extremities by a cross piece, pads upon each scapula and straps passing over the shoulders. Movable pads upon these uprights apply a supporting pressure upon any desired point in cyphosis or Pott's disease, or a broad sheet of elastic webbing is drawn around one side and attached to the pelvic band in front to produce lateral pressure in cases of scoliosis. These specimens of spinal apparatus presented for your inspection will answer as a type of the whole class.

The great objection to all these forms of apparatus is that, while they are theoretically correct, they are practically incapable of accomplishing the end in view. It is safe to say that no apparatus has yet been devised which will bear the entire weight of the head and shoulders. This may be done for the head alone, but where the disease is in the dorsal and lumbar regions, they utterly fail to relieve the spine of the pressure.

The complicated plexuses of nerves, arteries, and veins, in the axilla make it impossible for any person to sustain any great constant pressure at that point for any considerable time. In using crutches for locomotion, the pressure is intermittent, and the weight is also borne by the arms and hand. Even were it possible to sustain the pressure here, the shoulders are too movable to give any firmness to such supports. In short, these crutch pieces are a failure, so far as bearing any considerable weight is concerned. The only real value they have is in regulating the position of the shoulders in scoliosis. In posterior deviations, the entire value of the apparatus is in the pressure exerted against the back. This is valuable but it is *not sufficient*, if relied upon exclusively, except in the very mildest cases. It is for the reason that patients and physicians, and even surgeons, *will trust* these devices and put their *entire reliance* upon them, imagining that when they have applied a "spine brace" they have exhausted the resources of science in such cases, that these machines have been productive of incalculable harm to all concerned — except the instrument maker. These instruments should never be made the principal means of treatment, but only auxiliary to some other. But, while it is so difficult to devise apparatus to take the place of the spinal column in sustaining the weight of the trunk, there is one means of relieving the spine that is at once easy, perfectly effectual, and inexpensive. It is always at our command, and indeed was designed by our Creator especially for this purpose — it is the horizontal posture — simply *lying down*. This, if properly regulated, avoids entirely the exciting causes of curvature, and, by modifying the position, can be made, by means of the weight of the body, to correct the deformities already produced. All that is required is to put the patient with the convexity of the curve resting

upon a firm flat bed, with a cushion of the necessary thickness to correct the deviation or to bend the body in the opposite direction. By simply turning to the other side and supporting the hips and shoulders, the trunk, by its own weight, corrects the deformity, always supposing it to be below the shoulders. If above that point, extension to the head is very easily arranged by weight and pulley and may be, in any case, to assist in straightening out obstinate curves, if necessary, both above and below as well as laterally. Various beds and couches, with more or less complicated machinery, have been devised to bring pressure and counter-pressure to bear upon these curvatures, and they are, no doubt, of value, especially in hospitals, where they can be made available. The moulding by the hands of a faithful parent, or nurse, may be made quite as effectual.

It is surprising that with this means (the horizontal posture) always at hand and so entirely applicable to accomplish the purpose, there should have been so much effort and ingenuity expended in attempting to avoid its employment. It can only be accounted for by the general prejudice against confining patients to bed. There is a notion almost universally prevalent, that to put a child upon a bed and keep him there a few months, would be a terrible ordeal and would obliterate the last traces of health and vitality. In order to escape this imaginary evil, such cases are kept upon their feet and "getting air and exercise" until they are transformed into hideous monsters, a burden to themselves and others, even if they are so unfortunate as to survive this process of *cure* (?) No notion could be more unfounded or erroneous. The invariable result, in such cases, of the recumbent posture, is the removal of the constant irritation which was undermining the general health, increase of flesh, better spirits, return of elasticity, vigor, and improvement in every way, even to appetite and digestion. The reason why so many surgeons have fallen in with this same notion of condemning the treatment by recumbency, and reliance upon apparatus, may have been the difficulty in combatting this popular delusion, personal interest, the same prejudice adopted without experience to dissipate it and the knowledge that the use of apparatus alone is the popular method with their patrons, as well as with instrument makers.

The weight of authority is, nevertheless, strongly in favor of reliance upon *position* in the treatment of these diseases. Apparatus is a valuable auxiliary in controlling the position of young or unruly cases, or of older ones, during sleep; also to allow some relief from rigid confinement to the bed, with exercise and open air, for a short time each day.

Apparatus is also *required* in Pott's disease to immobilize the diseased bones and prevent the grinding of their inflamed or disintegrating surfaces together, either by flexion or rotation of the body. This immobility is an almost infallible preventive or cure of suppuration and the *only* one, as well as the most important object in the treatment.

The monotony of recumbency may be profitably relieved by partially sustaining the weight of the body, while sitting or standing, by means of a cord passing over a pulley in the ceiling, one end to be attached to a "head sling," or under the arms, and the other to be drawn upon by

the patient (or an attendant) till a sufficient degree of extension is obtained. Swinging by the hands, walking upon crutches, etc., would be valuable means of exercise for simple curvatures below the level of the shoulders. A great variety of expedients will suggest themselves to any thinking person who thoroughly comprehends the rationale of the diseases and their treatment.

The cases which have been presented for examination have not all had precisely the same treatment prescribed. Case I, was directed to be kept lying down and not allowed, for the present to sit or stand.

The spine was to be thoroughly and frequently rubbed and kneaded and a smooth, flat bed provided. Internally, *Nux. vom.* 3x trit. It is to be expected that if the spine is guarded from over taxation until the general vigor is restored there will be little further trouble. Faradaic electricity would also be of value to the spinal muscles. Case II, is the child of very poor parents, who can afford neither apparatus nor very much attention to the little one.

There was no reasonable hope that she could or would be kept in the recumbent position. As far as possible to protect the spine under these circumstances and in the absence of a better brace, the one which she is and has been wearing for the past year was made by my own hands, of heavy bed-spring wire. Commencing by a transverse piece with a loop over each scapula the wire descends on each side of the spine, curves forward below the crest of each ilium and up on either side of the median line of the abdomen and chest to the clavicles, outward and through the axillae to hook into the loops upon the back of the shoulders. A broad piece of sole leather is attached inside the dorsal portion and extends from top to bottom and is hollowed out to avoid too great pressure upon the spinous processes of the diseased vertebrae, lest ulceration should ensue. The pelvic portion was also padded with strips of leather and the whole well wound with strips of flannel.

This apparatus, though not ornamental has served its purpose admirably and is a demonstration, moreover, that such instruments are not beyond the reach of any one, however remote from instrument makers.

A similar one might be made of some ash or hickory sticks and answer equally well. The main thing is to keep the object steadily in view and attain it by the most practicable and available means. If elegant appliances are not at hand let us employ such as we can, no matter how rude so long as they are philosophical and successful.

This patient has had *Calc. phos.* *Nux. vom.* *Silicea* and *Ferrum* at successive periods and her general health seems now to be excellent.

Case III, being unwilling to interrupt his attendance at school and attend to any systematic treatment, has had nothing done except to inject the sinus with a five per cent solution of *Carbolic acid* occasionally and to take *Silicea* 6x internally. Case IV, has had the recumbent position, assisted by a spinal brace which she had when she came into the hospital.

This apparatus was provided with a sort of corset which came around and was laced up in front; this of course had the effect to pro-

duce as much pressure backward upon the front of the thorax as it produced in the opposite direction upon the back. The brilliancy of this idea was not appreciated and this attachment was promptly cut away leaving quite a passable, though cumbersome brace. She has also frictions, a little gentle exercise and *Nux* 30 to regulate the digestive organs. Case V, has been rigidly confined to the horizontal position with a light spring upon the back buckled to the pelvis and shoulders to correct the curvature and keep the spine straight, *Calc. phos.* 3 and 6, and *Silicia* 30, have been the remedies, occasionally changing from one to the other.

The flexion of the hip (contraction of the psoas) has entirely disappeared, he appears perfectly healthy and well and there is no evidence of tenderness along the spine. The curvature remains about the same in size but is more rigid. As ankylosis is the only cure for caries of the vertebrae this rigidity is, of course, indicative of success. This case having been under observation but about six months affords a good illustration of the efficacy of this method of treatment. Case VI, has not yet been put under treatment but the plan advised will be aspiration of the abscess and simple rest in the recumbent position for the present, with *Hepar sulph.* until more definite indications can be obtained.

Medical News.

Prospectus.—The consolidation of two large Homœopathic journals and the publication of a semi-monthly medical magazine, was a venture that tested the faith of the most level-headed publishers. It was pronounced "risky," and it was feared we should not get enough of valuable matter to fill such a large issue every two weeks. The result has far exceeded the expectations of all. The profession have deeply appreciated this effort in their behalf. Two journals condensed into one, issued so often, and at a reduced price, was such a tempting offer that few could resist. The articles have poured in till at this writing there are enough to fill several numbers on hand. The best verdict is such expressions as this: "It grows more practical with each issue."

The result of this semi-monthly experiment is such that we might feel disposed to rest content. But we are urged to issue a weekly UNITED STATES MEDICAL INVESTIGATOR. Much as we would like to satisfy this large class who declare, "we want the help of those 'Practical Observations' every week," we cannot take this extra labor and care yet. Perhaps next year we may, if it seems the general wish. If these observations grow more and more practical and numerous, and the mass of valuable articles continues to pile in upon us, we will heed the hint and despatch a medical cargo twice as often.

A few miss the lengthy essays found in the quarterlies, and to satisfy these (for we try to get up a journal that *all* will appreciate,) we shall enlarge the journal for 1876, and thus still further benefit all our readers and writers.

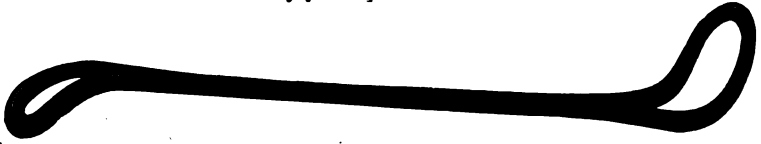
Many changes and improvements will be introduced and no effort will be spared to make it still more valuable to the busy practitioner. But there will be no increase of the price. It will remain at \$5.00.

Our aim is to give a PRACTICAL, SCIENTIFIC, HOMŒOPATHIC, PROGRESSIVE MEDICAL JOURNAL.

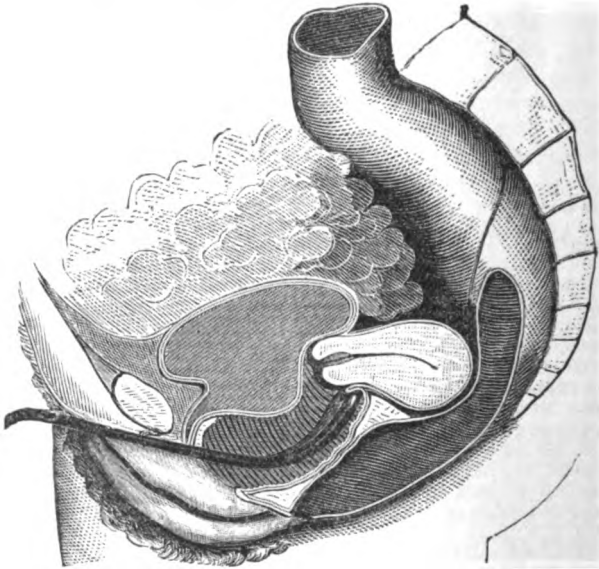
☞ We make a large discount to students.

See advertisement of Surgical Diseases, and Diseases of Women.

A New Uterine Repositor.—[Here is something that will commend itself to all the short-fingered and sensitive members of the profession. To raise a retroverted uterus and swing it upward and forward requires more digital tact and elongation than many possess. Putting the patient in the knees-elbow position we have succeeded in repositing a uterus dislocated for many years.]

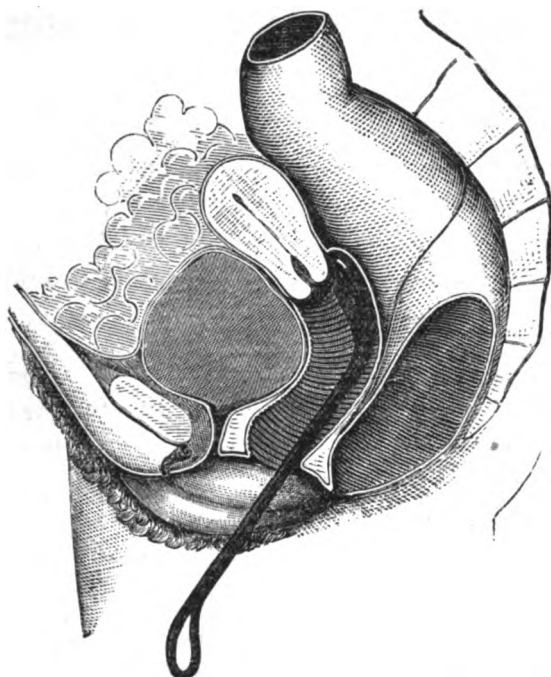


“The ‘Elevator’ is made of hard rubber, and unless fastened down by adhesions so strong as to render separation inadvisable, there is not a displaced uterus but can be easily restored to its natural position. This statement may seem broad, but *experience* has *demonstrated* its truthfulness in scores of instances.



RETROVERTED UTERUS PARTIALLY RESTORED.

By referring to the plates it will be seen that the physician even of *small* experience need not fail, as he so often does with instruments heretofore in general use, in restoring a displaced uterus. The value of the ‘Elevator’ as a means of restoring displaced uteri has been certified to by scores of physicians who are now using it, and who pronounce it superior to any uterine repositor before the profession.



RETROVERTED UTERUS COMPLETELY RESTORED.

The *certainty* that one can do with it what he *attempts* to, is where its value is best realized. The amount of pain consequent upon restoring the uterus, especially when in an irritable condition, is far less by this than by any *intra-uterine* repositer, and *unless* irritable the restoration is absolutely accomplished without pain. It has, as will be seen, a large curve and a smaller one. The *smaller* curve usually answers every purpose, but occasionally the larger one will have to be used.

Sent by mail, *prepaid*, upon receipt of price, \$2.50."

ALBANY, N. Y.

E. W. HIGBEE, M. D.

This Number contains some rare and practical facts. Be sure and read it, carefully.

Horlick's Food we believe has saved many babies' lives. When the stools are undigested and curdled and the diarrhoea is persistent, give it, and you will be surprised at the beneficial effects. The stools become normal (for the food is easily digested and assimilated) and the child is itself again. It grows in favor with those who use it. Be sure that druggist in your town keeps it.

Hoynes's Materia Medica Cards, Group 10, fifty cents, contains *Hydrophorbine, Hypericum, Iris, Iodine, Kali bich., Lobelia, Magnesia carb., Magnesia mur., Manganum, Marum verum, Mephitis, Mezereum, Muriac acid, Nitrum, Paris, Podophyllum, Psorinum, Rheum, Rhododendron, Rumex, Sabadilla, Sabina, Sambucus, Sanguinaria, Scilla, Secale, Selenium, Senega, Sulphuric acid, Symphytum, Terebinthina, Urtica, and Valeriana*. This completes the set, which can be ordered from this office; price, \$5.

Office of
The United States Medical Investigator,

A SEMI-MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

[Consolidation of the *United States Medical and Surgical Journal*, (Quarterly, \$4.00)
Vol. X. with the *MEDICAL INVESTIGATOR* (Monthly, \$3.00),
Vol. XII; Commencing January, 1875.]

Two Volumes a Year. — Terms: \$5.00 a Year, Payable in Advance.

T. C. DUNCAN, M. D., Editor.

F. DUNCAN, M. D., Business Manager.

67 Washington St., Chicago, October 1, 1875.

WANTED.—December, January, and March numbers of *THE MEDICAL INVESTIGATOR*, Volume V.

WANTED.—The March number for 1871. Any person having this number to spare will confer a great favor by addressing this office, giving price.

PARTNERSHIP WANTED.—An M. D. of many years practical experience, wishes to form a partnership with a physician in good business. Address "Partner," care of this journal.

BACK VOLUMES.—We can furnish a few volumes of 1872 and 1873 for \$2.00 each. A few complete volumes of 1874 can be had for \$3.00. Volume I, 1875, for \$2.50; it contains portraits of Drs. Shipman and Dake, with biographical sketch of each, also many very valuable articles.

WANTED.—To exchange localities. One possessed of surgical experience will find a good opportunity to *teach* and practice surgery in a large and thriving city. In return a good surgical practice in some one of the large metropolises of this country. Address, "Henry," this office, giving name and address

ON TRIAL.—*THE UNITED STATES MEDICAL INVESTIGATOR* will be sent to any address three months (six numbers) for \$1.00. Do a little missionary work by sending it three months to some of your friends, no matter of what school. There are hundreds who do not know there is such a journal in existence.

WILL RENT my modern-built house, furnished, thirteen rooms, gas, bathroom, brick stable, etc. Lease to include a practice worth \$6000 per annum. Large town, forty-five minutes from New York. For the right man this is a desirable opportunity. Will lease for five or ten years. Address, Undoubted Security, care Janitor New York Homœopathic College, corner 23d street and 3d avenue, New York.

OPEN STOVE VENTILATION Co.—Our readers will have noticed the favorable comments made by the press upon the open stove entitled *The Fire on the Hearth*. It may interest them to know that Dr. A. R. Morgan, well known to the profession, is secretary to the above company. Dr. M.'s health failed him, and like most sick people, he became very sensitive to close, hot air. A natural student and an able writer on hygiene, he turned his attention to heating and ventilating. The stove that he presents for the trial of the profession possesses all the merits of the old-fashioned open fire-place, with a great modification of its vigorous ventilating qualities. It seems to be just what is needed at this time.

REMOVALS.

Dr. H. F. Wagner, from Springfield to New Berlin, Ill.
Dr. J. B. Hall, from St. Paul, Minn., to Toronto, Canada.
Dr. J. H. Ginley, from Battle Creek, Mich., to Lafayette, Ind.
Dr. H. H. Tinker, from Oak Bluff, Mass., to Mystic Ridge, Conn.
Dr. L. Dodge, residence, from 142 South Sangamon to 193 South Wood St., Chicago.
Dr. T. M. Triplett, from Peoria to Delevan, Ill., where he has formed a partnership with Dr. R. L. Robb.

THE RARE OFFER.—*Surgical Diseases*. Having purchased this work, we are able to give it to our subscribers on the following liberal terms:

Seven dollars sent at once will secure *THE UNITED STATES MEDICAL INVESTIGATOR* for the year 1876, and a copy of this valuable work. ~~☞~~ If you have not this work now is your chance.

Ludlam's Diseases of Women. We are happy to be able to make this rare offer: Ten dollars sent at once will secure *THE UNITED STATES MEDICAL INVESTIGATOR* for 1876, and a copy of the above practical work.

Twelve dollars sent at once will secure *THE UNITED STATES MEDICAL INVESTIGATOR* for 1876, *Ludlam's Diseases of Women*, and *Surgical Diseases*.

~~☞~~ It will be for your interest to let us hear from you at once.

N. B.—The expressage will be paid by the party *receiving* these books at the above low rates.

THE
UNITED STATES
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

New Series, VOL. II., No. 8. — OCTOBER 15, 1875. — Whole No. 152.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

SAN DIEGO, Cal., Sept. 18.— We have no malaria here. The Eucalyptus has not been tried long enough in malarious districts. I do not think any conclusions can yet be reached from experiments in California.
G. W. BARNES.

ABINDON, Ill., Sept. 22.— Intermittent and bilious fevers seem likely to become the prevailing type of disease. *Ars.*, *Ipecac.* or *Quinine*, the remedy — have had good effect from each. Our Society meets in Peoria, first Tuesday in December.
J. HARTS MILLER.

LYNN, Mass., Sept. 23.— We have had no epidemic in this city, though some sickness. More lung troubles than usual in warm weather — several cases of hæmorrhage. I have lost one patient this summer, and that from cholera infantum, and if I had it to treat now think I might possibly save it by giving it *Tabacum*. I have seen wonderful results from *Tabacum* 200, in a few cases where the discharges looked like sour milk, (thick and curdled, part watery,) and were yellow mixed

with green, either with or without vomiting, sunken eyes, dark underneath the eyes, some of them dull yet glassy, and withal a sick look. One dose of *Tabacum* has cured them, and they *stay cured*.

A. M. CUSHING.

GRAND RAPIDS, Mich., Oct. 7.—Cholera infantum has not prevailed to any very great extent here this season. Have treated a few cases, which yielded readily to the indicated remedies, viz., *Bell.*, *Cham.*, *Pod.* with *Calc. carb.*, all in 200th and upward. In cases of infants fed on cow's milk, changed to the condensed with marked improvement. Dysentery has prevailed to some extent; *Bell.*, *Mur.*, and *Pod.*, were indicated and curative. At present writing intermittents prevail in a variety of forms.

L. M. BUTTS.

BUFFALO, N. Y., Sept., 27.—We have had the usual amount of bowel troubles, with rather more than the usual amount of dysentery, and a feature I have seldom met before, viz., bloody mucus stools, frequently commencing with scrapings, there is very severe pain and tenesmus, generally promptly relieved by *Bell.* 200 and *Cantharis* 200, but in many cases after twenty-four hours, the scrapings would change to jelly appearance, with blood, and with no pain at all, discharges every fifteen to thirty minutes quite profuse, this condition *Baryta mur.* 200, controls without fail every time. The bilious diarrhœas I have met with have called for *Aloes* more than any other remedy, and I have generally given the 30th trit. with good success. Some fevers are disposed to assume a typhoid form; where there is great head suffering, and some confusion, *Bapt.* early, has in most cases aborted it. I give it both high and low.

L. M. KENYON.

LEWISTON, Idaho Ter., Sept 15.—In No. 10, May 15th, you give me credit for writing from Waitsburg, Idaho Territory, instead of Waitsburg, Washington Territory. The items are about Waitsburg, not this place. Please correct it. In answer to your question, "How young" were the children I reported having inflammatory rheumatism, I would say, from eight to twelve—I saw one case, twelve years. In my last I wrote you this was a very healthy place. Within six weeks chills and fever have prevailed, with colds and coughs. My daughter was sick; after trying several remedies found *Puls.* cured. Last winter both my daughters had hooping cough, their cold restored it in a measure, but *Bromide of Am.* cured at once. I am in favor of it for that cough. A sore throat yielded to *Kali bich.* 3x, two doses. At present the earache prevails. I have tried *Puls.* 3x, on cotton, it acts like a charm. [So does cotton without *Puls.* on it; so says Allopathic authority. Try it and see.] They have brought the water from the river around through the city, partly by flume and partly by a ditch. Do you think it could affect us in this way so soon? From the winter there has been but little change; the spring was wet and cold; the hot weather set in suddenly and continued very hot for about two months. Mercury rising to 106 degrees in the shade. It ceased as suddenly, and has been cool without much change. At present the weather is very fine.

N. J. A. SIMONS

WHAT ARE WE GOING TO DO ABOUT IT.

BY AD. LIPPE, M. D., PHILADELPHIA.

The 6th number of Volume II. of THE UNITED STATES MEDICAL INVESTIGATOR, contains a paper from S. J. Bumstead, of Pekin, Ill. The Doctor hints at the solution of the above question, but may we be permitted to show him that it is not of the slightest moment what *he* proposes to do, why? on account of his boasted want of knowledge of Homœopathy, and on account of his utter want of knowledge of logic. Ever since that most prodigiously illogical address was delivered at Chicago, before the American Institute of Homœopathy, on the 8th day of June, 1870, we find an increasing disposition to accept the illogical points there and then promulgated, to ignore the principles on which the school of Homœopathy is based, to claim the right to adopt the name *only*, for convenience sake, and to *deceive* the people.

Without tiring the reader by dissecting Dr. B.'s illogical and really insulting paper, we will confine ourselves to one single sentence. He says, "We do not hesitate to proclaim our belief in the principle *similia similibus curantur*, but we also believe that methods of cure which cannot by any *hocus pocus* be classed under that law, (see Tooker on the Homœopathicity of Electricity,) are sometimes preferable to it. This, therefore, is a sufficient direct answer to his first proposition." The first proposition was, "What is Homœopathy?" Now surely the learned Dr. Bumstead does not claim to know what Homœopathy is, *he*, the learned Doctor, voluntarily steps up on the witness stand and gives evidence of his ignorance, utter ignorance, of what Homœopathy is. He unhesitatingly says, "I do not hesitate to *proclaim* my belief in the *principle, similia similibus curantur.*" A *proclamation* comes from an individual who is in *authority*. Who has authorized Dr. Bumstead? Authorized him to proclaim his belief in a principle which time and again has been demonstrated to be a *formula*? *Similia similibus curantur* never was a principle. Hahnemann used it as a *formula*, expressing the principles of Homœopathy. If the learned Doctor really is in earnest when he *proclaims* his belief in a principle, will he allow us to say to him that a "principle" must be always true, that there can be no exception to it, if there is an exception to it, then it could not be a "principle." "But," says the illogical Doctor, "we also believe that methods of cure which cannot by any *hocus pocus* be classed under that law, are sometimes preferable to it." The principle is now a law—a very clear definition to be sure—but if there are other *methods of cure* opposed and impossibly reconcilable to the *principle* which he does proclaim to believe in, are sometimes preferable, then the *principle* in which he *professes* to believe, but of which he evidently knows nothing, can not possibly be true; there can not be a possible belief in the principle of Homœopathy and also in other methods of cure. That is an absurdity. Either the principles which Hahnemann was permitted to proclaim to the world by inspirations which he never claimed to be of his own merit, are true, always and unexceptionally true, true now and

forever infallibly true, or, they are not true at all; and if any one believes them not to be infallibly true always and forever, he had better drop the name also and proclaim himself, call himself openly and honestly what he really proves himself to be, an Eclectic. What authority is Tooker, who's pamphlet on electricity the learned Doctor quotes? The plain truth is this: The followers of Hahnemann, the Homœopathicians, have so strongly fortified themselves behind the ever recurring favorable results of this treatment behind clinical victories, that nothing can displace them from their stronghold, that the floating members of the profession, men who have no status even among the Regulars, men who are ashamed of their own Alma Mater. men who obtained their diplomas from the Eclectics, now seek shelter under the cover originally obtained and occupied by the Homœopathicians. Men who never read the Organon, bleat of "other methods of cure," Eclectic fashion! Now, may be, some of these very much to be pitied professing men, will order the new edition of the Organon, which will be published in October, and may be will read it, not once, but a hundred times, and then may be they will better know "what we are going to do about it." And if in the judgment of our very learned Doctor, Hahnemann is all or in part wrong, we hope he will do as he pleases about it; if his superior judgment condemns it, let him reject it, like an honest but stupid man, but if, upon his investigation he approves of the teachings of Hahnemann we hope he will like an honest man accept them, and not like a stupid man pick up part of it, as well as other methods of cure, that would be stupid—that is what the Eclectics do, and they appear to be the gullability and stupidity of the people.

We suppose that Dr. Bumstead is a learned man, and if he knows anything at all, he may know how to find information, and as he seems perfectly willing to accept Dr. Carroll Dunham's information, as he expresses his admiration of his wisdom, discernment, and liberality, let him take up the fifth volume of the *American Homœopathic Review*, page 496, and there the editorial, of which said Dr. Carroll Dunham was the active one, says, "The question, 'Who is a Homœopathician?' has been discussed in our pages during the past year. Nowhere have we seen so clear, eloquent, and liberal a statement as the following, to which we would gladly give the widest currency." Will Dr. B. read it, and then file his exceptions? Surely he cannot be in earnest, only joking, when he asks to be let alone, to be allowed to do just as he pleases, declare his belief in one principle and at the same time declare that other methods of cure may supercede the principle in which he professes to believe, that in fact, to make an end of this disgusting subject, he may call himself an Homœopathist and practice at the same time other methods of cure, if in his illogical infallible judgment they supercede and are better than the law of cure to which he merely professes to adhere. What are we going to do about it? Ask the American Institute to give a definition of the two questions: 1. Who is a Homœopathician? 2. Who is an Eclectic? And then, let every one choose his own position and join hands with his own set.

HEART DISEASE CURED BY LYCOPUS VIR.

October 24, 1874.—W. B., half-breed Indian and Hawaiian; male; aged forty-three years; cook on a whaling vessel for several years. Has not been well for two or three years. Doctors (Allopathic) all tell him that he has "heart disease" and cannot be cured. Has been gradually getting worse and worse since first taken. Can walk only a few steps without having to stop and rest, as he gets short of breath. Left arm, hand, leg, and foot, œdematous and somewhat painful. Does not expect to live long; but wants some "stuff" to ease him off.

Upon examination I find a blowing sound over the apex of the heart instead of the systolic, natural sound, and a very loud sound over the base of the heart during the diastole. The pulse, at the wrist of the left arm, cannot be felt (owing to the œdema perhaps). That of the right wrist is quick, weak, and frequent, about ninety beats per minute.

Says he feels as though his lungs were filled up. He has a panting respiration. Urine scant and high colored. Bowels constipated, not much appetite but quite thirsty for cold water. No sexual desire whatever. Sleep restless with frequent starting, and jumping. Sometimes can lie down and other times has to sit with the head high. Tongue flabby with no coating of note; occasionally a sharp, shooting pain through from sternum to the left shoulder blade. Prescription, *Digitalis* 3x, liquid, four drops in water, every two hours.

Oct. 25.—No better. Continue.

Oct. 27.—No change; *Digitalis* 4x, one powder every three hours.

Oct. 29.—No better. If any thing, a little worse; *Lycopus vir.* 2x, liquid, four drops in water, every three hours.

Nov. 1.—Thinks he is a trifle better; rests better. Continue.

Nov. 4.—Better; can eat more; not so thirsty for cold water, and passes more urine. Continue.

Nov. 7.—Better; lungs, do not feel so pressed, appetite fair; urine improving, and stool every two days; slept good in the bed, last night. Continue.

Nov. 10.—Better; swelling of hand and foot, goes down at night to return through the day, but not as bad; urine good; a stool every day; sleeps good; appetite good; can move about a little without so much shortness of breath, and the hacking cough is not as troublesome. Continue.

Nov. 15.—Better in every way. Continue.

Nov. 20.—Still improving. Continue.

Nov. 30.—Still improving; eats well; sleeps well with the head low stools and urine natural; hardly any swelling of the hand and foot; cough nearly gone; can walk around some, but is not strong; pulse at left wrist the same as right, eighty beats per minute, and quite steady. Continue.

Dec. 25.—Patient came to my office. Looks quite well; is gaining in flesh; no swelling of hand or foot; no pains or shortness of breath; some sexual desire. Continue medicine three times a day.

Jan. 19, 1875.— Says he is well and wants to go to work cooking in a family. Continue medicine.

Feb. 2.— The man to all external appearance is well. *Pulse very good, eighty per minute. Physical examination shows an improvement in the heart sounds. Has been at work since he was here last; feels none the worse for it. Continue medicine as before.

March 8.— Called to tell me his medicine was gone. "Still on the gain." Continue medicine once a day.

May 11.— Says he is well. Continue medicine.

July 14.— Saw patient on street and asked him to my office. Examined the heart, a very little unnatural sound; but would suspect nothing if I did not know the case. Says he was never so well in his life as now. Works every day.

I must say that I was surprised at the result of this case. I thought the man would die; but there is no doubt the *Lycopus* kept him out of his grave.

I have another case of heart disease now under treatment with the same remedy, and an improvement is going on.

HONOLULA H. I. Aug. 30, 1875.

O. S. CUMMINGS.

ON THE LAW OF DOSE.

WHICH RULE WILL GIVE US THE RIGHT POTENCY?

C. Carleton Smith's communications are read by "Country Doctor," and now for the second reading to see if there are any principles therein contained that can be applied to country practice. The author looms up on individualization, then goes for "Country Doctor," setting his theory for choosing the right potency aside, evincing a feeling not pleased with such theories, or not wishing to have any theory come in, just in that part of our medical education. Having but one argument to bring against it ("My experience") he seeks to crowd out "Country Doctor's" theory, by putting in his own.

He says, "My experience is, that the stronger and more robust the patient, the more rapidly and perfectly the high potencies act."

The author gave us but one end of his theory, leaving us to make out the other end from what he has given. He says, "The stronger and more robust the patient," etc., then, as a matter of course, the more delicate and sensitive the patient, the less "rapidly and perfectly" would the medicines act. This theory is diametrically opposed to "Country Doctor's" given in *THE UNITED STATES MEDICAL INVESTIGATOR*, July 15, 1875, pages 27 and 28.

I hope one of them may prove true, or some other one better than either, that we may no longer be prescribing for patients, regulating the strength of our medicines to the strength of the patient by guess work, cut and dry, sliding up and down the scale of attenuations, from one extreme to the other, giving low, then high, (see *THE UNITED*

STATES MEDICAL INVESTIGATOR, Sept. 1, 1875, page 192: "When improvement is manifest in either case, suspend the medicine. If necessary to repeat, give the remedies higher.")

"When improvement is manifest," and you repeat, why not continue the prescription as it was? If you repeat and give the remedies higher whence cometh the "individualization," the use of the high attenuations invariably leads to? I see, when you practice, you individualize for the low the same as for the high attenuations, but when you talk you individualize higher.

I am not quite ready to adopt C. Carleton Smith's theory on the ground of "individualization."

He says, "Some one has asked me if I attribute this success to the high potencies? I answer most emphatically, Yes. Not, however, because they were high potencies simply, but because the use of the high attenuations invariably leads to individualization and individualization to *perfect success*."

Individualization commenced with the practice and grew up with it. But in what way the use of "the high attenuations invariably leads to individualization," any more than the lower ones, is yet to be shown.

Why, or for what purpose, do we have to individualize any more thoroughly when we prescribe high attenuations than low ones or even the mother tinctures?

Does not the high attenuations cover the symptoms belonging to the low one or the drug?

Are the symptoms of drugs changed by attenuation?

Answering the last question, I will quote Dr. J. F. Griffen, of Stamford, Conn., in THE UNITED STATES MEDICAL INVESTIGATOR, page 193. "We believe in the law of similars, and what is nearer to a drug than the same thing potentized." I am not going far around to gather proof that we know of no change in drugs by attenuation except in their strength.

I would like to know how the gentleman is going to individualize any closer, to prescribe the high attenuations, than, if he were compelled by the strength of his patient, and the nature of the disease, to use one of the first twelve dilutions of medicine?

Certainly the theory is not in the books, that "the use of the high attenuations invariably leads to individualization." Then where is it? Why, in the minds of C. Carleton Smith, and a few others, who would have us believe they can individualize so thoroughly, as to be able to cure disease with a myth of medicine.

I am aware that the theory of Country Doctor would knock the pins out from under the individualizing scheme of C. Carleton Smith, and others, showing, what they are heaping up to us as great powers of mind in individualizing, to be arranging the strength of medicine to the strength of the patient so as to get a medicinal effect.

I will take time to look after high dilutionists a little farther and will quote, *Hahnemannian Monthly*, April, 1875, page 409: "*Nux vom.*, Cough. Dr. P., said he used the 1000th entirely, and if that failed him he went to the 100,000; had carefully classified cases, and tried both

the 200 and 1000 in them, with a cure in one half the time by the 1000 that he had with the 200; had an entire set of 200 which he would give away to any one who would not feel insulted by his offering them."

Here is another high dilutionist flipping up and down the scale of attenuations, but past the mind of mortal man to find the rule by which he stops.

Ask him, how he can cure with the high dilutions when hundreds throughout the country cannot?

He will refer you to the *Hahnemannian Monthly*, April, 1875, page 411: "Dr. P. suggested a placebo; said he *often* found patients needed something of that kind. He has one who has erysipelas *very badly*, and at the same time facial neuralgia, for which she must have some medicine, he gave her *Sac. lac.* to be taken very accurately, with *great success*."

This is the key to high dilutions—individualization vanity. I have been watching high dilutions gentleman, for the last fifteen years, and I think Dr. P. here gives their bottom principle on which rests his "*great success*," and that other "*perfect success*."

I am fully persuaded that the first twelve dilutions of medicine, just as "invariably leads to individulization" as any other number of the scale; are the means of just as good cures, just as good success, and yet, I do not think any one, except C. Carleton Smith, has ever attained to "*perfect success*."

COUNTRY DOCTOR.

ON HOMŒOPATHY VS. ISOPATHY.

I have been waiting for some time for some of the lights of the profession to expose the fallacies of the doctrine enunciated in an article published in THE UNITED STATES MEDICAL INVESTIGATOR, of September 1st, entitled: "That Case of Poisoning by *Kali. bich.*"

Probably acting on the theory that if they should take notice of all such foolish effusions they would have no time for original study and research, no notice has been paid to said article by them. The writer says: "Invariably, when I find a patient suffering from the effects of a drug or poison, I treat the case with the same remedy high."

And again: "We believe in the law of similars, and what is nearer to a drug than the same thing potentized," leaving one to infer that his theory is a marked instance of similars, or Homœopathy. It is scarcely necessary to say that the doctrine is not Homœopathy at all but the rankest kind of *Isopathy*.

The doctrine of *similars* and things which are the *same* are vastly different. According to this doctrine, the best way to put out a fire caused by the unlucky explosion of a kerosene lamp, would be to apply a high potency of petroleum; and the best way to cure the bite of a rabid dog would be to have the patient bitten by one less rabid, or more rabid, according to the view one takes of potencies. To our

mind the doctrine has no foundation in reason or in practice. Having tried the theory to as great an extent as we dared to, if we hoped to retain our patients, we feel somewhat qualified to speak positively on this subject, as well as Dr. G. Patients will sometimes get over drug poisoning if nothing is done, but we fail to see how any conscientious physician can stand by and perceive the ravages of a drug disease while he either does nothing to cure, or else adds fuel to the flame.

It seems to us that in treating drug poisoning we should not once think of the laws under which we would prescribe for a disease *per se*, but apply an antidote on purely *chemical* grounds, and afterwards treat any remaining symptoms.

If a patient should apply for relief from the effects of swallowing a lot of cherry stones, one would not think of giving a high potency of the same, nor yet *Nux.* or *Puls.* for the pain caused thereby, but an emetic to remove the cause.

If the doctrine of Isopathy is true, let it be urged on its merits but let not Homœopathy be obliged to rest its laurels upon the trial.

BELVIDERE, Ill.

F. S. WHITMAN.

THERAPEUTICS OF INTERMITTENT FEVER.

FROM WURMB UND CASPAR'S KLINISCHE STUDIEN—TRANSLATED

BY A. MCNEIL, M. D., NEW ALBANY, INDIANA.

[Continued from page 291.]

CHINA IN INTERMITTENT FEVER.

We have only employed *China* seven times in intermittents; four times without a favorable result, three times with success. We cannot appear with numerous cases and proportionate experience, consequently what we produce in the following concerning the value of the indications in intermittents needs very much confirmation from clinical experience, in accordance with our views we do not withhold this because on account of its agreement with the results of the physiological provings perhaps so many of our readers share with us, or in case we err to be corrected.

The physiological provings demonstrate that *China* acts inimically to the entire vegetative life. It may do this because of its near relation to the digestive tract and the large blood glands of the abdomen (spleen and liver), it arrests the functions of the chief laboratory of assimilation and perverts them to an irregular activity, that it invades the assimilation in its deepest recesses and therefore must exercise a powerful influence on the process of the manufacture of the blood.

What alteration *China* produces in the composition of the blood is not known to us at present; we can only say, that many indications lead us to believe that our drug causes a decrease of the fibrine (hypin-

osis) which is conditional to a tendency to serous exudations. On the contrary all the phenomena as well in the sphere of the vegetative as of the animal and sensorial life place it entirely beyond a doubt that *China* produces abnormalities of the quantity of the blood as after great loss of the vital fluids, (after considerable hæmorrhage, after much blood-letting, great flow of milk in nursing, profuse salivation, frequent loss of semen, formation of large quantities of pus, profuse sweats, frequent use of purgatives, etc.,) never fail, in short that the quantity of blood is decreased and anæmia produced.

The decrease of the blood in the *China* disease can certainly not be produced in any other way than in consequence of a languid condition of that activity to which the preparation of the blood is committed; but that cannot be easily explained but on the supposition of a condition of great exhaustion being present in the vegetative nervous system. But it is certain that the quantity of the blood depends within certain limits on the condition of the organic movements, (the more action and power there is, so much quicker follows the inter-change, and so much better prepared and more plastic will be the products, and so much the more excessive will consequently be the manufacture of the blood, and *vice versa*,) consequently, it is also certain, the vaso-motor system cannot remain free from the depressing influence of *China*.

On this property rests the suppression of the paroxysm by means of large doses of bark; it disables the intermittent by its paralyzing action to produce the spasm of the vaso-motor system, which is indispensable to the production of an attack. That such a treatment of intermittent is not specific, which many of our Homœopathic big-dosers might acknowledge, but it is an Allopathic one in the strictest sense of the word; that indeed *Quinine* silences the paroxysm, but it does not remove the disease itself, consequently we have no cause to be envious of the *Quinine* bottle of the Allopaths, from what we have previously said in this article, in summing up the results of intermittent fever.

The weakening action is not limited to the vegetative sphere but embraces the remaining, and produces a condition which entirely agrees with that which has been called by the pathologists direct weakness (*asthenia directa*). This condition of weakness, which Hahnemann so beautifully describes in the symptoms 325 to 331, reveals itself, to employ the words of the master, "as weakness and relaxation, as a languid condition of the body and mind with over-sensitiveness of the nervous system, therefore everything seen, heard, smelled, and tasted, appears exaggerated, offending the feeling and making the mind over-sensitive. The sensations of the entire nervous system are, as it were, morbidly increased, strained, and irritated." The *China* disease consists of a double class of symptoms, one of which, and indeed the most important, bears the stamp of powerlessness and weakness, and the other that of over-irritability and over-sensitiveness.

Through what we have said we believe we have the place to which our drug belongs, if not definitely ascertained yet at least clearly designated. But at all events, it follows: that (a) we are not often

required to employ *China* in intermittents because the demanded double condition of great weakness and great over-sensitiveness is only seldom developed in them, and because our drug cannot be indicated if this double condition is produced by the abuse of *Quinine*; (b) that *China* is never indicated in recent cases, or yet in those with stormy paroxysms, because the weak condition, so characteristic of our drug never occurs in the beginning of the disease, and because it, if once present, prevents the development of any violent paroxysm, in fact it generally makes their appearance directly impossible.

CHARACTERISTIC CURATIVE INDICATIONS.

The paroxysms can never play a conspicuous role. They are usually weak; indefinitely bounded; consist frequently of light febrile admonitions of different kinds; abate frequently, for a long time, or disappear altogether; on the contrary, the symptoms of hydræmia, anæmia, etc., increase. The more clearly pronounced the cachexia, and the more the paroxysms decrease, so much the more urgently is *China* indicated.

The cold stage predominates. It is more remarkable, however, for its long continuance and frequent return, even during the hot stage, and particularly by its slow disappearance and transition into the heat than by its violence.

The heat is always very slight and not seldom indicated by flashes only; it is very often only partial and interrupted by cold shudders, or present at the same time with the cold. It is only gradually developed, and as well on this account and also because the cold only disappears gradually, both stages appear to be separated from each other and an interval without fever to intervene. This circumstance deserves so much the more regard because it is by no means so clearly pronounced in any other drug; whoever relies on this alone in the choice of a remedy will be frequently deceived. It was only present in one single case where *China* was useful. On the other hand it was present in several cases in which we administered it chiefly on this account, without any benefit.

To the thirst a very subordinate *role* is assigned, for, on account of the inconsiderable febrile movement, it can be nothing else than slight and transient; whether its appearance in that interval which apparently separates the first stage from the second signifies so very much, we leave undecided.

The sweat is profuse and leaves, after its disappearance, a feeling of weakness or increases much more that already existing, particularly in highly developed cachexia; in these it is generally very great and always more or less persistent.

The apyrexia cannot be pure, and from what conditions it must be complicated certainly does not need to be mentioned here.

We said previously that *China* is so much the more indicated the more the cachexia is developed and the more the paroxysm disappears. We adduce in favor of this assertion, that of the four cases of intermittent fever cachexia that came to us for treatment, we cured two of

them with *China*; but we must expressly mention that in both of these the condition of over-sensitiveness so characteristic of our drug was present in an eminent degree.

When in such cases is *China*, and when is *Arsenic*, the real homion?

This question is many times not so easily answered. According to our opinion *Arsenic* deserves the preference when the symptoms of irritation are violent and continuous and occur independently of the increased sensibility, in consequence of the reactionary exertions of the organism; and will not, when, as with *China*, a truly striking but one-sided appearance of phenomena pointing to anæmia and hypnosis are manifest. The crisis produced by *Arsenic* is distinguished by a disorder of all the relations of the composition of the blood. Perhaps also of course with the limitations which must class those individual symptoms—the usual appearance of the paroxysm under the form of an attack of heat, speaks more for *Arsenic*; under the form of chilliness, more for *China*.

IPECACUANHA IN INTERMITTENT FEVER.

Some have valued *Ipecac*, of which the influence extends not much farther than the lower thoracic and the upper ganglia, the action of which in large doses scarcely continues a couple of days and in small doses a couple of hours, which stands in no direct relation to the vito-chemical process of the organism, and to which, consequently, belongs only a subordinate position in the list of fever remedies, not merely as chief remedy but even for the universal specific against intermittents of all kinds; in fact there are not a few Homœopaths who have learned no better by experience and every time immediately cast their eyes on the *Ipecac* bottle as soon as they are ready with their diagnosis—intermittent fever; and who thereby give the proof that they have no idea of the physiological action of *Ipecac*, and of the pathological process occurring in intermittents; and have no idea of the conditions which a fever remedy must fulfill.

One must be the more surprised at the inconsiderate use of *Ipecac* as the curative indications for its choice in intermittents are so easily established and on account of its limited action are so easily retained in the memory.

Only those intermittents demand the employment of *Ipecac* which have caused no profound disorders of the vegetative system, have only continued a short time, possess a moderate degree of violence, and are accompanied by gastric and pectoral attacks which remain subjective merely, or at least, if they become objective, are only consequences of irregular activity of the motor but not of the assimilative life.

All the phenomena which we mentioned above in speaking of *Nux vom.* as belonging to the sphere of the stomach and intestinal canal, also occur in the *Ipecac* fever; they are therein different from that of the *Nux* fever in that they rest on an abnormal irritation, therefore what is passed by vomiting and purging does not deviate from the

normal, and consequently still less do phenomena arise in other distant organs which rest on disorders of assimilation.

In two cases in which we cured with *Ipecac*, the gastric symptoms occurred immediately before the paroxysm, and in both cases it appeared to the patients as if the chill proceeded from the stomach and heart. We believe we must not pass this over in silence, because it may be so easily explained in the nature of our drug; however, we must expressly mention that we observed the same once with a *Nux*, and once with a *Pulsatilla* fever, and it must be regarded in selecting *Ipecac*, but is not sufficient for its choice. In the remaining intermittents which yielded to *Ipecac*, the gastric symptoms appeared only during the attack and indeed mostly during the period of the chill. The apyrexia remained free from gastric attacks and the irritable condition of the digestive tract, but in particular that of the stomach, announced its presence only by unpleasant feelings of pressure, fullness of the stomach, nausea, etc., after the use of the most harmless food.

The other group of symptoms are not less worthy of attention, i. e., the thoracic make themselves remarkable by different kinds of feelings, for example, a sense of pressure, contraction, constriction of the chest, and the like, or by spasmodic cough, want of breath, although a stethoscopic examination showed that no material alteration existed.

Both groups of symptoms usually appear simultaneously, only rarely is the first alone present, and still more rarely the reverse occurs.

All the intermittent fever patients whom we cured with *Ipecac* were young, delicate individuals. In four the disease arose because of dietic faults, and in one, a girl of sixteen years, in consequence of disgust because she was compelled to eat repugnant food.

CHARACTERISTIC CURATIVE INDICATIONS.

The paroxysms are not particularly violent. As the cold, even so the heat, seldom spreads, on account of the limited sphere of action of *Ipecac*, over the whole body, and consequently the one as well as the other of these constituents of the paroxysm is only partial, and then almost always limited to the body. Both stages change many times into each other, and bring to view generally, as is the case in all nerve remedies, a striking inconstancy. It is similar as regards the sweat and thirst.

The statement that heat applied externally increased the cold of the *Ipecac* fever has not stood the test in our experience; the contrary followed much more frequently, when the cold, particularly if it were more external, seldom abated when the patient was covered with clothes. Of a real increase of cold, this statement can certainly be accepted with difficulty, but merely an increase of the feeling of cold this certainly can be the case, and on this account the internal cold, because of the control of the external warmth, is more striking to the patient and therefore more annoying.

That *Ipecac* can be employed only in intermittents which belong to the first group we believe we have demonstrated satisfactorily by

what we have already said, and that the same prevails also of *Ignatia*, will be shown by the following.

IGNATIA IN INTERMITTENT FEVER.

Ignatia agrees in many respects with the *Nux vom.*, so that its action can scarcely be more intelligibly described than to designate it as a partial action of *Nux*. This is especially justified by the near relation of *Ignatia* to the spinal sphere generally, and particularly to the spinal motor nerves, as its relation to the ganglionic nervous system is not very intimate. *Ignatia* causes in the latter no profound disorder which is characterized by violence or persistency, but only light temporary irritation, as the symptoms sufficiently prove that they are transient, secondary, and sympathetic.

But, moreover, the symptoms pointing to an invasion of the cerebral nervous system are not remarkable for any striking violence or power, but resemble a transient irritation, as is clearly expressed by the short continuance which is frequently only a few hours, the rapid change, the jumping about from one locality to another, their easy removal by a change of residence, and other similar unimportant circumstances.

It therefore follows that *Ignatia* is a fever remedy of suborbinate rank, and is only indicated in those cases in which intermittents exist as a pure neurosis. But even here the disturbance of innervation cannot reach any high degree of violence if *Ignatia* is indicated. Its selection is inexcusable if organic alterations accompany the intermittents, consequently our remedy can only be the homion in mild cases of intermittents belonging to the first group.

In intermittents belonging to the second group *Ignatia* may many times remove the erethism which is conspicuous in the nervous system, but that we cannot rely on a permanent result, we have also learned, for, of the few relapses which occurred to us two appeared after the use of *Ignatia*, and a complete cure followed only after the use of *Nux*.

Ignatia corresponds only to such intermittents which are produced by transient influences acting directly on the nervous system, and especially to those arising from psychical impressions; in those which occur as the result of dietic faults only; in those in which an active, injurious influence has penetrated deep into the blood life, our remedy will never prove useful.

(Erethitic symptoms precede or accompany many cases of crisis; frequently the nervous erethism continues when every trace of the crisis has disappeared. If this occurs *Ignatia* is usually the curative agent, and is particularly in place when the hydræmic crisis has been removed by *Pulsatilla*, although the paroxysm still continues.)

It is evident that *Ignatia* will most frequently be the remedy in youthful individuals, women, and delicate men, in short, in erethitic persons who have a decided predisposition to nervous diseases.

PARTICULAR CURATIVE INDICATIONS.

If *Ignatia* is a pure nerve remedy and it even in this regard is not

distinguished by a very permanent power, this must be manifest in the individual symptoms; that this proves true with the *Ignatia* fever is shown by the circumstance that the apyrexia, except an inconsiderable feeling of weakness, is entirely pure. The paroxysms are never very violent, continue a longer or shorter time, but never very long, and differ much from each other. The different stages are usually not sharply defined and reveal their nervous origin, consequently, for example, hot flashes occur in the cold stage and shuddering in the hot one; the subjective feeling of cold or heat is limited to one part of the body, and either suddenly jumps from one part to the other or cold and heat exist simultaneously and many times change their seat; the subjective feeling does not correspond to the objective, or is directly opposite, so that the patient complains of heat during the cold period and of cold during the hot one, in fact, not seldom he complains of cold and heat at the same time, although the temperature appears normal; scarcely a trace of a more accelerated movement is indicated in the capillary circulation, or only reveals a moderate deviation from the normal and merely temporarily a somewhat more violent irritation is present.

To its nervous origin is to be ascribed why that the thirst during the fever sometimes entirely fails and why it is so apt to occur during the cold stage. Whether the latter symptom belongs to *Ignatia* alone, or, at least, more frequently to it than to any other remedy of a similar mode of action, we leave undecided. It is valuable to us for it points with some certainty to that class of remedies which exercises a preponderating influence on the innervation, and *Ignatia* shines among these as a star of the first magnitude.

Although we know very well that *usus in morbis* makes no new indications, yet we believe the following should be particularly noted, because it so clearly reflects the peculiar characteristic features of the remedy, viz., its changeableness; we observed in our intermittent fever patients who were helped by the use of *Ignatia*, an irregular appearance of thirst independent of the stages of the paroxysm, so, for example, for from half an hour to an hour he would have violent thirst, then, irrespective of chill and heat would refuse water and afterward felt a violent even tormenting thirst after the end of the paroxysm, etc., or that the most copious draughts did not satisfy the thirst, or that the thirst without being gratified abated itself.

The sweat usually occurred late; sometimes profuse, sometimes continued a long or short time. In one of our patients cured by *Ignatia* the sweat also showed a certain inconstancy; it appeared, as it were, by fits and starts, continued for an hour to an hour and a half, returned about an hour later, again disappeared to return anew after about three hours as a partial sweat of the face.

The paroxysms many times ceased suddenly, as if cut off; much more frequently it happened that it only disappeared gradually and in that way passed into the apyrexia.

The circumstance has been made prominent as an indication that the coldness of the *Ignatia* fever is ameliorated by heat applied exter-

nally. We can impute no value to this circumstance, because on account of the fickleness of the *Ignatia* fever, it is, in fact, impossible to learn whether the chill ceased because of the heat or spontaneously.

The supposition that *Ignatia* deserves attention in those intermittents where the appearance of the paroxysm may be delayed by withdrawing the patients attention, or by an effort of the will, appears to be well founded.

As regards the accompanying subordinate complaints of the paroxysm those, in the most cases, are the most prominent which arise from the invasion of the motor nerves arising in the spine, causes spasmodic phenomena in the different parts of the body but particularly in the limbs and in the muscular apparatus of the stomach, intestinal canal, and diaphragm.

Intermittent fever patients in whom *Ignatia* is the curative drug, generally do not seek hospitals and consequently do not appear in hospital practice for treatment, because during the apyrexia they are free from all complaints and can therefore attend to their calling. On account of its mildness it excites no apprehension, and because it is often relieved by moderate revulsions, and, in fact, from psychical impressions. The opportunities to employ *Ignatia* in intermittents in private practice will be more frequent.

Those who, on account of our statement that *Ignatia* makes a less profound and less lasting impression and that it produces only a part of the effects of *Nux*, would consequently maintain that we believe that between these drugs there is a mere quantitative but not qualitative differences, would impute to us that which is the most remote from our thoughts, for we know well that there are no two things alike. It is undoubtedly true we carefully avoided any expression of the qualitative difference and paid no regard to them in describing the curative indications; this, however, occurred because these are entirely unknown to us, not because we deny their existence, on the contrary we have rigidly adhered to the quantitative difference on the ground that we thereby escaped the most annoying and unavoidable repetitions on account of the great resemblance between the two drugs, for had we not done this we must have repeated among the indications of *Ignatia* very many things which we have already more fully stated in the curative indications of *Nux*.

Even if our table shows that to each of the remaining three drugs only one beneficial result is assigned, yet we believe on account of completeness we must not pass them over in silence.

NATRUM MUR. IN INTERMITTENT FEVER.

Natrum mur. appeared to be indicated in eight cases but proved curative only once, and in fact after ten paroxysms had occurred during its employment. From this remedy, although it acts powerfully on the vegetative system, not much is to be expected in the treatment of intermittents, because its influence on the nerve life is of such subordinate importance.

BRYONIA IN INTERMITTENT FEVER.

Bryonia was employed once: it appeared to be indicated on account of a violent stitching pain in the neighborhood of the spleen. From a close study of this case it appeared that the paroxysms occurred very irregularly; that chilliness often returned during the apyrexia; that the pulse during this period never became quiet, and always remained small, and that every night a violent sweat occurred; that the spleen was only moderately swollen, and that it, as well as the surrounding parts, were painful, especially during the paroxysm and also after it. It is therefore very probable that we had to deal not with an intermittent but with a splenopathy which arose in consequence of the irritable condition of the cellular tissues in the neighborhood of the spleen, and that after its cure by *Bryonia* the apparent typical febrile exacerbations disappeared of itself.

CINA IN INTERMITTENT FEVER.

We administered *Cina* to a boy of nine years who suffered from a quotidian fever on account of the following symptoms: violent canine hunger after the paroxysms, and chalk-like paleness of the face. *Pulsatilla*, which had been employed for seven days, left the disease unaltered. After the use of *Cina* the paroxysms disappeared but returned after eleven days; a second dose of *Cina* again removed it as rapidly and forever. This result, although brilliant, proves nothing, because it stands isolated. If we consider *Cina* a useful remedy, it is because it exercises so powerful an influence on the nervous system and the vegetative activity, and therefore promises to do not a little.

[In the cases treated the 30th decimal potency was employed.—
TRANSLATOR.]

 INTERESTING EXPERIENCE AND OBSERVATIONS
ON INTERMITTENT FEVER.

DEAR DOCTOR: You ask for the indicating symptoms of *Lyc.* in intermittent fever (and *Apis.* also.) and if possible a case or two.

While practicing in Baltimore County, where we had but very little malarial disease, unless contracted elsewhere, I was very successful in treating intermittent fever. I took a great deal of pains to record the symptoms before the chill, during the chill, during the fever, during the sweat, and during the apyrexia, but I paid but very little account to the *time* of the chill. For several years after I came to Baltimore, it prevailed here very extensively, in fact it was indigenous, the same remedies, prescribed for apparently the same symptoms in the same dilution (usually the 30th, sometimes from the 9th to the 12th,) frequently failed, cases sometimes ran on for four or six weeks, some-

times when I would become discouraged and speak of the protracted course of treatment, some member of the family would say, "Oh! that is nothing, I once had it for a whole year," and another, "eighteen months," and so on, under old school treatment. That afforded some consolation.

