



## 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

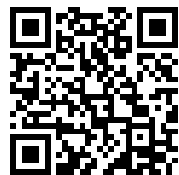
Das Ziel von Google besteht darin, die weltweiten Informationen zu organisieren und allgemein nutzbar und zugänglich zu machen. Google Buchsuche hilft Lesern dabei, die Bücher dieser Welt zu entdecken, und unterstützt Autoren und Verleger dabei, neue Zielgruppen zu erreichen. Den gesamten Buchtext können 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>

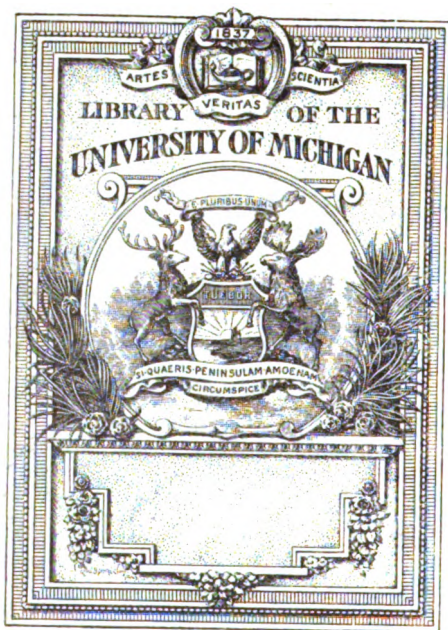




**B** 3 9015 00250 010 9

University of Michigan - BUHR

c



H 670, 5  
2658  
M5  
rer. 3













24728

THE  
UNITED STATES  
MEDICAL INVESTIGATOR,

A SEMI-MONTHLY JOURNAL

OF

THE MEDICAL SCIENCES.

---

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

---

VOL. XX.---NEW SERIES.

---

CHICAGO:  
DUNCAN BROTHERS, PUBLISHERS.

1884.

---

**Copyrighted by DUNCAN BROTHERS.**

---

## INDEX TO VOLUME XX.

### A.

About that potency problem, 57.  
A case of dropsy, 45.  
Acetic acid effects, a study of, 241.  
A case of intussusception, 257.  
Acute insanity, case of, 264.  
Aconite, a study of, 267.  
*Actea spicata*, study of, 280.  
Aconite *napellus*, critical study of, 284, 310, 349.  
A case of homicide by a wound in the vulva, 406.  
Aconite, heroic effects of, 365.  
A desirable bed pan, 118.  
A few remarks on the diagnosis of incipient phthisis, 422.  
Ague, treatment of, 348.  
Alum in intermittent fever, 207.  
A lecture on aceticum acidum, 407.  
*American pulsatilla*, 101.  
A material difference, 138.  
American Institute of Homœopathy, directors of provings of the, 40.  
A medical library for our colleges, 245.  
American vs. British policy, 359.  
A monthly again, 422.  
Answer to cases 36, 206.  
Anuria, *chimaphilla* for, 138.  
An abridgment of the hygienic physiology, 143.  
Antiseptic incision in hydrocele, 239.  
Another big steal, 253.  
An ova testa back, 317.  
Anæsthetic, the new local, 321.  
An introduction to pathology and morbid anatomy, 328.

A peculiar headache, 28.  
Aphorism regarding the use of the obstetrical forceps, 98.  
A practical treatise on fractures and dislocations, 344.  
*Aralia racemosa*, the catarrhof, 372.  
A study of *ustiligo maadis*, 49.  
A sober second thought, 89.  
Asiatic cholera, the mode of propagation of the, 162.  
A study of *absinthium*, 232.  
A study of acetic acid effects, 241.  
A visit to cholera in Europe, 252.  
A word to the young M.D., 317.

### B.

Bed pan, a desirable, 118.  
Beverages, hot weather notes and, 223.  
*Bichromate of potash*, 398.  
Bleeding from internal parts, 426.  
Blindness, Homœopathic remedies to prevent, 409.  
Book department, 75, 143, 204, 271, 325, 344, 355, 419.  
Body, shot through the, 129.  
Boston, news from, 185.  
Bromide of potassium eruption, microscopic appearance of, 236.  
Bulletin of the Buffalo Naturalists Field Club, 143.

### C.

Case for counsel, 25, 85, 124, 137, 205.  
Case of lobar pneumonia, 139, 361, 418.  
*Carbo an.*, mammary tumor cured with, 91.

Cancer, diminution of urea in, 236.  
 Cantharides, experiments with, 251.  
 Case of acute insanity, 264.  
 Cancer, new Brazilian remedy for, 397.  
 Children's Department, 66, 418.  
 Cholera infantum, 66.  
 Cholera experience, 116.  
 Chimaphilla for anuria, 138.  
 Cholera, recent allopathic treatment of, 161.  
 Cholera, Hahnemann on, 170.  
 Cholera and its preventive and curative treatment, 204.  
 Cholera in Europe, a visit to, 252.  
 Cholera microbes, 328.  
 Chronic gastritis, 413.  
 Chronic bronchitis of children, kali sulph. in, 418.  
 Characteristic indications of prominent remedies 419.  
 Cicuta and Conium compared. 418.  
 Climatic changes, 27.  
 Clinical medicine, 28, 45, 56, 65, 109, 113, 137, 161, 190, 193, 226, 240, 257, 277, 289, 321, 337, 356, 369, 388, 413, 422.  
 Clinical lectures on mental diseases, 76.  
 Clinical notes, 109, 120, 137, 161, 369, 399.  
 Clinical items, 414.  
 Consultation Department, 25, 35, 65, 94, 124, 137, 179, 183, 205, 231, 244, 296, 323, 343, 384, 399, 355, 420.  
 Correspondence, 39, 54, 106, 125, 167, 185, 223, 234, 264, 298, 317, 345, 383.  
 Conservative surgery illustrated by railroad and factory accidents, 61.  
 Co-education — Homœopathy with Allopathy, 179.  
 College commencements, 242.  
 Cough with case, a study of, 289.  
 Contribution to the worm diseases which are peculiar to man, 319.  
 Cocaine hydrochlorate, the new local anæsthetic, 321.  
 Common sense in the lying-in room, 328.  
 Critical Study of Aconite napellus, 284, 310, 349.

**D.**

Dakota Medical Association, 46.  
 Deserters disgraced, 327.  
 Diseases of the rectum, 110.  
 Directors of proving of the American Institute of Homœopathy, 140.

Diseases of the Larynx, 205.  
 Dilation of the cervix with metallic dilators, 273.  
 Disease, what is the, 396.  
 Disease changes, 412.  
 Dropsy, a case of, 45.  
 Drugs and Medicines of North America, 143.  
 Dual action of remedies, 56.

**E.**

East, notes from the, 266.  
 Editorials, 25, 39, 56, 72, 89, 103, 123, 170, 184, 205, 219, 245, 263, 282, 296, 315, 327, 359, 380, 412, 421.  
 Elementary principles of electrotherapeutics for the use of physicians and students, 76.  
 Electricity as a wet nurse, 138.  
 Excision of the pancreas, 236.  
 Experiments with Cantharides, 251.  
 Eye and Ear Department, 409.

**F.**

Febris puerperalis, 385, 401.  
 Fistula in ano, on a new mode of operating for, 86.  
 Fistula in ano in a new born infant, 239.  
 Fluid extracts, untrustworthiness, 254.

**G.**

Galvanism, treatment of stricture of nasal ducts by, 370.  
 Geological excursions, 75.  
 Genus epidemicus, the scope of the, 283.  
 Genuine Jamaica Dogwood, 302.  
 Gun-shot wounds, 132.  
 Gynæcological Department, 17, 33, 91, 97, 171, 220, 273, 385, 401, 417.  
 Gynæcology, some new facts in, 17.

**H.**

Hahnemann on cholera, 170.  
 Hæmorrhages, 226.  
 Hahnemann Medical College of Chicago, 242.

Hay fever, 354.  
 Headache, a peculiar, 28.  
 Healing of arteries after ligature, 255.  
 Heroic effects of Aconite, 365.  
 Homœoprophylaxis, 89.  
 Homœopathy in Minnesota, 110.  
 Homœopathic surgery, 123.  
 How Kava is taken at home, 139.  
 Hot weather notes and beverages, 223.  
 How to charge for triplets, 234.  
 Hot milk as a restorative, 236.  
 How to begin the use of high potencies, 341.  
 Homœopathic demonstration at the Capital of the Nation, 345.  
 Homœopathic therapy of warts, 371.  
 Homœopathic remedies to prevent blindness, 409.  
 Huntsville nurseries, 204.  
 Hygiene Department, 212.  
 Hygienic value of Schools, 212.  
 Hydrastis canadensis in prolapsus uteri, 407.

## I.

Illustrations of the influence of the mind upon the body, 76.  
 Improvement in medical practice, 236.  
 Institute meeting, the American, 25, 39.  
 Institute rally, the next, 54.  
 Institute question, the southern, 126.  
 Indications for remedies in typhoid fever, 190.  
 International medical congress, 235.  
 Intermittent fever, Alum in 207.  
 Inhalation in phthisis, 254.  
 Intussusception, a case of, 257.  
 Intermittent fever, therapeutics of, 298.  
 Index catalogue, 326.  
 Incipient phthisis, a few remarks on the diagnosis of, 422.  
 Internal parts, bleeding from, 426.  
 Iris versicolor, notes on, 138.

## J.

Jamaica Dogwood, the genuine, 302.

## K.

Kali sulph. in chronic bronchitis of children, 418.

Keep it quiet, 39.

## L.

“Ladies”—What are they?—119.  
 Larynx, neurosis of the, 193.  
 Like, similia or idem, 170.  
 Lobar pneumonia, case of, 39.  
 Lungs, an extirpation of the, 207.  
 Lying-in room, common sense in, 328.

## M.

Materia medjca department, 34, 49, 81, 101, 132, 186, 232, 241, 267, 284, 305, 330, 349, 361, 382, 407.  
 Materia medica, that revised, 52.  
 Materia medica as taught and applied, 81.  
 Mammary tumor cured with carbo an, 91.  
 Materia medica, studies of our, 186.  
 Malarial fevers, therapeutics, 246.  
 Materia medica of the future, 305, 330.  
 Materia medica, the sifting of the, 361.  
 Medical society results, 56.  
 Meningitis, tubercular, 59.  
 Mechanical appliances, pessaries and other, 92.  
 Medical ladies, 123.  
 Medical Society of Northern New York, 135, 303.  
 Medical education, 177.  
 Medical students, preliminary business training for, 182.  
 Medical students, preliminary qualifications for, 186.  
 Medical practice, improvements in, 236.  
 Metallic dilators, dilation of the cervix with, 273.  
 Medical missionaries in China, women as, 281.  
 Minnesota, Homœopathy in, 110.  
 Mineral waters, 123.  
 Microscopic appearance of bromide of potassium eruption, 236.  
 Molar pregnancy, mucus polypi and hydatids, 171, 220.

Modern regular science, 501.  
Mullen oil, tramps, etc., notes on,  
55.

## N.

News of the Week, 31, 47, 64, 77, 96,  
112, 127, 144, 176, 191, 208, 224, 243,  
256, 272, 287, 304, 320, 335, 352, 368,  
384, 400, 432.  
News from Boston, 185.  
News from Nebraska, 185.  
Neurosis of the larynx, 193.  
New York Homœopathic Medical  
Society, 209.  
New-born infants, fistula in ano in  
a, 239.  
New music, 272.  
Nephritis as a sequel of parotitis, 319.  
New Brazilian remedy for cancer,  
397.  
Notes of Mullen oil, tramps, etc., 55.  
Notes from practice, 65.  
Notes, clinical, 120, 369.  
Notes from Dr. McCourt, 125.  
Northern New York Medical Society,  
135.  
Notes on Iris versicolor 138.  
Northern and southern diseases and  
students, 180.  
Notes from practice, 253, 322.  
Notes from the East, 266.

## O.

Oatmeal, nourishment of small chil-  
dren with, 237.  
Obstetrical forceps, Aphorisms re-  
garding the use of the, 98.  
Obstetrical notes, 276.  
Oenanthe crocata, 382.  
On materia medica, 34.  
On a new mode of operation for  
fistula in ano with cases, 86.  
On coast diseases and students, 182.  
On Jequirity, 207.  
On extirpation of the lungs, 207.  
On the action of cold and hot Chap-  
man's bags, 207.  
Operation for pyo-salpnix, 292.  
Our medical colleges, 184.

Our colleges, a medical library for,  
245.  
Outside the scope of the law, 316.  
Ova testa back, 317.

## P.

Painless labor for women, 33.  
Pancreas, excision of the, 236.  
Paralysis of the radial nerve cured  
by operation, 238.  
Parotitis, nephritis as a sequel of,  
319.  
Pessaries and other mechanical ap-  
pliances, 92.  
Pharmacy Department, 73.  
Pharmacy, report on, 73.  
Physical qualifications for a physi-  
cian, 177.  
Physicians as letter writers, 219.  
Phthisis, inhalation in, 254.  
Phytolacca, what I know about, 394.  
Physicians visiting list, 325.  
Plan for proving and re-proving  
remedies, 168.  
Pneumonia, case of lobar, 39.  
Potency problem, about that, 57.  
Potencies, how to begin the use of  
the high, 341.  
Poultry for profit, 355.  
Practice, notes from, 65.  
Proving of the Sanicular mineral  
springs water of Ottawa, Illinois  
with a comparison of the chemical  
constituents of other prominent  
mineral springs, 113.  
Prevailing diseases, 117.  
Proving and re-proving remedies,  
plan for, 168.  
Preliminary business training for  
medical students, 182.  
Preliminary qualifications for med-  
ical students, 186.  
Progress of the Institute, 205.  
Progress of the medical sciences, 207,  
236, 254, 281, 319, 323.  
Prolapsus uteri cured by internal  
treatment alone, 328.  
Prolapsus uteri, Hydrastis canadensis  
in, 407.  
Puerperal eclampsia, sixty-nine  
cases of, 97.  
Pulsatilla, American, 101.  
Puerperal or child-bed fever, 204.  
Pulse of the people, 347.  
Pyo-salpnix, operation for, 272.



## R.

Railroad and factory accidents, conservative surgery illustrated by, 61.

Ranunculus bulbosus, 132.

Rationale of the Homœopathic law, 259, 277.

Recent Allopathic treatment of cholera, 161.

Rectal Etherization, 254.

Recent pathology, in its bearing on scientific therapeutics involving the question, can Homœopathic treatment with infinitesimal doses cut short infectious diseases dependent on living germs, 337, 356, 373, 388.

Regular practice, samples of, 258.

Rectum, diseases of the, 110.

Remedies, dual action of, 56.

Report of the Commissioner of education, 344.

Report on pharmacy, 73.

## S.

Sanitary department, 27.

Sanicula Mineral Spring water of Ottawa, Illinois, with a comparison of the chemical constituents of other prominent mineral springs, proving of the, 113.

Samples of regular practice, 258.

Schools, hygienic value of, 212.

Scrofulous buboes, treatment of, 237.

Sensible advice, 296.

Seasonable advice, 315.

Shot through the body, 129.

Shall we go South, 383

She over-ran her time, 417.

Sixty-nine cases of puerperal eclampsia, 97.

Some new facts in gynecology, 17.

Society department, 25, 46, 135, 209, 262, 303.

Some novel suggestions, 361.

Speak out, 108.

Spiral fractures of the long bones, 411.

St. Louis honored, 24.

St. Louis, why the Institute goes there, 106.

Students, northern and southern, diseases, 180.

Studies of our materia medica, 186.

Study of absinthium, 232.

Study of acetic acid effects, 241.

Study of aconite, 267.

Study of actea spicata, 280.

Study of cough with case, 289.

Surgical department, 61, 86, 129, 353.

Surgical treatment of scrofulous adenitis of the neck, 238.

Surgical emergencies and accidents, 271.

Surgical experience, 353.

## T.

The American Institute meeting, 25, 39.

That revised materia medica, 52.

The next institute rally, 54.

That unscientific paper, 54.

The Institute mission, 108.

The Southern Institute question, 126.

The eighth annual announcement of the Homeopathic Medical Department of the State University of Iowa, 143.

The mode of propagation of the Asiatic cholera, 162.

The coming recruits, 184.

The nourishment of small children with oatmeal, 237.

The Homœopathic Medical College, 243.

The Homœopathic law, the rationale of the, 259, 277.

Therapeutics, the uncertainties of, 232.

The scope of the genus epidemicus, 233.

Therapeutics of intermittent fever, 298.

The materia medica of the future, 305, 330.

The young M.D.'s, a word to, 318.

The treatment of uterine displacements, 325.

The Chironian, 325.

The knowledge of the physician, 326.

The measurement of the foot as an index to the size of the child, 329.

Three spinal cases, 340

The National Homœopathic demonstration at the Capitol of the Nation 345.

The catarrh of *aralia racemosa*, 372.  
 The sarcastic reviews, 380.  
 The *materia medica* doctors, 380.  
 The New Orleans rally, 413.  
 The poultry keeper, 355.  
 The ear, its anatomy and diseases, 355.  
 The sifting of our *materia medica*, a clinical illustration, 361.  
 The year 1884, 421.  
 To make corks air tight and water tight, 85.  
 Toronto Medical Society, 262.  
 Transactions of the Homœopathic Medical Society of New York, 204.  
 Triplets, how to charge for, 234.  
 Treatment of scrofulous buboes, 237.  
 Transactions of the American Institute, 325.  
 Treatment of ague, 348.  
 Treatment of stricture of nasal ducts by galvanism, 370.  
 Tubercular meningitis, 59.  
 Two articles, 245.  
 Typhoid fever, indications for remedies in, 190.

## U.

Uncertainties of therapeutics, 282.  
*Ustilago madis*, a study of, 49.  
 Untrustworthiness of fluid extracts, 254.  
 Uterine displacements, the treatment of, 325.

## V.

Vaccinosis and Homœoprophylaxis, 75  
 Vaccinosis, 90.  
 Very practical, 382.  
 Vulva, a case of homicide by a wound in the, 406.

## W.

Warts, Homœopathic therapy of, 371.  
 Western Academy of Homœopathy, 43.  
 Wet nurse, electricity as a, 138.  
 What were his reasons? 167.  
 What the thumb nail teaches, 237.  
 What will prevent typhoid fever, 267.  
 What fat does to the rectum, 302.  
 What I know about *Phytolacca*, 394.  
 What is the disease, 396.  
 Why the Institute goes to St. Louis, 106.  
 Women, painless labor for, 33.  
 Women as medical missionaries in China, 281.  
 World's Homœopathic Convention at New Orleans, 72.  
 Worm diseases which are peculiar to man, 319.

## Y.

Young physicians' disadvantages 263.

# The United States Medical Investigator

VOL. XX. No. 1.

JULY 5, 1884.

WHOLE No. 395.

## Gynæcological Department.

### *SOME NEW FACTS IN GYNÆCOLOGY.*

BY GEORGE K. DONNELLY, M. D., ST. JOSEPH, MO.

EDITOR UNITED STATES MEDICAL INVESTIGATOR. *Dear Sir:* J. P. McCourt, M. D., of New York, has done womankind such a grand service, in his articles with the above caption, in THE UNITED STATES MEDICAL INVESTIGATOR, of March 29th, and May 3d, that the present and future generations will bless him for the comfort his system will bring wherever practiced with requisite knowledge for success; and success is certain to follow the requisite knowledge.

He has placed the medical profession under such lasting obligations, by publishing his procedure in uterine diseases, that it will take a long time to liquidate them in kind.

I take it for granted, that every physician who has the welfare of his patients at heart, or who studies his own interest, will give it a trial; knowing that if he succeeds it will add largely to his reputation and his bank account.

To help make it a success, for every one who tries to relieve pain the new way. I will add my mite, acquired in twenty-three years use of the sponge.

#### THE TAMPON AND VAGINAL CONTRACTS.

In 1861, in an obstinate case of retroversion, of long standing, failing to dislodge the uterus from under the promontory of the sacrum with my index finger in the rectum; as was, and is my custom when the vulva, or meatus urinarius is exceedingly tender from tumefaction, or other causes, I was compelled to introduce my whole hand into the vagina and use it as a lever, to free the uterus from its long imprisonment in the sacral fossa. Having succeeded in removing the fundus uteri from under the superior portion of the sacrum, I was surprised to find my hand grasped by the surrounding muscles, and tissues, so tightly as to make me almost cry out with pain; thinking I was in contact with a uterine spasm, I looked up at the patient's face for expression of pain; instead of which, I was still further surprised by the patient, in a long drawn breath, exclaiming: "Oh don't that feel good;" meaning the relief she experienced on the removal of the pressure on the sacral nerves by the retroverted uterus. I applied a cotton tampon to support the uterus, and for a short time the patient was quite comfortable and free from pain. In less than an hour, the patient again complained of pain in the sacro-lumbar region, and upon examination I found the large cotton tampon protruding at the vulva, compressed to less than half the size it was when I adjusted it in Douglas' dul-de-sac less than an hour previously. I adjusted another cotton tampon, and the pains disappeared imme-

diately. I then began to observe the case with extra care and increasing interest; for it began to dawn on me, that the contraction of the muscles I experienced might be a physiological condition, or function of womanhood; as the patient did not complain of pain until after the tampon was dislodged. In forty-five minutes after the second tampon was placed in position, the cotton was so compressed that the uterus dropped down and back against the sacral nerves, and pain followed. This annoyed me very much, as I had been with the patient several hours, and I was fearing that I would have to give my patient an anæsthetic or narcotic, to temporarily relieve her for the night, when my eye caught sight of a fine textured *sponge* on a dressing table, in an adjoining room. As quickly as thought could travel, I concluded that a sponge would fill the condition of support, and if I was correct in my new idea about the contractions of the muscles in the uterine region, the elasticity of the sponge would compel it to follow up the relaxation of the muscles after contraction, and not drop out of position like the cotton tampon. I requested the sponge to be given to me, it had been used by the patient for ablutions, and appeared clean. I cut a piece as large as the cotton tampon I had used previously, saturated it with Arnica mont. (I used Arnica at this time because I had bruised the vulva and must have bruised the cervical extremity of the vagina, by introducing my hand into it, and using the force that was necessary to dislodge the uterus,) readjusted the womb and placed the sponge for a support. The pains disappeared at once, and did not return while I remained that evening. Two hours after I applied the sponge, the patient went to sleep. When I returned the next morning I was more than pleased to find that my patient had slept all night without pain. The patient being so comfortable I did not remove the sponge until the next day, and when I did remove it I found it saturated and loaded with foul secretions, muco-purulent in character, the product of an endo-metritis. The sponge was cleaned, medicated, and replaced as before with the same satisfactory results. My patient recovered and pronounced herself well in eight months.

This was my first experience with the sponge. It resulted so beneficially to that patient, that I soon applied it to all others with uterine deviations, with equally satisfactory results. I have used it ever since, *where it was indicated*.

I did not lose sight of the thought, that the contraction I encountered when I had my hand in the vagina of the patient referred to, was a physiological action; to test it, after my patient got better, I explained to her what I thought I had discovered, and requested permission to pass my hand into the vagina to confirm the thought, if possible, by further investigation. The request being granted, I introduced my hand and awaited the result. I remembered that the cotton tampon was compressed, and thrown down, every forty-five minutes. Thirty-five minutes had passed, from the time of the introduction of my hand into the vagina without any sign of contraction, and I began to fear that I had been led astray; but concluded to hold on until the full

forty-five minutes had elapsed. I did not have to wait long, the contractions came on gently and increased to severity in about three minutes, and then relaxed again, until they entirely passed away. Whole time of contraction and relaxation; seven minutes. I withdrew my hand to rest it, and relieve my patient from the strain my wrist was causing. Thirty-five minutes after the withdrawal of my hand I replaced it in the vagina again, and had to wait only a few minutes when the contractions commenced again and ended in forty-five minutes from the previous contractions. I withdrew my hand, and again replaced it after thirty-five minutes with the same results. Several months subsequent to this test, the same patient developed the same phenomena, in the same time, viz., forty-five minutes. During these contractions my patient did not suffer pain, nor was she conscious that anything peculiar or important was transpiring within her pelvis. These contractions were not as painful to me as the first one I experienced. During the subsequent five years I lost no opportunity to investigate the subject of pelvic contractions. Having had ample latitude, I discovered that some women's law was sixty-five minutes between contractions; others only forty. The majority ranged between these two figures. I found contractions in all the subjects I examined and tested, but some were so feeble that I would not have thought them such if I had not been looking for them.

I have said this much about contraction, because I often found myself unable to explain why the cotton tampon did not give relief longer than it did after adjustment. These contractions give a satisfactory explanation to me, and may help others out of trouble arising from this cause, in the future.

A sponge support, if of the proper size, shape, and adjustment, can only be dislodged by straining in the act of defecation, severe sneezing, coughing or with design.

The first thing necessary to success in the use of the sponge, is a complete anatomical knowledge of the pelvic region; without this knowledge failure is certain. Because the uterus, vagina, ovaries and ligaments, are so organized that in a physiological (healthy) condition they are mobile, elastic and contractile; but in a pathological (unhealthy) condition they may be immovable, deviated, dislocated, atrophied, or hypertrophied. The vagina may be so relaxed that the rugæ are obliterated, and powerless to give the necessary support to the womb, and lay like so much wet paper on the perineum, letting the uterus and ovaries down with it. The uterus may be distorted with interstitial or intra-mural fibroma; it may be distended with cystic or fibrous polypi; with pedunculated or sessile fibroids; with moles, or with hydatids. It may be prolapsed, anteverted, retroverted, lateroverted, or supraverted. It may be flexed in all the above positions. There may be metritis, endo-metritis, cervicitis, endo-cervicitis, hypertrophy, adhesions, abrasions, ulcerations, cancer, carcinoma, scirrhus, syphilis, or sycosis. The ovaries may be atrophied, compressed, inflamed, or enlarged. The ligaments may be contracted, relaxed, or indurated.

These pathological conditions will have very much to do with the pelvic organs and their local treatment.

Every gynæcologist, and others who have attempted to treat pelvic diseases have had their hearts touched with sympathy, and their eyes suffused with unbidden tears by the earnest, and sometimes heart rendering appeals made by patients for relief from pain, or for death. It sometimes requires all the nerve of the strongest of us to bear our parts well, and not break down under these painful appeals.

I look upon the sponge as the very best friend suffering woman can call to her aid in times of pelvic troubles in the shape of pain, and as the best, most prompt, and powerful means her physician can employ to relieve her pains and aches. Not that there is any curative property in the sponge, *per se*, but because of its power to relieve pain under nearly all circumstances; if *properly sized, shaped, medicated and adjusted*. This relief from pain comes immediately after the sponge is placed so as to take off the pressure on the nerves giving it—in less time, generally, than it has taken me to write this sentence—provided the uterus is in the least movable, so that the strain may be taken off the nerves from which the pain emanates.

There are conditions of the pelvic organs, however, when the sponge alone cannot be used with effect until these conditions are changed or overcome in some way; viz., anteversion or anteflexion, with hypertrophy of the uterus, the sponge must rest or be supported itself, on something; that something can only be the perineum. A sponge placed under the fundus uteri in an anteversion or anteflexion, would be directly over the vulva, and could not remain long in that position nor give the necessary support. In such cases I have cushioned a soft rubber ring, of the proper size, by wrapping with sponge on one side, and applied the cushion to the fundus until something else could be done. The uterus may be prolapsed until it reaches the floor of the pelvis, and so hypertrophied as to fill the pelvic cavity, and so indurated that you can make no impression on it, the vagina pressed down and involved in the induration, and the whole immovable. In such a case the sponge could not be used until after heat, moist or dry, electricity, and the indicated constitutional remedies will have done their work to soften the tissues affected. In severe lacerations of the perineum, especially if the sphincter ani is ruptured, the sponge alone will not meet the indication, the cushioned ring, or some other appliance will be needed for a time, a surgical operation in the end.

Dr. J. P. McCourt has wisely cautioned against the too frequent use of the speculum in examinations of uterine diseases. Nothing can be learned by inspection through the speculum except the morbid conditions, if any, of the surface of the vagina and os, and these can be learned without it, through the sponge. The speculum *often misleads*. In its use, the patient is placed on her dorsum or other recumbent position, and the instrument introduced into the vagina, the uterus being pushed up before it; upon looking into the speculum the position of the uterus will be pronounced normal, perhaps. Upon removal of the speculum, place the same patient on her feet and you may find

the womb dislocated, and as low down in her body as it can be, and giving pain. If the speculum is used, the patient should be explored, digitally, afterwards, while standing, and the physician ought not to be satisfied with his investigations of the case until he will have examined his patient in the menses, if she has not passed the menopause; because at such time the blood rushes to the uterine region and engorges the organs, and if there be any lesion of the ligaments or tissues, the morbid condition will be more easily detected.

In the selection of the sponge I have been careful to obtain the finest velvet variety, of different densities; and before using to examine them carefully for shells, sand, etc. They are then washed in hot water, and pressed with the hand as dry as such pressure can make them; they are then placed in Carbolized water, ten parts Carbolic acid and ninety parts water, and allowed to remain twenty-four hours in the solution. They are then taken out and dried and are then ready to be cut into the size and shape as needed. I have not had any bad results from the use of the sponges so prepared. I have used sponges without any antiseptic preparation, in emergencies, for short periods, without injury to my patients. I suspect that the physicians who are reported as having failed in the use of the sponge before bleaching, would fail after it without further knowledge; for I claim that the sponge without proper medication and adaptation will do harm, bleached or unbleached. It will be found necessary to use sponges of different sizes in the same case at different times during a menstrual cycle. As the patient approaches the menses she cannot tolerate so large a sponge as she can at other times; on account of the increased size of the uterus, and ovaries.

Astonishment will come to some, when they find how much ease and comfort a sponge half an inch in diameter will give some patients under some circumstances. With the proper sized sponge you can remove pain anywhere in the body that is caused by reflex nervous action dependant on the malposition of the uterus.

The physician ought not to allow a patient to leave his office in pain. If she complains of pains or aches, immediately after treatment, something will be found to be wrong or out of place, and must be corrected. A fold of the vagina, perhaps, is carried up with the support beyond where it ought to be, or the sponge is too far to one side or the other, or it is too large or too small, or it is too high up or too low down, or it is folded on itself at some point, making unequal pressure and causing the disturbance complained of at the time.

Knowing where the uterus ought to be in health; get it there as near as possible, and adjust the support in such a manner that it will retain the uterus where you place it. To do this it will be necessary to place the patient on her feet, even if she has to be held up, and supported while the examination is being made, the index finger is carried into the vagina, or rectum, as the case may demand, and the uterus moved in a direction to relieve the pain or discomfort complained of by the patient. Note must be made at the same time of the place, and space to be occupied by the sponge. Having determined

the size and shape, the sponge should be, by taxis, it is prepared; that is, cut into size and form and saturated or dusted, as the case may call for, with the medicine decided upon as the best indicated at the time, and placed *in situ* in the following manner:

The patient standing in front of the operator; the index and second fingers of the left hand separating the labia majora, to prevent the hair from being carried into the vagina, and giving the patient unnecessary discomfort; the sponge held between the thumb and first two fingers of the right hand in such a manner that the thumb will cover two thirds of the perpendicular diameter of it. The perpendicular diameter will sometimes be greater than the horizontal, and sometimes less in different cases, and in the same case under changed conditions of the pelvic organs; the sponge is now passed through the vulva as far as possible, the thumb and two fingers still holding it; at this point the fingers of the left hand are withdrawn, as also the fingers of the right hand; the remainder of the adjustment must be accomplished with the thumb, which must not be moved from where it was first placed on the sponge, until the sponge is placed in position to support the uterus. If, in its passage, it is arrested on a fold of the vagina, as it will be sometimes, a jarring motion will carry it over the obstructing ruga, if not, the thumb will have to be moved around the sponge to free the obstruction, and again placed on it as before, to finish the adjustment.

The thumb will be found to be the best adapted, in most cases to adjust the sponge where pressure is required and the index finger will answer best where traction is needed, both must be educated by practice and experience before the operator can with certainty give the relief that may be rendered with the sponge.

It will be found imperative in some cases to remove the sponge in a few hours, and cleanse it, on account of the excessive flow of offensive and acrid secretions, that torment the patient. Again it may remain for forty-eight hours without doing harm. The same sponge may be used in successive treatments, until its elasticity is destroyed by the action of the secretions, as it will be; often in a very short time.

My experience with the sponge, and the medicines applied with it, in hundreds of cases during the last twenty-three years, enables me to confirm with emphasis, Dr. J. P. McCourt's statements, that "*purulent discharges from the uterine organs follow the sponge treatment,*" this too, where the speculum revealed no ulceration or abrasion on inspection, before treatment. That the sponge, in many cases does "come away as black as ink," that it does become disintegrated, and "falls to pieces," and feels like so much saturated paper, after twenty-four hours application, in some cases, that the odor is intolerable, almost defying our best disinfectants, and that a time will come in the treatment; sooner in some cases, and later in others, when the sponge will come away after twenty-four, forty-eight, or ninety-six hours as free from offensive odor and morbid matter as when it was placed in position the first time.



## CANCER INJURED SYPHILIZED TISSUE.

*Experience with Cancer.*—Having had some experience with cancer and carcinoma of the uterus, and other organs and tissues of the body I desire to present a few of my observations and conclusions that may, perhaps, be of interest to the profession even if no value to them in practice. Cancer and carcinoma are synonymous terms with me; believing as I do, that they originate in the same taint or cause; whether they are scirrhus, epithelial, or encephaloid.

In treating uterine deviation and diseases, complicated with this cachexia, I made no successful cures until I became satisfied, after years of close study, and careful observation that cancer and its congeners are the outgrowth of injured syphilitized tissue. In other words, it is the product of syphilis; congenital or acquired, open or occult, hereditary or transmitted; ushered into activity or being; perhaps, by a blow, by compression, by laceration, by friction or by any means that will start an inflammation in the congested or tainted parts invaded by it.

I have not treated a single case of cancer or carcinoma in eleven years, and they have been many, that I did not find syphilis or the traces of it connected with the case. I am confirmed in my position for the important and satisfactory reason that I now cure this foul representative of disease by peculiar syphilitic treatment. Into which enters the *sponge*, Thuya, Aurum met., Acidi nit., Mercurial preparations, Carbolic acid, Glycerine, Cannabis sat., Hydrastis can., Electricity, and powder distributor for the application of the powders used. The drug or medicine best indicated at the time is the one used locally and internally. If I find the patient had been drugged with Mercury I antidote it, and avoid its use in all after treatment of the same case.

I have been the matriculant of several medical colleges, and hold their diplomas; the first dating back to 1845, but like Dr. McCourt, I had never heard the sponge spoken of in or out of the lecture room in any of them; and supports generally were condemned in both schools; Allopathic and Homœopathic. Like Dr. M. I thought I was the only one who leaned on the sponge for satisfactory results in uterine diseases. As two have been found there may be others who have stumbled on the good way as I have done, if so I hope they will show their hand at their convenience.

I cannot close this article without congratulating Dr. J. P. McCourt, of New York on his having been the *first* to give the *value* of the *sponge* in uterine diseases to the profession, and in such a satisfactory manner that all may avail themselves of the instruction and be benefited.

I want to, and do thank him personally, I do thank him also in the name of the thousands of suffering women all over the land, for the very great service he has done them; by placing within the reach of every physician the clue by which he can unravel the mystery of pain by removing it.

The catarrh of *aralia racemosa*, 372.  
 The sarcastic reviews, 380.  
 The materia medica doctors, 380.  
 The New Orleans rally, 413.  
 The poultry keeper, 355.  
 The ear, its anatomy and diseases, 355.  
 The sifting of our materia medica, a clinical illustration, 361.  
 The year 1884, 421.  
 To make corks air tight and water tight, 85.  
 Toronto Medical Society, 262.  
 Transactions of the Homœopathic Medical Society of New York, 204.  
 Triplets, how to charge for, 234.  
 Treatment of scrofulous buboes, 237.  
 Transactions of the American Institute, 325.  
 Treatment of ague, 348.  
 Treatment of stricture of nasal ducts by galvanism, 370.  
 Tubercular meningitis, 59.  
 Two articles, 245.  
 Typhoid fever, indications for remedies in, 190.

## U.

Uncertainties of therapeutics, 282.  
*Ustilago madis*, a study of, 49.  
 Untrustworthiness of fluid extracts, 254.  
 Uterine displacements, the treatment of, 325.

## V.

Vaccinosis and Homœoprophylaxis, 75  
 Vaccinosis, 90.  
 Very practical, 382.  
 Vulva, a case of homicide by a wound in the, 406.

## W.

Warts, Homœopathic therapy of, 371.  
 Western Academy of Homœopathy, 43.  
 Wet nurse, electricity as a, 138.  
 What were his reasons? 167.  
 What the thumb nail teaches, 237.  
 What will prevent typhoid fever, 267.  
 What fat does to the rectum, 302.  
 What I know about *Phytolacca*, 394.  
 What is the disease, 396.  
 Why the Institute goes to St. Louis, 106.  
 Women, painless labor for, 33.  
 Women as medical missionaries in China, 281.  
 World's Homœopathic Convention at New Orleans, 72.  
 Worm diseases which are peculiar to man, 319.

## Y.

Young physicians' disadvantages 263.

# The United States Medical Investigator

VOL. XX. No. 1.

JULY 5, 1884.

WHOLE No. 395.

## Gynæcological Department.

### SOME NEW FACTS IN GYNÆCOLOGY.

BY GEORGE K. DONNELLY, M. D., ST. JOSEPH, MO.

EDITOR UNITED STATES MEDICAL INVESTIGATOR. *Dear Sir:* J. P. McCourt, M. D., of New York, has done womankind such a grand service, in his articles with the above caption, in THE UNITED STATES MEDICAL INVESTIGATOR, of March 29th, and May 3d, that the present and future generations will bless him for the comfort his system will bring wherever practiced with requisite knowledge for success; and success is certain to follow the requisite knowledge.

He has placed the medical profession under such lasting obligations, by publishing his procedure in uterine diseases, that it will take a long time to liquidate them in kind.

I take it for granted, that every physician who has the welfare of his patients at heart, or who studies his own interest, will give it a trial; knowing that if he succeeds it will add largely to his reputation and his bank account.

To help make it a success, for every one who tries to relieve pain the new way. I will add my mite, acquired in twenty-three years use of the sponge.

#### THE TAMPON AND VAGINAL CONTRACTS.

In 1861, in an obstinate case of retroversion, of long standing, failing to dislodge the uterus from under the promontory of the sacrum with my index finger in the rectum; as was, and is my custom when the vulva, or meatus urinarius is exceedingly tender from tumefaction, or other causes, I was compelled to introduce my whole hand into the vagina and use it as a lever, to free the uterus from its long imprisonment in the sacral fossa. Having succeeded in removing the fundus uteri from under the superior portion of the sacrum, I was surprised to find my hand grasped by the surrounding muscles, and tissues, so tightly as to make me almost cry out with pain; thinking I was in contact with a uterine spasm, I looked up at the patient's face for expression of pain; instead of which, I was still further surprised by the patient, in a long drawn breath, exclaiming: "Oh don't that feel good;" meaning the relief she experienced on the removal of the pressure on the sacral nerves by the retroverted uterus. I applied a cotton tampon to support the uterus, and for a short time the patient was quite comfortable and free from pain. In less than an hour, the patient again complained of pain in the sacro-lumbar region, and upon examination I found the large cotton tampon protruding at the vulva, compressed to less than half the size it was when I adjusted it in Douglas' dul-de-sac less than an hour previously. I adjusted another cotton tampon, and the pains disappeared imme-

diately. I then began to observe the case with extra care and increasing interest; for it began to dawn on me, that the contraction of the muscles I experienced might be a physiological condition, or function of womanhood; as the patient did not complain of pain until after the tampon was dislodged. In forty-five minutes after the second tampon was placed in position, the cotton was so compressed that the uterus dropped down and back against the sacral nerves, and pain followed. This annoyed me very much, as I had been with the patient several hours, and I was fearing that I would have to give my patient an anæsthetic or narcotic, to temporarily relieve her for the night, when my eye caught sight of a fine textured *sponge* on a dressing table, in an adjoining room. As quickly as thought could travel, I concluded that a sponge would fill the condition of support, and if I was correct in my new idea about the contractions of the muscles in the uterine region, the elasticity of the sponge would compel it to follow up the relaxation of the muscles after contraction, and not drop out of position like the cotton tampon. I requested the sponge to be given to me, it had been used by the patient for ablutions, and appeared clean. I cut a piece as large as the cotton tampon I had used previously, saturated it with Arnica mont. (I used Arnica at this time because I had bruised the vulva and must have bruised the cervical extremity of the vagina, by introducing my hand into it, and using the force that was necessary to dislodge the uterus,) readjusted the womb and placed the sponge for a support. The pains disappeared at once, and did not return while I remained that evening. Two hours after I applied the sponge, the patient went to sleep. When I returned the next morning I was more than pleased to find that my patient had slept all night without pain. The patient being so comfortable I did not remove the sponge until the next day, and when I did remove it I found it saturated and loaded with foul secretions, muco-purulent in character, the product of an endo-metritis. The sponge was cleaned, medicated, and replaced as before with the same satisfactory results. My patient recovered and pronounced herself well in eight months.

This was my first experience with the sponge. It resulted so beneficially to that patient, that I soon applied it to all others with uterine deviations, with equally satisfactory results. I have used it ever since, *where it was indicated*.

I did not lose sight of the thought, that the contraction I encountered when I had my hand in the vagina of the patient referred to, was a physiological action; to test it, after my patient got better, I explained to her what I thought I had discovered, and requested permission to pass my hand into the vagina to confirm the thought, if possible, by further investigation. The request being granted, I introduced my hand and awaited the result. I remembered that the cotton tampon was compressed, and thrown down, every forty-five minutes. Thirty-five minutes had passed, from the time of the introduction of my hand into the vagina without any sign of contraction, and I began to fear that I had been led astray; but concluded to hold on until the full

forty-five minutes had elapsed. I did not have to wait long, the contractions came on gently and increased to severity in about three minutes, and then relaxed again, until they entirely passed away. Whole time of contraction and relaxation; seven minutes. I withdrew my hand to rest it, and relieve my patient from the strain my wrist was causing. Thirty-five minutes after the withdrawal of my hand I replaced it in the vagina again, and had to wait only a few minutes when the contractions commenced again and ended in forty-five minutes from the previous contractions. I withdrew my hand, and again replaced it after thirty-five minutes with the same results. Several months subsequent to this test, the same patient developed the same phenomena, in the same time, viz., forty-five minutes. During these contractions my patient did not suffer pain, nor was she conscious that anything peculiar or important was transpiring within her pelvis. These contractions were not as painful to me as the first one I experienced. During the subsequent five years I lost no opportunity to investigate the subject of pelvic contractions. Having had ample latitude, I discovered that some women's law was sixty-five minutes between contractions; others only forty. The majority ranged between these two figures. I found contractions in all the subjects I examined and tested, but some were so feeble that I would not have thought them such if I had not been looking for them.

I have said this much about contraction, because I often found myself unable to explain why the cotton tampon did not give relief longer than it did after adjustment. These contractions give a satisfactory explanation to me, and may help others out of trouble arising from this cause, in the future.

A sponge support, if of the proper size, shape, and adjustment, can only be dislodged by straining in the act of defecation, severe sneezing, coughing or with design.

The first thing necessary to success in the use of the sponge, is a complete anatomical knowledge of the pelvic region; without this knowledge failure is certain. Because the uterus, vagina, ovaries and ligaments, are so organized that in a physiological (healthy) condition they are mobile, elastic and contractile; but in a pathological (unhealthy) condition they may be immovable, deviated, dislocated, atrophied, or hypertrophied. The vagina may be so relaxed that the rugæ are obliterated, and powerless to give the necessary support to the womb, and lay like so much wet paper on the perineum, letting the uterus and ovaries down with it. The uterus may be distorted with interstitial or intra-mural fibroma; it may be distended with cystic or fibrous polypi; with pedunculated or sessile fibroids; with moles, or with hydatids. It may be prolapsed, anteverted, retroverted, lateroverted, or supraverted. It may be flexed in all the above positions. There may be metritis, endo-metritis, cervicitis, endo-cervicitis, hypertrophy, adhesions, abrasions, ulcerations, cancer, carcinoma, scirrhus, syphilis, or sycosis. The ovaries may be atrophied, compressed, inflamed, or enlarged. The ligaments may be contracted, relaxed, or indurated.

These pathological conditions will have very much to do with the pelvic organs and their local treatment.

Every gynæcologist, and others who have attempted to treat pelvic diseases have had their hearts touched with sympathy, and their eyes suffused with unbidden tears by the earnest, and sometimes heart rendering appeals made by patients for relief from pain, or for death. It sometimes requires all the nerve of the strongest of us to bear our parts well, and not break down under these painful appeals.

I look upon the sponge as the very best friend suffering woman can call to her aid in times of pelvic troubles in the shape of pain, and as the best, most prompt, and powerful means her physician can employ to relieve her pains and aches. Not that there is any curative property in the sponge, *per se*, but because of its power to relieve pain under nearly all circumstances; if *properly sized, shaped, medicated and adjusted*. This relief from pain comes immediately after the sponge is placed so as to take off the pressure on the nerves giving it—in less time, generally, than it has taken me to write this sentence—provided the uterus is in the least movable, so that the strain may be taken off the nerves from which the pain emanates.

There are conditions of the pelvic organs, however, when the sponge alone cannot be used with effect until these conditions are changed or overcome in some way; viz., anteversion or anteflexion, with hypertrophy of the uterus, the sponge must rest or be supported itself, on something; that something can only be the perineum. A sponge placed under the fundus uteri in an anteversion or anteflexion, would be directly over the vulva, and could not remain long in that position nor give the necessary support. In such cases I have cushioned a soft rubber ring, of the proper size, by wrapping with sponge on one side, and applied the cushion to the fundus until something else could be done. The uterus may be prolapsed until it reaches the floor of the pelvis, and so hypertrophied as to fill the pelvic cavity, and so indurated that you can make no impression on it, the vagina pressed down and involved in the induration, and the whole immovable. In such a case the sponge could not be used until after heat, moist or dry, electricity, and the indicated constitutional remedies will have done their work to soften the tissues affected. In severe lacerations of the perineum, especially if the sphincter ani is ruptured, the sponge alone will not meet the indication, the cushioned ring, or some other appliance will be needed for a time, a surgical operation in the end.

Dr. J. P. McCourt has wisely cautioned against the too frequent use of the speculum in examinations of uterine diseases. Nothing can be learned by inspection through the speculum except the morbid conditions, if any, of the surface of the vagina and os, and these can be learned without it, through the sponge. The speculum *often misleads*. In its use, the patient is placed on her dorsum or other recumbent position, and the instrument introduced into the vagina, the uterus being pushed up before it; upon looking into the speculum the position of the uterus will be pronounced normal, perhaps. Upon removal of the speculum, place the same patient on her feet and you may find

the womb dislocated, and as low down in her body as it can be, and giving pain. If the speculum is used, the patient should be explored, digitally, afterwards, while standing, and the physician ought not to be satisfied with his investigations of the case until he will have examined his patient in the menses, if she has not passed the menopause; because at such time the blood rushes to the uterine region and engorges the organs, and if there be any lesion of the ligaments or tissues, the morbid condition will be more easily detected.

In the selection of the sponge I have been careful to obtain the finest velvet variety, of different densities; and before using to examine them carefully for shells, sand, etc. They are then washed in hot water, and pressed with the hand as dry as such pressure can make them; they are then placed in Carbolized water, ten parts Carbolic acid and ninety parts water, and allowed to remain twenty-four hours in the solution. They are then taken out and dried and are then ready to be cut into the size and shape as needed. I have not had any bad results from the use of the sponges so prepared. I have used sponges without any antiseptic preparation, in emergencies, for short periods, without injury to my patients. I suspect that the physicians who are reported as having failed in the use of the sponge before bleaching, would fail after it without further knowledge; for I claim that the sponge without proper medication and adaptation will do harm, bleached or unbleached. It will be found necessary to use sponges of different sizes in the same case at different times during a menstrual cycle. As the patient approaches the menses she cannot tolerate so large a sponge as she can at other times; on account of the increased size of the uterus, and ovaries.

Astonishment will come to some, when they find how much ease and comfort a sponge half an inch in diameter will give some patients under some circumstances. With the proper sized sponge you can remove pain anywhere in the body that is caused by reflex nervous action dependant on the malposition of the uterus.

The physician ought not to allow a patient to leave his office in pain. If she complains of pains or aches, immediately after treatment, something will be found to be wrong or out of place, and must be corrected. A fold of the vagina, perhaps, is carried up with the support beyond where it ought to be, or the sponge is too far to one side or the other, or it is too large or too small, or it is too high up or too low down, or it is folded on itself at some point, making unequal pressure and causing the disturbance complained of at the time.

Knowing where the uterus ought to be in health; get it there as near as possible, and adjust the support in such a manner that it will retain the uterus where you place it. To do this it will be necessary to place the patient on her feet, even if she has to be held up, and supported while the examination is being made, the index finger is carried into the vagina, or rectum, as the case may demand, and the uterus moved in a direction to relieve the pain or discomfort complained of by the patient. Note must be made at the same time of the place, and space to be occupied by the sponge. Having determined

the size and shape, the sponge should be, by taxis, it is prepared; that is, cut into size and form and saturated or dusted, as the case may call for, with the medicine decided upon as the best indicated at the time, and placed *in situ* in the following manner:

The patient standing in front of the operator; the index and second fingers of the left hand separating the labia majora, to prevent the hair from being carried into the vagina, and giving the patient unnecessary discomfort; the sponge held between the thumb and first two fingers of the right hand in such a manner that the thumb will cover two thirds of the perpendicular diameter of it. The perpendicular diameter will sometimes be greater than the horizontal, and sometimes less in different cases, and in the same case under changed conditions of the pelvic organs; the sponge is now passed through the vulva as far as possible, the thumb and two fingers still holding it; at this point the fingers of the left hand are withdrawn, as also the fingers of the right hand; the remainder of the adjustment must be accomplished with the thumb, which must not be moved from where it was first placed on the sponge, until the sponge is placed in position to support the uterus. If, in its passage, it is arrested on a fold of the vagina, as it will be sometimes, a jarring motion will carry it over the obstructing ruga, if not, the thumb will have to be moved around the sponge to free the obstruction, and again placed on it as before, to finish the adjustment.

The thumb will be found to be the best adapted, in most cases to adjust the sponge where pressure is required and the index finger will answer best where traction is needed, both must be educated by practice and experience before the operator can with certainty give the relief that may be rendered with the sponge.

It will be found imperative in some cases to remove the sponge in a few hours, and cleanse it, on account of the excessive flow of offensive and acrid secretions, that torment the patient. Again it may remain for forty-eight hours without doing harm. The same sponge may be used in successive treatments, until its elasticity is destroyed by the action of the secretions, as it will be; often in a very short time.

My experience with the sponge, and the medicines applied with it, in hundreds of cases during the last twenty-three years, enables me to confirm with emphasis, Dr. J. P. McCourt's statements, that "*purulent discharges from the uterine organs follow the sponge treatment.*" this too, where the speculum revealed no ulceration or abrasion on inspection, before treatment. That the sponge, in many cases does "come away as black as ink," that it does become disintegrated, and "falls to pieces," and feels like so much saturated paper, after twenty-four hours application, in some cases, that the odor is intolerable, almost defying our best disinfectants, and that a time will come in the treatment; sooner in some cases, and later in others, when the sponge will come away after twenty-four, forty-eight, or ninety-six hours as free from offensive odor and morbid matter as when it was placed in position the first time.



## CANCER INJURED SYPHILIZED TISSUE.

*Experience with Cancer.*—Having had some experience with cancer and carcinoma of the uterus, and other organs and tissues of the body I desire to present a few of my observations and conclusions that may, perhaps, be of interest to the profession even if no value to them in practice. Cancer and carcinoma are synonymous terms with me; believing as I do, that they originate in the same taint or cause; whether they are scirrhous, epithelial, or encephaloid.

In treating uterine deviation and diseases, complicated with this cachexia, I made no successful cures until I became satisfied, after years of close study, and careful observation that cancer and its congeners are the outgrowth of injured syphilitized tissue. In other words, it is the product of syphilis; congenital or acquired, open or occult, hereditary or transmitted; ushered into activity or being; perhaps, by a blow, by compression, by laceration, by friction or by any means that will start an inflammation in the congested or tainted parts invaded by it.

I have not treated a single case of cancer or carcinoma in eleven years, and they have been many, that I did not find syphilis or the traces of it connected with the case. I am confirmed in my position for the important and satisfactory reason that I now cure this foul representative of disease by peculiar syphilitic treatment. Into which enters the *sponge*, Thuya, Aurum met., Acidi nit., Mercurial preparations, Carbolic acid, Glycerine, Cannabis sat., Hydrastis can., Electricity, and powder distributor for the application of the powders used. The drug or medicine best indicated at the time is the one used locally and internally. If I find the patient had been drugged with Mercury I antidote it, and avoid its use in all after treatment of the same case.

I have been the matriculant of several medical colleges, and hold their diplomas; the first dating back to 1845, but like Dr. McCourt, I had never heard the sponge spoken of in or out of the lecture room in any of them; and supports generally were condemned in both schools; Allopathic and Homœopathic. Like Dr. M. I thought I was the only one who leaned on the sponge for satisfactory results in uterine diseases. As two have been found there may be others who have stumbled on the good way as I have done, if so I hope they will show their hand at their convenience.

I cannot close this article without congratulating Dr. J. P. McCourt, of New York on his having been the *first* to give the *value* of the *sponge* in uterine diseases to the profession, and in such a satisfactory manner that all may avail themselves of the instruction and be benefited.

I want to, and do thank him personally, I do thank him also in the name of the thousands of suffering women all over the land, for the very great service he has done them; by placing within the reach of every physician the clue by which he can unravel the mystery of pain by removing it.

# THE UNITED STATES MEDICAL INVESTIGATOR.

"HOMŒOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

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

---

ST. LOUIS HONORED.—It will be seen on another page that the American Institute of Homœopathy has decided to hold its next meeting in St. Louis. It seems to us that it would have been good policy to have held the next session of the Institute in New Orleans. But we see from the report as appeared in a daily paper, that the struggle was narrowed down to Lake Minnetonka, Lake Chautauqua and St. Louis. The latter won by a majority of only four. In the Institute majorities rule and we expect to see at St. Louis a large attendance. It is urged against St. Louis that it is hot in June, but it will be remembered that we usually have a spell of cool weather about the middle of June. We can assure the profession that they will not, however, get a cool reception from the St. Louis people. The meeting will not begin like a funeral, but the welcome will be that of a host proud and glad to extend a cordial greeting.

St. Louis is a strategic point. It is the gateway to the south and west, as well as to "new southwest." It might have been better, more politic to have gone to New Orleans and met before the American Medical Association, but seeing that they did not the rally at St. Louis next year will aid the grand march of Homœopathy throughout all the region round about. When we last met in St. Louis in 1868, the associate press "sent the blessed tidings all the world around," and we suppose they will do so again. A good meeting may confidentially be expected.

---

## Consultation Department.

### CASE FOR COUNSEL.

---

#### NO. 1.—INTERMITTENT APHASIA.

I have a peculiar case and wish more information than I can find in any work. Case, male, twenty-nine years, medium height. At the age of eight years some boys, companions of his invited him into the woods and there learned him the habit of masturbation. He followed this up, off and on until about twenty years of age, then broke off the habit for quite a while.

Symptoms during this period were lascivious dreams, and occasionally erections followed by ejections or emissions. From twenty to twenty-four tried to break off the habit but occasionally was overcome. About this time was married but not wishing children he withdrew before ejection, follows up this plan now though generally does not have intercourse more than three or four times each month. Now for the most important symptoms.

About six years ago while reading and in the midst of a sentence was unable to pronounce words, could not give proper sound to letters even words of two or three letters bothered him. In a moment or two this passed off and he could read naturally. Writing often puzzles him the same way often when writing a letter will suddenly be unable to pronounce the word he wishes to write, sometimes cannot give proper sound and thus cannot spell often such simple words as "gone," "went," etc. Sometimes can read a whole paper or book or write a complete letter without any difficulty. Again may go for days without an attack of this kind. Thinks possibly aggravation when intercourse is more frequent. The symptoms don't seem to grow worse, remains about same. Bodily strength good, is not emaciated. Not bashful, appetite fair, relishes food, sleeps good, though not always fully refreshed. Bowels regular, very seldom constipated, not nervous, micturition perfect, no night dreams, no ejections. If intercourse is frequent erectile power seems weakened. If less frequent seems strong as usual. Has always noticed that complete erection occurs quickly followed of course by emission. Thinks he has emission sooner than he ought. The prominent symptoms is the above described mental one. Has not had the effect on his physical system as is often common in such cases. I should have stated that he is not inclined to have the blues, not apt to be discouraged, though occasionally he is. Things generally look bright.

Has had Bell. but has not given it a faithful trial. First, please advise as to the proper remedies and treatment both medicinal and moral. Second, do you advise complete cessation of conjugal relations. Third, give diagnosis and prognosis stating fully what chances there are of curing my patient. Can he hope to be completely relieved by observing proper treatment and rules.

H. E. SMITH.

[Does he use tobacco?—Ed.]

---

## Society Department.

---

### THE AMERICAN INSTITUTE MEETING.

DEER PARK, Md. June 18.—This morning's session of the American Institute was called to order at 10, with Dr. T. F. Allen, of New York, in the chair. The Bureau of obstetrics reported through its Chairman, Dr. C. G. Higbee, of St. Paul. The subject for discussion was "Puerperal Eclampsia and Its Connection with Albuminuria." The report embraced papers from Drs. S. Leavitt, of Chicago; L,

S. Ordway, of St. Louis; George B. Peck, of Providence; H. E. Spalding, of Hingham, Mass; M. J. Chapman, of Pittsburg; and Eliza L. Campbell, of Massachusetts; all of which were received with marked interest. These papers were in turn discussed by Drs. Grosvenor and Tooker, of Chicago; Ordway, of St. Louis; and others.

Dr. Farrington, Chairman of the Committee on President's address, reported recommendations that hereafter writers of papers prepare their own synopsis instead of the Chairman of the bureau; that no member hereafter be appointed on more than one bureau. Both were adopted.

The Bureau of Microscopy and Histology reported through the Chairman, Dr. J. Edwards Smith, of Cleveland.

A review of the papers of Dr. Haupt, of Germany, on the bacteria question by Dr. R. R. Gregg, of Buffalo, excited a hot discussion. Dr. Gregg, denounced such scientists as Koch, Pastuer, and others; and denied the existence of bacilli, bacteria, etc. This medical Quixote was squelched by such experts as J. Edwards Smith, of Cleveland, J. W. Dowling, W. Tod Helmuth, W. G. Cowl of New York, G. A. Hall, of Chicago, and others. In the course of this lively discussion the fact was developed that Dr. Gregg's experience as a microscopist has been acquired within the last twelve months. There was no afternoon session. The members and their friends went on an excursion by rail to Buckhorn Wall.

June 19.—At the morning's session of the Homœopathics the report of the Bureau of Surgery was presented by Chairman Dr. G. A. Hall, of Chicago. Subject for discussion: "Inflammation." Numerous papers followed on the subject matter by Hall, of Chicago, William Tod Helmuth, of New York, and others, the latter on "Septicæmia and Pyæmia."

A lively struggle ensued to secure the location for a meeting another year. St. Louis, Mo., Lake Minnetonka, Minn., and Lake Chautauqua were in the field. St. Louis won by a majority of four.

Dr. Richard Hughes addressed the meeting in connection with the report of the Bureau of Education; subject, "Medical Education in England." Verbal reports were received from State and local societies. R. N. Tooker, M. D., of Chicago, the Illinois State Society as in a prosperous condition. Most of the reports of bureaus at this session were rushed through, owing to lack of time.

This evening's session gave place to the convivial and social entertainments tendered to the members and friends by the management of Deer Park Hotel, the entertainment consisting of a banquet, toasts, music, dancing and a general jollification, and a good time. It was a brilliant affair, Dr. A. C. Cowperthwaite was toastmaster, and the following were the toasts: "Memory of Samuel Hahnemann," quaffed in silence standing; "The American Institute of Homœopathy," response by Dr. I. T. Talbot, of Boston; "Our Trans-atlantic Co-laborers," response Dr. Richard Hughes' of England; "The Country Doctor," response by Asa S. Couch, M. D., "The City Doctor," response by William Tod Helmuth, M. D., New York; "Woman the Wife and Counselor," response by J. C. Burgher, M. D., "The Twin Professions:

Medicine and Theology." Among the many Chicago people present the following were : Dr. J. S. Mitchell, Dr. B. N. Tooker, and wife, Dr. D. S. Smith, Dr. G. A. Hall and lady, Dr. J. E. Gross, and ladies. Dr. N. F. Cooke, Mr. and Mrs. Lemuel Freeman, Dr. Hotchkiss, Dr. and Mrs. J. P. Mills, Dr. L. Pratt and wife, Dr. Woodward, Dr. Grosvenor, Mrs. Dr. Canfield, Dr. Crawford.

DEER PARK, Md., June 19.—The Homeopathic Convention this morning appointed Dr. J. P. Dake, of Nashville as America co-editor to work in unison with Dr. Hughes, of England, on the revision of "Materia Medica."

Dr. Talbot, Chairman of the Intercollegiate Committee, reported that the eleven colleges represented in the Institute unanimously voted to require for the sessions of 1885 and 1886 a thorough examination in branches of good English education, mathematics, and natural philosophy. Adopted. The Secretary was ordered to report this action to all Homœopathic journals.

Dr. Orme reported that the quantity and quality of medical literature had improved during the year.

Dr. Allen, of New York was unanimously elected president of the Institute and Dr. Cowperthwaite, of Iowa Vice President. Dr. Kellogg, of New York was elected Treasurer for a tenth time. Dr I. C. Burgher, of Pittsburg, was re-elected general secretary. Dr. T. M. Strong, was re-elected provisional Secretary. The present board of Censors was re-elected. Dr. Paine, of New York, was re-elected necrologist.

In the afternoon reports were received from Illinois and other states showing growth and prosperity, Dr. Hughes, of London, made a like report as to British Institutions. There were reported as existing 28 State societies ; 26 general hospitals, costing \$1,700,000 with 5,880 patients.

---

## Sanitary Department.

---

### CLIMATIC CHANGES.

There seems to be a decided change taking place in our weather. That this has a medical bearing will occur at once to the reader. The causes at work are so well presented by a St. Louis journal that we cannot do better than reproduce the article entire.

"Certain high authorities in physical geography have told us that the quantity of ice in the Antarctic regions is increasing much more rapidly than in the Arctic ; that if the rate of increase continues—and the aforesaid authorities see no reason why it should not—some hundreds or thousands of years hence the centre of terrestrial gravity will be changed, and the northern hemisphere undergo a period of

intense cold, such as is known to have existed in the Glacier Age, some thousands or millions of years ago. Without discussing a question much more interesting to future generations than to the present one, it must be admitted that, in the valley of the Mississippi at least, important climatic changes are apparently in progress. The atmospheric convulsions which, for want of a better name, we call cyclones, are certainly more numerous than they were thirty or forty years ago. After making due allowance for the more thickly settled condition of the country and the greater facilities for gathering and transmitting information of such occurrences, there is still a wide margin of excess left unexplained, except by the supposition of an actual and marked increase of cyclonic visitations. This supposition will, we think, be verified by statistics. Hardly a month passes without one or more of these unpleasant callers in some of the states bordering upon the Mississippi, and not unfrequently of late they have put in an unwelcome appearance in remoter localities. As yet scientific investigation has done little or nothing towards revealing the cause of this increase, or even of the phenomena themselves.

"Quite as evident as the enlargement of the stock of cyclones is the diminution of summer heat. To those whose memory goes back twenty or thirty years, it seems to be an undeniable fact that the average heat of our summers is not as great now as it was then. "The heated term" is not nearly so long, nor is the average temperature nearly so high. St. Louis, once considered almost an oven from the 1st of June to the 1st or September, is now comparatively cool; so cool that those who left the city the last two seasons in search of cooler places found they had better have staid at home. So cool was the summer of 1882 that weather experts prophesied an unusually hot one for 1883; but the summer of 1883 was even cooler than its predecessor, and from present indications that of 1884 will be the coolest of the three. When on the 10th of June, the thermometer in this latitude marks 52°-55°, making fires and overcoats comfortable, while frost is reported in northern Missouri and Illinois, it looks much as if we were entering upon a new phase of climate. Exceptions to climatic rules are to be expected occasionally; but three exceptions in succession suggest the possibility that the rule itself is gradually falling to pieces. Why cyclones, heretofore regarded as specially belonging to the tropics, should move into the temperate zone when that zone is seemingly becoming colder during the warmest portion of the year, is a puzzle entirely beyond journalistic solution. Meanwhile, our National Weather Bureau ought to be able to throw some light on the subject; at least so far as to settle, by official figures, the question which underlies all meteorological speculation in this direction; whether or not there are really more cyclonic disturbances now than formerly, and less average heat during the summer months."

Possibly we are swinging through a cycle that will reproduce the weather and diseases of the long ago. The weather in India and Australia seems remarkably hot and dry this year so far.

---

## Clinical Medicine.

---

### *A PECULIAR HEADACHE.*

APPARENTLY CAUSED BY EXCESSIVE COFFEE DRINKING.

Harry, aged twenty-one. Has drank black coffee clear since a boy, two and sometimes three large cups full during the day. Headaches twice a week and usually lasts two days. Headache commences with

the neck beginning to grow stiff *always on the left side*, spreading over the *left side* of the head and down over the outside of the humerus across the biceps diagonally to the elbow. When the headache is severe, the left side of the breast is red and mottled in fine points, white and red. Head throbs up and down in the left occipital region. Skin on the left side is very red, *hot* and (moist) also swollen. Very cross and irritable. Can bear no noise whatever, must have perfect rest. Headache leaves him with a weak feeling in the head and inability for mental labor. During a headache, the head feels tight with pressure from within outward in the *left occipital region* behind the left ear. *The right side is never effected in any way.* Is better when quiet. Rubbing with ice or cold compresses will relieve. Relieved for a short time on lying down. Worse from the jar in moving or walking. Gelsemium 3x would arrest the headache if taken in the beginning. This lost its effect after a time. The headaches would cease if coffee was entirely abstained from, but returned when it was resumed.

G. R. SOUTHWICK.

#### CASE OF LOBAR PNEUMONIA.

BY L. W. JORDAN, M. D., ROANN, IND.

Read before the Indiana Institute of Homoeopathy.

Notes from my record book on the last illness of L. H., a girl eight years of age:

March 12, morning, 1884, her sickness commenced with a *marked chill*, followed immediately by *high fever*, a *cough* which was slight at first and *dry*, suppressed, but which soon became almost constant and loose, and when asked to expectorate it was found *frothy* and *bloody*, reported at my office by her father. At 10 P. M., I went to see her. Her normal pulse is 40, being an idiosyncrasy. At this hour pulse 66, temperature 103½° (*per axillam*.) respiration 28. A frequent loose cough, sputa abundant, of a frothy viscid nature and bloody, a well marked pneumonic spittle. Skin dry save a little moisture under arms and on side of forehead which was lain on. Very restless and thirsty. I ordered a sponge bath, keeping her wet for fifteen to twenty minutes, and gave Aconite 2x alternately with 6x, a dose every two hours.

March 13, 6:30 P. M., second days illness, pulse 68, temperature 102¼°, respiration 40. Cutting pain about left nipple, making breath short. Slight bronchophony in back part of both lower lobes. Circumscribed redness of cheeks, somewhat restless yet either moving herself or being moved, or breathing full, or coughing caused a marked and almost unbearable aggravation of pains. Excitable, often waking up in an affright and trembling. But little thirst now. Discontinued baths and Aconite and gave Bell. 3x alt. Bry 3x, a dose every two hours. I might say also her bowels had not moved for two days or so

March 14, 12.45 P. M., third day, pulse 74, temperature, 104°, respira-

tion 48. Marked tubular breathing, broncophony and flatness in lower left lobe. Pain, tenderness (questionable) and slight tympanitis in left iliac region. Bowels moved scantily, stool well formed and light yellow. Lies quiet all the time. Moving causes pain. Slight flapping of *alæ nasi*, circumscribed redness of cheeks. I attended in person to a sponge bath, using warm water and keeping skin moist for sixteen minutes. It reduced pulse from 74 to 64, temperature 104 to 102°.

Her nervous erethism being reduced, and her fever being so high I discontinued both Bell. 3x and Bry. 3x and gave instead Phos. 6x alt. Verat. v. 1x, one minium dose every one and one-half hours apart, and ordered baths every time the fever rose high.

March 15, 12.45 P. M., fourth day, pulse 70, temperature 104°, respiration 40. Same symptoms save a return of the nervousness; and headache which was so aggravated by noise that all persons but one were requested by patient to leave the room.

Treatment. Sponge baths as before, every time the fever ran high, and Phos. 6x, 30x, and Bell. 3x and 30x, a dose of each in succession hourly.

March 16, 12.15 P. M., fifth days illness, pulse 50, temperature 97½. Hepatization well marked in lower left lobe. Patient sitting up, no pains complained of. Sul. 6x, four times a day, and dismissed.

*Remarks.*—I know the fallacies of alternating medicines and give a single remedy in over two thirds of my cases. It seems to me that I unnecessarily alternated in this case. I gave Bell. 3x alt. Bry. in my second visit, when I should have continued Aconite, although either were better indicated than Aconite by the symptomatology, yet Aconite was doing so well I should have left it still act on the system.

I gave Phos. 6x alt. Ver. v. 1x, the third visit when Phos. alone was probably enough it being well indicated. I gave the Ver. v. to meet the high temperature but got no results in that way.

On my fourth visit I gave Phos. alt. Bell. when probably, a few doses of Bell. should have been given, then the Phos.

But I could see my patient only once a day, she being five miles from town and roads very bad. This is my only excuse for alternating and I think it a valid one.

I dismissed the case soon as fever had subsided knowing how easy pneumonia has a relapse. The patient was well fed all the time, mainly on milk. About a week afterwards I heard indirectly that the patient was at school.

The notes were copied almost verbatim from my note book. When I took them I only did so as is my custom for my own reference. Hence quite a number of symptoms and minor points are omitted.

If you see much imperfection in this report please remember it is a real report, not doctored up or colored in any way.



## News of the Week.

---

*The Homœopathic Medical Society, of Michigan*, at its recent annual meeting, elected the following officers: President Phil. Porter, of Detroit; vice-presidents, B. H. Lawson, of Brighton, and L. M. Jones, of Brooklyn; secretary, J. G. Gilchrist; corresponding secretary, L. T. Van Horn, of Homer; treasurer, G. Robertson, of Battle Creek.

*The Causes of Diabetes.*—Among six-thousand cases of diabetes reported in *British Medical Monthly* by Dr. Richard Schmitz, 248 were in families in which diabetes had already appeared, 96 were in neuro-pathic families, and in 183 cases the exciting cause of the disorder was attributed to some disturbance of the nerve centres. In 158 cases the disease was attributed to an excessive indulgence in sugar.

*Epidemics of Cholera and Yellow Fever.*—Reports show that up to April 12, 1884, the cholera had been on the increase in Calcutta, while yellow fever prevails only very moderately in Rio de Janeiro, Havana and some other places within its native limits. Whether either of these dreaded scourges will extend beyond their ordinary limits during the present summer remains to be seen. The health authorities in the south and southwestern states are taking active measures to prevent any invasion of those states.

*A Temperance Hospital and College* has recently been incorporated in this city. The trustees are madames Willard, Peters, Plumb, Herbert, Kelly, Foster, and Dr. Weeks. This is a national enterprise backed by advisory board of 100 temperance people all over the union. They propose to treat sick people without stimulants of any kind and when the college is established train a class of physicians to practice without alcoholic support. It is high time that the idea of living on tonics, stimulants and other false props was abandoned. The proper remedy and proper food are the best stimulants.

*Prof. P. G. Valentine.*—We deeply regret that we are again compelled to say to the profession, and to the many warm friends of Dr. Valentine, that he is no better than at our last writing. He is at present under the especial care and attention of Drs. Parsons, Ordway and Kershaw, and but little hopes are entertained of his immediate recovery. We still hope on, hope ever, for his return again to his professional and collegiate duties, and to see his genial face once more among his collaborateurs in this city. Since writing the above we learn that he has been sent to the Middleton, N. Y. Insane Asylum, under charge of Dr. Talcott.—*St. Louis Periscope.*

*Homœopathic Medical Society of Kansas.*—We have received from Dr. C. H. Hallowell, of Topeka, Kansas, Secretary of the Society, the condensed history of the Homœopathic Medical Society of Kansas, which shows the good work done for Homœopathy by the physi-

cians of Kansas. The papers by Dr. Hallowell, on "Medical Chemistry," by Dr. O. B. Moss, of Topeka, on "Dislocations of the Uterus," etc., by Dr. Klemp, of Topeka, on the "Causes of Disease," etc., the presidents annual address on "Homœopathy and its relation to the code," are all well written and full of thoughtful consideration. We congratulate the Homœopathic physicians of Kansas on their good showing, and we say God speed you in your work. So say we all.

*The Work of the Medical Journal.*—The medical journal is greatly influenced by the medical men among whom it circulates, and in turn largely influences both these and others. Unquestionably it is the greatest factor of modern medical progress. It is in a very real sense a medical college, a post-graduate school, a preceptor, a host of textbooks, new editions ever appearing, the old editions taking their honored place upon the library shelves. It is a medical society in that it permits constant conversation and discussion between all working, thinking practitioners of every age, language and degree of medical accomplishment. It encourages the most frequent meetings of all members of the great medical profession. In short, it is the great unifier of the past and present, the diffuser of all new facts, new thoughts, all new and better appliances for the study of the human body and for the relief of its derangements. It at once gives to all that which any one person has found helpful or useful in his fight with disease and death. It enables thus the profession to move onward as one man in the pursuit of its high calling.—*Prof. Conner.*

*The Spinal Cord and Locomotor Ataxy.*—Heinrich Lissauer, Leipsig, says that a section from the lower dorsal region where Clarke's columns are well developed reveals in the posterior horn, in front of the substantia gelatinosa rolandi, fine nerve fibres extending in all directions, but mostly vertical. Inside of this region is a well defined field known as Clarke's cells. While the circumference is characterized by abundant fine fibres, there are in the column itself closely packed bundles of fine fibres extending upward and numerous horizontal fine threads winding in every direction between groups and individual ganglion cells. Clarke's fibrous columns and the surrounding gray substance can be distinguished in a well strained section by the naked eye as two columns inside the less colored posterior horn; and course fibre tracks are seen passing from the posterior columns into the posterior horns to Clarke's columns. In a sclerosed cord of a case of tabes, Clarke's columns are manifest by their poverty in fibre elements, as the normal preparation is characterized by their abundance. The ganglion cells lie intact in a region quite pale and free from fibrous nerve elements, while the surrounding gray substance and the rest of the section appear normal. Lissauer stained with fuchsin, but Weigert stains with hæmatoxylin, and then washes in alkaline solution of red prussiate of potash; the fibres described are then black, the back ground yellow, the ganglion cells brownish, while the nuclei are uncolored. Improved stains facilitate the testing of late statements that peripheral nerves, and not the spinal cord, are degenerated in so-called tabes dorsalis.—*Weekly Medical Review.*

# The United States Medical Investigator

VOL. XX. No. 2.

JULY 12, 1884.

WHOLE No. 896.

## Gynæcological Department.

### *PAINLESS LABOR FOR WOMEN.*

BY CLARA A. ROWE, M. D., COLORADO SPRINGS, COL.

Read before the Colorado Homœopathic Society.

A few books have been given to the world on this subject, and they have found their way into many homes; but how few women so find in our daily practice that have any ideas of a true way of living, either as regards dress, food, exercise, bathing, etc. So it seems to me that we as physicians have a work to do which has not been fully recognized in the past.

We all know how few strong and healthy women there are after they have become mothers. And it is not only those who have given birth to many, but those who have only passed through one parturition. The cause and the remedy for this the true physician must seek to find.

It has never been my good fortune to be present at what could be called a painless labor, yet I believe that such has been and may be, notwithstanding the curse "In sorrow thou shalt bring forth children." That curse which was only the penalty of sin, and as such has become the birth-right of nearly all women of the civilized world.

Women of the savage nations are to a great degree exempt from suffering, at that time modern civilization claimed to have ameliorated the condition of women, and so it has as regards her social condition, and so to has she gained in amount of suffering attendant upon child bearing. But that such a condition is a necessity of a higher civilization we do not believe. It seems as if we had been led farther from nature's laws.

Prof. Huxley says: We are indeed fully prepared to believe that the bearing of children may and ought to become as free from danger and long debility to the civilized women as it is to the "savage." We have also the testimony of many physicians to painless labor.

In my own experience I have found that those who have followed very nearly the direction as given by Dr. Holbrook in his book "Parturition without pain," have had comparatively easy labor, and if all women could only be induced to try a better way of dress, exercise and living, what might we not expect for the generations yet to come.

It is clearly certain that child-bearing can and must be made easier. When women can be assured of a comparatively easy and painless delivery, then will there be less of infanticide and more welcome children born into the world, and just here is where the physician can do his or her part in helping to better the race; for just so long as

the mother gives birth to children—not because she wishes them but from obligation. so long will we have hateful murderous children growing up to take their part in that which goes to make up the moral sentiment of the day.

Some of you may say these things are not in our line. Our duty lies in the line of cure, and so it does, but prevention of disease and suffering are subjects which we may not well overlook in these days of thought and progression. People everywhere are thinking more and more on these questions, and already is the infallibility of the doctor questioned among the more intelligent part of the people. If we remain silent on these questions we will find ourselves left behind.

We must be teachers as well as healers. The office of maternity is the highest that the world knows, and one that should not and need not be fraught with such evil consequences to both mother and child. The many cases on record of painless delivery proves to us that pain is not a necessary attendant of parturition.

Dr. Dewees, says that it is a morbid symptom.

The laws of heredity are too well understood for us not to recognize the fact that like mother like child, and so if the women of to day could only be induced to live in such a way as to render parturition safer and easier, what might we not expect for the generations yet to come? That immediate reparation can be possible when long continued evils have existed we cannot expect. We can only hope to mend this generation, anatomy, physiology and hygiene must be taught the people, and the physicians are where the most effective work can be done, and may not the Homœopathic physicians do what they can toward having a more thorough knowledge of the laws of life and health taught in our school, and thus take to themselves the honors of a movement which may be given to others.

Whether we will or not the people are going to know the truth, and other minds will solve the problem for uplifting the race and making life better both physically and morally.

---

## Materia Medica Department.

---

### ON MATERIA MEDICAS.

New editions of the materia medica, repertories and condensations. Just now the trade is well supplied with the above, from the able pens of such men as Hering, Lilienthal, C. Lippe, Cowperthwaite, Hoyne, Johnson, Burt and others.

These are all of great use, in fact indispensable, but just think a moment, and judge which party is most benefitted by such works, the men who write them, or the men and women who read and study them? Are not the ones who *write* them the *most* benefitted thereby?

Each one of these works is an evidence of the training its author's

mind has had, in collecting, arranging, sifting, transcribing, and fixing in the memory the important facts of the subject. If you want to get the most thorough mastery possible of the many facts of the *materia medica*, go to work and write some such work yourself, with no intention of going into print; but solely to improve your own wisdom, and consequently benefit your patients, at the same time filling your purse with substantial rewards. Take any plan you please, let it be a compilation of "verified symptoms," a "comparative M. M." *comparatively* condensed, or a collection of "keynotes," pathognomonic, or suggestive symptoms; but whatever the plan, let the work be thorough, and steadily adhered to till completed. Do not leave it when completed, such a work is *never* completed, go on at once to write a second edition, then a third, and fourth; adding to your stock of information from all available sources, books, magazines, experiment, practice. Strive to reveal new truths, record symptoms verified and symptoms that suggested the remedy as well as symptoms that served to confirm the choice. Be most particular with the remedies best known, try to develop their very fullest meaning; at the same time do not be slow to experiment with new remedies, but do it cautiously, and do not admit any evidence unless it is positively a result of drug-action. When recording verified symptoms, always note the potency, and the frequency of repetition.

In a word, let each member of the profession do as so many do, edit the *materia medica* for their own use, and they will find more profit in writing such a work, giving at the very least a year to each edition, than in perusing ten such works, written by other hands. Then if one chooses, he can by and by go into print, and be dissected and picked over, for the benefit of other compilers like himself.

EDWARD CRANCH.

---

## Consultation Department.

---

### CASE FOR COUNSEL.

---

CASE No. 2. Mrs. S. aged twenty-nine was taken sick May, 28th, with chill followed by slight fever and perspiration. The chill continued for about twenty days, coming on at irregular hours with some exceptions every day and varying in intensity, sometimes followed by fever and at other times a subnormal temperature. Sometimes she complained of great heat after the chill when the thermometer showed no appreciable rise in the temperature. For a few days previous to June 24th, the fever modified and the chills became more uncertain and irregular. On the 25th she gave birth to a four pound full term child. Labor was remarkably easy and all her symptoms began to improve, but within twenty-four hours she relapsed into her former condition, and on the morning of the 29th died. Her pulse

from the commencement was very peculiar, and varied from 120 to 140 beats per minute. To the touch it felt as if curdled milk were passing through the arteries. The heart seemed to contract and then rest for an instant and then finish its stroke. Sometimes this seemed to take place several times during a single systole. The diastole could scarcely be detected. Respiration averaged from 40 to 60 per minute, and during the fever was very rapid and difficult. The condition of the pulse never varied in character from beginning till the close. Patient was not much prostrated, lost no flesh, and no delirium or pain was experienced at any time. Bowels moved regularly; urine normal and lochia natural. Complained some of heat and dull aching in the œsophagus and stomach. Mind clear and pulse unchanged till the last, but breathing became more difficult as the end approached. What is the diagnosis? and what was the immediate cause of death?

COUNTRY PHYSICIAN.

---

### ANSWERS TO CASES.

---

#### HAS CICUTA CONTRACTED PUPIL?

In the case reported by Dr. Lyon, he uses Cicuta hypodermically, when the pupils are "very contracted," when if I can read good English a prominent symptom of Cicuta is "pupils dilated and insensible." Perhaps in Iowa the symptoms of our materia medica ought to be transposed in order to get any good from the use of remedies.

Now if I were to report a case of meningitis in the same style of Dr. Lyon's I have no doubt but that he would throw down the journal just as I did feeling as if it is time wasted. What do you learn from such a report? You do not learn Homœopathy by a long ways. All that any one can make out is this. Called to see a patient. Diagnosis meningitis. B. Cicuta v. 2x, hypodermically and Hyos., Verat. and one or two other remedies to complete the cure.

In reporting a case that is cured by one remedy the symptoms of the case in the beginning are all that is necessary to give, as the reader knows why such a remedy was given, but where there is a change in the prescription, or remedies are alternated there should be some reason given why it is done.

W. A. SMITH.

#### THAT CASE OF PARALYSIS.

In the issue of May 24, 1884 is a case reported and information asked. In the issue of June 21, is a criticism on A. B. A.'s diagnosis of Duchenne's paralysis, by S. M. W. of Charleston, W. Va. Now I don't wish to criticise the diagnosis of either of these gentlemen because they were both evidently correct. What I do wish to say, however, is that we are too apt to run off to criticise some brother who asks for help in some dark case, and often in so doing we show our own ignorance of the case in question. Now S. M. W. says he has "examined a number of standard text books, of both schools, and can't find a word that will go far in excusing his (A. B. A.'s) error in

diagnosis," etc. Then he proceeds to give a short description of what he calls pseudo-hypertrophic paralysis, which is very good indeed. I have not a word of fault with this, but S. M. W. has evidently not "looked up" all the literature on the subject or he would have known that pseudo-hypertrophic paralysis and Duchenne's paralysis is one and the same disease. Hartshorne says, (Reynold's System of Medicine, Vol. I, page 799,) that "pseudo-hypertrophic muscular paralysis, after having been described by Costa and Gioga, in Italy (1838) and Morgan in England (1852) was in 1868, more definitely studied and classified by Duchenne." etc. Now it seems to me of more practical importance, if a professional brother asks help, to help him or do nothing than to rush off to criticising what he asks light upon. I hope S. M. W. will not be offended at plainness in expressing my mind, but may profit from experience.

E. R. MCINTYER.

ROSSVILLE, Ks.

A. B. A's case No. 153, page 335, present volume, is rare and interesting and one of the kind that helps to make THE INVESTIGATOR the leading clinical periodical of the country. The doctor furnished a very accurate description and made an equally good prescription. A very good account of the case in question is given in Vol. XIV, of Ziemssen's Cyclopædia beginning on page 153, under the title, Pseudo-Hypertrophy of the Muscles.

Duchenne, who in 1861 published a case under the name of "*Paraplegia hypertrophique de l'enfance de cause cerebrale*," has the credit of being the first to point out the specific form of the malady and show the contrast between the weakened function of the muscle and its increased size. The names that have been coined are almost as numerous as the persons who have attempted to write upon the subject.

Ziemssen says: "Recent as is our knowledge of the disease, and scanty as is the literature, the number of names proposed for it is nevertheless large." He protests against the habit or fashion of each author patching a name of his own for every subject he attempts to elucidate or write about.

Pathology shows the paralysis to be *myopathic* instead of *neuropathic*. The first phase of the disease is an irritative or inflammatory state of the tissue involved accompanied by a hyperplastic development of the connective tissue. This newly formed connective tissue undergoes secondarily a transformation into fat cells. In advanced cases but little trace of the original muscle is to be seen, the cut surface presenting a mass of white fat.

Page 166: "If the interstitial fat is more abundant, coarser bundles of muscular fibre are first pressed apart, *then* the single primitive fibres are separated in the same way, so that at last an entire muscle seems uniformly permeated by fatty tissue. The primitive fibres become attenuated at the same time, and at last they disappear altogether leaving behind them only the collapsed empty tubes." Autopsies do

not seem to have given constant results as to the state of the nervous system. Lesions were found in some instances whilst in others nothing abnormal was discovered. The peripheral nerves showed in certain cases, the lipomato-hypertrophied condition as the muscles, and the cord was found by some, in a pathological state. The inference was however, that the nervous affections were secondary results or the product of complications.

The disease is thought by some to be a type or analogue of progressive muscular atrophy. Atrophied muscles are sometimes seen along side of hypertrophied ones. To give it in a nut shell we quote the following from Eulenburg in Ziemssen, page 154: "*The disease denominated pseudo-hypertrophy of the muscles is clinically characterized by an abnormal increase of size in certain muscles, accompanied by a diminution or loss of their functional energy, the direct cause of which is a chronic disturbance in the nutrition of such muscles (new formation of connective and fatty tissue, atrophy of the proper muscular elements.)* The disease is certainly very closely related to progressive muscular atrophy, and is perhaps only a modification of the latter, due to peculiar circumstances." The disease is usually evolved during childhood and was looked upon as being peculiar to that age by Duchenne as will be seen by the name he gave it, though it has been known to appear in ripe age. It has a decided preference for the male sex over the female in the ratio of about nine to two. In etiology we find a congenital predisposition and in many instances heredity can be traced. Amongst the remote causes and favoring a neuropathic origin are: Epileptic convulsions, feebleness of intellect and even insanity preceding the outbreak. One case is related as the result of a fall and others following acute diseases and even scrofula. Recoveries are rare and in advanced cases hardly to be hoped for.

Allopathic treatment has yielded only negative results. Electricity, massage and hydropathy have done most. Taking a pathological view of the case, with the fatty degeneration of tissue, so much resembling a case of chronic Phosphorus poisoning, that remedy ought to do good service, providing his system has not lost its susceptibility to reactionary means, and if the drug does not lose its virtue by potentizing, it ought not to be continued low, but gradually go up. If the disease is akin to progressive muscular atrophy, that is, supposing it so, after giving Phos. a fair trial, if there was trembling and twitching in the atrophied muscles, I should try Iodine, beginning low and increase the potency. Viewing the case physiologically, with its congenital tendency or predisposition, and curvature of spine as it develops, I should think of Calcareo phos. as a preventive or corrector of the dyscrasia upon which it depends, though its diagnosis in the early stage is very difficult and unless we had the history of heredity, that is, knew of a family tendency, we would be thwarted in that attempt or in other words the case would be upon us before we had any warning of its approach. Please report occasionally, Dr. A. B. A., I should like to know the outcome of your case and think it will be interesting to the readers of this journal. W. H. HALL.

CHICAGO.



# THE UNITED STATES MEDICAL INVESTIGATOR.

"HOMŒOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

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

---

KEEP IT QUIET.—"Lay still and enjoy yourself" is a parting injunction of the editor for many a patient. The great value of quiet as a means to recovery is recognized by all physicians, so "keep quiet" is a stereotype prescription, especially for adults. For sick children we are apt, as Dr. Howland well emphasizes in an article read before the Homœopathic Medical Society of New York, to overlook its great value. "Keep that child quiet, and in a cool shaded room" is advice that should be given very freely just now. A restless child may be quieted often by motion, but such a condition of the nervous system can be, should be controlled by remedies.

Foremost among the list stands Chamomilla which has been aptly styled "the baby's best friend." Motion soothes but fatigues the child, but Chamomilla lulls it to rest. Aconite has a feverish nervous restlessness that is unique. It comes in nicely when the child has been worried with a fever, either from the irritation of the disease or care or both.

Arsenicum has a restlessness with an insatiable thirst. The child must be carried, towards the water every few moments. It is no sooner down than it must be up again, is the leading expression for Rhus, another restless remedy. There is the ceaseless chewing motion of the jaw calling for Podophyllum and that of rolling from side to side of Opium, also the inclination to motion of Arnica, China and Ferrum, as well as the amelioration from motion in a host of other remedies that should be consulted. This desire to move or restlessness is usually only one symptom, but taken with others makes a case that the similar remedy for it should not be hard to find. The restlessness of hunger, thirst and pain should not be confounded. Noise and heat are fruitful causes for restless children.

---

## Correspondence.

---

### *THE AMERICAN INSTITUTE MEETING.*

EDITOR MEDICAL INVESTIGATOR: You will excuse me for not reporting earlier, but I have been running around and catching up with my work, as well as digesting a fair and impartial report, I hope, which I here submit to you, whose presence we missed:

The thirty-seventh session of the American Institute of Homœopathy is now a thing of the past, and may be looked back upon as one of the pleasantest, and certainly, one of the largest gatherings we ever had.

Owing to the preliminary meeting of Dr. Dake's bureau of *Materia Medica* on Saturday, the Pædological meeting on Monday, and the Prof. Cowperthwait's reception Monday evening; the early arrivals were much more numerous than usual, and it soon became evident that in point of numbers, at least, the meeting was destined to be a success. The reception above referred to was quite informal, but fulfilled the purpose for which it was intended, being an excellent opportunity for the guests to become acquainted with, and receive the greetings of those who had the arrangements of the meetings, and entertainment in charge. The event of the evening was the presentation of a purse of pennies to Prof. and Mrs. T. P. Wilson, it being the anniversary of their marriage. Prof. Dowling made the presentation speech in his usual happy style, and Dr. Wilson gave one of his ever-ready responses.

The first session of the Institute, Tuesday morning, was largely attended, the desire being to hear President Sanders' address. Much was expected, and it is enough to say, that none were disappointed. The address was indeed a masterly effort, and we would only do it a great injustice to attempt making any extracts from memory. Neither can we in a brief letter, such as this is to be, say much of the respective bureau reports. That of clinical medicine, was perhaps, the most deeply interesting to all owing to the discussion on the uses and abuses of Alcohol and tobacco. It would have seemed to one listening that he were in a prohibition convention, the testimony being so overwhelmingly against the use of Alcoholic liquors in medicine, but such a thought would soon be dissipated after reaching the open air and watching the "bee line" made by some—in what direction it is needless to say; it is, however, only just to remark that for so large a gathering the bar had comparatively few customers, and there was less drinking than the writer ever saw at such a convention before.

Dr. Hughes' address on medical education was an excellent production, though of course nothing else could possibly be expected from our distinguished guest, who was the "observed of all observers," and who by his gentle manners and his words of wisdom won the love and confidence of all present.

Wednesday afternoon the Institute adjourned to accept the invitation of the B. & O. R. R. for an excursion up the Cheat river. A large number boarded the train and had a "jolly good time" as they expressed it, looking at the wonderful scenery of the "Picturesque, B. & O." As a rule the workers of the Institute did not go, but remained behind to get their bureau and committee reports in shape, and some one ungenerously remarked that it was "an excellent opportunity for electioneering." Wednesday evening came the report of the bureau of *Materia Medica*, in which much interest was centered. The report was read by the chairman, Dr. J. P. Dake, subject: "Materia Medica

Revision and Publication." The report favored a publication in narrative form of all proving of drugs, not including those contained in Hahnemann's *Materia Medica Pura* or *Chronic Diseases*. These were omitted for the reason that the former has recently been published in good shape by the British Publication Society, and the latter probably would be at an early day. Some rules for the guidance of the editorial and publication work, were recommended and adopted, some of them eliciting very warm discussion. It was proposed that Dr. Hughes be the general editor with three assistants in Europe, and three in America. This at once aroused the American eagle, and he began to scream furiously. The result was that rule was changed so as to have two general editors, one to be from America. The noise seemed to come mostly from New York, so it was at once surmised that this was a scheme to get T. F. Allen as the American editor, which some felt would be the death of the work, owing to its supposed rivalry to the ponderous encyclopædia of his authorship. A committee was appointed to nominate the American editor and his associates. Dr. Dowling, the chairman in due time reported, and rather "squelched" the scheme business by handing in the name of J. P. Dake as general editor, to the great surprise of every body. Dr. Dake was unanimously elected, and Drs. Wesselhoeft, Farrington and Arndt were chosen as assistants. What special qualification for the task Dr. Drake has, no one knows, but the honor was certainly due him, and he will probably exercise his good sense by leaving most of the work of revision to Dr. Hughes. One of the rules adopted provided that no symptoms should be included that were reported as resulting from potencies above the twelfth decimal unless they were in accord with symptoms from the lower attenuations. Two members of the bureau protested against this as a general principle, but for the sake of harmony consented to it as a working rule. The book is to be published in parts, the Institute subscribing for one copy of the first part for each of its members; the British Society agreeing to do the same thing. This insures a financial basis for a start which could not have been obtained in any other way.

Dr. Camp, of Minneapolis, was on hand with his pet scheme for a systematic organization to carry on provings. He found it somewhat more difficult to obtain an endorsement here than he did in the various state societies, but his object was accomplished to a certain extent after all, the Institute appointing a committee of seven on drug provings, one of whose term expires each year. The committee are D. J. McGuire, H. R. Arndt, E. M. Hale, E. A. Farrington, C. Wesselhoft, L. Sherman, A. W. Woodward. We regretted that Dr. Camp was not one of the number. While it is true he lacks experience, yet he has an abundance of enthusiasm and energy, and a love for the work scarcely equalled by any of those named. Besides that the appointment of the committee was due to his earnest efforts, and courtesy at least would have demanded a recognition of his services. At the request of the manager of the hotel a committee was appointed to examine the sanitary conditions of the hotel and its

surrounding. This was a very proper thing to do, and while as the report was decidedly favorable, it may prove a valuable advertisement for the hotel, it does not detract from the credit of the Institute and was no more than duty they should have been willing to perform under the circumstances. This is mentioned because there were some who seemed to think the appointment of such a committee an improper thing for the Institute to do.

Notwithstanding the rumors of a severe contest in the election of officers which had been rife, the election passed off quietly the following being unanimously chosen: President, T. F. Allen; vice president, A. C. Cowperthwaite; treasurer, E. W. Kellogg; general secretary, J. C. Burgher; provisional secretary, T. M. Strong; board of censors, Drs. McManus, A. R. Wright, Orme, Rush and D. S. Smith; necrologist, Henry D. Paine. St. Louis was selected by an almost unanimous vote as the next place of meeting and the local society of that city was appointed a committee of arrangements. Thursday evening occurred the annual banquet, which was the nearest a banquet in reality of any we recollect attending, save that tendered the Institute at Delmonicos in New York city three years ago. Dr. Cowperthwaite acted as master of ceremonies. The "flow of soul" program was shorter and more interesting than usual, though in his responses to the B. & O. M. Pangborn became a little prosy on the merits of the "Model fast line." After the banquet those who desired to do so repaired to the ball room, and there "tripped the light fantastic toe" until the wee small hours.