During the last two years I have paid more attention to the *time* of the paroxysm. I believe if the paroxysm (either chill or fever) comes at a certain time every day, and you can find a remedy corresponding to that time it is worth all the other symptoms together, in fact I would be willing in the majority of cases to prescribe on that one symptom alone.

Seven or eight years ago, I frequently sat up more than half the night studying out the symptoms according to Bœnninghausen, I would frequently exclaim, I have found it! I have found it! Give the remedy with confidence, only to be doomed to disappointment and disgust.

In the midst of my confusion Dr. King came into my office, he had been practicing at Natchez, he asserted, or rather, he said Dr. ———, his partner, said, that in a malarial district, where the patient was constantly inhaling the poison, it was useless to give attenuated remedies, forthwith I slid down the scale like a sailor down a rope, I then thought in *some* cases, with advantage to my patients.

I first found a *time* table, if I may so call it, in one of the journals, I copied it and carry it in my pocket-case, I have added to it from time to time. There is one very similar in the last edition of Bœnninghausen. I first gave *Lyc.* about the middle of June, the principal indication was the fever coming on just after 4 P. M., in forty-eight hours the child was about well. In that case there was no chill, but the fever had been running on for nearly a week.

It was the first time I had ever given *Lyc.* for intermittent fever. About one half my cases had no chills.

Since reading Dr. C. Bernreuter's, article in THE UNITED STATES MEDICAL INVESTIGATOR, August 16th, I have noticed where *Lyc.* had been successful, the patient has either had a sour taste in the mouth, or sour vomiting. Unfortunately I took no notes and cannot give you a case as you desire.

Intermittents came on very early last spring, the majority of the cases that I treated for the first two or three weeks came on about 10 or 11 A. M. with headache and vertigo, thirst during chill, etc., these were very rapidly cured by *Natr. m.* 30.

During the next two weeks the majority of the cases came on about 12 or 1 P. M., these were cured as promptly by *Ars.* 30. In about two or three weeks there was another change, the paroxysms now came on between 3 and 4 P. M., these were cured in three or four days by *Apis*; sometimes I gave the 1st, and sometimes 30th. After a few weeks I found the paroxysms came a little later and *Apis* did no good, the paroxysms mostly came at about 4:30, some few cases as late as 7:30 or 8 P. M.

About one-half of these cases had no chilly stage at all. During the fever the patient was generally thirsty and sleepy, the fever passed off

after midnight with perspiration. *Lyc*, 200 arrested these cases very promptly. Several of the patients had no return of the paroxysm after taking the medicine, some had one paroxysm only. I have had very few relapses this year.

I rely now more on the time of the chill, and place of beginning than any thing else. I once had a young man come to me from the country, the chill began in the right arm and right side of chest, he had taken quantities of *Quinine*. One package of *Mercurialis peren.* cured him.

I have found *Ars* very certain when the paroxysm comes between 12 and 1, the nearer 1 the better, my table says 1 to 2 P. M. Perhaps I may have picked up a few hours that has escaped your notice. If you will take Korndœfer's edition of Bœnninghausen, page 101, and add to it the following you will have all that I have collected :

3 A. M. *Thuja*. (Certain.)

9 A. M. *Natr. m.*

10 A. M. *Petrol.*; *Polypor.*

10:30 A. M. *Lobelia*.

10 A. M. to 3 P. M.; 5 P. M. 6 P. M.; 6 to 8 P. M.; 7 to 8 P. M. *Sulph.*

11 A. M. *Ipec.*; *Opium*.

11 to 12 M. *Kali carb.*

10 A. M. Fever but no chill, tertian. *Gels.*

Noon. *Lobelia inf.*

1 to 2 P. M.; 10 A. M.; 3 to 6 P. M. *Ars.*

3 to 4 P. M. *Apis.*; *Lach.*

6 to 7 P. M.; 8 P. M. *Hepar.*

7 P. M. *Bovista.*; *Petr.*; *Rhus tox.*

5 P. M. *Sarrac. purp.*

3 to 5:30 P. M. or 6 P. M.; 6:30 to 9 P. M. *Cedron.*

5 to 6 P. M. *Phos.*

6 P. M. *Arg. nit.*

6 to 12 P. M. *Lachnan.*

6 A. M. Nightly chilliness. *Nux. uom.*

Chill till late in afternoon or evening, (apt to postpone or antopone).

Ignatia.

Evening paroxysm; lasts all night. *Lyc.*; *Puls.*; *Rhus tox.*

Chilliness mostly in the evening and often only on the right side.

Bryonia.

Early in morning or afternoon with thirst before chill. *Arn.* After noon, *Ant. c.*; night, *Ant. tart.*; toward evening, *Kali c.*

Evening. *Acon.*; *Anac.*; *Cap.*; *Carbo. v.*; *Gels.*; *Merc.*

Afternoon, or every other day at noon. *Ars.*

At all periods. *Ars.*; *Bry.*; *Sulph.*

At all periods, except afternoon, *Bell.*

At all periods, except night, *China.*

At all periods, except morning and night, *Verat.*

Early in the morning, *Verat.* (Verified.)

At all periods, except morning, *Cina.*; *Nux.*; *Puls.*; *Rhus.*; *Spong.*

Regular paroxysm, *Chin.*; *Sul.*

Chilliness every day at precisely the same hour, *Diad.*; *Gels.* *Diad.* has no heat nor sweat following.

Chilliness and drowsy from 4 to 8 P. M., with thirst. *Kali hyd.*

Chilliness with colic every evening. *Led.*

Chill began at 7 P. M. followed by cold sweat and cold feet. *Petr.* Headache and chill worse at 3 A. M. and 3 P. M. *Thuja.*

Chill at 4 P. M. lasting two hours, with intense thirst, followed by burning heat, throbbing of the carotids, etc., full bounding pulse, (much like *Bell.*) *Arn.*

Heavy chill early in the morning, one day, light one about noon next day. *Eup. perf.*

I have already drawn this out to a tedious length and will now close.

BALTIMORE, Sept. 9, 1875.

ELIAS C. PRICE.

BENNINGHAUSEN'S INDICATIONS.

Hour, returning at the same. *Ant. crud.*, *Apis.* *Bovist.*, *Cact. grand.*, *China.*, *Sulph.*, *Cina.*, *Conium.*, *Diadem.*, *Gelsem.*, *Graphit.*, *Helleb.*, *Hepar.*, *Kali carb.*, *Lycop.*, *Magn. mur.*, *Phosphor.*, *Subad.*, *Spigel.*, *Stann.*, *Staphis.*, *Thuja.*

7 A. M. *Podophyl.*

7 to 9 A. M. *Eup. perf.*

10 A. M. *Stann.*

10 to 11 A. M. *Arsen.*, *Natr. mur.*

11 A. M. and 11 P. M. *Cact. grand.*

12 noon. *Elaps.*

Noon to 2 P. M. *Lachesis.*

2 P. M. *Calc. carb.*

3 P. M., towards. *Ang.*, *Apis.*, *Conium.*, *Staphis.*, *Thuja.*

4 and 8 P. M., between. *Bovist.*, *Graphit.*, *Helleb.*, *Hepar.*, *Lycop.*, *Magn. mur.*, *Natr. sulph.*

9 P. M. to 10 A. M. *Magn. sulph.*

Different times of the day. *Eup. purp.*

Every 14 days, returning. *Arsen.*, *Calc. carb.*, *Cinchon.*, *Pulsat.*

Yearly return. *Arsen.*, *Carb. veg.*, *Laches.*, *Sulphur.*

SALICYLIC ACID.

ITS USE IN FLATULENT DYSPEPSIA.

This agent, which is so superior to *Carbolic acid*, as an antiseptic, will, I predict, prove one of our most valuable remedies for many morbid conditions of the intestinal canal, arising from imperfect digestion of its contents.

It is known that so small a proportion as one part in one thousand, absolutely prevents and arrests putrefaction and fermentation. When this fact is realized, it will be seen that it can be made to play an important part in the therapeutics of certain diseases.

My object in this brief communication is to call attention to its use in those cases occurring in children and adults, where the complete digestion of food in the stomach or bowels is arrested, and putrefaction or fermentation, or both, obtains, leading to serious or dangerous symptoms. The following case brought it first to my notice, as a curative agent administered internally.

A prominent druggist of this city had been, for many years a martyr to flatulent dyspepsia. Soon after eating he would become bloated, his stomach painfully distended, and great suffering would occur unless he could evacuate gas both upward and downward.

After reading an account of the power of *Salicylic acid*, he determined to test it on his own person. He accordingly took, immediately after meals, a grain or two of the crude drug. The effect was immediate and surprising. In a few days he was *cured!* Not merely relieved, but absolutely cured, for it has now been several weeks since he has had an attack, and his digestion is perfect. This would show that, like *Carb. veg.* it had a dynamic, as well as a chemical action.

The next case occurred in the person of the writer. I had been the victim of gastro-intestinal distention for several days, and had taken *Nux* and *Pepsin* without effect. One day after dinner, the distention set in, and with it a sensation of absolute putrefaction in the stomach. The eructations were acid and putrid, and I knew from previous experience that an attack of cholera morbus would soon occur. Immediately, I swallowed a few drops of a one-fiftieth solution, largely diluted in water. In five minutes I felt relieved, and the threatening symptoms soon passed away.

This leads me to use it in cholera morbus and cholera infantum, when the substance vomited and evacuated *per anum*, were in a condition of putrefaction fermentations. I believe we shall, in such cases, get prompter effects from it than from *Arsen.* The 2x or 3x trituration or dilution (the latter in aqua dist.) will be sufficiently powerful. Will my colleagues try it and report.

E. M. HALK.

COFFEA IN SLEEPLESSNESS.

On the 8th of March, 1872, I was called to see Mrs. M., aged fifty. She had been afflicted with sleeplessness for several years, but much worse during the last few weeks. During the latter period she had seldom slept more than two or three hours in a night, some nights not even closing the eyes at all. There was no fever, and no pain, in fact, there was nothing of which she was aware to keep her awake, with the exception of a constant rush of thoughts, and an extraordinary sensitiveness to all impressions. She could not "get settled," as she expressed it. A few powders of *Coffea* 30. sufficed to make a complete cure, as she slept much better the first night after she began taking the medicine, and, as she recently told me, has slept well ever since.

ST. LOUIS, August, 1875.

W. P. ARMSTRONG.

Materia Medica Department.

BOLETUS OR POLYPORUS.

I was led to believe that Burt's proving was made with *Boletus laricinus* (of Berkley), and not with the same species with which his later provings were made. I am now satisfied, however, that his former *Boletus larices* is the same as his later, and all the provings should be included under *Polyporus*. Will you be kind enough to make this correction in THE UNITED STATES MEDICAL INVESTIGATOR.

NEW YORK. Aug. 13.

T. F. ALLEN.

BOTH CORRECT.

When, at the first session of the Institute at Put-in-Bay, I presented the Report of the Bureau of Materia Medica, I said, as you correctly reported, that every member of the bureau, except Drs. Payne and Hale, had furnished a paper. Dr. Hale's paper, the non-receipt of which had surprised and disappointed me, inasmuch as he had always hitherto filled the parts assigned to him, was received, by mail, on the second or third day of the meeting, and I immediately sought and obtained permission to include it in the report of the bureau, which, without it, would have been incomplete.

IRVINGTON-ON-HUDSON, N. Y., Aug. 7.

CARROLL DUNHAM.

PROVING OF FRAXINUS POLYGAMIE.

(COMMON WHITE ASH.)

June 1, 1875.—Tincture made from the bark. Took a table-spoonful one hour after breakfast, table-spoonful after dinner, and at 6 P. M. table-spoonful. Effects produced: Cold creeping and hot flashes; headache, with vertigo, followed by fever.

Second Day.—Three table-spoonsful. The same effects, with pain through my lungs.

Third Day.—Three table-spoonsful. The same effects, with wakefulness the first part of the night; last part, dreamed that two rough men came into my house. In putting them out I was cut with a knife, I called for police, and that awoke me; I was breathing quick, with a

fearful feeling; throbbing pain in back of head and neck. Fever two days after the medicine was stopped; fever-sores on lips; cramps in my feet after midnight, lasting three nights after the fever; bowels constipated; urine scanty and brown.

Frazinus polygamie is one of the principal remedies for the ailments of this locality, and especially for those who are in the habit of taking so-called tonic, beer, etc.

BEARDSTOWN, Ill., Sept. 7.

J. S. WRIGHT.

ABOUT THE PELLET BUSINESS.

EDITOR UNITED STATES MEDICAL INVESTIGATOR: We have frequently calls from our patrons for an exposition of pellet making, as we have never seen anything relating to their manufacture in print, will you have the kindness to give us, and at least twenty more Iowa physicians, the desired information through the columns of your most valuable of medical journals. Too little information as to these subjects are given to the profession, it certainly would not be detrimental to have the *arts* known to the fraternity.

DUBUQUE, Iowa, July 3.

EUGENE A. GUILBERT.

[Pellets are made by four or more parties in the United States, although any confectioner can make them. They are made in rotating trays, first being molded to the proper size. Whether all the sizes are made by all the parties we do not know. The sizes in most demand are Nos. 25 and 30. The composition of the pills are either sugar alone or with sugar of milk. We do not know that any are made of pure sugar of milk. The objection claimed by some that they are too soft, and others that they are too hard, seems to be only a pretense to get sugar and other ingredients in so as to make a nice profit. The adulteration by flour, starch, inferior sugar, etc., is a great temptation when the standard set up by the profession is only cheapness. It is claimed also that these articles are not any worse adulterated than is sugar of milk, which is all imported, we believe. The adulteration of sugar of milk is by alum. salt, sulphuric acid, acetate of copper, etc.

Since the sharp competition between the Clarkson Globule Company, Page Company, Smith & Parks, etc., the profession have learned more on this subject, and have been benefited in a "cutting down in prices." The chief claims are on "purity of material, absorbing power, and uniformity of size." The purity is in "freedom from starch, flour, or any other adulteration." The difference between the retail price and that offered by the C. G. Co. (10 pounds for 40 cents; 25 pounds for 38

cents; 50 pounds for 35 cents; 100 pounds at 32 cents,) is quite an item to the physician who uses a large quantity. The pellet trade is a large one; some of the larger pharmacies, like Halsey Bros., sell 200 or 300 pounds a week.

The blank powder trade introduced by Hering, Pope & Co., threatens to encroach somewhat upon the pellet business. It will be a change agreeable to our patients, and we fancy will conduce to more accurate and scientific prescribing.]

PHARMACEUTICAL FACTS.

DEAR EDITOR: In answer to your correspondent, "A. F. R.'s" Pharmaceutical Queries, I would suggest that he write to Dr. Hughes and find out where he obtained it (*Naja*), if, as he says, he cannot obtain it here.

As to how Homœopathic (drug store!) pharmacies manage to manufacture mother tincture of *Lycopodium*, I would refer him to Schwabe's Pharmacopœa Homœopathica, which will give him the desired information.

Cuprum met., tincture, cannot be made, which "A. F. R." ought to know, and therefore cannot be bought at any pharmacy.

Buy from any reliable house and you will be sure to get any preparation that is obtainable.

NEW YORK, Aug. 5.

I. G. NORANCE.

POISONS.

STRYCHNINE IS ANTIDOTED BY CHLORAL.

I found a lady two hours after she had taken a dose, in spasms and quite stiff. The husband mistrusted she had poisoned herself. I gave her *Chloral* at the rate of one drachm in tea-cup of water, a teaspoonful at intervals of 10, 20, 40, and 60 minutes, then every two hours for two days, at which time no trace was left except debility. This was two years since and she has not tried it again; she says she would rather live than suffer so in dying.

ACONITE POISONING

is quite common now-a-days. Druggists and people who use the tinctures had better learn the antidotes, (especially those who wish it understood that they know it all.) A man in this town took twelve drops by direction of his wife. One hour after he called a man who is continually boasting of the chances he has had to learn, wishing all to

know it, and after two weeks suffering came out like a singed rat, the doctor boasting of the miracle he had done and he was sure no one could have done as well—bill, fifteen dollars. Another man took a teaspoonful for pain in the stomach by mistake, in place of pain killer; well, it soon killed the pain, and he would have been soon killed too if the same doctor had been called as for the twelve-drop man. But twenty years practice in his family by a Homœopathic physician taught him the antidote to *Aconite*, and he availed himself of his knowledge and did not lose a meal or a half day's work. Vinegar, repeated sips, stopped the burning and the numbness in one hour, and in two hours no trace was left but debility.

A Bellville (N. J.,) druggist died, of late, by taking *Aconite* through mistake. A physician was called and he gave brandy and then *Digitalis*. (Vinegar is the best.)

TINCTURE ACONITE.

A lady took one-fourth of a teaspoonful here two years since, and ate a piece of bread and butter to stop the burning in the stomach and throat. She was numb for two or three days, after which she did not notice any inconvenience and ate as before, pickles, and everything people generally eat. She said she did not think to call a physician, and she is glad she did not. Who kills in these cases, and where children swallow nickle pennies? I have known of a dozen or more to live who took nothing, and none to die. I have heard of as many who died where skill was introduced to get the penny away.

S. W. S.

ABOUT *PODOPHYLLUM PELTATUM* INDICATIONS.

From an Eclectic standpoint, there is scarcely a malady to which flesh is heir, that may not be alleviated by this remedy. We once heard Prof. L. E. Jones, of the Eclectic college, of Cincinnati, exhaust the whole catalogue of diseases in naming the various uses of this wonderful drug. We say "wonderful," for such it really is when prescribed with reference to the law of similars, for, in looking over its disease-producing effects, we find it peculiarly adapted to many diseases of our climate, among which, we will call your attention to our autumnal fevers attended with gastric, or bilious symptoms.

I once cured a case of bilious remittent fever with this remedy, in which I found the following symptoms:

The patient had a dull, throbbing headache, when awaking in the morning, with dread or fear that he would be very ill; dry mouth, with bad taste; heavy, dirty white coating on the tongue. Preceding the paroxysm of fever there was nausea and vomiting of a bilious substance, accompanied with first a yellow, and then a greenish, watery, offensive diarrhœa. During paroxysm the patient was stupid, inclined

to talk, but would drop a sentence before half finished. Great thirst; hot face; protruding eyes, and continued talking; finally, sleep with sweat. *Pod.* 6000. No more paroxysms.

Podophyllum, like all other remedies, is indispensable when indicated by a train of symptoms peculiar to itself, and at this time of the year they are often found in bowel difficulties, both of children and adults, but more especially of children, and is characterized by the following symptoms: Diarrhœa, stools yellow, hot, watery, and contain undigested food, or they will be thin, passing through the diaper, in which they leave a sediment like fine meal. At this stage of the disease the discharges become offensive, and the little one will gag whenever it has an operation from the bowels; the child will roll its head from side to side, the eyes being half closed during the sleep. These are marked indications for *Pod.* 200 or upward, which will relieve all the difficulties.

Pod. is the remedy in dysentery when the pain *precedes* the evacuation of mucus, with spots and streaks of blood, or diarrhœa of a hot, yellow, watery, undigested, offensive stool.

Pod. diarrhœa is worse in the morning; the pain precedes the evacuation, and is *relieved by pressure of the hands on the abdomen.*

Mr. H., had diarrhœa which was thin, and had the appearance of soap-suds; *pain preceding the evacuation relieved by pressure* on the abdomen; No pain during the evacuation. *Pod.* 200. No more diarrhœa.

Alice, age twenty months, has had diarrhœa for a week; is teething; discharge smells like carrion, is watery, and passes through the diaper leaving a doughy sediment. *Pod.* 200, two prescriptions relieved entirely.

Josie B., aged two years; diarrhœa of large, frothy stools; worse in the morning; peevish; pain before the discharge, which relieved him; cold, clammy skin, which is an indication for *Pod.* in diarrhœas of children. He received six powders of this remedy, which cured.

Pod. pel. is indicated in prolapsus ani of children following debilitating morning diarrhœa. It should always be given in the high, or highest attenuations, in which form we have found it invaluable.

A WORD PERSONAL.

Just here allow me to say, for the benefit of my friend Dr. I. H. Dix, (see THE UNITED STATES MEDICAL INVESTIGATOR, August 16th,) that from my understanding of Homœopathy, as taught by Hahnemann in his Organon, I never expect my mind will pass through a course of reasoning sufficient to arrive at the conclusion that "Nitric acid, chemically pure," would save a patient suffering from diphtheria, when a high dilution would not, even if indicated by the totality of the symptoms. When I first knew Dr. Dix, I was a graduate of the Eclectic College, Cincinnati, but trying to practice Homœopathy as best I could with the limited knowledge obtained from pseudo-Homœopathic books and journals. I soon after became acquainted with C. Pearson, M. D., who advised me to attend lectures in Philadelphia — thanks to

him!—where I graduated in 1866, and learned pure Homœopathy from Hering, Lippe, Guernsey, Raue, and Frost. Since which time I have used nothing but the single remedy and the high dilution, as I can prove by a “multitude of witnesses.”

Dr. Dix is a “tip-top good fellow,” but hope he will not, without cause, attempt to cast a shadow of doubt upon my reputation as a pure Homœopath. We have slept with the Doctor, but we thought he had been awake long enough to get over his intolerable hankering after Eclecticism. Wake up, Dix! “The world moves!”

DEXTER, Mich.

I. DEVER.

AMBER-GRIS NOT AMBER.

Permit me to correct a seeming misunderstanding occurring in an editorial note to “Cure for Hay Fever,” in May 1st number. You remark, “The true *Amber* is *Amber-gris*.” Jahr and Gruner, on page 84, state, “*Ambra-vera sen maritima*; English: *Amber-gris*.” *Ambra-vera* is the correct Latin term for *Amber-gris*, but the correct Latin term for *Amber*, out of which these beads are made, is *Succinum*, an entirely different substance. *Amber* is a fossil resin derived from extinct coniferæ. It is the substance out of which the mouth-piece of most meerschaum pipes are made. *Amber-gris* is an animal product, being secreted in the intestines of the sperm whale.

Succinum, or rather *Succinic acid*, (obtained by dry distillation of the resin,) is an obsolete remedy, and was prescribed in former years in bronchial and asthmatic affections, which perhaps explains its efficacy in hay fever.

Strings of *Amber* beads are worn as an ornament by peasant girls in several parts of Germany.

Beads of *Amber-gris* could hardly be worn, as this substance is of about the consistency of wax, and would soon crumble off the string.

NEW YORK.

A. J. TAFEL.

[*Amber* is supposed to be a fossil resin; *Amber-gris* is supposed to be a secretion from the sperm whale; both are picked up on the seashore. Those who profess to know make them identical except in age. If not the same, we should have a proving of *Amber*.]

AMBRA-GRISA.

Ambra-grisa—*Gray amber*—is a substance found floating on the surface of the sea, and is supposed to be a morbid secretion from the intestines of the sperm whale. This is the remedy for coughs.

Amber—*Yellow*—is found in alluvial soils, or on the seashore. It is believed to be of vegetable origin, and is considered to be a fossil resin.

CHICAGO.

H. B. FELLOWS.

AMBER AND AMBER-GRIS.

Amber and *Amber-gris* are not the same thing. For the difference, see Webster's Dictionary, which is correct.

PHILADELPHIA.

C. B. KNERR.

CRAB ORCHARD (KY.) SALTS.

Crab-orchard salts produces a painless, watery diarrhœa. I triturated some into 3x, not long since, and find it relieves every case of painless diarrhœa.

MEMPHIS, Tenn.

W. D. GENTRY.

Obstetrical Department.

EXPERIENCE WITH HÆMORRHAGE.

THE INDICATED REMEDY ALL-SUFFICIENT.

It is gratifying to read such an article as that from the pen of Dr. Baer, "Against Stimulants After Labor," in Vol. II., No 5, of your journal, because when men of his scholastic attainments and ripe experience give such testimony against the opinions and prejudices of centuries, there is hope that some of the abuses of practice, even by many of our most strenuous Homœopathists, may be corrected.

There have occurred in my practice several cases of excessive uterine hæmorrhage, and in every instance the Homœopathic simillimum has proved the most effectual means of arresting it, whatever the condition which gave rise to it. The cold applications employed by Dr. Baer, I believe to be entirely superfluous, if not injurious.

A SERIOUS CASE.

Among my first serious cases, was one in the autumn of 1855. The patient was a lady about thirty years of age, *eniente* for the third time, supposed to be three or four months advanced. Had experienced some hæmorrhage two or three times at the usual menstrual period, and was again taken more violently, when I was asked to prescribe for her. The discharge was dark, firm coagulæ, with apparently fresh blood of a dark color, attended with pain and soreness in the region of the uterus. This condition was promptly relieved by *Cham.* 6x, but in

two or three weeks the symptoms returned with more severity, when an examination revealed a blighted fœtus of about three months' growth, which had escaped from the annexæ. The best thing to be done at this stage was to complete the abortus with a view to which *Puls.* was administered; not long after which the membranes were discharged and the flooding ceased. *China* was then administered a good recovery following.

About five months after she sent for me in great haste, when I found her prostrate on a bed, flowing profusely, accompanied with severe labor pains. A digital touch discovered a protruding fœtus, from the os tincæ, and being expected to do something, I gave *Puls.* 3, and the fœtus with the annexæ was soon discharged, but alas the hæmorrhage continued worse than before. Cold applications, the tampon, and other local means were tried, with the mistaken purpose of producing a coagulum, which was partially successful but as may be readily seen, the uterine contractions, so necessary to the permanent arrest of the hæmorrhage, were prevented.

This I learned to my sorrow, when tampon, coagulæ, and a copious flood of the vital current came rushing along, reducing my patient to noises in the ears, darkness before the eyes, and finally, unconsciousness.

A few pellets of *China* 6x, placed upon the tongue was soon succeeded by an arrest of the hæmorrhage and return to consciousness: the first exclamation being, "Where am I?" The same medicine was continued, at intervals for a few days, followed by a good recovery, and she afterwards became the mother of several children.

A CASE OF CLIMACTERIC HÆMORRHAGE.

A lady approaching the climacteric condition, mother of five children, was supposed to have recently aborted, which was succeeded by frequent hæmorrhages, for two or three weeks. When, becoming alarming, I was called in consultation, it was ascertained that she had been treated with cold applications, stimulants, etc., and Homœopathic medicines internally.

Present condition: Great prostration, with flooding from the least motion, and without pain; giddiness of the head; a soft flabby feeling of the abdomen over the uterus. Advised *Ipec.* and a discontinuance of all local applications and stimulants.

This was followed by a cessation of hæmorrhage, and a more comfortable night than for several days. Two days afterward was summoned again, when it was found that the flooding had returned, and that her attending physician had previously given her *China*, which she averred "never did agree with her." *Trillin.* 3x, was decided upon [Why?—Ed.] which promptly arrested the flow, and the patient gradually recovered strength, and for the past three years has enjoyed her usual health, with no serious return of the hæmorrhage.

These are selected from among quite a number of cases during the last twenty years, in all of which the simillimum proved effectual, for all varieties of uterine hæmorrhage, while topical applications have

never benefitted, permanently, but on the contrary appeared to do injury, hence for several years I have entirely abandoned their use, with beneficial results to the patient.

Even in those cases caused by morbid growths or mechanical lesions the proper "remedy" is not without use, during parturition remedies are my sole dependence, and always serve me well.

PHENIXVILLE, Pa.

L. B. HAWLEY.

PROLONGED GESTATION.

An extraordinary event occurred recently to a dweller in Rue Andrau, in Paris. For the last fourteen years a woman living in that street has been believed to be a sufferer from dropsy. She has had all the symptoms of that disease, beside the usually extraordinary swelling or inflation of the body. A few weeks since she went to Burgundy to make a visit, and while there she felt indisposed. At the end of a few days she experienced the pangs of childbirth, and gave birth to a dead child. The child was of the ordinary size, but its teeth and nails were full grown. The body has been sent to the Academy of Sciences. This birth, after fourteen years' period of gestation, is not unparalleled in France. In 1832 a lady died at Pas de Calais, who had believed herself to be afflicted with dropsy, for seven years. An inquest was held, and the body of a child, completely ossified, was discovered.

STIMULANTS IN LABOR.

EDITOR UNITED STATES MEDICAL INVESTIGATOR: In the September 1st number, of your journal, in the Obsterical Department, appears an article on "Against Stimulants in Labor."

If any case is thought of sufficient importance to print would it not be just as well to have the truth and the facts, instead of having some pet theory, and making it so much worse for the facts because they will not square with the theory? So it appears to the "Eclectic" referred to in the article in question.

Our Allopathic brethren have been justly censured for "never learning and never forgetting." While, in general, I practice on the Homœopathic system, I am not aware, that being in favor of that system, as a system, precludes the use of common sense or interdicts the propriety of addressing the treatment according to the requirements and symptoms of any given case.

The wife in question had excessive hæmorrhage, but had not *sank* away so that she was unconscious, the doctor had *not* given her freely, *nor at all* any brandy, Dr. B. was not importuned, as stated, to save her life. Her pulse was not beyond counting, but on the contrary, as her

condition would indicate, the pulse was feeble, slow, not of normal frequency.

The usual indications in such cases were promptly met by appropriate treatment and in the presence of Dr. B., and for the *first time* and *against his urgent protest*, one or two doses of brandy were administered with immediate good effect, the patient rallied, pulse very soon about natural frequency and tone, and she rapidly convalesced.

While against the wholesale indiscriminate use of palliatives, narcotics, and stimulants, too emphatic protest cannot be entered, yet, when plain unmistakable indications call for them in exceptional cases, or in any case, let them be judiciously used, is the dictate of common sense and of true science in the healing art as well.

RICHMOND, Ind., Sept. 24, 1875.

I. C. TEAGUE.

LATE GESTATION.

What does Dr. Cole mean (on page 209) by post-climactic gestation? Either Dr. Anthony's patient had passed the climacteric period or had not. Does Dr. Cole mean to assert she had? If so, "*we need to unlearn some things.*" If she had not, why report such a case; is it anything very unusual for a woman to bear a child even at fifty years of age? Is not the mystery in the fact that she did not before find her simillimum?

DECORAH, Iowa, Sept. 6.

E. CARTWRIGHT.

Gynæcological Department.

PERI-UTERINE CELLULITIS.

The history of this disease presents one of those examples, which has often been repeated in medical literature, of a subject which was once understood being subsequently completely overlooked and forgotten. But within the last few years pathologists have been making more careful observations, and have made the discovery that there is a disease of the pelvic cellular tissue which presents severe and alarming symptoms, which is confined to the tissue and implicates the surrounding organs and tissues much less than one would suppose possible.

It having fallen to my lot recently to treat two cases of this disease. I will send you my notes of the first one; the second one is still under treatment, I will report it also as soon as it is completed:

Mrs. C., aged twenty-six, has had two children and one miscarriage, youngest child would be three years old if living. Has been regular,

excepting a few days before the regular time; has at times severe menstrual colic. She was taken on the 17th of March, 1875, with severe headache and chills, which continued until the 20th, when I was called to see her. Found her suffering with severe pains in the lower part of the pelvis, which she described as being in the rectum very low down and feeling as though it was pressed upon, causing the intense pain; there was also a feeling that she must have an evacuation, but could not for the pain; pulse 120; intense nervous excitement. On making an examination I found a small tumor presenting between the cervix and rectum, resembling retroversion, but so tender to pressure that I could make no attempt to replace it by pressing upon it. Prescribed *Nux* 200, with warm fomentations to the abdomen.

On the 21st found her still suffering; had a restless night; much the same only an increase of the size of the tumor; on introducing the uterine sound found the uterus in its usual position excepting it was thrown somewhat forward by the size of the tumor and not at all tender. On examination by the rectum found a tumor pressing which was very tender to pressure; no difficulty in passing water; no tenderness of the abdomen unless pressed in such a manner as to irritate the tumor. From this time until the 27th, symptoms much the same: a constant throbbing pain in tumor; great restlessness, could not sleep for the extreme pain. Gave her *Aconite*, *Bell.*, and *Arnica*, one at a time, as I thought indicated, without much benefit, and was obliged to give *Morphine* a few times to give her any rest. Dr. Hamilton, a surgeon of good reputation, a very gentlemanly Allopathic physician, was now called in consultation; he agreed with me in calling it a case of *peri-uterine* or *pelvic cellulitis*. It had at this time become so large that it seemed to fill completely the posterior portion of the pelvis, pressing on the rectum so as to completely obstruct the bowels.

On the 29th she had a severe chill and seemed to be sinking, so they became alarmed and sent for me in great haste, being engaged in an obstetrical case, Dr. Hamilton was again called, he quieted the alarm assuring them it was nothing more than we expected, and was only an indication that suppuration had taken place or was about to take place. On my return found her better, but intensely restless. Gave her *Ars* 200. The next day found an appearance of pus in the discharges, and on a speculum examination found three small openings just posterior to the cervix from which pus was discharging. Gave her *Silicea* 200. three times a day, continuing the same until April 13th. The tumor gradually disappeared. About the 1st of April was the first time she had a free evacuation of the bowels, suffering much from an accumulation of feces above the tumor. She made a very rapid recovery and is now enjoying excellent health and engaged in duties that tax her strength severely.

There are two very remarkable incidents connected with this case. One is the small amount of discharge from the tumor, it being of such great size; and the other is, the organs in close juxtaposition with it suffering so little.

GALESBURG, Ill., July 24.

M. S. CARR.

Medico-Legal Department.

DEATH FROM CHLOROFORM.

Alice Kendall, for some years an inmate of the County Poor House, and for a long time afflicted with a running ulcer on her leg, concluded one day last week to have it amputated. Dr. Smith, assisted by Dr. Richardson, was to perform the operation. The combined *Chloroform* and *Ether* were accordingly administered, preparatory to the using of the scalpel, when, to their horror, the physicians discovered that their patient had ceased to breathe—she was dead.—*Delphi (Ind.) Journal*.

The above is a sample of the manner that anesthetics are administered by the regulars in this part of Indiana. A fine class of "roosters" to have *entire* control of the practice of medicine and surgery! If any poor Homœopath would make a similar blunder, how quick the affair would be heralded to the world as being a case of malpractice that called not only for the condemnation of the citizens, but the severest penalties that could be inflicted upon him by our courts of justice.

T. R. K.

THE SITUATION IN SAN FRANCISCO.

MR. EDITOR: In the June number of the *American Journal of Homœopathic Materia Medica*, on page 409, there appears an article over the signature of "H. N. M." entitled, "Answer to an Anonymous Pamphlet," etc., in which the writer refers to a previous pamphlet which he regarded as the outbreak of a jealous feeling on the part of a few physicians, because one man was popular with the people. He regrets "such squabbles." So would any one if they were from such cause as he has represented. Now, inasmuch as the apparently one-sided opinions of "H. N. M." has been given to the profession, it would seem no more than justice to all that the subscribers should make it known that they consider Dr. Fraser's pamphlet a damage to the good name of Homœopathy, and that it contains statements *utterly devoid of truth*. The pamphlet referred to by Dr. Fraser, bears the names of three-fifths of the committee who investigated the charges against him, and therefore is *not* anonymous.

There are in this city twenty-three physicians practicing Homœopathy who were here during the investigation, and who are cognizant of the facts in the case, and of that number the undersigned would distinctly say, that it is on account of unprofessional conduct

on the part of Dr. Fraser, that they make this statement, and that all this jealousy that exists is for the cause of Homœopathy, and the honor of the medical profession.

A sufficient number of facts can be furnished to substantiate the position here taken, if necessary.

Signed: J. A. Albertson, J. S. Beakley, John J. Cushing, G. E. Davis, J. P. Dinsmore, J. N. Eckel, J. Esten, J. F. Geary, C. O. Handt, H. H. Ingerson, H. Knapp, G. M. Pease, E. D. Smith, F. H. Thomas, Max. J. Werder, M. T. Wilson.

HOMŒOPATHY IN ST. LOUIS.

AN APPEAL FOR A PART OF THE COUNTY INSANE ASYLUM.

The following explains itself :

TO THE HONORABLE COUNTY COURT OF ST. LOUIS COUNTY—*Gentlemen*: We the undersigned, citizens and tax-payers of St. Louis county and practitioners of the Homœopathic system of medicine in the same, do call the attention of your honorable body to the following:

WHEREAS, The County Insane Asylum of St. Louis county a public institution supported by the tax-payers of said county, and containing at this time some hundreds of patients, has been and is now under the sole charge and control of a particular and exclusive school of medicine—to-wit: the Allopathic—and

WHEREAS, Very many intelligent people, good citizens and tax-payers of this county, do not believe in this system of practice, but on the contrary are strongly in favor of the school of medicine known as Homœopathic; and

WHEREAS, Justice both to the tax-payers and to the inmates of said asylum, demands that some liberty of choice in the matter of medical treatment should be secured to these unfortunate persons, or to their relatives and friends who are most directly interested in their welfare;

Therefore, we, the representatives of the Homœopathic School of Medicine in this city, ask your honorable body to grant us a portion of said Insane Asylum, or wards therein, where our system of medical practice may be available to those inmates of the asylum who, by themselves or their friends, shall elect and prefer the same.

John H. Bahrenburg, M. D., W. John Harris, M. D., Daniel White, M. D., J. H. Mosely, M. D., John P. Frohne, M. D., S. B. Parsons, M. D., E. C. Franklin, M. D., E. A. Griveand, M. D., G. S. Walker, M. D., J. Martin Kershaw, M. D., C. H. Nibelung, M. D., H. A. Uhlemeyer, M. D., G. S. Schuricht, M. D., J. C. Cummings, M. D., Wm. P. Armstrong, M. D., E. E. Curtis, M. D., H. C. Baker, M. D., Philo G. Valentine, M. D., John T. Temple, M. D.

Dr. Kershaw urged the acceptance of the petition.

Justice Farrar thought if the petition were adopted they must accept the same request from half a dozen other schools.

Dr. Kershaw said their were only three schools, and no more were probable.

The petition was then referred to the Committee on Insane Asylum.
— *Globe-Democrat*.

The editor of the paper comments on the above as follows :

“ The Homœopaths of St. Louis seem to have committed an error of judgment in supposing that the County Insane Asylum is a proper field for experiments by the rival schools of medicine. The medicinal treatment of the insane is the very least part of the treatment they should receive, and physicians who would make their different methods of treatment a ground for dividing the authority of a public institution, show more anxiety for medical sectarianism than to the welfare of the inmates of the asylum whom they propose to utilize. Whatever the hearing their demand might be entitled to if it were practicable to do so at present”

This called out Dr. Kershaw, in the following admirable rejoinder :

THE HOMŒOPATHS AND THE INSANE ASYLUM.

[To the Editor of the *Globe-Democrat*].

ST. LOUIS, September 7, 1875.— As the presenter of the petition to the County Court, asking for the Homœopathic representation in the County Insane Asylum, I wish to offer a few remarks upon the “ error of judgment ” committed by the Homœopaths in supposing the County Insane Asylum “ a proper field for experiments by the rival schools of medicine.” Permit me to observe that Homœopaths make their experiments before going to the bedside; they propose understanding the action of drugs before the administering of them to sick people, and therefore find experiments, so called, unnecessary, leaving this latter to the school of “ battlements, bulwarks and monuments ” (?); and, even if we should experiment a little, I am afraid we should fall lamentably short of that “ earnest, enthusiastic body, determined to conquer the realm of medical knowledge,” but which, unfortunately for its experiments, landed four poor souls beyond the “ smiling river.” This was pretty good for the monuments (?), but a little hard on the poor souls. Still the satisfaction remains that they are “ better off in heaven ” than they could possibly be in an asylum. This experiment, as we all know, was eminently successful; and, in this business, I am happy to say, the “ regulars ” can take the blue ribbon every time. We grant them this cheerfully; but, for the sake of the patients and humanity, we should like fewer of these and more cures. But how quiet it is out at the Asylum now, after the storm! So many gallons of *conium* per month, forty-one drops to the dose, and all are happy. They ought to be; those lunatics are not noisy now. Allow me to repeat: A Homœopath does not experiment, as we understand it, but applies a given drug in accordance with a well-known law of cure. He does not prescribe a drug or drugs to produce sleep or allay pain, but gives a particular medicine to a particular individual, having a disease peculiar to him as an individual, and differing from other diseases in other individuals as he differs from his fellow men. A medicine to produce sleep or allay pain is not the idea; but a medicine for that particular kind of sleeplessness in pain under which this individual, differing from other individuals, suffers. Now Mr. Editor, I beg leave to state just here that the Homœopathic system of medicine is superior to the Allopathic in that it will cure a greater per cent. of a given number of diseases, will cure them more rapidly and leave the patient in a better condition generally. If our system is equal to the Allopathic, we deserve equal rights and privileges with that school in the public institutions. This I hold to be the case, and now call your attention to the following facts and figures. These I obtain from a work written by Dr. Routh, an Allopathic physician, and entitled “ *The Fallacies of Homœopathy.*” The table of mortality is taken from the hospital records of the hospitals of Vienna :

		Admitted.	Died.	Mortality, per cent.
PNEUMONIA.				
Allopathic Hospital,	- - -	1,134	260	23
Homœopathic Hospital,	- - -	538	28	5
PLURISY.				
Allopathic Hospital,	- - -	1,017	134	13
Homœopathic Hospital,	- - -	386	12	3
PERITONITIS.				
Allopathic Hospital,	- - -	628	84	13
Homœopathic Hospital,	- - -	184	8	4
DYSENTERY.				
Allopathic Hospital,	- - -	162	37	22
Homœopathic Hospital,	- - -	175	6	3
FEVERS (EXCLUSIVE OF TYPHUS).				
Allopathic Hospital,	- - -	9,097	931	9
Homœopathic Hospital,	- - -	8,065	84	2
TYPHUS.				
Allopathic Hospital,	- - -	9,371	1,509	16
Homœopathic Hospital,	- - -	1,423	219	14

Dr. Routh, in summing up the grand total of all the hospital statistics in London, Edinburgh, Glasgow and other cities, gives the following results :

		Admitted.	Died.	Mortality, per cent.
Allopathic Hospitals,	- - -	119,360	11,791	10.5
Homœopathic Hospitals,	- - -	32,655	1,365	4.4

Dr. Routh, with his facts and figures, tried to write down Homœopathy. How well he succeeded you can see for yourself. The Doctor's figures troubled him sorely, too, and it required considerable thought and ingenuity to get around them. But at last he succeeded in this, and most admirably, by attributing the cures made by the Homœopaths to the Sisters of Charity — their "calm aspect of religion;" their "humility and gentleness;" "their melodious accents." Dr. Routh should have a monument all to himself, as a reward for his originality. Now, Mr. Editor, if we can treat the diseases met with in ordinary practice with as great success as the members of the Allopathic school, (Dr. Routh's figures prove that more than this can be done), why not give the inmates of asylums the benefit of the practice, less dangerous, less hurtful generally, and certainly more agreeable? The petition referred to did not ask for the whole of the asylum — did not ask that the Allopathic practice be abolished, but that an equally successful system of medicine be permitted the unfortunate inmates "who, by themselves or by their friends, shall elect and prefer the same." It may be that an "error of judgment" has been committed, but it may be a little clearer to the Homœopaths than it is just now. The medical treatment of the insane may be a very small part of the general treatment, but it has a great deal to do, as they receive it now, with rendering the already insane permanently so, and even sometimes helping them "shuffle off this mortal coil." You don't need any figures to prove this latter, Mr. Editor, for the late experiment must have satisfied you of its superior excellence in this line of business.

J. M. K.

Medical News.

Dr. B. L. Robb, of Delevan, Ill., we are pleased to state, is recovering from his blindness.

Query.—Do not Homœopathic writers, and others of our school, make a mistake by referring to Allopaths as “regulars?” Are Homœopaths irregular?
J. F. W.

Medical Fun.—Doctor Bascom, of Ottawa, Ill., gave a lady *Lachesis* then delivered her of *two girls and a boy*, and now the Doctor is trying to get more ladies to take *Lachesis*. (UNITED STATES MEDICAL INVESTIGATOR, Sept. 1, 1875, page 186.)

Cow-Pox Virus.—With this number we send Dr. Dixon's circular and price list of non-humanized vaccine virus. We cannot see why he should not give us a reliable article, for we know the very best and healthiest of stock is raised in his locality.

The *American Observer*, in a two-thirds page editorial, gives its readers the law regarding subscriptions, closing with the very sensible remark, “When we send the journal in good faith and make it worth its price, we think it right to ask to be paid for it.”

The **Cedar Valley Homœopathic Medical Society** was organized at Waterloo, Iowa, September 30th, with a membership of eight, and room to grow in strength and age. Present officers: J. S. Bell, of Cedar Falls, President; J. A. Burt of Waterloo, Secretary. The next meeting will be held at Waterloo, Oct. 28, 1875.

Report of the New York Ophthalmic Hospital for the month ending September 30, 1875: Number of prescriptions, 2,361; number of new patients, 290; number of patients resident in the hospital, 26; average daily attendance, 91; largest daily attendance, 132.

ALFRED WANSTALL, M. D.
Resident Surgeon.

Homœopathy in Michigan.—The appointment of *only two* professors in the Homœopathic College of the Michigan University instead of a *full corps*, does not give satisfaction in our ranks. It is true that the chairs of surgery, obstetrics, and diseases of women and children, should be *duplicated*, for surgical therapeutics, gynæcology, and pædology, are almost new branches, from a Homœopathic standpoint. With such an able surgeon and gynæcologist as Dr. Morgan in the chair of practice, these branches will receive due attention. Still it is asking too much of any man to fill three chairs at the pay of only one. The demand for the other chairs should be pressed.

Publications Received.

Periodical Melancholia, by William B. Neftel, M. D. A paper read before the New York Medical Library and Journal Association, Oct. 30, 1874. Reprint from *The Medical Record*, Aug. 14, 1875.

Experiences in Galvanic Surgery, by John Butler, M. D. Brooklyn: J. O. Noxon; pp. 25. Fifty cents.

This pamphlet, for the most part, is a reprint from the June, July,

and August, 1875, numbers of *The Homœopathic World*. It gives the result of the author's treatment of a number of case of strictures, tumors, etc., by electricity.

To Make Court-Plaster.—Soak isinglass in a little warm water for twenty-four hours; then evaporate nearly all of the water by a gentle heat, dissolve the residue in a little proof *spirits of wine*, and strain the whole through a piece of open linen. The strained mass should be stiff jelly when cool. Now, extend a piece of silk on a wooden frame and fit it tight with tacks and woolen thread. Melt the jelly and apply it to the silk thinly and evenly with a hair brush. A second coating must be applied when the first is dried. When the whole is dry, cover the surface with two or three coatings of *Balsam of peru*, applied in the same way. Plaster thus made is very pliable and never breaks.

Dr. J. W. Irons, Logansport, Ind., has been County physician for some time. A committee from the County Society (Allopathic) waited on the commissioners and informed them that they must cease to employ Dr. Irons, or they would pass a resolution not to support them for office.

No charges have ever been made against him. If this high and mighty Society have any to make, let them be presented openly, in an honorable manner. It is anything but manly for a society of thirty members to fight one man in this underhanded way, and simply because he doesn't practice medicine to suit them. The only trouble is, Dr. Irons, gives little pills instead of big ones. It is not because he has not been efficient and attentive. If the commissioners permit themselves to be driven from employing the county physician by the threats of the Medical Society, it will be an exhibition of cowardice on their part that will condemn them in the minds of all honest, fair-minded people.—*Logansport Star*.

Homœopathic Hospital on Wards Island, New York, under the patronage of the city, and the control of the Commissioners of Charities and Correction, the first charity hospital under Homœopathic treatment, was opened on the tenth instant. The following are the officers of the medical Board:

President, Egbert Guernsey, M. D.; Vice-President, W. Hanford White, M. D.; Secretary, Alfred K. Hills, M. D.

The hospital building is delightfully situated on Wards island, opposite the upper part (Harlem) of the city, in the East river, and for purity of atmosphere not to be excelled. The building is three stories of brick, and is desirably divided for a general Hospital. At its maximum, eight hundred beds can be accommodated. Some two-hundred of which beds are already occupied. The Staff is in working order, and the organization is now nearly complete. The medical Board consists of twenty-four members, and is constituted as follows.

Drs. Egbert Guernsey, W. Hanford White, Wm. Tod Helmuth, C. H. Liebold, John H. Thompson, F. S. Bradford, J. H. Demarest, Geo. S. Norton, J. Mc. E. Wetmore, John C. Minor, Alfred K. Hills, Samuel Lillenthal, J. W. Dowling, E. Carleton, Jr. Geo. E. Belcher, Alex. Berghaus, A. P. Throop, F. E. Doughty, C. A. Bacon, E. P. Fowler, T. D. Bradford, H. D. Paine, Jas. Robie Wood, S. P. Burdick.

Resident Physician, Selden H. Talcott, M. D.

Resident Staff not yet fully appointed, and will consist of six physicians. The Resident Staff will be selected by competitive examination, and physicians desiring this Hospital service, should make application to the secretary of the Medical Board.

Thus, victory after victory dawns upon our glorious cause, and soon we may expect equal and full recognition of our just claims, in the scientific, as well as in the municipal arena.



A. C. Parker

THE
UNITED STATES
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

New Series, VOL. II., No. 9. — NOVEMBER 1, 1875. — Whole No. 158.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

TERRE HAUTE, Ind., Oct. 20.—We have had any amount of “chills” this fall, and a low form of malarial fever so tedious in its course as to exasperate both patient and doctor ere a recovery was effected.

A. L. WILSON.

GREAT BELT CITY, Pa., Oct. 4.—Professionally and financially dull. I treat some catarrhs, epidemic coughs, etc. The cough is continual, with little or no expectoration. *Acon.*, *Phos.*, and *Bumex c.*, 1 to 6, gave satisfactory relief. Had two cases carbonic acid gas poisoning, one apparently dead; *Carbolic acid* gave satisfactory relief.

P. S. DUFF.

ROCK ISLAND, Ill. Oct. 13.—[While in Davenport, in attendance upon the session of the Western Academy of Homœopathy, we learned that Dr. G. W. Lawrence had met an unusual number of cases of intermittent fever and that he was uniformly successful in curing all of them promptly. At our request he tells us how he does it.] I owe my

success to the simple fact of studying my cases and finding the similitum, if possible. The remedies most generally indicated have been *Apis*, *Ars. Eupatorium perf.* *Ipecac.*, *Luchesis*, *Leptandra*, *Nux. Sepia.* *Sulph.*, and *Natrum mur.*, 200.
G. W. LAWRENCE.

CHICAGO, Oct. 20.—With the sudden changes, cold storms alternating with Indian summer, we have had an epidemic of influenza. As predicted the horses have been sneezing and barking also. *Bryonia alb.* has been the chief remedy indicated for both. Instead of the usual pharyngitis, that ushered in previous attacks, we meet this year more occipital congestion, amounting in some cases to basilar meningitis, not tubercular, however. Here, *Belladonna* met the indications in the most severe cases, some, however, called for *Gelsemium*, others again, were promptly relieved by *Bryonia*, the apparent epidemic remedy. Never met so many cases of spinal congestion in the same space of time. What does it mean? Cerebro-spinal meningitis coming? Some physicians predict a very sickly time at hand, basing their prognosis on the fact that the long healthy season has exhausted the vital energies. What do our brethren in the South and West say of the form of the disease tidal-wave coming?
T. C. D.

WORCESTER, Mass., Oct. 8.—The sickness is mostly confined to the equine race. The disease is similar to the "epizootic" of 1872, with the exception of not being so malignant, but still severe enough to unfit many of our noble animals for duty. Nearly two-thirds of all of the horses, of our city are sick at the present time. The symptoms are: short, dry cough; nasal catarrh; watery eyes; drooping of the head; and in some, swelling of the throat. In the worse cases we have loss of appetite, coldness, and swelling of the legs. The cough is from the first a prominent symptom, and in most cases the first symptom noted; dry at first and gradually growing looser; the discharge from the nasal cavity, at first, is watery and acrid, but in from three to four days becomes thick and yellow, or greenish; the horses are generally thirsty, but drink little at a time; respiration is hurried on the least exertion, and the animal perspires easily. The treatment consists in keeping the animal warm, his fodder moistened, and warm mashes given every day. Medicine: In the first stage *Ars. iod.* 3x, answers for nearly all cases; a little later, when the nasal discharge is thick and putrid, *Merc. iod.* 3x, is an admirable remedy; for the cough, *Ammon. mur.* 1x, and *Lyc.* 6x, seems to answer all purposes, the first when the animal coughs worse on eating and drinking, the latter when the cough is worse on moving and *descending* a hill. The complications are rare but should they occur the remedy most appropriate should be administered. As to disease of the human family, mild types of typhoid fever, rheumatism, and catarrhal affections. J. H. CARMICHAEL.

MEMPHIS, Tenn., Oct. 2.—Since my last report, owing to the overflow and unseasonable weather, disease of purely malarial character has greatly increased, and prevails now to an alarming extent from Cairo south. In some sections the picking of cotton is greatly retarded

in consequence. There is hardly a family in city or country entirely free. One druggist here last week sold four hundred ounces of *Quinine*.

The following table exhibits the number and cause of all deaths in Memphis during the month of September, 1875:

Causes of Death.		Adult.	Minor.	Causes of Death.		Adult.	Minor.
Accident, fall	- - - - -	1	..	Fever, remittent	- - - - -	..	6
Alcoholism,	- - - - -	1	..	Fever, typhoid	- - - - -	..	2
Asthma,	- - - - -	1	..	Gastritis,	- - - - -	..	1
Cancer,	- - - - -	1	..	Heart disease,	- - - - -	..	1
Cholera infantum,	- - - - -	..	7	Homicide,	- - - - -	..	1
Cholera morbus,	- - - - -	1	..	Laryngitis,	- - - - -	..	2
Congestion of the bowels,	- - - - -	..	1	Lock-jaw, infant	- - - - -	..	1
Congestion of the brain,	- - - - -	..	1	Marasmus,	- - - - -	..	5
Congestion of the stomach,	- - - - -	1	..	Meningitis,	- - - - -	..	1
Consumption,	- - - - -	13	2	Old age,	- - - - -	5	..
Croup,	- - - - -	..	3	Pyæmia,	- - - - -	1	..
Debility,	- - - - -	2	..	Scrofula,	- - - - -	..	1
Dentition,	- - - - -	..	9	Softening of the brain,	- - - - -	1	..
Diarrhœa,	- - - - -	3	1	Spasms,	- - - - -	..	6
Dropsy,	- - - - -	1	1	Unknown,	- - - - -	..	1
Dysentery,	- - - - -	9	2	Uremia,	- - - - -	..	1
Eczema,	- - - - -	..	1	Whooping cough,	- - - - -	..	3
Embolism,	- - - - -	1	..	Total,	- - - - -	66	70
Enteritis,	- - - - -	1	1				
Fever, congestive	- - - - -	15	11				

The city remains entirely free from all epidemic diseases. Our mortuary for the past month is a little over the average, but the diseases are purely malarial, such as are prevailing throughout the country, and Memphis does not appear to suffer as much as the rural districts heard from.

W. D. GENTRY.

CONCORD, N. H., Oct. 6.—The summer of 1875 will be remembered in New Hampshire as one of unusual health, all parts of the state being “afflicted” in the same manner. During the summer months more or less dysentery, cholera morbus, and cholera infantum existed in this city. The aggregate of cases being much below the usual number. In dysentery I found *Acon.*, *Dios.*, and *Merc. cor.*, in low dilutions, the chief remedies. Cholera morbus almost invariably yields, in this locality, to *Ipecac* or *Verat. alb.*, while for cholera infantum I have found a variety of remedies called for, with results, in some cases, not especially gratifying. The fact is there is a large class of *Calcareæ* children brought into the world who fail to get either the proper nourishment or the appropriate remedy sufficiently early, and when they are attacked with cholera troubles in July or August, they either make a very slow recovery or sink in spite of treatment. At the present time we are having catarrhal troubles principally, with a few cases of typhoid. The horses are all coughing, and the human family are threatened with the same epidemic. For either man or beast I find *Bry.* and *Tart. em.*, 2d decimal attenuation, the appropriate remedies. In typhoid, *Bapt.* ordinarily answers a good purpose. Possibly it “aborts” the disease, as many claim, but my own impression is that if we are called to *genuine* typhoid it is rarely ever “broken up” short of two or three weeks. Other remedies are the standard ones, *Ars.*, *Bell.*,

Bry., Rhus, etc. By the way, when you see your correspondent "Medical Bilius," just suggest to him that literary "resurrectionists" are of very little account anywhere, and that, when next he tries to be witty, it would be well for him to steal an article from the *Danbury News* old enough to have been forgotten, his present venture in that direction being only about twelve months of age. J. H. GALLINGER.

HONEST OR DISHONEST HOMŒOPATHS.

I am disgusted with the dishonesty in our ranks which seeks to place everything in nature under the law, *similia similibus curantur*, whether it belongs there or no. If we are continually playing upon our emotional faculties about our law of cure, declaring that there is not, never can be, and never will be anything greater in medical science than it, how in the name of Heaven will it be possible to improve it?

PEKIN, Ill.

S. J. BUMSTEAD.

[The question here is not "my views nor thine," but rather, what are the facts? Is *similia* the law of cure or only a law of cure? Has it ever failed at any one point? We may have failed to select the true *similimum*, but that does not affect the law. Others with more knowledge of the remedies might make the selection. If such men as Hahnemann, Grauvogl, Hering, Lippe, Dunham, etc., have such implicit confidence in the law of cure (*similia*), should not we with less experience and knowledge of remedy action hesitate before we reach a final and adverse decision? If the law *similia* is true and we fail to cure according to it, then our ignorance of the science is self-evident. If we pretend to select according to *similia* (are reputed Homœopaths.) and prescribe according to *contraria*, are we honest? The Allopaths say there are very few honest practitioners according to the law *similia*. If there are only three, the law is vindicated. With their Allopathic knowledge of disease, drugs and their application, they recognize that a consistent Homœopath is a single remedy and a small dose man, and they are making diligent inquiries about such and their success. One such man in a community does more to elevate *similia* (as the law) than all the rest of us put together. It is strange, but true, that a consistent Homœopath, one in deed as well as in name, *must*, in these enlightened days, suffer persecution! What is wanted is more knowledge of physiology, more knowledge of pathology, more knowledge of etiology, more knowledge of *materia medica*, and finally, more, yea, far more knowledge of therapeutics. There is plenty of light on these branches but it must be absorbed by us individually. Are we up on all these

branches, if not, let us review the first two and study the latter alone and also in the light of each case. To make this hint as practicable as possible the following works are commended: Flint's, Bennett's, and Dalton's Physiologies; Stricker's and Frey's Histologies; Virchow's, Rendfisch's, and Thomas' Pathology; Grauvogl, and Chronic Diseases on Etiology; Allen's, Hering's, Lippe's and Burt's *Materia Medica*. On therapeutics or practice we should consult a host of books, especially Raue, Jahr, Lilienthal, Hering, Guernsey, Ludlam, Gilchrist, Baehr, Hughes, etc., A review, now and then, of Hahnemann's *Organon* and Grauvogl's Text-book on Homœopathy would enlighten us wonderfully. *Similia* is the law. Homœopathy is the science of therapeutics, only that and nothing more.]