Friday morning marked a wonderful exit, and as usual only a comparatively small number were present at the closing session. The Bureau of Pædology and Psychological medicine reported after which the memorial service in honor of deceased members was held. This was followed by the adoption of the usual resolutions of thanks, etc., after which the Institute adjourned. Thus closed the largest and most profitable meeting the Institute ever held. It had been predicted that owing to the location of the meeting it would be a failure, but the strenuous efforts put forth by the B. & O. management and by Dr. Cowperthwaite caused it to result otherwise. As a rule all were delighted, both with Deer Park and the hotel accommodations. Of course out of so large a number it would be unreasonable not to expect to hear from a few "growlers," but these were fewer in proportion than we have ever known before. It was to be regretted that the unusually large attendance so crowded the hotel as to make it necessary to "double up," but no more so than has always been the case heretofore, even with a much smaller attendance. The table service was excellent, far surpassing anything we have ever before had at a summer resort. The officials of the B. & O. were very courteous and attentive, doing all in their power to make everything satisfactory and pleasant. The lack of a variety of outside attractions caused the members to attend the sessions faithfully, thus adding much to the interest of the meetings, which is usually not the case when meeting in a large city.

INVESTIGATOR.

## WESTERN ACADEMY OF HOMŒOPATHY.

## A GRAPHIC REPORT OF THE CINCINNATI MEETING.

DEAR INVESTIGATOR: Being invited to visit the convention of the Western Academy of Homœopathy and tell how it impressed me, I send you the following crude account, as I am only a student, and a "women" at that, I trust, if you see fit to give this article room you will kindly pardon all discrepancies:

The convention opened the morning of the 10th of June, in parlor No. 12, of the Burnett House, with but few of its members present.

This being my first visit or experience at a convention of any kind, I expected to see a gathering of men—representative workers in the field of Homœopathy, such as I had never before seen, and I felt a feeling of awe and timidity taking possession of me as I quietly took my seat in the large and capacious parlor, and became a "looker on in Venice" for the next three days.

As I waited for the great and august body to appear, and they slowly appeared, not as I had thought in a vast number, but slowly, one by one, I found my fears subsiding, and comprehended that I was going to be able to stand the much-dreaded ordeal, and thought that *perhaps* despite my inexperience, I might not be mentally overpowered.

For the first day the bureaus were nearly all empty of contributors, and the society resolved itself into a business meeting, on account of dearth of numbers and a dearth of legitimate business.

The meeting was presided over by the president, Dr. G. A. Hall, of Chicago, a man of fine presence, with a resolute face, full of power and strength, looking like a steadfast, reliable man, which first impression did not diminish, but only gained added strength as the meeting progressed.

The vice-president, Dr. J. M. Crawford, was confined at home, by serious illness, his courteous and gentlemanly presence was missed by all, and his absence deeply regretted.

The vice-president, *pro tem*, Dr. Delamater, of Chicago, agreeably filled his place, and seemed the personification of geniality and jolly, good humor.

Beside him, acting secretary, was Dr. Goodman, of St. Louis, a man with an earnest resolute face, and at his right, the benevolent Dr. Foote, of Galesburg, filled the position of treasurer of the society. Ranged around the room in easy groups and various attitudes were all the different members of the society—many from our own city, and many strangers. Chiefly among whom were, Dr. Gross, of Chicago; Dr. Donald, of Stillwater, Minn; Dr. Arndt, of Grand Rapids; Dr. Dake, of Nashville; Dr. Barker, of Waukegan, Dr. Parsons, of St. Louis, and many whose names I did not learn.

Of our physicians, were present, Drs. Hartshorn, Buck, McDermott, Eaton, Owens, Dr. May Howells and Dr. Ellen Kirk, Drs. Ehrman and Garretson. The meeting proceeded during the morning session o take action upon various business details pertaining to the society.

and arranging for its comfort and pleasure. The afternoon was partially devoted to finishing up the unfinished business of the morning; after its completion, Dr. McDermott, in lieu of any other business gave a very interesting clinical experience of a case of sympathetic ophthalmia involving the extraction of a piece of bone from the stump of the eye, this rare occurrence elicited some discussion of the matter by several of the members. Dr. M. M. Eaton, followed with phenomenal clinical report of a gynecological case, showing a box of foetal bones so small as to be scarcely recognizable, the result of extra-uterine conception, the bones being passed through the urethra, several gentlemen took part in discussing this and similar subjects, and the meeting adjourned to meet in the evening for a formal address by the president, Dr. Hall, and also to receive an address of welcome by the Mayor, which passed very pleasantly. The President's address being admirably delivered, and the cause of Homœopathy ably sustained.

The second day's proceedings were of much more interest, many of the members had arrived and the several bureaus were better represented, prominently in point of interest stood the paper of Dr. J. D. Buck, "On the Nervous System," the article was one of the ablest presented, and the mental force and power of the writer so strong and logical in all he writes and says, shone steadfast through the entire composition, testifying to the ability of the doctor who may well be considered one of the most competent ones in the Homœopathic ranks, the subject was briefly commended upon and endorsed by Dr. Delamater, Dr. Arndt and Dr. Julia Smith.

We then had the pleasure of listening to a very intelligently written clinical case in obstetrics by Dr. Julia Smith, of Chicago. It is exceedingly rare to find a woman who speaks so clearly and comprehensively as does Dr. Smith, and I felt as if some who feel that the "females" are out of place in the ranks of medicine, could not but concede that this doctor was no discredit.

Dr. Parsons' followed with an interesting account of a surgical operation performed upon a babe eight months old, in which he remedied a congenital deformity of both hand and foot, the foot being apparently solid flesh, nothing indicating anything else except the small toe nails at about the places where the toes ought to be, by careful manipulation he discovered the tarsal and metatarsal bones cutting down between them and dissecting out the connective tissue *under* the skin, the edges were brought into apposition, neatly fastened by sutures and the child has now a complete hand and foot, he also gave a very lucid explanation of the extirpation and treatment of "Ranula" which brought forth *some* discussion of the use of Iodine and its efficacy.

Dr. Arndt gave an excellent paper on the reconstruction of the materia medica, preceded by a paper by Dr. William Owens.

Dr. Arndt's paper showed the result of much careful thought, the reconstruction of the materia medica, according to his idea, would add materially to its usefulness.

The meeting then listened to the report of the committee's reconstruction of the "By-laws" of the association. The session then closed to meet soon at the club rooms of the Ortiz, to enjoy a reception tendered them by the faculty of Pulte College, which affair, was said to have been very enjoyable.

The morning session of Thursday was devoted to the reading of a report of Dr. Everett, of Denver, who gave a graphic account of the labors and successes of Homœopathy in his state. This report was warmly received, and copies were ordered for general distribution. Dr. Dake then followed in his quiet refined manner in a few remarks concerning medical legislation, and the session closed with the election of officers for the ensuing year.

Thus passed the tenth annual anniversary of the Western Academy of Homœopathy. The members spent the remainder of the day in a visit to the Zoological garden, "a thing of beauty and joy forever," and also enjoyed listening to the first concert of the season in Burnett woods, and ere this writing, are enroute for home. H. U. V.

CINCINNATI, June 18th, 1884.

---

## Clinical Medicine.

---

### *A CASE OF DROPSY.*

SYNOPSIS OF DR. C. H. UNDERWOOD'S PAPER.

Read before the Colorado Homœopathic Medical Society.

A girl eight years old had been treated by several Allopathic physicians and finally given up to die by them. One of them an alleged microscopist had made a microscopical examination of the urine and pronounced the kidneys to be in a granulated condition. The following symptoms presented when she called to see case: Greatly emaciated tongue heavily coated at base; general bloated condition, so could not lie down, nausea diarrhœa, scanty urine, restless at night and was accustomed to set in a humped position, examined urine and found no albumen, no evidence of organic disease of kidneys, she would pick up salt wherever she could find it and eat it, she also craved beef. Gave her salt water and plenty of beef to eat. Gave Calc. carb. 3x, also Oxydendrum Boreum; of the last two one-grain pills, three times a day. This treatment was continued one month when the dropsical effusion had all disappeared. A few doses of Carbo. veg. were given, use of salt water suspended and the recovery was complete. Six months after treatment, she is in good flesh, and presents a healthy and robust appearance.

## Society Proceedings.

### DAKOTA MEDICAL ASSOCIATION.

Pursuant to call a few of the Homœopathic physicians of the Territory met in convention at Huron on June 25, 1884, for the organization of the Dakota Homœopathic Medical Association. Convention was called to order and H. Ross, M. D., of Huron, was elected chairman, and temporary C. C. Huff, M. D., temporary secretary.

Committee on credentials appointed and reported favorably on all the physicians in attendance as qualified for membership in this association.

A constitution and by-laws were presented and adopted for the government of this society, and duly signed by all present.

The next business was election of officers for the premanent organization, whose term of office should be one year, or until the next meeting of this society, which election resulted as follows: President, G. V. Parmelee, of Mitchell; Vice-president, J. M. Westfall of Watertown; Secretary, C. C. Huff of Huron; Treasurer, M. L. Reed, of Ashton; Board of Censors, H. Ross, of Huron; M. H. Chamberlain, of Pierre; G. M. DePuy, of Jamestown.

Communications were presented and read to the society from the following physicians: A. W. Allurd of Pierre, G. P. and Mrs. A. S. Bennett of Sioux Falls, and E. Folsom, of Fargo.

The following committees were next appointed: Bureau of Materia Medica—R. Fowler, F. Epps, C. C. Huff. Theory and Practice—F. A. Remington, O. C. Link and Matthews. Obstetrics—J. M. Westfall, M. H. Chamberlain, H. Ross. Surgery—C. M. DePuy, G. V. Parmelee, M. L. Reed, C. C. Huff. Statistics—C. Matthews. Women and Children—H. Ross, G. P. Bennett, S. Bennett, G. V. Parmelee. Anatomy, Physiology, Hygiene—A. W. Allurd, F. Epps, D. A. Davis. Otology—C. C. Huff, M. L. Reed, E. Folsom. Therapeutics—E. Folsom, M. Buchanan and wife, J. Vadal. Nervous Diseases—F. D. Kindrick, W. A. Franklin, F. Remington. Medical Ethics and Jurisprudence—M. L. Reed. Dermatology—L. Mary, J. M. Westfall, M. H. Chamberlain. Special topics—A. F. McKay and Stohr.

The following resolutions were adopted:

1. That any Homœopathic physicians within the Territory, desiring to join the association, can do so by applying to the Board of Censors, and if approved by them can become members by signing the constitution and paying the usual fees.

2. That the minutes of this convention be sent to THE UNITED STATES MEDICAL INVESTIGATOR for publication, also to one of the Huron papers.

A vote of thanks was tendered to Dr. Ross & Huff for their hospitalities, etc. The physicians present interested themselves by instructive conversation, principally on topics drawn from recent cases in practice.

The association adjourned to meet in Mitchell on the first Wednesday in June, 1885.



## News of the Week.

---

*Dr. J. S. Billings* has been placed in charge of the Army Medical Museum at Washington. A wise selection.

*Journalistic.*—The number of medical journals born during the year 1883 in the United States was 55. The number of deaths was 15.

*The Brooklyn Homœopathic Hospital* is in want of a resident physician. Candidates should address Dr. E. Miner, 115 Gates Avenue.

*The U. S. Senate* has passed a bill providing for the erection of a fire-proof building in Washington for the records of the Army Medical Department.

*Dr. Terry*, of Utica, publishes in pamphlet form, a history of twelve cases of spinal irritation, treated with thermo-cautery. The results were entirely satisfactory.

*W. H. Hall, M. D.*, has removed from Aledo, to 740 Washington Boulevard, Chicago. We welcome the doctor to the ranks of our metropolitan fraternity.

*For Sale.*—A case is reported in which the Supreme Court held that when a doctor sold out his practice "in a city and its vicinity," all space was included within ten miles of the city and its corporate limits.

*Married.*—Dr. E. Lippincott, of Crawfordsville, Ind., and Miss Cora Allen, of Bowling Green, Ky., were married by Rev. M. M. Riley, at the residence of the bride's parent's at 10 A. M., June 4. The doctor has our best wishes.

*Married.*—W. I. Wheeler, druggist of Custar City, D. T., to Miss H. M. Willeme, M. D., of Chicago; June 12. So our old friend has gone off to the mountains and captured a druggist. Her medical knowledge will be a good thing to have in the family. We wish them success.

*Hot Springs, D. T.*—Near Deadwood, D. T., is a spring that will compete with the famous Hot Springs of Arkansas. It is said to contain Chloride of Magnesia and Potassa as well as other valuable medicinal ingredients. It already has a wonderful reputation in the cure of rheumatism and kindred diseases.

*The Clinical Society* of the Hahnemann Hospital held its regular monthly meeting in the Grand Pacific Hotel. The Bureau of Surgery reported through Dr. G. A. Hall, Chairman, the operation for relief of strangulated hernia. Dr. Harvey presented a paper on fractures, and Dr. J. E. Gilman gave a report on two cases of abscess of the brain. Dr. J. P. Cobb, chairman of the committee appointed to report on the president's address, recommended that a bureau of clinical hygiene be added to the bureaus now in existence, and that a standing committee, with Dr. E. S. Bailey as chairman, be appointed on medical literature. The discussions were participated in by Drs. R. Ludlam, H. B. Fellows, G. A. Hall, E. S. Bailey, W. J. Hawks, and J. E. Gilman.—July 5th.

*Lawson Tait on Hernia.*—He recommends the radical cure of all kinds of hernia by abdominal section. After reducing the hernia, he pares the edge of the hernial opening and sews it up, thus producing a radical cure. He thinks the future of the operation is certain. The cases he operates upon are those having ovarian disease, but he thinks that the same procedure is fitting for uncomplicated cases of hernia.

*The Leading Medical Schools in the United States.*—Dr. Flavel S. Thomas, writing in the *New England Medical Monthly*, January 15th, 1884, on "M. D.—What is it? And What it Should be," says that out of 110 medical schools in the United States, but twelve are worthy of notice in his review. Of these twelve he thinks that the Boston University School (Homœopathic) stands at the head for the following reasons: "It requires for admission an examination in grammar-school studies, and in physics and Latin. It requires as a condition for graduation not merely that the candidate shall have studied medicine at least three full years, but also, that he shall have attended a reputable medical school not less than three years.

"It has restored the degrees bachelor of medicine and bachelor of surgery, to be attained at the end of the third year, by those who take the four years' course. After the present year none will be admitted under nineteen years of age, so their graduates must be twenty-two or twenty-three. Nineteen are taking the four years' course. The college year is from October to June."

Harvard, in Dr. Thomas opinion (he being himself a Harvard M. D.), stands next. All the other schools in his list are "regular." "This classification," he remarks, "of course does not take into consideration the clinical advantages afforded by the schools, but as a rule, a high educational standard and good clinical advantages go together."—*N. Y. Med. Times*.

The above remarks of Dr. Thomas concerning the medical schools in the United States are to the point, and comprehend more than appears at the first blush. We know that there has been in most of our Homœopathic colleges an advance all along the line, yet we think the ultima thule has not been reached, and much more is required to be done in regard to time and qualifications for admission. We believe in the clinical advantages, the *practical* work of a school which qualifies the student for his position *after* he leaves college, and which gives him confidence in the treatment of diseases when he is compelled to stand alone. We also incline to the opinion that there are *too many* branches taught at the expense of teaching the essentials well. Give us *fewer* branches and better instruction in the *principal* studies.—*St. Louis Periscope*.

A medical man may be aptly divided into four parts: first, the natural man; second, his mental training; third, his knowledge of medical science, and fourth, his medical art, aptitude or skill. The last often outshines and obscures all the others, without it we have a lot of medical sticks knowing much but comparatively useless. Chicago college give most attention to the medical practitioner.

## Materia Medica Department.

### A STUDY OF *USTILAGO MADIS*.

BY G. R. SOUTHWICK, M. D., BOSTON, MASS.

A resume of a paper read before the Massachusetts Gynecological Society.

PART I. Symptoms *cured* by the drug.

PART II. Fragmentary proving, in part by ladies of the senior class of Boston University School of Medicine.

#### PART I. FEMALE ORGANS.—DISEASES CURED.

Prof. Korndorfer, of Philadelphia, says that the hæmorrhage *Ustilago* cures is a persistent or continuous one of brownish blood with lack of uterine contraction.

Prof. Conrad Wesselhœft thinks its key note in hæmorrhage is metrorrhagia dependent upon or associated with ovarian irritation.

Prof. J. Heber Smith in the hæmorrhage following retention of the secundines.

Dr. Jas. B. Bell thinks its characteristic clinical symptom to be persistent, passive, uterine hæmorrhage without clots.

Dr. E. U. Jones has used it with great success in cases of profuse menstruation.

Membranous dysmenorrhœa with scanty, pale flow. Great tenderness of both ovaries, especially the *left, which is so sensitive she can bear no pressure over it*. Uterine fibroid the size of child's head at birth and entirely at the fundus. Pressure on the fundus causes the most agonizing pain in it and the left ovary passing down the thigh. Menses too frequent (every eighteen to twenty days,) with aggravation of all the symptoms at that time.

Dysmenorrhœa for three days, with slight flow for one day. Secondary (ten days or more after abortion) hæmorrhage after abortion, especially if the secundines are retained, flow passive *with* or without *clots*, flow *dark* or light colored. Menses lasts two weeks, flow profuse, quantities of black coagulated blood discharged with pain in the back and uterus.

Flow every three weeks and lasting three weeks at menopause, at times large clots of dark colored blood expelled, flow worse during the first eight days and with it has severe pain in the side, back, right leg and top of head. Constant burning distress in the right ovary, which is much swollen at times. Sensitive fibroid tumors accompanied by a bright red flow with bearing down pains.

Dysmenorrhœa, pain coming and going every few minutes in the back, ovaries and uterus, is most intense during the first twenty-four hours of flow and nearly ceases when flow is established.

During the interval between menses, constant misery under the left breast at margin of ribs with spasmodic pains eight or ten times a day in the left ovary lasting a few moments. Perceptible enlargement of left ovary at times, which is very sensitive. Dysmenorrhœa also suppression of the menses associated with pain in the left ovary and swelling in the left groin. Constant dull pain in ovaries in the right groin and back; three or four times an hour, sharp neuralgic pains in the ovary and walking painful. Constant pain in the left ovary passing down the thigh, so severe she has to limp on walking, pains sharp and at times pass down the leg with great rapidity.

Every few days a swelling in the left groin (probably ovarian.) Inability to bear the least pressure on any portion of the bowels with sharp cutting pains in the left ovary at intervals during the day.

Flow constant, blood dark colored, but not copious nor attended with bearing down pains. Every day from about 12 M. to 4 P. M., constant pain from the left ovary down to the uterus and every few minutes the pain in the ovary is intensely severe cutting like a knife. Pain in the right ovary and hypogastric region, which starts from the left ovary. Left ovary very much swollen and hard, pressure on it causes intense pain. Menorrhagia at menopause, blood escapes in large dark colored clots.

*Right sided headache with deep pain in fundus of right eye and dimness of vision, or double vision. Persistent aching and soreness of the left ovary, sometimes the pain runs down the left thigh, also stinging, beating pain in the left side and ovary with aching and soreness in the left side.*

Urticaria characterized by severe itching at night.

#### PART II. NOTABLE EFFECTS ON LADY PROVERS.

The following is offered as a fragmentary proving of *Ustilago madis* in the hope that it may lead to re-proving and ascertaining more accurately the indications for what promises to be an excellent remedy.

Mrs. —, student in senior class, Boston University School of Medicine, aged forty-three, menses ceased January 29. Has been troubled for many years with irregular and tumultuous beating of the heart for which she has had *Cactus grand.* for more than a month with great relief. Left off the *Cactus* when the proving was commenced and the heart symptoms did not return.

February 2, at 2 P. M., took two grains of *Ustilago 1x trit.* fasting, shortly after took dinner. Very soon began to feel irritable especially if asked a question or to repeat anything. In twenty minutes felt a severe aching, bearing down pain in the sacral region, just as if I were suffering from dysmenorrhœa. At three o'clock the pain had somewhat abated and seemed to change to the left ovarian region and gradually extending down through the hip. At 5 P. M., two grains of the *1x trit.* were again taken. Soon after taking, began to feel chills which seemed to run up and down the back, could not get warm. Thought I had taken a severe cold. At 7 P. M., went out for a walk. Soon after was seized with an intense pain in the left knee, which

increased to a cramp so that I was obliged to lean upon the arm of a friend. The pain with occasional cramps lasted all that evening, was aggravated by raising the foot so as to *press upon the toes*. At 8 P. M., took two grains 1x again. Symptoms of the cold still increasing. February, 3 A. M., had a very profuse epistaxis of bright red blood which was checked by pressure. Felt *sick* with a cold, a continual flow of fluent watery secretion from nose and eyes with occasional chills. Was obliged to stop the medicine here on account of study.

It took till February 8, to regain anything like my usual health. That night took two grains 1x trit. and was shortly after seized with the same pain in the back. Have not taken any since and the pain gradually wore away.

Reproving by the same person after an interval of a few days; two grain doses of the 1x trit. were taken.

Took a dose on February 9, at 3 P. M., half an hour after eating. Felt no particular symptoms except a general malaise as if I had taken cold. Took another dose at 6 P. M. No particular result, except perhaps a slight increase of general indisposition and an irritability, if anyone asked me to repeat anything I had said. *This feeling continued all through the proving*. Took another dose at 9 P. M., and retired shortly after, but afterwards remembered that I had no desire to urinate before retiring and had not felt such an inclination since taking the first dose. As I laid in bed, noticed a dull, heavy aching pain in the lumbar region with a feeling of uneasiness about the bladder. Awoke early in the morning with a desire to micturate, not a natural one, but a feeling of distension in the bladder. Micturition was slow and difficult, occupying over seven minutes. The amount was not increased considering the time since urinating before. The color of the urine was very light, scarcely any color at all. Noticed then a cramp like stiffness in the left leg, violently increased when raising the foot so as to press upon the toe. Awoke in the morning feeling as though sleep had wearied instead of refreshed me. Took the drug all day and felt *actually sick all over*, could scarcely tell where. Rheumatic pains all up and down the left side with violent cutting pains in the left knee and calf of left leg, if I pressed any weight upon the toes, or flexed the knee with any weight upon it. For instance, I sat down on my feet, when the cramp seized me in the left knee and caused me to fall over on the floor so violent was my effort to get out of the position quickly. I could not bear to see or talk with any one all through the day. Had leucorrhœa, yellow and offensive all day. No desire to pass urine, but an uneasy feeling. When I retired at night the pain in my back seemed worse. Aggravated by lying on the face, aggravated a little less by lying on the left side and relieved by lying on the right side.

Awoke in the night after a most disgusting and lascivious dream in which I had been a principal actor, quite contrary to my natural tendencies. Arose and passed urine with a great deal of difficulty and *tenesmus* of the bladder. The next day, Monday, seemed like a dream. The muscular symptoms abated, but the uterine symptoms increased.

Tenesmus of the bladder and incontinence of urine to which was added extreme tenderness of the left ovary with pain and some swelling. Was called out at 2 A. M., Tuesday morning to see a patient and took no food until 2 P. M. That evening I was seized with colic, which I attributed to abstinence from food. Discontinued the drug because I was getting so sick. Colic was not entirely cured for about five days. At this date, February 19, I still feel some of the drug symptoms, i. e., dull pain in the back and left ovarian region with occasional difficulty in urinating.

Mrs. A. M. C. widow for nearly three years, though she had passed the climacteric as there had been no menstrual discharge for over a year. Commenced taking two grain doses of *Ustilago 1x trit.* at 7 A. M., and continued through the day at intervals of three hours. The next morning she commenced flowing copiously. The color of the discharge was bright red, did not coagulate easily and continued profusely for two days. She used five napkins the first day and three the second. The flow stopped as suddenly as it commenced. There was no pain, only a *faintness* and *confused* feeling in the head. Soon as the flow commenced, she discontinued the drug and no amount of persuasion could induce her to continue it. Six doses were taken, at 7, 10, A. M., at 1, 4, 7, 10, P. M.

Mrs. B. menses ceased on Friday morning. The next day I prescribed *Ustilago 2x trit.* two grains once in three hours. After taking a few doses, am unable to say how many, the menses reappeared with soreness and bearing down in the left side preceding the flow and partially ceasing with it. The flow was bright colored and lasted four days. The *Ustilago* lasted only two days after the flow commenced.

Two grain doses of *Ustilago 1x trit.* were taken every three hours. Commenced February 6. February 7, no symptoms. February 9, dull pain in region of the right kidney, worse when sitting still. February 10, pain in the region of the left kidney, heat and fullness, feels sore on deep pressure, but the pain is relieved by it, also by moving about; uneasiness in the left thigh. Frequent desire to urinate, stream very small, no amount of effort increases it. Increased appetite. February 11, it requires considerable effort of the will to empty the bladder, which is accomplished slowly. Pain and soreness in the left lumbar region continues. February 12, feet slightly swollen in the morning. Pricking transitory pains in the left temple. February 13, distress in the left side continues. Great appetite. February 14, swelling of the feet in the morning, discontinued the remedy. February 15, feet swollen, all the other symptoms have disappeared.

### THAT REVISED MATERIA MEDICA.

#### HOW THE INSTITUTE IS TO MANAGE IT.

Dr. J. P. Dake, Chairman, presented the report of the Bureau of *Materia Medica*, which was on the subject of "Revision and Publication."

The rules recommended were in part as follows :

I. The work should be in two parts :

1.—A NARRATIVE, reciting the positive or pathogenetic effects of each agent in the order of their occurrence.

2.—A SCHEMATA, exhibiting the symptoms according to regions and functions, chiefly after the manner of Hahnemann.

II. The narrative part to be produced mostly by the special committee of the British Homœopathic Society, aided by correspondence in all countries, in accordance with the following systems and rules.

1.—Give the scientific name and synonyms of each article.

2.—The natural history, class, species or composition, and source of each.

3.—The medical history of each, in brief.

4.—The pharmal treatment and portions used in medicine.

5.—The symptoms, objective and subjective, clearly attributable to each.

Under this rule there should be no effort to reproduce the records as made by all observers and provers, *in extenso*; but, rather, a succinct narrative, that shall combine and faithfully represent the positive or sick-making effects mentioned by each, so far as the reports (at least two of them) may essentially agree.

It is considered desirable to have the pathogenesis as full as it may be, after the most thorough sifting, and to let its character for purity depend upon the competency and faithfulness of the revising editors, as must be done in all text books of science.

III. The symptoms or effects, denoting departures from a state of health occasioned by such article, should be gathered from the following sources:

1.—The most reliable reports of poisonings in the lower animals, which may afford hints as to the deeper influence and organic changes resulting.

The drug effects, observed in the lower animals, should be noted apart from those of the human species, inasmuch as they apply only by analogy.

2.—The most reliable reports of poisonings in persons where antidotes, essentially varying the conditions, were not employed.

3.—The most reliable reports of provings in persons of unimpaired health including those taken from persons under treatment for some existing disease, or, at the time under the probable influence of some other medicine, or so affected by other disturbing agencies or emotions, as not to afford a clear reflection of the pathogenic character of the article under consideration.

Under this rule, proving made by persons sick, or removed from a normal condition, by excessive use of coffee, tobacco, opiates or alcoholic stimulants, or by disturbing occupations, should be excluded, inasmuch as such persons could not be fairly representative of the generality of mankind. Especially should their reports be excluded when they have been proving drugs in a highly attenuated form.

4.—The most reliable reports of proving where the quantity or attenuation of the drug on trial is such as to allow no reasonable doubt as to the actual presence of drug matter in the doses taken by the provers.

Under this rule, symptoms, reported as produced by attenuation above the twelfth decimal, should be received with great caution, and only when found in accord with symptoms from the lower attenuations; while those attributed to attenuations above the thirtieth decimal should be rejected as untrustworthy.

5.—The most reliable reports of provings where there is a concurrence of the symptoms in the persons of not less than two provers.

Under this rule, symptoms occurring in the record of only one prover should not be accepted, inasmuch as there could be no probability that such symptoms were the effects of the article under trial; or, if its effects, that they would ever occur in, or be applicable to any other person or persons. All such should be allowed to remain in the original reports till experienced by other provers.

---

## Correspondence.

---

### THE NEXT INSTITUTE RALLY.

T. C. DUNCAN, M. D. *My Dear Doctor*: Sorry you were not at Deer Park. Fine meeting, but we hope to eclipse it at St. Louis next year. We must drum up the boys generally hereabouts for that meeting, and add largely to the membership. Success to THE INVESTIGATOR.

Yours fraternally, O. S. Runnels.

---

### THAT "UNSCIENTIFIC PAPER."

TO THE EDITOR OF THE U. S. MEDICAL INVESTIGATOR: So much has been made of that dispatch relating to me, and sent from Deer Park, Maryland, to the effect that "Chairman Smith declared Gregg's ideas unscientific, and unworthy of a place in the bureau," will you please give place to the following, in justice to the subject: I have now in my possession a letter written by Chairman Smith, dated March 30th, 1883, in which he says: "The facts are that in many matters you have discussed relating to the bacteria, *I am with you.* \* \* \* From the platform of our college here have I fought publicly, and in *no measured terms*, the whole of the spore humbugs. \* \* \* As to the nature of the bacteria—animal or vegetable—I do not believe that the power is delegated to man to decide this question," and more of a like character.

The second evening after the doctor said what he did in the convention last week, and after his excitement was over, he came to me, referred to his letter and said, the fact that no scientist could tell whether bacteria were animal or vegetable, was "the strongest point" I had, and that it was "a very strong point in my favor." This he reiterated two or three times, and with emphasis. Why these inconsistencies and contradictions I leave others to explain.

It is a standing rule of the Institute to limit the reading of a paper to fifteen minutes, but when the president's gavel fell to announce my time was up, two or three members arose and moved that the rules be suspended, and I allowed time to read my paper in full. This was passed by a unanimous and hearty vote, which shows what the members thought of the paper. In the discussion that followed several said, and among them Dr. Helmuth, of New York, that the



matter I had presented was worthy of the most earnest consideration. And the secretary came to me personally and secured the paper for publication in the transactions. So, Mr. Editor, you see the old adage that there are "two sides to a story" has proven true in this as in many other cases.

ROLLIN R. GREGG.

#### NOTES ON MULLEN OIL, TRAMPS, ETC.

MR. EDITOR: As I promised to tell how to prepare Mullen oil, I will keep my promise. Allow me to say my father was a very good man, (some of his goodness descended as I have two brothers who are ministers) and his house was the home for ministers, the lame, blind, deaf, etc., in fact all ancient tramps. At one time my father ate choke cherries and thorn apples, then bread and milk. Result. All the doctors in town (Old School, as there were no little pillers then) were called and the prognosis was death. A tramp came, saw, and asked the cause of the commotion, and said if they would bring him an old cheese he would cure him. He scraped off the outside of the cheese, melted it and had him drink it warm, "presto," up came cherries, apples, curdled milk and lots of Ipecac and other stuff, and he lived, thanks to the *ancient* tramp. At another time my father fell into the water and got water into his ears and he was very deaf for many months. A blind tramp called heard the loud conversation, asked the cause, and for kindness received offered to tell what would cure him though it was worth one thousand dollars an ounce in New York City. Receipt. Pick the common yellow mullen blossoms, put them in a dark (junk) bottle, put nothing with them, cork the bottle tight and hang in the sun and let it remain four or five weeks, and a dark oil is distilled, about two ounces to a quart bottle packed full of blossoms. It has a strong odor and mould gathers upon the top of it in a little while. The tramp said it would cure every case of deafness where there had been no sores in the ear, and that bottle trotted around several towns curing *many cases*, by putting a few drops in the ear. Many years later, being an inquisitive cus (hing) I wished to know if it was Homœopathic and made the third decimal attenuation and began taking it, and it produced much unpleasantness. Taking a hint I have found it the most potent remedy for nocturnal enuresis of urine I have ever given. I prefer not to report my proving, but it acts in a Homœopathic way. I will report one case. A young man aged about seventeen had never slept away from home as he always wet the bed. The best of both school doctors had failed to cure him. One prescription of Mullen oil 3d, cured him in three weeks, and he remained cured.

I hope the members of the American Institute of Homœopathy have learned what kind of Homœopathy some of the Massachusetts doctors teach and practice, and they may guess why five of them voted not to publish what I said before the state society, but we have some *excellent Homœopaths* who do not attend society meetings to be obliged to hear what they do not believe, and cannot say what they believe without fear of ridicule.

A. M. CUSHING.

BOSTON, Mass.

# THE UNITED STATES MEDICAL INVESTIGATOR.

"HOMŒOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

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

---

**MEDICAL SOCIETY RESULTS.**—The party who tries to believe that the chief end of medical organizations is to advance medical science, soon runs against an enthusiastic shouter, whose sole aim seems to be to advance "self." These do not get over their natural surprise until they run across "bully boy," who cordially invites them to go out and have "a good time." These three elements enter into the make up of every society, so that the result is necessarily various from year to year, especially is this true in societies that meet only once a year. Number three is always in for a good time and his report when he makes one is full of "good points." Number two watches the tide and comes in on the top wave. If the drift is towards work his report is the most elaborate, but if towards buncombe his cases are the most wonderful, or he is so busy that he could not get up a report. Number one plods away often mistaking the demand for earnest work and presents a scientific essay that is voted a bore. It may be declared a first rate thing but out of place in a state society.

To get these three classes to "work" together to advantage is a problem that has not, to our knowledge, yet been solved. The older societies have come to understand the situation and make allowances all round. The three elements must be conserved, utilized and harmonized.

---

## Clinical Medicine.

---

### *DUAL ACTION OF REMEDIES.*

Read before the Colorado Homœopathic Medical Society.

Dr. N. G. Burnham in his paper on clinical medicine and therapeutics spoke of the duality of the action of drugs as being a principle recognized by the father of medicine, as well as by physicians in all ages, since that time; this duality being manifested in every drug known to the materia medica, and manifested according to the size of dose and preparation.

These principles are nevertheless recognized by men of professed culture in medicine at the present day.

He explained the action of heat and cold upon diseased conditions

of the body and how they cure according to the law of similars, also how counter irritation acts, according to the same law.

The accurate prescriber must have a through knowledge of anatomy and physiology in their morbid, as well as in their normal conditions.

He believed the self-styled purist using remedies only in high potencies committed as many blunders as any one, only their mistakes do not become apparent from any appreciably disturbed physiological action upon the system. Speaking of the opposition among the Allopaths to the new school, and the fight among themselves over the code, he closed with the following paragraph:

"Had it not been for the jealousy, narrowness and bigotry of the Old School in declaring against a principle, and in the persecutions of those engaged in proving it upon a scientific basis, the term "*pathy*" would have rested upon the pages of the lexicographer and all lively educated physicians might have marched on in their investigations in peace, harmony and good will to the achievement of the grandest results in science, and their most complete application in art, a boon of inestimable value to humanity, in the possibility of having their ills cured safely, promptly and pleasantly."

#### ABOUT THAT POTENCY PROBLEM.

##### DR. SWAN'S ERROR.

In No. 20 of THE UNITED STATES MEDICAL INVESTIGATOR of May 24, 1884, page 329, Dr. Swan requests to be shown "wherein his error consists" when he believes that his 10th cent. dilution is equal to Hahnemann's 10th cent. dilution. With his consent I will show him his error. *Hahnemann* states repeatedly, in what way his cent. triturates and dilutions are made, and orders to have them labeled as follows: 1st cent. 1-100; 2d, 1-10,000; 3d, 1-1,000,000; 10th, 1-100,000,000,000,000,000, in other words, the proportion of drug to vehiculum must be after proper trituration, shaking, etc., as prescribed, for the 1st cent. 1-100; 2d cent. 1-10,000, etc. So that for instance the property of one grain Merc. to 300 grains Sac lac. 1-300, never could be called the 3d cent. not yet even the 2d, but is nothing but a weak 1st cent. trituration. Now if *Hahnemann* says, and as Dr. Swan believes, means that 1 grain triturated with 300 grains Sachrum makes the 3d cent. then either (a.) *Hahnemann* was inconsistent, or ignorant of the plainest arithmetic, that 1-300 is not equal to 1-1,000,000, (b.) or there must have been an error in writing, print, or translation,\* or (c.) or we must be able to explain the words in question in such a manner that they are in perfect harmony with the rules and laws laid down by *Hahnemann*, not in one place, but throughout all his writings. And this is very easily done, by taking it for granted that *Hahnemann* meant to take each time only one grain of the preceding trit. and add to it 99 or

[\*We are informed that there was an error in translating. *Hahnemann* was always consistent.—Ed. U. S. M. I.]

100 grains Sach. and triturate again. True, Hahnemann *could* have impressed this more distinctly, but then, he supposed his followers, all students, men of the profession, learned scholars, to possess *common sense* enough to understand his meaning, in accordance with his teachings and not *misconstrue* his words, so as to deserve (Hahnemann) the name of an ignorant. In addition I would say, Hahnemann did not intend to give us another method, another preparation, but he prompts *the same result* in an *easier* way, for he wants us to make *his* triturations, viz., according to his teachings, "*as perfect as possible and with the least trouble.*" Now if one makes it in one way and it contains 1-1,000,000, and the other in the *easier* way and it contains 1-300 that *cannot* be called "*as perfect as possible.*" What Hahnemann means is this: In order to make the 3d cent. you need not have actually *one million* grains of sugar and a large mortar to triturate it in; and to make the 4th cent. to use 100 million grains of sugar more (about 12,500 pounds) (not to speak about the mortar, how to procure one of such a tremendous size,) you can do it just as well, *just as perfect* in the same mortar, and using for each trituration only 100 grains of sugar; if you know how to manage it, (which of course every Homœopathic physician or pharmacist *knows*, while only a few *pretended* not to know it and rather accuse Hahnemann of \* \* \* \* \*.) I hope Dr. Swan will see his error and correct it. So far about Hahnemann, as for Dr. Swan, he has a perfect right to call *his* preparation the 1st, 10th, 1000th cent. trituration and so on, *provided* he calls it Swan's cent, *not* Hahnemann's, and to be honest he should label it for instance, Swan's 3d cent. 1st cent. Hahnemann's strong. Swan's 100th, 2d Hahnemann. Swan's 1,000,000th, 4th Hahnemann, etc. For, while Hahnemann requires (if we learn everything in the Mentei) for each successive trituration to add 100 *times as much* as there was before, Dr. Swan only adds *one hundred* grains to the preceding one, as he plainly states in the article referred to.

After all I must tender my thanks to Dr. Swan for said article. I have learned a great deal from it. In the first place I always maintained that I never have used potencies as high as 50,000, 75,000, 100,000, one millionth, but I see now that I was mistaken. I must admit now that I use them daily. For I use what Bœricke & Tafel, Duncan Bros., Sherman, and so many other pharmacists and 7,000 practitioners in this country call the 3d, 6th cent. etc., which is much higher than I ever read coming from Dr. Swan and when I come to think that I use also frequently the 30th very often the 200th, (Tafel) then my mind wanders by the thought what name Dr. Swan would give to such dilutions or triturations. In the second place I must apologize for having ever doubted the possibility of a cure and a speedy response of a remedy in the 100,000 potency; for taking in consideration that this is even stronger than what we practitioners over the whole globe simply call the 3d, then I must now bear testimony of its ability to cure. nay, I often find it not high enough and some medicines I hardly dare to use in that potency, in the case of children particularly. I see now the whole difference is in the *name*, and as we Homœopaths are

taught not to attach much value to the *name* of a disease, but to be guided by the symptoms, by the facts, so we very well can afford to let some of our brothers call the curative agents by a different name as we would, if they find some pleasure in it, and just as one always uses *Actea racemosa* while the other administers *Cimicifuga*, so let (a) call *one millionth potency* Swan's what (b) calls 4th cent. potency provided that we all agree, that both allude to the same thing. Would it not be a good suggestion to request writers of articles, when they make use of those high (1 ? ?) potencies running in the thousands and millions to put between parenthesis the *real value* of the potency, viz., the name whereby it generally is known, just as we always add in the thermometer reading the degrees of *Fahrenheit* to those of the centegrade. In conclusion would say that I have not the least doubt that Dr. Swan *errs* in calling his preparations "Hahnemann's cent." otherwise I have no fault to find with him in calling them whatever name he chooses.

J. L. CARDOZO.

### TUBERCULAR MENINGITIS.

BY JAMES DICKSON, M. D. CANAL, DOVER, OHIO.

Annie E., aged five years, dark eyes and hair, small of her age, over intelligent, termed very studious and thoughtful for her years—scrofulous diathesis. I was called to see her March 25th, mother states that she has been complaining for nearly a week, at times appeared careless and indifferent as to her walking and handling things—liable to let them fall; at times sad and gloomy, inclined to be irritable which is not her nature, but the reverse, lively and cheerful. For the last three nights has been very wakeful, with slight fever, complaining of some headache. On the night previous to my being called, she complained of severe headache, hot dry skin and vomiting. The parents keep a domestic case of Homœopathic remedies. The mother gave the child *Aconite* 3x every hour until morning without any relief of headache or vomiting. Eight o'clock A. M. found pulse 130, temperature 103. The least move brings on an intense vomiting and retching. Eyes sparkling, pupils contracted, unevenly giving them a saw-tooth appearance, corners of eyelids squinted eyebrows knitted or drawn down in folds, tongue has a light, white coating, moaning and grating her teeth, says that her head don't hurt her but feels so funny, goes up and down and round and round if she moves, urine scanty, bowels drawn down and hollowed out as if the intestines were all gone, bowels costive, no movement for three days, no appetite, no sleep. *Bryonia* 1m, a powder every two hours until vomiting ceases, or until she sleeps.

March 26th, 7 A. M. Pulse 110, temperature 101½, vomiting until 11 P. M., nearly constant retching, deep sighing, breathing as if too tired to get her breath, is very weak, lies very quiet, color of face changes often, now pale, then red, then purple, again pale, urine scanty and painful, depositing a yellow-reddish sediment, bowels not moved, tongue and eyes the same as yesterday, has slept none yet. *Bryonia*

1m, a powder dissolved in one-half tumbler of water, teaspoonful every two hours, unless a sleep.

March 27th, 8 A. M. Pulse 100, temperature 100½, restless all night, moans and complains of a pain in her stomach, comes in paroxysms suddenly, throbbing of the carotids, tongue has a heavy, white coating, bowels still sunken as if entirely gone, starts and jerks if she falls asleep, head hot, eyes contracted and very sensitive to light, cannot bear to have the bed jarred, or any noise.

Bell. 1m powder in one-half tumbler of water, teaspoonful every two hours unless sleeping. I saw her at 9-30 P. M., and found a decided improvement, not so restless has passed urine freely once in twenty-four hours, does not sleep; continued same remedy.

March 28th, 10 A. M. Pulse 100, temperature 100, tongue less coated, eyes look better, less throbbing of the carotids, respiration more normal, head not as hot, dry teasing, hacking cough, face still changes color, urinates free, throwing down a very heavy sediment; more quiet again, cannot sleep any but lies quiet on her back and watches every movement, and hears all that is said, her hearing appears very acute. Bell. 1m as before, every three hours.

March 29th, 8 P. M. Pulse 108, temperature 100½, tongue coated a little heavier, eyes injected, pupils contracted, is very quiet, the least jar or noise disturbs her, appears very sensitive, sleeps but a trifle, has no appetite, nor has she had from the beginning, complains occasionally of pains in her limbs, has passed no urine for twenty-four hours, bowels are rumbling slightly and appear a trifle raised. Bell. 1m, continued the same.

March 30th, 8 A. M. Pulse 100, temperature 100, tongue not so heavily coated, appetite a little improved, called for different food, wants beef broth, cannot take egg-nog, drinks some milk, eyes contracted and sensitive to light, color of face changeable, yet there remains a sort of hectic flush on her cheeks, sometimes on one, then on the other; teasing, dry, hacking cough; bowels still constipated but not so much of the tray shape to them, urinated but once in twenty-four hours, urine has a thick reddish yellow sediment, cannot sleep until after midnight, sleeps none in day-time. Phosphorus 1m powder in one-half tumbler water, teaspoonful every three hours when awake.

March 31st. Pulse 96, temperature normal, appetite fair, tongue clean, eyes look good, bowels still constipated, urinated freely, only a little sediment in the urine, slept pretty fair last night, very little cough or hectic flush, would like to have her dress on and have some books or play things. Phosphorus 1m dose three times a day.

April 1st. Pulse 90, temperature normal, slept good all night, very little cough, appetite fair, no thirst, tongue clean, eyes good, head cool, bowels still constipated, urine normal. Phosphorus 1m morning and evening.

April 2d. Pulse and temperature normal, appetite good, sleeps natural all night, bowels moved as natural this morning as if they had been moving every day, urine normal, no more symptoms pre-

sent, consequently nothing to prescribe for. April 2d, 1884. Patient discharged cured.

In connection with this case I wish to state that I believe that if physicians would get over the false notion of the fearful mortality attending this disease they would most certainly individualize their cases more closely, and the results would be a saving of at least from seventy to eighty per cent of all these cases. At least this has been my experience, ranging over a period of fifteen years. Now in looking back over these years (and I will say right here that I keep an exact record of every case I treat, no matter how unimportant it may appear even down to the extracting of a tooth,) I can see that the first five years of that time was nearly thrown away, in so far as producing any clinical experience was concerned, for nearly all of my patients were treated with low dilutions, and by two and often three remedies given in rapid alternation. The results were a slow convalescence provided they were so lucky as to convalesce at all. And furthermore that I never knew what (killed) cured them whether it was Aconite or Zinc.

---

## Surgical Department.

---

### *CONSERVATIVE SURGERY ILLUSTRATED BY RAIL ROAD AND FACTORY ACCIDENTS.*

Read before the Indiana Institute of Homoeopathy.

BY W. M. B. OLDS, M. D., KENDALLVILLE, IOWA.

The field of conservative surgery, receiving so much consideration from all schools of medicine, at present, is worthy of much commendation.

The great gravity of extensive contusions, mutilations, and lacerations, yield very promptly in the majority of cases, to this form of judicious treatment, that we may consider it as culpable negligence to overlook it in surgical treatments, as we should consider is criminal negligence in not operating where life depends upon immediate amputation.

Yet while we favor all the conservatism possible in a given case, we do hold the surgeon responsible who from negligence, cowardice or ignorance suffers his patient to die, rather than operate, or allow the case to pass into more efficient hands, who allow their prejudice to overrule their better judgment. We have selected these cases as a type, assuming a greater gravity, usually, than one found in every day practice. Yet likely to occur in daily every day life. They are a class demanding more surgical interference and we may make them applicable to all cases.

In rail road accidents we not only meet simple fractures, but those forms where the soft and osseous structures are involved in one mass of ruin, known as compound and comminuted fractures.

As a natural result in these we find the feet and hands the more common. For where the trunk is injured, it is usually so serious as to be beyond our skill, or so trivial as not to be interfered with.

Now it is an axiom, that where the blood vessels and nerves are intact, the greater portion recover by natural plastic power. Hence the old maxim of our fathers, that operative surgery is such from a necessity. Crushed bones often prove very refractory and it is the duty of the surgeon to remove them as nature would only do the work by sloughing.

#### ILLUSTRATIONS WITH CASES.

Mr. W. a brakeman on B. & O. R. R., at a wreck which occurred was found rolling and twisting in an agony of pain, pulse bounding, an extensive laceration of soft parts extending from ankle the whole length of foot. The metatarsal bones were fractured, and quite a severe hæmorrhage. On further examination found tibia and fibula broken at lower third, the case presented one of extreme gravity, but in this case experience has taught us to rely upon conservative treatment. Our treatment is to co-adapt the metatarsal fragments; as much inconvenience might result from slight variation; and here we can use much force in replacing, provided muscular contraction have not taken place. All fractured phalanges needs to be removed, the tibia and fibula nicely adjusted, and if transverse be encased in a simple fracture box, of any design or material, observing to keep the great toe in a line with the inner border of the patella. Where the fracture is oblique extension and counter extension will be employed.

We retain our metatarsals by paste board splint, roller, and compress, used dressings of Calendula or Hypericum to combat the inflammation.

A Mr. S. was found *insensible*, but breathing easily, with no apparent pain, pulse was slow and compressable, limbs all movable, some hæmorrhage from ear. We diagnosed concussion with fracture of skull. We removed him to a quiet place, gave him occasionally a spoonful of water and enjoined perfect quiet, and to keep all the doctors and inquiring friends at a distance; this case will convalesce rapidly if let alone.

Let us imagine a case similar to the first. We find a patient lying upon his back, apparently in no pain. The eye is restless, face and surface pale and colorless. The tongue bleached, and he answers questions very reluctantly. On examination we find a fractured tibia or fibula and injured foot as in our case before us. There is no skin broken but it assumes an ecchymosed appearance, it appears to be a mild case. Let us take the limb and foot in our hand and rotate. We discover we have a comminuted fracture, with soft parts, nerves and bloodvessels completely destroyed. Our only resort here is immediate amputation as soon as reaction occurs. Conservative surgery will avail us nothing in this case, as it will in those preceding.

Mr. B. had been suffering from rheumatic affections and synovitis. Had been under the regular treatment of blisters, cupping, and hypodermic injections of Morphia and Salicyliates. He had been



confined to his bed for three months, after a *scientific* consultation, amputation was considered the only means left to save life. I was called the day preceding the one chosen for operating. Found the limb swollen, hot and feverish, with an abscess opened above the inner malleolus, also one at middle third of tibia and one under lower margin of patella, *knee ankylosed*. The hip joint suffered from sympathy, the stomach and kidneys very much disturbed. I was very guarded in my prognosis, but requested him to postpone operations for a few days. He was at this time taking from one-half to three-fourths grain doses of Morphine.

I immediately procured a keg holding (5) five gallons with faucet, and placed my patient in recumbent position with limb elevated, filling the vessel with water at 55° F. I turned on the stream letting it fall a distance of three feet. This I continued for one hour after which I applied a lotion of

℞. Tr. Xanthoxylum.  
Tr. Phytolacca.  
Tr. Opii                    a a ʒi.  
Spr. Alcohol                ʒiv.

using it thorough, and apply clothes well saturated over knee and limb. The abscess I treated after thorough cleansing with a paste of Carbo veg. and Baptisia. I then gave him one-half drachm of Jamaica Dogwood *fluid extract*. The patient immediately went to sleep and rested for two hours. This treatment was continued for one week, when passive movement of knee joint was instituted, the pain had now all subsided, limb regaining its normal shape, the lotion was now exchanged for Hypericum and Calendula, with Carbo veg. dusted freely over abscess. I made a free opening for pus, in three weeks from date of treatment the patient came to my office, and in six weeks he was able to walk down town with only a cane for support.

Mrs. S. fell on knee and received injury by which the limb was swollen up to double its normal size. An abscess formed under patella. The limb was contracted and flexed.

Prescribed Flu. Ext. Xanthoxylum.  
Alcohol                    a a ʒi.  
Bell.                        ʒi.  
Arnica                      ʒss.  
Water                      oi.

Sig. Applied hot, continuous for six hours. Morning and night during intermediate time used the following as a liniment.

℞. Aco. rad.                gttv. xv.  
Ol. cajuput                ʒi.  
Ol. Peppermint            ʒss.  
Chloroform                ʒss.  
Ol. Racine                 ʒiij.

Applied locally. In thirty-six hours cured.

Mr. R. orchitis with partial rupture, came to me after ten days heroic treatment. Left testicle swollen and hard with spermatic cord hard, swollen and externally painful, all the natural symptoms of

orchitis was present in aggravated form. Applied suspensory bandage. Gave internally Hepar sulph. and Merc. 8x. External lotion.

R. Aco. rad.	ʒss.
Opil.	ʒi.
Aqua am.	ʒii.
Chloroform	ʒss.
Ol. Lini.	ʒiv.

M. Ft. S. apply four times a day, night and morning. I used clothes wrung out of hot water and applied for two hours. Cured in four days so as to attend to business and in a week well as ever.

---

## News of the Week.

---

*The nostrils.*—Two for a scent.

*When is a baby not a baby?* When its a little cross.

L. D. Rogers, M. D., has located at 441 Dearborn avenue, Chicago. O. E. Pratt, M. D., of Oneonta, N. Y., made us a pleasant call on his visit to the great west.

Dr. R. D. Matchin has removed to Chippewa Falls, leaving a fine opening at River Falls, Wis.

Col. W. F. Vilas, the permanent chairman of the National Democratic Convention, is brother of Prof. C. H. Vilas.

*The American Public Health Association* will meet October 14-17 in St. Louis. This society is practically a side show of the American Medical Association.

*The Century for July* contains a full length picture of Hon. John Bright who was recently very sick and cured by Dr. R. E. Dudgeon, much to the discomfort of the regulars.

Prof. Virchow has come out in favor of American pork. He declares that there is no danger in it, and that the shutting of it out from Germany is a political and not a sanitary measure.

*Equisetum hyemale and cracked tongue.*—"I gave her Equisetum (8x) because her tongue was cracked. Clinicians may note this valuable little wrinkle i. e. cracked tongue—Equisetum."—Dr. Burnett.

F. Park Lewis, M. D., of Buffalo, our enterprising oculist, contributes an interesting paper on the ear of the lower forms of animal life, to the Buffalo Naturalists Field Club, which appears in their bulletin.

*Pharmacy in New York.*—A bill creating a New York State Board of Pharmacy, and prescribing regulations for the practice of pharmacy in all the counties except New York, Kings and Erie, has been signed by the Governor.

*Ceanothus left side.*—"I gave this because the spleen was enlarged, and I thought its specific influence on the left side generally might be beneficial. I was not disappointed, but very much gratified to see that the left side of thorax began to grow, and also the left mamma. (In arrested development and hemiparesis.)"—Dr. Burnett.

*The late Allan Pinkerton*, the great detective, like many other great men preferred for many years Homœopathic treatment. His physicians were Drs. G. E. Shipman, J. S. Beach, and T. C. Duncan. His death was caused by repeated attacks of paralysis brought on by overwork.

# The United States Medical Investigator

VOL. XX. No. 4.

JULY 26, 1884.

WHOLE NO. 398.

## Clinical Medicine.

### NOTES FROM PRACTICE.

IOWA CITY, Iowa.—Prevailing (or chief) diseases are : Mechanical injuries ! (mostly from playing base ball.) Remedies used : Arnica and Hypericum.  
A. C. C.

AMES, Iowa, July 15.—Scarlet fever is raging, had twenty-seven cases, not a loss so far. Allopaths lose three-fourths. Some cases very malignant, but Bell and Apis bring them through all right.  
C. A. BEVERLY.

## Consultation Department.

### TO PREVENT HAY FEVER.

HAGERSTOWN, Ind, June 23, 1884.

DUNCAN BROS. *Gentlemen* : Please give us in your next journal the best prophylactic treatment for hay fever.

Yours respectfully, N. F. CANADAY.

[Hay fever is one of those singularly recurrent diseases. It makes its appearance annually about the middle of summer. The persons attacked are those of a highly organized nervous system, so it has come to be regarded as an aristocratic disease. The regularity of its appearance and the steady increase in the severity of the attacks each year renders it an object of dread. The nature of the disease makes it to be regarded as something of a mystery and its cure only to be accomplished by a change of location. Various are the remedies proposed and many are the devices offered for its prevention and cure but old cases have lost faith in all. As far as our limited observation has extended, Arsenicum in some form, chiefly Arsenicum iodatum in various attenuations, has been the remedy that has fortified the system the best. What has been the experience of our readers.]

### GIVE US THE DETAILS.

EDITOR UNITED STATES MEDICAL INVESTIGATOR. *Dear Sir* : The articles in your journal on Gynæcology during the past three months, coming mostly, if not all, from men of long experience, have been read by me with much instruction and interest. Unlike many articles written by those of little experience, these contributions must be of real value to the medical profession.

Dr. McCourt leads off in a worthy manner, followed by very little criticism and much commendation by others who have written on the same subject. While making a thorough digest of the articles referred to, as I have done in my note book, I have wished many times that Dr. McCourt could have seen his way clear to have given the *treatment* in the number of cases which he describes that have been so quickly cured, as did Drs. Charles and Dickson, and I would like to ask Dr. McCourt, kindly, if he will favor the readers of **THE INVESTIGATOR** with a description of some typical cases in gynæcology, *with their treatment*. It may be said that the general remedies used have been named, and that by study, one can determine what remedies to use in the various cases, but the doctor, has, probably, notwithstanding much study, learned more from his observations and experience than he could ever have learned by abstract study. I truly thank the doctors for the information they have given us and again heartily invite them to give us more clinical cases with treatment.

DULUTH.

O. N. HOYT.

—MORE OF THAT CASE.

Will add that my patient who has intermittent aphasia does not use tobacco or stimulants.

H. E. SMITH.

## Children's Department

### *CHOLERA INFANTUM.*

BY AD. LIPPE, M. D., PHILADELPHIA.

*Cholera infantum*, or, as this form of disease is generally termed, "summer complaint," comprises all the various diseases of the digestive organs and brain with which children are attacked during the summer, and most frequently during dentition during their second summer. The various forms of diseases of the digestive organs are these attacking the stomach as its principle seat, as catarrh, acidity, inflammation, ulceration, or softening of it, or the intestines alone are the seat of the disease, as an erethematous inflammation, catarrh, excoriations, and ulceration.

The disease often appears in different forms, at different seasons, and in different localities.

The brain is very frequently the seat of the disease from the very inception of it, and the erroneous idea that a later stage of the disease itself develops the various cerebral symptoms is only a proof that the first observations of the state of the patient's disturbed health were made inaccurately, and that the cerebral symptoms had been entirely overlooked. The most frequent brain disturbance, from the very beginning of the disease, is hydrocephaloid.

If the observing healer has found the cerebral symptoms (dilated pupils, hot head, cold extremities, drowsiness) present in a child during

the hot weather and the prevalence of cholera infantum, he may avert all further anxieties (especially if the child also vomits) by administering a single dose of Belladonna.

The knowledge of the seat of the disease, its nature, its name, or a knowledge of the stage in which we find the disease, does not indicate a particular treatment, or indicate the truly curative remedy; but this knowledge is nevertheless necessary, for it facilitates the examination of the sick, and it enables the physician to classify the symptoms obtained, and to consider as most important in each individual case the symptoms indicating the progress of disease in this or the other locality, and the changes or suppression of one or the other function of organs. As an illustration of these propositions, let us turn to a child supposed to suffer from epidemic cholera infantum; we are informed that the child has diarrhœa since midnight, but does not give signs of pain; it lies quiet, its eyes are only half closed, the anterior fontanel is elevated, the face is pale, the wrists and feet are cold, and upon further inquiry we learn that the child has not passed any urine since the previous evening; the abdomen is flabby not hot. It would be useless, in such a case to select the remedy guided by the nature of the evacuations. Here we are presented with a decided case of hydrocephaloid, a case of great gravity, possibly to end fatally within one, or, at least, a few days; and we further know that should the patient pass urine within a few hours after the administration of the truly Homœopathic remedy (Sulphur in this case), the recovery becomes a certainty, and probably without any further medication. Another child has cholera infantum, and cries most persistently, has done so all night, is cutting teeth, and the distressed mother says this screaming has lasted all night; we have to carry the child all the time to pacify it; it has frequent green discharges from the bowels, preceded by an increase of pain, causing it to draw up its knees to the abdomen; the abdomen is hot, the thirst incessant, we are sure there is nothing the matter with the child's brain but the seat of the inflammatory disease is in the small intestines. A dose of Chamomilla will soon quiet the child.

In the first case the brain symptoms, with the concomitant suppression of the urinary discharge, stand foremost; in the second case the intestinal symptoms, with the concomitant restlessness and the desire to be carried, stand most prominent.

Knowing that the gravest cases of cholera infantum appear without any previous indisposition, without any precursory diarrhœa, probably with no other warning than a little more sleepiness of the otherwise, to all appearances, well child, and that in just such cases all depends on the proper choice of the first remedy, we must be prepared beforehand to choose right, and administer the remedy according to the Homœopathic law of cure.

It has been proposed to begin the treatment of these grave cases of cholera infantum, having their origin in a disturbed condition of the brain, by administering Aconite and Bryonia in alternation. As this proposition is a violation of all and every fundamental principle of

our school, the result will be a failure to cure. First and foremost, the character of the disease, its locality, or its kind, can never serve as a guide to our therapeutic action; much less can the administration of two entirely differently acting drugs, as are Aconite and Bryonia, be followed by salutary results; either one or the other can stand in the proper relation as a therapeutic agent under the law of the similar, never both, and why, then, not adhere to the law, and administer the simillimum?

The therapeutics include also the dietetics, and in cholera infantum it becomes very important to see to it that the proper nourishment is given to the children. The better the dietetics of a child have been understood, and the more proper the nourishment has been from its birth, the less liable will it be to be attacked violently by the ordinary diseases of children during the hot weather. There are general dietetic rules for children laid down in the books, and its all well to know them, but they lead to generalizations; each individual child wants its own individual diet, adapted to its own individual constitutional condition. The administration of crude substances supposed to be wanting in the organism is based on "materialism;" the substances so wanting, or supposed to be wanting, can at best only be supplied by food containing them only in a greater proportion than its ordinary nourishment did. The instinct of children will very frequently indicate the requisite nourishment, which then should never be withheld, if it is even contrary to speculative science. In properly nourished children we will rarely ever find a bad case of cholera infantum, and the more we have studied carefully the proper diet of each individual child under our care, the less will they be liable to diseases of the digestive organs. Many cases of children come under the treatment of the physician which he has never seen before, and the more general experience he has gained about the proper diet of children, the easier will he be able to detect what mistakes have been made in each individual case, and he will at once endeavor to correct the erroneous diet.

The erroneous but generally accepted notion that children should be nursed during the second summer on account of the prevalence of cholera infantum during that season causes more cases and is the frequent cause of the great mortality in that disease. There are nine months of gestation, and exactly nine months of lactation (nursing and feeding by the mother's milk). The appearance of the teeth is the first indication that farinaceous food is wanted and it must not be withheld, and as different children cut their teeth earlier or later during the first nine months, the farinaceous food should be given as it is needed.

All the dietetics being properly attended to, the chief problem is to find in each individual case the corresponding similar remedy. In grave cases, the choice of a remedy must be made at once, as delay is attended by great danger. It is the aim of these short pages to give characteristic symptoms, and a concise description of frequently occurring combinations of symptoms in this form of disease, with their correspondingly similar remedy.

We shall first give the most frequently indicated remedies, and then those less often called for.

*Apis mel.*—The child is inclined to stupor, out of which it starts with a loud, shrill scream. The eyes have a reddish tint. The head is hot. The tongue is dry, but thirst is but seldom present. The skin is dry the hands at times cold and blue. Suppression of urine. The abdomen is tender to pressure. The diarrhoea is worse in the morning, always mixed with mucus, sometimes very offensive or involuntary, or containing flakes of pus.

*Belladonna.*—The child lies in a stupor; it frequently starts up suddenly in its sleep; when awake it is angry and violent. The head is hot, and is often rolled from side to side. The face is generally purple, red, and hot, or very pale and cold. The tongue is red on the edges, or coated whitish yellow, or has two white strips of coating extending down on both sides of the tongue. Thirst moderates, pulse very frequent, small, and hard, occasionally full. Hands and feet cold; the hotter the head is, the colder are the feet. The abdomen is hot. The stools are clay color or green, or consist of white or granular yellow slimy mucus, and very frequent.

*Chamomilla.*—The child is exceedingly peevish; the gums are very hot, the cheeks are red, at times only one cheek; the child wants to be carried all the time; has attacks of colic, draws its knees up, and seems to be relieved for a short time after a passage from the bowels. Vomiting of food and sour mucus. The stools are green, or green mucus at times mixed with white mucus or chopped; the discharges are hot, excoriating the parts, frequent, sometimes smelling like rotten eggs.

*Croton tiglium.*—The child has a stool as often as it is fed or nurses. The discharge is sudden, noisy, and violent, consisting generally of yellow water.

*Ipecacuanha.*—Diarrhoea and vomiting. Vomiting of food and drink as often as one drinks, or vomiting of green mucus. Much nausea, with pale face and oppressed breathing. Stools consist of green mucus, or are bloody or fermented.

*Natrum sulphuricum.*—Frequent attacks of violent colic, with rumbling in the abdomen, relieved by the violent discharge of yellow water with large quantities of flatus. The stools are more frequent during the morning hours, after the child has been taken up and is moved about, like Bryonia.

*Podophyllum pelt.*—Drowsiness or restless sleep, with grinding of the teeth or rolling of the head. Vomiting of frothy mucus, green, or of food. The diarrhoea is worse in the morning, and the discharges are more frequent at night than during the day. Stools green, watery, or mixed with mucus, or like chalk; profuse and painless. During and after stool, prolapsus ani. During dentition also catarrhal cough and catarrh of the chest. Cramps of the feet, calves, and thighs.

*Sulphur.*—The disease generally begins after midnight; diarrhoea and vomiting; the discharges from the bowels are generally watery, green, and involuntary; they sometimes smell sour, at other times

they are very offensive; vomiting is frequent, often smelling sour (like Calc. c.), with cold perspiration on the face (Veratr. cold perspiration on the forehead). The face is pale, the fontanels open, hands and feet cold the very first morning; the child lies in a stupor with its eyes half open; not much thirst and entire suppression of urine. The child does not scream out violently as under Apis, or roll his head as under Belladonna. In such a case as above described one single dose of Sulphur will suffice to re-establish the urinary secretions and cause the child to sit up again and take food.

*Aconitum nap.* is seldom indicated, and then only at the beginning of the disease, especially when it has been caused by a check of perspiration, mostly during the night, when the weather has changed from extreme heat to cold. The child is excessively agitated and restless, pulse very frequent and hard, abdomen very hot; much thirst; the discharges are watery and contain bloody mucus.

*Arsenicum.*—Diarrhœa and vomiting; much thirst for cold water, but everything the child drinks is thrown up at once; hot skin, great restlessness; the child continuously tosses about, changes its position, and cries incessantly. Stools watery and very offensive, or black fluid, or dark, thick green mucus; very great weakness and emaciation.

*Benzoïc acid.*—If, during an attack, the urinary discharges become very scanty, and if the urine has a very pungent, strong smell, and if the urine easily becomes turbid.

*Bismuth.*—Diarrhœa and vomiting. The vomiting prevails; all food and drink is thrown up at once; the abdomen is bloated, the face is pale, blue rings under the eyes. (Compare Creosote.)

*Iryonia.*—The attacks return as the weather becomes very hot, and are relieved on cool days. (Aconite and Dulcamara have the reverse.) Vomiting of bile, tongue coated yellow, thirst, not frequent, but drinking of large quantities, (Aconite has the reverse); abdomen hot, the child does not want to be moved, (Aconite has the reverse); every motion causes pain in the abdomen and a discharge from the bowels. Worse in the morning when beginning to be moved.

*Calcareæ carbonica.*—Open fontanels; stools gray—like clay, smelling sour; vomiting of food, and especially milk, sour; profuse perspiration on the head during sleep; swollen, distended abdomen, (Sacchar. off.); urine clear, (Benz. ac. has turbid urine), is passed with difficulty, and has a strong pungent, fetid odor.

*Carbo veget.*—Diarrhœa; stools very putrid or bloody; face pale or greenish; the gums recede from the teeth and bleed easily; abdomen distended; emission of large quantities of flatus; skin cold; tongue and breath cold; voice hoarse or lost.

*China.*—Painless watery diarrhœa, yellow or blackish or of indigested food; worse after eating (Ferrum has diarrhœa while eating), and worse at night and after eating fruit, with much tendency to perspire.

*Colocynthis.*—Diarrhœa with violent colic before, during, or after the stool, compelling the child to bend double, which seems to give



relief (the colic of Belladonna is relieved by hard pressure across the abdomen; that of Rhus tox. is relieved by lying on the abdomen).

*Creosote*.—Diarrhœa with vomiting; the continuous vomiting and straining to vomit predominates; the child resists the tightening of anything around the abdomen, which increases the restlessness and pain; much thirst; gums hot; coldness of the hands and feet. (Compare Bismuth).

*Iris vers.*—Diarrhœa and vomiting; vomiting of food, bile, or of a very sour fluid; profuse, frequent, watery stools. Tympanitis.

*Natrum mur.*—Watery diarrhœa with colic; incessant thirst with nausea; emaciation beginning at or principally on the neck; abdomen bloated.

*Nitric acidum.*—Diarrhœa, green, mucous or bloody, or putrid; putrid smell from the mouth; copious flow of saliva; ulcers in the mouth and on the tongue.

*Paulina sorbilis.*—Green profuse stools, *inodorous*.

*Petroleum.*—Diarrhœa *only* during the day.

*Phosphorus.*—Diarrhœa and vomiting; desire for cold water, which is thrown up as soon as it becomes warm in the stomach; diarrhœa is worse in the morning; stools consist of green mucus, brown fluid, white mucus, or containing little grains like tallow.

*Silicea.*—Fontanels open; much perspiration on the head; great thirst; emaciation; rolling of the head; suppressed urinary secretions; watery, very offensive stools. (Calc. carb., has sour-smelling stools.)

*Sulphuric acid.*—Frequent, large, watery, very offensive evacuations, with aphthæ and great irritability.

*Veratrum album.*—Diarrhœa and vomiting; great weakness; vomiting of frothy substance; profuse watery diarrhœa, with flakes; during stool cold perspiration on the forehead; pale face; cold hands; voice weak or hoarse; suppression of urine.

If marasmus follows a protracted case of cholera infantum we have two great principle remedies to stay its progress and cure the patient.

*Sarsaparilla.*—Great emaciation; the skin lies in folds; the face is shriveled; aphthæ on the tongue and on the roof of the mouth.

*Iodine.*—The child has an inordinate appetite, but nevertheless continues to emaciate.

If effusions on the brain have taken place, then we may resort to Digitalis, Helleborus, Hyosciamus, Opium, Zinc, according to their respective indications.

These general indications will enable the practitioner to find the proper remedy in many cases, especially in cases requiring prompt and unhesitating prescriptions. The variety of cases is so great that it is utterly impossible to give a proper prescription for all and every variety of cases of cholera infantum or any other disease.—*Hom. Phya.*

[We commend this article for its clear-cut indications brought out with a master hand. We only regret that he did not emphasize the diet-characteristics in the same way.—ED.]

# THE UNITED STATES MEDICAL INVESTIGATOR.

"HOMŒOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

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

---

## A WORLD'S HOMŒOPATHIC CONVENTION AT NEW ORLEANS.—

The wisdom and expediency of holding a Homœopathic convention in New Orleans is apparent now, even to the managers of the American Institute. Since that body did not see fit to encourage a New Orleans meeting next winter, we suggest to our southern brethern that they widen the scope of the proposed meeting, and make it a convention of Homœopathic physicians from all parts of the world. As the Centennial Cotton Exposition has grown into a world's exposition, so may the proposed convention of Southern Homœopathic Physicians grow into a world's convention. The Institute is not a delegated body, is in fact, only a convention, and as our southern brethern are under no special obligations to the Institute, they have a perfect right to extend a cordial invitation to the Homœopathic physicians in all parts of the world to convene in New Orleans next winter. We believe that such an invitation will be generally accepted.

New Orleans by its position and the cosmopolitan character of its people is a place where physicians from Mexico, South America, Cuba, Spain, France, as well as those from all Europe and Asia, as well as the Isles of the sea will feel at home among her people of many nationalities. Unless the cholera or yellow fever interferes, we see nothing to prevent a grand rally of Homœopathic physicians at New Orleans next winter.

As to the programme, let it be the most simple, free and easy including.

I. Incidents in the progress of Homœopathy, chiefly during the last decade. Reports from countries, states, cities, institutions, etc.

II. Comparative superiority of Homœopathic treatment in the various departments of medicine, *e. g.* in the treatment of cholera, yellow fever, etc.

III. Influence of Homœopathy on medical investigation and progress.

The New Orleans profession with its representative nationalities can extend the invitation far and wide, to each Homœopathic physician to be present and contribute. The time we would suggest as most appropriate would be April, so as to include a grand celebration on Hahnemann's birth day, April 10th.

The Illinois Society appointed a large delegation to attend this Southern Convention of Homœopathic physicians. Other societies (including the Institute and Academy) doubtless will do the same when the advantages of a representative convention are well understood.

This will not in the least interfere with the St. Louis meeting, at which will occur, we presume, the union of the Western Academy with the American Institute. The South needs all the help we can give. A world's Homœopathic convention in New Orleans would overtop the meeting of the American Medical Association.

---

## Pharmacy Department.

---

### REPORT ON PHARMACY.

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

**MR. PRESIDENT AND MEMBERS:** As chairman of the working bureau of pharmacy it has been my endeavor to get out and present a full report from all along the line, but circumstances have been against me.

One member of the bureau has gone out of medicine or is going and retains little interest. I expect a report on water, the most valuable remedy in medicine, the one that commands the highest price and the one that receives the least credit, whether as a pura or aqua mineralis.

Another member who was all enthusiasm last fall has been sorely trituated and is quietly recruiting his wasted energies in another hotel. We hope that he may yet appear and give us something on a subject of special interest to all, i. e., change of names.

Another member has dropped the pestle for the scalpel, but before we transfer his name from the roll of druggists, we shall expect the bold soldier by way of farewell to pills and powders to look back at pharmacy through his surgical eyes and to plump his lancet into anything that fluctuates.

The other member is still a working force and can voice his own thoughts, experience or observation.

### PROGRESS IN PHARMACY.

As the hour is late I will only detain you a few moments with a brief survey of the progress being made in pharmaceutics.

In Homœopathic pharmacy there occurs little change from year to year. The demand for vials, pills, tinctures and triturations is about the same constantly. The high potency men buy chiefly alcohol and vials, while the low men prefer to widen their range including tinctures up to the highest dilutions. The variety increases from year to

year. The demand for vials is a reliable quantity. The great progress made since the vial of Hahnemann to the patent lip of to-day is noteworthy. The demand for the best vial has created a grade that is known to the trade as "Homœopathic vials." This is no small honor. Here again Homœopathy out ranks its less careful rivals. The rage for "color," colored vials so much in vogue a few years ago has subsided and there is a return to the clear flint glass. For the sake of variety, and for special uses the amber vial still retains a place in the stock of all well appointed pharmacies.

In pills we can record an innovation. Since the days of the proving of Sac alh. with its long array of powerful (?) symptoms closely simulating those of the acid used in its clarification, from that day there has been a demand for pellets made from an inert substance. This is supposed to be sugar of milk, at any rate sugar of milk globules are now on sale.

This may be a medical loss as well as a pharmaceutical gain. For they cost more while the medicated liquid with which they are saturated can be more largely diluted with aqua pura.

The general complaint is that they are "too hard" to absorb well. In some instances that is an advantage, for there has been a demand for pills that would absorb the tincture or first dilution of some of the remedies, notably the acids, without becoming "mush" in the vial. If these new sugar of milk globules will meet that demand then we can record a progress.

As innovators into our chosen field, with the object of displacing our pellets and disks, come some granules under the high sounding name dosimetrics. It is supposed that these are "measured doses" of the alkaloids sugar coated. If all vary as much in size as those that have come under the notice of the writer the name should be changed to poly-dosimetrics.

If Allopaths want to give small doses why not give them as we do? but thus to endorse Homœopathy would never do, so they counterfeit our little pills as closely as possible.

If our physicians let these dosimetric granules and parvules alone the people will never be deluded into taking these sugar coated frauds.

The effort to get the most of the medicinal virtues out of the crude substance has in Allopathic pharmacy led to many innovations. It is encouraging to state that the drift is towards the established Homœopathic plan. In our ranks we note some novel claims which, like the necromancy of long ago, attracts attention—and customers.

Hahnemann taught that one drug yielded its best qualities when the menstruum was in a certain proportion. What this should be each case ought to be decided by an experimental committee composed of pharmacists and physicians. The effort was in the long ago to reproduce as nearly as possible the standard used in the original provings. But whether that is the best is a question that can only be decided by an intelligent and systematic trial.

The progress to be recorded in the line of triturations is towards a careful and intelligent reduction of the drug. To follow the rule to triturate an hour—only an hour and always an hour—is not always the

best. Some agents we know cannot be properly mixed, even in the 1st, 2d, or the 3d, within the time specified. Again it is a question if continuous trituration does not change some remedies entirely. (Kali chlor.) It would seem then that some intelligent variation should be made to the rule. Again to claim that time is the only element in the preparation of a good trituration is not borne out by observation or experience. Here again, some rule should be ascertained by such a committee as indicated above.

In closing, I respectfully submit the following :

Resolved, That the Bureau of Pharmacy be requested during the coming year, to ascertain and report to this body, at a subsequent meeting, the proper menstruum in which to prepare the tincture and lower dilutions of each of the polychrests, usually prepared in liquid.

Also, The best method of obtaining pure, the metals and other drugs (polychrests) now usually dispensed in powder, and add the necessary directions as to time and method of preparing the best triturations in each case.

On motion, the resolution was adopted unanimously.

---

## Book Department.

---

**VACCINOSIS AND HOMŒOPROPHYLAXIS.** By J. C. Burnett, M. D.  
London Homœopathic Publishing Co. Chicago: Duncan Bros.,  
\$1.00

The author here gives a number of cases of supposed effects of vaccination, which he terms vaccinosis. Whether he is correct or not the cures are most beautifully made by Thuja, Homœoprophyllaxis is but another name, and a more significant one if not more scientific.

The fact of vaccination, as well as the many being developed by Pasteur, certainly merits a name that is explanatory. We doubt, however, whether those scientists will readily adopt the name given by Dr. Burnett, but if we insist on it they may be.

This little work is full of practical suggestions and cases of headache, neuralgia, enlarged glands, eruption and even spinal irritation may be found on investigation to date from vaccination, and can be relieved by Thuja.

In conclusion he commends the administration of diluted vaccina instead of having the subject vaccinated.

**GEOLOGICAL EXCURSIONS** or the rudiments of geology for young learners. By A. Winchell, L. L. D., Chicago: S. C. Griggs & Co.:  
Duncan Bros. pp. 234, \$1.50.

This is the outlines of a science, closely related to medicine, that is presented in a way that is most fascinating. It is designed for schools, but should be in every family where there are children big enough to throw a stone. The reference to "Homœopathic pills" on p. 154, shows that this author is a friend and is doing a friendly service for our cause in a quiet way, among the little folks. "Homœopathic pills" (No. 30 we suppose) have a place among the rocks. They are a part of a medical upheaval.

**CLINICAL LECTURES ON MENTAL DISEASES.** By T. S. Clonston, M. D., Edin. F. R. C. P. E. Philadelphia: Henry C. Lea's Son & Co., Chicago: S. A. Maxwell & Co.: Duncan Bros., pp. 550, \$4.00.

This work is written by the physician superintendent of the Royal Edinburg Asylum for the insane. He lectures in the Edinburg University and formerly co-editor of the journal of mental science he has here given in a clinical way the mental diseases abundantly illustrated by cases. His first lecture is on the clinical study of mental diseases. Here he takes exceptions to the current nomenclature. For melancholy he would substitute psychalgia. Why would not cerebralgia be better. Gastralgia is often the cause of the so-called mental depression. Mental action is due to cerebral activity then why not give brain diseases a consistent nomenclature and pathology. All of the forms of so-called insanity are here elucidated. To this work appended by C. F. Folsom, M. D., is an abstract of the statutes of the various states relating to the custody of the insane. The whole makes a very practicable readable book. We only regret that the author was not more familiar with the use of remedies, according to similia. The eight plates illustrating various pathological states greatly add to the interest of the work.

**ILLUSTRATIONS OF THE INFLUENCE OF THE MIND UPON THE BODY** in health and disease designed to elucidate the action of the imagination. By D. H. Tuke, M. D., F. R. C. P. L. L. D. Second American from the second English edition. Philadelphia: Henry C. Lea's Son & Co., Chicago: Jansen McClurg & Co.: Duncan Bros. pp. 480.

This work is a curious collection of illustrations of the great influence of the mind over the body. He first takes up the influence of the intellect upon the body then the emotions and the will. Part IV gives at length striking illustrations of the influence of the mind upon the cure of disease. Chapter XVII cites the general influence of the physician upon the patient in exciting those mental states which act beneficially upon the body in disease, and finally winds up with an analysis of animal magnetism. The whole makes a work of exceeding interest. How to rouse the patient's confidence and the co-operation of his will is one of the secrets of medical success. That many diseases can be cured by our remedies without or even against the patient's will we have illustrations every day, but the wise physician gets all the co-operation he can. The two diagrams illustrating the phenomena of blushing, dilatation of the pupil, palpitation, etc., add no little to the interest of the work.

**ELEMENTARY PRINCIPLES OF ELECTRO-THERAPEUTICS FOR THE USE OF PHYSICIANS AND STUDENTS.** By C. M. Haynes, M. D., with one hundred and thirty-five illustrations. Published by the McIntosh Galvanic & Faradic Battery Co., Chicago: Duncan Bros. Price \$2.00.

This work has been called out by demands for rules for the use of the galvano-faradic batteries of the McIntosh Co. One would expect concise clearly detailed and definite directions for the use of these

combined machines. Turning to spinal irritation a term used to cover a host of troubles in which the galvanic current has proved so valuable, the term does not even appear, speaking however, of "dyspepsia dependent upon spinal exhaustion" (whatever that may mean,) we find (p. 329) directions to use "a mild galvanic current" to the spine, one pole upon the cervical vertebræ and the other over the end of the coccyx. How to run the current is not stated. This is a grave omission in a work like this. In fact it is just for such a practical point as this that a guide is needed. We find here three forms of electric batteries are described, viz., Faradic, Galvanic and Franklanic. All of these confuse and we are of the opinion does much to render the use of a valuable agent less frequent than would otherwise be the case. Electricity is only one force. It may be generated by a variety of means and its transmission is either continuous or interrupted. In the former we get it in the galvanic machine and can get it also in the static machine. This current is a profound one it seems to effect the very cells. It is the chemical current. The silent powerful agent. The interrupted current on the other hand seems more superficial. Its action is felt upon the muscles perhaps for the reason that the alternate breaking and closing the current produces contraction of the tissues and as the muscles are the most contractile they feel the action most markedly. This is the current that most people are familiar with and have learned to dread, as well as to doubt its value. Its effects are tonic it is true, but evanescent and to our mind in a medical way is the least valuable.

The bulk of this work is taken up with directions for the use of both currents. The illustrations of how to apply the various instruments as well as the directions of the currents will make this work eagerly sought for by those who would like to know more about the use of this valuable agent. In the preparation of the next edition we would suggest that the author get from those who use the McIntosh batteries, practical hints as to the application of electricity in the various diseases.

---

## News of the Week.

---

*Dr. A. M. Cushing* has removed to 605 Tremont St., Boston.

*W. H. Hall, M. D.*, of Chicago, is recovering from a severe attack of dysentery.

*O. S. Sanders, M. D.*, of Boston writes, "The summer days are lovely in Boston this year."

*Prof. J. T. Kent*, of St. Louis cures mammary tumors with *Carbo an.* 300, repeated in thirty-nine days, and recurrent fibroids with *Silicea* 5000.

*Murried.*—The *Pacific Medical and Surgical Journal* and the *Western Lancet* have united their fortunes, reduced their price, and promise good things to the many readers on the coast, and elsewhere.

*Prof. J. G. Gilchrist* has resigned the position of secretary of the Michigan State Society. He is evidently disgusted with the small scientific results of his hard labor. Dr. A. B. Grant, of Dowell, is his successor.

*Dr. J. Field*, of Kansas City, reports that in six cases of adherent placenta he has saved the women by pumping cold water through the umbilical cord. In one case the patient was in convulsion when the afterbirth came away.

*Dr. T. Gallard Thomas* divides the American woman into two classes; one class comprising those women who desire above all things to become pregnant, and the other those who are anxious above all not to bear children.

*Dr. S. D. Gross'* ashes weighed seven pounds. They were enclosed in a marble urn about three feet high, unornamented and without inscription, and placed beside the coffin of his late wife in the family vault at Woodlawn cemetery.

*The Massachusetts State Society* has elected the following officers for the year 1884—1885: President, L. B. Parkhurst, Northampton; Vice-President, N. W. Rand, Monson; Second Vice-President, C. H. Harvey, Springfield; Secretary and Treasurer, G. H. Wilkins, Palmer.

*The Western Academy of Homœopathy*, at the Cincinnati meeting, elected the following officers for the ensuing year: President, A. S. Everett, of Colorado; Vice-President, H. R. Arndt, of Michigan; Secretary, C. H. Goodman, of Missouri; Treasurer, Geo. W. Foote, of Illinois.

*At Both.*—Missed you at last meeting of the A. I. H. which was large and interesting. Hope you are better, and that we may meet at the next, whether it be in St. Louis or New Orleans. If it should not be changed to the latter place, then I trust we may be at a southern convention. Possibly at both.

F. H. ORME.

*Southern Exposition.*—We have received a beautiful picture of the Southern Exposition, which opens at Louisville, Ky., August 16th, and continues until October 25th. The view is of the main building, which is one of the largest exposition buildings ever erected. It covers thirteen acres of ground, and will be lighted throughout by five thousand electric lights.

*J. P. Hunting, M. D.*, of Belle Plaine, Ill., made us a pleasant visit. He cures Rhus poisoning with Sang. tinct. in water locally, and a drop tincture in half a glass of water internally. He cured the first case of diphtheria he ever saw in New York with Arsenicum, Bryonia, and Belladonna. He uses Belladonna for badly treated cases. Arsenicum and Bryonia are his chief remedies in diphtheritic croup.

*A New Function of the Red Corpuscles.*—Fano has studied the manner in which peptone is altered after being injected into the blood of animals. It is a well-known fact that it cannot be detected half an hour after injection, and by very careful investigation he thinks he has proved that the red corpuscles have the power to transform the peptone into globulin. The corpuscles, after a certain time, give up



the globulin to the tissues, and thus form a nutritive reserve. We may liken the process to the glycogenic function of the liver cells.—*Sperimentale, Edin. Med. Jour.*

*Teas.*—One of the most delicate teas imported at the present time consists of a judicious blending of the choicest Formosa Oolong with the milder leaf of Japan. A lady, somewhat poetically inclined, said the other day that it has "a reminder of Eden in its exquisite aroma." Its exporters have obtained the control of a new tea-curing patent (the only one ever issued), and evidently mean to demonstrate by Eola tea what their newly patented curing machine is capable of. Another good point about this tea is that its package is free from all taint of lead, as it is imported only in the Perfection Tea Can, which is, as everybody knows, simply sheet tin, machine-pressed and paying no duty.

*Locomotor Ataxy not Tabes Dorsalis.*—Pierret discovered that the "posterior sclerosis" necessary to locomotor ataxy was limited to the postero-external column or "root-zone" of Charcot. Many observers have shown that the awkward gait of "tabes dorsalis" may never make its appearance. Contemporaneously with the propagation of these doctrines—by Buzzard, Gowers and others—Pierret, and afterwards Dejerine, were upholding the doctrine that the symptoms of "tabes dorsalis" might be due to multiple peripheral neuritis. In a partially successful case of nerve stretching for locomotor ataxy, by Langenbuck, the patient died at a second operation, apparently from Chloroform. It was found that no change existed in the spinal cord. Disturbances of sensation and disorders of locomotion identical with symptoms of "tabes dorsalis" have been shown (*La France Medicale*, October 30, 1883) to have existed in two cases in which spinal cord, roots and ganglia were found healthy, but in which the peripheral nerves exhibited the changes ascribed to atraumatic parenchymatous neuritis.—*London Lancet.*

*Inhalation in Phthisis.*—The general practitioner will be glad to make the acquaintance of any device to afford relief to consumptive cases. We have seen some very intelligent patients who persistently maintained that they obtained marked relief from the inhalation of the peroxide of hydrogen (H<sub>2</sub> O<sub>2</sub>). De Renzi and Rummo (*Gazz Medica Ital.*) claim good results in phthisis and other diseases of the respiratory organs from the inhalations of Iodoform dissolved in turpentine. The patients were made to inhale twice a day, for two hours, in a small room, the spray of Iodoform and turpentine. The effects were more satisfactory than with any other mode of treatment. There was always prompt and considerable diminution of cough and expectoration; in bronchiectasis the fetid expectoration was completely deodorized. Physical signs diminish, the temperature falls, pulse and respiration are less frequent. The secretion of urea is lessened in proportion to the fall of temperature. Iodoform given by inhalation is much more prompt in action than when taken by the stomach; it is an anæsthetic to the pulmonary vagus, and has an alterative and drying local action, which is aided by the turpentine.

Its anticeptic action must also be taken into account.—*Weekly Med. Rev.*

*Died.*—At his residence in Walcott, Dakota, June 26, 1884, of meningitis cerebro-spinalis, J. W. Morse, M. D., after a painful and lingering illness of eleven weeks. Dr. Morse graduated in medicine in the spring of 1877 receiving his diploma from the Rush Medical College of Chicago. Immediately after graduating he located in the city of Beloit, Wis. His sterling qualities as a man and self sacrificing devotion to his chosen profession which he loved soon won for him a large circle of friends as well as a good practice. Of an investigating mind, honest in his convictions, he began to test the new school of medicine, soon after he began the practice of medicine. In the spring of 1883 he moved from Beloit and located in the city of Waupaca, Wis., and began the practice of Homœopathy exclusively. During his one years residence in Waupaca, Dr. Morse did well for our cause. Building up a good practice and making a host of staunch friends. Desiring to broaden his labors he located last March in Walcott, Dakota. In the death of Dr. Morse Homœopathy has lost a stalwart champion, his medical associates an agreeable co-workers, a noble exemplar, his family a loyal devoted husband, a kind and loving father. May we submissively bow to the decree of Him who doeth all things well.

J. S. DANIELS.

A *National Sanitary Conference* will convene at Washington, A meeting of the National Sanitary Conference will be held in Washington on August 7, prox. The conference is composed of representatives of State Boards of Health. Its object is to secure concert of action by all health authorities against the spread of epidemic diseases throughout the country. Quarantine officers of all the principal ports from Maine to Texas and on the Canadian frontier, the Ontario Board of Health, the health officer of Montreal, and the health authorities of large cities in states where no State Boards of Health exist are invited to attend forthcoming meeting. The action of the conference is made necessary by the absence of any properly equipped national health organization competent to cope with the threatened invasion of Asiatic cholera, and to aid and co-operate with state and local organizations in preventing its spread from one state to another. The failure of Congress to make the necessary appropriations for the work of the National Board of Health and to enlarge its powers, has thrown a responsibility upon state and local authorities which properly belongs to the National Government. The conference will endeavor to determine how state and local authorities may best meet this responsibility, to which end its attention will be directed to ascertaining definitely what the United States Government is doing and can do to prevent the introduction of cholera, and what it can do to prevent the spread of the disease from one state to another should it be introduced. 2. What the local maritime quarantines and health authorities are doing and can do against the introduction of the disease. 3. What is necessary to be done by state and local authorities in anticipation of an epidemic and to prevent any spread from place to place should cholera effect a lodgment.

# The United States Medical Investigator

VOL. XX. No. 5.

AUGUST 2, 1884.

WHOLE No. 399.

## Materia Medica Department.

---

### *MATERIA MEDICA AS TAUGHT AND APPLIED.*

BY F. W. GORDON, M. D., STERLING, ILL.

Read before the Illinois State Homœopathic Medical Society, May 20, 1884.

Medicine is defined as the art and science of curing disease. If we embrace physiology, pathology, anatomy, surgery, etc., it may indeed be called a science. But if we confine ourselves to therapeutics the question is widely open for discussion, while it is generally considered a science it is far from being an exact science. We know that two and two makes four everywhere and always, but that a given remedy may be relied on to produce certain results under like circumstances in every case, we know equally well is not true and never can be. Even at this late day the world seems scarcely less in doubt regarding action of drugs and the cure of diseases than in Babylonian times 600 years before Christ. In those days it is said that the sick were expo-ed by the way side that those passing who had been similarly afflicted might point out the remedy. Later, they were obliged when healed to go to the temple and record on tablets the means used for their restoration. Esculapius is said to have acquired great skill and for a century or two, was known as the god of medicine. Hippocrates was the first to give clear and accurate accounts of symptoms and disease, and also became skilled in anatomy and surgery. This was about 460 years B. C. To Galen born 130 A. D., belongs the honor of having been almost absolute authority in medicine for twelve centuries. In the sixteenth century Ambroise Pare became a striking example of the saying "necessity is the mother of invention" as well as a great benefactor to his race. To Harvey are we indebted for a perfect knowledge of the circulation of the blood, but to the nineteenth century belongs the honor of systematic progression and classification, embracing anatomy, physiology, histology, micro-chemistry, pathology, etc. To our own immortal Hahnemann belongs the honor of discovering and correctly applying the beautiful law "Similia Similibus Curantur," a law which commends itself at once as being sensible, practical and scientific. Probably few if any of the benefactors of the human race have done more to ameliorate the sufferings of mankind than has the founder of Homœopathy. Its influence has been two-fold; for while furnishing a guide to those who accepted its teachings, it served at the same time to open the eyes of its enemies, compelling them to abandon their methods of torture, stimulating them to far more rapid advances and scientific attainments than ever before. That so much division on the law of

dose should exist within our own ranks would seem to be cause for regret. Yet who knows but that this bone of contention may serve to stimulate us to still greater achievements and ere long place us upon a higher and more universal plane of equality. I wish particularly to emphasize the importance of being honest with ourselves and with each other. In other words, instead of practicing what we preach is it not often the case that we fail to preach what we practice. While fully acknowledging the Homœopathic law, I am free to confess that I have always had many misgivings as regards the virtues of high potencies. That many and almost miraculous cures are wrought with them I would not attempt to deny. But when we consider the sources of contamination that constantly beset us, such as uncleanliness, impure water, vitiated atmosphere, the use of tobacco, alcoholic stimulants, neutralizing drugs, etc., even admitting the inherent power of the remedy, is it not rational to weigh these matters carefully, lest in our zeal to establish the correctness of our faith, we place the lives of our patients in jeopardy?

Samuel Patter has recently demonstrated that chemistry is unable to furnish proof of the material presence of medicine beyond the fifth, the microscope beyond the seventh, and that the theory of molecular magnitudes stops at the eleventh centesimal. Should this be so—and it certainly does not appear unreasonable—have we not good grounds for questioning their virtues, especially when considered in connection with the other contaminating influences previously mentioned?

As before stated I am not prepared to deny their efficacy, but raise this question in a spirit of honest inquiry as an humble seeker after truth. Pure Homœopathy as discoursed to us day by day through text-books and otherwise would seem to be equal to any emergency that could possibly arise. But let us for a moment step to the bedside. Here may be seen not unfrequently, the ministration of crude drugs and nauseous doses by even those whom we had been led to suppose never used them under any circumstances. When failing to control intermittent fever with the medium or higher attenuations of *Arsenicum*, *Ipecac*, *Nux.*, *Mercurius*, *Gelsemium*, etc., and fearing after a time that they may bring discredit upon themselves, or see the case go into the hands of some Allopathist, they resort to a few doses of Quinine and at once suppress, if they do not wholly remove the disease. Likewise also in acute dysentery, cholera-morbus, neuralgia, pleurisy. Not succeeding in reasonable time with the chosen remedies, opiates are resorted to greatly to the relief of the patient. Now I am not taking issue with these men so much because of the means used, as for their failure to confess it. That I am in the habit of making use of such means as in my judgment the case demands, I am free to acknowledge, even if I cannot satisfactorily reconcile it with strict Homœopathic teaching. Our business is to cure the sick, and we should exercise common sense and liberality enough to use any and every means consistent with reason and sound judgment, to relieve the suffering promptly and permanently if in our power to do

so, and then be honest enough to let the world know it. To illustrate our failures, to see ourselves as others see us, I will give an incident that appeared in one of our journals a few years since. A certain physician on receiving a copy of that journal returned it giving the editors to understand that it was not Homœopathic enough for him. Not long after a prescription came into their hands made by this physician, which reads thus:  $\beta$ . "Lactopeptine grs. 30, Nux. vom., 3dx grs. 15. Hydrastis 1stx grs. 15, Sac. lac., grs. 90." And say they it is a very good prescription for dyspepsia, but how is it for pure Homœopathy? When such methods are resorted to by physicians who declare before the world they are strictly Hahnemann Homœopaths and nothing else, we very naturally conclude things are not as they should be. That most Homœopathic physicians are in the habit of using one, two, or even three grain doses of Quinine or Cinchonidia, when the case would seem to demand it as a fact undeniable, to say nothing of Morphine and other preparations, and that such physicians are generally unwilling to have it known is equally true. In all seriousness I would ask: ought these things so to be? That small doses of the Cinchona salts oft repeated will materially aid in arresting and not unfrequently abort diseases of malarial origin has been clearly demonstrated. I claim too that such treatment is not at variance with the law of similars, while it is clearly our duty to investigate all substances, new or old supposed to contain valuable medicinal virtues, it is also as clearly our duty to see that we are thoroughly armed with their true spheres of action. Give us the reliable effects of the drug, symptoms that are pathognomonic instead of a thousand and one that are unreliable, confusing, largely imaginative, and tend only to bring discredit so long as our journals will suggest as did one a few years ago—five-hundred remedies for the treatment of miscarriage, and for other diseases proportionately, just so long may we expect ridicule and want of recognition as men of education and scientific attainments, by those who oppose us. In regard to the use of stimulants I have long keenly felt the need of thorough reform, although far in advance of the dominant school in the use of intoxicants, yet far greater reform is needed, yea, demanded.