THE LIBERAL HOMŒOPATH.

Looseness is often mistaken for liberality. We see this illustrated in the affairs of every day life. People who have no proper appreciation of their money, or earnings, scatter it here and there for no good. The *really* liberal man has a purpose in giving, and using his means to accomplish his purpose.

The same thing is true in regard to sentiment or belief. Very many people have no fixed, or governing ideas, but hold their sentiments as loosely as the others do their money. They will adopt one thing to-day something else to-morrow, and never fully subscribe to any thing.

They may be taken for liberal minded people but they are better denominated *loose* minded people.

Now-a-days we have all sorts of liberal men. There are liberal Christians, liberal temperance men, liberal Homœopaths, etc. We take it that he is the most liberal Christian, who is the *best* Christian, he is the most liberal temperance man, who is the most temperate, so he is the most liberal Homœopath, who is the best Homœopath. The man of liberal opinions, and principles, is he who is governed by principle, and not simply self. His is not the narrow, contracted, selfish mind, but generous, open-hearted, free. When he adopts a principle it is for the principle's sake, and not to satisfy any selfish desire.

In this free country it is the prerogative of every man to espouse any cause, or practice any system of belief, religious or medical, that recommends itself to his mind, then, having done this, we all have a right to expect him to maintain and advocate that belief, else he forfeits all claim to stability, and is rightly termed a man of loose principles. No one will be likely to be highly successful, or attain any great eminence, except by allying himself to some grand principle of action. Sumner will live long after most of his fellows are forgotten, because of his persistence in advocating the rights of man.

Hahnemann is remembered to-day only as the exponent of the law

"*Similia*" and for this *he will be immortal* although he now and then has an adherent who may think he was not much of a man after all.

Dr. Hoyne says: "What difference does it make to me how Drs. A. B. and C. practice? Simply because I have the interest of Homœopathy at heart, and desire its progress." Right here is expressed the difference between Dr. Hoyne and Drs. A. B. and C. who represent the whole class of self-styled liberal Homœopaths. They care not for Homœopathy. They have not accepted and embraced it, because of its intrinsic excellence or on account of its truth and harmony with nature. They are not imbued with its spirit. They accepted it merely for its popularity; thinking it was the "coming system" of medicine, or, perhaps, out of disgust for "Old Physic." Hence it is practiced, or not, in any particular case to suit the customs.

Why should I adopt Homœopathy in preference to any other 'pathy?

Because I believe it the most efficacious treatment known, by virtue of its being founded upon a natural law. History and experience have proven it the most successful. Ah! but the Allopath says, "I subscribe to no dogma. I prefer to be simply a physician." We have heard this long and often, until it has become quite stale, and, now the liberal (?) Homœopath takes up the echo and says "I have more pride in being a physician than in being a Homœopath."

I have not been aware of any particular cause for pride in being a physician. They are rather too common now-a-days for that. If there is any pride attached to being a physician I should have more just pride in being a Homœopathic physician, because, other things being equal, I should be more successful. But, this is a very modest way of exalting one's self above principle and is not the way men usually become distinguished. Homœopathy is a system so intricate that no man will be likely to live long enough to thoroughly master it, then he has no time to spare, and why should he be frittering away his time — "while disease continues to cut down men and women in their youthful days" — running after other theories and expedients.

No one questions our privilege of using Electropathy, or Hydro-pathy, or any other aids in curing disease, but, so far as the administration of drugs internally is concerned the Homœopath should be guided by his law, or he is simply a pretender and a disgrace to the cause he has espoused,

We have never heard it intimated that Dr. C. Dunham was any thing but a strict Homœopathist. His according to every man the free expression of his opinion, and even being willing to fellowship with loose Homœopaths is no evidence to the contrary. The reputation, and well being of Homœopathy depends in a measure upon the fidelity of each individual follower, and only when this is manifested and each one, instead of fostering a desire to find fault with what is done, adds his mite to the general fund of knowledge, will her highest progress be secured. For our part we thoroughly believe in Homœopathy, and are animated by a lively interest in all that pertains to her advancement.

PEORIA, Ill.

E. PERKINS.

CONSULTATION CASES.

DR. BUMSTEAD'S TAPE-WORM CASE.

Bruse three or four ounces of pumpkin seeds and soak in water over night. The patient to take a light supper, and in the morning, fasting, drink the solution, following with a dose of *Castor oil* in an hour or two, and if no evacuation is produced take a cup of hot clear coffee, and if necessary another dose of oil.

This perscription, as given me by Dr. Neidhard, required a table-spoonful of sugar and a pint of water. But I see no need for sugar, and a pint of water is too much for one draught.

I have just succeeded in a case to whom I had previously given two doses, an ounce each, of *Kouso flowers*, and two doses of *Fern oil*, following each with *Jalap*, except the last, which acted as a purge. The patient, a robust woman, ate not a mouthful for forty-eight hours. She recognized *Kouso* as the same medicine she had taken previously from other physicians.

I mentioned Dr. Bumstead's case, as well as my own, to a patient without telling the remedies used, and she informed me that a friend of hers, having tape-worm, casually ate some pumpkin seeds, and experiencing a strange sensation, ate more, and took *Castor oil*, expelling the worm entire, after repeated attempts by physicians. From which it appears that I might have given Dr. B. the same perscription had I not received it from Dr. Neidhard.

MENOMINEE, Mich., Oct. 11.

O. B. BIRD.

REPLY TO DR. GRAHAM.

(Page 232, UNITED STATES MEDICAL INVESTIGATOR for September, 1875.)

I recall four cases in my own practice that were similar, and I cured by the use of *Puls. 6x*, together with cupping on the back over the lumbar region.

CASE I. Aged about thirty-five years, in which the menses had been absent eleven months, was relieved in twenty-four hours, the menses appearing in that time, the pain in the head also disappearing. This lady had a relapse eighteen months after that was relieved in the same way in about the same time.

CASE II. Aged fifty-two years, menses did not appear but pain left.

CASE III. Aged forty-six, menses absent four years, cups used several times for six weeks, menses returned and pain was gone after second week. Have lost sight of the case.

CASE IV. Aged thirty-five, menses absent for eight years, excepting for about fifteen minutes each month. Severe neuralgia at monthly periods, constant dull pain all the time in the head. Tried several rem-

edies in vain. She had used the best of treatment for years and was discouraged. I cupped her freely, and menses returned after cupping four times, without medicine. The intervals being about one week. The pain has mostly left. She says she feels better than for years. The catemina have continued now four months lasting each time about three days quite free. Case still watched a little, but I consider her about, if not quite, cured.

In these cases there is generally congestion of the uterus and of the pelvic vicera generally, and this irritation is sufficient for me to feel justified in producing another irritation with the cups and scarificator. If it is not good Homœopathy, I am sure it is good sense, and I am sure it is very gratifying to be able to relieve such cases. My motto is, to "Cure my patients according to the books if I can, if not, try to cure them anyhow." If my practice is condemned by any as not good Homœopathy, please tell me some better way, backed up by a record of cases as well as theory and symptomatology; these I prize highly, still practical experience is the test to which they also must submit.

I do not know how to relieve these cases with medicines alone. Of course most cases of neuralgia are cured promptly by medicine when caused from cold, indigestion, want of sleep, and malaria, but I judge your case to be entirely different in character, and requires a different treatment.

PEORIA, Ill.

M. M. EATON.

DR. LILIENTHAL'S CASE.

The case which Dr. Lilienthal records, reminds me of one which I have had under treatment for some time with some success though not entirely cured. There are three remedies he has not mentioned which may be of service.

Silicea.—"Patient thinks he is in two places at once."—*Farrington's Comp. M. M.* page 79.

Baptisia.—"Can't go to sleep because she can't get herself together. Head feels as if scattered about, and tosses about to get the pieces together. J. C. Bell, M. D."—*Burt*.

There is a dual or plural idea in these, but they refer more to *places* than to persons, though they involve an idea of a *divided* being. Were the *entire* powers of these remedies known, it would be useless to mention them.

Lachesis.—"Want of self-control. Felt as if she were somebody, and in the hands of some strange power."—*Lippe*.

Lachesis has been of great benefit to my patient, and I believe it in various attenuations, principally the higher, will do Mrs. B. good. If tried should like to know the result.

SAN FRANCISCO, Cal., Sept. 29,

W. N. GRISWOLD.

IT IS NOT SOMETHING NEW.

On page 283, of Vol. II, No. 7, Dr. H. H. T. asks, "Is it something new?" No, it is "chicken-pox" in an aggravated form. Authority: Wood's Practice, Vol. I, page 418. W. W. F.

SYMPATHETIC ANGINA PECTORIS.

A CASE OF CARDIAC DISORDER CAUSED BY SUDDEN MENTAL SHOCK, CURED BY ACONITE.

A middle-aged lady, very healthy, having no previous disorder of the heart, was waked suddenly in the night and impatiently told that her sick child was dying. She immediately felt a severe lancinating pain in the middle cardiac region; became cold, pale pulseless, and nearly fainted, but in a few moments rallied and held her child several hours until it died. Every night afterward, until I saw her, nearly three weeks, she awakened at the same hour, with the same symptoms which characterized the first attack. During the day she went about her usual avocations, but with a settled melancholy, and a "frightened feeling" about the heart; feeble circulation; small, irregular pulse, and loss of appetite. She had no medicine from me except *Aconite*, a few drops of the 1x, in a glass of water, a spoonful every two hours. She had a slight attack the first night, none afterward, and in a week was so much better that it needed but a few doses of *Ignatia* 30, to restore completely the tone of her nervous system.

This case illustrates the immense superiority of Hahnemann's method of treating the effects of mental emotions. She had for three weeks taken from her Allopath powerful "tonics," which only aggravated the difficulty, for *Iron*, *Quinine* and *Strychnine* are worse than useless in such cases.

CHICAGO.

E. M. HALE.

A CASE OF LEPRA OR PSORIASIS ANNULARIS.

J. H., seven years of age, has been doctored by two Eclectics, for nearly a year, without the slightest benefit, for these symptoms: An eruption, which appears on all parts of the body except the face and hands, began as a small rose colored spot, spread rapidly, somewhat after the fashion of ring-worm, and was soon covered with silvery scales which would sometimes rub off and be replaced again. On the scalp they were covered by a thick crust. No sensation, except when anything oily was applied, when there was a slight itching. There were probably one hundred, or more, of these patches, varying from the surface of a pea to the size of a silver dollar.

Prescribed *Ars. 3x*, twice a day; then *Ars. 3x* three times a day, and finally, *Ars. 2x*, twice a day. Cured in about three months, without any external application whatever, and no other medicine except a few doses of *Sulph.* at first.

LEXINGTON, Mich.

A. F. RANDALL.

OBSERVATIONS ON THE THERAPUTICS OF (TYPHOID) TYPHUS FEVER.*

FROM WURMB UND CASPAR'S KLINISCHE STUDIEN—TRANSLATED
BY A. MCNEIL, M. D., NEW ALBANY, INDIANA.

In typhus (typhoid) epidemics, notwithstanding all individual peculiarities which single cases may present the disease at certain times and places take a definite, general character and thereby is very different from all those which occur at other times and places, therefore it must be considered as our first task to obtain an accurate knowledge of the prevailing epidemic, because if this be neglected only a symptomatic but not a rational therapie is possible.

If we have learned the character of the epidemic the second task remains to be performed, viz., to discover the corresponding remedies which have the greatest similarity and when this is also done to use the language of Hahnemann, the most difficult part of the work is accomplished; for as the number of these remedies cannot be great there can be but little difficulty to choose out of these few drugs the most suitable i. e. that one whose characteristics agree the best with the case to be treated.

This rule, as every rule, has its exceptions; but they are very rare for in by far the greater number of cases it will not be necessary to go out of this group of drugs, and only now and then will we be compelled by peculiar and pressing circumstances to prescribe other remedies. By following this rule we will only need to employ but few remedies in the prevailing epidemic, and consequently to treat all our typhus patients in a similar manner, but we are not subject to the charge of routinism but the treatment satisfies fully the demands of science, for in this way symptoms are not merely numbered but accurately weighed; for we consider the essential and constant symptoms not the accidental ones, which are here to-day and absent to-morrow, and briefly because an accurate diagnosis of the disease and drug is indispensable.

The typhus epidemic which prevailed in Vienna in the year 1850.†

*The authors use this word in a wide sense including typhoid as well as typhus proper.—TRANSLATOR.

†The general character of the epidemics of this year (1850), was on the average mild and the peculiar signs of a considerable decomposition of the humors and thereby conditioned exaustion and collapse did not occur frequently. Of our patients eighty-nine, more than forty left the hospital and followed their usual avocations at the end of the fourth week and in fact some at the end of the third.

was not particularly malignant; the disturbance of the vascular—and nerve life was sometimes violent but only rarely excessive and the tendency of the organic substance to decomposition was not marked. On these grounds, we have selected in most of the cases such remedies as administered in large doses to healthy persons in order to investigate their properties, as operated on the blood life and thereby on the nerve life to depress but not to entirely suppress their functions. They caused indeed disturbance of the vital chemistry but could not entirely suppress it.

We further remarked that in this epidemic two distinct forms were often repeated. The one was characterized by symptoms of irritation and the other by the opposite, torpor and the majority of the cases demanded the employment of *Rhus* or *Phos. acid.*

The following images of the disease will make it clear when and why we employed *Rhus* or *Phos. acid.* Both united to present a likeness of the typhus epidemic. We were required to administer *Rhus* more frequently particularly during the first half of the year. *Phos. acid.* was prescribed more rarely and only in the cases occurring during the earlier autumn, sometimes we were compelled to employ both remedies consecutively.

INDICATIONS FOR RHUS.

The patients are usually strongly built, formerly healthy persons. The typhus appears suddenly, progresses rapidly, and reaches in a few days a high degree of development. Simultaneous with the disturbance of the vascular system appears a feeling of severe illness, which so soon reaches a high point that the remaining symptoms cannot advance as rapidly; for example, the weakness is not so great as the feeling of weakness in as much as he can still make tolerably rapid and forcible motions (N. B. during the convalescence the contrary occurs, the patient thinks he is stronger than he really is), soon however the strength also sinks; his movements are difficult and languid, and he is compelled to lie quietly in bed and in one place. He complains of aching in the limbs and many times of violent pains in one or the other joints as in rheumatism.

The disturbances of the general condition do not long continue alone; for derangements of the vascular system soon accompany them. At first slight shudderings and flashes of heat but especially heat of the head, afterwards the heat gains the upper hand and is finally constant and very violent; determination of blood to the head, the temperature is increased, the face becoming hot to the touch; the eyes brilliant and lightly injected; the cheeks, lips and tongue are very red; thirst violent; the pulse beats from 110 to 120 beats a minute.

Even at the very beginning of the vascular excitement, hemorrhage occurs especially from the nose and in women from the genitals. The first nearly always brings amelioration, the latter which are often mistaken for the menses, continue only a few hours and make no alteration in the health of the patient.

The symptoms of decomposition of the blood appears in only a

moderate degree and at a late stage. The expectoration is tinged with blood, only rarely are the stools mixed with blood.

The nerve life is always violently affected and its activity blunted and oppressed. The organs of sense are at first in a condition of irritability, there is always great sensitiveness to noise, light, etc., present. afterwards the opposite occurs, the patient is not sensitive to external impressions and complains of nothing and lies in a condition of relaxation.

The intellect is often blunted at the beginning; the patient realizes this and seeks to conceal it, therefore he exerts himself when questioned and answers hastily but correctly; later on account of the too lively activity of the imagination, the senses fail and his answers are partly right and partly wrong; the derangement increases, he murmurs and talks to himself or is disturbed particularly at night by very lively hallucinations of different kinds; the sleep usually entirely fails or if it occurs for a moment it is accompanied by anxious dreams.

The abnormal condition of the vascular life is closely reflected on the skin; it is in the beginning red, dry and hot; spots resembling rotheln or measles arise on the breast and abdomen; if the vascular irritation subsides, sweat sets in frequently and is almost always accompanied by a miliary eruption.

The mucus membrane is almost always drawn into sympathy; the tongue is more or less coated, rough, dry furrowed and like wood; the lips and teeth are many times covered with brownish crusts, the taste is blunted. The irritable condition of the mucus membrane of the stomach and intestines, cause want of appetite; repugnance to and disgust for food; nausea, inclination to vomit and vomiting. Gases are developed in the intestinal canal, whereby the stomach is distended. left hypochondrium and the right ileum are sensitive to external pressure. The discharge of stool is in the beginning of the disease scanty, fails sometimes for several days, however they soon become fluid and two to four stools a day are passed without tenesmus or pain, and still later occur more frequently and involuntarily. They consist of serum and a greenish brown substance mixed with flocks.

There arises in consequence of the irritable condition of the mucous membranes of the respiratory tract; feeling of dryness of the trachea; respiration louder and shriller than normal; expiration audible; afterwards rales are heard. The dry cough which at first is moderate, becomes gradually worse and looser and brings up a little tough expectoration which is now and then mixed with streaks of blood.

The parenchyma of the lungs particularly of the lower lobes is over filled with blood, pneumonic infiltrations frequently form in those parts whereby the following symptoms which so frequently occurs in typhus are clear, viz., oppression of the heart; short, anxious breathing; stitching pains in the sides, etc.

The spleen is nearly always enlarged.

The amount of urine discharged is scanty, it is poor in the *Chloride of sodium* and the urates rich in *Sulphuric* and *Phosphoric acids*, and the salts which always occur in diseases with a tendency to decompo-

sition of the blood. The urine is always thick and deposits much cloudish, white sediment, and the quantity of albumen shows a hyperæmic condition of the kidneys.

None of the remaining organs take such a decisive part as to produce symptoms of importance.

This condition which we have described may last many days, and then pass into health or in a higher condition of irritation or into an opposite one of torpor.

If the former occur the febrile movements abate, sleep returns, the sensorial functions reappear: the patient's appetite returns and he feels much better; the diarrhœa and meteorism continue however a few days, but disappear and there only remains a moderate debility, emaciation, and paleness of the skin.

The development into a higher grade of irritation does not long delay. We will mention the phenomena in the indications for *Ars*.

The transition into the opposite condition of torpor demands the employment of *Phos. acid*.

If we hold up to this image of the disease, that of the action of *Poison Sumach*, we cannot mistake the striking similarity which prevails between them. Both agree therein that not merely the same symptoms and groups of symptoms occur but they also have the same signification. Consequently the similarity is not only apparent but real; for as in typhus the blood life is especially affected, so also is this the case with the action of the *Poison sumach*; even as there on account of the alteration of the blood a violent irritation of the vascular system occurs, so does this happen here; as there the mental activity is oppressed and in consequence of this, hallucinations occur and the ideas do not correspond to the objects to which they relate; as there the mucous membrane particularly that of the intestinal canal in which an irritable condition is always present, especially sympathize; in short as typhus in spite of the irritation present, is an adynamic morbid condition in a peculiar sense of the word, and even at the beginning tends to produce decomposition of the blood and exhaustion of the vital powers; even so the same prevails in the *Poison sumach* disease.

These are the reasons which require us to employ *Rhus* in typhus.

THE FOLLOWING HISTORY OF CASES

will still more illustrate and justify our mode of treatment:

CASE I. Wagner Mitchel forty-two years old, has been suffering for nine days from great weakness and depression; loss of appetite, vertigo, dullness of the head, sleeplessness, febrile attacks which return every afternoon and consists of cold followed by long continued heat and much sweat, during the previous night the patient had much delirium of an active character.

On receiving him into the hospital the 30th of June, we found the following picture of the disease: temperature of the body elevated, face red; tongue dry and rough; respiration hurried; pulse 88; abdomen moderately meteoristically distended; spleen enlarged to the anterior edge of the ribs; no stool for five days; urine scanty, thick;

skin moist; on the breast several small red spots, which disappeared under the pressure of the finger.

The patient complains of vertigo ringing in the ears; dulness and heat of the head; pressing pains in the forehead; dryness of the mouth and throat; pain in the abdomen on pressure; feeling of great weakness; general malaise; sleeplessness on account of many confusing dreams, which appear immediately on falling asleep.

We administered *Rhus* 30. On the next day found the temperature of the skin somewhat lessened, otherwise no change.

On the third day the meteorism had almost entirely disappeared; several hydroa on the upper lip; he felt very weak but otherwise felt well. From this time the improvement progressed rapidly; the hallucinations disappeared; the sleep more constant and sounder; the temperature of the skin many times only little increased; the meteorism disappearing.

After fourteen days the patient was discharged perfectly well with the exception of moderate weakness.

CASE II. Joseph Zimmer, twenty-eight years old; suffered a good many years ago from intermittent fever and afterwards with small-pox. three days ago attacked with a violent chill followed by heat; considerable malaise: pressing pains in occiput; weakness; aching of all the limbs; sleeplessness.

On admission, on the 3rd of May, we found; temperature particularly of the head increased; skin covered with sweat; face very red; albuginea somewhat yellow; lips dry; tongue slightly coated, dry; voice rough, and hoarse; on the breast some small red spots disappearing on pressure, and some small pustular blisters; respiration quick and somewhat hurried; frequent dry cough occurred; contents of chest nominal; pulse 108; abdomen meteoristically distended; spleen reaching nearly to the anterior end of the ribs; stools watery. The patient is restless; thinks slowly; answers somewhat dilatorily yet correctly. He complains of a feeling of great debility; sleeplessness and dreamful half slumber; aching of the whole body; heat and shuddering alternating; violent thirst; dryness of the mouth; want of appetite; oppression of the heart and burning behind the sternum; inclination to cough; sensitiveness of the abdomen to pressure.

He received *Rhus*.

Of all the symptoms, after three days only the following were present: feeling of debility; meteorism; diarrhoea three or four times a day; at night, some heat, sweat, thirst and mild delirium.

During the next three days the same condition.

On the 7th day the meteorism was scarcely perceptible; diarrhoea three or four times a day; the feeling of debility still continued.

On the 10th day, feeling of debility, all the remaining symptoms were gone, therefore the medicine was no longer administered. (Should have been discontinued as soon as improvement appeared.—TRANS.)

Twenty-sixth, perfect health.

[TO BE CONTINUED.]

VERATRUM VIRIDE IN MALARIAL FEVERS.

BY LUCIUS MORSE, M. D., MEMPHIS, TENNESSEE.

Aconite, *Belladonna*, *Bryonia*, and *Gelseminm*, have proved very unsatisfactory, in my hands, in the treatment of malarial fevers. They mitigate special symptoms very tardily, if at all, and their impression on the febrile paroxysm seems to me to be very slight. Practicing in a region of country where the malarial influence is always dominant and at times assumes an overwhelming intensity, I have had ample opportunity for experience with these and other remedies, and I will frankly say that the results of my efforts to secure a mitigation of the distressing and often dangerous symptoms, present during the apyrexia, were far from encouraging, until I began the use of *Veratrum viride*.

Three years constant employment of this drug has given me the highest opinion of its value in the treatment of malarial affections of almost every type. I have administered it in the febrile stage of simple intermittents with the happiest results, and with it have confronted, again and again, those dreadful forms of congestive fever, which may well make the physician's heart quail within him. It has never disappointed me yet, and I can truly say, that I have subjected it to the severest tests.

My object in presenting these brief observations on the present occasion is, to direct the attention of those of my colleagues who may practice in malarial regions to this splendid remedy. If they have been unacquainted, heretofore, with its virtues, they will thank me, I am sure, even for the hurried details I am about to present.

My first use of *Veratrum viride* in malarial fevers was really as a sort of forlorn hope. I was called one hot August day to see two children ill with congestive fever. One was raving in delirium, the other, a little girl nine years of age, was far gone in the stage of collapse. She had been totally unconscious for four or five hours. There was perfect anæsthesia. The brain had been overwhelmed. The heart was laboring tumultuously; pulse weak at the wrist and beating 150 per minute. The breathing was panting and irregular, and the extremities cold and clammy, while the back, neck and head fairly radiated heat and ætually steamed when the child was turned on the bed. The complexion was ashy, with purplish lips, and I noticed, now and then, a spasmodic twitching of the arms and hands. It was easy enough to foresee what was coming. A week before, I had witnessed the life of a child, similarly attacked, extinguished in a perfect tempest and whirlwind of spasms and convulsions. The case, certainly, bore a most unpromising look. The toxic malarial influence was evidently strongly developed in that locality. Next door, a woman, stricken down the day before with similar symptoms, lay dead, and, just across the street, a strong man was breathing his last, prostrated by the same occult and mysterious force.

For days I had studied the Symptomen Codex, pored over the "New Remedies" and ransacked our periodical literature with reference to

just such cases as those which now confronted me—cases in which the battle is often fought, and lost or won, in the space of a few hours—and I had settled down upon *Veratrum viride* as being most promising of help in these emergencies, and even of its antidotal powers, I felt, as yet dubious. I had in my pocket a half ounce bottle of Norwood's tincture. I gave, at once, five drops of this preparation in a teaspoonful of water, and every fifteen minutes thereafter repeated the dose for an hour and a half, meanwhile pouring tepid water freely down the child's throat. In thirty minutes the effect was apparent in an improved complexion and in slight reduction of pulse. The improvement was very marked at the end of an hour; the convulsive movements had ceased, the breathing was easier and more regular and free perspiration was setting in; the pulse had been reduced twenty-five or thirty beats and the extremities were beginning to get warm. Spasmodic vomiting now came on, the child still perfectly unconscious, and so violent were the efforts as to send the contents of the stomach half way across the room. The matter ejected was as green as grass and as acid as vinegar. It came up in repeated, sudden gushes. After each emesis, I ordered a half a teacupful of warm water to be given, until the stomach was thoroughly emptied of its morbid contents. At the close of the hour and a half I reduced the doses of *Veratrum*, giving only two drops every half hour. Four hours from my first view of the patient, the face of affairs had changed entirely. Equilibrium of the circulation had been almost completely restored; the breathing was natural; the extremities warm and pleasant—in a word, the danger was passed. The *Veratrum* was discontinued, and I now injected into the bowels (on account of the irritability of the stomach,) ten grains of *Quinine*, followed in four hours by five grains more. Had the *Quinine* been given by the mouth I should have considered half the quantity sufficient. The child regained consciousness in the course of a few hours, and made a speedy and permanent recovery.

Similar treatment, with the administration of about half the quantity of *Veratrum*, reduced the fever, banished the delirium as if by magic, and brought the companion case through safely.

Never before in the course of my practice, was I so thoroughly delighted with the action of medicine. Malignant malarial fever prevailed that season and, in the space of a fortnight, eight or ten severe cases had afforded me the opportunity of further trial with the *Veratrum*. Success attended its administration on every occasion. My distinguished colleague, Dr. Allen, with whom I was then associated in practice, adopted the *Veratrum* treatment with the same happy results.

Right here I desire to say that I have no apology to make for the apparently heroic treatment with *Veratrum* and *Quinine*, above detailed. These overwhelming toxical effects of malaria call for the administration of tangible antidotes, just the same, in my humble opinion, as any other active poison, when taken into the system. Had I sat down by the bedside of the cases above related, and administered my low dilutions or my high potencies, in all human probability, I should have seen my patients snatched hurriedly away by death in the form of one of

those tetanic convulsions, which, once seen, will never be forgotten.

In the malignant types of these sudden congestive malarial fevers, I have aimed, always, to push the *Veratrum* rapidly but cautiously till nausea is produced. To aid in this direction I cause the patient to drink freely of simply warm water or tea. Sooner or later, free vomiting nearly always takes place, accompanied by decided relaxation of the system and equalization of the circulation. After that, the *Veratrum* can be given in constantly decreasing doses, according to the frequency of the pulse and the general condition.

I would not have it inferred, for a moment, from my free use of the drug, that I consider *Veratrum viride* harmless or that I use it recklessly. A perusal of the recorded cases of poisoning with it will impress the inquirer with a wholesome idea of its potency. By the exercise of care and extreme watchfulness, however, I have never had to regret the administration of this remedy in a single case. I have one constant and unvarying rule in the treatment of these severe types of malarial fever, viz; To administer the *Veratrum* in comparatively small but oft repeated doses, watching carefully for its characteristic effects. It acts speedily. I have found from two to five drops of the strong tincture every fifteen minutes or half an hour amply sufficient in most cases. Occasionally, however, I have administered as high as thirty-five drops in an hour. Briefly, the *Veratrum viride*, in these cases, reduces the pulse by equalizing the circulation and relieving the congestion to particular organs. It relaxes the system, acting freely upon the skin. The tormenting pains are often relieved as if by magic. Congestions of the head, lungs, and stomach, from malarial causes—I might say from any exciting causes in malarial regions—are peculiarly within the province of the *Veratrum*. Nausea and vomiting are often produced by the medium and maximum doses I have mentioned, but, as I have already remarked, such a result has never in my experience proven detrimental, but on the contrary, highly beneficial.

The maximum dose I have mentioned is small in comparison with some placed on record by Allopathic authorities.

In the ordinary intermittent and bilious fevers, eight or ten drops of the tincture in half a tumbler of water, a teaspoonful every half hour or hour will produce the happiest results.

Notwithstanding the *Veratrum viride* exercises such a wonderful influence upon the vital forces when laboring under the malarial poison, in the great majority of cases, it does not seem sufficient to complete the cure. After the urgent symptoms have been removed, therefore, it is necessary to review the field afresh, and supplement its action by the administration of other anti-malarial remedies, according to indications. If the febrile paroxysm returns the *Veratrum* can be resumed as at first.

I have noticed a peculiar breath in patients suffering from these severe types of malarial fever, which yield so beautifully to *Veratrum*. It is not offensive, but reminds one of a faint odor of *Chloroform* or *Ether*. So often have I observed this symptom that I have come to characterize it as the "*Veratrum* breath."

In conclusion, I will say that my experience with the drug under consideration has been confined exclusively to the administration of Norwood's tincture — the purest I could obtain. I have never given a dose of the common tinctures or commercial extracts. With their strength and efficiency I am totally ignorant.

Further, I have designedly refrained from the mention of such inter-current remedies as *Ipecac*, *Nux v.*, *Bryonia*, *China*, *Arsenicum*, *Apis*, *Bebeerine*, *Natrum mur.*, etc., all so indispensable in the treatment of the benign intermittents and remittents. Their indications are familiar to all Homœopathists, and then I did not set out to write a *treatise* upon malarial fevers, but only to give some brief personal observations and experiences with a single drug. All theorizing as to the action of that drug, I leave, for the present, to the ingenuity of others, satisfied, as I am, with its practical effects.

THE PROGRESS IN THERAPEUTICS.

WHY CANNOT ALL SEE IT?

DEAR EDITOR: I notice with interest the catechismal or conundrumal character of your journal, and thinking that, may be, I too have a right to ask a question I take the liberty of proposing the following:

To-morrow night, September 21st, the New York and Brooklyn Homœopathic Societies are to celebrate the semi-centennial anniversary of the introduction of Homœopathy into the United States, so we may all understand fifty years have passed since Homœopathy was first presented to the American people.

About that time people used to travel mostly in stage coaches, when their journeys were away from the rivers. I remember once riding seven miles in twenty-five minutes in this way and it was thought wonderful — fast enough, but it was not long after 1825 that rails began to be laid and cars run upon them at the rate of twenty, thirty, forty or more miles an hour, and it did not take fifty years, nor anything like it, to convince people that stage coaches were out of date and that the only way to travel was on the rail.

So about the transmission of news. When I was a boy the President's message used to be carried from Washington to New York by the Pony Express, and people generally were pretty well satisfied with that way of doing it, but somewhere between 1836 and 1839, Professor Morse showed the folks how it could be done a deal quicker than that, and it did not take anything like fifty years to convince the people that the Pony Express was no longer needed.

Now traveling by rail is not as much ahead of stage-coach traveling nor is the telegraph as much ahead of the pony express as Homœopathy is ahead of any other kind of medicine, call it what you like, and yet

the people of this Country have not found it out yet. The question is still a disputed one which is the better practice the Homœopathic or the Allopathic. It is far, very far, from being settled, and more than that, it is not exactly known what Homœopathy is, and worse than that even, it is disputed by some so-called Homœopathists whether there is any such thing as Homœopathy, and now my question is, for I have got to it at last: Why is it thus? Why, after a trial of half a century, is it still a question whether Homœopathy is better or worse than Allopathy, and, in fact, a question whether there is any such thing as Homœopathy at all? Who can tell us that?

CHICAGO, Sept. 20. 1875.

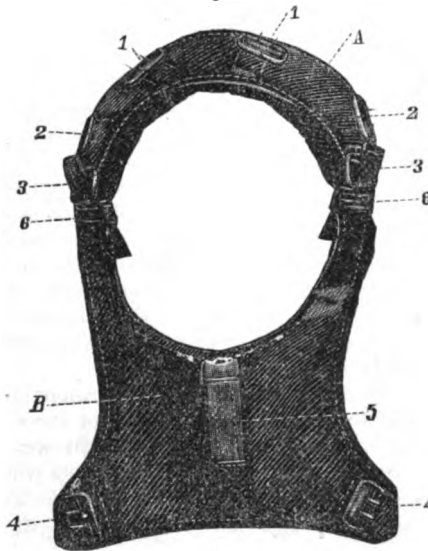
VETERAN.

Surgical Department.

A NEW APPARATUS FOR FRACTURED CLAVICLE.

BY J. M. SELFRIDGE, M. D., OAKLAND, CALIFORNIA.

Fig. 1.



A.—Shoulder piece. B.—Body piece.

1 1.—Receive straps from axillary pad. 2 2.—Receive straps from sling. 3 3.—Increase or diminish the size. 4 4.—Receive strap that goes around the body. 5.—Loop, through which passes the elbow strap. 6 6.—Sliding loops.

MR. PRESIDENT AND GENTLEMEN OF THE PACIFIC HOMŒOPATHIC MEDICAL SOCIETY: It is not my purpose in this paper to exhaust the subject of Fractured Clavicle, but, while glancing cursorily at it, my principal object is to present a new and, as I think, a better apparatus for its treatment than has hitherto been offered to the profession.

In the time of Hippocrates, as you doubtless all know, the treatment of fractured clavicle was simply the "recumbent posture." Since his time, however, the methods invented for overcoming the irksomeness of this position, have been very numerous.

The *indications* for the treatment of this fracture have always been the same, to-wit: That in order to bring the fractured bone into proper position, "the shoulder must be carried upward, backward, and outward." But how to fulfil these indications has puzzled many of the finest minds known to the profession. Nay, it may well be doubted, as has been said by Hamilton, if the indication to "carry the shoulder out," has ever been accomplished by *any* apparatus.

Without stopping to notice the causes that prevent the accomplishment of this indication, I will proceed to mention *two*, of the many hundred contrivances, that have been presented for the treatment of this particular fracture, viz: The adhesive strap dressing recommended by Gross, which you will find described in his *System of Surgery*, Vol. I, page 899, and Fox's apparatus, which consists of the ring and sling, variously modified.

I select these, because doubtless the best hitherto in use, and in this Country, probably, more extensively used than any others, in order that I may compare them with the one here presented.

By turning to the description, given by Gross, of the adhesive plaster dressing, you will observe that he places "the elbow against the antero-lateral aspect of the chest, while the forearm rests against the front, the fingers across the opposite clavicle." This you will observe is the position recommended by Dessault and others. This position is maintained by the means of "plasters cut into adhesive strips of appropriate length to reach around the limb and shoulders, so as to form, in the first place, a kind of immovable sling, and, secondly, to fasten the arm to the trunk." This dressing will undoubtedly stick much better than the interminable bandaging of Dessault, who recommends the same position of the arm. It could be applied to men, but in the case of women with large mammary glands, or those who are nursing children, its use would simply be impracticable.

Furthermore, should it become necessary to change the position of the arm, for example, to induce passive motion of the elbow joint, the removal of the strips would be attended with considerable pulling of hair, and the time required to remove and readjust would be an item of some importance to the busy practitioner, while the constrained position of the arm would become exceedingly tiresome to the patient.

Fox's apparatus is probably more extensively used in this Country than any other. Professor Hamilton commends it in the following strong language, to-wit:

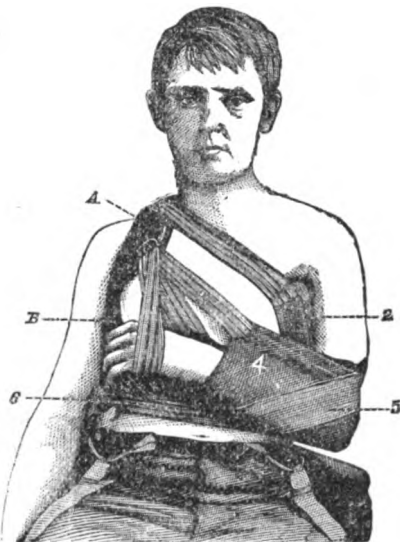
“ Among the considerable variety of dressings which I have used, this, with or without such modifications as I shall presently suggest, has seemed to me, most simple in its construction, the most comfortable to the patient, the least liable to derangement (if I except Valpeau's dextrine bandage), and as capable as any other of answering the several indications.”

Professor Hamilton is high authority and believes what he teaches, but I pity the poor patient if Fox's apparatus “ is the most comfortable in use.”

The fact is, it is a most uncomfortable instrument. The stuffed ring bearing as it does on a small portion of the shoulder, soon becomes a source of great pain, necessitating the frequent shifting of the point of pressure by the introduction of soft compresses; and when in the recumbent posture there is no position in which the patient can lie with comfort, hence sleep is well nigh impossible.

Furthermore, it needs great care and frequent attention to keep it properly adjusted, for the reason that the strings which attach the sling to the stuffed ring are always stretching, and hence the apparatus is frequently getting loose and the fracture liable to get out of place. Such, at least, has been my experience in the treatment of several cases in which I have used it.

Fig. 2.



A.—Shoulder piece. B.—Body piece.

1.—Strap from axillary pad. 2.—Axillary pad. 3.—Straps from sling. 4.—Sling.
5.—Elbow strap which passes under forearm, through loop 5, (see Fig. 1.) 6.—Strap around body.

The instrument I here present, which is well represented in Fig. 1. is, in almost every respect, to be preferred. It is easy of application. There is no slipping straps. Buckles being used instead of strings it can be adjusted with great exactness, and when readjustment is desirable for the purpose of passive motion, rest, or bathing of the limb, it can be done in a moment, and that, too, without disturbing the seat of fracture. In point of *comfort, it challenges competition, in fact, it has no peer.* It can be worn about one's business by day, and slept in by night with little or no inconvenience. For example, I once had a patient, a farmer, with a fractured clavicle, who wore it and plowed nearly every day. Also, another, who used to go to town, get "as drunk as David's sow," and drive his fast horse home at night as if the Old Nick was at his heels. In both these cases the cures were good ones. I have used it on children, in one case, two and a half, and in another, four years old, who wore it without complaint, and slept without rocking.

(The instrument here represented has been used on children ten years old, but in the case of the patient two and a half years old, an instrument of the required size was made by a shoemaker—the sling and pad being made by the mother.)

This apparatus was intended to overcome the difficulties met with in a case I once had, which I will now briefly relate :

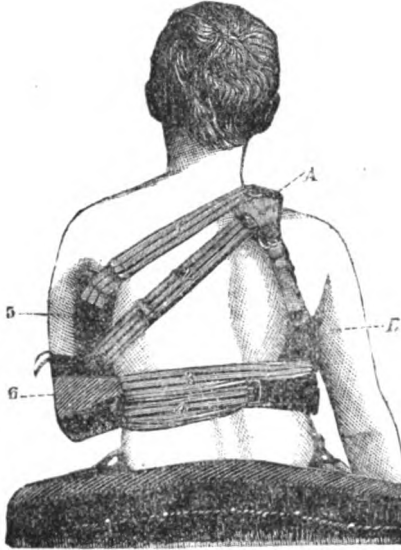
In the winter of 1856-7, while practicing in Winterset, Iowa, I was called to see a lady aged about twenty-five, who had received an injury of the shoulder—having been knocked down and stepped on by a horse. I found the right clavicle fractured at its middle third. She had a young babe of four months, which she nursed. I applied Fox's apparatus, which did as well as it ever does, until the little joker undertook to get his dinner from the left breast. He could not do it, for the reason that his forehead came in contact with the stuffed ring, before his mouth touched the nipple, consequently there was a grand squall, and the apparatus had to be removed. How to overcome the difficulty with comfort to the patient, was the problem. My first thought was to cut a piece of strong leather similar to the shoulder piece A, Fig. 2, with buckles attached, and of sufficient length to close in the armpit. This was done, well padded, and applied. But I soon found the weight of the broken shoulder drew the pad against the axillary vessels with sufficient force to obstruct the circulation in the arm, this, of course, would not do, and after some thought, the idea of the body piece B, Fig. 2, suggested itself to my mind. This is also a piece of strong leather, so cut as to fit the side of the chest, and is attached to the shoulder piece by buckles 3 3 in such a manner that the size of the instrument can be increased or diminished at will.

The buckles 4 4, receive the strap that passes around the waist and confines the body piece to the chest.

The loop 5, in the middle of the body piece, receives the strap that passes over the point of the elbow and under the forearm; this strap serves the double purpose of keeping the arm confined at the side and at the same time receiving a portion of the weight of the disabled

shoulder. Thus improved, it was applied, and the patient kept under observation for three or four days, when she was allowed to go to her home, eight miles into the country, where she remained four weeks, wearing it with entire comfort to herself and child, nor was it once re-adjusted during the whole period. At the end of this time the instrument was removed, the union was perfect and without deformity.

Fig. 3.



A.—Shoulder piece. B.—Body piece.

1.—Strap from axillary pad. 2.—Strap from sling. 3.—Elbow strap. 4.—Strap around body. 5.—Axillary pad. 6.—Sling.

MODE OF APPLICATION.

The instrument should first be increased or diminished to the size of the patient, then applied to the sound shoulder and the body piece fastened snugly to the body by means of strap 4, Fig. 3. After placing the pad in the axilla, raise the shoulder and fasten the straps in the buckles 1 1, Fig. 1. Then place the forearm in the sling, and the elbow in the proper position, while an assistant fastens the straps in buckles 2 2, Fig. 1. A sling for the hand may be buckled in front, as seen in Fig. 2. Lastly, fasten the elbow strap 5, Fig. 2, to the sling with small safety pins (for ease of adjustment to either side), pass the strap under the forearm, as in Fig. 2. then through loop 5 in body piece, Fig. 1, and buckle sufficiently tight to confine the elbow to the trunk, without compressing the brachial artery and nerves.

RECAPITULATION.

The advantages claimed for this over any other apparatus with which I am acquainted, are :

1. The ease and rapidity with which it is adjusted, requiring but a few moments for the whole operation.

2. Readjustment is seldom necessary, from the fact that the straps are made of non-elastic material, and, therefore, do not stretch, and the buckles prevent slipping while they allow the greatest nicity of adjustment.

3. The perfect ease with which it is worn, allowing the patient to assume any position he may choose with comfort, and even pursue his ordinary business.

4. It can be made by an ordinary harnessmaker and at a trifling expense.

5. After nineteen years use of it in the treatment of cases in the old and young, I am confident it fulfils the *three indications* BETTER than any apparatus I have seen, and I therefore most respectfully commend it to the consideration of the profession.

Society Proceedings.

HOMŒOPATHIC MEDICAL SOCIETY OF NEW YORK.

SPECIAL MEETING.

A special meeting of the State Homœopathic Medical Society was held at the Ophthalmic Hospital, in New York, Sept. 21, 1875.

One hundred physicians were in attendance. Twenty County Medical Societies were represented by delegates.

The meeting was called to order by the president, Dr. A. W. Holden, of Glen's Falls, who presented to the Society a condensed statement of the affairs of the State Homœopathic Asylum for the Insane, at Meddletown. He reviewed the history of the institution from its inception and called the attention of the society to the changes wrought in the board of trustees, and in the charter, urging the society to dispassionately and carefully consider the subject, and take such action as the importance of the change demands.

Dr. Henry D. Paine, of New York, read a report of the committee appointed by the New York County Homœopathic Medical Society, which gave a brief digest of facts obtained by thorough and critical examination of the persons instrumental in effecting the change of the charter. Considerable discussion ensued, which was participated in by Drs. A. B. Morgan, A. B. Conger, E. M. Kellogg, Carroll Dunham, John F. Gray, Frank L. Vincent, S. S. Guy, W. S. Searle and

J. C. Minor. On motion of Dr. Allen, the Society was resolved into a committee of the whole.

Dr. T. F. Allen, presented the following resolution, which was adopted :

Resolved. That a committee be appointed to investigate the charges made by the New York County Medical Society against Dr. Horace M. Paine, of Albany, and to notify him that they will give him an opportunity to be heard before them at a convenient time, and will report their conclusions at the annual meeting in 1876.

Resolved. That such committee consist of Dr. John F. Gray, Dr. Carroll Dunham and the president of the Society.

THE HOMŒOPATHIC ASYLUM FOR THE INSANE.

Dr. A. B. Conger presented the following resolution, which was adopted:

Resolved. That in view of the recent action of the Legislature of New York, touching the organization of the Homœopathic Asylum at Middletown, this Society declares as its unanimous judgment :

First. That the rights of the Homœopathists who were subscribers to the private funds of the asylum, and who were virtually the donors of its real property to the state, were, by such action, ignored and subverted.

Second. That the State of New York, in accepting such real estate, consisting of two hundred acres of land, and undertaking to add to the private foundation of the Asylum, a generous donation for its construction and maintenance, was still bound in good faith to conserve the essential rights of the corporators expressed in the original charter of the Asylum, and especially of that clause which declared that all vacancies occurring in the board of management, should, on nomination by the governor and with the consent of the Senate, be filled from that class of persons known as "adherents of Homœopathy."

Third. That the appointment by the Legislature—through a clause in the Supply Bill inserted in the last hours of its session—of persons as trustees of the asylum, who were not "adherents of Homœopathy," and the reorganization of its board of management so as to secure a large majority of Allopathists in the lay members of the board, have wrought a practical violation of the charter.

Fourth. That the interests of the Asylum, the only State Homœopathic Institution for the cure of the insane, demand that its trustees lay as well as medical, be representative men in the ranks of Homœopathy.

Fifth. That all good citizens, especially those who recognize the Homœopathic law of cure, ought to urge upon the next legislature the duty of the state in rehabilitating its good faith towards our fraternity in restoring the charter of our asylum, and repealing the obnoxious clause in the supply bill which revolutionized its organization.

Dr. Carroll Dunham presented the following resolutions which were adopted :

Resolved. That the special committee just appointed be, and they are hereby instructed to lay before the legislature, at the beginning of its next session, the resolutions adopted by this Society and a memorial, in the name of the Homœopathic Medical Society of the State of New York, setting forth the injustice done to the Homœopathists of the state by the act of the last legislature relating to the State Hom-

œopathic Asylum for the Insane, at Middletown, and requesting the reinsertion in the charter of the Asylum of the clause requiring that the trustees shall be "adherents of Homœopathy."

Resolved, That, until the special committee report to the State Society respecting the charge preferred against Dr. H. M. Paine, of Albany, Dr. Paine be, and he is hereby suspended from the responsible position which he now holds as "Chairman of the Committee on Legislation."

Dr. E. M. Kellogg offered the following :

Resolved, That a committee of five be appointed to take cognizance of all matters relating to the State Homœopathic Asylum for the Insane at Middletown, to present names to the Governor for any vacancies that may occur from time to time in the Board of Trustees, and to protect generally the interests of Homœopathy in said Asylum. Adopted.

The following were appointed such committee :

Drs. E. D. Jones, Albany ; C. H. Billings, Cohoes ; H. V. Miller, Syracuse ; E. M. Kellogg, New York ; Henry D. Paine, New York.

Notice was given that a resolution to amend the by-laws would be presented at the next annual meeting, to create a standing committee on the Middletown Asylum.

FRANK L. VINCENT, Recording Secretary.

THE TWENTY-FOURTH SEMI-ANNUAL MEETING.

THE REGULAR SEMI-ANNUAL MEETING

of the Society was held at the same place Wednesday, Sept. 22, 1875.

The President, A. W. Holden, M. D., called the meeting to order.

After the discussion of subjects of minor importance, the reports of the several bureaux were called for.

BUREAU OF MATERIA MEDICA.

T. F. ALLEN, M. D., CHAIRMAN.

Dr. Allen supplemented his report by calling the attention of the members to the necessity of a careful proving of *Cinnamon*, a remedy known to control hæmorrhages. He stated that it was claimed by some physicians that the action of *Cinnamon* was increased by giving it in connection with *Sulphuric acid*; he doubted whether the drugs had any chemical affinity; believed their efficiency due to their individuality rather than to their combination.

JABORANDI.

A proving of this remedy by W. Irving Thayer, of Brooklyn, was read. *Jaborandi* possesses the remarkable property of inducing within a few minutes the most copious diaphoresis and salivation as well as profuse secretion from most of the glandular structures of the body.

It has been lately shown that *Belladonna* antidotes the action of this

substance. *Jaborandi* in some cases produces no sweat and no salivation, but a series of symptoms characteristic of a suppression of these secretions; these symptoms are very similar to those produced by *Belladonna*. In this proving a condition was brought about by the use of the drug so distressing that the prover was compelled to take *Belladonna* in order to control the severity of the symptoms. The primary effects upon the prover was constipation; two days subsequent, well-defined diarrhœa, febrile symptoms, slight delirium and unmistakable cardialgia. The diarrhœa continued for some days; yellow, watery, *painless*, gushing, was finally cured by two doses 3d trit. *Gum. gut.*

SAPONARIA OR SOAPWORT.

A proving of this drug by Arthur T. Hills, was presented. When applied directly to the heart gradually retards its action and finally suspends it altogether. And so when applied locally to muscles, it paralyzes those organs. Given in appreciable doses to a cat, produced dysphagia, rattling of mucus in the larynx, flow of saliva, loose cough, stools clay-colored but well formed, or greenish and offensive and well formed; stupidity and inclination to keep quiet. Death is said to result from paralysis of the respiratory centers in the medulla oblongata, and paralysis of the cardiac nerves and muscles. It depresses the circulation, respiration and temperature of the body. Its action is compared with that of *Digitalis*.

BUREAU OF CLINICAL MEDICINE.

H. V. MILLER, M. D., CHAIRMAN.

Dr. Miller presented a "Repertory to Cephalalgia," with characteristic classification. This paper covers more ground than the original paper and is intended to give the most important indications for remedies, arranged alphabetically in several sections for convenient reference.

Three Cases of Epilepsy. Dr. J. F. Baker, reports the first case of five years standing was treated with *Sulphur* 30, a dose every night, by mistake for two weeks, followed by a decided aggravation of the convulsions. Afterwards no more medicine and a perfect cure. Remedy prescribed for scrofulous diathesis. The second case was worse during the climacteric. Patient usually awoke in the morning feeling badly. *Lachesis* 41000 one dose. Afterwards it was observed that involuntary micturition occurred during the paroxysms. *Causticum* 1000 three doses completed the cure. The third case was characterized by the same indication of *Causticum*. There were also scanty menstruation and some leucorrhœa. *Causticum* 1000 and *Indigo* 300 alternated at long intervals.

HEREDITARY DISEASES.

Dr. S. M. Griffin, states that diseases are doubtless perpetuated by direct transmission of certain predispositions, just as peculiar family traits are transmitted from generation to generation. Every animal

tissue and cell-structure derive their character and vitality from the parent cell-structure. Hence their similarity. Illustrations are given from various nations. If the parent cell-structure of the mucous membrane be deficient in vitality, that of the progeny will possess a similar character and a similar tendency to disease. Cancers, tuberculosis, etc., are given as illustrations.

BUREAU OF OPHTHALMOLOGY.

GEO. S. NORTON, M. D., CHAIRMAN.

Dr. Norton presented a paper carefully prepared upon "Ophthalmia Neonatorum and its Treatment with *Argentum nitricum*." Special reference in this paper is made to the blennorrhœal form; its etiology is as yet not satisfactorily clear. Experience proves that in the majority of cases it is due to infection from the secretions of the mother, such as a pre-existing leucorrhœa or gonorrhœa. Cases induced by sudden exposure to light and currents of air, noxious vapors, excrementitious matters and impurities in general are largely recorded.

Attention was called to its infectious character; physicians being liable to communicate it to their own eyes or those of their patients.

Treatment — 1st — *Cleanliness*. — Washing out the eyes with lukewarm water frequently, using the palpebral syringe. The remedy is *Argent. nit.* in potency, administered internally as first suggested by Dr. Dudgeon, will cure nine-tenths of all the cases we meet. Administer the thirtieth potency internally, using externally the third to the thirtieth. The Doctor relates five cases successfully treated with this remedy by way of illustration.

A paper on "Catarrhal Conjunctivitis," by Wm. P. Fowler, M. D., of Rochester, was also presented. The paper was elaborate, treating the subject anatomically, etiologically, and remedially.

On motion the report of the Bureau was accepted and referred.

DEPARTMENT OF OTOLOGY.

HENRY C. HOUGHTON, M. D., CHAIRMAN.

Dr. Houghton presented a paper on "Galvanism; its Value in the Treatment of Deafness."

The difference between the galvanic and faradic currents in origin and in their general physical effects upon the system he clearly defines; results of experience with galvanism in the treatment of diseases of the ear where deafness is the prominent symptom. These are: 1. Acute catarrh of the middle ear. 2. Chronic catarrh of the middle ear.

3. Acute suppuration of the middle ear. 4. Chronic suppuration of the middle ear. Cases of proliferous inflammation with extensive adhesions are cited as successfully treated by galvanism, which the Doctor in his enthusiasm believes will, when fully understood, give to us a power next to omnipotence.

[TO BE CONTINUED.]

Hospital Department.

REPORT OF THE EYE AND EAR CLINIC.

HAHNEMANN HOSPITAL, CHICAGO.

A little over a year ago some of the ladies connected with the New Jerusalem Society of this city, who had previously felt and displayed an active interest in our hospital enterprise, were moved to concentrate their efforts in its behalf and decided upon the complete equipment of one ward. The one set apart for the use of the patients afflicted with diseases of the eye and ear was selected by them as the special field for their work. Skillful labor prosecuted with highly commendable zeal soon enabled the hospital to point with pride to the quarters thus provided for the reception of patients to be admitted to this department. Beds, bedding, stands, carpets, indeed everything necessary to make ten persons comfortable, was provided. One feature which has been highly spoken of and thankfully enjoyed by many of the occupants since then, and which is peculiar to this ward, is the introduction of movable curtains around each bed. By means of these each patient is enabled to maintain such retirement as is desired, or the whole ward may be thrown into a large open room. With some eye patients, of course, exclusion from the light is absolutely necessary, and by means of this convenience can be secured without general darkening of the ward. With large windows on both sides of the long room, commanding both morning and afternoon sun and a fine view of the lake, the room is an exceedingly cheerful one. This is spoken of now because no public mention has been made of it before, and it seems fitting as well as due both to those who have worked so faithfully and those who wish to receive the benefit.

Since the opening of the ward the general clinic has been open three days in the week regularly during the entire time, and the report will show for itself how great the advantage has been of a place to put such as required operations and those who could not be treated as out patients. Better results have followed the administration of our remedies and, in some cases, cures performed which could only have been secured after a much longer treatment, if indeed at all, had the patient been compelled to remain in their own houses. The effect of this has been to increase the number of applicants for relief, and the need of this special work, as well as its usefulness, is becoming more and more apparent.

Subjoined is a classified list of the diseases treated and the operations performed.

So many letters are received from physicians and students asking what the advantages are in Chicago for the study of this class of diseases that I take the liberty of drawing their especial attention to and careful perusal of this list:

NUMBER AND LIST OF EYE DISEASES TREATED.

Catarrhal ophthalmia.....	23	Optic nerve atrophy.....	13
Ophthalmia neonatorum.....	30	Strabismus convergens.....	30
Phlyctenular conjunctivitis....	17	Strabismus divergens.....	7
Trachoma.....	25	Muscular paralyses.....	2
Pterygium.....	6	Nystagmus.....	5
Superficial keratitis.....	9	Myopia.....	25
Suppurative keratitis; diffuse..	4	Hypermetropia.....	40
Interstitial keratitis.....	8	Presbyopia.....	12
Phlyctenular keratitis.....	27	Astigmatism.....	4
Ulcers of cornea.....	13	Asthenopia.....	22
Opacities of cornea.....	9	Paresis of accommodation....	7
Staphyloma of cornea.....	5	Dacryo cystitis.....	24
Pannus.....	17	Chronic inflammation of lach-	
Iritis.....	10	rymal sac.....	10
Prolapse of Iris.....	4	Fistula of lachrymalis.....	3
Irido choroiditis.....	6	Blepharitis marginalis.....	50
Sympathetic ophthalmia.....	3	Trichiasis.....	12
Glaucoma.....	6	Entropion.....	6
Cataracts (hard and soft).....	16	Ectropion.....	2
Hyalitis (secondary).....	4	Tarsal tumors.....	23
Hæmorrhage into vitreous.....	2	Lupus.....	1
Retinitis.....	4	Abscess of lid.....	5
Retino neuritis.....	3	Ptosis.....	3
Detachment of retina.....	6	Symblepharon.....	7
Disseminated choroiditis.....	1	Caries and necrosis of orbit....	2
Suppurative choroiditis.....	1	Orbital cellulitis.....	1
Atrophy of globe.....	3		
Sclerotic choroiditis posterior..	8	Total.....	582
Optic neuritis.....	2		

NUMBER AND LIST OF EAR DISEASES.