Never, I contend, should intoxicants be used except as clearly indicated, and then with the greatest caution and as much disguised as possible. If the medical fraternity of all ages throughout the world is to give an account for every sin both of omission and commission concerning the use of stimulants, what a fearful reckoning awaits it. If used at all let it be when strictly indicated in the same manner we seek to affiliate other remedies instead of thoughtlessly and indiscriminately as has hitherto so generally been the case. Hahnemann once expressed all that is embraced in the curriculum of medicine in these few words: "No reasonable physician can be satisfied with practicing within the limits of antiquated rules derived from speculative theories instead of pure experiments. His object is to cure the sick, and the innumerable powers of nature without excluding any, have been assigned to him to effect that process of

regeneration." \* \* \* Far be it from me to attribute ignorance or want of success to those who see fit to employ the 200 or 1000th potency. That they fail to accomplish as many and as radical cures as their brothers whose faith does not ascend to infinitesimals of such incomprehensible minuteness, I am not prepared to affirm. As for myself I bid them God speed, but cannot go with them. To accuse of insincerity him who employs high potencies or denounce as non-Homœopathic any who seek to reconcile the material dose with the physiological and philosophical law of similars, is not the spirit that should actuate us. Because some cannot be persuaded of the efficacy of the 200th, and others fail to reconcile anything below the 3d with true Homœopathic doctrine, let us not denounce one another as quacks, imposters or mongrels, but in a spirit of honest inquiry, seek to more fully develop the great law similia, upon which we can all meet on a common level. To maintain that every virtue that belongs to the healing art is embraced within the limits of attenuations and triturations is to stamp the millions who have seen fit to honestly differ with us as grossly ignorant or wilful falsifiers. While we have reason to be proud of our honored teachers, and of our position and success, we have not yet reached perfection.

The schools are slowly but surely approaching each other. I have noticed striking illustrations of this fact in Old School journals, especially during the last two years. Examples setting forth our law and dose so clearly that the authors would feel called upon to state emphatically that they had no sympathy with Homœopathy lest some of their craft might accuse them of falling from grace. There are many in the ranks of our opponents to-day, who openly acknowledge that great benefit have accrued to them through our teachings. A prominent physician in Ohio, not long since published an article in one of their leading journals, manfully stating that he had never been able to account for his success with minute doses of Mercury and other remedies until he investigated the text-books of Homœopathy. When such leading lights as John Tyler Bristow, St. John Roosa, Geo. F. Shrady, C. R. Agnew and many others, in fact the State Association of the empire state of the Union extend to us freedom in consultations, if not recognizing us as peers, they do at least indirectly acknowledge us as physicians and entitled to respect as such. If any are in doubt in regard to the position of our opponent at the present time, let them consult their latest and most reliable authors on materia medica and therapeutics; notably, Bartholow and Ringer. Those works are unintentionally, though none the less surely, sounding our praises throughout the English-speaking world, and will continue to sound them until others catch up the strain and send it onward and yet onward until we stand upon one broad platform, one common level, and known only by the name physician. I know I am now treading on disputed ground, yet I am fully convinced that history will eventually confirm my position. Do not understand me as in any way denying the truths of the Homœopathic law, on the contrary, I am as firm in its support as ever, but not to the utter

exclusion of every other means, however well supported by authority and experience, simply because we cannot clearly define it as in accordance with our understanding of the laws of cause and effect. To predict as do many of our high potency brothers, that all will eventually stand on their platform, is to betray a want of wisdom and foresight which at this age is inexcusable. On the other hand it is equally absurd to maintain that the teachings of the dominant school will finally overcome all opposition. We can, however, observe that the opposing forces are gradually nearing each other, that our law is being largely made use of by our opponents, yet not acknowledged. That a spirit of tolerance and liberality is noticeable to a degree never before witnessed. For these and other reasons I think it safe to conclude that the child now lives who will see my predictions practically carried out. It is not, however, of great importance that we concern ourselves upon this point, but rather that we attend to the demands of to-day. Let us move onward with willing hands and open hearts to obtain all possible information from whatever source seeking only for the way whereby we can attain nearest unto perfection, and consequently be of greatest benefit to suffering humanity. We should ever guard with a jealous eye the standard of our high calling, seeking ever to raise but never to lower it. There are golden opportunities for our day, great achievements within our reach. Shall we improve them or must the honor be accredited to future generations. In the words of one of my honored teachers who when illustrating physical operations in nature, said: "It teaches us that this mass of corruptible matter which we now call our own, but which others so lately claimed, and still others will soon arrogate to themselves should be used during our brief ownership only for the highest good. It admonishes us both by the much we have to do, and by the brief interval in which we must accomplish it. For never did greedy expectant heirs wait more impatiently for the misers gold than do the hungry plants await our death. It exhorts us to be faithful earnest teachers, attentive and thorough students. It bids us in a thousand voices to be 'diligent in business, fervent in spirit.' It reminds us of the physical and intellectual good we have received from others and appeals to us to repay the debt of gratitude. It re-echoes the words of the great physician, freely ye have received, freely give."

---

*To make Corks Air-tight and Water-tight.*—A German chemical journal commends the use of paraffine as the best method of making porous corks gas-tight and water-tight. Allow the corks to remain for about five minutes beneath the surface of melted paraffine in a suitable vessel, the corks being held down either by a perforated lid, wire screen, or similar device. Corks thus prepared, the writer says, can be easily cut and bored, have a perfectly smooth exterior, may be introduced and removed from the neck of a flask with ease, and make a perfect seal.

## Surgical Department.

### ON A NEW MODE OF OPERATING FOR FISTULA IN ANO, WITH CASES.

BY E. Z. COLE, M. D., MICHIGAN CITY.

Read before the Indiana Institute of Homœopathy.

My attention was called to a new mode of operating for anal fistula by Prof. E. W. Jenks, M. D., of Chicago, Ill., which I will describe as briefly and fully as possible. Every surgeon who has operated for fistula in ano many times knows too well how unsatisfactory the after results have been from cutting in a majority of cases by the incontinence of feces and flatus that has followed the operation.

And the slow and tedious, and many times complete failure for the gap or wound to fill in by granulation. The mode of operating is as follows: First, after determining the routes of the fistulous tracts they are incised after the usual method, aiming in every instance where the incision involves either sphincter muscle to have the incision at right angles to the muscular fibres. The next step is to carefully dissect out the so-called pyogenic membrane or all of the lardaceous tissue and the cartilagenous substance along the route of the fistula.

This can be done with curved scissors, or a cutting curette. It is not unusual to find several bleeding vessels in the fistulous tract, these should be secured by torsion in preference to ligatures, but if ligatures become a necessity, then Chinese silk is to be preferred.

Frequently we find, after cutting a fistula, that there are over-lapping the incision, portions of thin livid skin of low vitality, this should be entirely cut away in all instances, but in the operation under consideration, the edges of the incised skin should be pressed until they can be brought together perfectly. The deep sutures can be adjusted in the easiest manner by a Peaslee's needle or the common perineal needle, and should be buried beneath the bottom of the incised fistulous tract. So that no portion is visible excepting the two ends protruding from the integument, in addition to deep sutures, it is in most instances necessary to insert superficial sutures alternately with the deep ones that the strain may be lessened. The severed portions of the sphincters are united by sutures in the same manner as is done in complete laceration of the perineum. The success of this operation is mainly due to the severed ends of the sphincters having been held in perfect apposition a sufficient length of time to effect their union; for this purpose silver wire sutures properly adjusted are without question preferable to silk. If an opening into the rectum of the tract of the fistula is of such a height, that its incision includes any portion of the internal sphincter, it is necessary to use additional sutures within the rectum to bring and maintain in apposition such incised parts as the external sutures will fail to do. Dr. Jenks recommends the use of Chinese silk for this purpose, for the reason that



while sutures of this material are commonly of sufficient strength to hold the parts together until union is secured, they do not require removal by the surgeon as they are discharged in a few days, if it is deemed desirable for any reason to use stronger sutures—the best material is “Ironized silk,” because of its black color, which renders it much easier than white silk to remove from the rectum. In case of there being several fistulous openings in the rectum, an attempt to cure all of them at one operation by this new method, would doubtless result in failure. The same is true of the ordinary mode of operating. As is well known to all who have had much experience in rectal surgery, with several incisions left to heal by granulation when the sphincters are included, incontinence is quite sure to follow.

We are advised by good authority on this subject, that for this reason an attempt should not be made to cure all by a single operation. In Jenks' mode of operating more sinuses can be safely cut than by the old method. And yet too much should not be attempted in one operation. Very much depends on the character of the fistula. As for instance, if there is anything like the ulceration, common with consumptives at the rectal end of a sinus, an attempt should not be made to bring the rectal edges together by sutures. Yet some of the other sinuses can be incised, and be made to unite by sutures. Nor should any fistula be incised if it is acutely inflamed. In either one of these conditions pus would be very likely to burrow, and new sinuses be formed. The route of an internal fistula may be straight or tortuous, and if either, sometimes it will run close to the mucous membrane and have its rectal opening above the internal sphincter, or it may run behind both sphincters and open above the internal, or while extending a distance above the internal sphincter as a probe indicates, its rectal opening may be quite a distance below its upper limit. If such fistula are incised their entire length, and then left to heal by granulation incontinence in some degree is inevitable. If some of these fistulas are not too deep or do not communicate with abscesses they may be cured by the method heretofore described. In the absence of exact knowledge concerning the use of sutures in case all the fibres of both sphincters have been cut through, it is deemed best and the most prudent course to pursue, when such incisions seem to be required to insert an elastic ligature at the upper limit of the fistulous tract, and after causing it to cut through the internal sphincter at right angles to its muscular fibres, the remaining portion may be incised and united by sutures, in the manner already described, or left to be cut entirely through by the elastic ligatures, as in the judgment of the surgeon may seem best in each case.

It is as impossible to follow any exact rules as it is needless to give them for the surgical treatment of fistula. Especially is this true of many internal fistula, while in my opinion there are some fistula in which sutures are better than any other mode of treatment, others can be more certainly cured by means of the elastic ligature. Then again there are doubtless some which can only be treated by being incised and left to heal by granulation. As regards the manner of adjusting the sutures, the same exact rules can not be followed as in

perineal operation, or other plastic operations about the pelvic organs, for the reason that there is such a lack of uniformity in the shape and location of fistula. For the purpose of obtaining success in operations under consideration, adherence to the general rules of surgery, the teachings of experience, and the ingenuity of the operator are requisite in each individual case.

Having described Jenks' method with a few suggestions from my own experience in operating on several cases of fistula by the new and old method, I will give the results of treatment in three cases operated on by myself following this new method. The results have been in every way satisfactory.

First case—operated on by this method was a man thirty years of age; had suffered with complete fistula for about four years. The external sinus was about two inches from the anus. The sinus passed up beyond the external sphincter, opening within the internal sphincter a little above the usual site, which is between the two sphincters. I incised the sinus in the usual manner, cut away all adventitious tissue by means of small curved scissors, the edges and deeper parts trimmed and bleeding vessels secured by torsion, as recommended by Jenks. The sutures were inserted so that no part was visible in the wound, the sphincter was united by silver sutures and there being a small gap within the rectum, I used two sutures of Chinese silk for the purpose of closing this gap. On the tenth day, after a thorough evacuation of the bowels, all the sutures excepting those of Chinese silk were removed, union was complete, the entire length of the sinus excepting at the point of the external sinus, where from some unaccountable cause one of the wire sutures tore out, which healed by the fifteenth day.

One other case of blind external fistula opening about two and one-half inches from the anus with a tortuous sinus of about three inches in length, extending up the bowel about two inches was made complete and an elastic ligature inserted and allowed to cut its way through the external sphincter and the remaining sinus incised and treated by the method described in the first case; and on the twelfth day sutures was removed, bowels moved by an enema, and union was complete.

In the third case of a prisoner in the N. I. penitentiary with complete fistula in ano, I performed the operation in a similar manner to the first case described, and the results were in every way satisfactory.

In concluding this paper I believe with Dr. Jenks that this method is the best in the majority of cases, we avoid the long and tedious convalescence of the ordinary mode of operating, we secure union by first intention and the prevention of incontinence. If the external sphincter is very rigid it can be temporarily paralyzed by stretching with the thumbs prior to operating, or else by an incision opposite the tract of the fistula for the same purpose. The introduction of sutures within the rectum are facilitated by the use of a Sim's speculum, and with women by eversion of the lower part of the rectum by introducing one, or more fingers into the vagina and turning out a portion of the rectum through the external sphincter.

# THE UNITED STATES MEDICAL INVESTIGATOR.

"HOMŒOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

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

---

**HOMŒOPROPHYLAXIS.**—This term is a new one that may live. It implies a prevention by a similar remedy *e. g.* Belladonna for scarlet fever. That is a familiar illustration of Homœoprophylaxis. Vaccination to prevent small pox is on the line isopathy or isoprophylaxis. But Thuja to prevent this disease is an illustration of Homœoprophylaxis. That it will thus prevent, we have the testimony of the eminent Dr. David Wilson, of London, who has we understand, long used Thuja in a small dose as a sure preventative of variola. Isoprophylaxis is strongly advocated by the followers of Pasteur, but as the virus used must be so attenuated that it is practically changed, it is a question that, if a similarly acting drug may be relied upon, then it can be abandoned. It may be very flattering to us to see the detested small doses being adopted in this recent hunt. It is a question if it does not meet with the opposition that laid syphilization on the shelf and is now being brought to bear against vaccination. Homœoprophylaxis is a very promising field and we commend it to the earnest attention of our readers.

---

**A SOBER SECOND THOUGHT.**—From a very general sentiment that reached this office, THE UNITED STATES MEDICAL INVESTIGATOR, voiced the feeling that it would be wise for our national representative body, the American Institute of Homœopathy, to hold a session in New Orleans during the World's Industrial Exposition, next winter. The President of the Institute emphasized the wisdom of such a step, but alas! there seems to have been no one present from New Orleans to extend the invitation, so the more urgent one of St. Louis was accepted. Now it seems that the director of the above exposition has written the secretary, inviting the Institute to hold a session next winter in New Orleans. The executive committee, it is claimed, has the power to change the place of meeting. We know it exercised such power once, we understand, at the request of the inviting parties, but we cannot find any authority for such action to make the change from St. Louis to New Orleans. Now, if it had the authority, common courtesy demands that it must get the consent of St.

Louis and the other parties who extend the invitations, as well as secure an invitation from the profession in New Orleans. But as the Institute would have to change its order of business, why should it stand in the way of something more comprehensive in the shape of a world's convention?

**VACCINOSIS.**—Here is a new word coined to cover a multitude of troubles that have been attributed to vaccination. Vaccinosis is believed, by the author, Dr. Burnett, to be as good a word as scrofulosis, tuberculosis or syphilis—to say nothing of psora and sycosis. All of these indicate a constitutional condition manifested by unmistakable symptoms. Hahnemann classed his patients under one of the three conditions, *i. e.* sufferers from psora, sycosis or syphilis, at least, the remedies for chronic diseases might be so divided. He gave the first place to psora, but whether this was the result of the itch insect or the Sulphur given to antidote it, or both, was a problem unsolved. Scrofulosis is supposed to be equal to tuberculosis, so the former has given place to the latter term. Tubercle was supposed to be the cause of the diseased state; hence we have the term tuberculosis. This etiological factor is being supplanted by bacteria and the tubercular term is given a back seat—so we drift.

I. Now comes a new term vaccinosis that groups all the bad effects following vaccination—whether it has “taken” or not. It is natural for the scientific mind both to accept and reject a supposed fact. We all accept the fact that bad results do arise from vaccination—sometimes, but not always. We will question the statement that these effects are due to the vaccination alone. The condition of the atmosphere and the system are factors that must be considered. The fact claimed that all these bad effects were cured by Thuja, would seem to be conclusive that they were vaccine results, but we must not overlook the fact, or supposed fact, that as Thuja was a great remedy for the syctic constitution, all of the bad results might have been in such persons. If not, why are they not more numerous? The author is however, a good Hahnemannian, and is supposed to know.

II. Stepping aside from the etiological phase of this question, the clinical or therapeutical side is very interesting. Whatever may have been the cause, and that is after all a mere guess, the fact that certain chronic headaches, neuralgias, eruptions, etc., were cured, and that promptly and permanently, with the remedy selected (Thuja,) is something that practitioners can appreciate. It will give prominence

to a neglected remedy. *Why* a remedy cures we may never know. We select it by the law, but whether it antidotes the supposed cause or changes the system we can only guess.

III. Another question will arise in this connection to interest the sanitarian : If the Thuja, or Arsenicum antidotes or modifies the vaccination, and Thuja removes its bad effects, or supposed bad effects, then in what condition is the system left? Is the protection against small pox destroyed or modified, and will re-vaccination start another train of bad effects? will the Thuja, given like Sulphur before the vaccination, increase or diminish its good (or bad) effects?

---

## Gynæcological Department.

---

### MAMMARY TUMOR CURED WITH CARBO AN.

BY PROF. J. T. KENT, A. M., M. D., ST. LOUIS.

Mrs. H. has had several children ; she is about thirty-five years old ; she has always had much difficulty with all her confinements. The last one was comparatively easy, and yet it was tedious, owing to an elongated cervix. With the first she had an abscess in the mamma (r) and it was badly treated, so that the cicatrix has always been a source of trouble. Preparatory to her last confinement I prepared her as best I could, guided by her symptoms. The child is now some two months old and she is suffering with a hard lump in the right mamma. When I first observed the threatened trouble after the milk began to form, she took Graphites without benefit ; also Phytolacca, but only temporary relief followed. The milk mostly dried up, and she now has a nodular lump with retraction of the nipple, and there are lumps in the axilla ; she complains of burning and stinging in the lump ; and her menstrual flow has come on. She says she has always menstruated during lactation. The flow is dark and clotted ; when she goes to sleep she perspires freely ; she seems greatly prostrated after a moderate loss of menstria ; she is somewhat cachectic.

For a choice of remedy we might arrange :

Burning in Mammæ.—*Apis, Bell., Calc., Carbo an., Iod., Led., Mez., Selen., Laur., Phos., Lyc., Tarent. c.*

Stinging in Mammæ.—*Apis, Berb., Carbo an., Con., Kreosote, Graph., Gratiola, Ind., Iodine, Kali c., Laur., Lyc., Murex, Nat. m., Phos., Rheum., Sang., Sepia.*

Nodosities in Mammæ.—*Bell., Carbo an., Colocy., Con., Graph., Lyc., Nit. ac., Sil.*

Cancer of Mammæ.—(Minton), *Bell., Carbo an., Coloc., Con., Graph., Lyc., Nit. ac., Sil.*

Perspiration during Sleep.—*Carbo an.*, *Cicuta*, *Chin.*, *Dros.*, *Euph.*, *Ferr.*, *Jatroph.*, *Merc.*, *Nux.*, *Phos.*, *Puls.*, *Selen.*, *Thuja*.

Great Exhaustion after Menses.—*Alum.*, *Carbo an.*, *Chin.*, *Ipecac.*, *Phos.*

Menses during Lactation.—*Calc.*, *Sil.*

Neither of the last remedies correspond to the balance of the symptoms. But it will be seen that *Carbo an.* and *Phos.* cover the case, and the menstrual flow, which is *dark* and *clotted*, is not so characteristic of *Phos.* as *Carbo an.* The exhaustion after the flow is more marked in *Carbo an.* than in *Phos.* though both have it in a marked degree.

"*The flow weakens her; she can hardly speak; blood dark; (Guiding Symptoms) under Carbo an. 3m, one dose dry, was administered. Four weeks, burning and stinging all gone; glands in axilla nearly gone. After the dose the cutting pains became worse for a few days. Medicine repeated in thirty-nine days. The lump has disappeared.—Hom. Phys.*

#### PESSARIES AND OTHER MECHANICAL APPLIANCES.

One Dr. Johnson, of England, in an excellent work on "The philosophy of water cure," said: "The human body is not a tin-kettle to be mended up with solder," or words to that effect.

Now, it would seem that all the tinkering of the living body, from the very beginning of time, had culminated in one grand furor for mechanically patching the genitalia of the human female.

Pessaries, hard, soft and medium, of rubber, glass and silver; ball, ring, cup and with stem; supports internal, external, etc., (would you pardon it?) infernal.

About every third woman suffering from *any* chronic ailment, who comes from the hands of an educated and highly respectable physician, carries one of these things.

A school-girl in her teens, in all her virgin innocence comes to me to have her support adjusted. It has slipped out of place, and she might lose it!!

From a little woman suffering from nervous dyspepsia I have taken a ring so large that at every dejection she was fairly compelled to scream with pain from fœces in passing the hard body.

In a woman with Pott's disease of the spine, I have found one of these things so large and so constructed that in taking her seat upon a chair, she had to use great caution in order to avoid wounding the parts. It had been in place eight months, and when removed, the fœtor was simply horrible.

In a woman of sixty-two, whose only disease was blind hæmorrhoids I have encountered—a McIntosh's uterine supporter. Enough.

In painting and cauterizing the os uteri, our school are, I trust, so much less open to criticism than are our Allopathic brethren, that the point which mainly concerns us is to know how much of a patient's miseries are due to treatment received before she came into our

hands. A case in point, Mrs. H., aged about thirty-eight, had become fairly weary of life, so intense and prolonged were her sufferings when a friend urged her to consult me. The illness dated from an acute and temporary attack of ovarian neuralgia about two years previous. After the usual course of morphia to deaden the pain, her doctor had for a year and a half made bi-weekly treatment per vaginum, ordering a daily injection of pretty strong solution of Chloride of potash. The result was, of course, a sealing up of the avenues of the natural secretions of the mucous membrane so that this became dry like parchment; there was also, burning distress in the neck of the bladder, and pain in the region of the kidneys. Injections of tepid water containing Glycerine and Hydrastis, with internal administration of *Apis mel.*, alternated with *Cannabis sat.*, and an occasional dose of Sulphur cured completely in a few weeks. In fact, in one week she said she was enjoying more comfort than she had known in two years. I could have no doubt that her sufferings were mainly due to the medical treatment she had been receiving. I give this case because it is so simple, and one, I apprehend, of a very large class.

When a woman is in the latter stages of pregnancy her physician thinks he is not doing his whole duty unless he proceeds, by all the means in his power to tell her about position, etc., and what good does this do? Why not give her *Pulsatilla* on general principles, and let her go about her business, thinking as little of herself and her condition as possible.

Every Homœopathic physician knows that administered during the latter stages of pregnancy, and all of labor, *Puls.* is of great service in aiding and harmonizing nature's efforts, and they know, also, that if there is in the world a help in correcting bad positions of the fetus when these occur, it is *Puls.*; furthermore I think careful observation will demonstrate that the discomforts and dangers of the puerperal state are greatly diminished by the timely use of this drug as suggested; here we say, give her the right remedy, utter cheering words and let her behave as if nothing was the matter.

Once more. The woman being now in labor, chloroform and the forceps are brought into requisition to substitute nature's work.

Next we encounter (naturally enough) the lacerated cervix, the great thing which is now setting the whole world of doctors a-og, T. A. Emmet being the hero of the hour. It is funny how like sheep in a pasture we are; let one bold adventurer make a breach in the wall and every last lambkin of us will jump over into the new field after him.

I have been highly gratified with reading in THE UNITED STATES MEDICAL INVESTIGATOR Dr. P. J. McCourt's "New facts in Gynecology." While so greatly deprecating the abuse of local measures we admit *there are cases* requiring them, and there can be doubt that the topical application of remedies, particularly in case of tissues, so rich in absorbents as are the pelvic viscera, must often times be far more telling than giving the same drug unto the stomach. As a *pes ary*, when such an appliance is *really needed*, we have long believed that

sponge, properly manipulated, was superior to the other articles. In 1881, I met, in Steubenville, Ohio, a Mrs. M. who from being a confirmed invalid from proclidentia had been restored to health and active life by the use of a bit of sponge which she herself managed. The process was very simple, a loop of bobbin inserted in the lower part of the sponge enabled her to withdraw it at will; this she always did immediately after lying down on retiring for the night, leaving the sponge lie in a weak solution of common alum until just before rising in the morning; she then re-inserted it. That was all there was of the treatment. Now, if we have not demonstrated the soundness of our premises, we are sorry. One thing more we have done.

If daily abluion were practiced by women, (not by means of the syringe, that with its hard pipe, etc., savors too much of foreign influence to be unexceptionable) but a simple shallow sits bath, tepid or cold for a few moments, with no mechanical appliance save the finger introduced into the vagina as far as practicable for the purpose of thoroughly cleansing the mucous membrane, and in our opinion, at least, 90 per cent. of the troubles for which local measures are considered necessary, would never exist at all. We speak from long experience and observation.

Dr. Tait even goes so far as to say, "I am quite satisfied that venereal diseases might be entirely stamped out by a more scrupulous attention to the toilet of the genitals." These are strong words, coming from high authority. If this be true in case of specific disease, why not doubly so in simple relaxation, hyperæmia, congestion and ulceration?

SARAH C. HARRIS.

## Consultation Department.

### A CURE FOR CANCER PROMISED.

I have, among my cancer patients, two that are exceedingly interesting on account of the number of glands involved, and the position taken by some of the leading Old School physicians, here and in New York city, in relation to them, they claiming the cases to be hopeless, and the knife to be the only help for temporary relief.

One of the cases, a Mrs. French, of this city, has an open scirrhus cancer of the uterus; another very large scirrhus cancer of the left mammary gland; another of the same character, of the left axillary; another of the left submaxillary; another of the left parotid; another one of the superficial left cervical glands; another, the right submaxillary—seven in all. I have placed them here according to size, beginning with the largest, which is about the size of a clenched hand, and ending with the smallest, about the size of an ordinary marble.

The enlargement of the glands about the neck prevented her from rotating the head unless the body moved with it; they also made deglutition difficult and painful. She has been in my hands since the 23d of May, 1884, not quite two months, yet the cancer in the left breast has entirely disappeared, together with the excruciating pain it produced. The others are reduced more than one-half; she now



sleeps, eats and moves with more comfort than she has for four years past. She has not had a pain or an ache for five days. She comes to my office every other day without much apparent fatigue.

The other case, a Mrs. Donohoe, also of this city, has been in my hands over a year. She has cancer of the uterus and rectum complicated with an intra-mural fibroid of very large dimension, and a pedunculated fibroid that was about four inches in diameter, and could be moved across the abdomen, under the integument, by pressing on it in the direction desired.

When these cases are cured I will report them in full, with documentary evidence of their character—will also give the treatment—perhaps by next spring, or sooner.

GEO. K. DONNELLY.

PRACTICAL COMMENTS.—CICUTA HAS CONTRACTED PUPIL.

Lippe's Repertory has Cicuta under both "contracted" and "dilated pupils," and in the same degree. Hull's Jahr says: "*Contraction of the pupils, followed by considerable dilatation.*" Hering's *Materia Medica*, "Dilated in concussion of brain; contracted in spasmodic affections."

My dear sir: you may be able to "read good English," but you ought also to write good English. What kind of English is this sentence? "I have no doubt but that he would throw down the journal just as I did feeling as if it is time wasted." C. H. U.

To Dr. —. Allow me to suggest that I am always sorry when I see a report from a lady physician like yours on page 45, for the reason that nothing is to be learned from it, except that you were smart enough to do that which others had failed to do. And because gentlemen doctors are prone to say that lady doctors cannot prescribe, etc. We gentlemen sometimes alternate, but we do so "under protest," and do not feel proud of such work.

You gave the Oxyden, for "dropsy," I suppose, but as that is only a symptom, why did you not give a different remedy for such symptom? Say, Ip. for the nausea, Ars. for the diarrhoea, Apis for scanty urine, etc. Why was salt water given? Some of us have cured similiar cases with Nat. m., and so far as the case is given it seems as well indicated as Calc. I showed this case to my student a very intelligent lady and advised her never to report cases like that one. Some of the gentlemen know no better, and doubtless will never know any better, but our lady physicians should prescribe accurately, when of course they will make brilliant cures, which will be instructive to their thicker-headed colleagues, the gentlemen.

As an after thought, it occurs to me that perhaps you editors' prentice hand was the one who "boiled it down"; if so, he is probably responsible for the bad English, poor punctuation, and other evidences of haste. Perhaps also for the statement that the editor advises us to "lay still." Is thy servant a hen that he should do this thing?

A. F. RANDALL.

[ You lie! would you rather "lie," than "lay"? Lie still, or still lie might do for some men, but in a case of twins this morning lay seemed quite appropriate, although the husband suggested she rest awhile. What boomerangs, some words are to be sure, they mean so many things. If editors make a miss once in a while, should we not follow the charitable advice? "Take me as I mean, not as I say."—Don't mislay this kind advice.—ED.]

## News of the Week.

---

*Geo. Lee, M. D.*, has removed to 1319 Vermont Avenue, Washington, D. C.

*R. C. Allen M. D.*, has removed to 4519 Frankford Avenue, Philadelphia.

*T. S. Huffaker, M. D.*, class of 1884, in Hahnemann College, has located at 4301 Cottage Grove ave. Chicago

*Wanted*.—A live homœopathic physician is badly needed at Yazoo City, Miss. Population 3,000 For particulars address J. W. Champlin Esq.

*W. S. Simpson, M. D.*, has located in Des Moines, Iowa, and will devote himself to the eye and ear exclusively. He graduated from the New York Ophthalmic Hospital.

*Voters Attention!*—It may be of interest to know that Gov. Grover Cleveland has vetoed the bill appropriating \$25,000 for the enlargement of the Homœopathic Insane Asylum at Middletown N. Y.

*S. S. Lungren, M. D.*, has, we learn, returned from Europe, looking hale and hearty. He has not so high an opinion of the French surgeons as he had, but was pleased with the reception given him by T Spencer Wells and Lawson Tait.

*Frank Swallow, M. D.*, of Montana, and a graduate of Hahnemann class '84, has located at Valley Falls, Kansas, where he has a large track of land, but he will care for the sick just the same. Dr. Swallow is a fine young man, a keen observer and will yet make his mark.

*Now again*.—It is about time for the editors of some of our Allopathic journals to have an attack of colic. Another "able" man, United States Minister Lowell, "has been ill and is recovering under the innocent ministrations of a Homœopathist," Dr. R. E. Dudgeon, of London.—*Med. Advance*.

*Dr. Chas. Woodhouse*, of Rutland, Vt., writes: Get a good many medical Catalogues, but must say yours just received is the completest of the throng. How are you? I am on my oars pretty much, but am not "*rusting out*" exactly. Think of being in Chicago along this coming fall, say September. when I hope to give you a call. I go and come now a days, just as the fit takes me. My book, (without *blowing*) has more than paid me, directly; indirectly, four fold. Am now living on "*borrowed time*," but *not* on borrowed means.

[Many of our readers will be pleased to hear that our old friend flourishes.—Ed.]

*Drives double*.—A persevering effort is being made in some quarters to have it appear that the Western Academy of Homœopathy holds a hostile attitude to the American Institute, and is practically the result of a secession from the national body. It would be well to remember that a very large percentage of the most active members of the Academy are not only equally active in promoting the best interests of the national organization, but have upon all occasions opposed and ridiculed every movement calculated to detract from the importance and strength of the American Institute.—*Medical Counselor*. [Those who were present at the conception do not need to make any effort to discover the antagonism.]

# The United States Medical Investigator

VOL. XX. No. 6.

AUGUST 9, 1884.

WHOLE NO. 400.

## Gynæcological Department.

### SIXTY-NINE CASES OF PUERPERAL ECLAMPSIA.

SYNOPSIS OF DR. GEO. B. PECK'S PAPER WITH NOTES

ON SIX RARE EMERGENCIES.

"No complication of obstetrics demands careful investigation more emphatically than the convulsive, for of none is less known. Facts adduced for the substantiation of any given theory of origin may be used with even greater force for its demolition. A case may be expected once in every six and a quarter years. In less than one quarter of the occurrences have they been foreseen. The characteristic intense throbbing headache is its most significant sign. In cases anticipating labor the maternal mortality is 40 and infantile 80 per cent; in those occurring during labor it is reduced to 26½ and 30 per cents, respectively; in post-partum cases the maternal loss is 18 per cent. Combining we have 27½ and 31½ per cent.; or, taking the first two classes alone, the maternal loss is 30 per cent. Prompt delivery was accompanied with a maternal loss of 18 per cent. and infantile of 73 per cent. Glonoine worked well in one case; G ls. in another, and Bell. in two others, but of six cases treated with Verat. vir. one mother was lost and four children. Three post-partum attacks were relieved, the first by Hyos.; the second by Opium or Ignatia, as indicated, and the third by Gels. followed by Hyos. and Secale. The conflicting nature of the recognized theories of causation is shown, and the present *inexplicability* of the phenomena declared. Finally, it is suggested that as delivery so often terminates the attack, many cases do not belong to Hahnemann's class of non surgical diseases, and this fact sufficiently indicates one principle of treatment; second, that as in other cases amelioration follows increased urinary secretion, this ought to be an important element in the selections of remedy; and third, the delicate nerve should be guarded from the irritation of corroding poison.

#### ADDENDA

*Accidental hæmorrhage* will be encountered by only one physician in five who practices in fifteen years, and only one in forty-five will lose a patient from that cause. If its development is sluggish, remedies may be administered as indicated, Ipec. 20 per cent., Belladonna 17 per cent., Sabina 11 per cent., Hamamelis 9 per cent., Secale 7 per cent. If the mother is in the slightest peril, deliver at once by internal podalic version, save under the very favorable combination of circumstances specified, when the use of forceps is permissible. Never should the liquor amnii be drawn off by catheter; never should tampons be employed.

*Rupture of the uterus* is seen by one physician in eleven who practices nineteen years, but only one in thirty meets it in his own patient, or once in 9,077 cases in general, and once in 24,951 cases in private practice, excluding consultation cases. This exemption is due to the fact that we use Ergot with extreme caution, *if at all*, and that the skillful prescriber has almost complete control of the uterus. Treatment should be based upon the most advanced surgical principles.

*Inversion of the uterus* will be witnessed by every fourth physician who practices nineteen years. The complete occurs only four-fifths as frequently as the partial. Consultation cases for relief of midwives, etc., will be twice as frequent as others. The mortality is less than 10 per cent., and is due chiefly from delaying replacement for the arrival of counsel, and mistaking the protruding mass for a fibroid, and excising. The prognosis therefore is favorable.

*Thrombus of the labia* will be seen by but one physician in nine in nineteen years. It is possible a woman may die from it, but not probable. Cold applications Hamamelis and Arnica have been found to be the best treatment. Occasionally the knife must be resorted to.

*Thrombosis and embolism of the nobler organs* will probably be seen by only one physician in seventeen, in nineteen years. It may occur as late as the twenty-sixth day, though generally the first week. The patient may live twenty-six hours, and may not five minutes. Aeration of the sanguimotory apparatus has not been observed by any correspondent."

#### APHORISMS REGARDING THE USE OF THE OBSTETRICAL FORCEPS.\*

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

*Frequency of their Use.*—Formerly, in England, as well as in this country, the forceps were resorted to only in an emergency, where life was threatened; now they are used to *save the mother's strength*, as well as the child's life. "Remember, it is the *length* of the labor that especially proves hurtful to mother and child."—Hamilton.

*Preliminary Considerations.*—Before any attempt is made to apply the forceps, the membranes must have been ruptured. Secondly, the os uteri should be fully dilated, and the cervix well retracted over the child's head; also, the bladder should be evacuated by the catheter, and if necessary, an enema of warm water and glycerine (equal parts), be given, to unload the bowels; then, the practitioner should once more examine the woman by the *touch*, and satisfy himself as to the exact position of the child's head.

**NOTE.**—It is the experience of obstetrists, that many cases of protracted labor which have been regarded as proper for the use of instruments, have been "converted into an active labor," that terminated in speedy delivery after passing the catheter and evacuat-

\*Read before the St. Louis Society of Homeopathic Physicians and Surgeons, May 14, 1884.

ing an over distended bladder. *This precaution in midwifery practice, to evacuate the bladder, should never be forgotten,* and sometimes as a result, the delivery will be completed before we have time to apply the forceps.

*Special Indication for the Use of Forceps.*—(Precaution: If the forceps must be resorted to, it is better not to delay; rather use them a little early in the labor, than wait too long.)

*First.*—In the second stage, as soon as the labor flags; pains severe, uterine contractions sufficiently powerful, yet pain after pain is endured, and the head makes no descent or advance.

*Second.*—Presentation fair, head in the vagina, soft parts swollen, perineum rigid, pains although severe and trying, cease to be “actively progressive.”

*Third.*—In posterior, occipital positions, where rectification of the position and normal rotation cannot be effected.

*Fourth.*—In cases of puerperal convulsions, dangerous hæmorrhage, extreme exhaustion; rupture of the uterus where the head is within reach of the forceps; placenta prævia, where the head is well down, after first trying the colpeurynter or tampon, giving uterine-motor stimulants, *e. g.*, Ergot, and dilating the os.

*Fifth.*—In complicated labors, with prolapsus of the cord, or where the arm or hand descends with the head.

*NOTE.*—(Upon prolapsus of the cord.) In this case, before using the forceps, *position* may be tried, placing the mother in the knee-elbow posture, so that gravitation may assist in reducing and keeping the funis within the uterus, then give Ergot to induce contractions, and as soon as it begins to display its specific action, the fœtus will be more tightly compressed, the head will be forced down, and perhaps the cord will be retained in place; then the forceps may be applied, other expedients have been tried in vain.

*Sixth.*—In breach presentations, to extract the after coming head if there should be any delay, as in such cases the child's life is greatly endangered.

*Seventh.*—In moderately contracted pelvis, when the head is so compressed, as to require assistance.

*Eighth.*—In the case of a pendulous abdomen, where we have a pendulous uterus, so that the expulsive pains are misdirected.

*Ninth.*—In face presentations, where the difficulty lies in the lower outlet, and we fail to bring the chin forward under the symphysis pubis; in such cases, the forceps are preferable to turning.

*Tenth.*—In cases of complete impaction of the fœtal head, the forceps are always indicated.

*Eleventh.*—When the mother is in feeble health and weak, so that she cannot “bear down” during a labor pain, has an organic disease of the heart, or is subject to attacks of violent palpitation followed by syncope, or is in the last stage of pulmonary phthisis, or has a hernia threatening strangulation, or is asphyxiated.

*Twelfth.*—In prolonged labor from a want of uterine power, and in complete inertia of the womb.

*Thirteenth.*—When the labor pains are severe but the natural powers of the mother do not expel the child, *two hours* after the rupture of the membranes, and full dilatation of the os.

*Fourteenth.*—Any other complications or emergencies that may suddenly set in during labor, causing a delay calculated to endanger the life of the mother or child; here, the forceps may hasten the delivery and remove the danger.

*Fifteenth.*—Finally, “whenever the mother or child runs any danger, and this danger will cease when labor is ended, the forceps are indicated.”—Prof. Pajot, of Paris.

*Contra-Indications.*—In cases of distortion of the pelvis, rigidity of the os uteri; in case of a hydrocephalic fœtus; in cases of extreme exhaustion, where the mother is moribund and death is imminent (here the Cæsarian section may be required,) where the fœtus is already dead.

#### RESPONSIBILITY OF OBSTETRISTS FOR NOT APPLYING THE FORCEPS WHEN INDICATED.

It is a sad truth, that many women in the throes of labor have been sacrificed, *whose lives might have been saved by the timely use of forceps.* One most remarkable case in point, was the Princess Charlotte of Wales (the only legitimate child of George IV., of England, and Caroline of Brunswick.) heir-apparent to the British Crown.

The Princess Charlotte married Prince Leopold, King of the Belgians, and in her first confinement was delivered of a dead child, having had a protracted labor that lasted fifty-two hours after the escape of the liquor amnii.

The Princess died from exhaustion, soon after her delivery, *and this fatal exhaustion could have been prevented, as likewise the child's life saved, by the timely application of the forceps,* which were then already introduced into British practice. The whole British Empire went into mourning for this lovely Crown Princess, whose life was sacrificed simply because that aphorism and bugbear. “Meddlesome midwifery is bad midwifery,” was completely engrafted into the minds of the British medical profession, and at that time was the rule of the day among obstetrists. This was only sixty-seven years ago, in 1817, when the Princess died; but thanks to the advance of science, and that we are living in an enlightened age, where the ruling ideas are not governed by such intolerance as was the case six decades past; for we can reasonably assert, that, if the forceps had been used early in the second stage of the Princess' labor, the life of one who was heir to the throne of the British Empire, as also her royal offspring, might have been saved. (Sir Richard Croft, the Court Surgeon and accoucheur of her Royal Highness, the Princess, committed suicide from chagrin, on account of the unfortunate death of his illustrious patient.)

In lingering and protracted labors in many instances that we can now call to mind, after applying the forceps and completing the delivery, ladies have thanked us with “tears of joy” and in subsequent labors have requested that the instrument might be used again to hasten the delivery.

As a matter of precaution, the obstetricist when called to attend a case of labor, should always be provided with forceps; and this applies especially to country practitioners. Dr. Eilerslie Wallace, Professor of Obstetrics in the Jefferson Medical College, of Philadelphia, in an article upon the "Proper Use of the Obstetrical Forceps," in the *American Journal of Medical Science*, says:

"I have said to my class, that I deny the right of any man to attend a case of labor unless he carries his forceps with him; and I consider that teaching to be erroneous which says, 'Go without your forceps, but send for them when you see the probable necessity for their use.' Now I appeal to the experience of obstetricians who have sent for their forceps under an emergency. Have they not sometimes regretted that they had them not at hand for instant use in certain of these emergencies?"

The late Professor, Dr. Charles D. Meigs, says, "*the obstetrical forceps is the child's instrument, designed to save the child, and the relief which it gives to the mother is but an appurtenant to it.*"

The forceps are used now more frequently than when Dr. Meigs was Professor at the Jefferson Medical College, and is an instrument to be regarded as equally beneficial in *husbanding and saving the mother's strength*, as well as the saving of the child's life; it has greatly lessened human suffering and reduced the mortality of both mother and child in obstetric practice; it may be regarded as a boon of priceless value, a triumph of science and art, and cannot be dispensed with in the armamentarium of any practitioner of obstetrics.

---

## Materia Medica Department.

---

### AMERICAN PULSATILLA.

*Resume.*—Our native species of Pulsatilla possesses the characteristics of the foreign Pulsatillas. Anemonin is the active principle, and it disappears when the plant is dried. Only preparations made without heat, and of the fresh plant, should be used in medicine. The United States Pharmacopœia states that the plant should not be kept longer than one year; but all of the testimony at our command, and our experience, is to the extent that even drying the plant renders it unreliable, and that preparations of the dried plant are almost, if not entirely, inert.

*Medical History.*—*Anemone patens* was the chief medicinal plant of the Minnesota tribes of Indians. They considered it a "cure-all," and valued it highly, and it was by their recommendation that the plant was brought to the notice of Dr. W. H. Miller.

The first recorded recognition that we can find of American Pulsatilla, is a note in Griffith's Medical Botany (1847,) which was followed by a recommendation from Dr. Clapp, in his account of the medical

plants of the United States (1850,) and by Dr. John King, in his Dispensatory of 1862. These seem to have been only suppositions, drawn both from the relationships which exist between this plant and the European Pulsatillas, and their similar acrid properties. At any rate, these authors bring no evidence to indicate a personal experience with the plant, and produce no reference to show that others had employed it.

About the year 1854, Dr. W. H. Miller, of St. Paul, Minn., was induced to experiment with the plant by an Indian who informed Dr. Miller that it was the "great medicine" of the North-Western tribes of Indians. At that time the plant grew in abundance over where is now the city of St. Paul, and Dr. Miller has used it in his practice from that date. In 1862, Dr. A. W. Miller, the son of Dr. W. H. Miller, presented a thesis to the Philadelphia College of Pharmacy, [(see p. 29,) which was afterward published in the American Journal of Pharmacy.] This paper introduced the plant to the authors of the United States Dispensatory, and in the twelfth edition (1865) it was briefly considered in that work under Nuttall's name, *Anemone Ludoviciana*, which was the term by which the plant was known and recognized by the Messrs Miller. Although Dr. Miller valued the plant highly, and was a member of the Regular school of medicine, we cannot find that others of that section have taken hold of it. However, these statements brought the plant before Prof. E. M. Hale, of Chicago, who experimented with it, and by means of a paper in *THE MEDICAL INVESTIGATOR* years ago, brought it to the attention of Homœopathic physicians. Dr. Burt, of Chicago, Ill., then "proved" the drug, and published the result of his observations in the United States Medical and Surgical Journal. Hale's *New Remedies* (1875,) and Allen's *Encyclopedia of Pure Materia Medica* (1878) gave our American Pulsatilla extended and favorable notices, thus bringing the plant creditably before the Homœopathic section of the medical profession. Until 1882, the United States Pharmacopœia neglected all varieties of Pulsatilla, but in the last revision introduced them, and recognized our American plant, *Anemone patens* var. *Nuttalliana*, as one of the official species. There is no doubt that while this plant has been used successfully by one member of the Regular school of medicine, and by some Eclectic physicians, its recognition by our Pharmacopœia is due to the Homœopathic branch of the profession.

In reviewing this subject, we must admit that our *Anemone patens* var. *Nuttalliana* is so nearly like the foreign allied species that there is no reason that the future supply of "Pulsatilla" should not be derived from our native plant. The European species that are collected for medicinal use, differ from each other as widely as from the variety of the species indigenous to America. Experience has shown that a tincture prepared from our fresh herb is perfectly reliable, and we would prefer such a preparation to the tincture of European commerce, made by persons over whom we have no control, and whose reputations are not at stake.





ANEMONE PATENS VAR. NUTTALLIANA.

(NATURAL SIZE, IN FRUIT AND FLOWER.)

**AMERICAN PULSATILLA.**

*Medical Properties.*—The European Pulsatillas have been used in medicine from very early times. Galen, Dioscorides, and others, have written about the different species of Anemone, but it seems to have been reserved for Baron Storck to have revived the application of Pulsatilla. It is not our intention to review the entire history of the foreign plant, and we therefore refer the reader, if interested, to works which treat directly of those subjects. Griffith announced (1847) that the properties of our native variety of Anemone patens would prove to be similar to those of Anemone Pulsatilla; and this statement was supported (or accepted) by Clapp (1850.) Prof. John King, in his Dispensatory (1852.) states that it has been recommended in “amaurosis and other diseases of the eye, secondary syphilis, cutaneous diseases, and whooping-cough. When applied to the head, it is said to be a speedy cure for tinea capitis. In the recent state, the leaves bruised and applied to the skin are rubefacient. In large doses this article produces nausea, vomiting, looseness of the bowels, and bloody urine.” Dr. W. H. Miller found it beneficial in certain eye diseases, and in ear-ache; but these names are indefinite expressions, and diseases such as “incipient blindness” may arise from different causes, so that, using the words of a prominent specialist, “to resort to any remedy for the relief of so important a symptom, without thoroughly investigating its cause, appears to me irrational.” However, as the testimony is that under certain conditions it is a good remedy, the plant is worthy of a more detailed investigation in this direction. Dr. Miller also considers it a good pile remedy, writing us, “I have cured very bad cases in a comparatively short time;” and in this connection it might be well to note that the only ascribed value of the nearly related *Thalictrum anemonoides* (see p. 21.) is that of a pile remedy. In the regular section of medicine, however, there have been no investigations other than by Dr. Miller. In the Eclectic branch of the medical profession, Prof. J. M. Scudder has long been an active worker in favor of Pulsatilla. He has stated, in his work “Specific Medication,” the conditions in which he values this drug, and defined them more clearly than we have found elsewhere; and with his consent we reproduce, in part, as follows; “The principle use of Pulsatilla is to relieve certain cerebral symptoms with difficulty relieved by other remedies. In some diseases of women, in spermatorrhœa and prostatorrhœa, in heart disease, and some chronic affections, we find certain *head* symptoms playing an important part, and giving a good deal of trouble. The patient is nervous, restless, has an active imagination for disease, a fear of impending danger, etc. These symptoms are very unpleasant, and not unfrequently prevent the curative action of remedies. Pulsatilla reaches them, and gives prompt and certain relief.

“I would not treat some cases of spermatorrhœa unless I could employ this remedy; for with the unnatural excitement of the mind, no remedy would exert a curative influence. So in some cases of heart disease, the head symptoms are the most prominent and unpleasant features. Relieve the unpleasant mental sensations and

dread of danger, and we have removed a permanent cause of excitement.

“Though Pulsatilla is the remedy for nervousness, it must not be given with any expectation of benefit where the excitement depends upon irritation and determination of blood. In this case it will either exert no influence, or it will be unfavorable. The Pulsatilla exerts a marked influence upon the reproductive organs of both male and female. I regard it as decidedly the best emmenagogue, when the suppression is not the result of, or attended by, irritation and determination of blood; where there is simple suppression from atony or nervous shock, it may be used with confidence. In male or female it lessens sexual excitement. It does not diminish sexual power, but rather strengthens it, by lessening morbid excitement.”

*Homœopathic uses.*—(Written for this publication by Prof. E. M. Hale.) The uses of this plant in our school coincide nearly with the uses of European variety introduced by Hahnemann. My provings and experiments show that the symptoms elicited are very similar. Those who have used it to any extent, declare it to be of great value in nervous erethism, especially when reflex, and due to disordered states of the sexual organs or the digestive tract. It is useless in chlorosis, with great nervousness, in neuralgia, characterized by its wandering, erratic character. We find it specific in catarrhal affections, especially in mucous diarrhœa and leucorrhœa. It causes venous congestion, and is useful in varicosis. It has cured urticaria, and itching papulæ. It is as useful in nervous or gastric sick headache as is the Pulsatilla of Europe. The pain commences in the nape of the neck, ascends to one side of the head and eye, and is attended by chilliness and vomiting. It has proved specific in conjunctivitis catarrhalis, ophthalmia tarsi, hordeolum, opacity of the cornea, pustules and granulations in the eyes. It is useful in otitis and otalgia from catarrh; in catarrhal angina, when the mucous surfaces are of a livid, purple hue, and covered with mucus. This light purple, or dark violet hue, attends all the local disorders indicating Pulsatilla. The indications for its use in gastric troubles are the same as for Pulsatilla nig. It has great curative power over disorders of menstruation, regulating irregular menses, restoring suppressed menses, and modifying painful or profuse menses. I have used it successfully in gonorrhœa and orchitis, as well as ovaritis, due to suppression of the menses. It is well known that when a catarrhal flux from any organ is suddenly checked, a rheumatic affection of some muscle or joint may result. Here both species of Pulsatilla act promptly curative, restoring the discharge and arresting the inflammation. I would advise its use for all the symptoms of Pulsatilla nig. It has the advantage of being indigenous, and obtainable pure, and in inexhaustible quantities. \* \* \* \* \*

*Pharmaceutical Preparations.*—The fresh juice is mixed with one-half its bulk of alcohol (Dr. Miller.) A tincture is made by using one part of fresh crushed Pulsatilla and two parts of alcohol, according to our method of making tincture of Clematis virginiana. The German

Pharmacopœia recognizes a preparation (solid extract) made by heating the expressed juice of the flowering plant, filtering, evaporating the filtrate to a small bulk, adding alcohol, filtering again and evaporating to the proper consistence.

*Dose.*—King recommended from one to two grains of the fresh plant daily.

Dr. Miller writes us that he administers "ten drops of the juice of the fresh plant once a day, but for extreme cases, such as incipient blindness (see p. 31.) or syphilis, I give from ten to twenty drops two or three times per day, until narcotic (sic) symptoms come, which consist of headache, watery eyes, and especially a sensation as if the patient was smelling strong mustard. Then I discontinue the medication for a few days, and afterwards resume with the same dose."

Prof. Scudder uses a mixture of from ten to thirty drops of fresh, strong tincture of Pulsatilla, to four ounces of water, and administers of this a teaspoonful every four hours.\*

---

## Correspondence.

---

### WHY THE INSTITUTE GOES TO ST. LOUIS.

DEAR INVESTIGATOR: Your editorial in your issue of July 26th, on the "World's Homœopathic Convention at New Orleans" makes statements that are not true, conveys erroneous impressions and reflects disparagingly on the American Institute.

I beg enough of your valuable space to correct your statement and relieve the Institute from your unwarranted reflections.

You say, "Since that body (the American Institute) did not see fit to encourage a New Orleans meeting, we suggest," etc. You can not be ignorant of the precedents of the Institute in choice of its next place of meeting, how this is always dependent upon invitations tendered in open convention, the body choosing by ballot the most desired place from those suggested by the inviting parties. The Institute never resolved to spread its canopy where it was not wanted, where it was not invited, never imposed itself upon any section of the country, city or place of public resort, irrespective of the expressed desire or wish, formally tendered by letter or viva-voce, of the profession of that section, or city or place. Never! Nor would you have it do so by such an act, it would sink itself below the level of respect in the mind of every member of the profession.

Now what were the facts? Simply these. When the hour came for choice of location of next session, there were but two invitations, one

\*From "Drugs and Medicine of North America." By J. U. & C. G. Lloyd Vol. 1, No. 1, Cincinnati, O., 1884. Published by permission of the authors.

to go to Chautauqua and the other to St. Louis. The body could only choose between these two, and chose St. Louis.

Had there been an intimation even that as a body, we were wanted any further south, I think and know, that the Institute was ripe for a movement even into the very heart of the south, but in the absence of an invitation, what could we do other than what we did? How could we "see fit to encourage a New Orleans movement" in absence of any suggestion or hint on the part of the southern members, that we were wanted there. Would you have had the Institute resolve to go to New Orleans whether or no, invited or not, simply because you would like to go? It is an easy thing to sit in your sanctum and dictate a management and criticise a policy in utter ignorance of the facts unavoidably determining said policy or management. It is true there were circulars distributed through the hall as a policy of good advertising, announcing the fact of the exposition at New Orleans, the same as there were circulars and announcements of colleges and mineral springs and patent foods for babies, but no invitation from the profession of New Orleans or that section of the south, though two of its representatives were in attendance at the session. But some weeks after the Institute had adjourned our secretary received a special invitation on the part of the management of the exposition urging the Institute to hold its next meeting in New Orleans. This was the most natural thing for the exposition managers to do, but it came too late to be submitted to the Institute as a body, and could therefore only be considered by the executive committee.

After a mutual exchange of opinion it was decided to abide by the action of the Institute and hold our next meeting at St. Louis.

The profession of the south had the opportunity to invite the Institute, but did not, for reasons best known to itself. When they are ready for us as a body, they will invite us; they are generous, large hearted, hospitable and feel kindly towards us. I have faith in them, but am opposed to thrusting ourselves upon them, hurling our body into their midst uninvited. When they are ready for us and desire our presence they will invite us and bid us come! Then we can go, and go with alacrity and pleasure and zest. But to invite ourselves and go on our own invitation would disgrace us individually and dishonour us as a body.

But apart from the fact that the Institute was not invited by the profession of New Orleans, the opportuneness of holding a *medical* meeting in connection with an Industrial Exposition is in my humble judgement exceedingly questionable.

The exposition is for *national* display, a theatre of exhibition of improvements in arts, mechanics and all forms of industry, *but not of opinions*, either in theology, law, philosophy, politics or medicine. It will furnish a proper opportunity for exhibition of your pharmaceutical preparations, your pellets, your tinctures, your sugar of milk, globules, instruments and books, but not a proper place for your opinions and theories, except so far as they may be expressed in *national* display.

J. C. SANDERS,

CLEVELAND, O.

President of the American Institute.

# THE UNITED STATES MEDICAL INVESTIGATOR.

"HOMŒOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

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

---

**SPEAK OUT!**—Before the great cholera epidemic of 1818 in Europe, Hahnemann laid down rules for the people to follow when attacked. Those who followed his advice published the great success of Homœopathy in cholera far and wide. It is wise now for all our readers to instruct the people what to do, and report the success of Homœopathy that fear may be allayed and the fame of the cause heralded far and near.

---

**THE INSTITUTE MISSION.**—The article from the president of the American Institute of Homœopathy on another page is worthy of careful perusal. Possibly this journal has been too severe and, may be, unjust in its comments on the course of the Institute. We conceive, however, that as the organ of thousands of adherents to a grand principle that it has also a mission to perform, viz., 1st, the greatest good to the greatest number of its readers, and 2d, to secure the ultimate triumph of Homœopathy. Each practitioner has the same grand end in view in his individual field of labor. It is but natural to expect that a national representative body of this great cause would be a tremendous power for the advancement of Homœopathy. It has or should have a great influence, that is, or should be used to advance medical truth as we see it. Where, when and how that influence should be exerted is of no small moment to each of us. Being thus a representative body, and not owned or managed by the president or any one individual, as the exponent of its readers this journal has a right and a duty to exert what influence it can so that the course of the Institute may be the wisest and best.

Like any other great party, the Institute must be managed, if its course would be most influential. These managers must be men of broad views, and clear heads. Their plans must be far reaching. They must understand the forces that oppose the advancement of Homœopathy and how best to counteract them. They should secure the active co-operation of the last and least man on the ranks. Who should these managers be that all may know them and recognize their authority? The first thought would be that the executive committee

should be, but this changes from year to year. The "seniors" might be but they are largely men whose active days are past. The committee on organization, registration and statistics having directly to do with the progress of Homœopathy would seem to be the one to manage the influence of the Institute for the greatest good. Because it does not so manage and there is a disagreement among those who assume or try to assume management, hence we see a vacillating course. Because it is vacillating, and its influence squandered in remote places and divided by sectional bodies we have tried to voice the judgement of our readers as to what would be wisest and best.

Our pages are open to a friendly consultation over what is best for the cause just now. Seeing that the Institute goes to St. Louis, would it, or not, be best to have a grand rally during the World's Industrial Exposition at New Orleans next winter?

---

## Clinical Medicine.

---

### CLINICAL NOTES.

PARIS, Texas, July 22.—Prevailing diseases here are dysentery, for which in its first stages Ferr. phos., and Acon. are the main remedies, later Kali. mur., Aloes, and Merc. sol. cure. The heated season with the immature fruits and vegetables brings cholera morbus and diarrhœa. Pod. cures most of the cases, Ver. alb., a few; Mag. carb., and Cham. are indicated in some cases. In gastro-enteritis, Arsenicum cures the cases having the characteristic thirst and vomiting; *Æthusa* where there is vomiting of large curds of milk. Typhoid fever calls for Ars., Bap., and one case Lachesis. W. F. THATCHER.

BOSTON, Mass., July 28.—Prevailing diseases are: A vast variety, a few of all sorts and types, more diarrhœa, dysentery and typhoid, than any others. Remedies used: Always as Homœopathically indicated, with pronounced results. I follow my leader and fear no danger. O. S. SANDERS.

CHATTANOOGA, Tenn., August 1.—Prevailing diseases are: Bilious diarrhœas and intermittents during the present season. Remedies used: Pod. and Aloes for the former and Nux vom., Ipecac and Ars. for the latter.

Score one more for Homœopathy! Dr. D. G. Curtis was this year elected Vice President of the Board of Health, this is his fourth term of service, and on its completion, he will have served eight successive years. WM. E. RAHT.

*DISEASES OF THE RECTUM.*

Upon my return home, after a three months vacation (in want of health,) I find upon my desk the book, (*Diseases of the Rectum*), by M. Ayers, M. D., which I have carefully read, and would like to know that every practitioner in our school possessed the book, for while it is not so complete as Allingham or Kelsey, yet it is good so far as it goes, and no man will regret its purchase. I hope the profession will devote more time to the study and treatment of rectal diseases. I have suffered greatly from irritable ulcer, but thanks to the surgical treatment of Dr. Nixon, of Burlington, I think I shall soon regain my health, so you see I ought to know whereof I speak, having suffered as I did, and having read every thing at hand on the subject to say nothing of my experience in treating such cases. Let me here say that there are few troubles more easily cured than hæmorrhoids. —Accept thanks for the book.

I am glad to know that Dr. O. J. Lyon is "now educated in the management of meningitis in any form." he says, (*INVESTIGATOR* May 10th, 1884, p. 298.) "I believe the use of the hypodermic syringe will become an invaluable instrument in the treatment of meningitis, and why it has not been used before, I am unable to say." *Shades of Hunter!* Does he not know that it has been in use since 1853, and that it is in the Old School one of the most orthodox means of treating such cases, and that there are but few Homœopaths who do not use it at times? Hunter said, in 1853 "For derangements of the cerebral nervous system, we have in the hypodermic method a means of treatment far superseding in its immediate efficacy any other mode of medication." It reminds me of the discovery by the *Allopaths*, that Glonoine will cure neuralgia. "Nothing new under the sun" my friend.

F. B. HOME.

*HOMŒOPATHY IN MINNESOTA.*

BY W. E. LEONARD, M. D., MINNEAPOLIS, MINN.

There are about one hundred and twenty-five Homœopathic physicians in this state, of whom sixty-five are members of the State Society. Thirty-five are here in Minneapolis, fifteen in St. Paul, three in Stillwater, three in Winona, two in Austin, Owatonna, etc., and the remainder scattered throughout the state. Nearly every town of any size has a representative of Homœopathy, the most being men educated in the schools. There are five lady graduates in Homœopathy (four from Boston University) practicing in the state, Minneapolis and St. Paul having them all, as far as I am able to learn.

The State Society was incorporated and founded in 1867, there being sixteen charter members. Its present membership (sixty-five) is not what it should be after sixteen years, had our state attracted the attention it has within the last five years. In that time many young graduates have settled here, and the ground has been more fully



occupied. In 1881 five new members were admitted into the society, all graduates of the Philadelphia school; in 1882 ten new members, chiefly of western schools; and in 1883 a full twelve, all but two western graduates. This is an index of the growth of practitioners in our state, and of the source of supply, chiefly Chicago.

Of the sixteen incorporators, only *four* are left alive in the state, two having moved away and ten having died.

There are three county societies, one here and two in St. Paul. Our county society dates from 1872, and has gradually increased from five to thirty. This was a strong Homœopathic town, and is still, although the Allopaths have, within three years, overpowered us with numbers—over one hundred and twenty-five here now.\* Homœopathy holds a large and wealthy patronage, and would have the upper hand in hospitals and city work if we were not so unanimous and harmonious as to be inactive, compared with the untiring Old School, who quarrel here incessantly.

St. Paul has two local societies, but Homœopathy has not the prestige there, nor ever has had, as in Minneapolis.

We have here a dispensary manned by ten physicians, and very successful. A Homœopathic hospital of thirty beds has become an established fact, having accumulated \$11,000 capital, besides complete hospital furniture. There have been treated over one hundred and fifty patients in the last twelve months, and some excellent surgical operations performed.

There are four specialists in eye and ear surgery, two each in Minneapolis and St. Paul, all bearing most excellent and wide reputations.

We have no surgeon specialists, except one at Stillwater, and are greatly in need of one here. Howbeit, all of us do surgery, and what we claim as good surgery, too. Several prominent Allopaths have been sued in the district court for malpractice, but never a Homœopath, and the formers' suits went against the defendants!

In the formation of a faculty at the State University, and a state examining board (by law one and the same,) early this year, Homœopathy had one representative without question—one out of five—the senior member of our firm, W. H. Leonard.

Ever since 1874, the same Homœopathic physician has served on the State Board of Health, and for five years on the state lunacy commission. Prominent Homœopathic physicians and patrons have been appointed by the Governor as representatives of the state at the National Conference of Charities in the past two years. For ten years a former president of the State Society had charge of the State Deaf and Dumb Asylum (200 to 300 inmates,) and in that time no deaths occurred in the institution!

We do not starve in Minneapolis, although our opponents would like to force us to the wall.—*Periscope,*

---

\*[Three years ago they had an Allopathic deluge up there. Mark the result.—*Ed. U. S. M. J.*]

## News of the Week.

---

*A Medical Prince.*—The "Progres medical" learns that Prince Ludwig Ferdinand, of Bavaria, wrote his inaugural thesis on the anatomy of the tongue, "A Study in Comparative Anatomy." There were fourteen sheets of text and one hundred and four chromo lithographs.

[We have in America a host of prince of good fellows, some of them, authors also.—ED.]

*Bromide of Ammonium as Anti-Fat.*—Dr. Gibb recommends the use of Bromide of Ammonium to those who suffer from obesity. When taken in small doses it will absorb fat, and diminish the weight of the body with greater certainty than any other known remedy.—*Drug Cir.*

*The Oriental Plague,* according to a press dispatch from St. Petersburg, dated July 18th, has appeared at Khars, in Asiatic Russia, and at various stations in the Caucasus, whither it was brought from Persia. It is added that the sanitary cordon at Baku proved entirely inefficient, eight hundred deaths from the disease having taken place at Bedra during the month of May.

*The Diffusion of Homœopathy.*—The "Gazzetta degli Ospitali" quotes from another journal a statement to the effect that there are 403 Homœopathic physicians in France, 244 in England, 94 in Spain, 26 in Belgium, 7 in Holland, 34 in Switzerland, 141 in Italy, 12 in Scandinavia, 67 in Russia, 47 in Portugal, 4 in Germany, 4 in Asia, 6 in Africa, and 1,612 in America.—*N. Y. Med. Journal.* [This journal is off about 5,000 in the United States and almost as bad in Germany.]

*The Wisest may Err.*—Prof. Chrobak at a recent clinic had occasion to call the attention of his class to the care necessary in making a diagnosis. The patient before them had been sent there by a famous gynæcologist, with a note to the effect that the woman had an ulcer of her womb which resisted all efforts at cure. After a careful examination, it was found that the ulcer was a piece of sponge. Upon removal of this last a large quantity of retained menstrual fluid escaped, and the supposed ulcer was cured at once.—*Chicago Med. Rev.*

*Cider as a Prophylactic of Stone in the Bladder.*—Dr. Denis Dumont has examined the statistics of the Caen Hospital, and found that in fifty-nine years only four cases of stone in the bladder were admitted. In one the nucleus was a foreign body; and in two the patients drank wine, and not cider, which is the ordinary beverage in Normandy. An inquiry made in the neighboring departments of the Manch and Oene, showed that stone in the bladder was extremely rare when the use of cider was the rule. Meat being cheap and abundant in Normandy, the rarity of stone cannot be ascribed to the use of a food containing less nitrogenous substance than in other countries. The remarkable diuretic properties of cider, which the author has found useful in gravel, obesity, and some forms of gastritis, are considered to afford an explanation of this remarkable freedom from calculus.—*Birmingham Medical Review.*

# The United States Medical Investigator

VOL. XX. No. 7.

AUGUST 16, 1884.

WHOLE No. 401.

## Clinical Medicine.

---

### *PROVING OF THE SANICULA MINERAL SPRING WATER OF OTTAWA, ILLINOIS, WITH A COMPARISON OF THE CHEMICAL CONSTITUENTS OF OTHER PROMINENT MINERAL SPRINGS.*

BY J. G. GUNDLACH, M. D., OTTAWA, ILLINOIS.

Read before the Illinois Homœopathic Medical Association.

A mineral water in the medical acceptation of the term, is one which by virtue of its ingredients, whether mineral, organic, gaseous, or on the principal of heat, is especially applicable to the treatment of diseased conditions. That these natural mineral waters are of great therapeutic value, there is not the least doubt. A fact well known from the earliest times, even before the chemist was capable of analyzing them, in order to discover their medicinal qualities. We find this to have been the case with certain mineral springs, long famous for their many cures of scrofula, goitre, and analogous affections. Their efficacy remaining unexplained until the discovery of the element Iodine, and its effects in these same diseases, and finally the discovery of Iodine in these spring waters. Although mineral waters have been known, and have claimed the attention of medical men from the earliest times; they have never received that amount of study and research they so richly deserve, for the often happy results obtained from even their empirical use. Having then, as we do the testimony of many eminent medical men, beside the testimony, also, of hundreds that have been relieved and cured of their many infirmities, after apparently all other medication had failed, there is no longer any doubt of their worthiness of our attention. Yet in spite of these well established facts, I am often asked the question, and that with a sneer, and I am very sorry to say, mostly by those who should know better. "How can your mineral water cure, or be good for all the different diseases for which you recommend them?"

To all such, my answer is, we have been taught by the founder of our science of therapeutics, that in order for any substance to become useful as a medicine, it must first of all be capable of producing in the healthy, morbid changes or phenomena; also, that no two such substances ever produce the same morbid phenomena. They may be similar, but, never the same. These I believe are established facts among us. We know also, from experience, that these substances do differ in regard to their sphere of action, some having a far greater range or field seeming to have no bounds or limits. How seldom do

we, for instance, find the true characteristic symptoms of Acon. indicated in chronic diseases? On the other hand, how often do we find Ars. indicated in both acute and chronic? The same is true, also, of mineral waters. It is a well known fact or principal that, "Like cause, like effect;" also, that, "Like begets like;" again, that, "Like cures like." And when we find a mineral water as the Sanicula, abounding as it does, in well-known proven, medicinal substances, as revealed to us by its chemical analysis, have we not every reason to expect great results from their applications? And should we be surprised by the vastness of their efforts or results? We all know what claims Dr. Schussler, of Germany, makes with regard to his twelve tissue remedies. And all have more or less verified his indications for these remedies in our own practice. Just here I would say, the Sanicula contains a very large portion of those twelve remedies, in their precise chemical combination. Why should we not expect great results? But although we have so many happy results from their empirical use, and also what the chemical analysis reveals to us, we nevertheless believe, we should have the same scientific knowledge of their sphere of action, as we have of Acon. Ars., or any other well proven remedy of our "materia medica pura," resulting from provings on the healthy, along with careful—clinical provings, or cured symptoms. And accordingly we here present a few results from our proving of the Sanicula Mineral Spring water, of Ottawa, Illinois. The symptoms here recorded are all new to the prover. The first symptoms developed were those of the urinary organs. Profuse and frequent urinations, the desire coming on suddenly, with feeling as if the urine was just at the meatus urinarius, requiring great effort to hold it back, sometimes I would hold back, and then in a short time the urging would stop; but on two occasions the desire came on suddenly while in a sitting posture. On trying to suppress the desire, a crampy pain passed up along the course of the left ureter towards the back, compelling me to get up, (though I could not stand straight) to pass my urine, a sensation as if something round was forced up and back, the pain getting some better on doing so, but about fifteen minutes after the act, passed large quantities of urine, very low, sp. gr. almost equal with water, passed fifty-two ounces in one day; had passed much more, the two days preceding the measurement. Would wake up in the night from the desire to urinate, with a sensation as if the penis were dropsical, and three times its natural size, which would pass off on urinating. These symptoms were accompanied with severe back-ache in lumbar region, great restlessness, could not keep in one position, better from motion, when standing, great desire to lean the back against some hard substance, and while walking, would place the hand in the small of the back and press forward, and lean backwards. The pains would come on after rising in the morning, getting gradually worse until just noon, when they would get better gradually, and by 6 or 7 P. M. would be entirely free from pain. This back ache lasted over three weeks, compelling me to resort to some relief. Rhus. being the most similar remedy I knew of, I took, with some benefit.

I could always tell when it was noon, as my back would become very painful. A sort of weak, tired feeling, as about to break in two. Bowels constipated, no desire for stool for three days at a time. Stool scanty, dry, requiring great effort to expel them. It seemed as if all the exertion I could put forth did not have any effect on the stool; would take hold of the seat with my hands, hold my breath while making the effort to expel, until my head would feel as if swollen. On stopping to get breath, the stool which seemed to be on the verge of

SANICULA COMPARATIVE ANALYSIS.

Chemical constituents of solids and gases per gallon in grains.	Sanicula, Ottawa, Ill. Prof. B. Siliman.....	Congress, Saratoga, N. Y. Prof. C. F. Chandler..	Bethesda, Waukesha Wis. Prof. E. C. Chandler..	Silurian, Waukesha, Wis. Prof. W. S. Haines....	Vichy, France.....	Carlsbad Germa'y	Magnetic Colfax, Iowa. Prof. W. S. Haines.....	Glen Flora, Waukegan, Ill.....	White Rock, Waukesha, Wis..	Eureka, Ark.....
Sodium chloride.....	92 7995	400 440	1 160	0 1926	32 80	99 792	3 843	0 183	1 120	0 19
Calcium chloride.....	23 5699									
Potassium chloride.....	23 2987	8 048								
Sodium bromide.....	0 3220	8 552								
Sodium iodide.....	0 0826	0 136								
Fluoride calcium.....	trace	trace								
Lithium bicarbonate.....	2 992	2 992								
Magnesium bicarbonate.....	14 2494	73 152	12 388	6 8351	1 04	3 192	25 230	11 091	13 021	0 47
Calcium bicarbonate.....	0 9776	99 592	17 022	9 9277	18 46	72 496	15 508	15 508	4 43	4 43
Sodium bicarbonate.....	0 8776	7 472	1 276	0 0301	208 00	18 160	6 417	6 417	1 281	0 45
Iron bicarbonate.....	0 0979	0 248	0 042	0 1285	0 16	0 248	0 258	0 115	0 272	
Strontia bicarbonate.....		trace			0 08					
Baryta bicarbonate.....		0 760	0 454		*16 32	2 960	0 620			0 13
Potassium sulphate.....	5 1246	188	0 454				31 759			
Calcium sulphate.....	9 6236		0 542		18 32	159 690	10 239			
Magnesium sulphate.....		0 016	trace		6 24		77 344	1 852	1 060	0 00
Sodium sulphate.....					trace					
Sodium phosphate.....					trace					
Manganese phosphate.....					trace					
Iron phosphate.....					trace					
Borax.....	trace	trace	0 122	0 5827	*0 08					
Alumina.....	0 0117	trace	0 944	0 7004	0 40	11 7 0	0 058	0 150	0 751	0 04
Silica.....	0 5394	840	1 863	trace	not g'n	8 416	0 710	0 907	0 822	0 31
Organic matter.....	trace	trace	1 863	trace	not g'n	not g'n	trace	0 100	trace	not g'n
Total.....	170 7734	601 712	35 710	18 6861	311 92	334 664	150 769	56 413	19 179	5 81
Free carbonic acid, cubic inches at 60 deg. F.....	25 6	392 00		47 7	117 92	62 4				

IPhosphate.

‡Arsenate soda.

\*Carbonate manganese.

\*Carbonate potassium.

the anus would slip back. The stool after this became soft, but still requiring effort to expel it. In the left hip-joint a rheumatic pain, worse from motion and out in the cold, yet not relieved by rest, accompanied with restlessness similar to that of the back. Eruption on the chest. Over ensiform appendix as large as a silver quarter.

itching intensely, causing me to scratch until raw and bleeding. Scratching aggravated the itching, with burning soreness after scratching. Eruption also on inside of thighs, extending to the knees, worse on the left limb with itching. A left-sided face and headache, pains along superior maxillary bone extending up into temple, and side of head. Other symptoms and conditions were developed, besides some clinical observations I could mention, but shall not tax your patience any longer. Enough has been said to show that the *Sanicula* is worthy of our further study. I shall now call your attention to a comparison of our most noted mineral springs; also, Carlsbad, of Germany, and the Vichy, of France, which, I think, fully proves that we have in the *Sanicula* a mineral water in our own state, at our own door, well worthy of our study and attention, which I hope, may be the means of doing much good.

From the foregoing comparison it will be noticed that, while the *Sanicula* Mineral Water contains such an unusual abundance of potent medical substances, they are not so over or surcharged in quantity as to make them too strong or violent in their action, especially in such cases in which the use of the waters must extend over some length of time, for they then, like any other strong or violent medication, would be sure to prove hurtful in the end. In fact, if it were not for the large amount of free Carbonic acid gas these surcharged waters usually contain, their taste would be exceedingly unpleasant, because of their strong alkaline or saline principles. The Carbonic acid gas by its own peculiar pungent taste entirely covers that of the other matters. The same is true of the long and constant use of such large quantities of this otherwise stimulating gas. They are sure to prove hurtful in the end, as their excessive use in drinks has been known to produce death itself.

Other waters of the list go to the other extremity, some of them not having the amount of solids necessary to be classified as mineral waters, which is thirty grains per gallon, one of the list having but a fraction over five grains. Yet we know full well that they all have more or less curative powers, whether because of their mineral ingredients as shown by their chemical analysis, or of some yet unknown or undetected power. If then the chemical analysis tells us anything, the *Sanicula* Mineral Spring, with its varied and complex constitution, in connection with its mildness of action, must of necessity be placed at the head of mineral waters of the world.

---

#### CHOLERA EXPERIENCE.

“What do you think of the march of cholera Dr. Beach? Do you think it will reach us this year?”

“Hardly, I think still it may late in the fall. We have hardly the amount of diarrhoea that precedes that epidemic. I was through the epidemics of '49, '54 and '66 and know its early symptoms. These severe cases of cholera morbus look threatening. A disease that kills in a few hours is cholera enough for me.”

“What remedies did you come to rely on?”

"Well the usual ones, Veratrum was my main reliance in '54. When they went into collapse, Aconite brought a good many of them out, perhaps one-half. I gave drop doses of the tincture every ten minutes. For the cramps, Cuprum acet. 3x was the chief remedy. Arsenicum 3x if the vomiting was most marked. Camphor of course had been given before I saw them in most of the cases."

"What prophylaxis did you give your people?"

"Veratrum 1x. I told them how to take it and to at once lie down and keep perfectly quiet. But very few of my regular families took the disease. I laid great stress on quiet, not even allowing rubbing. I am not anxious to see another epidemic of the disease. For six weeks in 1854 I never took my clothes off. In '66 we had ten days that made me think of '49 and '54. I do not think we shall have much of cholera until next year. Remember this, that whatever remedy you give your people tell them it will cure—and it will.

### PREVAILING DISEASES.

#### WHAT ARE YOU MEETING WITH DOCTOR ?

"I wish that you would prescribe for my legs" said Dr. Sturtevant, as he threw himself into a chair. "They ache so."

"How is the back?"

"Oh, that aches, I had a good deal of riding last spring and I was just used up across the back. I never had it so before, I wish that I could get away and rest."

"Yes, rest would cure both back and legs perhaps, so will galvanism and Rhus."

"I have thought of Rhus all day, I believe that electricity would help me also."

"That will depend upon how it is applied, you have spinal hyperemia and the current must help to remove it, take it away. I will give you some."

"How would you take Rhus? low, well come to think I have used it more often low than high. Another singular thing I have used Rhus and Bryonia in alternation or on alternate days. Sometimes Baptisia was needed to finish up the cases of indefinite fever. Dysentery I had a few cases but those were promptly relieved by Podophyllum. The gushing stools and morning aggravations drew my attention to it. It cures promptly.

Chills are occasionally met, and here I find Bryonia a valuable remedy, sometimes where there is a bilious tongue and pain in the back, left side Chelidonium clears up the cases.

Perhaps it is because we have had so much cold wet weather that Bryonia and Rhus are needed, but they are more frequently indicated than I ever knew them to be, even in a great variety of troubles."

"Anything like cholera or cholera morbus or infantum with you?"

"No bowel troubles of any kind except what I referred to. Have not met a single case this year of vomiting and diarrhoea. In fact we have had less sickness for July than I have known for years.

T. C. D.

*A DESIRABLE BED PAN.*

Perhaps no sick room utensil has given less satisfaction than the old-fashioned bed-pan. The difficulty of controlling either of the sphincters while in the horizontal position is well known. Added to this, is the direct pressure on the sacral nerves. Experiencing so much difficulty, we have come to discard the bed-pan, and have substituted in its place the cover of "the chamber." The only objection to this is its smallness. This is especially objectionable where a large quantity of water is used as in cases of pelvic cellulitis and other pelvic inflammations where hot water is so valuable. The new bed-pan here illustrated is the philanthropic contribution of a Homœopath. We quote from the *Scientific American*:

## IMPROVEMENT IN BED-PANS.

The engraving shows in perspective and in transverse section an improved bed-pan recently patented by Dr. Walter F. Morgan, of Leavenworth, Kansas.

The earthenware pan, in common use, is found to produce an uncomfortable and painful pressure upon the sacral region which is more especially complained of by chronic invalids and irritable sensitive patients. In using the hard bed-pan, it has been found impracticable to supply a temporary cushion without decided inconvenience and the soft pans do not seem to meet the popular demand because they are very expensive and not durable.



The engraving shows a cushion permanently attached to a grooved socket in the thin end of the pan. This cushion is made of soft rubber stuffed with curled hair, and is of such form as to protect the sacrum from uncomfortable pressure.

Rubber has been selected for the cushions, because its softness, durability and cleanliness, and because it is impervious.



The pan is provided with a stoppered flexible tube, through which water may be removed from the pan when large quantities of it are used for injection or other purposes. This improvement permits of using the pan continuously for such purposes without removing it.

We understand that it will soon be on the market. We can then announce the price and where it may be obtained.

---

“LADIES !” WHAT ARE THEY?

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

We are all familiar with the advertisements in our papers, in which “sales-ladies,” “fore-ladies,” and other of that ilk, are seeking occupation. I think “wash-ladies” have been heard from; certainly I have heard, more than once, of “gentleman” barber, and young “gentleman” desiring an engagement as coachman, or some equally gentlemanly occupation. In fact the misuse of these two words has become so common, that it rarely provokes attention, chiefly because the evil is apparently beyond the reach of cure. If the words only came from the mouths of the ignorant *classes*, comment would be unnecessary; unfortunately members of what are called the “learned” professions are not seldom guilty of similar offences against good taste, who thereby show themselves to be ignorant *individuals*, if not of the ignorant *classes*. This fact calls for a word of comment.

Perhaps the day may come when the title of doctor of medicine will carry with it a guarantee of knowledge commensurate with the dignity of the title. That this is not so at this writing, and has not been, in the United States at least, within the memory of man, few will care to dispute.—No less a body than the American Institute of Homœopathy was the subject of a caustic lecture by Dr. I. S. P. Lord, during a session of that body in the city of Boston, many years ago. The occasion was a debate upon the proposition to admit women to membership; the resolution used the word “female,” wherever the word woman should have appeared. Dr. Lord in his happy and yet severely sarcastic manner, stated that he should vote against any proposition to admit animals lower in the scale of creation than man; when a scientific body proposed to admit horses, cows, dogs, and the like to membership, it was time for all advocates of decency to object. The unfortunate mover of the resolution indignantly denied that his proposition could bear any such construction. The doctor then asked that it be amended to show that it was the female of the genus *homo* that it was intended to admit. He would gladly vote for the admission of *women*, but could not for *females*. Then the “learned men” saw the point, as the phrase runs, and agreed to amend the motion.

We frequently meet, among this same class, a fearfully embarrassing delicacy, which forbids the use of the word “leg”; they say *limb* where better informed people would prefer the proper word. This is not the end of the catalogue of offenses, by any manner of means. It is sufficient for our present purpose, however, and must stand as a

specimen of the whole. It must not be denied that many who know better, use these highly objectionable terms unwittingly, from hearing them employed so frequently, and from force of habit. A moment's reflection, it would seem, would correct the fault, and we ask our editors to give it their attention.

The term *lady*, is a title of rank, in monarchical countries; and is only worn by women who are born or married in a class collectively known as "gentle"; of good birth, entitled to arms, not necessarily of noble descent. Thus a Baronet is not a nobleman, and his wife is not *legally* a "lady"; she is called *lady*, by courtesy, in preference to the proper term of *dame*. We may speak of a woman as *lady-like*, when her manners, deportment, social station, and education are similar to what those of a lady should be. To call her a *lady*, is therefore at once an offense against good taste, and a confession of deficient information. There are some women, even in this country, who might lay claim to the title on the score of descent, fortune, social position, and culture; even while the title is purely one of courtesy, *these* women will resent the use of the word as applied to them. By carefully noting the abuse of this little word among women it will not take long to prove that the lower the station of the woman the more strenuous she is in the matter.

The above applies equally well to the word "gentleman," which refers to birth, family, fortune, and social station solely; a station that is regularly defined in old governments, who have authorized rules of precedence, and explicitly state who are entitled to the distinction.

I have often been tempted to raise my voice in protest when reading of a "lady" applying for relief at the doors of a dispensary or hospital, but have foreborne. In a recent number of the *Weekly Clinical Review*, a professor in a college of standing is reported as instructing students how to treat "ladies" in the pangs of labor! The question at once arose in my mind, in what different manner would you treat a *woman*? It seems that the time has come when it is the duty of the profession to take heed in these popularly esteemed *little things*; we cannot avoid weakening our claims to consideration as a *learned* profession if we deliberately put ourselves down on paper as ignorant of our mother language. Let us hear no more of *ladies*, of *gentlemen*, or of *limbs*. This homily is suggested by a report on *Ustilago*, in a late issue of THE INVESTIGATOR, where the symptoms observed in "Ladies" is given. It went far to make the ridiculous, coming from such a source as it did.

---

#### CLINICAL NOTES.

BY F. H. SCHELL, M. D., CINCINNATI, O.

*Crocus sat.*—A man ran to catch a train, felt a sudden sharp pain in the right eye. I saw him several weeks afterwards; complained of great pain over and in the eye; could perceive light merely; the lids were much swollen, and on separating them nothing could be seen

but a red mass that looked like a piece of raw beef. There was evidently hæmorrhage into the interior in addition to the general inflammation.

Thirty-five oculists in Philadelphia, New York, Pittsburg, Columbus and Cincinnati had declared the eye beyond recovery, and proposed its removal, to which the patient always objected. Presented Crocus 2x, dil., and Atropin two gr. to the oz. of water locally. Improved in a week, and cured in eight. There remained an attachment of the iris to the lens, leaving the pupil elliptical instead of round. He could read from print.

*Kali bich.*, long continued, cured dense opacities of the cornea of a calcareous nature. Had been under Allopathic treatment more or less for twenty years. I scraped one eye, but the final result was not so good on that one.

*Uesemium* 3d, 6th, and 30th has relieved many cases of muscular asthenopia in patients who were suffering otherwise from nervous and general debility. Eyes became tired after a few minutes, lachrymation, headache, double vision, or blurring, or everything turned dark.

*Rhus.*—Some affection after over-straining in patients suffering from errors of refraction.

*Chloral hydrate.*—Retinal asthenopia, symptoms similar to the above with *muscæ volitantes*, streaks, stars, circles of light, etc., has cured several cases.

*Kali chloratum*.—Bright's disease. Several years ago, in reading an Allopathic work, I observed that the author condemned his professional brethren severely for their use of Chlorate of Potash in twenty-grain doses, and gave a list of the bad effects of such medication. The symptoms during life were, amongst others, *anuria, hæmaturia, albuminuria, and uræmic convulsions.*

Post mortem examination revealed engorgement and disorganization of the kidneys.

For five years I have been using this remedy with the greatest success in albuminuria.

Judge B. had the usual symptoms of Bright's disease. Urine loaded with albumen; five drops of the 2x dilution, four times a day, relieved all the symptoms in a few weeks. They returned for a time, a year afterwards, but were again quickly dispelled by the same remedy. All other remedies had previously failed. In several cases of cystitis complicated with nephritis and albuminuria, *Kali chl.*, cured speedily the latter conditions; the former yielded to Terebinth. Dr. Sanders recommends it for the albuminuria of pregnancy.

*Thuja* 1x dil., relieved quickly a patient of extreme dysuria; *had to spread his legs, and lean forward to urinate*, came in drops, pain very severe, of a cutting character.

*Causticum.*—A lady during each pregnancy, and several other patients, suffered from cramp of the sole of one or both feet.

The above remedy cured promptly.

*Agaricus* 2x, has cured fifty cases of chilblains; parts swollen puffy, red and extremely painful, but little burning or itching.

*Stramonium 3d and 6th.*—Girl aged twelve, while walking, the arm or leg would shoot out suddenly sideways. Symptoms became more frequent and annoying; cured in a few weeks.

A boy began without apparent cause to stammer. *Stram.* cured.

A boy three years old had an epileptic fit every two weeks; these gradually merged into chorea; all the muscles affected and in constant motion; considerable mental excitement; pupils dilated. *Stram.* cured.

*Cinnabar 2x trit.*, has helped many cases of gleet in patients who had had syphilis.

*Apis. 3x trit.* of the Italian honey bee, cured Mrs. R. in six weeks of an ovarian cyst, right side, that must have contained at least a gallon of fluid; the walls of the abdomen were very flabby, and the cyst swung from side to side, the outlines being very plainly seen. The breasts of this patient were merely rudimentary, and menses very scanty, lasting from two hours to a day.

*Iodine and Sulphur 3x*, twice a day for a week, cured in a boy a hydrocele which had not improved at all under *Apis.* and *Digitalis.*

*Caladium seguinum 200th* relieved promptly a case of severe itching of the skin, following jaundice from enlarged liver. The patient had used many applications, and needed constant rubbing of the parts. A return of the symptoms yielded as quickly as before to the same remedy.

Girl aged eleven years, chorea muscles of the face and hands principally affected. *Tarantula 9th*, cured in a few weeks.

*Palladium* cured headache, extending from one ear over the top of the head to the other, in a lady suffering from nervous and general debility.

*Sabina 3d*, twice a day during the interval, cured a case of dysmenorrhœa of neuralgic character; pains shooting, cutting and drawing, extending up and down; patient collapsed each time, and needed large doses of alcohol externally and internally to bring about a reaction. Patient was in bed two weeks out of every month and had been treated in vain fourteen years by her father, a prominent Allopathic physician.

*Chamomilla.*—Two cases of membranous dysmenorrhœa; membrane came in shreds sometimes, or toward the close two or three came away whole. Every movement aggravated the pains which began before the flow, continued all through, and were generally sorest the last day; pains shot down into the legs, nausea, vomiting and preservative pain on the vertex; wanted the head bandaged.

*Hepar sulph. 3x trit.* has never failed in any case to relieve offensive lochial discharges. A lady with third child dreaded the offensive and disgusting odor of the discharge which penetrated the furniture even, and remained for weeks; had formerly used all sorts of injections, and thought that a medicine which would prevent the odor would "make the fortune of the doctor." The odor appeared as usual, but *Hepar* put it *hors de combat*. Try it.—*Med. Coun.*

# THE UNITED STATES MEDICAL INVESTIGATOR.

"HOMŒOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

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

---

MINERAL WATERS with many physicians are classed with patent medicines, but this is manifestly wrong. They represent a combination by nature, as distinct as Belladonna, or any other organic remedy. In Europe, mineral waters have a distinct representation for the cure of certain diseased conditions. Many of these waters have been proved and are found in Allen's Encyclopædia of Pure Materia Medica. The Sanicula water has been similarly treated, a full report of which appears on another page. We notice that the analysis of this water places it among the chlorides, and in that, it differs from most of the American waters. That it must have marked effect on disease, any one at all familiar with zoo-chemistry will at once decide. In diseases of the digestive organs, kidneys, bladder and skin, we should expect to note the most marked and prompt effect. We have made some experiments with this water, and was satisfied with the results.

---

HOMŒOPATHIC SURGERY is a term of ridicule by some thoughtless physicians. The term is not strictly correct, but what is meant is conservative surgery assisted by Homœopathic remedies. That this combination gives wonderful results is well known to all Homœopathic physicians. Surgery has made good strides in the past, but that there are greater possibilities in the future those who have traced the career of our surgeons must be forced to conclude. The fact is no less true than noteworthy that the more they have depended upon the adjunct remedy the greater and more marvellous has been the results. We believe that surgery in the hands of Homœopaths has a great future before it. Record *Hepar* as a marvelous deodorizer as given on the opposite page. It would prove a good joke if it or *Arsenicum* proved the best antiseptic.

---

MEDICAL LADIES.—We agree with our correspondent that lady is a title of rank. As physician, however, rank with the nobility in Europe, then it seems to us perfectly proper to use the term ladies when applied to women students or physicians. There may be some women or females among them, but the majority are lady-like.

## Consultation Department.

### CASES FOR COUNSEL:

#### CHICAGO FOUNDLING'S HOME.

Have you such an institution as Foundling's Home in Chicago? If so, what is the cost of maintaining a babe in it? I have delivered an unfortunate young woman of a little girl, and the mother and friends wish to place it in some such place. Please state whether the mother could visit or recover the babe when she pleased. G. A. K.

[The Chicago Foundling's Home cares only for abandoned children. It will take the mother and baby if she consents to stay at least three months and nurse and care for another baby as well as her own. Any one with a good recommendation from some clergyman can adopt a baby. They do not board babies. The Chicago Half Orphan Asylum boards children when they have room, and the board is guaranteed. For further particulars, address these institutions direct. Almost every state has similar institutions.—Ed.]

#### DYSMENORRHOEA.—A CASE FOR COUNSEL.

Miss Susie Wright, aged eighteen, American, a blonde with light-brown hair, fine, abundant and wavy, large-blue eyes, skin thin and very fair, figure plump and full, fibre lax and tissues soft. Occupation, gossip, dress and fancy work. Has spinal irritation antedating puberty from early mental over cramming in the public school. [Sitting askew perhaps.—Ed.]

When about fifteen, the catamenia appeared painlessly and regularly. Without any known reason after a few months she began having pain with the discharge. These pains occur with the appearance of the menstrual flux, or precede it. The first few times the pain was not severe, but it has grown worse with succeeding appearances. They are paroxysmal and grow harder and harder until they become frightful, lasting from one to four hours. The discharge is not clotted nor shreddy in the least, but appears perfectly normal. She is very regular every twenty-eight days, but on a few occasions she has fallen short of this time a few days, perhaps a week, when this occurs she has a period *perfectly painless*. This is so too if it be but two or three days earlier than the month. If it be longer than the twenty-eight days by twenty-four to thirty-six hours the pain is severer, and will last longer. This is something I have never met in any other case.

The symptoms during an attack are very constant. She lies on one side with the limbs semiflexed upon the body, and can not bear to be touched or moved in the least, nor will she move herself a particle excepting her hands. She can not bear to be touched as it makes her pain unbearable. This makes it more difficult to manage her case, as she sternly pleads not to be interfered with. She is

always in a cold, clammy, profuse perspiration during the pain, and the slightest change or disturbance of the covering precipitates a slight rigor. The whole abdomen is so sensitive that she begs not to be touched. The stomach is markedly affected, and vomiting of bile is frequent, watery, yellow and very bitter. The tongue is always coated with a pasty-white coating, the tip and edges red with the papillæ prominently elongated. The face is bloated besottishly red and pupils wildly dilated. The pulse and temperature are not affected, and there is no thirst. The pain she describes as a *crazy* pain; says it is not like any other pain she ever had, and that it seems to extend to the top of her head from its location in the pelvis, driving her crazy. The location of the pain is different at different periods. At one time it has been the perineum or the vulva or the ramus of the left ischium or the left hip-joint, etc., and the last time it was more sacro-pubic or in the whole pelvic basin, and for a time she was wild with pain in the *rectum*, *back* and *knees*, (simultaneously.) During the last two periods of severe pain she has had slight spasms, the eyes fixed, the balls and head draw to the right side, the arms, trunk and limbs being agitated with choreaic movements, lasting for some minutes, while she is profoundly insensible. Aside from these spasms, she frequently has cramps in the limbs during the pain. The climax thus reached the pains subside gradually, but the soreness of the abdomen remains for a day or two, and sometimes longer before it is entirely gone. Bowels are habitually constipated and she is annoyed by a frequency of urination (not painful nor diabetic.) There is no history of hereditary taint and there has been no severe sickness during childhood or adolescence.