Eczema.....	4	Chronic suppurative inflamma-	
Diffuse inflammation of audi-		tion of the middle ear.....	70
tory canal.....	13	Mastoid disease.....	5
Circumscribed inflammation of		Non-suppurative inflammation	
auditory canal.....	8	of the middle ear.....	88
Impacted wax.....	10	Nervous deafness.....	2
Otitis parasitica.....	1		
Polypi.....	6	Total.....	229
Sarcoma.....	1	Total eye cases.....	582
Acute suppurative inflamma-			
tion of the middle ear.....	21	Grand total.....	811

PRESCRIPTIONS.

Total number of prescriptions..... 2,736

OPERATIONS.

Cataract extractions.....	6	Slitting canaliculi.....	20
Needle operations.....	1	Canthoplasty.....	5

Iridectomies	17	Ectropion	1
Operations for squint.....	35	Entropion.....	7
Advancement of int. rectus....	2	Tumors of lids.....	18
Operations for staphyloma.....	3		
Enucleations	16	Total.....	126

All of which is respectfully submitted.

W. H. WOODYATT, Surgeon.

F. H. FOSTER, Assistant.

THERAPEUTIC TREATMENT OF MYOPIA WITH CASES.

BY W. H. WOODYATT, M. D., PROFESSOR OF OPHTHALMOLOGY AND
OTOLOGY AT HAHNEMANN MEDICAL COLLEGE, CHICAGO.

The subject of short sight is an extensive one and of so much importance that it may be studied with great profit by taking up in detail the aspect it presents from several different standpoints. That which will receive consideration in this article is the amelioration to be obtained by the internal use of medicines, or in other words, the effects of remedies and the condition demanding their use. This will not cover the entire ground of treatment of this very prevalent condition but simply the application of drugs according to the Homœopathic law. That the principle of *similia* holds good here, and displays the same wonderful power and simplicity as when applied elsewhere, will, I trust, be made apparent. The best authority the world knows on matters of refraction, namely Donders, of Utrecht, says, "For myopia as such there is no therapeutic treatment. Myopia consists of an anomaly of form capable of no improvement and of which only hygienic measures must, if possible, prevent the further development. *But it is not unfrequently complicated with symptoms of irritation and inflammation, and with other pathological deviations of different kinds which partly proceed from it, partly promote its further development;* and with respect to these it is the duty of the therapist, to the best of his ability, to interfere." The remarks to follow will be confined within this boundary, but to make them intelligible it will be necessary to clearly define myopia proper, and describe the pathological changes which appear either as cause or consequence and are fully and properly in the domain of the therapist. The point to be especially considered, the one which has led to the publishing of these cases, and the one which certainly requires the careful attention and observation of those interested in this field of work, is the frequency of occurrence of a certain pathological state which acts directly towards the development of the incurable change of form. I refer to spasm of the ciliary muscle.

This is recognized by all writers on the subject as a complication which exists frequently in the higher grades of myopia, and also occasionally in the lower grades. It is asserted that when present it is

accompanied by signs of irritation and that these are what requires treatment. So far as my research has extended I find no mention made of the fact that spasm of the ciliary muscle contributes to the permanent elongation of the eye-ball, or that it may be present without producing external symptoms by which its presence will be suspected at least. When its existence is suspected the diagnosis can be made positive by the use of *Atropia* to paralyze the muscle. Hitherto it has been regarded as important to detect this condition only so that too strong glasses will not be prescribed. From observation of such cases as have come under my notice, I incline to the opinion that so-called spasm of the ciliary muscle, is frequently present in connection with true myopia, without any external signs by which it can be determined; and further, that this spasm should be regarded as one of the principal causes of a permanently elongated eyeball. The first conclusion is based largely on the results that have followed the administration of remedies given to ascertain the truth or falsity of the principle that suggested their use. Its practical bearings will be evident to all. If we are unable to determine without trial either with the *Atropine* locally or the calabar bean internally whether spasm is present in certain cases, it becomes our duty to make this a routine practice giving our patients the benefit of the doubt. No case can be safely supplied with glasses at the first examination, for if they are too strong this alone will do much to increase the difficulty, and make stronger glasses necessary at an early day, as well as hasten the appearance of the serious changes in the choroid which we are so desirous of averting. The second conclusion is based upon some such reasoning as follows. Myopia is beyond all question or dispute due principally to tension of accommodation for near object. This requires neither argument nor illustration. Now since myopia proper is a prolongation of the eye-ball, either backward, forward, or both, the question to be answered is, what is there in the accommodative effort to produce this change of shape? There is, (a) "pressure of the muscles on the eye-ball in strong convergence of the visual axes; (b) increased pressure of the fluids resulting from accumulation of blood in the eyes, in the stooping position; (c) congestive processes in the fundus oculi which lead to softening in the normal eye, but still more under the increased pressure of the fluids, it gives rise to extension of the membranes."—*Donders*.

Besides these, it seems warrantable and necessary to give an important place to the effect of the contractions of the ciliary body itself in the accommodative effort. According to Helmoltz, this effort is made by contractions of the longitudinal fibres of the ciliary muscle, which contractions cause the choroid, from behind, and the iris in front, to approach each other. By the meeting of these two parts the suspensory ligament of the lens is slackened and the lens through its own elasticity becomes more convex and thus adjusted for near objects.

What then is the effect of the contraction of the ciliary muscle? What relation does it sustain to the change of form? I answer, to

form a constricting band around that portion of the eyeball which offers so great a resistance that growth cannot take place in that direction and must necessarily proceed either backward or forward. The latter is the direction usually taken because that part of the eyeball is not supported by the muscles.

This disposition to elongation is usually congenital and hereditary but requires the exciting cause of straining the eyes for near work to develop it. This is demonstrated by the fact that it is exceptionally found among people of low culture and little schooling, whereas it develops very rapidly and to a great extent in children about the time they are most confined to their studies. In many cases indeed the extent is determined by the duration of the studies. It must be borne in mind that these causes are not sufficient to produce the change of shape except where there is the predisposition. Another feature in the case is that the sclerotic is imperfectly elastic and after it has been constructed for a time by the ciliary and recti muscles it does not return fully to its former condition. These constrictions being often repeated make a very decided and lasting impression.

Studying the action of Calabar bean as applied locally, and observing the very great similarity between the changes it produced and those found in many cases of short sight, I was led to give it internally in potentized form. The results have been favorable beyond expectation, and some of the cases treated are herewith presented that the attention of the profession may be directed into this channel and a sufficient number of trials made to lead us to a full knowledge of the truth.

This is not the only remedy which may be tried and possibly found to have a curative effect upon some of the changes occurring in connection with the elongation of the ball (bathy morphia).

Conium mac. has amongst its eye symptoms, the following: Weakness of the sight; obstruction of sight; more shortsighted than formerly; only saw near objects; saw things double; threads, cords, and light spots, seem to float before the eyes; dark points and colored streaks in the room; fiery sparks before the eyes; in the open air increased irritability of the eye.

This is a good picture of the state of things found in many cases of progressive myopia. Spasm of the ciliary muscle; irritability of the retina and possibly fixed spots in the vitreous. The two latter perhaps due to loosening of the choroid from its attachment to the optic nerve.

Agaricus, *Anacardium*, *Carbo veg.*, and *Phos.*, each have symptoms that would lead us to expect help from them within the bounds laid down in the first part of the article. *Jaborandi*, of which I am pleased to notice, thorough provings are being made, when applied to the conjunctiva, produces contracted pupil; tension of accommodation with approximation of both the far and near points, as also amblyopia supposed to be due to diminished sensibility of the retina.

Muscarine contracts the pupil, causes myopia, and destroys accommodation. Its action is supposed to be due to irritation of the third nerve. As yet my trials have been chiefly confined to the use of *Physo stigma* in the third potency given four times daily. *Conium* and

Phos. have been used but not systematically nor persistently.

CASES OF MYOPIA.

CASE I. Mr. D., aged twenty-one. Has been studying closely lately, and has been annoyed with pain in the eyes, *muscæ volitantes*, and occasionally with flashes of bright light, especially while boating. Eyes are prominent. Vision in right eye 20-30, left eye 20-40, with concave 36, vision 20-20 or emmetropia. Ophthalmoscope shows the characteristic atrophic crescent around the nerve more fully developed in the left eye; in each it has the appearance of being progressive. No history of short sight in the family that he knows of.

Five days later, after taking *Physostigma* 3x four times daily, the refraction was as follows: right eye 20-40, left eye 20-20. The right eye required a concave 30 to make vision 20-20. Here evidently the ciliary muscle was at work and had increased the short sight in the right eye, while the left had become normal. After fifteen days use of the remedy vision was 20-20, but the patient himself noticed its fluctuating character. Ten days later sight was 20-30, but a concave 72 served to make it 20-20. When next examined, ten days later, vision was 20-20, and has remained so up to date of writing—two months later. All traces of irritation in the choroid and about the disk have gone. The margin of the staphyloma smooth and well defined.

CASE II. Miss W., aged sixteen. Complained of not being able to see at a distance; that her eyes tired easily in attempting to use them, *muscæ volitantes* and bright flashes occasionally seen. Vision in each eye 20-200, made 20-20 by a concave 42, consequently to be regarded on first examination as a case of myopia of 1-42. She mentioned that after reading continually for some time and then attempting to see an object at a distance everything looked indistinct and black but soon appeared as a bluish haze and then all was clear. This indicates a sluggish action of the ciliary muscle, in adjusting for distance. This same effect was not present in turning from a distant object to a near one. She received *Physostigma* 3x, and in one week a concave 36 glass was required, instead of 42 as before. One week later 72 made vision 20-20, though without glasses vision remained 20-200 for distance. Her sight for near work was unaffected. She took the remedy two weeks longer but with no further improvement.

CASE III. Miss K., aged fifteen. Complains of her eyes aching from very little use; of the sight becoming dim after reading or sewing a little while; of double images, and *muscæ volitantes*. Light, especially artificial, is unpleasant. Ophthalmoscope shows the left disk hyperæmic, vessels large and full, but incipient staphyloma is present. Vision with the right eye 20-100, left 20-100. Concave 30 before the left and concave 36 before the right, the best glass that could be used, made vision only 20-30. This case is one of myopia, evidently in the progressive stage, with apparent amblyopia already present. No glass made vision 20-20. Too much weight, however, must not be attached to this here, for the peculiarities of the patient may have had

something to do with it. For twelve days this patient received *Conium* 6x, and was then put upon *Physostigma* 3x. The remedy was continued twenty-six days and resulted in a vision of 20-30 without glasses, but required a concave 42 to make it 20-20, or normal vision. The eyes were not at all intollerant of light and gave her no trouble during use. There was no history of short sight in her family that was known.

CASE IV. Miss N., aged thirteen. Presented herself for glasses for short sight. Did not complain of any pain or photophobia. Her mother and brother had to put glasses on about the same age and she was following their example. The ophthalmoscope showed well-marked staphyloma in both eyes. I had the opportunity of examining both mother and brother and found the eyes of the three very similar. The others had been supplied with glasses, my attention, at the time they called on me, not having been directed to the use of remedies; afterward remedies were tried in their cases but with no marked change.

This patient was only able to count fingers at ten feet, and with a concave 9, the most desirable glass for her, vision was only 20-30.

During the three months following she received *Physostigma* 3x, but not regularly or continuously. The result, however, was that at the end of six weeks vision was 20-100! At this time it was still necessary to use a concave 9 to procure a vision of 20-30. A month later concave 13 was sufficient.

I hope to be able to report further concerning this case. It is one which illustrates the necessity of a trial for spasm of the ciliary muscle before prescribing glasses. There was nothing to indicate the condition externally, and glasses would have been given to her, as to her mother and brother, if my mind had not been upon the subject of internal medication. Knowing that glasses which are too strong tend very much to increase the elongation of the eyeball, and the tendency to tearing away of the choroid from the optic nerve, we realize keenly how much was gained. Beyond all question I think preservation of the choroid must be regarded as one of the principal favorable results of the treatment, though not to be appreciated by the patient or measured like the improvement to vision.

CASE V. Miss G., aged twenty. Complains that after using her eyes for an hour or two the sight is confused, print is indistinct and uncertain, then the whole eye feels tired. A good deal of the time light is unpleasant, and occasionally things look double. The patient is in the habit of reading a great deal and in bad positions. There is present a myopia of 1-36, that is, it requires a concave 36 glass to make vision 20-20. Without glass vision is 20-70. The ophthalmoscope shows a slight hyperæmia of both disks. No staphyloma nor any short sight in the family. She was placed on *Physostigma* 3x, four times daily. Two weeks later the record shows, vision 20-50. One week afterward 20-40, and at this time 48 made vision 20-20; at her next visit fifteen days later, vision was normal without any glass, and the unpleasant symptoms mentioned above all disappeared. This appears like a case of what is called by some writers "myopia in the distance," and for

which suitable glasses are recommended. The same may be said of this case that was said of Miss N., so that the gain consisted not only in getting rid of the inconvenience of glasses but in a preservation of the integrity of the internal tunics.

CASE VI. Mr. K., aged twenty-nine. Complains that during the last eighteen months he has noticed his eyesight becoming more and more indistinct for distant objects. Has been applying himself closely to books, but he suffered no pain or inconvenience. Having tried a neighbor's short sight glasses, and been surprised and pleased at the change they wrought, he came to have a pair prescribed for him. The examination revealed a vision of 20-200, with a myopia of 1-40. A minus 40 glass made vision 20-20. No irritation, staphyloma, nor history of myopia in the family. *Phosphorus* 6x was first prescribed in this case and continued twenty-seven days. For twenty days improvement was steady and vision rose to 20-40, but during the following week it fell to 20-70, when *Physostigma* 3x was prescribed. This remedy was continued with but little intermission for nearly sixty days and vision became 20-20. The patient continued his reading as before but was instructed to be especially watchful of the position he assumed. The eyes were examined again two months after treatment was suspended and sight remained normal.

CASE VII. Miss B., aged twenty-six. Says she has always been short sighted. Inherited it, and has paid no attention to it, and would not now if her eyes did not pain her so much when she used them. Examination showed a different state of refraction for each eye, and the tests for near work and distance are both given. The ophthalmoscope revealed marked staphyloma in both eyes. Right eye, vision 12-200, left eye 15-200, that is, counted fingers at these distances. With right eye reads 12 snellen at seven inches, with left eye 1 snellen at five inches. In this case there was marked amblyopia, especially in the right eye. No glass could be applied which would make vision normal. The test with glasses was as follows: Right eye, myopia 1-5, and with a concave 5 glass vision was 20-200; left eye, myopia 1-5, and with concave 5 glass, vision was 20-70. If glasses for distance were prescribed here they should be No. 5. For reading it was found that a concave 10 enabled her to read snellen 1 at 12 with the left, but the right was not benefitted. Concave 10 glasses were prescribed, and *Physostigma* 3x internally. The patient lives in Wisconsin and had to leave at once or no glasses would have been given until the effect of the remedy had been noted. As it was, the No. 10 would enable her to hold her work twelve inches away from her eyes and see it clearly. To be obliged to hold it at five inches kept adding to the difficulty. She reported from time to time by letter, expressing much satisfaction with the change that she could observe, and nearly four months afterward came to Chicago again and was examined. The right eye was unchanged for distance, but with the left it was 20-200, instead of 15-200 as formerly. For near work, with the right she could read No. 8 at six inches, (instead of 12 at seven inches,) and with the left, No. 1 at six inches,

(instead of five). The greatest change, however, was manifest in testing the left eye with glasses. It was now found that the amblyopia had entirely disappeared, and that when the refractive anomaly, due to elongation of the eyeball was corrected, as it was with a concave 4½, that vision was normal! The tearing away of the choroid, and the secondary changes incident thereto, made it impossible to help the right. The trouble formerly experienced in using the eyes had disappeared.

CASE VIII. Miss C., aged twenty. Is one which came to the city and remained for eight days under treatment. The very great change evident in so short a time is quite remarkable. At her first visit she was able to count fingers at eight feet with the right eye, and at six feet with the left. The best vision that could be obtained was 20-100, and this with a concave 6 glass. Here, then, was a myopia of 1-6, with very decided amblyopia in both eyes. It was expected that the cause of the amblyopia would be manifest to the ophthalmoscope, but this showed only a trace of staphyloma with thinning of the choroid around the optic nerve entrance. In the right there was also a slight roughening of the pigment. In each the disk appeared smaller than normal and both arteries and veins were contracted. She complained of occasional pain in the eye after prolonged use. Had no muscæ nor bright flashes. She said her eyes had always been so although there is no trace whatever of short sight in the family. She received *Physostigma*, and after taking it two days remarked, herself, that everything looked clearer and brighter.

Two sizes weaker of glasses, that is concave 8, made her vision 20-100. Three days after this concave 10 gave her a vision of 20-70, and without any glass it was 20-100! After five days use of the drug vision had risen from 6-200 to 20-100. At her last visit, three days later, vision had still further improved and was 20-70 without glasses. How much more improvement was possible and occurred I am unable to say. The medicine was continued, but the patient has no means of testing her sight.

These cases serve to illustrate the subject. Many more could be given, as well as a number in which no gain was made except to diminish the strength of the glass required to produce perfect sight.

A summing up of the results to be obtained from the remedies would be, that sight in some cases of apparent myopia can be made emmetropic without the use of glasses; in others, the strength of the glass required can be diminished; and in others, possibly the disease arrested at the point it has reached when first brought under treatment.

Another question belonging strictly to this subject is, may we not have the signs of staphyloma posticum without any, or at least, a proportionate elongation of the ball? In other words, is the staphyloma positive evidence that distension, protrusion, ectasia has taken place?

In some cases of hypermetropia even, we find well pronounced tearing away, and it seems right to entertain the belief that the strong and

continued contraction of the ciliary muscle are directly responsible for much, if not all, of the detached choroid.

That spasm of the ciliary muscle is responsible for some forms of myopia has been before and is still entertained by different writers. In no instance noticed, however, has its effect upon the sclerotic been considered but only the changes in the lens. It has been objected that if spasm will produce such marked changes as those attributed to it, why do we not find them in hypermetropia where the accommodation is taxed positively, even for distance, and consequently much more so for near work. The reply may be made that in hypermetropia we also have every cause named by Donders as producing myopia.

The internal recti muscles press upon the globe very decidedly, and in those instances where hypermetropia leads to squint by the intense action of these muscles the pressure must be even greater than in myopia.

The stooping posture will in hypermetropia cause the same passive congestion, the same tendency to softening of the choroid, the same increase of fluids with increase of tension, why, then, should these not be discarded? As said in the first part of this article, the causes named are sufficient only when there is a predisposition.

Theory, when supported by the curative action of medicine given in accordance therewith, receives strength that withstands theoretic objection.

If *Atropia*, in strong mixtures, applied locally, and *Calabar bean* potentized will relieve the condition known as myopia in some of its forms, and the effect of these remedies is known to be the relief of spasm of the ciliary muscle, we have good evidence for regarding the changes in these forms of myopia as due to this peculiar action of the muscle.

Biographical.

HENRY C. PARKER, M. D.

The early history of Homœopathy in Texas is largely the history of one man. Its introduction was the work of his determined will—its reception the influence of his mental power and personal character. While the progress of Homœopathy in Texas, as every where else, is due to the innate truth of its philosophy and the excellence of its healing methods, its introduction and favorable reception, so different from that which it usually encounters, were the work and influence of Henry C. Parker, M. D., a medical pioneer whose life has been one of brave endeavor and heroic achievement.

Dr. Parker was born in Georgia, in the year 1819. His early life was that of a poor farmer's son—a life of toil, of hard-fisted barefooted labor. The plow was his implement and the axe his weapon. With the one he opened the soil for his sustenance, and with the other cut down the forest for his comfort. He learned the last half of Poor Richard's maxim first, "early to rise." This he always practiced, but "early to bed," never; for while all the household slept he studied, not by the steady light of gas, or the mellow Argand, but by the uncertain flicker of a pine "lighter knot." For six years he never allowed himself to sleep until he had read his hundred pages. He was a cormorant of books, a reading glutton, and it seemed as if he was possessed of an abnormal appetite for intellectual food. He had no choice of books; the stock was too limited for selection. He devoured all that came within his reach, until one said that his mind was like a maelstrom taking in all that came within the influence of its resistless motion.

When eighteen years old the farmer boy became a student of medicine. With characteristic thoroughness of preparation he devoted five years to this study, although he attended but one course of lectures. He began practice about fifteen miles from Columbus, Mississippi, in the Tombigbee valley, a populous region where the prevailing diseases were congestive and bilious fevers of a malignant type. Such a boy could not but be a successful man. A student so laborious could not fail to acquire a large practice.

In the year 1845 the typhus fever was imported into the neighborhood by several sailors. It spread like a prairie fire. It visited every plantation. Hundreds of both races and of all conditions died. Medical treatment (not Homœopathic,) proved utterly unavailing. After spending almost an entire night with two favorite negroes who, in spite of every aid that medical science could render and every promise of recovery that symptoms could indicate, died like flashes before daylight. Dr. Parker started for his home disgusted with remedies of uncertain action and with theories that practice did not establish. He determined to take no more patients. He was too honest to pretend to a knowledge he did not possess, and too manly to practice a falsehood. But on his way homeward he was besought to prescribe for a young lady just taken. At length he yielded, and retired from her bedside to his own sick chamber. He lay there several days, prescribing from reports brought to him. One afternoon the messenger reported symptoms that were suspicious. He speedily sought her chamber, and found her gaily chatting with friends, but his eye detected the presence of death. He told the family he had no power over the disease, and that unless other remedies than his were applied she must die in a few hours. He had heard of the success which attended the practice of Dr. John D. Logue, a Homœopathic physician of Meridian, and he entreated them to send for him. They thought him unnecessarily anxious. The young girl was quite comfortable; they could see no indications of death. They refused to call Dr. Logue, and the patient was dead before daylight. Dr. Parker was too much in earnest to hesitate in his course. He sought Dr. Logue, visited his patients, saw his practice, studied Homœopathy, and became his business partner.

With that enterprise and zeal which had marked his whole life, Dr. Parker determined to seek a broader field. He opened an office in Houston, in April, 1848, and became the pioneer of Homœopathy in the young empire of the Southwest. Texas had attracted to herself great numbers of the young, vigorous, thinking men of the older states, and there were already in Houston sixteen Old School physicians—men of a high average of ability, but demoralized by professional jealousies and bickerings. Dr. Parker's was the largest and best library in the city. With true professional courtesy it was open to all his brethren. They soon found him to be in diagnosis and practical skill a match for the best of them, while his kindness and fair dealing commanded their respect. Whenever a critical case demanded consultation he was the

physician called for that purpose; for while the Allopaths disagreed with each other, they all, for the time, agreed with the Homœopath. When consulting, it was Dr. Parker's rule to advise Allopathic remedies if there was a probability of their success, if not, to offer Homœopathic treatment, which was never refused. In this way the physicians of the city accquired some knowledge of the virtues of a few of our leading remedies, and did not hesitate to make such use of them as they were capable of.

Dr. Parker's fame spread apace. Many chronic "incurables" sought and obtained relief at his hands. They came to him from far and near. His practice was soon acknowledged to be the largest in the state. Incidentally it may be stated that, although these were *ante bellum* hard money times when the value of a dollar compared with its present purchasing power was at least two to one, in the first nine years of his practice he collected ninety thousand dollars. When the newness of the country is considered, and the sparceness of the population remembered, it is possible that there is no other record of any such successful practice.

In September of the year 1848, the same year of his location in Houston, the yellow fever broke out with great violence. The Old School doctors had waited for this formidable disease to test the pretensions of Homœopathy. They were determined that the young doctor should have a wrestle with it, and they called him to almost the first case that appeared. But he had anticipated them and had prepared himself for the conflict by the careful study of all that had been written on this disease. At that time there was no Homœopathic authority on the treatment of yellow fever, and the Doctor was obliged to rely on his own unaided skill in the application of the great law, *similia similibus curantur*. But this he undertook with a confidence which was fully justified by the result. During the epidemic he treated one hundred and eighty cases, receiving many after they had been abandoned by the old practitioners. Of all he lost less than six per cent, and in every case placed his patient on the street in less time and with less prostration than where a cure had been effected by the old methods. Terrible as was this epidemic, a pestilence even more formidable soon followed. During the same winter Asiatic cholera raged in Texas. The people of Houston reasoned by a short method of logic that if Homœopathic treatment cured yellow fever, it might be equally efficacious in cholera, and as a consequence Dr. Parker was overrun with patients. He was called to large numbers without losing one that he received in the early stage of the disease, and saving many who had lain in collapse for hours. All opposition to Homœopathy now ceased, and Dr. Parker's life until 1853 was one of pleasant, successful, and remunerative practice. The yellow fever epidemic of 1853 was the most malignant that ever visited Texas. The record of his practice during this fearful season of pestilence is one of herculean exertion. He treated four hundred and seventy-four patients with a loss (due in many cases to bad nursing.) of only forty-two. For five weeks he averaged four visits in every hour of the twenty-four. With such labor sleep was impossible, and it was no wonder that at its close the brave physician found himself a physical wreck, a prematurely old man. In these five weeks the labor of years had been concentrated, and a rugged physique which had defied years of hard labor was shaken. During the next year the epidemic again appeared and was treated with the same success as before. The health of Dr. Parker continued to decline so rapidly that he was compelled to solicit Dr. Blake, of Brenham, who had a few years before embraced Homœopathy, to remove to Houston and become his partner, which he did in 1855. After the epidemic of that year (for the yellow fever came in three successive years.) Dr. Parker retired from active practice, passing most of his time on his plantation in Montgomery county.

The next great epidemic of yellow fever in Texas occurred in the

year 1867, when Dr. Parker, true to his antecedents and instincts, entered the field at Galveston and remained in active practice there until the fever, having nearly run its course in that city, had assumed an epidemic form in Houston whither he followed it and where he practiced until the end of the epidemic. During the months of September and October in that year he treated one hundred and twenty cases with a mortality of seven, two or three of whom were in a hopeless condition when put under treatment. After this epidemic, Dr. Parker published a pamphlet entitled, "Some Account of the Yellow Fever as it appeared in Galveston and Houston in 1867, together with its Symptoms, Treatment, etc." Only a few copies of this pamphlet were circulated, the remainder of the edition having been accidentally destroyed.

[This interesting pamphlet will appear in subsequent numbers.—Ed.]

Like most men who make a mark in the world, Dr. Parker is an aggressive man. While he is courteous and affable in social life, tender and sympathetic at the bedside, he can be, when the occasion demands it, belligerent as a soldier. His life affords many examples—more especially in recent years—of the exercise of an indomitable will in the defence of Homœopathy; and it may not be uninteresting to give here one example of another kind, illustrating his physical courage. His plantation home was the resort of hunters from all portions of the country. It was located in a district abounding with all sorts of game, and especially with bears. Dr. Parker loved to fight these animals about as well as he loved to fight the fever. His stock of imported and trained dogs was large and valuable, the game abundant and guests plenty; so that in the intervals of business he had all the sport and manly exercise he desired. On one of his hunts an incident occurred that found its way into the descriptive and pictorial papers which magnified an ordinary occurrence into a wonderful achievement. The Doctor, and a Philadelphia guest, Mayor Saunderson, were bear hunting. The dogs had a very large bruin at bay; but he was fighting fiercely when the Doctor came up. Fearing to fire lest he should kill a valuable dog, he dropped his rifle, and sprang on the bear's back to fight him at close quarters. He plunged his knife into the beast's throat, and at the same moment the major coming up, full of excitement at the doctor's supposed danger, made a lunge at the animal driving his knife through the doctor's hand, and pinning it to the bear. The picture that Frank Leslie made of the scene in which the doctor appeared in heroic attitude with glaring eyes, and hair pointing to every part of the sphere *a la* Davie Crockett, was something wonderful to behold.

Dr. Parker still lives actively superintending his large plantations and taking a lively interest in all that pertains to Homœopathy; and although he does not engage in general practice, his services are so often required as consulting physician in difficult and chronic cases that he seldom finds himself unemployed professionally.

Such is the early history of Homœopathy in Texas, as exemplified in the life of its pioneer, Dr. Henry C. Parker.

Medical News.

University of Michigan Homœopathic Medical College.—Your readers may be glad to know something of the prospects here.

Students in the Homœopathic department register daily, two, three, four per day, and up to this evening, number fifteen, with every prospect of a good success. Professor Jones is detained by the illness of his child, so that Dean duly falls upon your humble servant. Only 250 miles from Chicago, so, you see, we are neighbors. The town has some 8,500 inhabitants, stand by a little stream with a big name—Huron river. Its location is on a high hill, or table-land; prettily built up; the university "Campus" being a fine tract of forty acres, on which stands the main building, (devoted to the "Department of Science, Literature, and the Arts," which include literary, scientific, and philosophic courses,) and in which are accommodated the Christian Association, the general and non-medical museum, and above, a grand auditorium, capable of seating 3,500, and which was nearly filled at the June commencement. It also contains the chapel and university offices.

At the ends are the houses of the president and several professors; on the east, the new and fine building of the School of Mines, with its excellent appointments; and on the north, the hospital, now being enlarged by pavilions; and nearly in front of and a short distance from it, the building of the Homœopathic and Dental departments. East of the main building is the extensive (teaching) chemical laboratory.

Our quarters here are good; a pleasantly lighted room; walls painted in tint; settees of oak, sloping seats and backs, divided into separate sittings by a rest for each occupants right arm and note-book; the whole being considered the best of the lecture-rooms.

The observatory is quite an institution in itself—half a mile north-east. The whole number of students already registered in all departments is several hundred, the Law department alone claiming, this evening, one hundred and twenty-one. The medical, literary, and mining courses, are also flourishing. I understand that the possible injury to the medical class, of which we have heard so much, is proved to be mythical already, as it already counts one hundred and eighty-three. Students need have no apprehension of severity or unfairness in the examinations of the old school professors. Their interests are safe. Every body is as kind as possible.

J. C. MORGAN.

ANN ARBOR, Sept. 29.

IT IS A SWINDLE.

EDITOR UNITED STATES MEDICAL INVESTIGATOR—*Dear Sir:* You will be kind enough to give these lines a place in the next number of your esteemed journal.

R. W. Walters, M. D., of Chagrin Falls, troubles himself much about my person and in this labor forgets the main object. In an earlier article I have explained already, how I mistook letters of recommendation and was led unintentionally to a violation of etiquette. But by etiquette no body has been cured yet, nor by the violation of it has any one been killed. On referring to his supply of "Dr. Lobethal's Anti-consumptive Remedies" the Doctor has made a double error and I will believe unintentionally. Instead of using in connection with the *almintary remedy* (the *Essentia antiphthisica*), the *respiratory remedy*, he used only the former. He fails to give a single proof, that the views of Valleis, Carswell, Rokitansky, Andral, Louis, and other scientific authorities of pathology, about the cause of consumption, on which Dr. Lobethal based his treatment of phthisis, are false, neither does he give a scientific report of his case or of the effect of the "*Essentia antiphthisica*," but calls it without a proof, "a Swindle," while he used it perhaps in a contra-indicated case entirely against Dr. Lobethal's directions. Thus he made a great mistake, one which many others have made in spite of my warning, and almost every one who did not purchase the remedy from myself directly.

It will be very easy now, to fix up a case, and to state an unfavorable effect of it, and I would be justified to call that "a Swindle."

Although some good physicians did not apply Dr. Lobethal's remedies according to his directions and in cases of the last stage of consumption, the general success is so overwhelming, that out of over four hundred cases over three-fourths are cured, and in a surprising short time. As soon as possible, a statement of these facts, will be published in THE UNITED STATES MEDICAL INVESTIGATOR, but as it is very difficult, to get the proper reports and the permission to use them for publication. I shall offer *facts* instead of *calumnies*. The latter I shall never answer any more, as it is useless, expensive and consuming my valuable time. I offered these blessed remedies only to the profession, and not to the public, and think this a *proof of my conscience* and of my own conviction. There is no happier man than myself, when I receive reports of saved lives, which were given up. Many physicians have cured from three to twenty cases and gained great reputation by their success and I consider it a great *triumph* for *Homœopathy*, when Dr. Lobethal states that he feels indebted to it for having guided him to make his great discovery, which never fails in proper cases, and when applied judiciously, with a treatment of strengthening the vital force.

Allow me only one remark more, viz., in consequence of the efficacy of Dr. Lobethal's remedies they have been recommended by patients in California to suffering friends in Illinois, from New Hampshire to some in Missouri, by others in Boston to such in New York, and I deem this a satisfactory proof.

I am always ready to give to any one information from the treasury of the daily reports, and if our learned friend, Dr. W., did address himself to me, he would have had a chance for a successful cure, if the case was not contraindicated, and would not have prevented others from using these valuable and scientific remedies, on whose use rests the lives of thousands. I remain very respectfully,

NEW YORK, Oct. 21, 1875.

DR. ROBT. ROHLAND.

LOCATION AND PRACTICE FOR SALE.—Price nominal; large town; no other Homœopath; house rent paid to May, 1876. Address, Dr. B., Woodside, Newark, N. J.

THE Semi-Annual Meeting of the Homœopathic Medical Society of the State of Michigan, will be held at Ann Arbor, on Tuesday and Wednesday, Nov. 16 and 17, 1875. It is earnestly hoped that all will be present and have ready some report. Members who cannot attend, will please forward their reports to the general secretary, who will present them and have them read.

THOSE RARE OFFERS.—*Surgical Diseases*. Having purchased this work, we are able to give it to our subscribers on the following liberal terms:

Seven dollars sent at once will secure THE UNITED STATES MEDICAL INVESTIGATOR for the year 1876, and a copy of this valuable work. ☞ If you have not this work now is your chance.

Ludlam's Diseases of Women. We are happy to be able to make this rare offer: Ten dollars sent at once will secure THE UNITED STATES MEDICAL INVESTIGATOR for 1876, and a copy of the above practical work.

Twelve dollars sent at once will secure THE UNITED STATES MEDICAL INVESTIGATOR for 1876, *Ludlam's Diseases of Women*, and *Surgical Diseases*.

☞ It will be for your interest to let us hear from you at once.

N. B.—The expressage will be paid by the party receiving these books at the above low rates.

Shannon's Uterine Supporter.—Many physicians have waited before trying this instrument to see what was thought of it by others. Read this letter, voluntarily written to us last week: "It is the completest thing of the kind I ever applied as a supporter. I am more than pleased, and my patient perfectly satisfied. She had tried other supporters, but they caused so much pain from the very first moment of their introduction that she could not wear them; and when she came to my office this morning, she said she did not believe she could wear it, and was really in hopes it would not come in time for her. But after it was applied, she got up and walked, and sat down with astonishment at the ease and comfort she was in, and said, 'Oh, that is not like the rest of them'—referring to those she had worn. I shall send for others soon. Yours respectfully, O. S. WOOD, Omaha."

Send for the Essay on "*Displacements*," which is furnished Free.

HALSEY BROS., Sole Agents, 25 Washington St., Chicago.



CHROMOS. HEADQUARTERS FOR FOREIGN AND AMERICAN CHROMOS. Dealers, Agents, Box and Trunk-makers, Newspaper Publishers and Tea Stores, will find a complete supply. Our new and brilliant specialties are unequalled. Our 9x11 Mounted Chromos outsell anything in the market. Twelve samples for \$1.00; one hundred for \$6.00. Illustrated catalogue free. J. LATHAM & CO., 419 Washington Street, Boston, Mass. P. O. Box 2154. 152-7

C. H. VILAS, M. D.

GIVES EXCLUSIVE ATTENTION TO THE TREATMENT OF ALL DISEASES OF THE

Eye and Ear,

112 East Randolph St.,

NEAR CLARK ST. CHICAGO.

Hours: 10 to 1. and 2 to 4. except Sunday.

Transactions of the N. Y. State Hom. Medical Society.

The complete set of Ten Volumes can be obtained for \$10.

Vol. I. (New Series) is \$2.00. Twelve Dollars for the eleven volumes.

These volumes are large, complete, well bound, and well filled with valuable matter, and are very desirable.

The volumes will soon be exhausted.

Address,

Dr. H. M. PAINE,

105 State St., Albany, N. Y.



HAVE YOU USED THE
"CLARKSON HOMEOPATHIC
Globules?"

If not, give them a trial, for they are unequalled for

Purity of Material, Absorbing Power, and Uniformity of Size.

Their manufacture is under the surveillance of a Homœopathic physician, who pledges their

Freedom from Starch, Flour or any other Adulteration.

You can order from the Pharmacies (to whom we offer a special price-list), or direct from the manufactory, in such quantities as you may desire, at the following prices: 10 lbs. at 40 cents; 25 lbs. at 38 cents; 50 lbs. at 35 cents; 100 lbs at 32 cents.

Address

CLARKSON GLOBULE COMPANY,

TROY, NEW YORK.

THE
UNITED STATES
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

New Series, VOL. II., No. 10. — NOVEMBER 15, 1875. — Whole No. 154.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

RIVERSIDE, Washington Ter., Oct. 1.—Catarrhal affections quite prevalent this last month especially among children, all have readily yielded to *Acon.*, *Bell.*, or *Bry.*, as indicated. Weather cool and clear. Reports from the field of practice are invaluable. E. T. BEACH.

CHICAGO, Nov. 5.—There has been a general adynamic character to the diseases I have been treating of late. Among other diseases there has been some cases of erysipelas and diphtheria—the later quite severe. *Merc. iod.* and *Nitr. ac.* were the leading remedies in different stages of the diphtheria. H. B. FELLOWS.

UNIONVILLE, Conn., Oct. 23.—Business has been quite brisk with us the past summer. Have had a great deal of typhoid fever; *Ars.* and *Rhus* have been the principal remedies. Have had a few cases in which scrofula seemed to predominate and for which *Baryta iod.* seemed to work wonders. CHAS. L. BEACH.

MOBILE, Ala., Oct. 25.—We have had no sickness here for ages, worth talking about. A few visits from "yellow jack" here and there on the coast, some thirty miles below us, have been reported by the Allopaths, and two or three in our town, just enough to scare away business and to add a deeper shade to the commercial pall that has overhung the city for years past.

I. CRAGIN.

POTTSTOWN, Pa., Oct. 26.—We still continue very healthy here. A few cases of typhoid fever, and colds which people don't seem to mind. I have had no cases of typhoid and therefore cannot say much about its treatment. I was called to a case yesterday which was threatened with it, and *Bapt.* 200 has almost cleared up the symptoms. I have seldom used *Bapt.* in typhoid. We had an epidemic of roseola here last spring, and I find that under Allopathic treatment sequelæ were quite frequent, mostly affecting the throat and respiratory organs, and the "regulars" don't cure them, for I have had several cases lately who have been under Allopathic and Eclectic treatment for five or six months and no nearer well than when they commenced. One case in particular, I call to mind, was under Eclectic treatment five months for asthma, caused by retrocession of the eruption, yielded promptly to *Tart. em.* 200. I am very much pleased with THE UNITED STATES MEDICAL INVESTIGATOR, and the "Reports from the Field of Practice" are a very interesting feature of it, and I hope they will continue to flow in.

L. HOOPES.

ALBION, Pa., Nov. 1.—We are having congestion of the lungs. It commenced in this locality the last of the summer with occasionally a case, and still scattering cases. The disease begins with cough, indisposition, and chills. If no fever, or slight fever, then it is called epizootic. In accordance with the amount of fever is the severity of the cough and, of course, the sickness of the patient. The cough is racking, sometimes hurting the forehead, sometimes finding a sore place in one or the other hypochondriac regions. At first, while the fever is running unchecked, they raise but little, white, frothy, occasionally a little blood, but when the fever breaks, the raising changes to thick, yellowish matter, which, by the time the lungs are freed, in most cases, amounts to a good deal. The fever seems to be typhoid, running very high at night. Besides increased heat of surface and accelerated pulse at night, muddling of the brain or slight delirium. In some, nose-bleed. Almost all have a thin white coat of the tongue with a three-cornered bare place at the point. In the worst cases, stinking breath and cold joints; the urine is scanty, reddish or red, brownish or brown. There may be diarrhoea, yet in some the bowels are constipated. But the most important symptom, the one that I fear most, because it seems to be the forerunner of all that is ugly, is that "tired feeling," "I am so tired." This symptom I inquire after first, last, and always. With me it is the spirit of evil omen, and I attempt to make provisions for its early departure. Just at this time and in this locality *Baptisia* governs the fever, and thereby the cough, better than any other remedy that I have tried. *Gelsemium*, so well recommended, by J. C. Mor-

gan, for that "tired feeling," does not now do as well in this locality, although in other epidemics its action was prompt and decided. Formerly, in the nervous prostration of fevers, I depended upon brandy, now I use *Phos. acid* or the *Phosphates*. As my practice is confined to the country, I use the third dilution of medicine for acute diseases.

I watch for THE UNITED STATES MEDICAL INVESTIGATOR, and study with care the Clinical Observations. From these I try to find the extent of epidemics. The extent of influence of epidemic remedies. I compare the treatment of disease in the city with the treatment in the country. The dilutions of medicines most used in the city with those most used in the country. I notice some reports have not the dilution of medicine used—the reporter seems fearful. Without the prominent symptoms to the disease, and the dilution of medicine used in the cure, the report cannot be considered faithful.

J. S. SKEELS.

SAN FRANCISCO, Cal. Oct. 25.—If your reports from other portions of the "field" are no more correct than they usually are from this locality, it is to be feared that a long time will elapse before scientific generalizations can be realized from facts collected here.

One of your correspondents seems to have a fancy for *epidemics*; and since he has been here—some two years—if his bulletins are to be relied upon, epidemics have followed one another with startling rapidity.

Per contra, the writer has had a residence of nearly eight years, and if he is any judge of epidemics, there have been no more than four or five during that period; a severe one of small-pox in 1868, and slight ones of scarlatina, measles, and lung complaints, the latter occurring mainly during the autumn of 1872, in which a number of physicians suffered.

Diligent inquiry has been made of practitioners, as to the occurrence of *epidemic* of "Dysenteric Diarrhœa," predicted by him June 10th, and announced by him, as fulfilled August 11, 1875, in the July 1st and September 15th numbers of THE UNITED STATES MEDICAL INVESTIGATOR.

No one has been found who knows more of it than that there was at that time, possibly a *slight* increase of bowel symptoms; while *most* deny the existence of *any such increase*.

Novices here, remembering experience in the Atlantic and Western States, might be induced, during the month of June, when the prophetic inspiration was on them, to predict enteric diseases in July and August; and were the climates similar, they might thereby establish a cheap reputation for prophetic vision. But our July and August are no more likely to be warm; nor are they more apt to furnish in any *other way*, the conditions requisite to epidemics of enteric diseases, than April or October; and few who know much of our climate, would be rash enough to make any predictions whatever, in that regard.

He may have been led to announce the fulfilment of his *own* prediction by having in his own practice, a few cases of "dysenteric diarrhœa;" but, if this were true, it might do him no harm to bear in

mind that "one swallow does not make a summer," and that the water sometimes, may *sing* in his own *teapot* when it is very calm on the outside.

The truth is, in this city, such diseases are comparatively infrequent and almost entirely sporadic; slightly influenced by the season of the year, or increased by an epidemic condition of the atmosphere.

During this month we have had the longest warm spell of weather of the season, or year. Our warm (or hot) sunny weather usually comes in sections of three or four days. In that time the earth has become hot, the warm air near it ascends, and the cooler breeze from the Pacific rushes in, and terminates, for a time the hot term. This process is repeated over and over again during the dryer part of the year.

But this time it has continued longer and more uninterruptedly than I remember noticing for years. The latter part of this *heated* term has been mingled with threatenings of rain. Fruits of the season (and strawberries almost out of season), unusually abundant and luscious, are eaten by every one, and yet enteric diseases are scarcely heard of. Indeed, for two or three weeks past the most prevalent diseases have been those of the throat, air passages, lungs, and thorax, with about the usual number of fevers of the remittent and continued type, incident to this season of the year. Still there is nothing in either case to warrant the appellation of *epidemic*.

I do not propose to question him about the meaning of the term "dysenteric diarrhœa" or inquire how an epidemic can arise from fruits being "scarce and not as good as usual," but I would like him to take the stand on that case of his, "closely resembling cholera, except the stool."

Cholera without the stool is like the play of Hamlet, with the part of Hamlet left out. When the interior towns of this state in 1852-3 were ravaged by cholera, San Francisco was comparatively free from it. There is probably no city in the Union in which sporadic cholera is less likely to occur. Such diseases don't do well here. Was it not more likely that his case was *really* one of *rice-water vomiting*, the remnant of a milk punch, or a cup of well milked tea, or a bowl of Chinese soup?

Again, supposing it to have been cholera, was this among the first cases of the kind he ever treated? If not, why does he go on like a medical novice, or an "enthused" physician, cunningly blowing his own trumpet among the laity, and announce to the profession not only the medical action, but dilate at length on the delights of the patient, who had "never before tried Homœopathy;" how she thought she *should have died* waiting for an Allopathic prescription to be made and filled; how the husband of the enraptured lady, expressed his lively satisfaction, by enthusiastically forcing on him an extra fee; terminating the exhausting effort with the important announcement, "business good, etc." If he imagines such trivial matters occurring between him and his patients become, in his case, matters of national interest, it is possible he is mistaken.

W. N. GRISWOLD.

CLINICAL CASES.

BY C. R. NORTON, M. D., MADISON, WISCONSIN.

CASE I. Mrs. C., aged thirty-five, has been subject for several years past to severe headaches, which present the following symptoms :

Pain beginning in forehead and sides of the head and slowly passing to vertex and occiput, where it becomes a *throbbing pain*; worse from motion and the least noise, from lying with the head low and after sleeping; better from the application of cold water and from external pressure; the vertex burning hot, likewise the upper part of the back; face bluish, with a heavy, stupid expression; lips swollen; frequent deep inspirations; pit of stomach sensitive to touch; frequent and profuse flow of pale urine.

I was informed that the headache lasted either twelve or twenty-four hours when it ran its course, and that if the time exceeded twelve hours the pain never ceased until the twenty-fourth hour unless caused to do so by medical interference. So, when, in April, having seen the patient and prescribed fruitlessly several remedies in the course of the first twelve hours of the suffering, I at last gave *Glonoine* 500, in water, and in twenty minutes saw some relief follow, and a cure very soon. I judged they were caused by the remedy because the twelfth hour was past and the pain was increasing rapidly.

Glonoine has, with the same patient, been efficacious since; once in curing the headache after it had become very severe, and several times when taken in season preventing it.

CASE II. Selma P., aged eight, had had for about a year, at intervals, (which were gradually growing shorter, so at last the trouble occurred two or three times weekly,) attacks of *palpitation of the heart followed immediately by vertigo, then stretching of the arms, the thumbs being drawn inward over the palms of the hands*, in a few minutes this would be over and a *tired feeling with some headache* followed; the face was pale; hands and feet cold; wanted to lie down much of the time; was easily startled.

In May last, gave *Cocculus* 200, in repeated doses, and she has had but one attack since.

CASE III. Mr. N., aged twenty-four, complained of having been troubled much with eructations, worse before eating and in the evening, also with flatulence. Usually was of a somewhat constipated habit, but during the past three weeks (this was in November,) had had a diarrhœa occurring at about 9 A. M. and preceded by the passage of much very bad smelling, hot flatus; the diarrhœa was painless; the stools thin, yellowish, and scanty; only one passage daily. Gave *Lyc.* 10,000, which relieved the flatulence partially, but not the diarrhœa. After four days gave *Natr. sulph.* 30, next day he had the usual passage of hot flatus but no fœcal discharge; passage natural the day following. He had one or two relapses, but by giving *Natr. sulph.* when required, the case was soon cured.

ACCURACY AMONG THE POTENCIES.

BY M. M. EATON, M. D., PEORIA, ILLINOIS.

My attention has been called to an article in THE UNITED STATES MEDICAL INVESTIGATOR, page 310. I think the importance of the subject demands the attention of Homœopaths, especially provers.

The primary and secondary symptoms of remedies seems to be very little thought of by most practitioners of both the prominent schools of medicine. To the want of this attention I attribute the intense feeling of enmity between the schools, manifested in some places. (Not in this city, however).

Old School therapeutics have long taught the primary and secondary action of drugs. But in practice they seem to have forgotten their teachings, and use drugs almost, if not quite, exclusively to obtain their secondary action. *Opium* for instance, is a stimulant in its primary action, and an anodyne and narcotic in its secondary. How seldom do they use *Opium* for its primary effect. Taking for a moment their side of the question, might we not explain the action of *Opium* given in small doses, so as only to obtain its primary effect, in a case characterized by drowsiness, dullness, etc., when caused by disease, and show it to be just as phillosophical as to give it in massive doses to obtain its secondary effect, when we had restlessness and wakefulness? Methinks no Old School physician can object to this reasoning.

Then why do they not use *Opium* for its primary effects? Why do they not use their other remedies for their primary effects? I am glad to know many are learning to do so, quietly, though fearfully, as their practice has no sanction in their books, and moreover has a very strong taint of Homœopathy about it. Still they are getting more and more bold, and we may confidently expect that within the next ten years we will see great progress among them in this direction. Some of them are now using *Secale cor.* in very minute doses to prevent threatened miscarriage, stop false pains and after pains.

Doubtless the query will arise in the minds of some, what has this to do with Homœopathy in general or of "Potencies" in particular? Let us see.

I understand that this principle is the one on which Homœopathy is founded. If I am correct then in order to combat symptoms caused by disease we must use a remedy that in its proving has shown itself capable of producing in the healthy person similar symptoms, and that remedy in order to combat and relieve those symptoms must be used of course in so small a quantity as to simply obtain its contrary or primary action. If for instance we have symptoms of disease that *Nux vom.* would produce in the healthy person when taken in toxicological doses then we would cure them by *Nux low*, if our symptoms were those that provings showed from *Nux*, used in the lower potencies. I would cure them with *Nux high*, if from high potencies our symptoms were procured I would use *Nux low* to cure them. In this case it is not strictly Homœopathy in the eyes of some, though I would claim it as such, believing that it is not the use of high potencies alone, that

constitutes Homœopathy, but the law of similars, as developed by provings. But how shall we select the right potency if we know nothing of the strength or potency of the remedy used by the prover? We can only guess. Hence we constantly read reports of cases treated when the remedy was used first high, then very low, and vice versa. Does this show the precision desirable in the treatment that would be most satisfactory and gratifying to both physician and patient? I imagine that this guess work practice is due to the fact that provers have very generally, until of late, omitted to mention the strength of the remedy used in the proving, and I see but little hope for more accurate and successful prescribing until we have a re-proving of most of our remedies and an index of the potency used. Then we may discriminate in the potency we use and feel there is no uncertainty about the action of our remedies if pure, and honestly prepared.

I would as an individual member of the profession suggest that provings be made with all remedies in low potencies so that we may use the high exclusively in our practice, and be successful. This would give us greater uniformity of experience.

The different potencies used by different physicians is an explanation to me why some obtain curative effects, others not. Age and sex has been seldom if ever mentioned by writers as influencing the selection of the potency. I deem this important, especially age, as I get as great an action from the 12th potency in a child a month old as I do from the 1x in an adult. I use a higher potency with females than with males. If I mistake not the selection of the potency will some day be considered nearly as important as the remedy. At least it will be demanded in order to secure the confidence of the brethren and is now demanded, to secure the best success.

Many prescribe 'tis true very successfully who have not taken time to theorize about it. They are found among the veterans who have learned by long experience when to use high and when to use low dilutions though 'tis feared that even among this honored class some may be found who go from low to high and high to low who might be more successful if they had a rule to guide the selection of the potency as well as the remedy.

THE RAPPEUTIC HINTS.

Carbozotate of Ammonia has done good service in several cases of ague.

Iris v. is a royal remedy in chronic cases of gastric sickheadache.

I have observed in some cases of spermatorrhœa, that by directing the patient to sit down when urinating, the ejection of semen and consequently a disagreeable tenesmus urethræ are avoided.

A. F. RANDALL.

ON THE LAW OF DOSE.

I find on page 311 of THE UNITED STATES MEDICAL INVESTIGATOR, Vol. II, 1875, some allusions to my manner of giving medicine or placebo, whichever best suits my convenience, and answers best the requirements of my patients. I have nothing to say in regard to the merits of the first part of the above article, for I am well aware that my friend, C. C. Smith, will take care of himself without assistance from any one.

Now "Country Doctor," for my life I can not see your point, but I conclude you are very desirous of finding some *one* potency, which will save you the trouble of "flipping up and down the scale." Like many others of your kidney who want one potency and one remedy, a kind of panacea, which will cure all diseases under all circumstances. When you have found that "rule," will you please inform the world, us few included, of it? It will save us a deal of trouble and some real hard work.

Now I can give you my plan in a very few words. I use the *one thousandth* for my bottom potency in *all* medicines, and flip up the scale just as far as I please and no farther. I give a single dose dry, or repeat in water till improvement sets in. Now "C. D."—these initials have no allusion whatever to a much esteemed Homœopathist—how do you do it? I will turn to the July, 1875, number of THE UNITED STATES MEDICAL INVESTIGATOR, page 28, and, skipping over all the egotism there displayed, simply ask you why *you* flip up and down the scale from the 1st to the 3d dilution? Why, in your final paragraph on page 312 of the October number, do you flip up and down the scale from the 1st to the 12th dilution? Probably if you give an intelligent reply the same reason will answer for both of us. You have said on page 28 above mentioned, that, "The higher dilutions will cure only those who are born and reared in idleness." This statement displays such profound ignorance that I have no desire to discuss the matter further. Again, you say on page 312, October number, "ask him how he can cure with the high dilutions, while hundreds throughout the country cannot?" I answer by referring you to my criticism on the above quotation.

When I said in the Hahnemann Academy of Medicine that I had given placebo with success, I only stated a truism. I made no claim to originality. You must have heard of Old School physicians even, giving bread pills. I give no more placebos now than when I gave as crude medicines as you or any one else could desire. So much then for your "key" to high dilutions.

Please "C. D." take notice of a few facts:

1. There are in the United States to-day, ten times as many physicians using high potencies as there were five years ago.
2. All of these, or nearly all, have themselves been *low* dilutionists.
3. All have had an average yearly experience with yourself.

4. In educational advantages and intelligence all will bear a fair comparison with the advocates of low potencies.

5. All are to-day using high potencies, because they are "fully persuaded" that highly potentized medicines are more speedy and certain in their cure than non-potentized medicines.

6. The people who once have employed high school physicians always seek them out when removing to new localities.

7. It is a very common thing for low dilutionists to ask of the high for a few powders to help them out of a tight place; the reverse is untrue.

8. We few foolish fellows never take to ourselves the credit of a cure, but award all the glory to high potencies; a good example, and ought to be better followed.

A CASE FROM PRACTICE.

Geo. F. S., aged thirty-eight, married, dark complexion, carpenter, *not* reared in ease and idleness, muscular, weight 160, rarely sick, was born, reared and still lives in the country. About Sept. 21, 1875, was drenched to the skin by a cold rain. Had violent pain in all his bones, especially of the head and in the lumbar vertebræ; frequent chills with high fever. Has always employed Old School treatment. The family physician pronounced his case typhoid and treated him about one week. Patient had not slept a moment for three days and nights previous to my first visit, which was September 28th. Found him delirious; tongue heavily loaded with a brownish coating; great thirst, he eagerly drank a fair quantity of water at a time; pulse 110; he was very restless, getting worse between 6 P. M. and 6 A. M., when it was difficult to hold him on the bed. My predecessor had given freely *Morphia* and *Quinia*. Urine scant and color of beer; constipated; hacking cough. At 1:30 P. M. I dissolved a few pellets of *Rhus tox.* 100,000, (Fincke), in half a tumbler of water, and directed that he be given one teaspoonful every hour till six doses were given, then if any signs of improvement were apparent to discontinue this and dissolve another powder, which *was* placebo, and give every two hours till my next visit. Called early the next morning. The *Rhus tox.* was discontinued. He slept three consecutive hours during the night and awoke without a single pain, only complaining of a dull, sore feeling where the pains had been most severe. In five days he was out of doors and remains perfectly well to this date. Placebo and his robust constitution to the contrary notwithstanding.

Come now, "C. D.," cheer up a little. Consult *Nux vomica* (line 5, Lippe,) and see if a single dose of the 100,000th does not bring about a speedy, safe, and permanent cure. I prescribe the 100,000th potency for you for fear of an aggravation, which is farthest from my choice.

NEW YORK, Oct., 1875.

A. M. PIERSONS.

A PROPOSITION.

BY S. J. BUMSTEAD, M. D., OF PEKIN, ILLINOIS.

Upon receiving the number of this journal dated October 15th, a few days ago, we were much surprised to see the insane attempt of a certain A. Lippe, M. D., who is perhaps a physician, though one would fail to discover it by his remarkably *logical* article. Upon second thought, we think he is a graduate of that time honored college located at Allentown, Pa., some years ago, which to-day, as his alma mater, remains one of the proudest monuments of Homœopathy in this country. But as the great Homœopathic *I am* has spoken once for all, of course such small fish as we who are unknown to the fame of Dr. Lippe, must stand from under. On the whole, the Doctor's remarks have been so pertinent to the question at issue; so little wandering from the subject, etc., that we feel like remarking in the language of the Rev. E. Hale as follows: "There has been so much said, and on the whole so well said, that I will not further occupy the time," and thereupon taking our seat. And we feel this the more, since he has made no attempt at argument, only writing to ridicule about our logic, of which subject it is to be hoped he is more conversant than he is with medical science.