She is intelligent, capable and of a mild disposition, and remarkably cheerful to be subject to such a monthly torture. Now brethren, let me have your opinion as to pathology and treatment, and I will report results.

A. L. BURT.

## Correspondence.

### NOTE FROM DR. MCCOURT.

T. C. DUNCAN, M. D., *Dear Doctor*: Receive my thanks for your favor of 28th inst., enclosing copy of article from Dr. Hoyt, and for THE INVESTIGATOR of July the 5th.

The demand for details of my treatment cannot, I fear, be complied with by me; but I am now writing to each of my pupils to request that they will furnish what is desired. Every fact within my knowledge connected with the treatment has been given the profession, but I cannot assume the duty of thinking for its members. And it is not necessary that I should, since the method is practiced with success by very many, with no other aid than that derived from my articles. The popularity which you so kindly anticipate for me, is to me a matter of the most profound indifference, for I have learned

its burdens and its value. When I learn anything more of value to the profession, I shall make time to write it. For some time past, every moment has been occupied, and upon leaving the city a month ago to rest in these mountains, I weighed just 96½ pounds!

HUNTER MT. N. Y. Fraternally yours, P. J. McCOURT.

---

### THE SOUTHERN INSTITUTE QUESTION.

EDITOR INVESTIGATOR: Yours of July 31st, asking, "Why did you not invite the Institute South?" and "What is the out-look now for the Southern Institute?" is at hand. Since these questions are pertinent, and may arise in the minds of very many of our northern brethren, I will with your consent, answer through THE UNITED STATES MEDICAL INVESTIGATOR that the information may be as wide spread as possible.

Had you been in attendance upon the Institute meeting at Deer Park, you would not have asked the first question. In my remarks favoring the selection of St. Louis as the place of the next meeting, I told the Institute that we would be only too happy to have it go south, if we had a place to take it, where it could be properly entertained: but, unfortunately, New Orleans was the only Southern city, as yet capable of taking care of it, and New Orleans was not represented at the Deer Park meeting, nor had an invitation been extended by the Crescent city. Dr. Orme representing Atlanta, could not ask the Institute to go there, because of the recent destruction of their leading hotel by fire. Dr. Dake did not suggest Nashville, and it certainly is not yet the time to think of inviting it to Texas. Therefore we of the south did the next best thing and urged St. Louis as being a gate-way to southern territory, and more nearly a southern city in geography, sentiment, affiliation, etc., than any north of the Ohio. We would have been only too glad to have worked for, and voted for New Orleans, had the invitation which has since been extended been given us in time. Now that it has come, I am more than willing to second the move, taking the Institute south, since our St. Louis friends are so magnanimous as to yield the point, if the executive committee think it advisable.

In regard to the prospects for a southern Institute, or Inter-State Association—I think they are good. The New Orleans fraternity have the matter in hand, and are working it. So far as I am informed the only objection offered is that it implies antagonism to the American Institute, and this is entirely groundless, so far as I am able to learn. We believe that a southern association, representing only southern states would wield an influence throughout southern territory which even the grand American Institute could not exert. The existence of the latter is taken as "a matter of course," and in medico-political, or medico-legislative affairs, with southern legislatures, its influence would be *nil*. In many of our southern states the Homœopaths are not able, on account of paucity of numbers to organize effective state societies; but we can have our *Inter-State Association*



or southern Institute, if we will, with representations from every Southern state, or from the most of them, which could work for our common cause. The organization of such an association, would attract attention throughout the south, would concentrate our forces, develop our strength, and awaken us to our interests, in a manner which nothing else could. The American Nation (with a big N) is too large to be encompassed and throughly supplied by one Homœopathic Association. The westerners realized this when they organized a Western Academy. And yet there are medico-political reasons—and reasons relating to the magnificence of distance at which the American Institute must of necessity go from us, in the large majority of meetings, which do not operate in regard to the western and middle states, from which the membership of the Western Academy is drawn, but which are vital to us of the south.

Give us the American Institute in April, or a Homœopathic Convention from all the states and foreign countries. This will give us a splendid "send off," and will attract more southern men to us than if we had only a southern call. Then if we of the south think an auxilliary association a desideratum, we can there give birth to such a movement, and you of the north and west can baptize it, and help it through the nursing period.

As a man of northern parentage and birth I have no thought of a southern organization, as antagonistic to any now in existence. I question only the interests of Homœopathy in a section of our common country, where they need fostering and protecting. Already the Allopaths have succeeded in having proscriptive laws enacted in Virginia, North Carolina, Alabama and Mississippi, and they are after us in Texas. Do not hold us back or they may catch us. Rather encourage us in our efforts, and let our northern brethren flock to New Orleans by the hundreds, giving us a rousing meeting, the echoes from which shall reverberate throughout all southland, letting our influence and power be known here, as it is known in the east, north and west. From a grand convention can grow a grander southern Association, than can be otherwise hoped for. *The Pellet* accepts THE INVESTIGATORS amendment. Yours truly, C. E. FISHER.

---

## News of the Week.

---

*Prof. J. G. Gilchrist* moves to Iowa City, October 1st.

*W. P. Roberts, M. D.*, from Barrington, Ill., to Evansville, Wis.

*Prof. A. C. Cowperthwaite* has, we learn, accepted the chair of materia medica at Ann Arbor.

*W. B. Clarke, M. D.*, of Indianapolis, teaches the people how to cure and prevent cholera.—Sensible.

*Prof. Valentine*, we are pleased to learn is getting well at the New York Homœopathic Asylum.

*Prof. J. G. Kent*, of St. Louis, Mo., is spending a vacation, with his friend and pupil Dr. J. G. Gundlach, at the Sanicula Mineral Spring Health Resort, Ottawa, Ill.

*Rusticating.*—Rufus K. Langson, M. D., of the Chicago Homœopathic College and Hospital, and Sumner Davis, M. D., of the Cook County Hospital Staff, are away on a fishing and tenting tour among the lakes of Wisconsin.

*Where the State Society will Meet.*—Please say in THE INVESTIGATOR that the committee to whom was referred, the matter of location of next meeting of Illinois Homœopathic State Medical Association have decided unanimously on Peoria. R. N. Tooker, President.

*Have your journal follow!*—F. B. Wilkins, M. D., who is on a vacation to Ipswich, Dakota, writes: "I receive THE UNITED STATES MEDICAL INVESTIGATOR all right, and it is welcome I assure you. I have more time here to read, all of its contents will be noted and I shall be better able to practice on my return to Chicago."

*"Pushing" Aconite.*—Some London Allopathic physicians who having been trying to use Aconite, as we do to arrest or abort pneumonia. As a result one physician reports "three fatal cases of pneumonia in which Aconite was being pushed." They will of course denounce Homœopathy, but they should learn how we use such edged tools if they would be equally successful.

*Epilepsy Mistaken for Hydrophobia.*—A man having fallen in an epileptic fit lately, in the region of the Five Points, New York, three policemen, as the story is told in the daily papers, bound him with cords to an awning-post, gagged him, and stood over him with drawn clubs, ready to administer promptly to any symptoms of hydrophobia that he might show on recovering consciousness, they having been told that the man had been bitten by a dog.

*Medical and Surgical History.*—July 3.—Mr. Scales from the Committee on printing introduced the resolution which passed: That the public printer is hereby authorized to print and bind in the usual style five thousand additional copies of the Medical and Surgical History of the War of the Rebellion, all of which are to be sold to applicants at cost with 10 per cent. added. Provided that not more than one copy of each volume shall be sold to any one person.

*Milk vs. Tea and Stimulants.*—"The greater my experience becomes," writes Dr. Clouston in his recent annual report of the Royal Edinburgh Asylum for the Insane, "I tend more to substitute milk for stimulants. In very acute cases, both of depression and maniacal exaltations, where the disordered working of the brain tends rapidly to exhaust the strength, I rely more on milk and eggs made into liquid custards. One such case this year got eight pints of milk and sixteen eggs daily for three months, and recovered under this treatment. I question if he would have done so under any other. He was almost dead on admission—acutely delirious, absolutely sleepless and very nearly pulseless." The cup of tea so much in demand by many women when tired should be exchanged for milk, eggs and rest.

## Surgical Department.

### SHOT THROUGH THE BODY.

ANOTHER RECOVERY TO BE CREDITED TO HOMŒOPATHY.

BY D. HAGGART, M. D., INDIANAPOLIS, IND.

The readers of *THE INVESTIGATOR* no doubt can recall my reports of two pistol shot wounds, in your journal of January 27th, and September 15th, 1883, and the almost miraculous recovery of the patients. Those incredulously inclined may think that these serious cases were gotten up to order, since I have a similiar one so soon to report. Monday February 11th, 9 P. M. Newton J. McDaniels, a grocer in this city, in the act of closing his place of business was attacked by three robbers who entered the front door and made an assault on him. He defended himself as best he could, but during the affray one of the gang shot him. The bullet a thirty-two calibre entered the sternum at about the dividing line between the gladiolus and xiphoid appendix, a little to the right of the median line, passing through the body to a point three inches to the right of the spine opposite the fifth dorsal vertebræ, within half an inch of the surface from where I removed the ball next day after the shooting. Immediately after he was shot he ran across the street to a neighbor's door where he dropped in what was supposed to be in a dying condition. I arrived half an hour after the accident, found the patient lying upon a lounge moaning and vomiting incessantly, surrounded by the usual eager crowd, including three Allopathic physicians, who had already administered two doses of whisky and a hypodermic injection of Morphine. Upon inquiry I found that they had not even yet investigated the character of the wound. These Old School doctors make a great parade before the public of their imaginary superior knowledge in pathology, and improved methods for diagnosing, and it must be admitted that their ability to diagnose *our* cases, through brick walls, miles off, is beyond parallel. But when these same doctors come to the side of the sick, they have no more use for pathology than the hod-carrier has for a work on medical jurisprudence, when whisky and Morphine are within their reach. In my hurried and somewhat excited examinations, my first impression was that the man was shot through the stomach, and so announced it, and at once suggested that the patient be moved to his home which was only a short distance, after this was done and he had time to get a little more quiet on account of the crowd dispersing some, and excited friends becoming calmer. Short intervals of vomiting were noticable and matters were beginning to look a little more favorable, except that his pulse vibrated so that it was impossible either for myself or my Allopathic

colleagues to time it. And to them it must have seemed that something heroic had to be done. So they would be medical attendants retreated to a corner of the room for consultation; pretty soon the chief among them stepped forward drew the same whisky flask from his pocket that had already done duty twice, and called for sugar and warm water. This afforded me time to reflect over my ignored situation, and just as the whisky was about to be administered I became stimulated as it were, by the very sight of the vile stuff and spoke at once in a most emphatic tone. "Gentlemen I am opposed to giving whisky to this patient at present." It is easier to imagine than to describe, what this unexpected opposition, coming from one whom they had doubtless considered disposed of, and hopelessly pushed in the background, produced upon the usual dignified facial lineaments of this medical trio. But they made a halt, however, and one of them placing his finger upon the patient's pulse, remarked, "I believe the pulse is getting better," as much as to say, let's wait a while with the whisky. Their inactivity, for you know they must continually be doing something, was however of very short duration, and another corner counsel was held and as a matter of course whisky was again decided upon, and I was boldly informed that they three were a unit upon this question. It was now clearly apparent that somebody had to back down and out, but I at once decided it should not be me without a manful struggle, so I began to ridicule the idea of pouring whisky into a perforated stomach, and referred to the treatment of the Garfield case with due contempt, in a most sarcastic manner, and assured them that no stimulants should be administered while I was present. This drove the medical bull-dozers into a counsel of war which resulted in the wise conclusion of asking the patient who he desired to take his case. He feebly replied: "Dr. Haggert is our family physician," a fact that was well known to all concerned. It is needless to say that Prof. Stone, Ex-Prof. Oliver and Ex-assistant Superintendent Hubbert of the Indiana Hospital for the insane, departed in single file, without even bidding any one adieu, while I now took off my overcoat preparatory to staying. After my own nervous system had regained its usual equilibrium, for I had been excited, the wound was more carefully examined and found as above stated.

As in the two former cases, Aconite and Arnica were again my sheet anchor, 1x thirty drops in half a goblet of water, given in teaspoonful doses, alternately every hour. Towards day-light my patient became pretty comfortable, and I left him with orders to continue medicine while he was awake.

Returned at 10 A. M. and removed the bullet. Pulse was still in the same disturbed condition, vomiting had ceased, pain in the left shoulder, and an inability to void urine. This was perhaps due to the Morphine injected as the trouble yielded to Belladonna during the day, which was substituted for the Arnica, with instructions to return to the Arnica again after the patient had urinated.

On the third day the pulse settled at 94; temperature, 99, with a violent cough and excruciating pain in the right lung.

During the next three days, Bryonia, Phosphorus, Sanguinaria

can. and Lobelia were alternated with the Aconite, one at a time, at different intervals, given in the same manner and dose as the two first remedies, but without any benefit. Various changes of the patient's position and an attempt to suppress the cough all failed.

The sixth day, Elix Brom. potas and Glycerine equal parts, hourly in teaspoonful doses controlled the cough like magic, and also secured sleep which had been almost entirely absent up to this time, all other medication discontinued.

Seventh day, patient quite comfortable; no movement of the bowels yet, neither did he have any nourishment. His drink was simply water, and no company whatever, except his wife. The Elix. mixture was continued at longer intervals, and small quantities of milk were allowed.

Eighth day, patient restless with slight headache, bad odor from mouth, tongue coated, discontinued the cough mixture and the milk and gave Podophyllin 3x trit. a powder every three hours. This removed all these unpleasant symptoms and secured several movements of the bowels within the next forty-eight hours, and on the tenth day the patient was allowed more nourishing diet, in small quantities, at short intervals, and from this on he improved quite rapidly, except the cough, which returned spasmodically for several weeks, but a dose or two of the Elix Brom. with Glycerine would check it readily, and at the end of three weeks my patient was attending to business again.

As has already been indicated Mr. McDaniels was shot from the left to the right and suffered from pain in the left shoulder. While Mr. Chambers, the first case reported by me, was shot from the right to the left and had severe pain in the right shoulder. This again reveals to us how infallibly true nature is to itself.

In conclusion I will venture my own comments, by saying, that it is very firm conviction that in all injuries to vital organs, success must rest upon the physician knowing *what not to do*.

INDIANAPOLIS, Ind.

D. HAGGART.

#### ANOTHER CASE.

About 5 o'clock yesterday afternoon Claude Perkins, a boy fourteen years old, who lives at 248 College avenue, was stabbed and seriously injured by a colored woman named Thompson, living between Eighth and Ninth streets, on Broadway. Young Perkins had been engaged in an altercation with a son of the woman, a couple of years younger than himself, and during the fuss Mrs. Thompson threw a pair of scissors at him. They pierced his back just under the right shoulder, making severe cuts about two inches deep. Perkins claims that there had been no blows between him and the other boy, but says the woman had a grudge against him. From the pain that the patient experiences in breathing, Dr. Haggart, who was called in, feared that the lung may have been pierced, and the boy's condition is critical.

Claude Perkins is a brother of the young lady who was injured in the pavillion at Broad Ripple two weeks ago, when a tree was blown down upon the building.

D. H.

## GUN SHOT WOUND.

C. C. HUFF, M. D., LAWRENCE, D. T.

J. C., aged twenty-five, farmer. This was a gun-shot wound of the abdomen; bullet entered in the right side, about one inch above and in front of the anterior superior spinous process, proceeding directly across, and through the abdominal muscles and lodging about one inch from the centre line of the abdomen.

When I saw the patient he was much prostrated, but not suffering much pain. Examination revealed the bullet lying close to the surface, which was already becoming discolored and I promptly removed it. Being in doubt as to whether the intestines had been injured, and not caring to probe too deeply, I placed the patient on Arnica 3 internally, and applications of the tincture in water, externally, and gave a guarded prognosis.

I saw the patient again in about four hours, and was much surprised to see the change he had undergone, instead of presenting any bad symptoms, his condition was greatly changed for the better, he had taken nourishment, and was feeling quite comfortable. All indications pointed to a favorable issue, so I continued the treatment and the patient made a good recovery. Subsequent investigation into this case, and certain conditions arising from it, go to show that the injury was not of as serious a nature as was at first supposed, none of the abdominal viscera having been injured and although the peritoneum must have been very near to the course of the bullet yet there were no signs of inflammation.—*Med. Ad.*

---

## Materia Medica Department.

---

*RANUNCULUS BULBOSUS. (CROWFOOT.)*

*Parts used.*—The fresh bulbous base and flowering tops of *Ranunculus bulbosus* Linn.

Natural order Ranunculaceæ, tribe Ranunculæ.

*Botanical Analysis.*—Roots, fleshy, fibrous. Stem erect from the bulbous base, branched, hairy. Leaves mostly radical, few cauline, petiolate, three-divided; divisions, lateral nearly sessile, terminal stalked, all more or less three-parted and incisely toothed and lobed; petioles, sulcate, grooved on the upper side, amplexical, the bases of those of the radical leaves fleshy and united, forming a bulbous base to the plant. Flowers terminal, slender pedunculate. Sepals, five, reflexed, hairy externally. Petals, five, orbicular, veiny, spreading, having a small nectariferous cavity on inner side at the base, covered with a small, wedge-shape, emarginate scale. Stamens numerous. Pistils numerous, in a head. Fruit, a globular head of achenes, tipped with short beaks.

RANUNCULUS BULBOSUS.  
(NATURAL SIZE.)



*Common names.*—The proper common name for all species of *Ranunculus* is Crowfoot,\* from the shape of the leaves of some species which resembles that of a crow's foot. *Ranunculus bulbosus* should be properly designated as Bulbous crowfoot.

This species, and others that have large yellow flowers, are popularly known as Buttercups† in this country. In England they are called also King-cups, Gold-cups, Gilt-cups, Gold-knobs.

They are occasionally called Yellow Weed and Meadow Bloom, from the yellow flowers; Blister Weed, from their acrid properties; and Burrwort because of the burr-like fruit, which, however, is not enough of a burr to justify the name.

*Ranunculus bulbosus* is sometimes called, in England, Saint Anthony's turnip, or Saint Anthony's rape, from the acrid bulbous base.

*Specific description.*—*Ranunculus bulbosus* is an erect herbaceous plant, growing about a foot high. It is a native of Europe, but has been naturalized, and is very common in fields and in sandy soil in the Atlantic States, though rare in the interior of the country. In some places in the east it is a great pest to the farmers, and so common that when in bloom the fields present a mass of yellow. The characteristic of the plant is the bulbous base, which is well shown in our engraving. This differs from the true bulbs of plants; it is really the bases of the leaves and stems, grown together and enlarged by the accumulation of nutritious juices. It is the storehouse of the plant, in which is stored each summer the nutriment that the plant uses to grow and produce flowers next spring. The leaves are mostly radical, and are borne on succulent, grooved stalks. The flowers appear in May, and are about an inch in diameter, and of a deep glossy yellow. They terminate the stems and branches.

This species can readily be distinguished from the related species of *Ranunculus* by its bulbous base, by the stalked terminal division of the leaf, and by the early flowers.

*Allied species.*—The genus *Ranunculus* comprises about 150 species found in all countries, but most abundant in the temperate regions of the Northern Hemisphere. All possess more or less of the acrid properties.

*Characteristics.*—The entire plant of most species of *Ranunculus* is acrid, the full-grown, green fruit and the root being especially active. To the taste they are peppery and pungent, reminding us of mustard or horse-radish. If the bruised plant be bound upon the skin, like mustard, it irritates, inflames and blisters. The crushed plant emits a vapor which irritates and inflames the eyes. Boiling with water dissipates the acrid principle, and some species of *Ranunculus* are eaten as greens. The pulp of those most acrid, after being boiled by us, proved to be free from acidity.

---

\*In this country the name Crowfoot is misapplied often to *Geranium maculatum*, which is known to many root diggers and dealers under this name.

†This name is not derived from *butter* and *cup*, but is a corruption of the old English button-cop, meaning bachelors' buttons, which was given to the double, cultivated variety of the plant.—Purser.



*Constituents.*—When the plant is bruised (preferably the green fruit), and treated with sulphuric ether, the acrid volatile principle is abstracted, and may be obtained in an impure form by spontaneously evaporating the ether. This acrid principle is a volatile oil, and may be obtained easier and in a purer condition by distillation (see Oil of Anemone).

Anemonin is another substance accepted generally as existing in the acrid species of *Ranunculus*. If the pulp of the plant, after extraction with ether (or before), be exhausted with chloroform and this chloroformic solution evaporated spontaneously, an oily residue remains, free from crystals of Anemonin, and which refuses to react with Fehling's test solution or glucose. This leads us to believe that Anemonin is a product of the action of boiling water on the plant rather than an educt.

If the bruised root of the plant be mixed with water, it forms a milky emulsion-like liquid, and, upon heating, it coagulates at less than the boiling point.

When the plant is covered with water and distilled, pungent acrid vapors escape. Upon condensation a transparent liquid of a pungent color and a peppery taste is obtained. After standing a short time, the liquid deposits white flocculent matter. This distilled water is the interesting product of the numerous plants yielding Anemonin.\*

[*The therapeutic range* of *Ranunculus bulb.* seems limited. In intercostal rheumatism it stands out prominently. These intercostal stitches are evidently of spinal origin, for we find pain in the back, as if bruised, with stitches on walking. These stitches of pain may be in the thorax simulating pleurisy, or in the right side. They are worse on motion, and show the relation of this remedy to *Bryonia*. With the spinal origin, we find such affections as tetter, pemphigus, nettle-rash and spreading ulcers cured by *Ranunculus*. Its related remedies are *Bryonia*, as already indicated and *Rhus* and *Puls*. These with *Camphor* are its antidotes. *Sabadilla* and *Arnica* both have a reputation in pleurodynia, and are evidently closely related to *Ranunculus*.]

---

## Society Proceedings.

---

### *MEDICAL SOCIETY OF NORTHERN NEW YORK MEETS IN SARATOGA.*

The summer meeting (thirty-second year) of the society was held yesterday, (Wednesday) at the parlors of the Arlington hotel.

The President, Dr. C. M. Mosher, being absent, Dr. Billings of Cohoes presided.

Dr. J. C. Minor, of New York, recited at length his experience regarding the origin and progress of scirrhus of the breast; also showed by statistics from his own experience and that of a number

---

\*Reprinted from *Drugs and Medicines of North America*. See page 143.

of authors, that a proportion, at least one-fifth are cured by an operation, provided surgical measures are resorted to early.

A very interesting lecture, an hour in length, was delivered by Professor J. W. Dowling, of New York. The lecturer describes cases in which conditions simulating heart disease, were minutely delineated; their causes were pointed out; and a minute analysis of the various diagnostic evidences of real or functional disturbances were described with characteristic lucidity, and constituted a most instructive and practically useful address.

An elaborately prepared paper on "Trichinosis," with special references to the cases which recently occurred at Arietia, Hamilton county, as reported to the State Board of Health by Dr. Delavan, of Albany, was presented and read. The paper points out the extreme danger from eating uncooked ham or bacon.

A paper by Dr. H. M. Paine, of Albany was read, setting forth the causes, prevention and treatment of cholera; also describing at length the sanitary measures to be resorted to in order to stay its progress and prevent its advent into any locality.

Dr. S. H. Talcott, of Middletown communicated a paper giving at length the history and treatment of a case of insanity.

Dr. G. E. Gorham, of Albany read a paper in which he gave the results of the successful treatment of croup with bromine by inhalation.

The physical examination of a case of heart disease, conducted by Professor Dowling, introduced by Dr. O. H. Mott. The examination was thorough and exhaustive, and was illustrated step by step by explanatory and descriptive statements, and resulted in showing that the patient was suffering from functional disease, excited by stomach and liver disturbance.

Dr. Howland, of Poughkeepsie, communicated a brief record of the history and treatment of a case of chronic inflammation and ulceration of the bowels.

Dr. E. T. Starr, of Philadelphia exhibited an electric lamp, constructed with a mirror attachment, thereby forming a perfect laryngoscope. The superior qualities of the instrument were practically illustrated by various processes and manipulations on the human subject.

Dr. J. S. Delavan, of Albany, presented a well-written paper on the "Hygiene and Therapeutics of Gynæcological cases."

Papers on various medical subjects were also read by several of the members, and the time of both morning and afternoon sessions was fully occupied in discussions full of sound and practical suggestions.

Dr. J. C. Minor, of New York was elected to active membership; and Drs. W. H. Watson, of Utica, and E. Guernsey, of New York, were elected honorary members.

Letters expressing regret on account of inability to attend the meeting from Dr. S. H. Talcott, of Middletown; G. S. Munson, of Albany; A. C. Howland, of Poughkeepsie; A. P. Hollet, of Havana; T. B. Nichols, of Plattsburgh, and E. S. Coburn, of Troy, were read by the secretary.

There were present members and other physicians from the counties of Rensselaer, Albany, Saratoga, Washington, Columbia, Warren, Schenectady, Montgomery and Fulton.

The annual meeting will be held at Albany, on the first Wednesday in October.

---

## Consultation Department.

---

### CASE FOR COUNSEL.

Young lady fourteen years of age, very fair complexion, light hair, blue eyes, scrofulous diathesis, menses appeared one year ago, have been regular up to this time. Ten days previous to the time the last menstrual period arrived she began to complain of her feet "going to sleep" and of a peculiar numb sensation in both upper and lower extremities; she also began to lose the use of her limbs, this state of things continued until three days ago when the catamenia appeared, the discharge has been scant from the start, the previous symptoms continue, the tongue is covered with a thick, yellow coat, there is pain in the head, mostly in vertex nausea, slight fever, and great weakness, complete loss of appetite is a constant symptom. Will some friendly gynecologist give a prescription, and oblige a

YOUNG PRACTITIONER.

---

## Clinical Medicine.

---

### CLINICAL NOTES.

HARLAN, Iowa, August 12.—Type of disease malarial. Epidemic remedy, Bryonia. Other remedies used, Mercurius, Nux., Bell.

G. W. TODD.

NYACK, N. Y., August 5.—Prevailing diseases are cholera morbus, colics and dysentery. Remedies used, Ars. Ipecac, Verat. Coloc. Merc. sol., and corro.

L. B. COUCH.

INDIANAPOLIS, Ind., August 10.—Considering the cool nights we have very few intermittents; some scarlatina with scattering cases of sore throat. Pains in the bowels *without* diarrhœa, are quite prevalent. Verat. alb., Camphor and Ars., have so far responded readily one or the other, as most clearly indicated. Within the past week, dysentery has also developed itself in several localities in the city. I have three cases under treatment for four or five days. They are quite severe, as well as obstinate, in responding to usual remedies. By the way Mrs. Haggart has just recovered from a severe attack of scarlatina anginosa.

D. HAGGART.

*CHIMAPHILLA FOR ANURIA.*

I would just state that the Homœopathic profession will find an excellent remedy in *Chimaphilla tinct.*, or 1st dilut., for suppression of urine, in doses from five to twenty drops in half a tumbler of water; dose, one to two teaspoonfuls from half, to one hour apart.

I have found it one of the very best medicines for urinary suppression, in new born infants; dose, five to ten drops in a tumbler of water, one teaspoonful each hour. I have used it for over twenty-five years with unvaried success. Try it and report. J. H. GINLEY.

*ELECTRICITY AS A WET-NURSE.*

Some time ago a query appeared in *THE INVESTIGATOR* as to the efficacy of electricity where secretion of milk was scanty.

A patient ten days after confinement had an attack of feverishness sharp enough to cause suppression of lochia, and a general disturbance. Electricity was used with happy results for all the symptoms. One electrode on the cervical vertebræ, and the other over the breast, was followed by a flow of milk in less than five minutes. This was invariable when a Grenet cell was used; with a Smees the time was longer, and the flow more scanty. Patient with her first child had a very limited supply of milk, with this one, with an occasional treatment, she had no lack.

E. E. DICKINSON.

FAIRPORT, N. Y.

*A MATERIAL DIFFERENCE.*

Cleveland, O. August 14th, 1884.

DEAR INVESTIGATOR: Am grateful, for the place you honored me with in your valuable journal, of August the 9th. But your proof reader or printer, greatly impaired one of the thoughts I wished to convey, by using the word *national*, where I wrote *material*, and as it makes a greatly material difference with the sense of the sentence please give place to the correction. Yours truly, J. C. SANDERS.

We corrected this mistake in the revise, but it was overlooked. The presence of representative Homœopathic physicians from all parts of the country would be material evidence of the national spread of Homœopathy.

*NOTES ON IRIS VERSICOLOR.*

Though an old remedy, *Iris* has not been thoroughly studied. It is not enough to say that a remedy is alterative, we want to know what it alters, and whether the alteration benefits the patient. Mercury was an alterative, but it altered the patient's condition from bad to worse; we hope this will not be the case with the remedy under consideration.

It will be remembered that I have advised *Iris* in enlargement of the thyroid gland. Its action is direct, and especially important when this enlargement is associated with, or based upon, derangement of the menstrual function, or disease of the reproductive organs.

If we have a remedy for Basedow's disease—exophthalmia—it is

Iris. Not that it will cure or control the advanced stages, but in the milder cases, and the early stage, it is the remedy to be selected.

Thinking in the same line it is suggested—if a remedy for enlarged thyroid based upon uterine and ovarian wrong, why should it not be a remedy for some of these diseases, without the thyroid enlargement. And so experiment shows it. Given an impairment of the general health, with cerebral disturbance, and an enlarged uterus, Iris may be given with excellent results.

The thyroid is one of the ductless glands, and they are all—spleen, thymus, thyroid, supra-renal capsules—associated in disease.

In disease of the spleen we may have a peculiar blanched appearance—leucocythemia—but we may also have that dull yellowish brown, or even greenish brown, that would cause one to suspect Addison's disease. The pigment is increased.

In disease of the thyroid and thymus we observe an increase of color in older patients until the skin is a dirty brown. The young may retain their fresh and rosy complexion.

In Addison's disease (supra-renal capsules), the bronzed discoloration of the skin is the characteristic feature.

In many of these cases there is a remarkable loss of flesh, in some progressive muscular atrophy, in all a decided wrong of blood making.

Keeping our train of thought well in hand, we would anticipate a good action from Iris. Why? Because we have found it to possess a decided action upon one of these glands. Old observers tell us that it has a direct action upon the spleen. A limited experience shows the reasoning right, because, it does benefit the patient in Addison's disease, though it may not cure, and is the remedy for wasting of tissues with the deep pigmentation.

As an antisiphilitic it is one of the first of the vegetable remedies. I do not recommend it in all cases, and in all stages of the disease, for that would be bad teaching. We want to know the particular case and phase of the disease. I should say the one that shows a lesion of the brain, with or without the copper-colored spots—but better with the pigment change.

I have made an effort to put the subject in a clear light, and not obscure it with many words. I might say more, "but enough is as good as a feast."—*Eclectic Medical Journal*.

### HOW KAVA IS TAKEN AT HOME.

#### A NATIVE PROVING.

A tanoa, or kava bowl, was now placed in the center of the hut. These tanoas, which are to be found in every Samoan house, are made of a native wood which looks much like walnut, and from constant use acquire on the inside a beautiful enameling, making them look almost as though they were lined with mother-of-pearl. They are sometimes three feet in diameter, very shallow, and rest upon four short legs, the whole bowl being cut from one piece of wood.

A young man now appeared with a large piece of kava root (piper methysticum) in one hand and a sharp knife in the other. After him

came eight young maidens—virgins from the neighboring village—who seated themselves in a semi-circle on one side of the bowl. The young man then seated himself opposite them and commenced to cut the root into small pieces, which he tossed to the maids. A gourd of water was now brought and each one proceeded to rinse out her mouth, spurning the water out into the fire, which was almost extinguished thereby. Now commenced the most disgusting part of the process, for each damsel, taking up the pieces of kava root, began to chew them, and, in spite of the disgust I naturally felt I had to laugh at the droll way it was done. They kept on stuffing the pieces into their mouths until they could literally hold no more, when, on a signal from the man who cut the root for them, each in succession took a round ball of the masticated kava from her mouth and threw it with a thud into the bowl. The young man now poured water into the bowl and the chief virgin, the daughter of a high chief (alu sili), taking a fau or strainer made of long shreads of bark began to cleanse the mixture of the fibrous, woody sediment by drawing the strainer across the bowl and shaking it out upon the floor. All this was done with the greatest grace by the chief virgin, whose aim was to make every move of her hands and arms as elegant as possible.

The kava was now ready; four small bowls made of cocoanut shells finely polished and exquisitely carved were produced. The young man taking these cups, called ipu, dipped out a quantity of the kava, and in a stentorian voice called out the name of the guest to whom it should be handed. The cup, which he held high above his head, was then taken to the person named by one of the girls, who in presenting it crouched very low, almost touching the ground with the bottom of the cup. After each visitor has been served, the whole kava manufacturing paraphernalia was removed. In my estimation, kava is about the most repulsive drink on earth. It reminds one of the taste of soap-suds, and, although not intoxicating, will, with excessive indulgence, cause a numbness in the lower extremities. Kava-drinking is an almost universal custom among the South Sea Islanders, and appears to find great favor among the white men in those regions, though I can not imagine the reason, for its taste is so disgusting that it is impossible to believe that a white man can find anything pleasing in it, though the whites assembled at Apia are, for the most part, but little better than the barbarous natives whose national beverage it is.—*Extract.*

---

#### DIRECTORS OF PROVINGS OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

TO THE HOMŒOPATHIC PHYSICIANS OF AMERICA: At the regular meeting of the American Institute of Homœopathy, held at Deer Park, Md., in June, 1884, upon motion of Dr. Lewis Sherman, of Wisconsin, the following motion was adopted: "The president shall appoint a committee of seven members, to be entitled the "Directors of Provings" whose duty it shall be to formulate and to publish rules for the conducting of drug-provings, and to pass judgment upon such

unpublished provings as shall be submitted to them with reference to their reliability and fitness for publication."

As the result of this motion and of the instructions of the American Institute of Homœopathy, the Board of Directors of Provings, fully aware that the success of this work must depend upon the hearty co-operation of the members of the profession and upon their willingness to perform a portion of a work which is alike important to the sick and to medical science, feel justified in directly appealing to the zeal and loyalty of American Homœopathic physicians to take an active part in the prosecution of the work now proposed by the national organization.

At a special session of the Board of directors, held August 6th, 1884, at the Grand Pacific Hotel, Chicago, a majority of the board being present, it was decided to arrange the work of the board as follows:

I. To institute experiments which shall demonstrate the *consecutive* action of *single attenuated* doses, showing the consecutive development of the symptoms of the drug-disease produced by the single dose.

II. To institute experiments *single medicinal*, or *material* doses of drugs, to ascertain the consecutive development of drug-symptoms produced, with particular reference to a clear definition between primary and secondary symptoms.

III. To institute provings to obtain the fullest possible general history of the pathogenetic effects of drugs, so as to give to the profession reliable provings of the newer remedies and to increase the value of the provings of old remedies by supplementary work. In conducting provings of this class, it is deemed indispensable to employ repeated and full medicinal doses of drugs, and to embrace in the experiments made tests and examinations, chemical and otherwise, had at regular intervals, to establish the action of the drugs proved upon the various organs and structures of the body.

In order to make provings of the greatest possible value, it is expected that provers will make repeated examinations, at regular intervals of the secretions and excretions of the body; they will also utilize, more especially in making provings of the third class, the various modern means of physical diagnosis, such as the ophthalmoscope, sphygmograph, spirometer, microscope, etc. The systematic employment of these helps in the making of provings is deemed by this board of the greatest importance.

This board, taking it for granted that the members of the profession are conscious of the importance of systematic drug experimentation and willing to aid in making the work a success, heartily recommended as follows:

(a.) The making of provings by individual physicians either upon themselves or upon other persons who are willing to make experiments, and *who, by temperament, state of health, soundness of judgment and intellectual fitness, are qualified for this work.*

(b.) The instituting of provings by medical students, both men and women, under the direction of their preceptor, or at college, of their teacher in *materia medica.*

(c.) The formation in large cities of provers' union and of *materia*

medica clubs, which shall embrace in their membership, so far as circumstances permit, persons of both sexes, and persons thoroughly familiar with the modern means of physical diagnosis.

(d.) The active co-operation of the bureau of materia medica of the different state societies in devoting a portion of their time and of their annual work to the instituting of drug-provings as outlined by this board.

This board will cheerfully aid in every possible way each effort to prove remedies, and will *direct* provings upon the following basis :

To ensure reliability of the symptoms obtained, drug experiments *made under the direction of this board*, will be made with drugs furnished gratuitously by the board through its secretary, Dr. A. W. Woodward, 130 South Ashland avenue, Chicago, Illinois. The provers will not be informed of the name of the remedy sent them, or of the attenuations sent. All remedies will be numbered, and application for a supply will be understood by the board to be equivalent to a pledge on part of the prover to faithfully carry out the spirit and letter of the directions accompanying the drug.

Experiments under the direction of this board will be made with a large range of attenuations, embracing both high and low. No experiments will be made which will prove injurious to the health of the prover or impose upon him more than very temporary inconvenience. When provings of the third class are to be made, consisting of experiments with full medicine doses, and involving possible inconvenience to the prover, the name of the remedy to be taken, with its known broad physiological effects, will be furnished upon application, and the extent of the provings shall depend upon the pleasure of the prover.

To stimulate proper drug experimentation, and to reimburse, in part, provers for the inconvenience incurred by them, this board hereby offer one prize of one hundred dollars cash, one prize of fifty dollars cash, and one prize of twenty-five dollars cash for the three best provings submitted to them no less than thirty days before the next meeting (1885) of the American Institute of Homœopathy. *Competitors must, of course, comply in every respect with the "rules for proving" which this board has formulated, and which the secretary of the board will furnish, upon application, to ALL persons contemplating the making of provings.* Competitors for the first prize must make provings in all the classes specified, embracing, also, experiments with the drugs upon the lower animals.

Fully aware of the importance of the work undertaken, this board enter upon the discharge of a duty, the performance of which, demands the sacrifice of much time and effort, with the strong hope that they will receive the hearty support and co-operation of the workers of the Homœopathic profession of America.

CHICAGO, Ill., Aug. 6th, 1884.

J. D. M'GUIRE, President.  
A. W. WOODWARD, Secretary.  
E. M. HALE,  
LEWIS SHERMAN,  
E. A. FARRINGTON,  
C. WESSELHOEFT,  
H. R. ARNDT.



## Book Department.

---

### **BULLETIN OF THE BUFFALO NATURALISTS FIELD CLUB.**

The sixth number of this Bulletin has reached us. It is issued bi-monthly. This issue contains articles of special interest, one by our friend Dr. Lewis. Others of our readers interested in science would do well to get this publication.

**DRUGS AND MEDICINES OF NORTH AMERICA.** By the Lloyds of Cincinnati. Issued quarterly; price, \$1.00 a year.

This is a quarterly publication devoted exclusively to the medical, pharmaceutical and botanical history and description of American drugs and the plants yielding them, containing full plate engravings of the principal American medical plants, and full illustrations in the text, including original pictures of the parts used in medicine.

It begins with the first natural order, Ranunculaceæ, and will consider each plant in its natural sequence. [See page 132.]

### **THE EIGHTH ANNUAL ANNOUNCEMENT OF THE HOMŒOPATHIC MEDICAL DEPARTMENT OF THE STATE UNIVERSITY OF IOWA.**

From this we learn that the lecture course begins October 8 next, and closes March 3d. Dr. Gilchrist, we see, is made a full professor of surgical pathology and therapeutics. It is rather a good joke that the Homœopathic professor teaches the pathology. It is no small honor that he is able to teach pathology or any other branch of surgery. The students are given five lectures each day, besides clinics. The course has an optional grade; fees, \$20.00. The practical textbooks are Homœopathic.

**AN ABRIDGEMENT OF THE HYGIENIC PHYSIOLOGY** with special reference to Alcoholic Drinks and Narcotics. By Joel Doeman Steele, Ph D. New York: A. S. Barnes & Co. Chicago: Duncan Brothers, \$1.00.

This work is designed for the use of junior classes and common schools. Joel is evidently a Yankee, and has been shrewd enough to catch the temperance breeze. He pictures the sad effects of Alcohol and narcotics in their true colors. Coffee he passes over mildly. The scope of the work is to take up physiological anatomy, and then the hygiene ending each chapter with the chief diseases of the part. This plan is admirable. In the description of disease we see slips to be expected from a chemist, and as to the "treatment before the doctor arrives" it smacks of the shop. We object to teaching children that Purgative is the first remedy for diarrhœa, or vomiting with Ipecac for croup, or Epsom salts for fever.

We have looked over this work carefully to judge of its value, for it doubtless will be extensively used. It contains much excellent matter, more than any child can digest especially the technical terms, but the arrangement is the same as that in vogue thirty years ago, and to our mind, the most awkward possible. Many of the details of common life that have important bearings are not mentioned, as keeping the mouth shut in sleep, what to eat, why we wash the face, etc. The day will come, perhaps, when this branch will be naturally presented, and its study then will prove most fascinating.

## News of the Week.

---

*Dr. W. E. Winget*, has removed from Independence, Kansas, to Carrolton, Saginaw Co., Mich.

*J. P. Hunting, M. D.*, of Villa Ridge, Ill., has kindly remembered ye editor with a basket of his choice grapes. Thanks.

*Partnership.*—*C. M. Dinsmore, M. D.*, of Omaha, and *H. A. Worley, M. D.*, of Davenport, have united their forces. They will make a strong team.

A *New Asylum* and school for the feeble-minded has been established at Kalamazoo, Mich., by *Dr. C. T. Wilbur*, who has had a large experience in organizing institutions of this kind. The school is organized upon the cottage plan, and from the reputation of *Dr. Wilbur*, as late superintendent of the Illinois Asylum, we predict success in his undertaking.

*Small-pox in London.*—The London medical journals of the 17th inst. report that on the preceding Saturday it was stated at a meeting of the Metropolitan Asylums Board that no fewer than three hundred and forty-six new cases of the disease had been received by the asylum authorities during the fortnight ending on that date. They came mostly from the eastern parts of the metropolis.

*Prophylactic Inoculation against Yellow Fever.*—From the *Jour. do Comercio* of Rio de Janeiro, we learn that the parasite of yellow fever, discovered by *Dr. Freire*, has been successfully cultivated after the method of *Pasteur*, and that experiments are now being made of its prophylactic inoculations against yellow fever. Two hundred and eleven inoculations are asserted to have been made with successful results.

*Burnt Alum in the Treatment of Intermittent Fever.*—*Dr. A. Sawinsky* recently reported to a Russian medical society ("Deutsche Medizinal-Zeitung") that he had tried the use of burnt alum in twelve cases of intermittant fever, and successfully in each instance. He gave the remedy in doses of eight grains twice a day, and he found that it was well borne even in doses of twenty-four grains, provided a glass of water was drank after the dose.

*On the Temporary Preservation of Post Mortem Specimens.*—In the *Asclepiad*, April 1884, p. 156, an effective plan is described for preserving specimens from *post mortem* examinations. Take a large, wide-mouthed, glass-stoppered bottle; have the cork well greased and fitting tightly. Next fill the bottle with common coal-gas, and quickly pour a drachm of ammoniated chloroform into the bottle; then tie down the stopper. The preserving bottle is now ready to take to the *post mortem* chamber. The organ or part which has to be preserved must be placed in a fold of soft muslin, and gently pressed, so as to remove as much fluid as is possible without injury to structure. The specimen is then dropped quickly into the bottle, and the cork tied tightly down. By keeping the bottle in a cold place, the specimen will remain good for days or even weeks.

# The United States Medical Investigator

VOL. XX. No. 9.

AUGUST 30, 1884.

WHOLE No. 403.

## Clinical Medicine.

### NOTES ON DYSENTERY.

#### DISEASES NAMED FROM A THERAPEUTIC POINT OF VIEW.

MR. EDITOR: In looking over the pages of your journal I have found much practical matter in general therapeutics; but a valuable addition can be made by referring to the present approach of antumal diseases, and particularly to dysentery which, in different localities is described by various qualifying terms, such as bilious, mucus, putrid, etc. A believer in the value of symptoms to guide one in the treatment of any disease, finds but little in nosology on which to rely. It has often been suggested that the labors of physicians would be greatly simplified if diseased conditions and symptoms were named therapeutically instead of pathologically; as for instance, an *Aconite dysentery* occurs during warm days and cool nights with rheumatic pains in the head, nape of the neck and shoulders and chills, heat and thirst.

*Arnica dysentery* is characterized by putrid breath, putrid and slimy taste in the mouth, sense of fullness in the stomach, slight nausea, swelling in the right side of the abdomen and offensive eructations and flatulence and tenesmus.

*Araenicum dysentery* is characterized by great restlessness and tossing about in bed; offensive stools, burning tenesmus, intense thirst, and discharge of hot, acrid, bloody matter.

*Cantharis dysentery* has burning, like fire in the anus after the stool. The stool has the appearance of scrapings or shreds of mucus membrane.

*China dysentery*, is characterized by stools of a cadaverous smell, and seem to be associated with intermittents in malarious districts where this kind of dysentery prevails.

*Carbo veg. dysentery* is characterized by coldness, cold breath, burning and painful tenesmus and putrid stools, much aggravated at night.

*Ipecac dysentery* generally occurs in the fall with bilious symptoms, violent tenesmus, colic and bloody mucus stools, worse in the evening.

*Hamamelis dysentery* is denoted by an unusual quantity of blood in the stools, and with the exception of a marked tenesmus, it is almost a passive hæmorrhage at times.

*Gamboge dysentery* has much tenesmus and frequent urging, and painful watery stools tinged with blood.

*Colchicum dysentery* has cramps in the calves of the legs with prolapsus of the anus.

*Mercurius viv. dysentery* will generally cause suffering from excoriating discharges, and pains before and during stool with violent tenesmus.

*Mercurius cor. dysentery* is characterized by cold face and hands, severe pains aggravated by motion, severe straining and pains in the rectum, retention of urine and restlessness.

*Nux vom. dysentery* has small and frequent stools with violent tenesmus, severe pains in the back.

*Esculus dysentery* is generally met in conjunction with hæmorrhoidal difficulties, and is attended by painful tenesmus, great thirst and severe abdominal pains.

It will be perceived that the remedy in the above notes is made the name of the disease, it will generally cure. We can attest from experience that in all the characteristic indications mentioned above, under each head, the remedy indicated by the term employed to qualify the disease, has met and cured the corresponding characteristics of the disease.

In nearly all cases of acute dysentery, there is more or less arterial excitement, which might suggest the propriety of administering a few doses of Aconite at first, and then to follow with the remedy indicating the characteristic symptoms. There is no objection to this since experience has lent its sanction. SIGMA.

---

#### ON THE ANTAGONISM EXISTING BETWEEN CARBOLIC ACID AND ATROPIA.

Bartholow, in the fifth edition of his *Materia Medica and Therapeutics*, makes the following statement, viz. : " I am indebted to Dr. A. C. Post, of New York, in a verbal communication for the important fact, that Atropia is a physiological antagonist to the systemic symptoms induced by Carbolie acid. He was induced to administer Atropine in a case of poisoning by Carbolie acid on observing the minutely contracted pupil and the falling circulation. The result was successful. Similar success has attended the same practice in other cases. Experiments in animals have also demonstrated the existence of this antagonism, which may now be regarded as an established fact."

This statement coming from and being endorsed by good authority, I determined to find out in how far this might be true of the isolated heart. Looking over the literature, so far as it was at my disposal, I am unable to find any published cases of experiments on animals on this point, and Bartholow does not refer to any.