A man only admits the weakness of his position when he produces nothing but ridicule and insulting epithets with which to controvert the views of an opponent. The latter is a very easy method and one which probably only Homœopaths can swallow without grimace. As to who we are and his sneers thereat, insinuating that in comparison with his splendid learning and genius we are as naught, we only say that we recognize that man as our superior who understands his profession better than us, and whether he has an extended reputation or not is of very little consequence. As he has been so particularly insulting in this respect, and in such an unwarranted manner, for the mere avowal of opinions, we will give the gentleman the following opportunity to show the measure of his superiority to the profession. During the meeting of the Worlds Homœopathic Congress in Philadelphia next year, we are perfectly willing to submit to an examination by a committee of impartial foreign physicians, and who shall examine us both as thoroughly as they please in medical science (omitting logic,) and if they find the learned Dr. Lippe better versed in this lore than ourselves, we agree to apologize, and better still to pay the sum of fifty dollars toward defraying the expenses of the convention.

If perchance the shoe should be found on the foot of the other party, he to do the same. This will settle the personal matter the Doctor has seen fit to bring up, much better, and more profitably to the readers of this journal, than all the abusive articles we could both write, and until he descends from the lofty position where nothing but transcendental nonsense passes current as logic, we consider the above proposition the only Homœopathically indicated remedy suitable to

his case. Will the gentleman accept? Before taking leave of the gentleman, however, we wish to inform him that we are not at all anxious about retaining the title of Homœopath. Though practically one in the majority of our practice, we take no particular pride in that designation, we see nothing desirable in adding that to physician, the latter being enough to suit us. We are not so fastidious as the learned Dr. Lippe about names, and we do not wish to be called Homœopathician, don't aspire to the high honor. As to being an Eclectic and joining hands with our set, i. e., we will explain here, that we continue to desire fellowship in the American Institute of Homœopathy not so much on account of its Homœopathy, as that it is the sole medical body in this country which possesses the requisite liberality of thought and opinion so necessary to progress in any science. Was it composed, however, of members like Dr. Lippe, we would at once sever our connection with it, and in the most insulting manner possible, that we might the better show our contempt for it.

AMBER IN HAY FEVER.

What I write now is not intended for insertion for it would be useless to prolong the explanations between *Amber* and *Amber-gris*. I only want to take exception to your note, i. e., to the *supposed to be*. It is quite frequent to find imbedded in the *Amber* bits of moss, of bark, and even small insects, thus proving almost beyond doubt that *Amber* is a resin. It is found at the seashore, but only after a severe storm when the waves disturbed the bottom of the shore and disengaged the imbedded bits of resin. It is also found inland, and many make their living by digging for it.

Amber-gris, on the other hand, floats on the water, and is found sometimes in the sperm whale when opened, but as such is only rarely the case, it is supposed to be a morbid product, but there is really no doubt as to its origin. That the two cannot be identical is best shown by their action if submitted to heat, or to dry distillation.

If you had brought this conversation sooner you would have prevented several physicians from putting the first trituration of it or *amber-gris* itself, into little bags to be worn around the patients neck. Of course without avail. I have worn and am wearing a string of *Amber* beads since about the tenth of September, with the utmost success, against my usual attack of hay fever, and Dr. Raue advised half a dozen or more of his patients to use it also for similar complaints with the best of success.

I am ever so grateful to THE UNITED STATES MEDICAL INVESTIGATOR, for the information gained, for I have not passed as agreeable a fall in ten years.

That new translation of the Organon is stereotyped and almost ready for the press. We intend to make a fine book of it.

NEW YORK, Oct. 22, 1875.

A. J. TAFEL.

ON HAY FEVER OR AUTUMNAL CATARRH.

The pathology of this form of disease is as much unknown to-day as it was two hundred and fifty years ago. From observation and inquiry we have been enabled from time to time to theorize, the result of which has thus far ended in a diversity of opinion.

Professor Wyman, of Harvard University, in his publication entitled "Autumnal Catarrh," says, "No experiment so far as we know has yet been made in which the exclusion of a supposed cause has prevented the appearance of the disease at the critical period. If this can be done we can then easily obtain positive evidence as to its origin. It would appear advisable, in order to arrive at the probable cause of any form of disease, to determine (1) if it be hereditary; (2) if resulting from miasmatic exhalations; (3) if it be an idiosyncrasy. Such a decision would empower us to classify the disorder, and, if belonging to either the circulatory or nervous systems, or to both, we would then be better qualified to suggest a successful mode of treatment.

In the history of eighty-eight cases of autumnal catarrh, we find only four of the number whose parents were afflicted with the disease, therefore it is doubtful if the disease be a hereditary one. Again, were these phenomena in any manner analogous to those accompanying other forms of disease known to be caused by malaria, it might be advantageous and interesting to discuss the possibility of miasm producing hay fever or autumnal catarrh; but such is not the case, and we will consider the question of individual peculiarities or idiosyncrasies.

Dr. V. Grauvogl, of Nuremberg, remarks as follows: "The blood, the bearer of the various material relations, is a product of the organism, i. e., of its constitution, and its mode of elaboration as is well known, is handed down from parents to children and that for several generations. The immunity inherited from parents against the so-called contagions and miasms, is the most important inheritance: above all, is a great factor in human life."

Dr. Richard Hughes, of London, says, "There are two special forms of nasal catarrh—the one epidemic and (perhaps) specific, the other seasonal and idiosyncratic, these are influenza and hay fever."

These quotations indicative of a bodily constitution, individual peculiarity or temperament in man, and, being a part of him, they are effected either idiopathically or conjointly with, or as a result of, different forms of disease; and they are governed as conditions may require by an increased or diminished supply of the constituents which are known to sustain life.

Physiology teaches the relations of organs to each other, and how the various interchanges of the tissues are normally accomplished; chemistry, of the constituents which enter into the formation of their component parts or result from decomposition of organic tissue. In a physico-chemical sense animal and vegetable life have a resemblance.

Any one acquainted with the investigations of Claude Bernard upon the vaso-motor nerves will readily admit that a parallel might be run between them the symptoms of autumnal catarrh and the effects of the

experiments of this eminent physiologist on the great sympathetic: Cutting and tying, or arrest of action of the great sympathetic is followed in a healthy animal almost immediately by increase of heat on the side of the head operated upon; the vessels are enlarged, congested, and beat with greater force; the conjunctiva is red, the vessels injected and the eyes tearful; the nasal mucous membrane is also reddened, and, under some circumstances, pours forth a copious secretion; the nostrils are obstructed, and there is a short cough. The glandular secretions, the local circulation, and the sense of taste are disturbed, but not tactile sensibility. The changes of heat are sudden, follow at once and are greatest immediately upon the application of the exciting cause. The vitality of the parts is exalted, and the action becomes like that of an organ passing into a state of activity from one of repose. In other words, the abolition or diminution of the influence of the sympathetic instead of paralyzing, increases the energy of these acts."

The processes of nutrition together with their derangements, which are regarded as especially under the control of the great sympathetic, always requires a longer time to be influenced by incidental causes than do those which are regulated by the nerves and ganglia of the cerebro-spinal system.

The great sympathetic is composed of numerous small ganglia which are connected (first) with each other, (secondly) with the cerebro-spinal system, and, (thirdly) with the internal viscera of the body. Its distribution is to those organs over which consciousness and the will have no immediate control, and its function is associated with that of the blood circulation as demonstrated in the experiments of Claude Bernard. In the circulatory system we have two kinds of blood, the one arterial or nutritive, the other venous or non-nutritious. The former in the performance of its function, supplying the different tissues with nutritive properties becomes loaded with deleterious matter and is returned to the heart as venous blood. It is sent from here to the lungs for the purpose of purification. This is accomplished through the processes of respiration, the venous blood losing its injurious constituents, carbonic acid, a small quantity of nitrogen, and also small quantities of watery vapor and animal matter, re-absorbing oxygen from the air thus becoming re-arterialized. The reactive proportion of carbonic acid gas exhaled by the lungs differs in accordance with the rapidity in which the act of respiration is performed, also the quantity exhaled differs in consideration of age, sex, constitution and development. An adult male will average per day an exhalation of nineteen and five-twentieths cubic feet, or as it has been calculated by weight, two hundred and fifty grammes, (eight ounces, one pennyweight, and one grain, troy,) of carbonic acid gas which gives about seventy-five grammes (two ounces, four pennyweights, and six grains, troy,) of combustible carbon. The population of France alone, it is said, pours into the atmosphere carbon at the rate of sixty-six tons per day. However, the phenomenon of respiration is not confined to the lungs as an interchange of gases takes place also, to some extent through the skin.

It has been ascertained that the amount of carbonic acid given off from the whole cutaneous surface of the human is from one-sixtieth to one-thirtieth of that discharged during the same period from the lungs. Notwithstanding this, the quantity may be diminished by fatigue and by most conditions which interfere with perfect health, and as a result produce injury first, to the arterial blood by its non-elimination, and subsequently to the different organs by its presence, thus interfering with the processes of nutrition, or, the power of exchanging effete matter for that which is life sustaining.

M. Brougavit observes that, "The law of equilibrium is such at this moment, that the plants seem to pour into the atmosphere as much oxygen as animals consume," and it is estimated that the human species annually consume one hundred and sixty thousand millions of cubic yards of oxygen, and that animals quadruple this amount.

M. Dumas, the learned chemist, maintains that it would require at least eight hundred thousand years for all of the animals on the globe to absorb the whole of the oxygen gas, and, that ten thousand years would pass without its diminution being made sensible by our most perfect instruments.

Man daily requires not less than seventeen and one-half cubic feet. This is absorbed by the blood from about three hundred and fifty cubic feet of atmosphere. We have remarked, that, in a physico-chemical sense that animal and vegetable life were analogous; that, there was during the phenomenon of respiration in man a loss of carbonic acid gas and a gain of oxygen. In plant life the respiratory organs (the leaves), although differing in construction with those of man, perform their functions for a like purpose, but, however, in a reversed order. They absorb from the atmosphere a requisite amount of carbonic acid, separate the carbon, and fix it in their tissues by exhaling the equivalent of oxygen.

During the harvest season thousands of acres of vegetation are destroyed, and these vegetables, grasses, and cereals, thus deprived of life, not only cease to give forth to the air oxygen and imbibe carbonic acid, but, in their death, require oxygen to assist in their decomposition, or as it is more properly termed, oxidation. The oxygen which enters into combination with nitrogen, forming the air that we breathe, is reduced in quality. And as a result of this oxidation, in the process, the exhalations therefrom are diffused throughout the lower strata of air or that lying upon the earth's surface, these diffusible gases, which, intermingling with the air as they do, are composed mainly of free carbonic acid gas induced by the action of oxygen upon the carbon of these bodies. The process generates heat, (cause and effect like that resulting from Claude Bernard's experiments,) and in a like ratio as the temperature is reduced both animal and vegetable decay ceases. These phenomena are two-fold: First, the requisite amount of oxygen for the purpose is lessened; second, because of this, and, as a result, there is a lesser quantity of carbonic acid gas eliminated.

Persons who suffer with various ailments, termed by physicians idiosyncracies, are invariably attacked at a time when the air is surcharged

with this gas. In this disease (autumnal catarrh,) such is the case, and relief is only attained at high altitudes, or at a time when there is a sufficient reduction of temperature to prevent rapid oxidation of vegetable matter or cause the congelation of dew. As we have said, carbonic acid gas intermingles (it does not enter into composition) with the lower strata of air. The reason of this is because of its density; it is not because of a limitation of its diffusive power capable of verification. As we ascend the atmosphere contains no more oxygen, but less carbonic acid gas, and it is for this reason that high altitudes afford relief, and it is attained by the presence of oxygen free from an excess of carbonic acid, which being absorbed by the blood through the lungs stimulates the organic nerves to a just performance of their functional duties. From the above quotations and remarks, we may recapitulate as follows: Hay fever or autumnal catarrh is not an hereditary disease; neither is it induced by malaria; but, it is an idiosyncrasy, and primarily considered, it is idiopathic in its effect upon the blood, which, as we have seen is caused by the retention or non-elimination of carbonic acid gas. Secondly considered, it is symptomatic, as it relates to the the nerve forces, and should be classified as a disease of the blood.

CHICAGO.

T. D. WILLIAMS.

CONSULTATION CASES,

ADVICE WANTED.

Mr. L., aged thirty-four years, highth six feet, dark complexion, large eyes; diseased kidneys; was taken some two years ago and treated by an Allopath up to the first of last May, since that time I have treated him on Homœopathic principles. I found his symptoms as follows: Severe cutting pains in the small of the back running forward to the pubis; a distressed feeling in the bladder; water about one-third blood with a sandy like deposit; large blood clots passing some two or three times a week; stomach and bowels regular; calculi deposit passed something in the neighborhood of an ounce, from the size of a millet seed up to the size of an ordinary gray pea. Now all of above I have subdued, but still I am in the brush. Mr. L., since the above have given way to the proper remedies, has been attacked with what I call *renal colic*. I have exhausted all the knowledge I possess in therapeutics to no effect. At first he feels somewhat distressed in the region of the bladder, after which he begins to bloat until the bowels and stomach is as tight and hard as a drum-head; sometimes he can belch a great deal of wind, after those eructations he feels relieved. I cannot find any remedy in therapeutics that will give permanent relief.

Please give advice through THE UNITED STATES MEDICAL INVESTIGTOR.

ADEL, Iowa.

J. F. IRVIN.

CASE OF EPILEPSY.—WHAT SHALL I GIVE, HOW MUCH, AND HOW OFTEN?

Miss N. J., aged seventeen, has had epilepsy two years. Seems to be perfectly healthy, is stout, rosy cheeked, blue eyed, fair hair and complexion, and full of mischief and fun, but does not seem to be very strong. Have been informed that she has worked very hard (farmer's daughter); has grown very fast. Her mother, whom she resembles, seems to be somewhat nervous, and there is a paralytic condition of one eye, or lid, I forget which. Her grandmother has had a tumor removed from her breast, and so has her mother's sister. Is somewhat easily startled, sometimes wakeful at night, always dreams, and some headache. Feels dizzy, and then knows nothing more; commences turning to the right and falls forward; head bends back; eyes roll up, and lids close; feet and hands work; spasms not very rigid, can easily bend neck. Is frightened when regaining consciousness, and will strike at any one who approaches. Face sometimes red and swollen.

These are the notes taken at the first interview, more than a year ago. Not long since was called to prescribe for dysmenorrhœa and constipation. *Bell.* has seemed to alleviate the epilepsy for a while.

Don't know that you can make out a case, but hope some Good Samaritan will tell me what to do. She has had plenty of *treatment*.

MISCELLANEOUS.

My liver case is doing well and, by and by will report treatment. Many thanks to the volunteers. Have seen several severe cases of croup already. Cured a case of hydrocele, in an infant, with *Graphites* 8x trit.

A. F. RANDALL.

ANSWER TO L. J. BUMSTEAD

In the October 1st, 1875, number of THE UNITED STATES MEDICAL INVESTIGATOR.

I should try to remove that *tænia* by mechanical means. Take two ounces pumpkin seeds, grind in a coffee mill, add two table-spoonsful of white sugar, triturate till fine; then add one pint of boiling water and let it stand over night. Let the patient eat neither supper nor breakfast, and give in two doses half an hour apart. This is said to be pretty sure to bring them away. Keep a close watch for the head as it may be separated from the body. Let me hear the result through this journal.

POTTSTOWN, Pa.

L. HOOPES.

DR. LILIENTHAL'S CASE.

I do not presume to instruct so much older and wiser head, but it seems, from Dr. Lilienthal's description of his case, that *Lachesis* would

relieve many symptoms, while *Anacardium* has: "He feels as if he had two wills, one commanding him to do what the other tells him not to do," which is the nearest of anything I ever saw in the *Materia Medica* touching that peculiar symptom of "double person."

AKRON, Ohio.

O. D. CHILDS.

SOME PRACTICAL COMMENTS.

EDITOR UNITED STATES MEDICAL INVESTIGATOR: The last issue (September 15th.) contains one or two things that would seem to call for notice.

Your correspondent from Winona, Minn., makes some startling statements, crying out "Hurrah, for Nature!" at the close of his astonishing production. It is more wonderful to meet with such *experiences* as his than to cure with 100,000th even. Did it never occur to him that, first, the old *Petroleum barrel* may have had some agency in curing the first case? And, second, that diseases, or rather diseased *action*, has oftener a tendency to death than recovery? And, third, that if he can cure such an aggravated case of dysentery with placebos, is there any reason why he should not attempt the same in *all* cases?

Will he be good enough to tell us how he determines *when* a case needs medicine? Hahnemann told us, years ago, that nature was a bad physician; and most experienced practitioners know that disease is in nowise a natural process, it is a confession of nature's defeat, a call for help from a prostrate force. A wound will heal unaided by art, because it is provided so to do, but a wound is not disease. When disease disappears spontaneously, the cure, so most of our experience goes I fancy, is seldom radical, nor as rapid. The Doctor's staggering case, therefore, was probably a medicinal one, that cured itself when the cause was removed.

Dr. Graham may find a remedy for his case in *Kali nit.* Have cured similar cases when relief was obtained from pulling the hair, or pulling up a fold of the skin.

Dr. Pease may also find a remedy in *Baryta c.* to prevent the recurrence of fibroids, particularly fatty tumors. It has been useful in my hands, more than once, for that very purpose.

My old friend Bumstead will perhaps try and remember that Homœopathy is a *law* of nature; if it is not a law, let us have it proved, by all means, even if we have to throw away all the teaching and experience of past years. If it is such a law, we can hardly expect it to have an exception, like human enactments.

Dr. Fairbanks' case of severe scald, reminds me of a remedy I have frequently used, at the suggestion of Dr. Gregg, viz., *Nitrate of silver*, dissolved (saturated) and painted on with a brush. It has the most astonishing effect in relieving the pain. It should be borne in mind, and can rarely fail to answer the purpose.

"*Rambling letters*" have given me some trouble ere now, and I am warned to be cautious, and appropos, Mr. Editor, I am told there were many found willing to take advantage of a manifest typographical error, and assail me for ignorance. I am sorry to believe there are such individuals. Perhaps, even at this late day, you will do me the favor to say, for the benefit of the above, that the objectionable line was written "particularly as the eye is NOT exposed to a strong light at the time," etc. You see one little word makes a great deal of difference, and any honest man *might* have seen that it was a clerical or typographical error.

Still bear with me in one more instance, this time it is yourself on trial. You write approvingly of the "Clinical Observations." I think most of your *old* readers can see but little value in them as a rule. Now and then we get a good hint, but, I would like to ask, who is to be benefitted by them? Only those, I opine, who lean to routine practice, and are not students of the *materia medica*. That much abused work is still our sheet anchor, and, I find, the most enthusiastic Homœopaths are those who still rely upon it. Could we not use this space for something more valuable?

DETROIT, Mich., Sept. 23.

J. G. GILCHRIST.

[If you, at your therapeutic altitude, find a "good hint" now and then, be assured that others lower down are greatly benefitted by the "Clinical Observations," that come from all over the country. Is not the first question you ask a medical friend almost always, "Anything new in practice?" or, "What are you meeting with just now?" So when you open THE UNITED STATES MEDICAL INVESTIGATOR, you are told the "prevailing diseases" at various points and the remedies therefore. We should like also to give in each instance the characteristics that called for the remedy or remedies, but we will "get up" to that in time. The effect of these observations we know is to aid in more careful prescribing. Perhaps the space could be filled up with something more valuable, (e. g., a section of the *materia medica*, but few would read it.) Our readers are "many men of many minds," and will persist in sending us a great variety of matter which interests and benefits a great variety of practitioners. A medical journal, like a medical practice, is not always as scientific as it ought to be.—ED.]

A COURSE OF MEDICINE.

In Ruddock's Text-Book, page 596: "Teste recommends a course of medicine which has been found efficacious, as follows: *Lyc.* 30 for two days; *Verat. alb.* 12 (instead of *Verat. vir.*) for four days; *Ipecac* 6, for seven days."

A. F. RANDALL.

HOW TO ADVANCE HOMŒOPATHY.

MR EDITOR: There are many ways of spreading a knowledge of Homœopathy, and of ministering to its advancement. And, according to time and circumstance, one or another of these means has deserved and received the largest share of credit from the profession and from the general public. Among them all the popular use of printer's ink is not the least important. For, as an instrumentality designed to act as a sort of extra-mural teacher, to anticipate the arrival of the student and the practitioner, to pave the way for the apostle of a new order of healing, it has worked wonders. In many parts of America the tract seems to have accomplished its mission, and the elementary treatise is a sort of bill of fare for yesterday. But in some portions of our own country these forerunners are still useful, and in some communities especially where the doctor has not yet arrived, they are doing a deal of good.

Indeed, in the whole history of our school of medicine, nothing is more remarkable than the signal success of a few physicians who have devoted their time and talents to this sort of missionary labor. And since there is not one among them who has worked more faithfully and who is more generally known in this field than Dr. Ruddock, I will tell your readers in a few words what he has done.

I called upon him with my friend Dr. Talbot, a day or two ago. We were kindly received and enjoyed our little visit exceedingly. Acting in the capacity of a semi-interviewer, I obtained the following facts. Dr. E. H. Ruddock, came to reside near London in 1860, but in 1869 decided to take consulting rooms in the city. He wrote his first book, *Stepping Stones*, in 1858, chiefly for circulation among friends and private patients. This work has passed through nine editions, making in all, one hundred thousand copies; the average sale for some years past being ten thousand per annum.

Encouraged by the success of this and of other small works he attempted a more complete one, the *Vade Mecum*, for students and enquiring physicians of the old school. This book also was kindly received. In truth the flattering reception accorded to it led to the project of publishing another, and one which should more fully meet the requirements of those who were "looking into" Homœopathy; and already, twelve months after its publication, a large proportion of the five thousand copies of the *Text-Book* is in circulation.

Dr. Ruddock is the author of *ten* different books, and through the politeness of his clerk, I was enabled to get the exact figures as to the number of copies of each and all of these which have been printed and sold.

Here they are:

Stepping Stones, ninth edition, - - - - -	100,000
Vade Mecum, seventh edition, - - - - -	38,000
Clinical Directory, third edition, - - - - -	5,000
Lady's manual, sixth edition, - - - - -	28,000
Common Diseases of Women, fifth edition, - - - - -	18,000
Diseases of Infants and Children, second edition, - - - - -	7,000

Common Diseases of Children, first edition, - - - -	5,000
Veterinary Manual of Homœopathy, second edition, - - - -	10,000
Consumption, second edition, - - - - -	10,000
Text-Book, first edition, - - - - -	5,000
Total number of copies, - - - - -	224,000

Their retail value is £34,825 sterling, or \$174,125.

This list does not include the various tracts, which have also had a very large circulation, say one hundred and fifty thousand, nor innumerable articles on popular medicine contained in Dr. R's monthly during the ten years of its existence; nor reprints of several of his books in other countries.

This measure of success implies adaptation and application of no ordinary kind. Dr. R., has been able to accomplish this work by dint of early rising, of utilizing *all* his spare time, reading and writing much during railway and other modes of traveling, and by foregoing much social enjoyment and recreation. He is apparently about forty years of age, of good strong vigorous look, and impresses one with the conviction that he may do as much work for the cause in the next, as he has done in the last decade.

His publications are in demand wherever the English language is spoken but have circulated chiefly in England, the United States, Canada, Australia, and British India. And wherever they go they are the quiet but efficient agents which open the way for the educated physician and for the change in public sentiment regarding Homœopathy which is certain to come sooner or later. Success, therefore, to Dr. Ruddle and his missionary enterprise.

LIVERPOOL.

R. LUDLAM.

Gynæcological Department.

PROGRESS OF GYNÆCOLOGY.

XXI. *Contribution a l' Etude de la Septicémie Puerperale, Par le Dr. H. A. D'ESPINE, etc.*, Paris, J. B. Baillière et Fils, 1873.

A contribution to the study of Puerperal Septicæmia, by Dr. D'ESPINE, etc.

XXII. *Essai sur l' Endocardite Puerperale, par A. DECORNIERE, etc.*, Paris, Adrien Delahaye.

An Essay on Puerperal Endocarditis, etc.

XXI. Of all the interesting monographs which have appeared upon gynæcological subjects within a very few years, more especially in the French language not one of them is more suggestive and val-

uable than this. Elsewhere it would be quite impossible to find within so small a space so much that should be known of the causes and clinical nature of this particular form of Septicæmia. The work merits a translation. The *resume* and conclusions of the author are as follows :

1. Puerperal septicæmia consists of a series of accidents which are more or less grave according to the quantity of septic matter absorbed from the surface of wounds in the uterus, and vaginal canal.

2. These accidents are not peculiar to the puerperal state, and should be ranked with those which are followed by septicæmia among the wounded and in animals.

3. The point of departure is always either in the uterus, or in the vagina; all the means which hinder the cicatrization of the wound and which favor the formation of septic matters upon their surface are efficient causes of puerperal septicæmia.

4. The poison is usually absorbed by the lymphatics and these vessels are most frequently, but not always, inflamed along the track which the poison has taken.

5. Peritonitis is a neighboring lesion which is due to the transmission of the septic matters by the uterine lymphatics. It corresponds to the local inflammations which develop about infected wounds.

6. The effect of septic absorption upon the organism is to determine congestion and inflammation in any of the viscera, more especially in the lungs, the kidneys and the bowels; sub-serous ecchymosis, or interstitial apoplexy; internal or external lesions of the serous membranes especially; and *during life* this action is shown by fever, diarrhœa, pulmonary engorgement, epistaxis, and often by transient eruptions on the skin.

7. Purulent and septic absorption are apt to be confounded clinically.

8. Milk fever is a myth; the fever of the first week is almost always a light septicæmia which is due to resorption of the lochia by the little wounds in the utero-vaginal surface. It may continue for some weeks if the uterus continues relaxed, and the discharges are fetid. In this case we almost always find some ulceration of the cervix or of the vagina which are the seat of absorption.

9. These light affections are often, but not always, accompanied by inflammation of the uterine lymphatics and by signs of a slight perimetritis. When the infection is prolonged it may cause consumption and death (*phthisie septique*).

10. Puerperal pyæmia is a complication of septicæmia, and almost always coincides with the presence of pus in the uterine veins. This is however, comparatively rare, but when it does occur is probably due to septic embolism. Metastatic abscesses may happen, while nearly

all the inflammations of the cellular tissue, and of the joints are due to lymphatic infection, and are not chargeable to an embolism.

XXII. At the present time the nature and treatment of all the various affections which are incident to childbed are attracting an unusual share of professional attention. This work is full of such clinical facts as the busy practitioner needs, and for the lack of which thousands of lying-in patients have suffered seriously, and perhaps failed to recover. The cream of the issue is contained in the following conclusion which, from no small experience in this direction, we are prepared to commend.

1. The puerperal state undoubtedly predisposes to endocarditis, which assumes either the typhoid or the pyæmic form.

2. This predisposition is due to the considerable increase of fibrin in the blood during the puerperal state.

3. Puerperal endocarditis is much more frequently accompanied by vegetations than by ulceration. It is often associated with visceral lesions, infarctus metastatic abscesses, and emboli.

4. In their turn, the emboli cause the death of the parts to which the obliterated artery is distributed; from which we sometimes have softening of the brain and hemiplegia following labor.

5. Puerperal endocarditis is probably always of rheumatic origin and is often the first sign of that dyscrasia.

6. If this disease comes on in this way, the subject who is predisposed to rheumatism, being in child-bed, the endocarditis has the best opportunity for development. For if these two conditions coexist, the increase of fibrin in the blood must be very considerable.

7. Our observations, however, have not yet been sufficiently extended, either in case of endocarditis preceeding or following rheumatism, to permit us to arrive at very definite conclusions in regard to the essentially rheumatic nature of puerperal endocarditis.

CHICAGO.

B. LUDLAM.

ERGOTIN IN UTERINE FIBROIDS.

As a neat shower of circulars (an advertising medium) has recently dropped in upon the "little pillars" of the northwest extolling the action of *Ergotin* as a therapeutic agent in fibroid and fibro-cystic tumors of the uterus, I will report my crumb of experience with that drug in a case of this class of tumors. Mrs. P., aged sixty-five, mother of seven children, passed the climacteric, when fifty-five to sixty she the flow becoming lighter in color but not less in quantity until a permanent leucorrhœa was established, this continued until some time last winter when it entirely ceased, her health being all the time quite

good remained so up to the forepart of last June when she first noticed abdominal enlargement, but suffering very little inconvenience from it my attention was not called to it until the latter part of June.

The case being somewhat obscure and difficult of diagnosis Prof. W. Danforth, was consulted and a careful examination made August 10th. He pronounced it to be a fibro-cystic tumor of the uterus, the sound at this examination passed into the uterus ten inches, the circumference of her abdomen was now thirty-eight inches. *Ergotin* grs. ii was given every four hours, until uterine contractions were established which was in about forty-eight hours, then the dose was reduced to grs. i three times each day, and after about one week to grs. ss three times each day. The abdomen was repeatedly measured and was found to be constantly diminishing in circumference at the rate of about one inch per week. The *Ergotin* was continued up to September 10th, when the circumference of her abdomen was reduced to thirty-four inches and the sound would now pass into the uterus, only seven inches. Now this all looks well enough on the outside and so far as the growth was concerned was all that had been anticipated from the action of the *Ergotin*, but Mrs. P.'s health, which had declined gradually previous to the administration of *Ergotin*, continued to decline though more rapidly. Her condition was that of torpor, lowered temperature, and some anaesthesia of the extremities. September 10th the remedy was discontinued and only sustaining treatment used from that time till her death, September the 20th.

A necroscopic examination was made and a large fibro-cystic tumor of the uterus was found measuring nine inches longitudinal diameter, and seven inches transverse diameter, the thickness of the interstitial growth at the fundus was about three inches, at the sides it varied from two to two and a half inches, just above the os uteri internum was a sub-mucous fibroid about the size of a hen's egg. In the central part of the tumor were several cavities filled with serum of a dark brown color, without odor and of the consistence of cream. But the main part of the growth, was of the mural variety and this undoubtedly accounts for the fact of their having been no hæmorrhage from beginning to end.

It is evident in this case that the growth was sensibly diminished by the *Ergotin*, but the question comes up, was the *Ergotin* in any way the cause of the rapid decline? And is it safe practice to give this drug in sufficient doses to maintain uterine contractions long enough to reduce a fibroid growth? If others have had experience with this drug in fibroid tumors of the uterus let us have it through the columns of THE UNITED STATES MEDICAL INVESTIGATOR, though it be like mine, unfavorable in results.

DEWITT, Iowa, Oct. 4.

M. R. WAGGONER.

Obstetrical Department.

THE FORCEPS IN BREECH PRESENTATION.

READ BEFORE THE CHICAGO ACADEMY OF HOMOEOPATHIC PHYSICIANS
AND SURGEONS, BY R. N. FOSTER, M. D.

On the morning of the 14th of August I was called early to see Mrs. —, primipera, aged twenty, of exceedingly sensitive temperament, but strong and well. She was three days in advance of her exact period for confinement, but labor pains had been regular for six hours when I first saw her — about six o'clock in the morning.

At this time the *os uteri* was high up in the pelvis, almost beyond reach, and slightly dilated. Pains recurring at intervals of ten minutes. The presentation could not be made out. Leaving some general directions for the management of the case I left, and returned again at eleven o'clock, to find that the *os* was somewhat more dilated, but the condition otherwise unchanged. At 4 P. M. there was a still further dilatation; the *os* being open to the extent of three-fourths of an inch in diameter. At 7 P. M. the open *os* was about an inch in diameter; the pains still regular, but not increasing in strength. The woman was exceedingly nervous, bearing her pains with great impatience, sometimes becoming almost frantic under them. Reflex pains also distressed her exceedingly, sometimes assuming the form of a violent gastralgia with vomiting, then of a cephalalgia with heat in the head, flushed face, and a feeling on the part of the patient that she would "certainly go crazy." For the cephalalgia I gave *Bell.* for the vomiting *Specac.* When these symptoms subsided I gave *Caulophyllum* in ten drop doses of the tincture every hour, hoping thereby to favor dilatation and facilitate labor generally. I then left my patient for a while, but only to be called again in haste at 9 P. M., when I was informed by the nurse that the waters had been discharged, and that the pains were more frequent and very severe. On examination the membranes, which at the previous examination had protruded through the narrow *os*, were found ruptured and the waters discharged. But the presenting part had made no advance whatever, nor had the dilatation perceptibly increased, yet the *os* was not rigid. Nevertheless the pains were regular, recurring about once in four minutes, and hard to bear.

For the next five hours examination was made every hour, and dilatation during this period slowly progressed, until about 2 A. M., when it was complete. Still there was no descent of the child. However, the presentation could now be determined with certainty. It was a breech,

with the right hip of the child anterior and toward the right acetabulum of the mother.

It was now half past two o'clock in the morning. The woman had been in labor for over twenty-four hours; for twenty hours the labor had been severe. Her nervousness and anguish increased steadily. Her entreaties for relief were most piteous and incessant. The waters had been drained off five hours before the os was dilated sufficiently to admit of any interference. She had been placed successively on the right side, the left side, the back and the knees; but no position seemed to produce the slightest effect. *Chloroform* had been administered at 11 o'clock, but it increased the gastric distress, and the patient refused to try it further. Pressure on the abdomen would not be tolerated for a moment, howsoever gently it was attempted. The binder had been applied with a view to make the pressure equable and easy, but this too had to be removed. In fact, nearly everything had been tried, and nothing accomplished. The situation was becoming serious. The repeated contractions had forced the pointed breech into the pelvis, but the hips obstinately refused to engage; the slight gain was more apparent than real, for it was simply the result of prolonged moulding. Endeavors were made to act on the breech by the fingers, making alternate pressure in the direction first of one hip and then of the other. Pressure on the abdomen was carefully applied, but the patient continued so sensitive this means, often so effective and so easy of employment, was in this case almost useless. The abdominal tenderness was not inflammatory, apparently, but was simply a part of the abnormal hyperæsthesia of the whole nervous system of the patient. Blunt hooks, fillets, vectis, and fingers, were alike unavailable; the first two means could not in this situation of the breech be applied, and the last two could move the breech from side to side but could not effect its advance or determine it to engage. To introduce the hand and bring down the feet, or the head, seemed hazardous, considering the firmness and frequency of the uterine contractions, and the length of time since the waters had been discharged. I therefore determined, before hazarding such a movement, to *apply the forceps to the breech*, to see whether by that instrument I could not exercise sufficient traction to bring the breech within reach of other instruments. Accordingly the forceps were introduced without any difficulty, and without inflict the slightest pain upon the patient. At the first introduction they failed to lock easily, they were therefore withdrawn and replaced. The right bade embraced the ischiatic convexity of the left natis, while the left occupied the convexity formed by the right ilium. This application was necessitated by the advanced position of the anterior hip. On their second introduction the forceps locked of themselves, and I was ready to assist when the pains lead the way. Traction was made in the direction of the superior strait, very cautiously at first for fear the instrument should slip, but with greater force as they continued to hold well, until, after an hour's careful traction, accompanied by a forward and backward movement of the forceps in the oblique diameter of the pelvis, the breech was brought down so as to distend the peri-

neum considerably. At this stage the right groin could be felt by the finger passed under the pubic bone. The forceps were therefore removed, the blunt hook was applied in this groin, and the right hip was soon brought down until it slipped beneath the pubic bone, when the left immediately swept over the perineum and passed the lower commissure without difficulty. Another pain brought down the body so that the feet could be liberated, and the child at once turned spontaneously with its face to the back of the mother, a little toward the left, thus throwing the retained shoulders and head into the oblique diameter of the pelvis. The arms were liberated during the next two pains by passing them in succession over the face and chest, and immediately afterward the forefinger of the left hand was introduced into the child's mouth, the chin was forced gently upon the upper chest and retained there, while with the right hand the body of the child was carried up over the pubes and almost on to the belly of the mother. These movements effected the delivery of the head without delay. The cord was protected from pressure from the moment of its appearance although no pulsation could then be detected in it. The penis and crotum were congested to blackness. The whole body of the child was purple. It gasped about once in two minutes for nearly an hour, but regular respiration could not be established, although all usual means were resorted to for that purpose.

The cause of the child's death was undoubtedly the long delay in delivering, as it was not otherwise injured in the least. It was a large child, probably weighing more than ten pounds, and the cord must have suffered compression during most of the time occupied in delivery after the application of the forceps. Nevertheless the delay was deemed necessary for the safety of the mother, who made a good and rapid recovery, sitting up dressed and comfortable on the eighth day, with no sign of hard usage remaining, except a tenderness of the tip of the coccyx. A more rapid delivery would undoubtedly have saved the child, but its execution involved the use of a degree of force that might have endangered the safety of the mother. The causes of the delay in the decent of the breech in this case seems to have been two: First, the unusual size of the child, the large diameter of the hips being in excess of that of the maternal pelvis, thus preventing the presenting part from engaging at all; and secondly, the early escape of the waters, leaving the womb to grasp firmly the body of the child.

I have reported this case in detail because so far as I know the use of the forceps in breech presentations is not deemed practicable, whereas they here proved the only available, safe, and easy means of escape from what threatened to be a formidable difficulty. They were easily applied, they did not offer to slip, although strong traction was made upon them, and with no pain to the mother, and no injury to the child, they brought the breech well down into the inferior strait, when the blunt hook was preferable and easily applied.

That every case of breech presentation does not present such difficulties I can testify, for on the very next night I had another, also in a primipara, but the labor was not any more difficult than most of head

cases in the same class of patients. This labor progressed favorably from the outset, and the child was delivered without any interference on my part (except that I supported the breech.) arms, head, and all; the child weighed about seven and a half pounds, and respired properly as soon as born.

OIL PREVENTING HÆMORRHAGE.

Some months ago THE UNITED STATES MEDICAL INVESTIGATOR stated that *Olive oil*, used as food, [No, locally.—ED.] had been found useful in preventing post-partem hæmorrhage.

The idea was suggested that the beneficial effect was due to a transformation of the *Oil* into fibrin. Is this a new theory? You are aware that the physiologists teach that fibrin is formed from albumen by catalysis, and that albumen itself is derived only from the nitrogenized foods.

LEAVENWORTH, Kan. Oct. 6.

W. F. MORGAN.

[The oil applied to the abdomen is absorbed and taken up by the mesentery glands, where it increases the quantity of white blood in the chyle receptacle, and as this finds its way into the blood current the quantity of fibrin is thereby increased and the tendency to hæmorrhage greatly lessened. That is the *modus operandi* of *Oil* preventing hæmorrhage, i. e., if it is a fact that it does really prevent hæmorrhage.

Albumen is believed to be simply fibrin in the granular form. Fibrin is organized albumen. Fibrin is the envelope of the white blood corpuscle, milk or oil globule, etc.—ED.]

THAT CASE OF STIMULANTS IN LABOR.

In your October 15th issue, the Doctor, (I. C. Teague) attempts to reply, or rather denies, the report made of his wife's case in the 'September number. This is really amusing, as no names were given, but if the shoe fits him, let him wear it. The case was correctly reported, the Doctor's denial to the contrary notwithstanding. He knows full well that he aroused me from bed at midnight, saying, "Doctor, come to my house as soon as possible, as my wife is dying, please hurry." I went accordingly in great haste, and found her completely prostrated, with barely a perceptible pulse, too rapid to count, and her voice scarcely audible. The doctor was greatly excited, and utterly ignorant of the cause of the hemorrhage—as he frankly told me he did not know she was pregnant. I removed the uterine contents myself, and satisfied the doctor of the true condition of things. But "where igno-

rance is bliss, it is folly to be wise." Now he shows his ungratefulness for favors received, by making low insinuations, and wholesale equivocations. He knows that while I remained with his wife he neither felt her pulse, nor gave her anything except my prescription of *Ipecac.* save once, when he made an effort to force some brandy down her, and I promptly forbade it. The doctor and his wife are *preachers* in the M. E. Church, and both of them were identified with the temperance crusade movement, hence his prescribing liquor of any kind is not easily squared with his past avowals. He says, in general he practices Homœopathy!—Here he makes a little mistake—he means to say he practices pseudo-eclecticism in general and *Home-pathy* in the singular—not *Homœopathy*. I am very sorry to have excited the doctor, for I meant no harm to him, nor his, in reporting the case to the public; it was done for the good of the young in the profession—nothing more—nothing less. I gave no names, and kept out many little things not at all relevant to the case, and only recited such things as bore testimony of the principles of pure Homœopathy. I never have, and never will report a case, that has not occurred just as I give it, for in doing otherwise I might mislead, and thus do great harm.

RICHMOND, IND., October 22d, 1875.

O. P. BAER.

Materia Medica Department.

A PATHOLOGICAL ACONITE SYMPTOM.

In this decade of rapid progress in medical science, it behooves us as representing the most scientific investigators in the direction of *Materia Medica*, to be on the look-out for *pathological* symptoms. If ever we have a complete *materia medica*, it will be when we can exhibit side by side, subjective and objective symptoms.

In the *New York Medical Journal* for April, 1875, is detailed a remarkable case of poisoning by *Aconite* with a most remarkable recovery from apparent death. The means used were electricity, oxygen gas, artificial respiration, etc. But the condition of the *kidneys* is what seems the most important to us, as all the other symptoms are quite familiar to us. On page 375, Dr. Blake records that the patient was inclined to be comatose, "from probable paralysis of the excretory functions of the kidneys."

"A specimen of urine obtained about 6 P. M. showed that the kidneys had scarcely acted at all during the day, and the secretion was loaded with *albumen* and *fragments of casts*."

"At 5 A. M. (the next morning) the kidneys had resumed their

activity. The specimen at this time obtained was copious in amount and loaded as before with albumen and fragments of casts."

Dr. Blake afterwards reports that this condition of the urine "has entirely and permanently passed away."

This discovery is important because it furnishes us with a specific remedy for the first stage of Bright's Disease, and will enable us to ward off impending attacks of those serious conditions which go under that name.

It shows also that *Aconite* is an analogue of *Cantharis*, *Terebinth.*, *Copaiva*, *Cubebæ*, and a few other medicines, which correspond to a more advanced stage of renal disease.

CHICAGO.

E. M. HALE.

CHINA NOT QUININE.

A late circular, advertising an improved method of treating intermittent fever, asserts that "even the Homœopaths admit that *Quinine* is the main remedy," and cites Baer, (II, page 570.) By reference to the work it will be seen that *China* and *Quinine* are confounded; and hence this misapprehension and misrepresentation.

W. F. MORGAN.

Society Proceedings.

HOMŒOPATHIC MEDICAL SOCIETY OF NEW YORK.

[Continued from page 372.]

ONONDAGO COUNTY HOMŒOPATHIC SOCIETY.

CONDENSED CLINICAL REPORT PRESENTED BY H. V. MILLER, M. D.
ECZEMA.

Dr. Hawley had abundantly corroborated the following indications for remedies:

Arsenicum.—Itching of the skin and sore burning sensation. following scratching.

Cicuta.—No itching; the exudation dries down into a hard, lemon-colored scab.

Graphites.—Profuse serous exudation; eczema occurring in blondes inclined to obesity.

Rhus. tox. — Incessant itching and scratching; the more they scratch the greater the urgency to scratch.

Arsenicum.—*High.*—Dr. Brewster reported a case of chronic eczema of face and scalp, spreading from the ear with a *fine* vesicle drying down into bran-like scales.

OVARIAN TUMORS.

Podophyllum 15,000. — Dr. Hawley has with this remedy cured four cases from the size of a hen's egg to half the size of the fist, all located on the *right side*. *Pain and numbness extending down the corresponding thigh.*

Arsenicum. — *High.* — Dr. Brewster had verified the following indication for the reduction of ovarian tumor. *Pain in the leg, cannot keep the foot still.*

Plumbum 12. — Dr. Young cured a case with this characteristic: Patient *wanted to stretch the upper and lower limbs* during ovarian pains.

Stramonium 200. — Dr. Miller speedily cured such a tumor, size of a hen's egg, attended with some lancinating pains and hysterical convulsions. During the convulsions the *patient shrank back with fear on seeing any one.*

Podophyllum 30 or 200. — Dr. Seward completed the cure of an ovarian tumor with this remedy. Indications: *Pains extending upward to the shoulder.*

MANIA.

Belladonna 14,000. — Dr. Brewster cured a case by means of the following indication: *Desire to bite, strike and run away.*

Belladonna 6. — Dr. Seward cured a case by means of same indication.

Poisonous Colors on Wall Paper. — Dr. F. Bigelow reported that *Acet. of Arsenic* is largely used to give a clear, fresh color and delicate shading to wall paper. Test: Wet the paper with *Ammonia* water; pour this off on a piece of clean glass and drop into it a crystal of *Nitrate of silver*. If a yellow precipitate forms around the crystal it shows the presence of *Arsenic*.

THE CURATIVE SPHERE OF BELLADONNA.

Dr. Miller reports its mental symptoms and peculiar temperament as compared with those of *Aconite*.

It is indicated in headache with pulsation of the carotid arteries, flushed face, injected eyes and photophobia, worse on the right side, etc. It is contrasted with *Glonoine*.

In sore throat it is compared with *Mercurius*. Its indications are given in bronchitis and flatulent colic. In prolapsus uteri, dysmenorrhœa and metorrhagia, its indication is severe downward pressure in uterine region as if everything would be forced out, particularly when walking or stooping, etc.

Hæmorrhoids are so sensitive that the patient has to lie with nates separated.

In erysipelas its indications are heat, swelling and scarlet redness or shining redness.

In hemiplegia, spasms on one side and paralysis of the other side, with congestion to medulla.

In cerebral affections it is compared with *Gelsemium* and *Lachesis*.

In neuralgia the pains suddenly begin and cease as suddenly.

It has aggravation of pains after 3 P. M. and after midnight; also from touch, motion and the least jar. He had verified its curative sphere in colitis, gastritis, nephralgia and uterine diseases attended with aggravation of pains from the least jar.

It chiefly affects the cerebro-spinal nervous system, while *Aconite* primarily affects the vasomotor nerves.

BRYONIA COMPARED WITH ACONITE AND RHUS TOX.

Dr. Miller states that in pleurisy and rheumatism, *Bryonia* has great aggravation of pain from the least motion; also profuse, sour sweat easily excited. It has dryness of lips and mouth; dry, brown stool and aggravation of pain in the evening and before midnight.

Whereas *Aconite* has full, hard, frequent pulse, dry, hot skin, red, scanty urine, thirst, restlessness and anxiety and aggravations of symptoms in the evening and after midnight.

In gastric derangements *Bryonia* has nausea, or nausea and faintness on rising from a recumbent position. This he had frequently verified.

Cases of pleurisy or rheumatism curable by *Rhus tox.* are caused by exposure to wet weather or by straining, lifting, etc., and there is great restlessness occasioned by an aggravation of pain from keeping still.

There may be aggravation on first moving, but relief from continued exercise. The tip of the tongue may have a triangular redness. General aggravation after midnight and amelioration from dry, warm applications.

Discussion on Bryonia, Aconite and Rhus tox.—Dr. Hawley prescribed *Rhus tox.* in typhoid fever when there was triangular redness of the tip of the tongue.

He generally gave *Bryonia* in various complaints when there was a marked aggravation of pain from the least motion. In headache, when the forehead aches as if it would split, but for cough on coming into a warm room, he preferred *Pulsatilla*.

He prescribed *Bryonia* in gastric derangements when after eating there is a sensation of weight like a stone in the stomach and a bitter taste in the mouth, every thing tasting bitter. He found it the remedy in rheumatism when there was intense aggravation of pain from motion. *Aconite* does not have this aggravation so prominently, but it has restlessness and anxiety. The *Bryonia* patient is very cross and ugly. He found *Bryonia* curative in constipation with dry, hard, burnt stools.

Dr. Seward had proved *Bryonia* and obtained as a result severe pain in sole of foot with great lameness. Could not walk; not much swelling.

Dr. Young reported various verifications of *Bryonia*.

“*Poisoning by Arsenic.*”—Dr. Miller states that a lady once per-

sistently took *Fowler's Solution of Arsenic* for erysipelas. Invariably after taking a dose she had the following symptoms: Dyspnoea, injected conjunctiva, and eye-balls fixed (like *Cicuta*.) Since then she has several times experienced a return of the same symptoms immediately after taking *Arsenicum* 6.

NASAL CATARRH.

Prof. C. C. Smith, of Philadelphia, gives the following indications for remedies:

1. Salty expectoration. Most prominent remedies, *Arsenicum*, *Nux vom.*, *Pulsatilla*, *Lycopodium*, *Phosphorus* and *Sepia*.
2. Transparent mucus like the white of egg. Leading remedy, *Natrum mur.*; next, *Sulphur*; then *Mercurius*.

Professor Allen states that *Argentum nitric.* has nasal discharge like boiled starch. The indications for *Argentum nit.* were given from the lectures and materia medica of Prof. Allen.

Dr. Miller reported successful treatment of several inveterate cases of nasal catarrh with *Corallium* 6. Indication: Accumulation of serous mucus in the pharynx, occasioning constant hawking and spitting. *Argentum nit.* has constant accumulation, hawking, spitting, thick tenacious mucus. And *Kali bich.* has acrid or thick, yellow,ropy discharge from posterior nares.

PLEURISY.

Kali carb., 200. — Dr. Miller. Indication: *Stitching pains in lower portion of the right lung.*

DIARRHŒA.

Podophyllum 3 or 6. — Drs. Young and Brewster's report. Indications: Child awakes at 3 or 4 A. M. with griping pains in the abdomen; *retching* and fetid, green, yellow or dark stools. Alarming aggravation.

Podophyllum. — Dr. Seward. During every evacuation prolapsus recti, fetid, watery stools and morning aggravation.

Benzoic acid. — Dr. Hawley. Profuse, watery diarrhœa running through the diaper. Stools frequent and very offensive. Urine somewhat strong.

NOCTURNAL ENURESIS.

Ammonium carb. — Dr. Greeley reports: Indications, enuresis occurring any time at night. *Pale urine. Red sediment.*

Chamomilla. — Dr. Miller. Child cross, had to be carried. Whooping cough as a complication.

Æthusa 200. — Dr. Miller. Vomiting coagulated milk after nursing bottle. Greenish, watery diarrhœa.

CLINICAL CASES.

Veratrum 30. — Dr. Miller reports as symptoms of cholera morbus: profuse brownish discharges, thirst, cramps in calves, feet and fingers.

prostration, cold sweat, great weakness after stool.

Hyoscyamus 30. — An aged gentleman had for several days a prostrating diarrhœa: Stools *yellow, watery*, very frequent and always *involuntary during sleep*.

Aloes 30 or 200. — Diarrhœa, driving out of the bed very early in the morning (like *Sulphur*.) Stools, yellow fecal, worse after eating, before stool, violent urging; during stool, tenesmus and discharge of much flatus; after stool, faintness. Stools involuntary when passing flatus or urine.

Argentum nit. 200. — Indication: Very noisy discharge of flatus.

DIPHTHERIA.

Phytolacca 3 or 200. — Much prostration, and severe pain in head, back, and extremities. *Apis* has from the beginning great prostration with dirty grey exudation. Ordinarily the albuminous exudation characteristic of the disease is whitish at the commencement.

Lachesis 200. — Exudation first on left side. Aggravation after sleeping. He found *Phytolacca* most frequently indicated.

BUREAU OF GYNÆCOLOGY.

A. P. THROOP, M. D., CHAIRMAN.

Dr. J. C. Minor related his experience in the treatment of ovarian tumors; advocating the use of Electrolysis as a means of resolution before resorting to surgical interference.

Dr. Emma Scott presented an interesting paper on "Uterine Displacements."

On motion the society adjourned to Annual Meeting at Albany, the second Tuesday in February, 1876.

FRANK L. VINCENT, Recording Secretary.

MICHIGAN HOMŒOPATHIC MEDICAL INSTITUTE.

The semi-annual meeting of the Michigan Homœopathic Institute met in the Common Council rooms in the city of Lansing: President, A. R. Ball in the chair, R. W. Nelson, Secretary.

The minutes of the last meeting were read and approved.

Report of the Committee relative to the establishment of a Homœopathic College as a branch of the University was read. Report accepted and committee discharged.

WHEREAS, The Regents of the University have elected two Homœopathic Professors, one to the chair of *Materia Medica*, and one of *Theory and Practice* in accordance with the defunct law of 1873, therefore

Resolved, That the president and secretary of the Michigan Homœopathic Institute be instructed to institute legal proceedings against the Regents to compel them to conform to the act of 1874, and assess all costs on the members of the State Institute.

After a spirited discussion, in which almost all the members took part, it was finally LOST by a two-thirds vote.

Resolved, That the secretary be requested to invite the Homœopathic Physicians of the State of Michigan to participate in a general Homœopathic Convention at the city of Lansing on the second Tuesday of January, 1876, for the consideration of the best interests of our profession in this state. [Unanimously carried.]

There were some interesting clinics brought forward for examination, after which Dr. T. B. Lamb introduced an instrument of his own invention for removing heavy patients from one bed to another, or even from one room to another without injury or distress.

Dr. H. C. Allen, superintendent of agencies of Homœopathic Mutual Life Insurance Co. was present, and gave an interesting exposition of the working of that company, after which a vote of thanks was tendered him for the same, and it was

Resolved, That we pledge ourselves to forward the interests of that company with our patrons.

The Society then adjourned subject to the call of the President.

R. W. NELSON, Secretary.

KANKAKEE AND DESPLAINES VALLEY ASSOCIATION.

MR. EDITOR : It gives me great pleasure to be able to state that we have a medical society in this locality, which is not merely a society in name but in fact. The third regular meeting of the Kankakee and Desplaines Valley Medical Association convened at the office of Dr. Williams in this city July 13th. There was a full attendance of the Homœopathic fraternity of Will and Grundy counties, notices having been sent to all physicians within reasonable distance of this place, inviting them to be present with us. Should any have been overlooked, we at this time extend to them a cordial invitation to be present at our next meeting and participate with us in its deliberations.

The meeting was called to order by the president, Dr. J. M. Antis, of Morris. The minutes of the previous meeting was read and approved.

The president then read a paper on the subject, "Man Proper," which was listened to with great interest, and discussed by all the members present.

Dr. S. E. Trott related a case of nervous derangement of a cataleptic nature, similar to one mentioned in Dr. Antis' paper, which was cured by *Opium* 6.

Dr. G. Cowell reported a case in which a man had passed from the bowels a very singular substance which appeared to be *calculus*.

Dr. Williams then read a paper on laryngitis, setting forth the use of *Kali bich.* both, locally and internally. He particularly advocated

its use locally. The Doctor's experience was confirmed by other members of the Society who had used it in that way.

Dr. J. Backus used *Lactic acid* in the same condition, with great success. Dr. Backus then delivered a verbal report

ON PERPEURAL FEVER,

which elicited much attention. The Doctor considered the disease a true inflammation. At the commencement the pain is usually local, but may be diffused; if it commences in the ovaries it is dull and aching; if at first peritoneal the pain is sharp and acute; if it first attacks the uterus, the lochia ceases, there is great bearing down pain, rapid depression follows those cases in which the lochia ceases at once. We are often led astray by an apparent lull in the disease and much time is lost. We should continue the treatment with more than ordinary persistence, even after convalescence seems well established. In the doctor's locality it frequently occurs as an epidemic, and its coincidence with erysipelas and surgical infection is very noticeable. As a preventative, thorough disinfection with *Carbolic lotion* should be made before visiting each patient, and the Doctor has frequently found it necessary to stop all attendance on surgical cases during these epidemics, and never attends erysipelas patients at the same time that he is attending newly delivered women. Has not found as good results as he desired in strict Homœopathic treatment in these cases. As an internal remedy, uses the *Hyposulphite of soda* in 10 gr. doses every two or three hours, and believes, if it is thoroughly used, will combat the worst cases.

Dr. S. E. Trott gave a short

REPORT ON ERYSIPELAS.

Was well satisfied with the usual Homœopathic treatment, used locally the old Cranberry poultice. Dr. Sturtevant used *Cantharis* locally in the vesicular variety with good success. Drs. Antis and Campbell corroborated his experience.

Dr. Campbell then read a paper on Surgery, subject

HÆMATURIA,

and reported a case of penetrating wound of the kidney, which ended in recovery. There was an escape of urine into the peritoneal cavity, which was confirmed by quite a large escape of urine from the external openings. There was also a profuse hæmorrhage through the urinary tract. Patient died by accident two years afterwards. *Terebinth.*, *Eriogeron*, *Mellifolium* and *Hamamelis* were the remedies recommended in cases of Hæmaturæa, as being the most reliable.

Dr. G. Cowell was elected Censor.

The President then appointed the following gentlemen to report at the next meeting.

Dr. S. E. Trott, on Psychological Development.

Dr. M. B. Campbell, on the use of Obstetrical Instruments.

Dr. Sturtevant, on Etiquette.

Dr. Backus, on the conduct to be shown towards our Allopathic brethren.

Dr. George Cowell, Scarlet Fever.

Dr. Antis, on Cholera Infantum.

Meeting then adjourned until the second Tuesday of October, at 2 P. M., to meet at the office of Dr. M. B. Campbell.

JOLIET, Ill., July 20. 1875.

M. B. CAMPBELL, Secretary.

WESTERN ACADEMY OF HOMŒOPATHY.

FIRST DAY'S SESSION.

The second anniversary and first regular session of the Western Academy of Homœopathy was held at Davenport, Iowa, October 6, 1875, at the Burtis' Opera House, the proceedings beginning at ten o'clock A. M. The President, Dr. M. Mayer Marix, of Denver, Colorado, finding it impossible to attend sent his address which was read by the president *pro tem*, Dr. P. H. Worley, of Davenport, Iowa. The address was listened to with marked interest and attention by the assembled members, and at its conclusion referred to the committee on publication.

Dr. Franklin read a letter from Dr. J. C. Morgan, expressing his best wishes for the welfare of the academy.

The committee on credentials then reported the following: We, your committee, have examined the credentials of the following named persons, and would recommend their election to membership:

W. John Harris, Carondolet, Mo., H. A. Whlmeyer, St. Louis, Mo., J. H. Moreley, St. Louis, Mo., Mrs. A. M. Hoppins, Geneseo, Ill., H. I. Hoppins, Geneseo, Ill., graduates of Homœopathic Medical College of Missouri; W. H. Woodyatt, Chicago, graduate of Cleveland Medical College; H. P. Button, Iowa City, Iowa, graduate of Hahnemann Medical College, Chicago; T. C. Duncan, Chicago, graduate of Hahnemann Medical College, Chicago; Frank Duncan, Delegate, UNITED STATES MEDICAL INVESTIGATOR.

R. H. MCFARLAN.

R. L. HILL.

On motion the report was accepted.

By request the treasurer's report was postponed until the following day. The committee on certificate and seal. J. Martine Kershaw, chairman, reported that both were finished and certificates sent to those who had paid dues. On motion committee was discharged.

On motion, the parties recommended for election were elected.

Call being made on the Bureau of Anatomy and Physiology, no papers were offered.

BUREAU OF PÆDOLOGY—TABES MÉSENTERICA.

An interesting paper by Philo G. Valentine, M. D., was read.

Dr. Duncan said obstruction of lymphatic glands is the root of this thing. When glands are atrophied and become exhausted, a peculiar diarrhœa ensues, with fifteen or twenty passages per day. They are exceedingly fetid, smelling like decayed meat or onions. In hypertrophied glands in fleshy, flabby subjects *Creasote* is the remedy. A case, in a stupid condition, drowsy, gave *Opium* and saw relief. For small delicate children starchy food is the best. Horlick's or Ridge's foods seems to act well in these cases. Putting milk in the bath, which is always to be of warm water, helps these little ones.

Dr. Franklin related a case cured by *Iodine* where there was glandular enlargement. Had seen advantage of giving cod liver oil. Did not think the oil did much but the *Iodine* contained in it, although where there was loss of appetite, lack of digestion, oil seemed to improve where the *Iodine* did no good. His experience had taught him that there is no remedy equal to *Iodine* in this disease.

Dr. Bowen did not believe any child or consumptive could digest raw meat, although cooked would help.

Dr. Duncan said he had saved one child of eighteen months by its use, making the meat into pulp and covering with sugar.

ON REPETITION OF THE DOSE.

Dr. Bishop wanted to know how often a remedy should be repeated in these cases.

Dr. Franklin gave such a remedy as *Calcarea carb.* about once a week, although had heard Dr. Helmuth say that any one would die of consumption who would take it for a length of times, often hastened death. He had given it as often as twice a day.

Dr. Woodyatt had been taught that to give *Calc. c.* a second time was criminal. He did not believe any thing of the kind, as he had given it for months, twice a day, with no untoward results.

Dr. Bowen believed it no more dangerous than charcoal.

Dr. A. M. Hoppins had helped a case of teething and diarrhœa and repeated often.

On motion paper was adopted, and referred to publishing committee.

Dr. Duncan then read a paper entitled "The Effect of different Regions upon the Development and Diseases of Children."

Dr. Worley desired to know if well or rain water was best in this (limestone) country.

Dr. Duncan — Rain water.

On motion paper referred to publishing committee.

A paper was then read, written by Dr. C. W. Spalding, of St. Louis, Mo., and entitled, "The Molecular Theory as Applied to Pharmacy." Referred to committee on publication.

A paper by Dr. Morse, of Memphis, Tenn., on "*Veratrum viride* in Malarial Fevers," was then read (see page 359).

Dr. Franklin thought *Atropine* as good a remedy in many similar cases. Referred to committee on publication.

Dr. R. L. Hill, of Dubuque, Iowa, then presented a paper on "Parturient Convulsions." Referred to committee on publication.

Dr. Richardson, of St. Louis, presented a paper on "Atresia." Referred to committee on publication.

As Chairman of Bureau of Surgery, Dr. Franklin, of St. Louis, offered a paper on "Transfusion of Human Blood." Accepted and referred with permission to furnish with facts in the case of General Blair.

Dr. Dupuy furnished a paper entitled "Cases of Surgery." Referred to publishing committee.

PUBLIC EVENING MEETING.

At half past seven in the evening an address of welcome was delivered by Hon. Hiram Price, of Dubuque.

Dr. E. C. Franklin, of St. Louis, the orator for the evening then delivered an interesting address on "The Press, the Platform and the Pulpit in the Development of Medicine, Literature and Science." This was a splendid effort and was delivered in a manner worthy of the matter.

A scientific session followed at which Dr. Woodyatt, of Chicago, delivered a lecture on Myopia, better known, short-sightedness. The doctor illustrated his lecture with plates showing the various structures of the eye. The doctor went on to prove that this disease could be cured by the use of internal remedies chief of which was *Calabar bean*.

The meeting adjourned till next morning at nine o'clock.

J. MARTINE KERSHAW, Secretary.

AN ENCOURAGING PROSPECTUS.

The Prospectus for 1875 was the most remarkable one ever presented to our readers or to the profession. Never before in the history of Homœopathy were two such able and influential medical journals consolidated for the good of the cause. We hoped to combine the solid character of the *United States Medical and Surgical Journal* with the energy and variety of THE MEDICAL INVESTIGATOR. The united efforts of their collaborators, and the addition of others, has made this a splendid periodical; while the semi-monthly issue has ensured a greater variety and more practical character than could otherwise have been obtained.

This consolidation of two large Homœopathic journals and the publication of a semi-monthly medical magazine, was a venture that tested the faith of the most level-headed publishers. It was pronounced "risky," and it was feared we should not get enough of valuable matter to fill such a large issue every two weeks. The result has far exceeded the expectations of all. The profession have deeply appreciated this effort in their behalf. Two journals condensed into one, issued so often, and at a reduced price, was such a tempting offer that few could resist. The articles have poured in till at this writing there are enough on hand to fill several numbers. The best verdict is such expressions as this: "It grows more practical with each issue."

The result of this semi-monthly experiment is such that we might

feel disposed to rest content. But we are urged to issue a weekly UNITED STATES MEDICAL INVESTIGATOR. Much as we would like to satisfy this large class who declare, "we want the help of those 'Practical Observations' every week," we cannot take this extra labor and care yet. Perhaps next year we may, if it seems the general wish. If these observations grow more and more practical and numerous, and the mass of valuable articles continues to pile in upon us, we will heed the hint and despatch a medical cargo twice as often.

A few miss the the lengthy essays found in the Quarterly, and to satisfy these (for we try to get up a journal that *all* will appreciate,) we shall ENLARGE THE UNITED STATES MEDICAL INVESTIGATOR for 1876, and thus still further benefit all our readers and writers.

Many changes and improvements will be introduced and no effort will be spared to make it still more valuable to the busy practitioner. But there will be no increase of the price. It will remain at \$5.00.

Our aim is to give a PRACTICAL, SCIENTIFIC, HOMŒOPATHIC, PROGRESSIVE MEDICAL JOURNAL.

NOW IS YOUR CHANCE!

We want next year to benefit EVERY Homœopathic physician.

We want to send this journal next year to every professed Homœopath who can read it — or who can get some one to read it to him.

Now we want you to help us (and we will pay you well, too).

1. If you send us *four* new names (with the money) you will get your copy for 1876, FREE!

2. If you send us *three* new subscriptions with your own, we will send you, free, a copy of SURGICAL DISEASES.

3. If you send us *five* new names with your own subscription, (i. e. \$30.00) we will send you, *free*, a copy of DISEASES OF WOMEN.

If you cannot induce your neighbors to take it, send us their names (with the reasons) and we will try our persuasive powers and remunerate you for your trouble.

"*Every Homœopathist should receive it regularly,*" is the opinion of many of the best men in our ranks, therefore we are going to do our level best to get every one of the six thousand to take it for 1876, even if we have to send it "a year on trial" to some of them who "cannot afford it."

We wish all to understand (what our personal friends well know) that we publish this journal for the good it does, and are satisfied when it pays for the labor spent upon it — which few medical journals do.

This is the reason why we offer so much medical matter at so low a figure, also why we can offer such rare inducements.

☞ We make a large discount to students.

It will be sent *on trial* for three months (six numbers) for \$1.00. A sample copy will be sent to any physician (of any school) on receipt of 25 cents.

Remit by draft, P. O. money order, or registered letter.

Office of
The United States Medical Investigator,

A SEMI-MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

[Consolidation of the *United States Medical and Surgical Journal*, (Quarterly, \$4.00), Vol. X, with the *MEDICAL INVESTIGATOR* (Monthly, \$3.00), Vol. XII; Commencing January, 1875.]

Two Volumes a Year. — Terms: \$5.00 a Year, Payable in Advance.

T. C. DUNCAN, M. D., Editor.

F. DUNCAN, M. D., Business Manager.

67 Washington St., Chicago, November 15, 1875.

A MISTAKE.— On page 303, E. W. Higbee, Northampton, Mass., instead of Albany, N. Y., as given.

MCLATCHY.—Died, on Tuesday, October 12, 1875, Mary J., wife of Dr. R. J. McClatchy, of Philadelphia. The Doctor has our sympathies.

ON TRIAL.— THE UNITED STATES MEDICAL INVESTIGATOR will be sent to any address three months (six numbers) for \$1.00. Do a little missionary work by sending it three months to some of your friends, no matter of what school. There are hundreds who do not know there is such a journal in existence.

BACK VOLUMES.— We can furnish a few volumes of 1872 and 1873 for \$2.00 each. A few complete volumes of 1874 can be had for \$3.00. Volume I, 1875, for \$2.50; it contains portraits of Drs. Shipman and Dake, with biographical sketch of each, also many very valuable articles.

LOCATION.—A Homoeopathic physician, educated in the Old School, with credentials of the highest character as to ability and standing, desires to find a location in some pleasant town for practice, either alone or as partner to some one already established. Correspondence solicited. Address, X Y Z, care H. C. G. Luyties, No. 306 North Fifth street, St. Louis, Mo.

C. H. VILAS, M. D., who has been for the last three years in the New York hospitals pursuing the studies relating to the eye and ear has, we are pleased to note, located at 112 Randolph street, (near Clark,) Chicago. We welcome the Doctor to the West and our fair city, and feel assured that his qualifications in eye and ear surgery will be appreciated by the profession and public.

FOR SALE.— A Kidder Galvanic Battery, nearly new, in good order, cost \$20, price \$12. Macleise's Surgical Anatomy, entirely new, never used, cost \$14, price \$10. Complete set of Urinary Test Apparatus with Flint's book, entirely new never used, cost \$20, price \$13. Post-mortem Case (Finnel's), nearly new and in perfect order, cost \$15, price \$9. One Galvano-Faradic Current Battery, 20 cells, entirely new, never used, cost \$36, price \$32. Inquire at or address this office.

PROF. R. LUDLAM, M. D., has returned to Chicago from his European visit laden with valuable medical matter. Some he has absorbed and some he has in the shape of all the recent literature on gynecology. Our readers are getting an idea of the value of the latter by the articles on the "Progress of Gynecology." The Doctor spent a very pleasant three months in the Paris hospitals. Being a foreigner and an apt listener he secured the interest of the professors and was shown some rare cases. He was enthusiastically received by the British profession and passed a pleasant time at the meetings of the British Society and the Congress. He was so occupied while absent that he had little time for correspondence, but we may look for some rare things from his pen. We expect the special course of lectures he is to deliver next May will prove exceedingly valuable to those fortunate enough to attend. During the last ten years Dr. L. has spent a small fortune in collecting all the works obtainable on his specialty. The profession are now reaping the benefit of his labors, also, in his valuable work on Diseases of Women.

THOSE RARE OFFERS.—*Surgical Diseases.* Having purchased this work, we are able to give it to our subscribers on the following liberal terms:

Seven dollars sent at once will secure THE UNITED STATES MEDICAL INVESTIGATOR for the year 1876, and a copy of this valuable work. ~~\$7~~ If you have not this work now is your chance.

Ludlam's Diseases of Women. We are happy to be able to make this rare offer: Ten dollars sent at once will secure THE UNITED STATES MEDICAL INVESTIGATOR for 1876, and a copy of the above practical work.

Twelve dollars sent at once will secure THE UNITED STATES MEDICAL INVESTIGATOR for 1876, Ludlam's Diseases of Women, and Surgical Diseases.

~~\$12~~ It will be for your interest to let us hear from you at once.

N. B.—The expressage will be paid by the party receiving these books at the above low rates.

THE
UNITED STATES
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

New Series, VOL. II., No. 11. — DECEMBER 1, 1875. — Whole No. 155.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

ARKANSAW, Wis., Nov. 11.— It has been quite healthy here for the past three months, some typhoid cases in which *Bry.* seems to do best.

W. R. CHURCHILL.

YPSILANTI, Mich., Nov. 13.— Our prevailing diseases are pneumonias and muco-malarial fevers. But they are few and yield readily to remedies. The pneumonias seem to call for *Bry.*, *Stibium*, and *Arnica* as leading remedies. The fevers are each a type by itself, slow, tedious, and “long drawn out.”

C. T. HARRIS.

PANA, Ill., Nov. 15.— Distressingly healthy in this locality. Erysipelas at present is the prevailing disease. I have three patients at this writing and all are doing well under *Bell.*, *Rhus*, *Apis*, *Ars.*, and *Sulph.*, and the Cranberry poultice often applied is of great value in relieving the itching and burning sensation often complained of by the patient.

H. H. HALL.

AKRON, Ohio, Oct. 13.— Weather has been exceedingly changable—

winds mostly from north-west with much dampness. For past month the prevailing diseases were remittent or continued bilious fevers, intermittents not as frequent, but catarrhal quite common. The first were mostly controlled quite readily with *Nux*, *Bry.*, and *Merc.*, while the second mostly called for *Rhus*, *Ars.*, *Verat.*, *Ipecac*, and occasionally *Apis* or *Puls.* *Merc. prot.*, *Hepar*, or *Gels.*, soon relieve the latter.

O. D. CHILDS.

NEW ALBANY, Ind., Nov. 20.—The hydrogenoid constitution is prevailing and has for several months, demanding *Apis*, *Natrum mur.*, *Natrum sulph.*, *Merc.*, etc. We had occasional cases of scarlatina around the Ohio falls all summer, and even the intermittents nearly all showed some throat complications. Last week the weekly mortality report of Louisville, just across the river, showed six fatal cases of scarlatina in a total of about fifty. I think that we will have a severe epidemic of that disease in which the hydrogenoid remedies, particularly *Apis*, will do good work.

A. MCNEIL.

WASHINGTON C. H., Ohio, Nov. 9.—Our county has been visited within the last few months by a fearful scourge of puerperal fever, but strange to say, it has all been confined to the practice of two of our "regulars." It is reported, and I suppose correctly, that they have had thirty cases of this disease, of which only two have recovered. My obstetrical patients have all done splendidly. We have had an unusual amount of remittent fever here this fall; all my cases were cured with *Gels.* or *Merc.* At present we are having considerable croup, promptly cured with *Aconite* or *Spongia*.

S. S. SALISBURY.

LITCHFIELD, Mich., Nov. 7.—We have had no prevailing type of disease in this section this fall. The few cases of bowel diseases that we had yielded readily to *Amm. mur.*, *Pod.*, and *Verat.* Lately we have been having a form of fever called by our Eclectic friends "Gastric Fever," (which is really a bilious remittent type,) that has given them serious trouble, proving fatal in nearly one-fourth of their cases. *Ipecac*, *Bry.*, and *Nux*, with occasionally an indication for *Rhus tox.*, has been all the remedies needed, and their success has helped to establish Homœopathy on a firm basis in this place.

M. RORABACHER.

ARLINGTON, Mass.—I am well aware of the many imperfections of every science, and I feel it our duty to call attention to such when we observe them. I have noticed a great many times in clinical reports the author would give only one or two symptoms for which he gave the medicine, and report its perfect and perhaps wonderful cure. We have no means of knowing the disease, the condition, or the circumstances attending that individual case, which is certainly very necessary to a physician holding life in his hands. Would it not be well for every writer to be careful before starting and then give us a full history of the case so as to make the drug valuable in prescribing? Would it not be well for those to give us their diagnosis or sufficient symptoms for us to form one?

C. A. LIBBY.

RUDD, Iowa, Oct. 7.—Typhoid and intermittent fevers are the prevailing diseases in this locality; the former are mostly controlled with *Baptisia*, *Rhus*, and *Bry.*; have been the most successful in intermittents by the use of *Ars.*, *Nux.*, and *Veratrum*. I have a case of epilepsy to report: A little girl, aged ten years, light hair, light complexion, and blue eyes; the fits were brought on by fright, two years since; at first had one each week, but under Allopathic treatment the intervals had shortened so much that she had one to two each day. I was called in to see her in a fit some six weeks since; found patient clutching wildly at the throat, the eyes rolled back in their sockets, and froth at the mouth. Prescribed *Bell.* 3, six pellets (No. 20) three times a day, and up to this date she had not had the least symptoms of epilepsy.

W. B. ASKILLS.

COUNCIL BLUFFS, Iowa, Nov. 18.—This fall malarial fevers were epidemic. Typho-malarial I used to call them. In many cases the type was intermittent. In all cases there was congestion of the medulla oblongata, irritation of the pneumogastric nerve, and constipation. The brunt of the disease fell upon the nervous systems, sympathetic, and cerebro-spinal. There was in all cases excessive prostration accompanied by sleeplessness. Several cases coming from the Allopaths were brought to the verge of death by vomiting. *Rhus tox.* was the indicated remedy and was given from the 30th to the 200th potency. In a case of a lady of seventy-five years, the retching was constant; there was a most intense bitter taste, with desire for fresh air. *Arg. nit.* 200 was given with a most happy effect; *Rhus tox.* 200 completed the cure. Recently some true croup, and a real epidemic of angina, accompanied with enlargement of the glands about the neck. If the winter is wet I shall expect cerebro-spinal meningitis in the spring, especially on account of the depressing effect the malaria has had on the nervous system. *Natrum sulph.* is now often indicated.

WALTER D. STILLMAN.

SYRACUSE, N. Y., Nov. 18.—The small-pox is rapidly disappearing from this pest-cursed city. The weather here for two or three weeks has been almost constantly cold, cloudy, raw, drizzling, sleety, snowy, and dismal enough to make any one seriously think of seeking a more genial clime. In fact some invalids have already started for Colorado, Iowa, etc. A friend of mine, who has been a dyspeptic for some years, heard so much about Colorado for invalids that he thought he would try it for a year or so. He went about a month ago and has just returned thoroughly disgusted with Denver and Colorado generally. He reports plenty of snow there, and after a snow-storm the roads are fearful. It is much colder there than here. It may be mild and pleasant in the middle of the day but at night it freezes up solidly, even in the fall. One thing pleasant for invalids to contemplate is that every house in Colorado swarms with bed bugs, and the drinking water there is so strongly impregnated with alkali that it aggravates one's dyspepsia beyond the power of endurance. In consequence of the sour weather we have plenty of bronchitis, rheumatism, and neuralgia, and

some diphtheria, pleurisy, and pneumonia. On the hills south they have plenty of typhoid fever. Diphtheria calls for *Apis*, *Lachesis*, or *Phytolacca*; rheumatism and neuralgia, *Aconite*, *Lachesis*, etc.; in pleurisy it is necessary to carefully examine the chest at times for effusion, by percussion with the trunk held in different positions and at different angles.

H. V. MILLER.

CASES FOR COUNSEL.

DEAR EDITOR: Is it your excessive good nature that enables *Dr. Robt. Rohland* so frequently to air himself and his *nostrums* in the columns of your journal? Is it not about time that you drop the *Doctor* with his *Essentia antiphthisica* and *respiratory remedy*. The *Doctor* promises to give us (through the columns of THE UNITED STATES MEDICAL INVESTIGATOR,) the history of more than three hundred cures. This accounts, probably, for the foreshadowed *Weekly INVESTIGATOR*. And when you do issue a *Weekly INVESTIGATOR*, please alternate a little—give us sound *Homœopathic* literature one week, the next the *Doctor's* advertisement together with the *pointless, aimless Clinical Observations*. No. 9, Vol. II, New Series, of THE UNITED STATES MEDICAL INVESTIGATOR, is one to be long remembered, especially in its mechanical construction. There, I feel better.

[We don't believe in alternating. The stream coming from so many fountains is of course not always pure. If Rohland's remedy is valuable, we should know it; if not, ditto. If we ever issue a weekly INVESTIGATOR we expect to have a consultation corner for those who cannot cure intermittent fever, consumption, gonorrhœa, as well as one for brilliant cures. Seriously, Doctor, we do not publish this journal to parade medical skill, but to help its readers.—ED.]

I have no surprising and brilliant cures to relate, but on *brilliant failures* I can show, I think, as full and complete a record as any M. D. I will give you a few illustrations, hoping that my mistakes may be pointed out.

SORE THROAT.

CASE I. Began on left side, went to right; pain shooting up to ear; worse in morning, and when first awaking; worse during empty swallowing; awakens during night with choking. *Lach.* high, afterward low, did no good.

INTERMITTENT FEVER.

CASE II. Tertian. Chills occurring about 2 P. M.; backache before chill; chill begins in back and goes up; during chill, sensation as if scalp were drawn into a knot on top of the head; cramps in stomach, which cause patient to bend forward; thirst, increasing during heat;

aching in hip, knee, and ankle joints. During fever, delirium; loquacity; opisthotonos; pain in hip, knee, and ankle joints; increase of thirst. Sweating, slight. Comfortable during apyrexia. *Pod.*, afterward *Stram.*, low and high, were given, but neither proved curative. In a similar case what ought I to give?

CASE III. Chill comes on at 10:45 A. M. During chill, complains of limbs aching; thirst greatest during chill; blue lips, blue nose, and blue nails; vomiting of clear, frothy mucus between chill and heat; hunger after fever. *Eup. perf.*, *Eup. purp.*, *Natr. mur.*, single remedy, high and low, fairly tried, failed. Of course the selections were wrong but what remedy was indicated?

CASE IV. Chills daily for three days. Anticipating. To-day's chill at 2:45 P. M. During chill, thirst; headache; pain extending from between the scapulæ to centre of sternum, a tight, constrictive pain, as if swallowing would be difficult. Chill begins in dorsal region. Vomiting between chill and fever; hunger after fever. This patient was suffering from a gastric trouble which manifested itself by eructations, regurgitations, and diarrhœa, especially after taking cold food or drink, although there is great craving for such. Milk causes excessive belching. *Eup. perf.*, *Eup. purp.*, *Ars.*, and *China* were tried faithfully without avail. Will some one tell me the remedy for that case?

I fail very frequently in intermittents and gonorrhœas with any and every potency, and as careful individualization as I am capable of, but succeed almost invariably in all loose discharges from the bowels. A careful record of many cases has thoroughly convinced me of the superiority of the higher potencies (200). I have succeeded many times with the higher when I found no response whatever from low, more especially in bowel difficulties, but I am making this altogether too long.

UNION SPRINGS, N. Y., Nov. 8.

O. W. SMITH.

THE PARASITE SUBJECT.

I wish to acknowledge the receipt of counsel, through the "conundrumal" character of THE UNITED STATES MEDICAL INVESTIGATOR on the tœnia subject, in response to my case published in the October 1st number. Several private letters with counsel, came early to hand, each suggesting different treatment. The first, from Dr. Miessler, Chicago, proves the same as that given by Dr. Bird, or nearly the same, which has proved successful with my patient. The prescription was administered as follows: Two ounces of pumpkin seeds, an emulsion, mixed with cream and given at night, no supper allowed, in the morning a dose of *Castor oil* with twenty drops of *Sulphuric ether*. This, omitting the *Ether*, promptly dislodged the entire worm, the head of which was much larger than any previous one met in my experience.

This worm has troubled the patient for over three years; *Koussou* and *Kamula* have brought away at various times as high as twenty-three feet.

I have suggested to my patient the occasional eating of pumpkin seeds, and prescribed occasional doses of *Santonin* that the system might become obnoxious to other tania. For the above results I am indebted to THE INVESTIGATOR and to brother physicians.

Though far from being a veteran in experience may I be allowed a word in response to "Veteran" and "Why all cannot see it"—Homœopathy. It does not seem strange to me, for too many "so-called Homœopathists" impede the wheels of progress with very muddy ideas of the science. Such disciples (?) of Homœopathy, in very many instances, enter the sacred profession of medicine with no aspirations higher than their pocket-book; they sometimes advertise themselves "Eclectic and Homœopath"—"Which do you prefer?"

A graduate of one of "our" colleges remarked to me that he had "no doubt of the efficacy of the infinitesimal dose but 'twas too much trouble to study out the simillimum," and so, to the honor of Homœopathy, he puts himself before his community as "Eclectic and Homœopath."

Another called upon me from his eastern home, a graduate of our school, "eight years in the practice," citing me one of his "brilliant demonstrations of Homœopathy," a case of *Mercurial* poisoning which he cured (?) with small doses of the same, closing his account with the popular Isopathic phrase, Like Cures Like. I was not surprised, as I had previously inquired of him what journals he read, he said none of the Homœopathic publications but his Allopathic friends sent him several of their journals. With such advocates of our noble science, does "Veteran" ask why cannot all see it?

LINCOLN, Neb.

L. J. BUMSTEAD.

PICROTOXINE AS A REMEDY FOR EPILEPSY.

To M. Felix Planat's work on this subject has been awarded one of the premiums under the foundation of the Prix Barbier at the disposal of the Paris Academy of Medicine. M. Planat's researches, as recorded in his *Recherches physiologiques et therapeutiques sur la Picrotoxine*, have been directed to the endeavor to find some remedy for epilepsy. To this end he proposes, not as a specific, but as a really useful medicine, *Picrotoxine*, the active principle of *cocculus indicus*. He administers it in the following way: *Cocculus indicus*, 200 grammes; *Alcohol*, 1000 grammes; allowed to macerate for three weeks. Give two to three drops of the alcoholic tincture, increasing from two drops daily, then diminishing. The treatment should be prolonged for several months or even a year. According to M. Planat, the anatomical seat of epilepsy is in the spinal marrow; the contraction of the sanguineous cap-

illaries brings on a bulbar ischæmia, and this ischæmia in its turn produces convulsions. The *Picrotozine* acts on the bulb; it is a convulsant poison; therefore, in accordance with the axiom "*similia similibus*," it will cure epileptic convulsions.

The commission appointed to adjudge the Barbier prize, however, guarantees neither M. Planat's theory nor his experiments, although he asserts that he has by the administration of *Picrotozine* brought on convulsions, with foam in the mouth, in a rabbit, a kitten, and in animals of a lower organization, as frogs, crabs, and even snails and slugs. Neither does the commission guarantee the veracity of the numerous cures with which M. Planat credits himself. The Academy, however, has shown its estimation of meritorious work carried on through twelve years, by the award of a premium of five hundred francs to M. Planat. —*London Medical Record*.—*New Remedies*.

WARTS REMOVED BY REMEDIES.

On page 234 of THE UNITED STATES MEDICAL INVESTIGATOR, over the signature of John F. Wage, we find an article on the removal of warts by remedies, and as the article is presented for the "encouragement of fellow practitioners." we fail to see where the *encouragement* comes in. We are not at all astonished that the doctor was surprised at the ninth month to find the warts had disappeared, for we are more surprised that they *ever* disappeared. I think I can surprise the doctor still more when I relate to him, and the profession generally, the results of some cases of warts treated by remedies down here in Indiana.

CASE I. Being at the house of Mr. P., professionally, my attention was arrested by the appearance of the hands of a little boy five years old, they being literally covered with warts. Remarking to the little fellow that I could give him a dose of medicine that would take them away, whereupon I gave him *one dose* of *Nit. ac. 200*. Not having occasion to be at the house again, I did not see the boy afterwards, but the father calling at the house subsequently—perhaps three months—to settle his bill, remarked that the removal of those warts was worth the amount, which was ten or twelve dollars.

CASE II. Mrs. S., who was annoyed considerably by the unsightliness of several warts upon her hands, remarked to me one day, "I wish you would take them off," whereupon I gave her *one dose* of *Calc. 200*, and in a few weeks the warts had entirely disappeared.

CASE III. Mrs. I. Wart on side of face, near the nose; received *Caustr. 200*, *one dose* cured it speedily.

Other cases might be instanced, where *Rhus*, *Thuja*, etc., were used as seemed to be indicated, but these we deem sufficient to show the efficacy of the *single remedy* and *one dose*, and that the alternation of

remedies and local application are not necessary, but an absolute hindrance, as evidenced by the doctor's own case reported. In the review of this article we are actuated by the kindest feelings, and trust the doctor will continue in well-doing, by removing warts by remedies, for if he should be spared long in the land of the living, he will have time afforded him to remove a great many warts.

RICHMOND, Ind., Oct. 11.

J. EMMONS.

POISONING BY STRYCHNINE.

MR. EDITOR: I was looking over the *Quarterly Bulletin* of Boericke & Tafel's for September, and saw the report of a case of poisoning by *Strychnine* from Dr. G. W. Copeland, and as he presented many interesting indications for treatment, I thought I would give you a report of a case that I had a short time ago, as some of the symptoms and the treatment were quite different.

One Sunday eve at seven o'clock word came to the office that H. had been taking *Strychnine*, whereupon my father and myself started at once and found the patient partially conscious, but unable to answer questions intelligibly. In a very few moments he seemed to be entirely unconscious and would say nothing, he straightened out and became quite stiff. Having learned that it was at least fifteen minutes since he had taken the drug we gave him a strong dose of *Camphor*, which he swallowed with difficulty, (all agreed that an emetic could do no good so long after taking the poison). The parents had already given him the white of an egg. Powdered *Nut galls* was at once sent for and a strong infusion was attempted to be given as soon as procured.

After giving the *Camphor* I took the feet and his brother the shoulders, and we carried him up two flights of stairs like a log of wood, there being no bend between these points, and he weighed over 155 pounds. During the hour and a half that followed, the spasms of the patient were so severe that it took three and often four persons to keep him on the bed. He would throw himself about, snap at a hand that touched him, strike, and kick. Suddenly his body would curve backward and rest on the head and heels with the elbows on the bed at the sides; the muscles would continue to contract drawing the head further and further back until the occiput almost touched the spine and the face was buried in the pillow. Occasionally he would extend his arms at the side with the fingers straight and separated, and rising to the sitting posture would stare wildly about the room as if fearing some danger.

As the symptoms grew worse he would take a long breath, straighten out and remain quite rigid, and it would seem as if that was to be his last breath. Being accustomed, in the frequent administration of anæsthetics, to compress the chest when respiration was delayed, I decided to undertake the same. I could drive the air out of the lungs

and on removing my hand the lungs would fill again with air, but the chest would remain rigid as before. I continued this until the patient would breath once or twice of himself, although irregularly, when the operation would have to be repeated. I watched every breath of the patient from this time until he began to breath naturally, and much of the time I had to do his breathing for him. During all this time the patient was entirely unconscious.

As the case proceeded Dr. H. B. Fellows was called, and advised the use of *Bromide of Potassium*. A solution of this was poured into the mouth, a little at a time, during the interval between the spasms, and by repeated efforts some was retained.

After a time a solution of salt and mustard was made. The patient had by this time began to recover, but I am satisfied that the mustard hastened the return of consciousness by its irritating and stimulating nature. After the first dose of *Camphor* I think very little was accomplished in the way of medication, except what was absorbed from the mouth as the patient would not swallow. The intervals between the spasms were very short, and much of the time there was an almost constant repetition of the above mentioned features.

After consciousness had fully returned I learned that the patient had that day called at the drug store near by and procured four grains of *Strychnine* to poison some cats. He asked how much it would take to kill a man, and was answered that one grain would kill him in a minute. Before he reached home he noticed that some had sifted out of the paper into his hand, this he put on his tongue and swallowed. He then poured a small powder from the paper into his hand and took that. On reaching home he went to his room took a small china mug from the washstand, put some of the powder into it, drew some water on that, making a solution and drank all. Feeling unpleasant he staggered down stairs to the dining room, where we found him.

I am satisfied that without the artificial respiration the patient would not have survived. He was about his business in a day or two, and with the exception of one or two unpleasantnesses, independent of this, he has been as well as ever.

CHICAGO.

H. P. COLE.

THE WEATHER WE ARE TO HAVE.

BY A WEATHER PROPHET.

A rival of Prof. Tice has appeared in the person of an aged citizen, of German birth named Henry Krøger. Mr. Krøger resides in Wisconsin and has lived in the west fifty-one years. He can neither read nor write, but can observe things and put them together and has a memory like an encyclopædia.

After running over the past fifty-one years with his mind's eye, Mr. Krøger glanced into the future and prophesies thus : After this next

moon shows the last bit of its face, we shall have the most beautiful autumn we have had for many years. Early in November, there will be some cold days, but it will be mild and pleasant during the most of the month, and until the twentieth of December, when the streams will freeze, but only a thin sheet of ice will be formed. Between Christmas and New Years, there will be heavy snows for a few days. In January we shall have the finest Indian summer we have had since 1856, and there will be only a few cold days. During the winter there will be more rain than snow, and little or no sleighing. There will be a few cold days in February; March will be dry, cloudy, and warm. The weather in April will be variable, cold and warm alternating. In May it will be dry and gardeners will find it necessary to water their plants. Mr. Krøger, who seems to take a true German interest in beer, advises brewers to lay in ice at the first opportunity, or they may have to send to Alaska, for supplies.—*Palmyra Enterprise.*

[If this is true we may look for catarrhal troubles, possibly diphtheria, cerebro-spinal meningitis, scarlet fever, rheumatism, pneumonia, etc.—Ed.]

JAUNDICE ALIAS BILIOUSNESS.

BY W. N. GRISWOLD, M. D., SAN FRANCISCO, CALIFORNIA.

Read before the California State Medical Society of Homœopathic Practitioners.

The bile is believed to be a product of the liver and of that organ only. It was maintained years ago, by Mayo and others, that bile as such, was formed in the blood; was, in a degree, a normal constituent of the blood; that the office of the liver was to *filter* the bile from the blood, and deposit it in the gall-bladder or discharge it into the intestine. The fact that jaundice was occasioned by great bodily distress and sudden mental emotion, and, at the same time, was consistent with the perfect integrity of the biliary apparatus, forced this view upon those observers.

These facts, however, being explainable on other grounds, dispense with the necessity of such an assumption, and hence, the first proposition, viz., that the liver actually produces the bile, from elements furnished by the portal blood, stands, at this day, almost uncontested. What is to be said regarding jaundice, rests on the truth of this proposition.

The real nature of a given case of jaundice is often involved in great obscurity, and this occasional obscurity, both in and out of the profession, has led to a deal of indefinite and careless use of words and expressions concerning all diseases where "bile," in any way, has become an integral part.

The appearance of a yellow color in the capillaries of the skin, and sclerotic coat of the eye, has led even members of the profession to assume some abnormal condition of the liver, and, following their

assumption, they have proceeded to address remedies to the liver.

The often used expression of one layman to another, "I'm bilious," has been too often taken up, and repeated again and again, by educated medical men, without intending to express any definite idea, and in too many cases without having any definite idea to express.

To more clearly define the sources and occasions of this yellow substance in the blood, and to limit its reputed dependence on disease of the liver, is the object of this article.

In jaundice the prominent objective symptom is a yellow color of the skin and sclerotic coat of the eye; the pathological condition is, that the blood is *saturated with bile*. Remotely the liver is the source of jaundice. Jaundice does not, however, argue any necessary *abnormal* action of the liver.

It has been asserted that a cessation of the liver's action, or what is commonly called "torpid liver," is the cause of jaundice. This idea arose, no doubt, from the theory that bile was a product of blood metamorphosis, and the true function of the liver was to *strain* it off. But this is not the true function of the liver; briefly, the component elements of the bile are always to be found in greater or less quantities in the blood. The function of the liver is, to select these primary elements, take them from the blood and rearrange them into bile. This being true, a cessation of the liver's action would undoubtedly leave poisonous elements in the blood, but they would *not be* in the *form* of bile; hence, "torpid liver" could in *no way* tend to cause jaundice.

Jaundice is caused either by an excessive *production* of bile, or, by a *failure to dispose*, normally, of what is produced. It is a matter of *supply and demand*. The supply is *too large* or the demand is *too small*. In either case there is an excess, and this *excess* in the viscera, however produced, is a prerequisite of jaundice.

An excess having accumulated in the small intestines, the capillaries of the mucus membrane absorb and carry it through the circulation to all parts of the system. This accomplished and we have jaundice full-fledged.

There are *three* general causes of this occasional *excess* of bile. All may act at once, or either one alone, in producing jaundice. 1. An increased secretion by the liver. 2. An overflow from the reserve in the gall bladder. 3. A diminished *quantity* or a perverted *quality* of intestinal fluids.

First an overaction of the liver *alone* may be the efficient cause of jaundice. Granted that all other functions preserve their normal action, any surplus beyond that which can be disposed of by the usual quantity of intestinal juices, or stowed away in the gall bladder, must of necessity, overload and encumber the small intestines. The only relief the intestine can obtain, is through the absorptive power of its capillaries. The *excess* is taken up by them and carried into the general circulation and the intestine unburdened.

Another source of an *excess* of bile in the alimentary canal is an *inundation* from the gall bladder. The *excess* in this case also is disposed of by absorption and distribution throughout the system.

The *third* cause or source of jaundice, it is believed, is often overlooked, and needs a more extended notice. For a better understanding it will be well to review the physiological function which the bile subserves in the intestine, and the final disposal, normally, made of it.

It was long maintained that the bile served efficiently in the intestinal digestion. It certainly seems strange that an apparatus, so complicated, with a reservoir, no doubt designed for some useful purpose, should produce, store up, and pour into the intestine, *during* the process of digestion, *large quantities* of a fluid which produces no effect on the intestinal digestion. But this is what is claimed by the physiologists, and it is sustained by the facts: 1st. That bile exerts no special action upon either the albumenoid, starchy, or oleaginous matters, when mixed with them in test tubes and kept at the temperature of 100 degrees F. 2d. That the digestion of all the different elements of food is provided for by the other secretions. 3d. That the bile is poured into the intestines at all times of the day.

But it must be borne in mind that the experiments which have established these propositions have been performed *outside* of the body, and hence, though perfectly correct as pure chemical, they may not be so as vital reactions. If *any* or *all* the primary elements of food could be seen in contact with bile within the alimentary canal, the negative results obtained, exterior to the body, might, under the additional influence of the vital force and intestinal movement, be very different. Hence, though acknowledging the full force of these experiments, it may eventually be proved that the bile produces some effect on the secondary digestion. For the present the position may be assumed that its action on the digestion is trifling or entirely wanting.

That the bile is not, however, purely excrementitious, is evinced by experiments on animals. The common biliary duct has been tied and the bile has been discharged from the body by means of an opening in the gall bladder. Thus it has been prevented from reaching the *intestine*, while the secretive action of the liver has gone on as usual. In these cases "the appetite was good, digestion was not noticeably impaired; no pain; no food passed the bowels, but a constant, progressive emaciation; every trace of *fat* disappeared; the hair fell off; there was an unusually putrescent odor of the *fæces* and breath; much rumbling and gurgling in the bowels, with abundant discharge of *flatus*. Death took place without violent symptoms by a simple and gradual failure of the vital powers, in from twenty-seven to thirty-six days." This train of symptoms and rapidly fatal result shows that its presence in the intestines is imperative, and its use important.

As it certainly disappears in its passage through the intestines, what becomes of it?

Is it discharged in an insoluble form with the *fæces*, or absorbed from the intestines and taken up by the capillaries? Probably the latter. If so, is it disposed of *as bile*, or decomposed before it disappears? Bidder and Schmidt have conducted a series of experiments demonstrating that it is *first* decomposed and *afterward* absorbed by the intestinal capillaries.

That it *disappeared* in its *passage through the intestines*, was proved by the fact that only one-fifteenth part of the *Sulphur* found in the *healthy bile* could be found in the *fæces*. *Sulphur* being a simple chemical element, not decomposable by any known process, it was inferred that it must have disappeared through the capillaries of the intestines by absorption.

That it was *decomposed* was evinced by the fact that after its *disappearance from the intestine* no *bile* could be found in the portal blood, though examined frequently at different intervals after feeding.

A substance resembling bile, in that it was soluble in water and absolute *Alcohol*, and precipitable by *Ether* from its *Alcoholic* solution, more abundant in the portal than other veins, was often found; but the best tests for bile failed to discover it there.

Its decomposition is irresistably inferred, and is, without doubt, brought about coming in contact with the active intestinal juices. It is poured into the intestine in large quantities *during* digestion, because those intestinal juices are *then* more abundant than at any other time, and not because the bile assists in digestion.

The intestinal juices are the active promoters of this *essential* decomposition. A failure in this decomposition necessarily leaves in the intestine an excess of pure healthy bile, which excess is the essential condition of jaundice. There can be no failure in the decomposition of the bile, unless the character or quantity of these intestinal juices becomes altered.

Here, appears the third, and, as is believed, the most frequent cause of jaundice, viz., a change in the character or quantity of the intestinal juices.

These juices are poured out by the glands of Peyer and Bruner and the mucous glands situated in the intestinal lining membrane. The immense number, and the great surface which these glands cover, point farther back to the agency of *all sorts* of intestinal diseases, in the production of jaundice. Any acute, sub-acute, or chronic inflammation of the intestinal mucus membrane, whether produced by irritant poisons, suppressed irruption, sudden determinations from the exterior to the interior, indigestions, or other causes, and even a chronic *irritability* — a condition which approximates but comes short of actual inflammation — will always more or less affect the integrity of these glands, and the secretions will sooner or later become diminished, so that only a portion of the bile will be decomposed or modified, and thus rendered incapable of accomplishing analysis.

We have jaundice with chronic inflammation of the bowels; with *tabes mesenterica*; with intestinal vermin; with fevers of most kinds; with abdominal tumors, etc. It is often a concomitant of functional or organic diseases of other organs within the abdominal walls, induced either by sympathy or actual pressure on the mucous membrane. It is believed that more cases of jaundice (bilioussness?) may be traced to this than to all other causes combined. Hence, though a yellow complexion may turn the attention of the physician to the biliary secretion, he need not necessarily infer that the liver is at fault, nor should he

address his remedies to the stimulation of that organ. If he does, he will do harm, rather than good. Where jaundice exists alone the liver never needs stimulation, for the appearance of bile in the surface capillaries is sufficient evidence that more bile is already produced than can be disposed of in the normal manner. However, an inundation from the gall bladder may occur at the *same time* that the liver is inactive, and hence the paradox of *too much bile* and *too little bile* may seem to exist; while the exact state will be, that the liver is secreting *too little bile* for the well-being of the system at large, while the gall bladder is pouring out *more bile* than the intestine fluids are capable of decomposing. In such coincidence the liver will need stimulation, at the same time the glands of the intestine should be pressed into greater or better action.

There is one consideration very fortunate for the human system, in the possible ignorance of the cause of jaundice and the equally possible inefficiency of the means applied for its cure, that bile *as bile* in the blood is not a very harmful foreign matter.

The liver may furnish new supplies, the gall bladder pour out its reserves, and the intestinal fluids be diminished or modified, necessitating the absorption of most of the bile into the blood, and the system will not seem to suffer greatly from its presence; for the burden of eliminating it will be so distributed that no *one* organ will be overpowered until relief can be extended in a gradual manner.

[TO BE CONTINUED.]

OBSERVATIONS ON THE THERAPUTICS OF (TYPHOID) TYPHUS FEVER.

FROM WURMB UND CASPAR'S KLINISCHE STUDIEN—TRANSLATED
BY A. MCNEIL, M. D., NEW ALBANY, INDIANA.

[Continued from page 358.]

INDICATIONS FOR PHOSPHORIC ACID.

The image of the disease corresponding to *Phos. acid.*, agrees in the essential points with those of *Rhus*. In both we find the same relation to the blood and nerve life; the same tendency to decomposition of the blood and loss of strength; the same alterations in the mucous membranes in general, but more particularly in that of the intestinal canal, etc.

The difference between them consists therein, that there is a one-sided irritation and one-sided oppression in *Rhus.*; with the *Phos. acid.* on the contrary, there is general depression of the entire series of the vital economy, as it were the direct sinking of the vital energy appears more conspicuously with the latter. These symptoms usually appear in the beginning of the disease but not always, for there sometimes

proceed a one-sided series of symptoms of erythism, they are, however, even as those which occasionally occur during the course of the disease of short continuance and but little violence and often then disappear when the torpid character of the typhus appears so much the more clearly.

This character of the disease we observed mostly in debilitated persons who had passed the prime of life. These cases usually required a long time to reach that point of development which makes a definite marked picture. There are for example, loss of appetite, feeling of illness, etc., as all of these give no definite information, they may be called premonitory symptoms, they are often present several weeks before the characteristic and essential symptoms occur, which make the diagnosis certain.

When they occurred we nearly always observed the following symptoms: The feeling of illness and debility reach a high point, and parallel with them, the real want of strength; therefore the patient even at the beginning of the disease lies quietly because every movement is difficult. The disturbances in the vascular system do not advance so rapidly but remain in the back ground; the pulse is indeed often accelerated, but many times is not affected, in the former case it is usually small and weak. The temperature is only exceptionally increased, in fact, it many times sinks below the normal. If it is increased it is only on single parts of the body, especially on the head, while other parts, particularly the limbs, are cold to the touch; consequently the patient is pale, or many times has only a tinge of red. Hæmorrhages of the nose, occur much more frequently but, however, never bring any alleviation, in fact they usually aggravate the condition. Ecchymosis is however usually present and is very apt to arise on those parts of the body on which he lies, they are usually bluish-red spots which afterward pass into decubitous.

The patients generally lie in a constant slumber which often passes into a high degree of stupor; the expression of the face is stupid; the sensorium oppressed; the delirium is not active and is only present as an unintelligible murmuring. Aroused out of this slumber he does not collect his senses for a long time, looks around in surprise, answers correctly but slowly, and soon sinks back into his former apathetic condition.

The senses are blunted particularly that of hearing. The patient is affected by nothing and complains of nothing but weakness and dullness of the head.

The skin soon loses its turgor, assumes a withered look and is flabby; the cheeks sink in; the nose becomes pointed; the skin is continually clammy, moist, and is covered with a profuse sweat and an innumerable number of miliaria.

The affection of the mucus membrane manifests itself mostly by increased secretions; the tongue is moist but pale.

We hear in the lungs coarse rales and whistling; cough occurs seldom as the need to remove the mucus is not perceived.

A similar condition occurs in the mucus membranes of the stomach

and intestines. The stools are profuse, often passed involuntarily and unconsciously, are very thin, have but little sediment, and show many traces of blood.

Pneumonic infiltrations are not rare but by far not so frequent as hypostasis.

Enlargement of the spleen is never absent; the diarrhœa even when profuse has no influence on it.

The urine contains many protein compounds, much albumen, and but little of the salts.

This condition can pass either into health or into a higher state of torpor. If the former happens the convalescence is always long and relapses frequently occur even when the improvement has continued a long time.

We have therefore followed both disease forms up to their highest development. It is unnecessary to say that there are great differences in the degree of violence. We have therefore employed the corresponding remedy in the mildest cases, and decided in favor of *Rhus*, or *Phos. acid.*, according to whether they belonged to one form or the other; and to this circumstance we believe we must attribute our favorable results.

It was often no light task to decide in favor of one or the other remedy, not unfrequently cases occurred in which irritation and torpor alternated with each other, or when a contradiction appeared to prevail between the disturbance in the nerve life, and the vascular life. In these cases we especially regarded the disturbance of the vascular life in the choice of a remedy; if irritation of this predominated we administer *Rhus*; if the opposite occurred we gave *Phos. acid.*

CLINICAL EXPERIENCE.

From what has been said it is clear why we administered *Phos. acid* in the following case:

CASE III. John Fasching, thirty years old, powerful constitution, formerly healthy, has suffered eight days with the following symptoms: Malaise and great debility; shuddering, alternating with flashes of heat; confusion of the senses; dullness of the head; sleeplessness at night; sleepiness during the day; diarrhœa.

On admission, on the 6th of October, we found: Temperature somewhat elevated; face a little red; skin moist, with here and there small bluish-red spots disappearing under the pressure of the finger; tongue moist, clean; a moderate rattling in the breast but it is otherwise normal; pulse 108; abdomen meteoristically distended; spleen reaching nearly to the anterior end of the ribs; diarrhœic stools yellowish-brown.

The patient lay quiet with closed eyes, not noticing anything transpiring around him, must think long before he answered, his answers were correct but slow. He complained of great weakness; shuddering alternating with flashes of heat; increased thirst; occasionally heat of the head; feeling of dullness and pressure of the head; noises in the

ears, hardness of hearing; some stitches in the left side of the heart. The left iliac region was sensitive to pressure.

We administered *Phos. acid.* On the fourth day he felt freer and better; a pleasant sweat setting in. During the next day the meteorism disappeared; diarrhœic stools once or twice and they were not so watery as formerly, but more pappy.

On the ninth day there were no objective symptoms present, the patient only complained of feeling of weakness, but otherwise well. He could on the seventeenth day leave the hospital, entirely well.

We could report many similar cases treated by *Rhus* and *Phos. acid* but we consider it unnecessary, because they could not express any thing more than we have already related, viz., that the course of these cases of typhus was peculiar, and usually such as never or only exceptionally occur in a purely expectant mode of treatment. Whoever denies this either does not know the natural course of typhus, or as it appears to us does not wish to know. To teach the former we refer them to clinics where no medicines are administered in this disease, and consequently nature has full sway, but for the conversion of the latter we confess our unfitness, and fortunately we are under no obligation to attempt it. It is evident the judgment of the one as well as of the other is immaterial to us.

Although most of the typhus cases corresponded to the images of the disease we have delineated, yet other cases appeared which demanded the choice of other remedies. For example, we must in very violent degrees of excitement or of torpor, choose other remedies than *Rhus* and *Phos. acid.*, and in fact employ such as work equally violently on the organism, and which may produce similar abnormal conditions in the healthy. These remedies are *Arsenic* and *Vegatable charcoal*.

TREATMENT OF HAY FEVER.

REPORT OF EXPERIENCE.

In several numbers of THE UNITED STATES MEDICAL INVESTIGATOR I have seen a great deal *pro et contra* in regard to the so-called hay fever and its treatment. Snuffing of *Quinine*, amulets of *Amber* beads, and many other remedies.

Allow me to give the experience of a nineteen years' practice in New Albany, Ind. Before proceeding with my mode of treatment I will give the symptoms of hay fever as it frequently occurs in our city and surrounding country: The patient first feels a little uneasiness at the root of the nose, a desire to breath through the open mouth, after a while lassitude (but not serious) sets in; a little chilliness with frequent sneezing follows. In most cases the uvula begins to smart, now the

irritation extends to the fauces and ascends through the posterior nares causing a hot, watery discharge from the nose. The eyes become involved, the eyelids and lachrymal duct swollen; some photophobia, but without great redness of the conjunctiva. The patient keeps the mouth open constantly to breath, and, although it causes smarting, it feels better than breathing through the nose. Cough seldom, and then only in the convalescence. Sometimes the disease attacks the eyes first, then the nose, and lastly the fauces and uvula.

My treatment is, if the patient is attacked by way of mouth, to give *Arum maculatum*, to be followed by *Euphorbium officinale*. No remedies in nineteen years' practice answered so prompt as these two. The swelling of eyelids, the blar-eyed expression, slightly œdematous, is cured *in toto et jucunde*. So much for hay fever hereabouts. Whether other localities show other symptoms I know not.

NEW ALBANY, Oct. 20.

THEODORE MEURER.

[Doctor, do these prevent a recurrence? How long does it take these remedies to cure the case?—ED.]

AN ILLUSTRATED REPERTORY.

BY R. R. GREGG, M. D., BUFFALO, NEW YORK.

[Continued from page 396 MEDICAL INVESTIGATOR Vol. XI, 1874.]

We continue our Illustrated Repertory, by giving a view of the right side of the body, for the darting or stitching pains of the chest and back. We have added two characters. One of these stands for a symptom, the other may be said to stand for a fact in connection with some of the symptoms. The former is a figure of one of the forms of a flame from a jet of gas, and is to be understood to represent *burning* pains; or when placed upon the arrow as is the case on the accompanying plate, to illustrate a symptom of *Oleum animale* in the upper right chest, it means a *burning* stitch. The character given to represent a fact in connection with some symptoms, is that of a small *circle*, with two or more arrows running out from the centre of this, and shows that in such cases the symptoms start from a common center, or have a common point of origin.

There has been much more difficulty in representing symptoms by a side view, than there was in a front view of the chest, in order to give the correct idea of their exact origin and termination, for the reason that we have to give upon an entirely flat surface what so peculiarly belongs to a rounded one. For instance, a symptom starting from under the mamma, and passing through to any part of the back, to have its arrow correspondingly placed, may look, on first view, as though it

started at a point some depth in from the front wall of the chest, and so of any symptom starting from any point on the surface of the chest, out from the median line of the sternum, or upon the back from any point to the right of the spinous processes. But there are few instances of this kind. and any physician can soon make himself familiar with what there are.

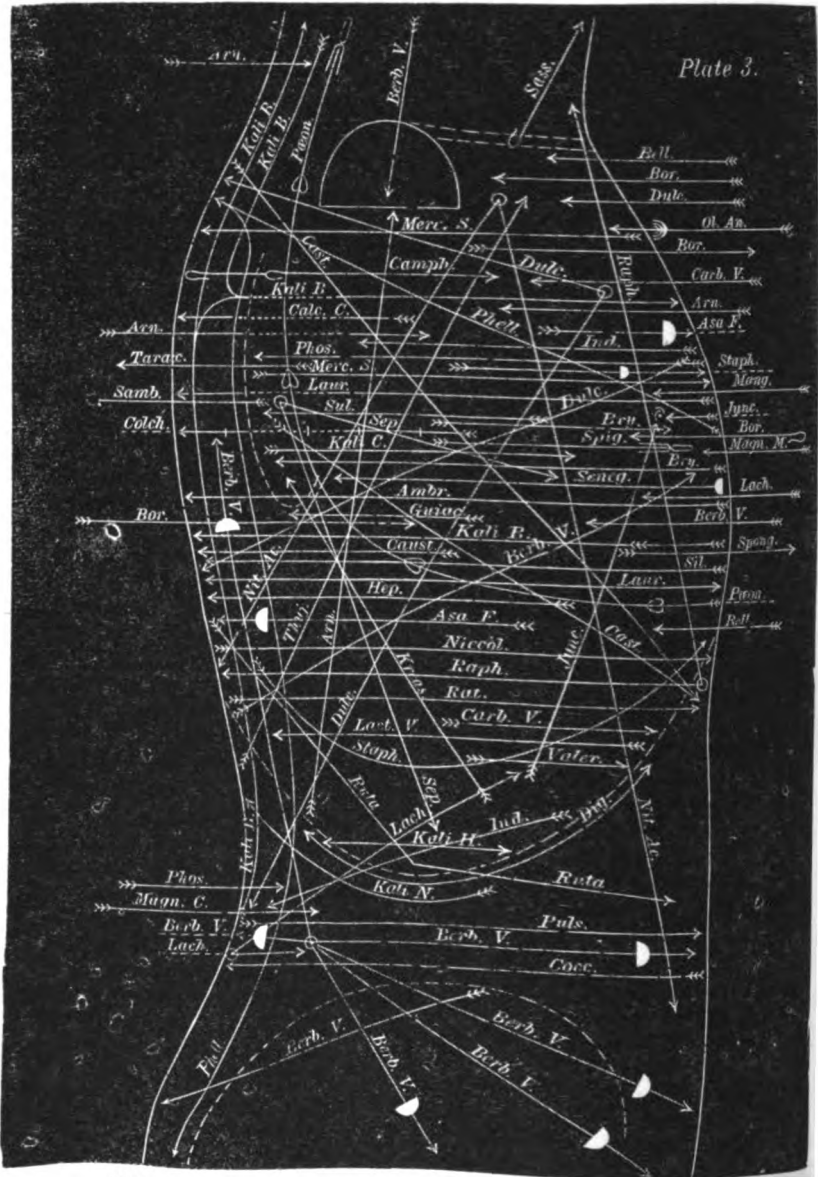
Symptoms that commence, or end, "deep in the chest," or "deep in the thoracic cavity," as the expression occurs in several instances, we have endeavored to represent by the arrow commencing, or terminating, as the case may be, in about the middle of the chest antero-posteriorly. Where the darting pains commence or terminate in the right scapula, we place the corresponding head or tail of the arrow upon the scapula, as near the point of origin or termination of the pain as the language indicates. And with all the symptoms which are given as terminating in the back, without any mention of the scapula as the place at which they stop, we have carried the arrows through below this bone, except *Ambra-grisea*, because with so many of them, the shoulder-blades are so especially named for all symptoms that commence, or terminate at, or pass between them, that we infer that when the back, and not the scapulæ, is given as the stopping place, a point below these bones must be meant. With *Ambra-grisea* we had to place the arrow somewhat above the inferior angle of the scapula, in order to find room or a place for it. The plates must ultimately be given on a scale three or four times as large, then there will be ample room and all confusion will be avoided.

The dotted lines for the arrows across the scapula are to indicate that all such pains pass *between* this and its mate.

In some instances, we have had much difficulty in placing the arrows satisfactorily, from the fact that the language of the symptoms is so indefinite as to location. The expressions, "stitches from without inward," and "stitches from within outward in the right side of the chest," are common, without telling where, or at what point they occur, so we have had to infer the place, either from some facts in connection with other symptoms, or from some results we have known in practice. We do not claim these are all right, but thought best to give them. so as to insure future observation and make them right, if they are wrong. In the majority of instances, however, the exact points of origin and termination are given, or near enough to this for all practical purposes; and every physician must feel a great satisfaction, or reliability in this; while the defects we have named show more and more clearly, as we go on with this work, the great necessity there is for all provers, in the future naming the exact locality, together with the direction and extent, where they have these latter qualities of all the symptoms they experience.

The absence of *Aconite* from the previous plates, and also from the one now given may seem singular to many, but we have to be governed by the recorded symptoms, in all instances where we have no facts outside of these. In the view of the left side this drug will have its place.

An illustration of the acute pains of a darting or stitching character, that pass from point to point in the chest, in a manner that can be represented by a view of the right side of the body.



Right side view of chest pains of remedies *Ambra-grisea* to *Valeriana*.

SIDE VIEW — RIGHT SIDE.

Ambra-grisea.—"Lancination in the chest extending to the back ; in the right half of the chest a violent lancination arresting the breathing."

Arnica.—1. "Dull stitches in the thoracic cavity through the sternum, from without inward." 2. "Cutting thrusts between the scapulæ extending into the thoracic cavity, when walking." 3. "Stitch, at every inspiration, in the right side of the back, extending from the last ribs up to the axilla." 4. "Cramp-like pain in the cervical vertebrae, accompanied by dull stitches from without inward."

Asafoetida.—"Stitches (lancinations, dartings, etc.,) in the chest, in the right half of the chest, in the region of the right ribs, after a meal, with oppression ; pinching pricking in the region of the right ribs ; sticking with pressure in the right side or in the sternum, from within outward ; also in the right thoracic cavity, or in the region of the right ribs, toward the spine." The expression, "right ribs," we infer must here mean some point from the middle to the lower right ribs, thus according with the common expression "under" or "behind the ribs," the lower ribs being always understood.

Belladonna.—1. "Quickly passing lancinations under the two last ribs, as with a dull knife, by the side of the ensiform cartilage and above the false ribs." 2. "Fine stitches under the clavicle from before backward, during a walk." Though the side is not indicated by the language of either of these symptoms, we place the arrows both upon the right side, as *Bell.* is so much more prominent in its action upon the right lung ; but more especially have we done so with the latter symptom from the fact of recently obtaining so marked an effect from this drug in the 2000th potency in curing a patient who had a cavity in the apex of the right lung from tuberculous ulceration, with an entire suspension of the menstrual function for nearly a year, and the pulse running at 130 and over per minute for a long time.

Berberis vulgaris.—1. "Sticking pain, or sticking pain with pressure more or less acute, frequently recurring and long continued, in one or the other lumbar region, at times in the region of the kidneys, at others a little above or below, extending outward and forward in the side of the abdomen, or into the region of the hips, or into the dorsal spine, or the small of the back, into the region of the bladder, or the inguinal region, or extending from the region of the kidneys in a straight direction into the abdomen sometimes accompanied with a feeling of numbness, lameness, and as if bruised." All given with the plano-convex figure upon the arrow to indicate pressure with the sticking pain. 2. "Deep-seated, acute lancinating pain in the iliac bone of one or the other side, extending obliquely inward and downward toward the small of the back, sometimes accompanied with bubbling stitches darting into the part to a considerable depth." We locate the arrow for this according to the language "inward and downward," though it would be inward and a little upward to pass to the small of the back. 3. "Sudden stitch darting from the side of the neck into the upper

arm." 4. "Lancinations from the lower region of the dorsal vertebræ through the chest, arresting the breathing." The arrow for this must necessarily pass upward and forward, to go "through the chest" from the lower dorsal vertebræ, and we have so placed it.

Borax veneta.—1. Stitching or darting pain from without inward, through the upper portion of the right lung, posterior to the second rib. This is not from the *Materia Medica*, but is given as a result from a case in practice, which we will endeavor to give in detail, under the head of "Confirmations" in a future number. 2. "Sudden stitches from within outward in the right side of the chest, on lifting the arm." The location of this symptom not being given, we place the arrow in the upper part of the right chest, as the more probable locality, from the fact of the pain being excited by raising the arm. 3. "Fine prickings, extending from the back into the chest, in the evening," represented below the scapula, as this is not named in connection with the symptom. 4. "Tightness of the chest, with constrictive oppression of the breathing on going up stairs; he is then obliged to take a deep inspiration, which is always accompanied by an intensely painful drawing stitch from without inward in the right side of the chest." 5. "Shortness of breath after going up stairs, he cannot speak a word, and when he speaks, he has a stitch from without inward in the right side of the chest; he experiences this same symptom when running, and when making a bodily effort which heats him." 6. "Arrest of breath when lying in bed; he has to jump up and catch breath; whenever he does this, he experiences a cutting in the right side of the chest from without inward." 7. "Stitches between the ribs of the right side, so painful that he cannot lie on this side, with intensely painful drawing and sudden arrest of breath, which obliges him to snap for breath; when lying on the painful side the pain immediately arouses him from sleep." Though the exact locality of all these pains is not given, as will be seen, yet they are all essentially one symptom; at least the stitches are so similar, that we illustrate them with one hook and arrow, placed to correspond with results which we have seen from *Borax* upon acute pains in the chest, posterior to the right mamma.

Bryonia.—1. "Pricking pain below the right nipple from within outward, in the cavity of the chest; these prickings are only felt during an inspiration." 2. "During an inspiration, stitch through the chest to the scapulæ." This is represented as going through the chest just below the right mamma, as we have seen better effects from *Bry.* upon acute pains in this part of the chest than any other.

Calcarea carbonica.—"Violent stitches from the thoracic cavity, extending through the spinal column and coming out between the scapulæ."

Camphora.—"Painful, drawing stitches through and between the scapulæ, extending into the chest, when moving the arms for two days."

Carbo vegetabilis.—1. "Violent dull stitches, like shocks from within outward, in the lower part of the right side of the chest. 2. "Deep

stitch in right side of the chest from without inward, when breathing deeply."

Castoreum.—"Painful sticking in the scapulæ, or between the shoulders, through the chest as far as the pit of the stomach, aggravated by inspiration."

Causticum.—"Stitches commencing deep in the chest and coming out at the back."

Cocculus.—"Several stitches through the abdomen and the lower part of the back, from before backward, early in the morning when in bed."

Colchicum.—"Lancinating tearing, deep in the right breast, through to the back."

Digitalis.—"Dull, clawing stitches along the lower border of the ribs below the right axilla."

Dulcamara.—1. "Dull stunning stitch in the chest below the right clavicle from without inward." 2. "Dull sticking pain in the right side of the chest, in the region of the third rib, especially when pressing on the part, when the pain went to the small of the back and extended between the shoulders; with stitches in one of the borders of the left scapula, during inspiration." 3. "Lancinating pain from the middle of the sternum to the dorsal spine, when sitting, it goes off when rising." As this does not say "between the scapulæ" the common expression where the symptom ends there, we carry the arrow to the dorsal spine below the scapulæ.

Guaiacum officinale.—"Continued stitches finally terminating in one, close below the right scapula, they seem to come from the middle of the right half of the chest, and are increased by an inspiration."

Hepar sulphuris.—"Stitching pain in the side of the chest, in the direction of the back."

Indigo.—1. "Severe sharp stitch in the middle of the sternum, passing through the chest, when sitting." 2. "Stitch in the region of the lower false ribs, toward the small of the back."

Juncus effusus.—"Stinging in the sternum or darting from the third false rib as far as into the nipple."

Kali bichromicum.—1. "Pain extending from the small of the back to the nape of the neck, and shooting through to the sternum, preventing him working for four weeks." 2. "Stabbing from third cervical to fifth dorsal vertebræ, striking forward through the chest to the sternum, increased on motion, with inability to straighten the spine after stooping; it prevented him from working for six weeks." 3. "Stitches under the sternum through to the back." Upon the arrow representing this symptom we have placed two tails, one just posterior to the sternum, the other under the right mamma. The reason for this will be found under the head "Confirmations," in a subsequent number.

Kali carbonicum.—"Stinging pain as from blows and bruises, in the right scapula, when in motion; it may be felt as far as the chest."

Kali hydriodicum.—"Pain as from soreness with sticking deep in the chest, in the region of the right lowermost rib, in the evening."

Kali nitricum.—"Sticking below the short ribs of the right side

toward the back apparently behind the liver."

Kreasotum.—"Stitch in the right side, arresting the breathing, sometimes extending as far as under the scapula, and so violent that she imagines she will fall."

Lachesis.—1. "Stitches, sometimes extending to the liver or kidneys," from the "small of the back" we are left to infer, from what immediately precedes and follows this symptom in the *Symptomen Codex*. 2. "Stitch in the lower part of the breast in front, from without inward." This does not say which side, but from the two preceding symptoms we infer it must be the right breast that is meant.

Lactuca virosa.—"Stitches in the right chest, with subsequent sensation of spasmodic twitching; or in the lower part of the chest toward the back, in the region of the cartilages of the upper false ribs."

Laurocerasus.—1. "Stitches in the chest from the back to the sternum." 2. "Stitches in the sternum, also in the middle or in the lower part, also extending to the back, in the evening during an inspiration."

Magnesia carbonica.—"Stitch in the small of the back, on the right side from without inward, followed by jerking stitches in the small of the back."

Magnesia muriatica.—"Contraction of the chest, with oppressed breathing and dull stitches, from without inward, in the right side of the chest near the nipple after supper."

Manganum.—"Violent stitches in the right half of the chest, near the sternum as if from without inward; nothing can relieve them."

Mercurius solubilis.—1. "Acute pain striking forward through the chest from the right scapula." This is given as the result of clinical experience by a brother practitioner in a distant city. 2. "When sneezing and coughing, between the acts of respiration, he feels a stitch in the anterior and superior portion of the chest, extending through to the back; the chest feels contracted and squeezed together by the stitch."

Niccolum.—"Stitch striking from the back to the pit of the stomach, in the afternoon when sitting."

Nitric acid.—"Violent stitch in the upper part of and within the right ribs, through the abdomen and back."

Oleum Animale.—"Violent stitch in the upper part of the right chest near the sternum, as with a red-hot needle, the burning at that spot continuing a long time after."

Paeonia.—"Throbbing through the right chest and extending posteriorly up to the nape of the neck, where the throbbing terminates in intermittent pinching." Figures of a heart are placed upon the line of this symptom to indicate the throbbing.

Phellandrium.—"Violent stitch through the right mamma near the sternum, through to the back between the shoulders and then striking downward into the right side of the os sacrum, which is very painful on drawing breath, after dinner."

Phosphorus.—1. "Stitches in the lumbar vertebræ, from without inward, extorting screams." 2. "Cutting from the middle of the

sternum to the right scapula, worse during an inspiration, less during motion."

Pulsatilla.—"Sticking in the small of the back, afterward the pain extends into the abdomen, where it becomes cutting and sticking and arrests the breathing, followed by a creeping, heaviness and drawing sensation in the head, accompanied with vanishing of sight and hearing, afterward dullness, as if he had cold water poured over him."

Raphanus sativus.—"Pain in the chest, particularly when eating and coughing, less when drinking, the pain being of an aching and sticking character, extending from the pit of the stomach to the throat-pit and frequently to the back."

Ratanhia.—"Several dull stitches from the spine to the pit of the stomach."

Ruta.—"Painful darting in the dorsal spine, opposite the pit of the stomach; this becomes worse by pressing on the part, in which case a pain is felt under the last short ribs, extending into the abdomen afterward and arresting the breathing."

Sambucus.—"Sharp stitches from within outward, in the region of the right scapula, interiorly, most violent during rest."

Sarsaparilla.—"Violent, continual drawing-stitches in the right cervical muscles, from the clavicle to the os hyoides."

Senega.—"Oppression of the chest, with slight shooting pains through the chest in the direction of the scapula, returning the first ten days at indefinite periods, especially in the open air and during a walk."

Sepia.—"Stinging in the scapula, extending as far as the side and chest, only when sitting and walking fast; the stitching ceases when walking moderately, or when leaning against the affected side, mostly in the evening and afternoon."

Silicea.—"Violent stitch through the right side of the chest. Stitch through to the back." These two, we take it, are really one symptom, so represent them with one arrow.

Spigelia.—"Dull sticking-pinching pain below the right nipple, in the thoracic cavity, from within outward, more violent during an inspiration."

Spongia.—"Violent prickings in the right side of the chest, from within outward."

Staphysagria.—1. "Sharp stitches commencing in the posterior region of the right ribs, and winding around as far as the cartilages." 2. "Sharp stitches in the region of the fourth costal cartilage of the right and left side, at intervals of several seconds and lasting longer than usual they press slowly from within outward, independent of breathing."

Sulphur.—"Stitch from the right chest to the scapula."

Taraxacum.—"Continuous dull stitch in the right scapula, from within outward."

Thuja.—"Stitch in the back through the chest from below upward."

Valeriana.—"Sudden stitches in the chest and in the region of the liver from within outward, causing him to start."

[TO BE CONTINUED.]

Surgical Department.

FRACTURED CLAVICLE.

BY C. C. CASTLE, M. D., MILWAUKEE, WIS.

It is hoped that in the future the average Homœopathic physician will make more of a specialty of surgery than he has in the past, and that in his modes of operation he will be fully up to the times in adapting every improvement which shall commend itself, on account of its being real.

In the early history of surgery, as applied to fractures of the clavicle, some genius suggested that, as the obvious indications were to throw the shoulder "upwards, inwards and backwards," the humerus should be used as a lever for this purpose, with a pad in the axilla as a fulcrum.

Now setting aside the fact that no man, woman or child can endure even for a few hours, the pressure of a pad under the arm, it is a fact that no apparatus that has ever been invented on the lever theory, fulfills the indication.

Having for years had charge of a hospital where there is often one or more with a fractured collar bone, you will permit me to give you my method of treatment, which is invariably successful.

Place the hand of the injured side upon the sound shoulder, and place a bandage around the point of the elbow and the neck. There is no discomfort to the patient, and all the indications are fulfilled, and what settles the whole question, you get good results.

TREATMENT OF A SCALD.

Dr. Fairbanks' experience with *Canthar.* reminds me of several interesting cases of a similar character, and are treated with the same remedy. One of the patients lived in my own family.

Anna B., aged sixteen, had the misfortune while engaged in her duties about the cook stove, to spill some boiling water on her right foot. She was wearing at the time a very low-quartered shoe, so that the greater part of the foot was bare. Mrs. D., who was present when the accident occurred, removed the slipper and stocking, and with the latter came the entire epidermis, beginning at the ankle, and extending to the toes. When I reached home, a half

hour after the accident, I found the poor girl in great distress. The pain was intense. I bandaged the foot by applying a roller from the toes to the ankle and then saturated the bandage with a weak mixture of water and *Canthar.* tinct. about ten drops to the half pint—and instructed the patient to keep the foot thoroughly wet with the mixture. About one hour, perhaps, after the first application, the pain ceased entirely, and in twenty-four hours the patient was able to do her part of the house-work. But little if any soreness remained. I have used *Canthar.* tinct. thus diluted for a year or more, and believe it to be the remedy, *par excellence*, for burns and scalds.

LANSING, Iowa.

J. W. DAVIS.

ELECTRICITY IN OVARIAN TUMOR.

EDITOR UNITED STATES MEDICAL INVESTIGATOR: In your number of September 15th, page 250, Dr. J. G. Malcolm inquires concerning the use of electricity in ovarian tumors.

Dr. W. Danforth replies, that the use of the Galvanic current, strong, with gold needles plunged into the tumor, is the only way of treatment "that may (?) prove beneficial." I have some experience on this point, perhaps, worth reading. In three cases of ovarian tumor, I have caused them to disappear, by the use of Kidder's machine—one cell. I used both currents, primary and secondary, combined, applying the negative, with small sponge electrode, to the tumor, firmly pressed upon it, and changed in position, slightly, every two minutes. Positive at the back with large surface of wet sponge. Wet sponge in strong salt water, to secure thorough transmission of current. Time of treatment, thirty minutes, repeated each three days. One as large as a child's head, disappeared in about forty days. The other two, though much smaller, required longer time. In these two, gave internally, *Macrotin* and *Caulophyllin*, alternate weeks, at 9 A. M. and 9 P. M., in three grain powders, of the 2d decimal trituration. Also gave occasional hot sitz baths before retiring, twenty minutes long.

With the larger one, gave no medicine, or other treatment, than the electricity. Twenty-four years have passed, and no return.

CHICAGO.

S. MAXWELL.

ASCITES CURED BY TAPPING.

Recovery from Ascites after one hundred and thirty-three tapplings, is recorded in the *Edinburgh Medical Journal*. The patient was a female, and the operations extended through four and a half years, the accumulation becoming slower and slower towards the last, and then ceasing entirely, leaving the woman in good health.

Obstetrical Department.

FORCEPS TO THE BREECH.

BY H. N. GUERNSEY, M. D., PHILADELPHIA, PA.

For the benefit of those whom it may concern, I hereby refer the reader to "Practical Observations on Midwifery," by James Hamilton, M. D., F. R. S. E., Professor of Medicine and Midwifery, etc., in the University of Edinburgh, in the year 1836, Part II, Page 204: "By applying the forceps over the breech of the infant, so that the convex edge shall be toward its belly, the practitioner can lessen the presenting part, without any possible injury to the thigh bones, and can, at the same time, turn round the infant in such a manner as to bring its largest part through the widest part of the aperture, thus overcoming the resistance, and securing effectually the safety both of the infant and of the mother."

Refer also to Guernsey's *Obstetrics*, second edition, page 260, where he teaches as follows: "However, later experience proves most conclusively, that it is much safer and better practice to apply well-curved forceps such as Bethel's, instead of the blunt hook; well-curved forceps apply to the breech very nicely, and will not slip off."

James Kitchen, M. D., of Philadelphia, an old graduate of the medical schools in Paris, than whom no practitioner exists who is a more skillful operator, or who has had a vaster experience in midwifery, has for years past been applying the forceps in difficult breech-presentation cases.

ON THE OBSTETRIC FORCEPS AS A TIME-SAVER.

Dr. G. F. Francis read a paper on this subject before the Massachusetts Medical Society, showing that lapse of time in the second stage of labor brings increasing danger; that the forceps are not necessarily a dangerous instrument; and, finally, that the experience of those who have used the forceps freely, to save time, and avoid danger, is by no means unsatisfactory.—*The Obstetrical Journal*.

[The conserving of muscular and nervous energy by the early application of forceps, should not be overlooked.]

Children's Diseases.

A TYPICAL CASE OF REMITTENT FEVER.

READ BEFORE THE CHICAGO ACADEMY OF HOMŒOPATHIC PHYSICIANS AND SURGEONS.

Hattie, three years old; sanguine bilious temperament; small and slight built; was taken sick with fever, rapid pulse and great restlessness on the night of June 9th, 1875. In the early winter just preceding she had had whooping cough, and in the March following, scarlet fever. On two occasions intercurrently she had developed an ephemeral fever of brief duration. For a week or more preceeding date of the illness I am about to describe, she had been unusually, and painfully irritable and restless with impaired appetite, though she was not regarded as sick. During this period she had for several days small doses of *Quinine*, which was afterward put aside for *Ars. of Chinin*. On the 9th of June, as previously stated a high fever developed itself, with headache which was accompanied with some pain in bowels, but no special tenderness or tympanitis. Fever abated in some degree during the day but came up again at night. Tongue slightly coated, complete loss of appetite, thirst moderate.

June 11th, after very restless night temperature $103\frac{1}{2}$ at 8 o'clock. At 11 o'clock great prostration, pallor, and semi-conciousness; lies in seeming stupor from which, however, she can be aroused, pupils dilated. At 1 P. M. somewhat brighter but no perceptible abatement of fever. Most prominent symptom, irritability bordering upon frenzy. Temperature at 8 P. M. 105. Temperature next A. M. 105, night, 106. Pulse 150; respiration fifty to sixty. Next A. M., fifth day of fever, temperature 105, evening $105\frac{1}{2}$. Did not sleep an hour last night.

Sixth day of fever, slept about two hours last night in snatches from which would wake up with start and scream. Temperature 105 to 106; still very restless and irritable during day; wild delirium during night. During last forty-eight hours, three involuntary discharges, small and light colored. Seventh day of fever no change. Tongue a little more coated, coating white and more in the center. Up to date there has been no perspiration or even perceptible moistness of skin. Being disgusted with thermometer temperature not taken in A. M., at night 103. Gave wet sheet pack during which patient slept a full hour uninterruptedly. Pack had no effect in reducing fever, at ten, but next day morning temperature $102\frac{1}{2}$, evening, 102.

From this day till the tenth day of fever, temperature gradually

diminished till it reached 96 F. During this time all nourishment has been forced, but there has been no vomiting; no nausea, bowels have moved every day, except first and third days. Pupils have been expanded during entire sickness. Has urinated with normal freedom and frequency. During third, fourth, and fifth days of fever respirations ranged in frequency from fifty to sixty and each expiration was accompanied by a slight grunt, and a slight hacking laryngeal cough has been present, sounding like a "stomach cough." Convalescence was not fully established till near the end of second week. Appetite did not return till the fourteenth day.

As to remedies used during the week prior to development of fever, a few small doses of *Quinine* had been given in solution one-half grain at a time, which was afterwards changed for *Ars. of Chin.* In the beginning of fever *Aconite* and *Bell.* Next day *Bell.* and *Bry.* afterwards *Arsenicum* with *Coffea*, *Hyoscyamus* or *Asaf.*, as intercurrent to control irritability. Toward the close of the fever *Mercurius* and *Sulphur* were given separately and single doses.

CHICAGO.

R. N. TOOKER.

A SCALY CASE.

HYDROCEPHALUS FROM SYPHILIS PERHAPS.

Will some of the readers of THE UNITED STATES MEDICAL INVESTIGATOR, be kind enough to help me in the following case:

August 1st called to see a child three years old. It was born healthy of healthy parents, and continued so until it was nearly three months old, when it broke out in red blotches, which rapidly assumed a rough scaly appearance, best described as like the skin of an alligator, and discharged a clear watery fluid. In about twenty-four hours, it begins to dry up and presents a gray bran-like appearance. She was treated by an Allopath with an ointment composed of tar and fresh butter which dried it up. But in the mean time she was taken with what the attendant called head disease—spinal meningitis is supposed. When discharged she was completely paralyzed could not hold her head up or move her arms or use her lower limbs. Head drawn back at times at other times perfectly limp no strength in her neck or control over its motions, her hands are drawn backwards and sometimes forwards at the wrist, and fingers joints. Her lower limbs are not so bad but when she is angry they draw up to her body and it is almost impossible to straighten them out again, can hear good but cannot speak. Her eyelids are oedematous water forms over her eyes so rapidly that in one hour she can scarcely see at all.

I have placed her on *Nux v.* 30x in alternation with *Ars. alb.* 12x but as I have had but little experience with this type of disease I would be obliged to any one who would take the trouble to help me in the case. Either through THE UNITED STATES MEDICAL INVESTIGATOR, or by

mail. I know it is not reported "scientifically" but I hope it will be understood. I forgot to say that about two months ago, the breaking out returned in full force and that is why I gave the *Ars.* in alternation with the *Nuzz v.* Her body is well developed and general health good, bowels a little constipated.

AVALON, Mo.

F. E. COFFEE.

"IS ENURESIS HEREDITARY?"

EDITOR UNITED STATES MEDICAL INVESTIGATOR: Dr. Bruce, of Newark, N. J., asks in your August 2d number, "Is Enuresis Hereditary?" I should say it was just as much so as any chronic disease is. If my advice is of any value I should recommend him to try *Carbinate americana* 10,000, to be procured of B. Fincke, M. D., Brooklyn, N. Y., three doses of fifty to sixty minim pellets dry on the tongue, a dose every three days, and then placebos for sixty days. If this does no good I should give the 50,000th potency in the same way, and if it produces no change then the 100,000th potency in the same way. If *Carb. am.* does no good study *Petroleum* and *Plantago major*, to be given in the same potencies.

The low potencies seem to be powerless in such cases, or where a low potency relieves and seems to cure slowly a high potency (from 10,000 to 100,000,) cures in one-tenth of the time, and one, two, or three doses do all in forty to sixty days that two hundred doses of the low potencies do in five to six months.

The symptoms Dr. B. gives seem to show that the cause of the disease lies in a weakness of the sphincter vesicæ only controlled by volition, i. e., during waking hours.

Large doses of *Carb. am.* in powder produce a permanent relaxation of the sphincter vesicæ.

If Dr. B. uses any of the above remedies will he please report the result.

CHARLOTTE, N. C.

S. B. HIGGINS.

I have found *Sepia* 200 more often curative in enuresis nocturna than any other remedy, if early in the night and profuse.

CHICAGO.

H. B. FELLOWS.

CONSULTATION CASES.

Will you please give me advice in the following cases:

CASE I. A child fifteen months old has inflammation of the glands he is a large fleshy child, and has had good health until about a month ago, was taken with parotitis; since has had continual inflammation

with slight suppuration of the submaxillary, parotid, and cervical glands. At present the swelling under the chin is hard, the right parotid gland is greatly swollen and threatens suppuration, there is also a large swelling in the right cervical region. I have given *Bell., Merc., Slic.* without any effect, and as it has at times "sweating about the head and neck." I have to-day prescribed *Calc. 3* having none higher. It is very restless; wishes to be carried, however, I have not thought it a sufficient indication to give *Cham.* I am fearful that on healing it will leave ugly cicatrices, I have treated its mother for some time for scrofulous affections.

CASE II. Child seven months old. Scrofulous dyscrasia; had pneumonia and measles in the spring, ever since has had a wheezing respiration with hoarseness, (was treated by an Allopath). When I first saw it, it was suffering from aphtha; loss of appetite restless and could not sleep at night; cough; hard glandular swelling on the right side of its neck. It never looks much better, the swelling is greatly reduced; sleeps well; coughs but little; aphtha entirely well; but the hoarseness and wheezing respiration are no better.

Pneumonia and measles prevailed during the winter and spring months, and were very fatal under "regular" treatment, but few children under two years of age recovered from the measles. We have but very little sickness now with the exception of cholera morbus and ague which is quite prevalent.

SENECA, Mo.

H. L. PORTER.

LIGHT OR DARKNESS IN SCARLET FEVER.

EDITOR UNITED STATES MEDICAL INVESTIGATOR: I believe in light rather than darkness, both literally and metaphorically, for physical as well as for moral maladies. However, there are but few rules which have not some exceptions, and, indeed, *exceptio probat regulam.* In your report of the Wisconsin State Homœopathic Meeting, it is recorded, that I "advocated darkening the room in scarlatina." On account of necessary absence, I could not myself read and explain my paper. Something in it probably seemed to indicate what was stated in the report. Florence Nightingale, and scores of others, testify to the good effects of a liberal amount of light in scarlet fever, and many other diseases.

I have nothing to offer in opposition. But allow me to say, that, in certain cases of scarlatina, I have found a great *intolerance* of the light, and therefore have darkened the room considerably, and that my patients in those cases have come out well. *Verbum sat.* We must study brevity. I *did* and *do* advocate frequent bathing, and thorough ventilation, and changes of clothing in scarlatina.

Have had another very severe case of cerebro-spinal meningitis this

summer. Patient, a young lady about twenty years of age, in one of best families. There was one decided relapse, and recovery was rather slow. *Veratrum vir.*, and *Bell.* particularly, did excellent service.

SUN PRAIRIE, Wis.

H. E. BOORDMAN.

[A striking illustration of the fact that we must individualize in all cases. If any one counsels, scarlet fever patients, exposure to light they ought to take *Bell.* till their "eyes protrude" and they "see sparks" (vide Allen's *Materia Medica*,) and then have the curtains thrown back so they could see how it is themselves.—ED.]

Hospital Department.

A MEDICAL CLINIC.

BY J. S. MITCHELL, A. M., M. D., PROFESSOR OF INSTITUTES AND PRACTICE OF MEDICINE AND CLINICAL MEDICINE, HAHNEMANN MEDICAL COLLEGE AND HOSPITAL, CHICAGO.

EPILEPSY FROM CONCUSSION.

CASE I. We have a lad eleven years old presenting himself here to-day for the treatment of epilepsy. His history is as follows: Four years ago he was struck on the head with a ruler by his school teacher. The blow was not immediately followed by marked symptoms of concussion or compression of the brain. He was, however, soon attacked with epileptic paroxysms which continued at various intervals about a year; they ceased for eighteen months and then returned. For more than a year they have been occurring very frequently. He has sometimes several paroxysms in one day. His general health is good. There are no paralytic symptoms or dementia present. His intellectual faculties are clouded but there is no idiocy yet.

There are some interesting features in this case. We can excite a paroxysm with great ease. A sudden noise is sufficient. In the presence of so many strangers he may not respond to the effort I shall make, for certain nervous states ward off as well as bring on the attacks. (While speaking I dropped a knife on the floor behind him and a fit instantly took place; later one of the students accidentally dropped a cane and another occurred.) You see the phenomena characterizes an epileptic seizure. The most graphic description could not impress them so indelibly on your minds as this twice witnessing them will. You may attend an epileptic some time and not happen to be

present during an attack. The two this lad has just had in your presence are not the severest that may occur. In by far the larger proportion of cases the severe attacks, *grand mal*, do not occur oftener than once in two to four weeks. When they occur as often as in this case they are lighter attacks; Cases are observed, however, in which one hundred or more well-pronounced paroxysms have taken place in one day. Echeverria speaks of one which had one hundred and eleven. I had under treatment a few years ago a case that had between ninety and one hundred daily for several days. Each paroxysm was well marked. After a few days they occurred less frequently, but in six months two thousand seizures were noted. They then ceased for a year under the action of *Bell. 3x*; after that they returned at intervals of three or four weeks. The tendency in this case will be to more infrequent paroxysms.

It is usual for these cases to be preceded by an aura or warning. This may occur under various forms; the most common are vertigo, hallucinations of sight and hearing, drawing or creeping sensations starting at the extremities and passing to the nervous centres, pain or cramps in the limbs. The peripheral origin of epileptic fits has been abundantly demonstrated by the skillful vivisections of Brown-Sequard. True in some cases we find it difficult to define such an origin. Possibly it may only be a foul breath, or a current of air from the shutting of a door may excite the cutaneous nerves. Other auras more exceptional are glottic spasms, chills, vomiting, indescribable sensations, *workings*, perspiration on the head, and pain in the stomach. Watson tells of a man who fancied when he had an attack approaching that he saw a little old woman with a red cloak who came up to him and struck him a blow on the head and then he immediately fell in a fit. One of my patients has most beautiful dreams. Another, on the contrary, has most disagreeable visions while walking at noonday. These may precede the attacks which are always nocturnal for from twelve to eighteen hours. Another patient who had only two slight fits at an interval of nearly a year, was taken with pain in the bowels, as soon as it reached the stomach, which it did in both instances, the seizure at once occurred. This boy has no aura that is constant.

In his case there is another feature to which I wish to direct your attention, viz., *the change in the color of hair* to a dead black over the seat of injury. The natural color is a light brown, as you will observe, and this spot, the size of a silver half dollar, stands in marked contrast. It became this color soon after the receipt of the injury. The change is doubtless due to the injury of the skin by which the vitality of the hair follicle was impaired. Instances are quite numerous of change in the color of the hair from mental emotions. But more rare are the changes occurring from diseased conditions of the part, or of the general system. Circumscribed disease of the integument is more likely to cause death of the hair; baldness then results. When any change in color occurs, in small spots, it is usually to white. Instances are known where disease occurring in paroxysms, as gout and intermittent fever, have changed the color of the hair, not only from the darker

shades to white or gray, but from the lighter to darker, as from blonde to red. In all the cases there is first a lesion of the nerves. Innervation is impaired; the hair bulb changes the character of its secretion. The melanine, or organic coloring matter, has, in dark hair, iron as a base; in light hair there is less iron, and in red sulphur takes the place of the excess of iron present in the dark. The changed secretion alters the coloring matter at the bulb, and by infiltration the whole length of the hair is affected. In this case we have an increased amount of iron, but the hair bulbs are evidently unhealthy as evinced by the absence of lustre in the hair.

The pathology of epilepsy we have not time to discuss to-day at any length. Suffice it to say that the careful post-mortem examinations of Echeverria, Van der Kolk, and Axenfeld, have shown several well-marked lesions of the encephalon that may be considered as influencing an attack. It must be noted, however, that many of the morbid appearances observed by them are *effects* either of the disease or of the heroic treatment used. Congestion of capillaries, extravasation of blood or aneurismal conditions of larger vessels with softening or sclerosis are most constantly observed in the medulla oblongata. Confirming these as actual epileptic lesions are the observations of Bouchut, Duguet, Hughlins Jackson, and Allbutt, with the ophthalmoscope. It is true they do not establish the constant occurrence of hyperæmia in the retina during epilepsy. Many cases, however, do show marked vascular enlargement. Hughlins Jackson examined a case of epilepsy during the attack. He found the optic disc whiter than normal, and the veins large and dark. In another examined two hours and a half after the fit, the veins were remarkably large and dark; the arteries also were darker than normal, and the disc was hyperæmic. In another case, after the fit, the veins were very large and the disc reddened as if flecked with blood. Bouchut speaks of the multiplication of the blood vessels of the retina during and after the attacks, and others of their tortuous and irregular disposition. We are therefore warranted in assuming that we have hyperæmia of portions of the cerebral mass, if there is force in analogy. Pathological anatomy shows the part to be usually the medulla oblongata, as we have before said.

Treatment of epilepsy is not yet satisfactory under any system. Most Old School practitioners and some Homœopaths give their patients *Bromide of potassium* in large doses, in some instances not stopping until most profound bromism has been produced. Such complete poisoning does, in some instances, temporarily prevent the paroxysms, but they return in the large proportion of cases with greater violence and frequency than before. Moreover, the patient's general health is usually impaired for many months. Its use in massive doses must therefore be deprecated. Bromism, however, proves that it is Homœopathic to some cases; it may be used in grain doses of the third decimal attenuation continuously without injury. Typical cases yield with difficulty to any remedies. If helminthiasis is the cause, *Cina 3x* will at once arrest the spasms. I have had no difficulty in such cases.

In those cases where cerebral congestion is present *Bell.* is useful. It once warded off the convulsions, in a case I treated, for a whole year. Professor Woodyatt made an ophthalmoscopic examination in the interval between the paroxysms and found the retina very slightly hyperæmic. Symptoms occurring between the attacks ought to be observed. In this case there were choreic movements nearly always taking place after and between the attacks. *Lachesis* has stopped paroxysms that came on always at night, the patient waking from sleep and going at once into an attack. *Cuprum* gives us in its pathogenesis epileptic spasms. Poisoning with this drug has caused a patient to fall senseless, with convulsions but without a cry. The cases in which the patient suddenly falls with a loud cry are not so likely to be benefited by this drug. *Plumbum* is useful when the attacks follow each other in rapid succession and are followed by epileptic mania or coma. The pathology of epilepsy would influence us to select *Nux* or *Ignatia*. *Nux.*, however, has tetanic convulsions more usually. In attacks beginning with a cry, having vomiting as a symptom and during which opisthotonus is present, it has been of service. In cases occurring in drunkards, or after the excessive use of tobacco, it is sometimes indicated. *Rana bufo* has clinical experience in its favor. It is a common idea among the laity that dried earth-worms, mixed with various other substances cure epilepsy. *Bufo* is not far removed from the earth-worm. I should not give it on that account, but because it has clinical experience in its favor. *Zincum met.* is useful in the lighter attacks. It has not the well-marked epileptic paroxysms but corresponds to the cases characterized by a near resemblance to chorea. It has, however, sharp pressure in a small spot in the forehead. This patient's injury has resulted in continuous pressure in a small spot in the forehead. He is, moreover, as you have observed, very sensitive to external impression—another indication for *Zincum*. We will prescribe this remedy, 3d decimal trituration. It may be, owing to the cause of his attacks, that nothing short of trephining will afford relief. We will try medication internally first. He is a bright looking boy, with good physique, and we may well hope he will be likely to respond to treatment.

CASES OF INTERMITTENT FEVER.

CASE II. This young man was taken with intermittent fever nine weeks ago, while living in Michigan, a famous state, in some parts, for severe and stubborn agues. He had the quotidian type, one of the most severe, as the daily paroxysms rapidly exhaust the patient's strength. It is only one remove from a continued fever. The three stages occupy the major part of the day. He had a paroxysm every day for eight weeks. His physician gave him up to die, so he says—a poor prognosis for any form of intermittent save the pernicious or congestive variety. A week ago he came into the hospital; he had doubtless had all the *regulation treatment*. It was necessary, therefore, to make a careful prescription, and that required observance of his symptoms. When first attacked his chills were an hour long, they gradu-

ally increased in duration and severity; the last were two to three hours long; they came on first at four in the afternoon, later at nine, afterward at midnight, then in the early morning, the last ones coming on about noon. The patient dreaded the cold stage and implored us not to let him have another. Their frequency had not inured him to them. He had nausea and sometimes vomiting during this stage, but no thirst; his fever lasted from three to five hours and was intense, the thirst was great during this stage. The last stage lasted only one hour, but the perspiration was very profuse. The interval between the paroxysms could not be called an apyrexia, for there was fever; pulse 120, during its whole continuance. Usually, during the so-called apyrexia, the pulse and temperature falls either to normal or below that point. *Natrum mur.* 30x, trit., was given. He had one slight paroxysm the next day, and has had none now for several days.

The indications for *Natrum* are not always clear. Instead of being a remedy of feeble power over intermittents as it is asserted by some in our school, it is one of the most powerful. I formerly regarded it most useful in chronic cases, and after *Cinchona*, but more extended experience with it convinces me that it is equally powerful in recent cases and those that have not taken any *Quinine*. Quotidians are more likely to be checked by it, but it affects tertians favorably in some cases. Profuse perspiration is a good indication. Thirst during chill is usually characteristic of *Natrum*. In this case it was not. Time of chill has not helped me in the selecting of *Natrum*. I have not been able to verify Boenninghausen's 11 A. M. indications. Intermittents cured by *Natrum* have commenced both morning and evening.

NOTE.—Two weeks later no chill had returned.

CASE III. This patient has also had intermittent fever. His was a tertian ague and he had been sick two weeks. He had a chill lasting three hours, fever one hour, and sweat only a quarter of an hour, but the perspiration was quite profuse. He has now intestinal catarrh. Every night he has from two to four diarrhœic stools. *Natrum mur.* 30x was given him on the same day the last patient was placed under treatment. He had no more chills.

NOTE.—*Merc. sol.* 80 improved the intestinal catarrh. *Ars.* 3x was then given and he still further improved and left the hospital.

Medical News.

Homœopathic Medical School in London.—At the opening lecture by Dr. Bayes, at the London Homœopathic Hospital, about one hundred were present. Nearly one half "were Allopathic physicians and medical students." Among them was a lady physician to a hospital for women.

Died.

McCOURT—Wife of Dr. P. J. McCourt, of Troy, N. Y., Nov. 1st, 1875, of pneumonia, after a brief illness.

HOLMES—At his residence in Palmyra, Wis., November 12, 1875, Dr. B. F. Holmes, aged 58 years 11 months and 12 days.

Report of the New York Ophthalmic Hospital for the month ending October 3st, 1875: Number of prescriptions, 2,467; number of new patients, 307; number of patients resident in the hospital, 30; average daily attendance, 95; largest daily attendance, 145.

ALFRED WANSTALL, M. D., Resident Surgeon.

A Word to the Wise.—If our friends in Michigan really want their new college to succeed, we would advise them to be thankful for what they have and ply the Regents for more chairs, keep out of the papers with their complaints, or the whole thing will end in failure. Knowing of the persistent effort made to divert students from it, we are surprised that it has succeeded as well as it has. We think the Michigan profession may take courage.

The Situation in San Francisco is shaky. Whether an earthquake will improve matters is doubtful. The secretary of the California State Medical Society of Homœopathic practitioners sends us a lengthy personal reply to the document in our October 15th number, which we regret we have not room for. Dr. Frazer bore a good name in Chicago and Erie. If he has become demoralized since going to San Francisco (attempting to control the increase of the census) then California is not so very healthy after all. Gentlemen, remember, this is the centennial year—the year of peace!

Medical.—The Essex County (Mass.) Homœopathic Medical Society will give to the Physician or Student who will make or procure the best or second best proving of a remedy furnished by the Society, a prize of 100 one-and-one-half drachm vials of liquid medicines of the 30, 200, or higher dilutions, selected from a collection of about eight hundred proven remedies. Any information or medicine for proving furnished by

DR. L. WHITING, Danvers.

DR. S. M. CATE, Salem.

DR. A. M. CUSHING, Lynn.

Florence Nightengale Endorses Homœopathy.—Florence Nightengale, in her excellent work "Notes on Nursing," (\$1.00), pays this excellent tribute to Homœopathy, when speaking of the habit of certain people to prescribe for themselves and all their neighbors: "Homœopathy has introduced an essential amelioration in the practice of physic by amateur females, for *its rules are excellent*, its physicking comparatively harmless—the "globule" is the one grain of folly which appears to be necessary to make any good thing acceptable. Let then women, if they will give medicine, give Homœopathic medicine. It won't do any harm." Homœopathy, as an educator of the people has been a great boon.

The Semi-Annual Meeting of the North-Eastern Iowa Homœopathic Medical Society, meets at Cedar Rapids, in Universalist hall, on Wednesday, December 22d inst., at 9 o'clock A. M. Every member of the Society is expected to be present, if possible, and all Homœopathic physicians who are not members, are cordially invited to be present and contribute something toward the interest of the meeting. Subjects of vital importance to every Homœopathist will be considered, and the success of the organization depends entirely upon its individual members. A public address will be delivered on Wednesday evening by F. W. Davis, M. D., of Lansing. Delegates on their arrival at Cedar Rapids are referred to Dr. G. E. Cogswell for further information. Office, 63 Eagle Street. J. A. BURT, Secretary.

FEE BILL.

ADOPTED BY THE CHICAGO ACADEMY OF HOMŒOPATHIC PHYSICIANS
AND SURGEONS.

Inasmuch as the following table of charges is founded upon a just consideration of the services performed by medical practitioners, it will be considered a duty on their part to conform to it, whenever the circumstances of their patients do not clearly forbid such a course.

MEDICINE.

For an ordinary visit in the daytime in the city.....	\$ 2 00	to	\$ 5 00
For each additional person prescribed for when more than one member of a family is sick at the same time	1 00	to	3 00
For a visit made between 10 P. M. and 6 A. M.	3 00	to	10 00
For a night prescription.....	2 00	to	3 00
For a first visit as consulting physician	5 00	to	25 00
For each subsequent visit as consulting physician, in the same case.....	3 00	to	10 00
For unusual detention, per hour.....	2 00	to	5 00
For office consultation, according to importance of case.....	1 00	to	25 00
For a letter of advice, or written opinion.....	5 00	to	25 00
For examination for life insurance.....	3 00	to	5 00
For certificate as family medical attendant for candidate of life insurance.....	2 00	to	3 00
For an examination involving a question of law, in a case in which the physician may be subpoenaed.	10 00	to	100 00
For a visit to a small-pox patient, an additional fee of.....	1 00	to	3 00
For a post-mortem examination in a case of legal investigation.....	50 00	to	100 00
For attendance upon court, per day.....	50 00	to	100 00
For services to distant patients, in addition to expense of travel, per day	50 00	to	100 00
For application of electricity, at office.....	2 00	to	5 00
For application of electricity, at patient's house....	3 00	to	10 00

OBSTETRICS.

For attendance upon a case of natural delivery....	15 00	to	100 00
For after attendance, usual rates per visit.			
For cases complicated by hæmorrhage, convulsions, or other cause involving extra care or responsibility.....	25 00	to	100 00
For obstetrical operations, as turning, application of forceps, craniotomy, cephalotripsy, Cæsarian section, etc.....	25 00	to	200 00
For topical treatment of uterine disease, each time.	3 00	to	10 00
For operations of uterine tumors.....	25 00	to	100 00
For vesico-vaginal or vesico-rectal fistula.....	50 00	to	300 00
For ovariotomy.....	100 00	to	500 00
For operation for lacerated perineum	20 00	to	100 00

SURGERY.

For amputation of the thigh	75 00	to	300 00
For amputation at knee.....	50 00	to	300 00
For amputation of the leg.....	50 00	to	200 00
For amputation of the foot	50 00	to	100 00

For amputation of fingers or toes	10 00	to	25 00
For amputation at shoulder joint.....	75 00	to	200 00
For amputation of the arm.....	50 00	to	150 00
For amputation of forearm or hand.....	50 00	to	100 00
For resection of head of femur.....	75 00	to	300 00
For resection of knee.....	75 00	to	200 00
For resection of the shoulder.....	50 00	to	200 00
For resection of the elbow.....	50 00	to	100 00
For reducing dislocation of the hip.....	50 00	to	200 00
For reducing dislocation of knee.....	50 00	to	100 00
For reducing dislocation of the ankle.....	50 00	to	75 00
For reducing dislocation of fingers or toes.....	10 00	to	20 00
For reducing dislocation of shoulder or elbow.....	25 00	to	50 00
For reducing dislocation of wrist.....	15 00	to	50 00
For reducing dislocation of jaw.....	20 00	to	50 00
For reducing fracture of the femur.....	25 00	to	50 00
For reducing fracture of the leg.....	20 00	to	50 00
For reducing fracture of the ribs.....	5 00	to	20 00
For reducing fracture of the arm or forearm.....	20 00	to	50 00
For reducing fracture of the small bones.....	5 00	to	10 00
For reducing fracture of the clavicle.....	10 00	to	25 00
For operation for internal piles.....	25 00	to	100 00
For operation for external piles.....	10 00	to	25 00
For operation for polyp of rectum, nose, or ear.....	20 00	to	50 00
For operation for anal fissure.....	10 00	to	50 00
For operation for fistula-in-ano.....	25 00	to	50 00
For operation for radical cure of hernia.....	30 00	to	100 00
For operation for stone in the bladder.....	75 00	to	500 00
For operation for cataract.....	50 00	to	200 00
For operation for strabismus.....	25 00	to	50 00
For operations on the eyelids.....	10 00	to	50 00
For operation for artificial pupil.....	20 00	to	100 00
For operation for radical cure of hydrocele.....	20 00	to	50 00
For tapping hydrocele.....	5 00	to	20 00
For operation for varicocele.....	25 00	to	50 00
For operation for varicose veins.....	15 00	to	50 00
For reduction of strangulated hernia by taxis.....	10 00	to	25 00
For performance of tracheotomy.....	25 00	to	100 00
For pneumatic aspiration.....	50 00	to	200 00
For operation for club-foot.....	25 00	to	200 00
For treatment of ununited fracture.....	25 00	to	200 00
For trephining cranium.....	50 00	to	200 00
For tapping abdomen.....	10 00	to	25 00
For operation for cleft palate.....	25 00	to	100 00
Phymosis.....	15 00	to	25 00

The foregoing charges are for the performance of the operation only. The subsequent visits are to be charged as in attendance in ordinary cases of disease, the fee being proportioned always to the time occupied and the trouble and responsibility incurred.

For dilating stricture of urethra, each operation....	5 00	to	10 00
For introduction of catheter.....	8 00	to	10 00
For vaccination.....	1 00	to	5 00

In all cases of gonorrhoea and syphilis, a fee of from \$10 00 to \$20 00 will be required in advance, the subsequent charges being graduated according to amount of after attendance necessary.

For operations and services not enumerated in the foregoing list, charges will be made according to their nature, extent, and importance.

CHICAGO, Oct. 28, 1875.

THE
UNITED STATES
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

New Series, VOL. II., No. 12. — DECEMBER 15, 1875. — Whole No. 156.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

POTTSTOWN, Pa., Dec. 1.—I have but little to report from the field. Colds yield mostly to *Acon.* and *Bry.* We are having an epidemic of whooping cough and I have had best success with Schussler's *Ferr. phos.*, it relieves the cough to a great extent. Have had but one case of croup, though there has been two deaths from it under Allopathic treatment. This weather is hard on consumptives. L. HOOPES.

MADISON, Wis., Nov. 25.—The epizootic has been affecting both men and horses lately. With the former there has been a tendency to laryngeal and chest troubles, very great hoarseness and aphonia resulting, as well as pneumonia has been especially rapid and fatal in its course. Very few typhoid fevers have occurred in the city, but quite a number in the country about here. The fevers have been severe. [What remedies indicated?] Have been doing a good deal of vaccinating recently, using the virus propagated by Dr. Dixon, of Fond du lac, which has given excellent results. I regard it as good as

that from Dr. Foster, of New York, and Dr. Dixon's prices are much more reasonable.
C. B. NORRON.

THREE RIVERS, Nov. 26.—Allow me to express my thanks for the promptness and kindness of my colleagues in answering to a certain case that was reported by me on page 232, of September last. I am happy to report a perfect cure of my patient under the use of *Lachesis* 6th to the 30th, four doses a day of the former for four weeks, and since that time two doses a day for several days then omit for a week, then resume again, etc. Three Rivers has been uncommon healthy for the last year and more especially this fall, we have had less intermit-tents than any year previous for the last ten years. At the present time we are having some sporadic cases of angina which yield to *Lach.*, *Binioidide of Mercury*, *Bell.*, and *Plumbum iod.* I might mention that we have our usual acute catarrhal cases which occur at this season of the year.
E. B. GRAHAM.

SAN FRANCISCO, Nov. 30.—In the September 15th number of THE UNITED STATES MEDICAL INVESTIGATOR I asked, "What will cure?" I had several replies for which I am greatly obliged, but I must say that I did not keep my patient waiting all the while, and feeling that *Puls.* and *Sulph.* both had a bearing on the case, I gave them in the 30th dilution, alternately, once a day. She reported much better in a couple of weeks, and a continuance of the remedies at lengthened intervals must have wrought a complete cure else she would have come back, as she promised to do unless well. We have been having the epizootic pretty thoroughly among the horses, and the human family have not altogether escaped its influence. The article in November 15th number, signed by W. N. Griswold, is not worthy of notice, and needs no reply from me, as it creates only a laugh among the profession here, who know of his *vast experience*, and the question is, who helped him get it up?
G. M. PEASE.

CONSULTATION CASES.

THAT EPILEPTIC CASE.

I notice a case in November 15th number of THE UNITED STATES MEDICAL INVESTIGATOR, Vol. II, No. 10, page 402.

I have had three cases of epilepsy within the last ten months, as follows:

CASE I. Miss A., aged sixteen years, large blue eyes, light hair, short neck, weight 128, health good, monthly all right, no hereditary disease known in the family.

CASE II. I cannot describe better than that one for which advice is asked.

CASE III. Young lady aged twenty-two years, has had epilepsy for

ten years, red hair, blue eyes, slender, weight 110, very lively disposition; attacked every month, one week before menstruating, and continues for one or two days, two or three attacks each day.

Gave to the above cases inhalation of *Nitrate of Amyl*. No return in either of the above cases. It is three months since I commenced the last case, and am happy to say that I believe that this remedy has proved to be the medicine in those cases under consideration. Use one dose per month.

ADEL, Iowa, Dec. 1.

J. F. IRVIN.

DR. A. F. RANDALL

Asks for advice in his case of epilepsy in the November 15th number.

I would kindly suggest to the Doctor that the case has the appearance to me of being hysterical dependent upon uterine irritation. This has produced irritation of the spinal cord, affecting somewhat the medulla oblongata. I will suggest giving *Aconite* 12x every eight hours, and *Hyoscyamus* 3x a few doses as soon as premonitory symptoms appear, using *Pulsatilla* 6x once a month a few doses. I hope others will reply to you that I may learn if any others agree with me. I would like to mention numerous cases that I have seen in my practice, but space forbids. Let us hear of the case six months from now.

PEORIA, Ill.

M. M. EATON.

DR. A. F. RANDALL'S CASE.

Miss N. J., epilepsy, may be benefitted by *Calcarea carb*. I should give it in the 30th dilution, three times daily.

COUNCIL BLUFFS, Iowa, Nov. 24.

W. D. STILLMAN.

CASE OF EPILEPSY BY DR. HULLHUNT.

I would suggest the inhalation of a few drops of the *Nitrate of Amyl* three times a day, especially at the time of the fit; your case seems to correspond with the proving.

R. W. NELSON.

[See Allen's *Materia Medica*.]

TO DR. J. F. IRVIN, OF ADEL, IOWA.

Your case in THE UNITED STATES MEDICAL INVESTIGATOR for November 15th, suggests to my mind one of my own similarly affected. My patient has not relapsed — treated about a year since. I used *Nux* 6x, three times a day, and *Chloroform* gtt. i., in a spoonful of water every three hours for two or three weeks, when the latter was discon-

tinued and the first given alone for four weeks.

I have no proving of *Chloroform* but gave it at first because I had nothing with me at the time that seemed indicated. It acted like magic and I have since used it in three cases similarly affected, though not so severe, with prompt relief.

PEORIA, Ill.

M. M. EATON.

ANSWERS TO CONSULTATION CASES

In the November 15th number of THE UNITED STATES MEDICAL INVESTIGATOR :

Dr J. F. Irvin does not tell us what remedies he has tried, but if I were called to the case I should unhesitatingly give *Lyc.* and expect it to relieve.

In Dr. A. F. Randall's case of epilepsy, I think *Stram.* 200, a dose morning and evening, ought to act beneficially.

POTTSTOWN, Pa.

L. HOOPES.

WHAT WILL ANTIDOTE PARIS GREEN ?

What will neutralize the poisonous effects of *Paris green* inhaled from wall paper? Another case, poisoned by wearing rubber boots lined with green, causing a serious eruption upon the ankles. The first characterized by severe cutting pain and soreness in lungs and through under shoulder blades.

H. C. COON.

[See antidote to *Arsenic.*—ED.]

POLYGONUM PUNCTATUM PRURITUS ANI.

BY E. B. IVATTS, DUBLIN, IRELAND.

EDITOR UNITED STATES MEDICAL INVESTIGATOR: I send you the following case by way of illustrating the curative power of *Polygonum*.
E. M. HALE.

December, 1874. Maurice D., car driver, for nine years suffered from pruritus ani and small swellings outside anus. Has now two swellings, one the size of a pea and the other the size of a grain of wheat. No inconvenience except intense itching and heat which comes on frequently in the twenty-four hours and lasts for five or ten minutes, and "I occasionally tear myself until I bleed." His father suffered with piles and believes died of them when at the age of forty-two. Has been examined by three doctors and treated by them for piles. Itching comes on shortly after going to bed, and awakens him

about 3 A. M., sometimes before going to closet. Thinks he has used fifty recipes but never got any relief. Occasionally has had boils near the anus. He took *Podophyllum* 1 for several weeks. He then had *Nitric acid* 2, five drops morning and evening, from February 10th to March 14th, which relieved the heat but not the itching. I then searched Hale's New Remedies and found the following symptoms under *Polygonum punctatum*: "The interior of anus studded with itching eminences as from corrugation without contraction, a kind of hæmorrhoidal tumor—Hæmorrhoids with itching and burning in the tumors—Puritus ani." I therefore gave *Polygonum* p. 1, five drops morning and evening. In three weeks great improvement had taken place, this continued over several weeks, the itching coming on less frequently until the case was cured. The man has since married and has kept well up to this time, October, 1875.

DIPHTHERIA IN NEW JERSEY.

A VERY STRANGE CASE.

Among the various freaks of that terrible disease diphtheria, which has made such ravages among children in New Jersey within the past few months, is one lately developed in this city.

The child is about five years of age, and was taken sick with diphtheria about five weeks ago. A day or two previous to the attack she had broken the skin on the back of both her thumbs. Dr. E. W. Pyle, the attending physician found the child had all the symptoms of diphtheria, with the exception of the formation of a membrane in the throat. But this membrane was formed on the back of each thumb over the place where the skin had been abraded. The doctor, becoming interested in in this strange freak of the disease, removed the diseased membranes from the thumbs, when others immediately succeeded in the same places. He then examined the membrane as it appeared on the child's thumbs under the microscope and found it to be in every particular like that which in this disease usually forms in the throat, or in some of the air passages. He took a membrane from the throat of another little daughter of Mr. S., who was then sick, and has since died with diphtheria, and comparing it with that taken from her sister's thumb and found them precisely alike. The little girl who had been the subject of this singular development, as the disease advanced from one stage to another still continued to show the symptoms of diphtheria, having paralysis of the soft palate and lower extremities, being unable to either move or speak for several days. She at length began to grow convalescent. however, and is now nearly recovered, being able to walk about and talk the same as before her sickness, while the sores on the back of her thumbs are entirely healed up.

Dr. Pyle is of the opinion that the course taken by the disease in this

case is a strong argument in favor of the opinion which many medical men hold that diphtheria is not wholly, if it is indeed chiefly, a disease of the throat and organs of respiration.

HEADACHES.—THEIR CAUSES AND TREATMENT.

BY E. B. SHULDHAM, M. D. LONDON: E. GOULD & SON.

This is a popular work, written in a very pleasing and impressive style. For active congestive headache he suggests *Aconite*, *Bell.*, and *Glonoine*. The nervous headache he thinks due to passive congestion, for this, he says, "I should supply the patient with a hot-water bath to the feet, an extra blanket, a plate of hot soup, and *two glasses of champagne!*" His remedies are *Arsenic*, *Ignatia*, *China*, *Colocynth*, *Calc. c.*, *Silicea*, *Verat.*, *Gels.* For the neuralgic variety he adds *Lach.*, *Sepia*, *Platina*, and *Sulphur*. For dyspeptic headache he suggests *Bry.*, *Nux v.*, *Puls.*, *Antimonium*, and *Cham.* In the bilious headache he adds *Iris* to those of the dyspeptic. In rheumatic and gout headaches he gives *Rhus*, *Bry.*, and *Cimicifuga*. The tubercular headache is akin to the nervous. For headache caused by worms he mentions *Cina*, *Ignatia*, *Bell.*, *Calc. sulph.*, and *Merc.* In the cases of menstrual headache are nearly all the forms mentioned above with the remedies enumerated.

In closing he offers some excellent hygienic advice.

WINTER IN FLORIDA.

IT IS HEALTHY, BUT HAS ITS DISENCHANTMENTS.

The truth is, said one, "Florida is nine-tenths water and the other tenth swamp." In passing along the St. John River and its tributaries one might easily get that impression; still, about as much might be said of all the Atlantic coast line south of Weldon, and we may not apply that sardonic expression to Florida alone. Mrs. Stowe supposes that the writer was undergoing the not unusual experience of "disenchantment," witnessed by very many coming to this state.

The fact is, the disadvantages of the state are usually not named by those who visit here, much less by permanent residents. The mildness and sunshine are certainly overrated. This is called by most people a very mild winter. Doubtless frost has come less frequently than usual, but from the first to the twenty-fifth of January last there were only four sunny days.

Many a day the rain fell, hiding away in the deep sand, but at other times the chilling mist drives us within doors as surely as would the frost along the northern lakes. Heavy overcoats and warm wraps, are

much of the time desirable. At evening and morning the bright fire in the open fireplace courts devotees; resinous pine, called "fat wood," beams with wonderful brilliancy, too bright to last, I judge for we get very little of it. In most parts of the state, however, wood costs but little; nothing sometimes but for cutting and hauling. The natives seem to require but little fire, and, I may add, but little clothing either. They seem far better able to resist the cold and damp than are the people from the north.

FACTS NOT FANCIES.

HOMŒOPATHY VS. "GOOD SENSE."

On page 351 of THE UNITED STATES MEDICAL INVESTIGATOR are reported "four cases" for the benefit of Dr. Graham, and our instruction. "*Puls.*, cups, and the scarificator," are given as a prescription. It would hardly seem necessary to notice the report of these cases were it not for the remarks indulged in at the close. Thinking, I presume, some one might question the treatment as not strictly orthodox, the Doctor says, "If it is not good Homœopathy, I am sure it is good sense," etc. As to the display of "good sense" here manifested we could judge better had the cases been more fully reported. If we would rely more upon Homœopathy and less upon "good sense" it would be far more creditable to medical science.

ACCURACY AMONG THE POTENCIES.

We read, "If, for instance, we have symptoms of disease that *Nux* would produce in the healthy person when taken in toxicological doses, then we would cure them by *Nux* low; if our symptoms were those that provings showed from *Nux* used in the lower potencies I would cure them with *Nux* high; if from high potencies our symptoms were procured, I would use *Nux* low, to cure them." Surely this is immensely important, *if true*, but, whether true or not, we wish to ask why he *reverses* his principle in the last clause of the sentence? If we should cure symptoms produced by *Nux* in poisonous doses, with *Nux* low, and would cure symptoms produced by *Nux* low with *Nux* high, then, *why* not cure symptoms that were caused by *Nux* high, by giving *Nux* higher, and those produced by *Nux* higher with *Nux* highest? Why give a larger dose to *cure* than it took to *cause* the symptoms?

Again, we read, "Age and sex have been seldom, if ever, mentioned by writers, as influencing the selection of the potency. I get as great an action from the 12th potency in a child a month old, as I do from 1x in an adult." This again, is *highly* important, if true. All Homœopaths will be interested in this discovery. If the susceptibility of the child decreases until it becomes an adult, does not, also, the susceptibility of the adult decrease in the same ratio as age increases? If *not*, why not? If it *does*, then what would be the dose for an adult

about seventy-five years old? Let us see, as 12 x, or, the 1-10,000,000,000 of a drop, is to a child one month old, so is 1x, or 1-10 of a drop to an adult, or 21 years old, therefore, as 1-10 of a drop is to an adult 21 years old, so is — x, or unknown quantity, to an adult 75 years old. now if we can solve the equation we have it exactly.

In the report on materia medica, at the American Institute this year, Dr. Dunham said, "The conclusion he drew from the mass of evidence was, that as the provings now are the primary and secondary symptoms could not be divided, and can not be used in the selection of the remedy, or to determine the size of the dose."

Dr. J. B. Bell, in his splendid little work on "Diarrhoea and Dysentery," says, "We have not been able to perceive that age, or sex, or habits, form any element in the choice of the dose." I have never noticed that the 200th potency worked any better with an infant than with an adult. Now what we want are facts, not simply "to secure the confidence of the brethren," that is of little consequence, but to make us better physicians.

E. PERKINS.

WATER-BED TREATMENT THE LATEST MEDICAL SENSATION.

BY H. V. MILLER M. D., SYRACUSE, N. Y.

At a late meeting of the Allopathic Central Medical Society held in Syracuse, one of the enterprising members reported that he could cure his fever patients, not after the old method with *Calomel* and *Jalap*, nor by skillfully tapping a blood-vessel, nor by exhibiting a nauseating dose of *Tartar emetic*, nor indeed by prescribing any other disgusting mixture according to the custom of his medical brethren, but by a recent great discovery in the healing art, which consists in cooling off the patient on a water-bed, constantly supplied with cold water. He advised his brethren and the public that this method of treatment was entirely new and fresh, and that it possessed the elements of popularity. Besides it was a sure cure—if only taken in time. This last conditional clause often serves a doctor a good turn by saving his reputation for veracity when he happens to lose a patient, which occurs semi-occasionally. Then he can say of course that the wonderful treatment was not employed in time. It may seem a strange coincidence but this is exactly the way nostrum-venders and cancer doctors always advertise their wares.

The lancet is almost entirely forgotten, except among some dreamy old medical professors. *Calomel* and *Jalap* are almost out of date and superseded. And nauseating physic may be thrown to the dogs, according to classic Shakespeare's ancient advice. For fever patients can send for an enterprising water-bed doctor who knows what to do in such an emergency. He don't need to study the symptoms much,

nor to theorize about the causes of the complaint, nor bother his head about this and that medicine, said to cure if *taken in season*. He has found a grand panacea for fevers. And it consists not in trying to remove the cause itself, but simply in palliating the effect—just like taking physic for costiveness. Some profound thinker has said that if you remove the cause of a disease the effect may safely be left to take care of itself, since the effect generally disappears with the cause. But the latest medical discovery is that if you palliate the effect, the cause may safely be left to take care of itself. Meantime the good doctor may be able to run up quite a bill. The cause of a fever may be located in the digestive or respiratory organs, in the nervous system, in the blood itself, or in the blood manufacturing organs. But no attention need be paid to such little matters. The wise practitioner has got his infallible water-bed upon which to depend in any emergency.

Since the practice of medicine is now made easy, the medical millenium has already arrived and *Calomel* and *Jalap* are to be ignored. Let suffering humanity be devoutly thankful for such pleasing indications of progress in the healing art.

This enterprising son of *Æsculapius* happened to have a typhoid fever patient on hand during the meeting, of course he had him on the antipyretic treatment of which so much has been lately said in the *Medical Record*. This was a test case. How much of weal or woe might depend upon the result! Thanks to Providence, or antipyretic treatment, in the course of a few weeks the patient seemed better. The doctor had got a *reputation* to win and he could withhold his report no longer! So he published the brilliant cure in the *Medical Record*. *The water-bed was a perfect success*. But unfortunately the patient soon had a relapse, and finally, after four months' antipyretic treatment, the case proved fatal. If the truth were known, I suspect that not a few reported cures have a similar subsequent history.

THE QUESTION OF POTENCY.

I respectfully present the following rules to guide those who have not a better one in the selection of the potency to be exhibited in prescriptions:

If the symptom, to which that observed in the patient is a *similia*, was produced by the mother tincture or crude drug, exhibit any potency from the third decimal to the sixth centesimal. I have found it best and most reliable to use the decimal in animal and vegetable and the centesimal in mineral remedies.

Noting aggravations and symptoms produced by the potencies from the third to sixth, when I observe them in a patient, then I exhibit the remedy in the twelfth, and noting effects produced by the administration of the twelfth, if I observe a *similar* symptom in a patient, then I administer the thirtieth, and so on, we may find use for, and

employ all potencies from the lowest to the highest.

Take *Argentum nit.* for instance, a symptom produced by the administration of the sixth potency is, "alternation of clear consciousness, lightness of sense, and *indifference*," (Allen's Encyclopedia of Pure Materia Medica, Vol. I, page 453); now a lower potency would not produce this symptom, neither would the remedy in the twelfth potency be called for. And so it is with another symptom produced by the thirtieth potency of *Argentum*, i. e., "Hypochondriac taciturnity, accompanied with dullness of the head, and *beating in the whole body*" nothing lower than the thirtieth of *Argentum* would produce such a symptom, and of course we must select a higher potency to cure.

It would be well for physicians to make a note of symptoms produced by each potency of every remedy, so that after a while a *symptom codex* may be published that will indicate the potency as well as the remedy for each symptom. I am glad to see that Dr. Allen is paying some attention to mentioning the potency of the drug which produced the symptoms in his admirable Encyclopedia of Pure Materia Medica.

MEMPHIS, Tenn.

W. D. GENTRY,

HIGH POTENCIES OR NOT,

IN ACUTE INTERMITTENTS, THAT IS THE QUESTION ?

When fresh from my "alma mater," and shortly after swinging my shingle to the gentle zephyrs, I was quite successful in curing a number of cases of chronic ague, or more properly speaking, chronic *Quinine* poison, with the 200th of the appropriate remedy, whereupon I wrote a short article for the "*Medical and Surgical Journal*," giving it as my opinion, that *all* intermittents could be promptly and permanently cured with the high potencies. Now gentlemen, I'm ready and very willing to take the most of that article back, and like Rip Van Winkle, we won't count it. To say the least of it, it was a case of mistaken identity upon my part. I did not identify the true nature of the disease. Just as Dr. McNeil, when, to quote from the transactions of the Indiana Institute of Homœopathy: "Of late years I have been curing promptly and satisfactorily, with potencies ranging from the 30th upward, and *Quinine* has been absolutely abandoned." Now Dr. McNeil is mistaken in his diagnosis. He, probably, came across just such cases as I did. If I am called to a patient who had swallowed 10 grs. *Morphia*, I'd be a consummate fool to begin the treatment with the 200th potency, don't you think so? But I commence my treatment with a cup of *strong* coffee, *Ammonia* or some other antidote, in *substance* and follow up the remaining disease with the appropriate remedy. In the first instance I should be practicing chemistry, antidotal; the second would be medicine. Just so with acute intermittents, when the three stages are *well* marked, more especially in the fall, when

there is great evaporation from the earth's surface, and the putrefactive fermentation of decayed vegetable matter is going on most rapidly, then we have a poison, call it what you will, fungus, spore, malaria or what not, and you might just as well give—and you'll cure as promptly—the 200th potency of the sugar of milk, as the 200th of *China*. In this case you have a poison in the system to antidote, similar to any other poison, and *Quinine* is the *greatest* antidote yet discovered, and it is as much my medicine, and your medicine, as an Allopaths, and it is our *duty*, to give it, and cure at *once* as Allopaths do, and we'd a thousand times better do so, and gain the reputation of curing chills, and save our system of medicine from ridicule.

Why is it, that Homeopaths are said to be good Doctors, but they can't cure ague? You'd hear just such remarks the world over, especially in the marshy districts. I've heard it and to my utter shame and disgust. And why is it? Simply because doctors can be fools as other men. The idea of "*piddling*" for fourteen days, curing a case of ague, that should be, and the Allopaths *do*, cure with 10 or 15 grs. of *Quinine*, simply because we are afraid to give it, for fear we will be giving Allopathic medicine. I know this from experience, and Oh! how it brought the blush of wounded pride to my cheeks, when, to save my patient I had to resort to *Quinine*. Now *Quinine* don't cure every case by any means. Again, I read in Ellis' Family Guide, that the 1st trituration of *Quinine* acts charmingly. Just about as well give the 50,000 potency of the smell of Hahnemann's ghost. One would cure acute chills as quickly with one as the other. Now, if you have an idiot or a fool for a patient, you may tamper with the case fourteen days, and your case finally get well, and you'd call this a cure, would you? I'd call it a recovery, and no praise due you or your 200th. What people want and what they *will* have in ague, is a cure. "Here, Doctor, will that medicine prevent another chill, will it keep my chill off to-morrow?"

Now, two-thirds of the ague this fall has been the exact similia of *Quinine*, the other third of perhaps *Ipecac*, *Nux. Ars.*, *Eupta.*, *Nat. m.*, and *Caps.*, and one potency acted just as well as another, preferring myself the 30th.

To quote still farther, Dr. Breyfogle says, "I find chills more common in Allopathic or *Quinined* subjects, and all my hard cases were such." Yes, and just such cases responded as if by magic to the high potencies. And why? Because you are treating a disease, and not antidoting a poison. The cases I reported were *Quinated*, hence my success.

Dr. Eggert says, "used to give *Quinine* pills for ague, but had stopped it. Seldom gave any thing below the 200th." This is the gentleman, if you'll remember, who got over a thousand symptoms from a proving of the sugar of goat's milk. He gives the 200th, and Gabriel only knows how much higher, midst the fumes of tobacco smoke, it seems a little ridiculous to hear a man cry out high potencies, and give them too, when the tobacco smoke and perfume were so thick in his office, that you could cut it with a knife, and these nice little white pellets of ours

as you pour them into the box or phial, running over hands all tainted with tobacco. It were better called a high potency of *Tabacum*.

Dr. O. S. Runnels, said, cases were individual and must beso treated. Just what I say, but when two-thirds of your chills are *Quinine* beyond a doubt, I think it is the very *perfection* of individualization to give it.

Now that the chill producing cause is passing away, I find no trouble to cure chills, and more especially coming from the Allopaths, with the high potencies. I aim to have my pet remedies, but when I find so *valuable* a drug as *Quinine*, libeled by a class of doctors who write and talk one thing, and practice another, I for one will fly to its aid. We can talk and we can write, but gentlemen, we *all* use more or less *Quinine*. It has its sphere, and it would be very hard to find its substitute. Homœopathy in the treatment of this disease or poison, would be just as much at a loss without *Quinine*, as Allopathy is without a knowledge and use of our most valuable remedies, *Ipecac*, *Nux*, *Ars.*, etc., etc.

CHARLESTOWN, Ill.

G. B. SARCHET.

REPLY TO DOGMATISM.

BY S. J. BUMSTEAD, M. D., PEKIN, ILLINOIS.

In reading the editorial remarks, in No. 9 of this journal, entitled "Honest or Dishonest Homœopaths," and prefaced by a quotation from some production of ours, we have been sorely puzzled. The plan pursued by the editor in these remarks, is a very good one, for the reason that after the controversy is ended, he can descend upon whichever side of the fence suits him best. He says the question is not as to his views or ours, but as to the facts, and yet he fails to inform us who has been appointed to declare in an authoratative manner what the facts are. We simply say that *similia similibus curantur* has failed many times, and that, also, when all the rules laid down by such men as Ad. Lippe, or the editor, have been faithfully complied with, and we know that this has often occurred to these very men, who, notwithstanding, make an exhibition of their great *faith*, rather than their judgment, when they still declare the infallibility of that law (or principle — A. Lippe, M. D.) And this feeling is only an outgrowth of that which in religion seeks to establish an infallible source of authority. We did not say we had no faith in the law or principle, but that we did not believe in its universal applicability or infallibility; and as a consequence of this view we make use of *similia similibus curantur* (as to just what that means we do not know,) in the majority of our practice, and reject it in some cases as less worthy of confidence than other methods. Now these very accurate gentlemen, who move only according to assumed law and authority, say we must treat all our patients either Homœopathically or Allopathically, or we are *very dishonest*.

According to their logic (obtained from Lippe perhaps), a man who

pays all his debts would be dishonest, while one who did not, would be a clever, honest fellow. We make no other professions than these, and until we have better evidence of the infallibility of this assumed law we propose to continue our present method, no matter how many or how severe the medico-papal anathemas may be hurled at us from editorial chairs or other quarters. Once for all, we assert our disbelief in any infallible authority in medical science; and so long as we live, propose to resist to the utmost, the cropping out in our branch of the medical household that double-headed dragon, against the existence of which in the Allopathic ranks many of these same gentlemen have been wont to grow furious, viz., intolerance and infallibility. Although we in common with others speak of *similia similibus curantur* as a principle, we do not in reality so regard it. We do not think it has been proved to be a fundamental truth, (invariably correct,) and therefore make this explanation.

To the editor we say again, that we possess no such drovelling spirit as to be satisfied with that law because Drs, Hahnemann, Grauvogl, Hering, and Lippe, regard it with confidence. Equally logical would be the argument that there was no truth in Homœopathy at all, because such eminent medical men as Valentine Mott, S. D. Gross, and Brown Sequard, declared it unworthy of confidence. We doubt very much if that law would be vindicated if only three remained consistent. Would it be a vindication of republican principles if in any election 300,000 votes were cast in favor of, and 3,000,000 against? We hope for no such vindication at least. And to talk gravely of persecution in this connection we regard as childish.

Whether the editor meant to say that we were sadly in need of instruction in physiology, pathology, etiology, and other sciences, is not much clearer than the balance of his remarks, but if this is his meaning we think such advice comes very poorly from an editor who has discouraged the publication of articles of a scientific character and encouraged very strongly "reports of cases," (they are so practical, you know,) especially when cured with one dose of a high potency. While we profess to be very humble in the estimation of our knowledge, knowing we have always much to learn, we trust we will not be considered too egotistic when we say that we are as well acquainted with medical science in all its branches as the editor himself. It is nevertheless good advice, though we believe it to be more necessary in other quarters. We hope the gentleman will so far take his own advice to as infuse a little more science into the columns of his journal, and at least not offer a premium for trash.

Before concluding, however, we will, by way of diversion, pay a little attention to the extremely charitable physician who resides in Peoria, Ill. Charity is a great virtue, though it should generally begin at home, and this gentleman exhibits it in a high degree; he sees a poor weak cause about to suffer for a champion, and at once throws himself into the breach, to die if needs be in its defense. This is quite commendable in the Doctor. In addition he informs us he is not given to throwing his *money* or his *principles* around loosely. He did not mention

ideas in this connection, but we infer from his remarks that he has the same opinion about them. Perhaps the gentleman in another article could tell us what a *sentiment* is. We might tell the Doctor also, that it makes a great difference in the maintenance of something which we regard as a principle, whether that something is a principle or not. A man so consistent as Dr. P—— would be very likely to think a dose of *Arnica* 200 all that was necessary in a case of fracture. We have heard of such simon pure Homœopaths, and the Doctor talks very much like them. We also rejoice and congratulate Dr. Hoyne that he has so ardent an admirer. Dr. P—— states wherein Dr. Hoyne and we differ, and we will give him another illustration of that difference. Dr. H—— has the interest of Homœopathy at heart, while we care nothing for Homœopathy in comparison with truth. We propose to be tied down by no dogmas, and will further say that this resistance springs from partisanship which is equally the bane of medicine, religion and politics. This spirit has well been denominated in England as medical tradesunionism, though then given to other schools, but this is the same thing in our own ranks. Partizanship does not stop to consider the truth of a creed, but simply says that it is the law, if you want to be one of us you must do so and so, or woe be unto you. But we “are not imbued with the spirit,” and if the Doctor has given us an exhibition of what that spirit is we may as well confess first as last that we have no sympathy with it. As to where this spirit can be had we are not quite certain, but at a venture would recommend the Doctor if he desires an increase of it, to try Swedenborgianism, which may satisfy him, and compensate him for any lack of knowledge he may have of the various branches of medical science. One thing the Doctor has said pleases us; it is that he takes no pride in being a physician. We are truly glad he takes no pride in this, after acknowledging that he places a system known as Homœopathy far above the truth. It is a lamentable fact that *partisan* physicians entertaining similar views are fearfully common. So soon as a proper system is established, regulating the practice of medicine, requiring physicians to show cause why they should be permitted to practice, this class of physicians will be obliged to step down and out. By way of conclusion we trust the gentleman will continue to hold fast to his *principles, sentiments, and beliefs*, though the Heavens fall.

EXPERIENCE IN HOMŒOPATHY.

The above criticism of our comments on “Honest and Dishonest Homœopaths,” calls us up not to state our *faith*, but our brief experience.

The editor graduated a firm believer in Homœopathy but with strong prejudices against “high dilution, single remedy, and minimum dose” fanatics. Two years experience in active practice sapped his faith in small doses and found him giving tinctures, sedatives, palliatives, and

resorting to all sorts of expedients to help out his cases. A very small minority were cured according to the law and he began to doubt if there were any law of therapeutics. He could not get up the slightest enthusiasm over Homœopathy, and even went so far as to attempt to cut the word out of the constitution of our state society. This some of our readers very well know. At that time he could not read of a cure of a case with a high potency with the least confidence. His disbelief was as deep if not as pronounced as his critic's.

He would have utterly lost faith in Homœopathy if it had not been for a few old physicians, skillful therapeutists, with extensive knowledge of physiology, pathology, etiology, and hygiene, for whom he had the greatest respect. Their analysis of cases and reports of cures commanded his attention, and their kindly suggestions of remedies in a few difficult cases were followed with such good results that he began to see and finally acknowledge that remedies selected according to similia, could, *perhaps*, cure in the majority of cases; that the trouble was with him and not with the law.

He now began to enquire into the best plans of studying our materia medica, and soon got hold of a few of the leading indications of a few of the leading remedies. *Natrum*, *Lachesis*, *Lycopodium*, and *Sulphur*, at this time, were in his practical view simply placebos. In studying the characteristics of various remedies he had learned those of these despised remedies to "make fun" with. Having a case of intermittent fever, a recent case from Indiana, in which the paroxysm began at 11 A. M., and the coldness "commenced in the feet and spread up," he determined to try the boasted *Natrum*. He would try it just for once. Next day a slight chill. Surprise and delight were his feelings. But should he continue it, was a serious question. He determined to risk it. The case rapidly recovered. A case of dyspepsia of years standing, with great flatulence, worse in the afternoon, frontal headache, and a little food filling up, *dimly* to his mind suggested *Lycopodium*. The effect of the 30th equalled anything he had read. He went on learning the range and force of our materia medica projectiles until he has become *moderately* skilled in their use.

Grauvogl's scientific work, which he devoured in the proof sheets about this time, was a new revelation to him of the position Homœopathy holds among the medical sciences (that of therapeutics), and experience leads him to believe that similia is *the* law of therapeutic selection.

Every case we have, however, is not a therapeutic one, many are physiological, and physiological medicine (so-called) is doing a good work in sifting those that need remedial from those that need hygienic management. In these latter *contraria* is the hygienic guide, while in the former *similia* is the therapeutic guide.

It is true that we all meet cases where our therapeutic resources are at present seemingly inadequate, but we oftener meet cases where our [ED.] knowledge of the five hundred available remedies is most provokingly deficient. Here we do the best we can and try, or should try, to do better next time.

For humanity's sake we publish a few "consultation cases."

Several years experience convinces us that these stormy discussions have a good effect in a reflex way—sending us all to our books. We conduct this journal on physiological principles, giving not all solid, scientific food, nor windy stuff to carry off the bile, but also some practical articles from the every-day life of the body medical.

A medical journal is not a college, nor a text-book to teach medical science in an abstract way; neither is it a mirror to show up the profession as it is; neither is it a reformatory institution for reckless practitioners; neither is it a lash; nor an advertising bulletin; nor a newspaper. It is something, however, that almost every one think they can run, and very few succeed in doing. We have frequently been tempted to give up in disgust, but as the position of editor was not of our own choosing we have concluded to help the profession at as many *practical* points as it is possible to get communications; to widen observation in all the medical sciences; to quicken thought; and tap a variety of experiences, all to benefit many medical men of many minds.

Now doctors, a truce to all disputations, and, until that examination comes off, lend us a helping hand to assist your "less informed brethren" with practically scientific information.

IS FLOUR A PROPER FOOD ?

I. Flour is the only impoverished food used by mankind—impoverished by the withdrawal of the tegumentary portion of the wheat, leaving the internal or starchy portion. See the facts! In Johnson's "How Crops Grow," (Orange Judd & Co., New York City,) you find, that in 1000 parts of substance :

Wheat has an ash of 17.7 parts. Flour has an ash of 4.1 parts—an impoverishment of over three-fourths.

Wheat has 8.2 parts *Phosphoric acid*. Flour has 2.1 parts *Phosphoric acid*—an impoverishment of about three-fourths.

Wheat has 0.6 lime, and 0.6 *Soda*. Flour has 0.1 lime and 0.1 *Soda*, an impoverishment of five-sixth lime and *Soda* each.

Wheat has *Sulphur* 1.5; flour has no *Sulphur*.

Wheat has *Sulphuric acid* 0.5; flour has no *Sulphuric acid*.

Wheat has *Silica* 0.3; flour has no *Silica*.

II. *Flour* is mostly starch 68.7 per cent. Its formula or chemical composition is, $C_{10} H_{12} O_{12}$ —three elements, carbon, hydrogen, and oxygen. The human body contains at least twelve elements, besides those of starch. How, then, can flour be nutritious with about *three* elements, when it should contain *fifteen* elements in order to properly nourish and sustain the human body ?

III. *Flour* has less gluten than wheat. Gluten is the albuminoid principle corresponding to the albumen, fibrin, and gelatine in the human body.

IV. Dogs fed by Magendie (*vide* Kirkes and Pagett's Physiology,) on flour, died in forty days; other dogs fed on wheat-meal bread flourished and thrive. The three-fourths impoverishment of the mineral ingredients proved fatal to the first. Why should not mankind suffer in some manner from living on impoverished food?

V. The history of the Roman Empire in the time of Julius Cæsar shows that wheat as an article of food, combined with fresh out door air life, is capable of producing and sustaining the highest type of physical manhood the world ever saw. This empire was built up and maintained by soldiers, whose main article of food was wheat.—See *Boston Journal of Chemistry*, February, 1875.

VI. There is every probability that the present prevalence of late erupting and easily decaying teeth is due for one cause to the use of *Flour* as food. In 880 of the school-children in Woburn, Lexington, and Bedford, Massachusetts, in 1874, under twelve years of age, two-thirds had decayed teeth!—See *Report State Board of Health, Massachusetts*, 1875.

VII. There is every probability that the prevalence of premature grayness or baldness is partly due to the present exclusive and universal use of *flour*. Hair contains ten per cent. of sulphamid ($N H_3 S$),—*Mulder*. But *there is no sulphur or sulphuric acid in flour!* A food to be *food* must contain in proper quantity *all* the ingredients found in the tissues, hair, teeth, etc. If it does not, then impairment of vigor, decay and "falling off" must be expected as a natural consequence.

VIII. *Flour* has for half a century been regarded as one cause of constipation. It has been proved that wheat meal regulates the bowels by giving the system nerve food enough "to run," so to speak, the digestive functions, and promote healthy peristaltic motions. Nearly all our functions are sustained by nerve force, hence the importance of having the nerves receive their full amount of *Phosphoric acid*, which is the great pabulum of the nerve tissue.

IX. It is probable that the use of *flour* may be the cause of the change of the type of disease from strong (sthenic) to weak (asthenic). The mineral ingredients of food for plants contained in fertilizers if withdrawn 75 per cent would entail vegetable growths of very feeble vitality and resistance to the causes of disease. No farmer would think of manuring his vegetables with one fourth the fertilizers ordinarily deemed necessary; or, if he did, he would get a miserable and weak crop, if he got any at all. Now it is asked, may it not be possible that the present type of *asthenic* disease is partly due to the use of an impoverished food like flour? The answering of this must be made by the organized medical societies, although there is every probability that the reply will be in the affirmative.

X. Why should mankind, then, use *flour*, and render themselves liable to disease because flour is impoverished food? Remember Magendie's dog that died from eating flour bread exclusively! How

can parents expect their children to grow up with strong teeth, nerves, eyes, hair, etc., on flour? In children every tissue and organ is growing, increasing in size and developing. Every element which belongs to those tissues or organs should be contained in the food or alimentary substances, and in normal proportions, as provided by the Creator in the natural substances designed and proved by history to be perfect food. Wheat is such an article. Dr. Nichols, Editor *Boston Journal of Chemistry*, says, "It the most marvelous combination of substances designed to nourish and build up the human system." But flour is a substance weakened, deteriorated and impoverished, made from wheat, and history shows that people eating it are more subject to tissue wasting disease (consumption, etc.) than ever before. Why, then, not use the original wheat, with its native normal balance and quantity of mineral ingredients in a soluble and assimilable form, as Liebig and others advocate; and such as it is demonstrated, undeniably and incontrovertibly by facts of history, to be, capable of producing the highest type of physical manhood the world ever saw?

Why raise a pale, feeble, nervous and small-sized race of people upon flour, because flour bread looks white and light, and therefore nice? What principle of aesthetics is it that confers such a pre-eminent place upon the color of *white*? Why not brown, or bronze? We admire white color in the human race, although the great mass of mankind living on the globe at the present time belong to dark or brownish colored nations. Nor are the objects in nature all white. What is more grateful to the senses than the complementary colors of a landscape? If it were *all* white, it would be as repulsive as new houses, all finished in white plastering, or injurious, as blindness in the region of snow is very common. So that the preference for white over yellow, or brown, or any other color is not based upon the truth of existing facts, else it would be inferred that a white statue is preferable to bronze. The fact is, the elevation of white bread into the highest place of preference is altogether unfounded and unwarantable. The white color comes from starch—and the whiter the bread, the more starch it contains, and, of course, the less nutrition, as starch has only carbon, hydrogen and oxygen to make tissue, which should contain fifteen elements. In our opinion, the whiteness of flour should rank with the whiteness of the dead.

Indeed, the present universal use of flour is one of the most remarkable facts in the history of civilization—remarkable, because it is the *only impoverished food upon the diet list*. Over-boiled meats and vegetables are the only approach to impoverished food; people know enough not to eat them. But that they should love to eat flour is certainly very remarkable indeed, and almost an evidence of a fallen nature, as there is nothing like it in the whole history of eating.

[The value of graham and other forms of wheat meal is too self-evident to need comment. Among all these, that prepared by the Cold-Air Attrition process is to be preferred.—ED.]

Materia Medica Department.

NOTES ON CAMPHOR.

INVOLUNTARY PROVING OF CAMPHOR.

T. U. W. G., thirteen years of age, liked to chew *Camphor*—had chewed it three days. While studying arithmetic in school near 12:30 afternoon, got dizzy—book seemed to go round “with sun” (sailor’s term)—could hardly keep his seat, felt as if falling toward his right side and as if he was going into a state of sleep or unconsciousness, but not drowsy, as if going off and rousing up again. Thought he was going to die—felt bad whenever he thought of it—wanted to ask to go home—walked to teacher but couldn’t speak from words seeming to choke him in larynx as with persons disappointed or grieved. On getting into open air all disappeared, felt as well as ever.

In school next day, on thinking of it would feel it again. One day later, went in to swim (cold spring weather)—on coming home, felt low-spirited and as if he could not get a good breath. Next day, on coming home from school, felt very nervous; imagined various things—that he would get yellow fever, etc. Looked pale during spells.

Palpitation (felt by mother), as if heart turned forward and over, stoppage of breath and gasping. Would not sit still—kept walking about the room. Cheerful talk relieved him, vexed by want of sympathy—afraid to be alone a moment. Thought brandy, which he got, relieved his troubles. Now six months, wants to think he is well, but always asking his father about it. Wants to be with his father, fearing death.

ANN ARBOR, Mich.

J. C. MORGAN.

A CASE OF SPASMS CAUSED BY EATING CRUDE CAMPHOR.

Patient—a young married lady, aged sixteen years and eight months, very firm physically, excitable disposition, strong will, general health good.

Size of Camphor—about that of a nutmeg, eaten while dressing for dinner. Had been in the habit of chewing small bits of camphor ten days previous; was kindly disposed, when at school, towards small pieces of chalk, charcoal and starch, and still craves them.

Symptoms—Was taken at dinner, having eaten but little. Severe dizziness, flushing of face, followed by extreme pallor. Eyes turned to the right, upwards and backwards, the head the same. Right arm extended above head as if catching something. In few minutes a watery fluid, strongly impregnated with camphor, bubbled from

mouth in small quantities. Extremities and limbs cold and cramped. Pulse very feeble for three quarters of an hour. Mind wandering; talking, shouting, crying and laughing by turns.

Treatment—Cold water applied to head, fanning, chaffing of limbs and extremities. Copious draughts of "Thompsonian composition" very hot and strong, to dilute contents of stomach and warm. Sitting posture on sofa and bed found to be easiest.

Convulsions lasted about fifteen minutes, and were not very severe. There were indications of a relapse if the patient was silent. Has had slight feelings, quite often since, as if another attack was coming on.

DR. HATCH.

ONANISM, CAMPHOR.

A boy of sixteen years and six months, addicted to onanism, fancied that camphor would benefit him, ate it in small lumps daily for some time, after which he began to feel a vague sense of impending danger to life—felt better by moving about, therefore rushed out of the house and walked violently until he perspired, which relieved, and he felt reassured. This he repeated several times.

One evening at supper, just as he was lifting his cup of tea, he was seized with a momentary confusion of the head, which renewed his terror, and he jumped up from the table, was attended to his room by a little boy, who persisted in *amusing himself*, very much to the distress and vexation of the patient, who desired to be diverted from thoughts of himself and his ailments, finally slept. Ceasing the use of *Camphor*, recovered.

J. C. MORGAN.

A VERTIGO FROM CAMPHOR.

A young man took a teaspoonful of *Camphor*. It was followed by a kind of vertigo without nausea, uncertainty of motion, and a fainting fit, in which he remained unconscious for four or five minutes. His lips were everted as in bleating, his head was hot, his feet cold.

For several hours he had not the slightest memory for things that had happened then, or in the past; his only thought was of the *Camphor* which appeared to be in his breath, before his eyes and all about him.

Since the attack he can plainly see objects at arms length, but things farther off appear dim and undefined.

On the same day, when walking over a grassplot, he experienced an uncertainty in his gait, and on looking down it seemed to him as if all objects were commingled,

It was to him as if he moved in his own little world, in which all things were clear and defined, outside of which, uncertain and undefined.

C. HERING.

CASE OF GASTRALGIA CAMPHOR.

A student awoke in the night, with cramp in the stomach so violent he thought he would die. He bent towards the right side, and buried his face in the pillow—the cold sweat stood in drops on his face, the

nose was icy cold and pinched, the upper lip everted, he could not see, and talked in a husky voice. The abdomen was cold, wet and contracted, the pulse scarcely perceptible. *Camphor* 200. Pulse better in five minutes; could talk better. In fifteen minutes he was much improved, but repeated the dose. Next day he had a dry fever, but took nothing and remained well.

C. HERING.

HAHNEMANN ON PRIMARY AND SECONDARY. EFFECTS.

In writing to Hufeland, in 1808, Hahnemann says: In the course of those investigations and observations which occupied many years, I made the new and important discovery that medicine in acting on the healthy body, exhibited two modes of action, and two *series* of symptoms entirely opposite one to another. The *first* immediate or soon after their ingestions and the second the very opposite, soon after the disappearance of the first. When the medicines correspond to the case of disease before us in regard to those first primary symptoms of the disease; when they present the greatest possible similarity to one another, then, and then only, will a *permanent* cure result.—*Lesser Writings*.

Obstetrical Department.

CARDIAC DISEASE IN PREGNANCY.

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

The occasional recurrence of idiopathic cardiac disorder during pregnancy attracted my attention many years before I saw the excellent paper of Michael Peter, of Paris, in the *Obstetrical Journal of Great Britain and Ireland*, Vol. II, page 426, on "The accidents which may occur to pregnant women suffering from cardiac disease." This paper, however, was directed to those diseases of the heart which dated previous to pregnancy and were structural in their character. All diseases of the heart are aggravated, and we are told that a slight degree of hypertrophy is nearly always present even in normal pregnancy. The heart beats with greater force, the pulse is quickened, and temperature may be exalted. After confinement the heart generally returns to its normal size.

But normal hypertrophy may in some cases become abnormal. If the woman is anæmic, if her muscular structure is flabby, or if obesity obtains, we may find hypertrophy with dilatation, to which may be added a fatty heart, or fatty degeneration. The practitioner should be on the watch for such cases, and if he has an opportunity to see the women often he should watch the impulse of the heart, the character of the pulse, and the condition of the kidneys. If the pulse becomes quicker (90 to 100) the impulse of the heart abnormal, and the secretion of urine scanty, those remedies which increase the tonicity of the heart, namely, *Digitalis*, *Ferrum*, *Collinsonia*, *Nux vom.* or *Prunus*, should be given until action becomes more natural. *Per contra*, if hypertrophy with enlargement obtains, and the woman is plethoric, there will be danger of puerperal convulsions unless the force of the heart's action is *lessened*, and kept so until after confinement.

The remedies which I have found most efficient for this purpose are *Veratrum viride*, *Aconite*, *Iberis*, and *Lycopus*. The diet should be as rigidly prescribed as the medicine. In weakened heart, with dilatation, very nutritious food — mostly animal — should be recommended. On the other hand, if actual enlargement exists, with plethora, meat must be forbidden, and a diet of bread, vegetables, and fruits enjoined.

A case in point occurs to me as I write. A woman in her third pregnancy, applied to me for relief from a constant, throbbing headache, aggravated by stooping, lying down, or active exercise. It was rendered worse after a hearty meal. She was large and plethoric, with red face, and hard quick pulse. The heart's action was strong and heaving. Her last confinement had been attended by severe convulsions. She was ordered to live on low diet, of fruits, pearled wheat, brown bread, and vegetables,

No medicine was given. (This was in the seventh month). About three weeks after I saw her again. There was some improvement, but not sufficient. She was ordered to take 2 or 3 drops of Norwood's tincture of *Veratrum viride*, three times a day. In a week the pulse was decidedly softer, the heart's impulse more natural, the headache occurred rarely, and she felt "lighter" and better in every way. In three weeks she reported herself feeling very well, and had lost fifteen pounds to weight. She was ordered to take one drop three times a day. At her confinement, which was very rapid, no symptoms of convulsions appeared, and she made a good recovery.

I believe the *Veratrum viride* has other influences besides *weakening* the heart. In this case the woman boasted of her unusual strength, "lightness" and ability to take exercise, or greater than during her previous pregnancies.

It must not be forgotten, however, that cardiac disturbances occurring during pregnancy, may be due to disorder, or organic disease of the kidneys. If any form of Bright's Disease be present, if acute desquamation nephritis occurs; or if the kidneys are injured, and their functions arrested by pressure of the gravid uterus, the heart

may be affected by reflex irritation, or poisoned by effete matters carried to it by the blood.

In such cases it will be next to useless to prescribe remedies for the heart *alone*. The functions of the kidneys must be restored, while an excess of animal food is to be prohibited, other nutritious articles are to be advised. The "Skim-milk" diet may be partially adopted. Or, the use of pure *soft* water advised, in large quantities to act by washing out the obstructed renal tubes. It is here that such remedies as *Apocynum can.*, *Apis*, *Colchicum*, *Eupat. purp.*, *Terebinth*, and *Cannabis sativa*, are demanded.

I well remember the case of a lady in the eighth month, who sent for me to relieve her "dropsy." Her lower limbs and vulva were large and œdematous, her pulse irregular and feeble, complexion sallow, and heart sounds muffled. She had seven convulsions before her last confinement. She was ordered to drink freely of skim-milk, and take *Apocynum can.* 1x, ten drops every three hours. Her urine barely exceeded a pint in twenty-four hours, and was yellow and clear. In a few days the urine had increased to two quarts, but her health symptoms were not much improved. Fearing that her system was still poisoned by non-elimination of urine or other detratatus of renal degeneration, I gave *Colch.* 1x, in alternation with *Digitalis* 1x, trit., (of the leaves.) In a day or two the urine deposited nearly one-third its bulk of sediment, the heart became more normal in its action, the œdema disappeared. Under *Ferr. lact.* 1x, trit., she rapidly regained color, strength, and health, and had a good confinement.

These illustration cases show the importance of attending to cardiac troubles during pregnancy, and of making a correct diagnosis.

In another paper I shall take up the subject of *organic* cardiac disease, and its influence over the pregnant state, giving some notable cases which have occurred in my practice.

Society Proceedings.

MICHIGAN HOMŒOPATHIC SOCIETY.

THE SEMI-ANNUAL MEETING AT ANN ARBOR.

The State Homœopathic Society met at the Gregory House, Ann Arbor, November 18, 1875, in their semi-annual session, Dr. A. J. Sawyer, of Monroe, in the chair.

The address of the president, at some length, set forth the importance and claims of Homœopathy and its position attained here in the university. He called earnestly for unanimity among the members of

the profession throughout the state in standing by the department as here organized. Although something else might have been better, yet that cannot authorize contentions among the profession placing the whole institution in jeopardy.

It is our only hope now, he said, to rear the child that has been born, to the profession, regardless of the pedigree, as it may yet prove to be a giant and a power in the land. It certainly will be if we do our duty and do not either strangle it at its birth, or let it die of inanition. Many are prophesying this, and are practically endeavoring with all the power they possess, to effect it.

The address contained still further denunciations of those who were endeavoring to pull backwards and kick over the traces, but it called for the earnest support of all true believers in Homœopathy.

The speaker then took up and discussed the charges of unfairness on the part of the regents. He said that he was at the beginning of this institution, had seen all that had been done by this body, and was prepared to place the whole subject in its true light. Had not these unfair charges been made, instead of the twenty matriculations at the Homœopathic college, there would have been one hundred, yet these twenty create more stir in the world than all the other Homœopathic students in all the colleges combined; and they must be made of the right material, too, to come here in the face of such opposition.

Dr. Sawyer then proceeded to recount the history of the question of introducing Homœopathy into the University, and said among other things, that in the legislature the main argument opposed to a separate college was, that such a course would be the occasion for much and increasing expense to the state, by duplicating chairs where there was no fundamental difference between the two schools; whereas, if the college should be located at Ann Arbor these things could be as well taught in connection with the existing medical department. It was distinctly repeated by members that all that was asked for was the filling of the two chairs called for by the law of 1873, and that the amended bill was merely to enable the regents to comply with the law. This was the intention of the legislature, and the speaker said that he had good reasons for knowing that the regents looked upon the matter in the same light, for he had not only heard Regent Gilbert so express within the legislative hall, but had also heard him and five or six others express themselves very pointedly upon the subject at Ann Arbor in May last. More than this he said he has a letter from Dr. Charles Rynd, of Adrian, chairman of the committee on the medical department, expressing substantially the same ideas, and in which he congratulates them upon their wisdom and political tact in claiming nothing more than the two chairs of *materia medica* and theory and practical medicine.

The idea of a separate college with a full curriculum of studies independent of the medical department already in the University was abandoned upon the defeat of the legislative bill with the clause in it leaving the matter discretionary with the regents.

The president then discussed at some length the question of the

appointment of Dr. John C. Morgan to a professorship in the Homœopathic college. and answered the misrepresentations that had been made concerning this appointment.

Professors S. A. Jones and J. C. Morgan, of the Homœopathic College, were invited to participate in the proceedings.

Dr. Jones being called upon said, regarding his connection with the university, that he and his colleague had been received with great cordiality by the faculty of the literary department of the university, and that members of the faculty of the Allopathic school had called upon him, and that their personal relations were congenial. He had had peace in mind and stood ready to turn the other cheek when its opposite was struck, but he did not believe in being trampled upon. He spoke in high terms of the efforts of one of the regents, Dr. Rynd. He said that he had never known such earnest and thorough students as were in the Homœopathic college here. He did not think that enough attention had been given to physiology in colleges generally, and he was doing what he could to develop this important subject here.

Professor Morgan, in reply to a call, thanked the society for the privilege of speaking, and then recounted the prospects of this department and the great need of a hospital and its appointments for the Homœopathic college. He believed that one ward in the new hospital should be set apart for the use of the Homœopathic department. The following members were elected honorary members: Surgeon General D. Carl Grauvogl, of Nuremburg, Germany; Professor Hausman, of the University of Pesth, Hungary; Dr. Carroll Dunham, of New York City; Dr. Constantine Hering, of Philadelphia; Dr. S. A. Jones and Dr. J. C. Morgan, of Ann Arbor.

The report of the treasurer was read, and reports and communications on medical and surgical subjects were received. The report on the surgery of cancerous tumors was given verbally by Dr. A. J. Sawyer, of Monroe, and a discussion followed, participated in by Drs. Morgan and Jones, of Ann Arbor, and by Dr. Francis Woodruff, of Detroit.

The question of preparing the paper to be read at the Centennial, giving the history and present status of Homœopathy in this state, came up, and Dr. I. N. Eldridge, of Flint, offered his resignation as a member of the committee appointed to prepare this paper. His resignation was not accepted, however.

At the evening session a paper was read on the "Importance of a Mixed State Board of Health," by Dr. I. N. Eldridge, of Flint. The point of the paper was that great injustice is done many of our citizens by having this board made up of our school of medicine. The author thought that not many years would elapse before Homœopathy would be taught under the same roof with the Old School. He thought it advisable to urge the next legislature to give this question of a representation for the Homœopathists on the state board of health some consideration.

The paper was well discussed and among other things Dr. Rockwith

stated that Homœopathy had heretofore acted on the defensive, henceforth she should take the aggressive.

A paper on "Cerebro-Spinal Meningitis" was then read by Dr. Rorabacher, of Litchfield. A paper was also read by Dr. Samuel A. Jones, of the Homœopathic college, on "*Picric acid* in Hæmatinmia." Dr. John C. Morgan also presented a paper on "Grauvogel's Bodily Constitutions and their Relation to Practice."

SECOND DAY.

This morning was spent by the society in attending the lectures at the Homœopathic college, and in looking about the University. At eleven o'clock the members met at the usual place at the Gregory House and the meeting was opened.

The following business was transacted; Drs. Hastings and Gilchrist were constituted a committee to procure a suitable seal for the use of the society.

The following resolution was adopted:

Resolved, That the secretary of the society be and is hereby instructed to write and send abstracts of the transactions of this meeting to all the members of the Homœopathic profession in the state, with such encouragement as shall render possible not only a better attendance of its present members, but shall induce also others of the fraternity to join, in the future.

On motion Dr. Rockwith was associated with the secretary to assist in this work.

The committee on medical bureaus reported the following members as appointed to constitute said bureaus for the ensuing six months: I. N. Eldredge, of Flint, gynæcology; F. A. Rockwith, of East Saginaw, ophthalmology; A. J. Sawyer, of Monroe, surgery; Prof. S. A. Jones, *materia medica*; Prof. J. C. Morgan, bodily constitutions; Chas. Hastings, of Detroit, sanitary science; G. H. Palmer, of St. Clair, obstetrics; J. G. Gilchrist, surgical therapeutics; W. J. Calvert, of Jackson, pecuniary compensation of physicians; M. Rorabacher, of Litchfield, disease of the mind and nervous system; L. M. Jones, of Brooklyn, pathology; D. D. Bartholomew, of Holly, diagnosis of insanity.

The following gentlemen were received as members of the society: J. G. Gilchrist, of Detroit, and George H. Palmer, of St. Clair.

A paper was read by Dr. F. A. Rockwith, of East Saginaw, on ophthalmology, which was illustrated with diagrams and drawings. There were several other papers ready to be presented to the society but lack of time excluded them from being read. They were, however, received by the society and referred to the committee on printing, giving them power to publish them with others. Among these were papers on "Ethics of the Practice of Medicine," by Dr. Francis Woodhuff, of Detroit, and on "Differential Diagnosis of Insanity," by Dr. D. D. Bartholomew, of Holly. Great regret was expressed that the latter could not be read, as it was pronounced by Prof. Jones to be an unusu-

ally interesting and valuable paper.

The following resolution was offered and unanimously adopted :

Resolved. That the thanks of the society be extended to the proprietor of the Gregory House for the free use of his parlors for the use of the society.

The following important document was given and the endorsement of the action taken upon it entire :

GRAND RAPIDS, November 16th, 1875.

S. I. Sawyer, M. D., President Homœopathic Medical Society of the State of Michigan :

Dear Doctor : Being unable to attend the meeting of the Homœopathic Society of the State of Michigan, to be held at Ann Arbor to-day and to-morrow, we embrace the opportunity to send words of greeting to the society, and to assure the officers of our sympathy and support in any movement that shall tend to strengthen the position of the present professors of Homœopathy in the University.

Although the present school of Homœopathy in the University is a great gain, it is still far from being complete, and we would recommend that the society at its present meeting appoint a committee to solicit of the next legislature a further appropriation of \$6,000 for the purpose of establishing a chair of obstetrics and one of surgery, which will thus make a Homœopathic school that will be an honor to the cause and a benefit to the state.

It is to be hoped that every member of the profession in the state will work for this end, and we earnestly recommend to those who have stood with us in the past, that they come forward and give their support to the society, and through it sustain the present professors of Homœopathy in the University at Ann Arbor.

With our best wishes that the proceedings of the society may be characterized by wisdom and moderation, and that success may attend all our movements in the cause of Homœopathy,

We remain most cordially your friends,

C. J. HENEPEL, M. D.,
J. D. CRAIG, M. D.,
DEFOREST HUNT, M. D.,
A. H. BOTSFORD, M. D.

ANN ARBOR, November 17th, 1875.

The above communication was presented and read by the President, and on motion the paper was ordered spread upon the records of the society, and the secretary ordered to return a suitable acknowledgment for the wisdom and magnanimity expressed therein.

I. N. ELDRIDGE, M. D., General Secretary.

The meeting was well attended and the greatest enthusiasm, as well as unanimity of feeling, prevailed throughout the whole of the proceedings. The sentiment of standing their ground seemed to have a pretty good footing. So long they had tamely submitted to the abuse and invectives of the Allopaths, but it would not require many more such attacks ere a return fire would be opened.

The next meeting of the State Homœopathic Society will be held in Detroit in May, 1876.

Medical News.

THANKS! FRIENDS, THANKS!!

The experimental year of the new enterprise has closed with decided evidences of success. First, the income has covered expenses, with a slight margin for encouragement; second, the articles, contributions, etc., received, have proven the general desire, on the part of all, to benefit the whole profession. Perhaps never before has so many of the profession contributed through the columns of a medical journal. Better than all, these communications have been largely voluntary, or perhaps more properly speaking, the interest has called them out. Those are always good medical meetings where the interest in the subjects discussed calls out the experience or observations of all present. That is recognized as a profitable journal that enlists the pens of a host of physicians on a variety of subjects. About six hundred physicians, some of the best men in our ranks, contributed to this journal during the past year. Never was it our pleasure to publish so much practical information.

We join with our readers in thanks to the contributors. We thank the subscribers for their faithful promptness. If all labor in the future as in the past, for the general good, it will prove a Centennial year of thanksgiving.

'NOW FOR THE FUTURE.

For years we have been able to announce something new for the Holidays. A year ago we presented our readers with a new semi-monthly. We are now pleased to say that its success enables us to promise an enlargement for 1876. We do this for two reasons:

The success of the present year will without doubt induce all our friends to renew their subscription, and also enable them to secure many of their friends. We know the times are close and therefore offer extra inducements.

For every new name with the full subscription (\$5 00) sent by an old subscriber, one dollar may be deducted from his own subscription.

The second reason for enlargement is the imperative one of more room for the many articles pouring in upon us. When we come to get reports from all the points of observation all over this vast continent, with its galaxy of states and multitudes of towns, and also from our subscribers in England, Ireland, Scotland, France, Germany, Switzerland, India, Australia, Sandwich Islands, etc., we shall certainly need more space. When we remember that a call for counsel elicits a score of replies; when we note that about a dozen subjects have been discussed in our columns at a time; when we remember that all the western state societies, and the Western Academy send us their transactions and their best papers; and when we remember that this is Centennial year coming, with our International Congress which will hold a whole week or more, giving us many papers and much discussion, which we shall report for the benefit of those who cannot be present. When we consider all this and the other fact that we have not had room for many of the discoveries, etc., in several of the departments of the medical sciences, it will be apparent to all that we need, yea, must have more room next year.

We are assured that all our readers are ready to bid **THE UNITED**

STATES MEDICAL INVESTIGATOR, God speed. You can help by sending your subscription at once, and if you have a medical friend be he (or she) Homœopath, Allopath, or Eclectic, induce him to subscribe. If you are able, subscribe for such an one, or your student, and thus make them a substantial and very profitable Holiday present. You can help by sending us any new and practical facts. Remember, however, that thousands of medical eyes are upon you, so be practical, scientific, and above all, concise.

Report of the New York Ophthalmic Hospital for the year ending September 30th, 1875: Number of prescriptions, 28,401; number of new patients, 3,898; number of patients resident in the hospital, 135; average daily attendance, 94; largest daily attendance, 183.

Dr. B. F. Holmes, of Palmyra, Wis., died November 12th, of catarrh gastricus, after a brief illness. He was extensively known in his section for his fidelity as a Homœopathic physician and kindness of heart. He was our family physician in the long-ago, and was the one to give the editor encouragement to study medicine. Never shall we forget his kind and encouraging practical advice when we last saw him. We sympathize with the family and community in this their loss.

Ventilation in winter, is perhaps one of the most difficult things to secure. There is a disposition in the northern sections to close every nook and cranny and thus prevent all ingress of fresh air. Now with a close stove the air is soon to the highest degree unhealthy to sick or well. The old fashioned fireplace was most healthy, still it had its disadvantages. It consumed an enormous quantity of fuel. In the effort to get a fuel-saver the necessity for ventilation seems to have been lost sight of. Even with the introduction of hot-air furnaces or steam coils, ventilation *has not* been improved. Ventilation and radiation are the two points now sought in all new heaters. These two elements seems to be very fully met by the "Fire on the Hearth." Our readers who are interested in ventilation, especially in the sick-room, should give this new heater the attention this subject merits. It is constructed on sound hygienic principles and we give it our hearty endorsement.]

A Great Mistake.—Doctor—"I will now take THE UNITED STATES MEDICAL INVESTIGATOR. I would have taken it before but I was saving all I could to pay for a house and lot."

Editor—And now you want to sell and go to some larger place? Doctor you have made the same mistake that hundreds of other young physicians make, you have strained every effort to buy a place in a town that you have soon outgrown.

Dr.—"Yes, I see I have been starving my brain to get property I don't need."

Ed.—I tell you Doctor a young physician should not thus plant himself. Better put his money in the Savings bank and spend more on a library. Every physician should take the best journals and get them bound, and also purchase all of the standard works. He should get all the new medical works as soon as published.

If city physicians are any better posted than those in the country it is because they read and study more and observe closer. "Read and you will know," is true in medicine, as well as elsewhere. Knowledge is the physician's stock in trade. Reading and observations make good physicians.

Dr.—"Well! That is true, and if I can sell out and get into a larger place, I will have more books, instruments, etc."

Ed.—The physician's motto should be: Books and journals *first*, perhaps property afterwards.

Dr.—"You are right."

Office of
The United States Medical Investigator,

A SEMI-MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

[Consolidation of the *United States Medical and Surgical Journal*, (Quarterly, \$4.00), Vol. X. with the *MEDICAL INVESTIGATOR* (Monthly, \$3.00), Vol. XII; Commencing January, 1875.]

Two Volumes a Year. — Terms: \$5.00 a Year, Payable in Advance.

T. C. DUNCAN, M. D., Editor.

F. DUNCAN, M. D., Business Manager.

67 Washington St., Chicago, December 15, 1875.

HOYNE'S CARDS.—Ten groups (\$5.) will be given with **THE UNITED STATES MEDICAL INVESTIGATOR** for 1876 (\$5.) for \$8 50.

A MERRY CHRISTMAS and Happy New Year to you all, friends; we will now bid 1875 good-bye and pledge our friendship for 1876.

TO A COMPETENT SUCCESSOR I will sell my furnished residence for \$9000, and retire from a large and valuable practice. W. A. Edmonds, M. D., Homeopathist, Memphis, Tenn.

REMOVALS.

Dr. D. E. Mason, from Charles City, Iowa, to Beloit, Wis.

Dr. H. Knapp, from San Francisco, Cal., to Virginia City, Neb.

BACK VOLUMES.—We can furnish a few volumes of 1872 and 1873 for \$2.00 each. A few complete volumes of 1874 can be had for \$3.00. Volume I, 1875, for \$2.50; it contains portraits of Drs. Shipman and Dake, with biographical sketch of each, also many very valuable articles.

PROF. R. LUDLAM.—You will miss the Gynecological Department from this number. We are sorry for that, but more to note that on account of a fractured tibia Professor Ludlam is confined to his couch. We are sure all will join in wishing him a speedy recovery.

FORTY CENTS sent with subscription (\$5.00) to **THE UNITED STATES MEDICAL INVESTIGATOR** will secure *The Weekly Inter-Ocean* one year. Ten per cent off is allowed when one or more journals is subscribed for through this office, with **THE UNITED STATES MEDICAL INVESTIGATOR**.

MICHIGAN HOMOEOPATHIC CONVENTION.—Your attendance is particularly requested at the annual meeting of the Michigan Homeopathic Institute, to assist in our Homeopathic State Convention, to be held in the Council room, at the city of Lansing, Jan. 11, 1876.
R. W. NELSON, Secy.

A HOMOEOPATHIC physician with several years of city practice, and best references as to his medical studies, skill, knowledge, and personal character, wishes to take charge of a doctor's practice, or to go into partnership with a physician with a good practice—city practice preferred. Address H., P. O. Box 1274, New York City.

A FINE CHANCE FOR SOMEBODY!—A physician in Colorado wishes to leave his present location. Has a practice of \$4000 to \$5000 a year payable monthly, and good prospects for increasing the same. Living is comparatively cheap. No horse needed. Board, \$8. to \$10. a week. House rent, \$10. to \$20. a month. Fees for medical services, \$2 50 to \$5.; office prescription, \$2.; obstetrics, \$20. to \$30.; surgery very high. Will introduce his successor to his patrons if an intelligent, energetic young man should apply right away. My health is falling here, and this is the only reason for leaving so lucrative a practice, still it is a very healthy climate for most people. Terms very easy. Address M. D., P. O. Box 233, Central City, Colorado.

THOSE RARE OFFERS.—*Surgical Diseases.* Having purchased this work, we are able to give it to our subscribers on the following liberal terms:

Seven dollars sent at once will secure **THE UNITED STATES MEDICAL INVESTIGATOR** for the year 1876, and a copy of this valuable work. If you have not this work now is your chance.

Ludlam's Diseases of Women. We are happy to be able to make this rare offer: Ten dollars sent at once will secure **THE UNITED STATES MEDICAL INVESTIGATOR** for 1876, and a copy of the above practical work.

Twelve dollars sent at once will secure **THE UNITED STATES MEDICAL INVESTIGATOR** for 1876, Ludlam's *Diseases of Women*, and *Surgical Diseases*.

It will be for your interest to let us hear from you at once.

N. B.—The expressage will be paid by the party receiving these books at the above low rates. Postage: Ludlam, 50 cents; Gilchrist, 32 cents.

UNIVERSITY OF MICHIGAN



3 9015 06977 3540