The subjoined experiments show first, that, after the heart has been carbolized, Atropia increases its rate, and also its work ; second, it shows a more rapid recovery takes place after carbolization under Atropinized blood than under normal blood. While, during and immediately after the first carbolization, the heart ceased to beat entirely, and remained completely motionless under Atropinized blood,

the ventricle, at least, did not cease to beat, but kept on contracting. Under normal blood it took 18.80 min. before it was again able to overcome its normal pressure and pump over blood; under Atropinized blood this took 13.30 min., five minutes less. A more careful study of the tracings which will appear in the next number of the "Studies from the Biol. Laboratory, J. H. Univ.," will, I think, be sufficiently convincing of the fact that we have in Atropia a physiological antagonist to Carbolic acid so far as the isolated heart of the terrapin is concerned. The exact mechanism of the production of these phenomena is much harder to explain, on account of the innervation of the heart not being as clearly made out as could be desired, but the practical result, I think, is plain enough. I believe, however, with H. C. Wood, that Atropia must have a very powerful stimulant action upon the intra-cardiac accelerator centers, because after the heart has been completely paralyzed by Carbolic acid and allowed to recover under Atropia, the rate in some of my experiments shows an increase of from 31 to 42 beats per minute.—*Proc. Naval Med. Society.*

---

#### THE EXACT VALUE OF THE ELECTROLYTIC METHOD.

In a paper read before the American Academy of Medicine on the above-named subject (*Med. Record*, October 13th), the author, Dr. A. D. Rockwell, formulated the following conclusions: 1. The success met with in the treatment of malignant tumors is generally but trivial. In epithelioma, however, when superficial and easily reached, success may be had. 2. The electrolysis of intramural fibroids often reduces the size somewhat, and gives great relief. 3. For erectile and small cystic tumors electrolysis is a specific. 4. Goitres, if small and soft, may be reduced in size, even by external applications. Even when hard, electrolysis may be beneficial, but the results are variable. 5. Hairs can be permanently removed. 6. In many cases of stricture relief or cure can be obtained by electrolysis, but experience is not sufficient to speak of its value positively.

---

#### HOW TO SAVE YOUR THERMOMETER.

**TO THE INVESTIGATOR:** Allow me to state, for the benefit of your readers, that the clinical thermometer may be prevented from breaking by carrying it in a well padded case, like that used for a gold pen.

The hard case in which the manufacturer puts this fragile instrument affords so little protection that any unusual jar is sure to break it.

After trying the various plans suggested in the medical journals, I have found this the best.

WALTER F. MORGAN.

LEAVENWORTH, KANSAS.

*HOW TO ADVANCE HOMŒOPATHY.*

MONROE, Wis., August 25th, 1884.

DUNCAN BROTHERS. *Dear Doctors:* I send you about 260 to 290 words, which I would like much to see printed on *one side of a little sheet* of paper, so that we can roll them up with, or give them away with our prescriptions, in cases where we may think it well to do so. Many physicians would like to use them. I would like a thousand copies, at least if printed just as I have written it. A good many of the Old School doctors are just now taking *special pains* to say to their constituents, and to ours, that Homœopathy is not progressing, but is rapidly going down and dying out all over the country, and a little sheet like that which I send you would be quite sufficient to combat their statements.

I intend to send to you soon one or two small articles for THE INVESTIGATOR.

Yours fraternally, H. E. BOARDMAN.

*SOLID FACTS:*

The new State Hospital for the Insane, at Westboro, Mass., has been by legislative enactment, placed in the hands of the Homœopathists. On the 3rd of June 1884, the Governor signed the bill, which also appropriates \$150,000 for the completion of the buildings, on which about \$300,000 had previously been expended.

Large hospitals in several other states are in the hands of the Homœopathists. Some of the wards in other large hospitals have been assigned to the Homœopathists. In the medical departments of several of our largest State Universities, and on several State Boards of Health, and State Examining Boards, which are required to pass upon the qualifications of the practitioners of all the schools, Homœopathy is already represented by a fair and increasing proportion of her own physicians and surgeons.

Homœopathy has already in the United States more than a dozen well-established colleges, in which a most thorough education in all the branches of medicine and surgery is given and insisted upon.

It has been ascertained by a careful canvass, that, from one-third to three fifths of the capital in several of our largest cities, is owned by the patrons of Homœopathy, and that the best educated people, as a class, are the first to adopt this system of practice.

This system is making steady and rapid progress. Every year, not a few of the best educated and most successful physicians of the Old School are adopting it, while it is almost an impossibility to find one educated physician who forsakes Homœopathy to take up the old method of practice.

In all of the numerous public competitions between Homœopathy and the other methods of practice, the statistics have invariably been exceedingly favorable to Homœopathy.

Here are a few of the multitude of facts of similar import. Here are neither opinions nor theories, but only solid and significant facts. Do not the interests of humanity demand that they be placed before the people?

**CAUSE AND PREVENTION OF THE ASIATIC  
CHOLERA.**

BY SAMUEL HAHNEMANN, M. D., IN 1831.

A receipt has been given to the world, which proved so efficacious in Dunaburg in the Asiatic cholera, that of ten patients but one died. The chief ingredient is Camphor, which is in ten times the proportion of the other ingredients. But not a tenth—nay, not one in a hundred of the patients would have died had the other ingredients, which were but injurious and obstructing, and the venesection been left out, and the Camphor been given alone, and always at the *very commencement of the disease, for it is only when given alone, and at the first invasion of the disease that it is so marvellously useful.* But if physicians come, as usual, too late to the patient, when the favorable time for employing the Camphor is past, and the second stage has already set in, when Camphor is useless, then they may use it in vain; their patients will die under its employment. Hence every one, the instant any of his friends take ill of cholera, must himself immediately treat them with Camphor, and not wait for medical aid, which, even if it were good, would generally come too late. I have received many communications from Hungary from non-medical persons, who have restored their friends, as by magic, by giving *Camphor the instant they became ill.*

Where the cholera first appears, it usually comes on in the commencement in its first stage (with tonic spasmodic character); the strength of the patient suddenly sinks, he cannot stand upright, his expression is altered, the eyes sunk in, the face bluish and icy cold, as also the hands, with coldness of the rest of the body; hopeless discouragement and anxiety, with dread of suffocation, is visible in his looks; half stupified and insensible, he moans or cries in a hollow, hoarse tone of voice, without making any distinct complaints, except when asked; burning in the stomach and gullet, and cramp-pain in the calves and other muscles; on touching the precordial region he cries out; he has no thirst, no vomiting or purging.

In the first stage Camphor gives rapid relief, but the patient's friends must themselves employ it, as this stage soon ends either in death or in the second stage, which is more difficult to be cured, and not with Camphor. In the first stage accordingly, the patient must get, as often as possible (at least every five minutes) a drop of spirit of Camphor (made with one ounce of Camphor to twelve of Alcohol), on a lump of sugar or in a spoonful of water. Some spirit of Camphor must be taken in the hollow of the hand and rubbed into the skin of the arms, legs and chest of the patient; he may also get a clyster of half-a-pint of warm water, mingled with two full teaspoonfuls of spirit of Camphor, and from time to time some Camphor may be allowed to evaporate on a hot iron, so that if the mouth should be closed by trismus, and he can swallow nothing, he may draw in enough of Camphor vapor with his breath.

The quicker all this is done at the first onset of the first stage of

the disease, the more rapidly and certainly will the patient recover; often in a couple of hours,\* warmth, strength, consciousness, rest and sleep return, and he is saved.

If this period of the commencement of the disease, so favorable to recovery and speedy cure, by the above indicated employment of Camphor, has been neglected, then things look worse; then Camphor is no longer serviceable. There are moreover cases of cholera, especially in northern regions, where this first stage, with its tonic spasmodic character, is hardly observable, and the disease passes instantly into the second stage of clonic spasmodic character; frequent evacuation of watery fluid, mixed with whitish, yellowish, or reddish flakes, and, along with insatiable thirst and loud rumbling in the belly, violent vomiting of large quantities of the same fluid, with increased agitation, groaning and yawning, icy coldness of the whole body, even of the tongue, and marbled blue appearance of the arms, hands and face, with fixed sunken eyes, diminution of all the senses, slow pulse, excessively painful cramp in the calves, and spasms of the limbs. In such cases the administration of a drop of Camphor spirit every five minutes, must only be continued so long as *decided* benefit is observable (which with a remedy of such rapid action as Camphor, manifests itself within a quarter of an hour). If in such cases decided benefit is not soon perceived, then no time must be lost in administering the remedy for the second stage.

The patient is to get one or two globules of the finest preparation of Copper † (prepared from metallic copper in the mode described in the second part of my work on Chronic Diseases,) thus Cuprum ooX, moistened with water, and introduced into his mouth every hour or every half-hour, until the vomiting and purging diminish, and warmth and rest are restored. But nothing else at all must be given beside; no other medicine, no herb tea, no baths, no blisters, no fumigation, no venesection, etc., otherwise the remedy will be of no avail. Similar good effects result from the administration of as small a portion of white hellebore (*Veratrum album* ooX;) but the preparation of Copper is much to be preferred, and is more serviceable, and sometimes a single dose is sufficient, which is allowed to act without a second being given, as long as the patient's state goes on improving.‡

\* There were cases of patients for whom Camphor had not been employed, who had apparently died in the first stage and were laid out for dead, in whom a finger was seen to move; in these some Camphor-spirit mixed with oil and introduced into the mouth, recalled the apparently dead again to life.

† If the dear and scarce (frequently falsified) Casjeput oil be actually so serviceable in the Asiatic cholera that out of ten scarcely one died, it must owe this quality to its Camphor-like property (it may almost be regarded as a fluid Camphor) and to the circumstance, that from the copper vessels in which it is imported from the East Indies, it takes up some portion of copper, and hence, in its unpurified state, it is of a blue-greenish color. It has, moreover, been found in Hungary, that those who wore next the skin of their body a plate of copper, were exempt from infection; as trustworthy intelligence from that country informs me.

‡ Similar affections resulting from immoderate repletions of the stomach, with indigestible nutriment, are best removed by a few cups of strong coffee.



The wishes of the patient of all kinds are only to be indulged in moderation. Sometimes, when aid is delayed many hours, or other and improper remedies have been administered, the patient falls into a sort of typhoid state, with delirium. In this case, Bryonia ooX, alternately with Rhus tox. ooX, proves of eminent service.

The above preparation of Copper, together with good and moderate diet, and proper attention to cleanliness, is the most certain preventive remedy; those in health should take, once every week, a small globule of it (Cupr. ooX) in the morning fasting, and not drink anything immediately afterwards, but this should not be done until the cholera is in the locality itself, or in the neighborhood. The health of the individual will not be in the least disturbed by this dose.

Camphor cannot preserve those in health from cholera, but only the above preparation of Copper; but when the latter is taken the vapor of Camphor must be avoided, as it suspends the action of the Copper.||

---

## Book Department.

---

**AUSCULTATION, PERCUSSION AND URINALYSIS: *An Epitome of the Physical Signs of the Diseases of the Heart, Lungs, Liver and Kidney.*** Edited by C. Henri Leonard, M. A., M. D., Professor of the Medical and Surgical Diseases of Women, and Clinical Gynecology, Michigan College of Medicine. Fully illustrated; cloth, 16mo. 166 pages, post-paid, \$1.00. Detroit, Michigan, 1884; The Illustrated Medical Journal Co., Publishers. Chicago, Duncan Bros.

**CONTENTS:** CHAP. I.—*Topography of the Chest, Anterior and Posterior*. CHAP. II.—*The Physical Diagnosis of Diseases of the Respiratory Organs*. CHAP. III.—*Diagnosis by Percussion*. Percussion in Health and Disease. CHAP. IV.—*Auscultation of the Chest, in Health and Disease; also of Voice, Cough and different Rales*. CHAP. V.—*On the Sputa Microscopy and Macroscopical, with a brief Histology of Lung Structure*. CHAP. VI.—*Diseases of the Lungs; their Pathology and means for Physical Diagnosis*. CHAP. VII.—*On the Pulse; its Rate, Rythm and Sphygmography*. CHAP. VIII.—*The Heart; its*

---

[In the first Vol. of the *Bibl. Homœopathique* we find the following extract of a letter from Hahnemann to the Editor :

"Cuprum as a prophylactic against cholera, has generally shown itself efficacious wherever it has been employed, and where its action has not been disturbed by gross dietetic faults, or by the smell of camphor (which is its antidote.) The best Homœopathic practitioners have also found it indispensable in the second stage of the fully developed disease, alternated, if the symptoms indicate this, with *Veratrum album X*. I have also advised the alternation of those two substances from week to week as a preventive against the disease.

"I learn from authentic sources that at Vienna, Berlin and Magdeburg, thousands of families by following my instructions respecting the treatment by Camphor, have cured, often in less than a quarter of an hour, those of their members who were attacked by the epidemic, and that so effectually, that their neighbors knew nothing about it, and still less their medical attendants, who oppose with all their might this treatment, so simple, so rapid, and so constantly certain in its effects."

Regional Anatomy, Area of Dullness on Percussion in Health and Disease. CHAP. IX.—*Auscultation of the Heart*; the different Cardiac Murmurs and their Indications of Disease. CHAP. X.—*Diseases of the Heart*; their Pathology and Physical Signs. CHAP. XI.—*The Liver*; its Regional Anatomy, Histology, and Physical Signs of the different Diseases. CHAP. XII.—*The Spleen*; its Regional Anatomy, Histology, and Physical Signs of Disease. CHAP. XIII.—*The kidney*; its Regional Anatomy, Histology, Pathology, and Symptoms of Different Diseases. CHAP. XIV.—*Urinalysis, Chemical and Microscopical*; prepared especially for this work by Wm. H. Rouse, M. D., Ph. C. CHAP. XV.—*Bacteria, Bacilli, Micrococci, Vibriones, and Spirillæ*; their Growth Microscopy, and Agents destructive to them.

This is a convenient, as well as practical pocket companion, as may be inferred from the copious contents.

THE THERAPEUTICS OF INTERMITTENT FEVER. By H. C. Allen, M. D. Philadelphia: F. E. Boericke. Chicago: Duncan Bros., pp. octavo, 342; \$2.75.

Those who are familiar with Allen's little hand book will be surprised at this large volume. There is little that is added except a repertory and the whole printed in larger type. The cross references are not as full as in Boenninghausen, and only 147 remedies are given, so that there is a chance for some future edition to reach the size of a Webster's Dictionary. Those who wind up "shakes" with a half-dozen remedies will smile as they turn the pages of this work, and may question its value, when the very first case is plainly not a case of "ague" at all. True, it is a chill and fever, but all cases of chill and fever are not intermittent fever. It is just such diagnostic weaknesses that do much to lessen confidence in the author. This lack of scientific exactness and appropriateness is also apparent in the long list of characteristics that introduces each remedy *e. g.*, "Sabadilla: worm affections in children. Nitric acid: Ozæna, green casts from the nose every morning. Hepar: diseases when suppuration seems inevitable. Eupatorium purp: mechanical dysuria from displaced uterus, jolting side during pregnancy."

Each of these remedies is good for cases of chills when indicated, but those are not chill characteristics. It is only the characteristics of ague that we expect to find in a book of this character. Those can be given in small bulk, but where the totality of the symptoms of all possible cases and remedies is given, then the book can have no limit, and can grow indefinitely, as nearly all the seven or eight hundred remedies have "chill and fever." That many of the remedies given here are theoretical is evident from the lack of clinical verifications. Having said this on one side, we would do violence to our diagnostic powers, did we not see some good in the work. The arrangement for the "time" the chill symptoms as well as the tongue and other symptoms given under each day, and the same arranged in convenient reference in the repertory are features that add to the practical character of the work. In the repertory the chief remedies are put in different type. It will be interesting to the reader perhaps to know that the most prominent remedies are not numerous. To those who have "lots of chills" to treat, we would say, get all the literature on the subject you can, even in "Chinoidin pills," are your reserve.

# THE UNITED STATES MEDICAL INVESTIGATOR.

"HOMŒOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

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

**AN INTER-AMERICAN CONVENTION.**—In a private letter to the editor of THE UNITED STATES MEDICAL INVESTIGATOR, Prof. Richard Hughes, of England, co-editor of the *British Journal of Homœopathy*, offers a suggestion that is worthy of attention.

He says: "In advertising a 'World's Convention,' at New Orleans next year, please remember that the Quinquennial International Convention meets at Brussels in 1886, and must not be interfered with. Why not have an Inter-American gathering at New Orleans so as to bring in the men from Brazil, Montevideo, etc.?"

We commend this plan to our southern brethren as one worthy of serious consideration. The idea of having some sort of a jubilee among Homœopathic physicians during the World's Industrial Exposition seems to be popular, and will grow more and more so as the months advance. There will, without doubt, be a large number of Homœopathic physicians go south next winter, and we know that an assembly of these men would be attractive. It would be most cheering to hear reports of the progress of Homœopathy in the east and west, north and south, yea even in Mexico and all the South American countries. We believe that such a gathering would insure more interest in the World's Convention to be held in Brussels the following year. It may be best to call the gathering at New Orleans next winter, a Southern Convention of Homœopathic physicians, but we hope to see a large delegation from every state and country round about. Homœopathy—Excelsior.

Sound the blessed tidings all the world around!

## Gynæcological Department.

### LABOR WITHOUT HÆMORRHAGE.

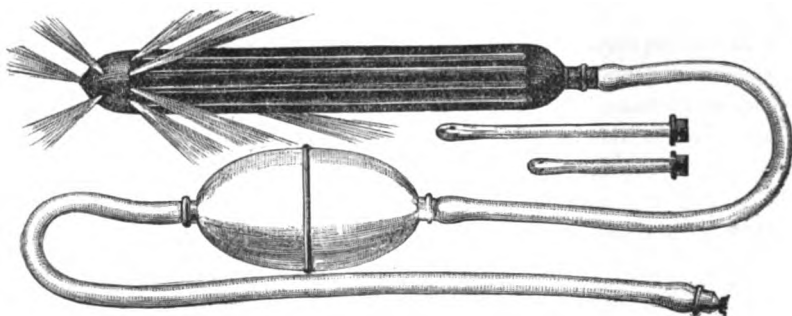
**EDITOR INVESTIGATOR:** In looking over my case book, noticed the following to me anomalous case, which I had intended at one time to report but neglected.

Mrs. D. G., healthy, but spare, forty years of age, a decided brunette, was on October 13, 1883, confined with her ninth child, a girl weighing six pounds; one pain was all she had, and what to me was remarkable not a drop of blood was lost in the whole operation or

afterwards. The lochia was absolutely free from even a reddish tinge. The scissors with which the cord was cut showing a small spot of blood not enough to be called a drop. E. L. H.

### CHAMBERLAIN'S UTERO-VAGINAL SYRINGE.

Having been a practitioner of medicine for nearly twenty years, and realizing in my own practice the necessity for a more thorough means of cleansing the vagina and cervix uteri, I was led to experiment for the purpose of ascertaining if possible, a more effectual method, which could be placed in the lady's own hands. We have as a result of this investigation this utero-vaginal syringe, with reverse streams and grooves.



In introducing this syringe to the notice of the medical profession, the manufacturer is willing to refer its merits to the test of actual experience, feeling assured that no elaboration on his part can effect such a thorough conviction of its excellence as the practical testimony of its operation. It is conceded by physicians who have recommended this instrument in their practice, that it is unique and invaluable, supplying a want long realized by the profession. One of the cardinal points in the treatment of uterine disease, which should constantly be kept before the mind of the practitioner, is the importance of having these parts frequently and thoroughly cleansed. Too little attention is commonly paid to this subject. No plan of treatment will succeed in effecting a speedy cure where these precautions are habitually neglected.

The following is an extract from a communication received from a physician of large experience, who has used our syringe in his practice for several years. The doctor says: "It is in my opinion *the best vaginal syringe extant*; it should and eventually will be (as its merits become better known) recommended by every medical practitioner." The instrument which is shown in the above cut is constructed as follows, viz:

The vaginal tube is six inches in length; the surface is divided into eight longitudinal grooves one-eighth of an inch deep, with an orifice at the termination of each at the base of the dome for a reverse stream. In the dome are *orifices for diverging streams*. Being nearly an inch in diameter, it acts as a "repositor" in prolapsus uteri. It presses the organ up to its normal position, at the same time distending the folds, by gently rotating the tube while the liquid is being injected. The grooves detach the tenacious mucous that adheres to the membrane, the reverse streams passing down between the instrument and surface of the vagina effectually removes the same.

As a consequence two important results are attained, viz: The unhealthy secretions are removed and all injury arising therefrom obviated. The mucous membrane of the vagina and cervix uteri are effectually cleansed. If disease exist, medicine may now be directly and thoroughly applied to the effected part. The hard rubber vaginal tube which will fit nearly every pump syringe furnished separately to parties already having a syringe. Price complete, including three tubes, \$2.50 each; price of hard rubber vaginal tube alone, \$1.50 each.

---

## Consultation Department.

---

### HOW I TREAT DYSMENORRŒA.

EDITOR INVESTIGATOR: On page 124, August 16th, 1884, dysmenorrhœa—a case for counsel *mem*, no mention made of treatment, ordinary or special bad point in a consultation.

To introduce myself I will say that in theory and practice I am a Homœopath, and am better satisfied with that theory and practice, the longer I live, but when I wish to make an immediate impression, I resort to the heroic practice.

If I am assaulted on the street or highway I never temporize, a blow straight from the shoulder, and as hard as I can hit. That prevents accidents and removes the cause without further treatment.

In the case before me I should use Opium and Camphor, my favorite prescription is the camphorated tincture, Opium one ounce, Morphine one-fourth grain. Dose—if old enough, one teaspoonful. This greatly relieves the present pains and induces a very profuse flow. For constitutional treatment I find *Senecio aur.* and Cotton root taken previous to the expected period, at least three days. I use Cotton root two parts fluid extract, *Senecio a.*, one part fluid extract and for a dose from five to fifteen drops three times daily.

You may say that this is not Homœopathic—I cannot help it, I know that the remedies as given have produced satisfactory results, unless there should be organic disturbance. [Then what?—Ed.]

Yours fraternally,

A. C. POPE.

## Progress of the Medical Sciences.

*An ingenious application of the condom in the treatment of epistaxis* was suggested by the late Prof. McDowell. For the purpose of arresting the hæmorrhage the condom is tied to the end of a small flexible catheter and a piece of rubber tubing, with a clamp, connected with the catheter. The condom is then lubricated and introduced into the nostril from which the bleeding proceeds, and when in place inflated with air or water as desired.

*Chloral hydrate as a Vesicant.*—It is stated that powdered Chloral Hydrate, sprinkled upon adhesive plaster, which is then sufficiently heated to cause it to adhere to the skin, and immediately applied to the surface where a blister is desired, will as effectually accomplish the purpose in ten minutes as a cantharidal plaster will in six hours. The pain produced by it is but slight.

*Allopathic treatment of Cholera.*—A correspondent of the *Times* says that the treatment of cholera in Marseilles and Toulon is as follows: In the first stage twenty drops of laudanum are given with three grammes of ether, and ice in the mouth to stop the vomiting. In the second stage, from ten to fifteen grammes of acetate of ammonia, the same quantity of alcohol and injections of morphia are given. If the patient has embarrassed breathing, oxygen is inhaled and the limbs are rubbed with turpentine. The third stage is the coffin. At first nineteen-twentieths of the patients died—later the mortality became less frightful.

*Matrimony and Uterine Polypi.*—The defendant in a recent breach of promise case in Mercer County, O., based his defense on the fact of the development of a fibrous polypus tumor in the uterus of his betrothed. This would seem to be a valid excuse for a man's not marrying a woman, but the plaintiff claimed that the growth was produced by and resulted from the protracted courtship, causing her to brood upon the prospects of entry into married life. It was proved by experts that prolonged courtship is harmful, superinducing a condition of erethism, and the jury awarded the plaintiff a verdict of \$3,000 as a balm for her wounded feelings and polypoid uterus.—*Medical Age.*

*Nitrite of Amyl in Opium Poisoning.*—Dr. W. L. Johnson reports in the *Texas Courier Record* for May, 1884, a case of Opium poisoning treated by inhalations of Nitrite of Amyl. The patient, when first seen three hours after having two ounces of Laudanum, was deeply narcotized, pulseless at the wrist, making six respirations to the minute, perspiring freely, with cold extremities, and cyanotic. Belladonna, and other remedies, having failed, twenty to thirty drops of Nitrate of Amyl were poured upon a handkerchief and applied to the patient's nostrils. After two inhalations of the drug the man looked up and asked what was the matter. From that time he continued to improve, and made a good recovery.

*On the Temperature of the body in Chlorosis.*—The careful mensuration of the rectal temperature of thirty chlorotic patients have convinced the author (*Lyon Medical*, No. 21, 1884) that this disease deserves the name of febris alba virginum, by which it was known to the ancients. The temperature was found to oscillate between 37° 8 and 38° 8 C. ; but in some cases it rose to 39° or 40° without apparent cause. The temperature became normal after the disease had been cured. Dr. Molliere thinks that the elevation of temperature might be explained by some peculiar action of the nervous system. There was no evidence of excessive oxidation, or of rapid destruction of the red corpuscles ; the urine of his patients was found in normal quantity ; it contained no albumen, and its colour was very light.

*On the Affinity of Chloroform for Strychnia.*—Mr. Garraway, in the *Brit. Med. Jour.* May 1884, p. 995, publishes, as a caution, the following case. The prescription below was prepared for a lady. ℞ *Liquoris strychniæ*, ʒj. ; *spiritus chloroformi* ʒiij. ; *aquæ* ad ʒjss. *Misce.* One drachm was ordered to be taken three times a day. Upon taking the final dose, the patient was seized with spasmodic contractions of the extensors of the feet and legs. These symptoms soon passed off, but caused much alarm at the time. On examining the bottle which had contained the medicine, a drop or two of water was seen remaining in it, and beneath this a globule of chloroform, which proved to be highly charged with strychnia from its solution. This teaches the propriety of giving strychnia, when combined with spirits of chloroform in a state of greater dilution than that ordered above.

*On Disinfection of the Sputum in Phthisis.*—According to Koch (*Centralbl. für die Klin. Med.*, No. 24, 1884), the dried sputum of tuberculous patients imparted tuberculosis to guinea-pigs after preservation up to three months. After five months the inoculation sometimes failed, and after eight months there were no results. The authors made experiments on the disinfection of fluid sputum from phthisical patients, using the inoculation into guinea-pigs as a means of control over their results, which were as follows. 1. Decomposition for many weeks did not deprive the sputum of its specific virulent properties. 2. Steam passed over dried sputum sterilised it in from half an hour to an hour. For fluid sputum fifteen minutes sufficed, and hence the application of steam may be recommended. 3. Perchloride of mercury solution (1 to 1,000, or even 1 to 500) failed altogether. 4. Absolute alcohol (5 parts to 1 of sputum) was not absolutely certain in its sterilising effects. 5. Carbolic acid (5 parts of a 2½ per cent. solution to 1 part of sputum) was without effect, but was efficient in a five per cent. solution. 6. Saturated aniline water required to be added in tenfold quantity to sterilise the sputum.

*Oral Pathology.*—A red line on the gums, with fetor and metallic taste, indicates pytalism ; a blue line, lead poisoning ; great sponginess, with sloughing and great fetor, scurvy ; a red line about the teeth and along the gums, periostitis ; purple gums and purulent discharge, necrosis ; gums hot, red, swollen, very tense, phlegmon ; gums inflamed and soft, with fluctuations, alveolar abscess ; swollen

gums, fetid discharge, mucous patches, shallow ulcers under the tongue, eroded palate, eruption of mouth, skin and scalp, gums everted, fetid matter from necks of teeth, syphilis; a white coated tongue, indigestion; a brown, dry tongue, depression, blood poisoning, typhoid fever; a red, dry tongue, inflammatory fever; a red, glazed tongue, general fever, loss of indigestion; a tremulous, moist and flabby tongue, feebleness, nervousness; a glazed tongue, with blue appearance, tertiary syphilis.—*Independent Practitioner.*

*On the Effects of the Prolonged Administration of the Bromides in Epilepsy.*—In the *Lancet*, May 1884, p. 883 and p. 928, Dr. Hughes Bennet contributes an able article in his experience of 300 cases of epilepsy treated with the bromides of potassium and ammonium, and directs attention to the effects of the prolonged administration of large doses of these drugs, with the view of ascertaining if, while arresting or diminishing frequency and severity of the paroxysmal symptoms, they beneficially influence the disease itself, or in any way injuriously modify the constitution of the patient. A number of tables are constructed, which show that in the majority of cases the physical and mental powers do not appear to be injuriously affected. To the suggestion that their prolonged use becomes, as in the case of Opium, a habit, it is argued that, though their consumption become a necessity, if it can be shown that the results are not serious, while the evils they avert are important, the habit acquired may be looked upon as a justifiable one. The author has every reason to believe that the use of the bromides in large doses and for a prolonged period tends towards the eradication of the disease.

*Inebriety and Life Insurance.*—The London Provident Temperance Insurance Company was organized forty years ago, designed only to insure temperance men. Last year they published a very interesting table of risks covering a period of seventeen years, and comparing them with other companies who did not make so positive a distinction in requiring all insured to be teetotalers. This table was made to show the difference between this and another company whose number of insured was the same or nearly so. The expected and actual deaths are very clearly brought out in each year. The temperance society, in seventeen years together, had a mortality of seventy and one-half per cent. of the expectancy, or twenty-nine and one-half per cent. below the expectancy. In the other company the mortality was ninety-eight and one-half per cent. and only one and one-half per cent. below its expectancy, showing a superiority of twenty-eight per cent. in favor of the temperance society. The inference from this is significant, and the inquiry, can this difference represent the mortality from drink directly or indirectly, and would the actual death rate be diminished twenty-eight per cent. if persons should totally abstain? are questions that will be answered in the future.—*Pharmaceutical Record.*

*Pains in the Head during the Growing Period.*—The Archives of Pediatrics summarizes the following interesting points on cephalalgia :



It is a matter of common occurrence that young people of both sexes are compelled to interrupt their attendance at school on account of a cephalopathy which the authors terms *cephalalgia of the growing period*. It commonly occurs between the ages of twelve and eighteen years, is accompanied by dizziness and *malaise* and is excited by any intellectual effort, sometimes even by the reading of an entertaining book. Its location is mainly in the temples, but it also involves the hairy scalp from the orbits to the mastoid processes, or even the entire head. The patient is at times irritable, easily excited, or inclined to sadness and to spells of weeping. They are wont to complain that they cannot do as their comrades do. It is a mistaken idea to treat such persons as malingers, and to attempt compulsory means which cannot possibly yield good results. Together with the phenomena mentioned are also to be seen anomalies of refraction and accommodation, as myopia, hypermetropia and astigmatism, and, in fact, diseases of the eyes in general. Proper glasses or other appropriate treatment will often lead to a rapid recovery, but such is not always the case. Additional means of treatment should be complete cessation from intellectual effort, change of air and appropriate medication. [Bell., Nux and Calc. phos. are excellent remedies.—ED. U. S. M. I.]

*A Sea Captain's Cure for Cholera.*—"Nobody need be afraid of cholera," said Capt. George A. Pinkham, of the barge Frank Penham. "It is not on record that anybody ever died of cholera in Hudson-on-the-Hudson. Hudson draws all its water from the heart of limestone mountains, and lime water is a sovereign preventive and almost sure cure for cholera. In 1832 the cholera was raging around Hudson. My mother made me and all other children drink plenty of the water. Everybody in Hudson did the same, and there wasn't a case there.

"In 1856 I was master of the ship Black Warrior. We were lying in the Bay of Punta Arenas, in Central America, when Walker, the filibuster, defeated 3,000 of the soldiers of Costa Rica. The Costa Rica people retreated to where we were lying, throwing their dead into the wells and poisoning the water, so that 1,000 of them died of cholera before the eighty miles was covered. They brought the cholera with them, and sixteen of my crew of twenty-five were soon down with it. I made them drink lime-water. I put enough lime into the water to discolor it and make it taste nasty. Only five died, and I believe they would have been saved if the American Consul there hadn't insisted on giving them other treatment too."

*About Musk.*—Dr. D. J. Macgowan (*Chinese Custom Medical Reports*) records two cases illustrating the beneficial use of the Chinese musk-plaster with four grains added. The first was a case of severe lumbago, in a rheumatic patient, and of ten days standing, which had been treated in the usual way without relief. The application of the plaster was followed by sleep in two hours, the next morning the pain was barely perceptible, and in three days it wholly disappeared. The second was a sprained ankle with extensive tumefaction and intolerable pain; the application was made eleven hours after the injury. Ten hours later the patient fell asleep and in the morning the joint

was painful only upon pressure. On the fifth day walking was partially renewed, and in a few days more the only trace of the injury was a stiffness of the joint, which continued much longer. Dr. Macgowan gives an account of the Chinese mode of obtaining musk from the musk-deer and civet-cat; and tells us that this valuable substance no sooner leaves the hunter's hand than skilful manipulators adulterate the article for wholesale dealers, who adulterate it for the trade, when it is found to possess about 10 per cent. of genuine musk.

---

## News of the Week.

---

*The Medical Counsellor* seems to be edited by advertisers of secret preparations.

*The Pennsylvania Homœopathic Medical Society* will meet in Pittsburg, September 16-18th.

*Go to New Orleans* says, seven out of ten correspondents to *The Hahnemannian Monthly*.

*The Periscope* editors will be Profs. W. A. Edmonds and S. B. Parsons, both able writers.

*H. W. Booth, M. D.*, removes from Petoskey, Mich., to Cheeney, Spokan County, Washington Territory.

"*Infantile Diarrhœa of Children*" is the title of an article in the *Chicago Medical Times*! Why not infantile diarrhœa of adults?

*In Mastoid disease*, Dr. Winslow punctures the drum head and pumps out the mastoid cells. This new procedure may save valuable lives.

*E. R. Ellis, M. D.*, of Detroit, mourns the loss of his wife. She died of congestion of the brain, August 16. Dr. Ellis has our sympathies in this great bereavement.

*Medical Society of Northern New York*.—The fall meeting of the Medical Society of Northern New York, will be held at the City Hall, Albany Wednesday, October 1st, 1884.

*Prof. T. S. Hoyme* returned from Europe August 20. He visited some of the largest hospitals of London, Paris, Vienna and other cities, devoting his time especially to hospitals for the treatment of skin diseases.

*Dr. Dio Lewis* made a lively publication of *Dio Lewis' Monthly*, but we are informed that the publisher absorbed all the profits. He now proposes to manage it alone. If any of our readers have been duped they may know why. Address Bible House, New York.

*Clinton Munson, M. D.*, swings his shingle marked "Homœopathy" to the breeze at Tacoma, W. T. Dr. M., many of our readers with Dr. Reid, of Halifax, N. S. would like to know if you meet many cases of gastric ulcer; also, what are the prevailing diseases at that jumping off place?

# The United States Medical Investigator

VOL. XX. No. 10.

SEPTEMBER 6, 1884.

WHOLE No. 404.

## Clinical Medicine.

### CLINICAL NOTES:

POPLAR FLATS, Ky., Aug. 29.—Not much sickness, some little cholera morbus. Remedies: used Camphor, Aconite, Veratrum. Cholera infantum. Ipecac, Aconite, Merc. viv., Baptisia.

W. L. DAY.

CANAL DOVER, Ohio, August. 25.—Prevailing diseases cholera infantum sparing none. Babies from one month up to two and a half years old. Severe brain complication with nearly every one Bell., Apis, Bry., Cham., Podo., and many others, but in the order named come in play the most. Allopaths are losing a heavy per cent, as near as I can learn at present it will foot up about forty per cent. So far Homœopathy has lost but one per cent. We have been having this epidemic for four weeks, and the people are dropping the Allopathic school on babies. We get as high as three and four per day from their hands.

Cholera morbus and dysentery are very prominent factors in our make up at present amongst adults. Arsenicum, Mer. sol., Mer. cor., Bry., Bap., act prompt.

JAMES DICKSON.

### RECENT ALLOPATHIC TREATMENT OF CHOLERA.

At the Chicago Medical Society Dr. H. M. Scudder read a paper on "Recent Treatment of Asiatic Cholera," referring to it as it exists in India. The paper was carefully prepared and full of interest. Below will be found an epitome of the doctor's address, giving the treatment of the disease: 1. To relieve the frequently experienced prodromic symptoms give ten or fifteen drop doses of spirits of camphor in dessert spoonfuls of hot brandy. 2. In the stage of diarrhœa give chlorodyne with spirits of camphor, or a modified Hamlin's or Hope's mixture of plain morphine in alternation with an aromatic sulphurous acid mixture. 3. In the stage of invasion apply dry heat and mustard plasters, and resort without delay to the administration of morphine, or morphine combined with chloral, if the disease is not checked giving in addition enemata of acetate of lead. 4. In the stage of collapse enforce perfect quiet and the horizontal position, anoint the surface and limbs with hot oil, administer atropine hypodermatically and give very small doses of alcoholic stimulants by mouth, rectum, and hypodermic injection. 5. In the stage of reaction give mild diuretics,

and, if necessary, emulsions of carbolic acid and bismuth or carbolic acid and Iodine, together with bromide of potassium when required, not forgetting to administer well-salted hot liquid nourishment in very small quantities as soon as the stomach will admit of it; and finally, in addition to the remedies indicated, the speaker advised his hearers to burn sulphur in the patient's room, or in place of it try the administration of sulphurous acid with glycerine in small doses during the first and second stages of the disease. At the conclusion of Dr. Scudder's remarks discussion followed, the doctor closing the discussion by answering various questions. The society adjourned for two weeks. September 4, 1884.

CHICAGO.

*THE MODE OF PROPAGATION OF THE ASIATIC CHOLERA.\**

BY SAMUAL HAHNEMANN, M. D.

Two opinions, exactly opposed to each other prevail on this subject. One party considers the pestilence as only epidemic, of atmospheric-telluric nature, just as though it were merely spread through the air, from which there would in that case be no protection. The other party denies this, and holds it to be communicable by contagion only, and propagated from one individual to another.

Of these two opinions one only can be the right one, and that which is found to be the correct one will, like all truths, exercise a great influence on the welfare of mankind.

The first has the most obstinate defenders, who adduce the fact that when the cholera has broken out at one extremity of the town, it may the very next morning be raging at the other extremity, consequently the infection can only be present in the air; and that they (the physicians) are in their own persons proofs of the non-contagious character of cholera, seeing that they generally remain unaffected by it and in good health, although they are daily in personal communication with those dying of cholera, and have even tasted the matter they ejected and the blood out of their veins, laid down in their beds, and so forth. This foolhardy, disgusting procedure they allege to be the *experimentum crucis*, that is to say, an incontrovertible proof of the non-contagious nature of cholera, that it is not propagated by contact, but is present in the atmosphere, and for this reason attacks individuals in widely distant places.

*A fearfully pernicious and totally false assertion!*

Were it the fact that this pestilential disease was uniformly distributed throughout the atmosphere, like the influenza that recently spread over all Europe, then the many cases reported by all the public journals would be quite inexplicable, where small towns and villages in the vicinity of the murderously prevalent cholera, which, by the unanimous efforts of all their inhabitants, kept themselves strictly isolated, like a besieged fortress, and which refused to admit a single person from without—inexplicable, I repeat, would be the perfect exemption of such places from the ravages of the cholera. This

\*Published as a pamphlet in 1831.

plague raged fiercely over an extensive tract on the banks of the Volga, but in the very middle of it, Sarapta, which had strictly and undeviatingly kept itself secluded, remained perfectly free from the cholera, and up to a recent period none of the villages around Vienna, where the plague daily carried off a large number of victims, were invaded by cholera, the peasants of these villages having all sworn to kill any one who ventured near them, and even to refuse to permit any of the inhabitants who had gone out of the villages to re-enter them. How could their exemption have been possible had the cholera been distributed throughout the atmosphere! And how easy it is to comprehend their freedom from it, seeing that they held aloof from contact with infected individuals.

The course followed by the cholera in every place it traversed was almost uniformly this: that its fury showed itself most virulently and most rapidly fatal at the commencement of its invasion (evidently solely because at that time the miasm encountered none but unprepared systems, for which even the slightest cholera miasm was something quite novel, never before experienced, and consequently extremely infectious;) hence it then infected persons most frequently and most fatally.

Thereafter the cases increased, and with them at the same time, by the communication of the inhabitants among each other, the quantity of diluted miasm, whereby a kind of local sphere of cholera-miasm exhalation was formed in the town, to which the more or less robust individuals had an opportunity of becoming gradually accustomed and hardened against it, so that by degrees always fewer inhabitants were attacked by it and could be severely affected by it (the cholera was then said to take on a milder character), until at last all the inhabitants were almost uniformly indurated against it, and thus the epidemic was extinguished in this town.

Did the miasm only exist in the general atmosphere, the cases could not be less numerous at last than they were at the commencement, for the same cause (said to be the general atmospheric constitution) must have remained identical in its effects.

The *only* fact brought forward by Hufeland against my proofs, (viz., that on board an English ship in the open sea, about the latitude of Riga, that had had no (?) communication with the town, two sailors were suddenly seized with the cholera) proves nothing, for it is not known how near the ship came to the infected town, Riga, so that the sphere of the miasm-exhalation from the town, although diluted, might yet have reached and infected the sailors, who were still unused to the miasm, especially if they, as is often the case, were rendered more susceptible to it from intemperance.

The most striking examples of infection and rapid spread of cholera take place, as is well known, and as the public journals likewise inform us, in this way: On board ships—in those confined spaces, filled with mouldy watery vapors, the cholera-miasm finds a favourable element for its multiplication, and grows into an enormously increased brood of those excessively minute, invisible, living creatures, so inimical to human life, of which the contagious matter of

the cholera most probably consists—on board these ships, I say, this concentrated aggravated miasm kills several of the crew; the others, however, being frequently exposed to the danger of infection and thus gradually habituated to it, at length become fortified against it, and no longer liable to be infected. These individuals, apparently in good health, go ashore, and are received by the inhabitants without hesitation into their cottages, and ere they have time to give an account of those who have died of the pestilence on board the ship, those who have approached nearest to them are suddenly carried off by the cholera. The cause of this is undoubtedly the invisible cloud that hovers closely around the sailors who have remained free from the disease, and which is composed of probably millions of those miasmatic animated beings, which, at first developed on the broad marshy banks of the tepid Ganges, always searching out in preference the human being to his destruction and attaching themselves closely to them, when transferred to distant and even colder regions become habituated to these also, without any diminution either of their unhappy fertility or of their fatal destructiveness.

Closely but invisibly environed by this pestiferous, infectious matter, against which, however, as has been observed, his own individual system is, as it were, fortified by the long resistance of his vital force to its action, and by being gradually habituated to the inimical influence surrounding him, such a sailor (flying from the corpses of his companions on board) has often gone ashore apparently innocuous and well, and behold! the inhabitants who hospitably entertained him, and first of all, those who came into immediate contact with him, quite unused to the miasm, are first most rapidly and most certainly attacked without any warning, and killed by the cholera, whilst of those who are more remote, such only as are unnerved by their bad habits of life are liable to take the infection. Those who are not debilitated, and who have kept at some distance from the stranger who is surrounded by the cholera miasm, suffered only a slight attack from the miasmatic exhalation hovering about in a more diluted form; their vital force could easily ward off the weaker attack and master it, and when they subsequently came nearer it their system had by this time become somewhat habituated to the miasm, retained the mastery over it, and even when these persons at length approached nearer or quite close to the infected stranger, their vital force had thus gradually become so fortified against it, that they could hold intercourse with him with perfect impunity, having now become completely uninfected by the contagious principle of the cholera. It is a wonderfully benevolent arrangement of God that has made it possible for man to fortify himself against, and render himself unsusceptible to, the most deadly distempers, and especially the most fatal of them all, the infectious principle of cholera, if he gradually approaches it ever nearer and nearer, allowing intervals of time to elapse in order to recover himself, provided always he have an undebilitated body.

When first called to a cholera patient, the physician, somewhat

fimid as yet, as is but reasonable, either tarries at first, in the ante-chamber (in the weaker atmosphere of the miasmatic exhalation) or if he enter the patient's room prefers keeping at some distance, or standing at the door, orders the nurse in attendance to do this or the other to the patient, he then prudently soon takes his departure promising to return again shortly; in the meantime he either goes about a little in the open air, or goes home and has some refreshment. His vital force, which at the first short visit at some distance from the patient, was only moderately assailed by the diluted miasm, recovers itself completely in the meantime by this recreation, and when he again comes into the patient's room and approaches somewhat nearer to the patient, it soon by practice comes to resist more powerfully the more concentrated infectious atmosphere that exists closely to the patient, until at length, from frequent visits and a nearer approach to the patient, it attains a mastery over the assaults of the miasm, so that at last the physician is completely hardened against even the most poisonous cholera miasm at the bedside, and rendered quite uninfected by this pestilence; and the same is the case with the nurse who goes as cautiously and gradually to work.

Both the one and the other then boast, because they can come into immediate contact with the patient without any fear and without any ill consequences, that they know better than to call the disease contagious; it is not, they say, the least catching. This presumptuous, inconsiderate, and perfectly untrue assertion has already cost thousands their lives, who in their ignorance, and quite unprepared, either approached the cholera patient suddenly or came in contact with these cholera physicians (who do not treat with Camphor) or the nurses. For such physicians and nurses, fortified in this manner against the miasm, now take away with them in their cloths, in their skin, in their hair, probably also in their breath, the invisible (probably animated) and perpetually reproductive contagious matter surrounding the cholera patient they have just visited, and this contagious matter unconsciously and unsuspectingly carry along with them throughout the town and to their acquaintances, whom it unexpectedly and infallibly infects, without the slightest suspicion on their part of its source.

*Thus the cholera physicians and nurses are the most certain and frequent propagators and communicators of contagion far and wide; and yet amazement is expressed, even in the public journals, how the infection can spread so rapidly the very first day, from the first cholera patient at the one end of the town to persons at the other end of the town, who had not come near the patient!*

And thus the flame for the sacrifice of innocent persons breaks out in all corners and ends of the town, lighted up by the sparks of the black death scattered in every direction by physicians and their assistants! Every one readily opens the door to these plague-propagators; allows them to sit down beside him, putting implicit faith in their confidently declared assurance: "that it is ridiculous to call the cholera contagious, as the cholera pestilence is only diffused epidemi-

cally through the air, and cannot, therefore, be infectious"—and see! the poor cajoled creatures are rewarded for their hospitality with the most miserable death.

To the very highest people of the town and of the court the cholera angel of death obtains access, in the person of the physician who gives this evil council, enveloped by the fresh miasm; and no one detects the concealed, invisible, but, for that reason, all the more dangerous enemy.

Wherever such physicians and such nurses go (for what all-seeing eye could perceive this invisible danger on these healthy miasm-bearers?)—wherever they go, their presence communicates the spark, and mortal sickness bursts forth everywhere, and the pestilence depopulates whole towns and countries!

If physicians would but take warning, and, rendered uninfected by taking a few drops of Camphorated spirit, approach (ever so quickly) the cholera patient, in order to treat him at the commencement of his sickening with this medicine (*pure unadulterated Camphorated spirit*) which alone is efficacious, and which most certainly destroys the miasm about the patient, by giving him, as I have taught, every five minutes one drop of it, and in the interval assiduously rubbing him on the head, neck, chest, and abdomen with the same medicine poured into the hollow of the hand, until all his giddy faint powerlessness, his suffocative anxiety, and the icy-coldness of his body has disappeared, and given place to reviving animation, tranquillity of mind, and complete return of the vital warmth—if they would but do this, then every patient would not only be *infallibly* restored within a couple of hours (as the most undeniable facts and instances prove,) but by the cure of the disease with pure Camphor, they would at the same time eradicate and annihilate the miasm (that probably consists of innumerable, invisible living beings) in and about the patient, about themselves, even in the clothes, the linen, the bed of the patient (for these all would be penetrated by the vapor of the Camphor if it were employed in this way) in the very furniture and walls of the apartment also, and they themselves (the physicians and nurses) would then carry off none of the contagious principle with them, and could no longer infect persons throughout the town.‡

But these physicians, as we see, despise this; they prefer going on killing their patients in crowds by pouring into them large quantities of Aqua-fortis and Opium, by blood-letting, and so forth, or giving the Camphor mixed with so many obstructing and injurious matters, that it can scarcely do any good, solely to avoid giving the simple, pure (efficacious) solution of Camphor, because the reformer of the old injurious system of treatment (the only one they know,) *because I,*

‡ The sprinkling of suspected strangers on their arrival, and of suspected goods and letters with Camphor spirit, would most certainly destroy the cholera miasm in them. Not a single fact goes to prove that chlorine annihilates the miasm of cholera; it can only destroy odorous effluvia. But the contagious matter of the Asiatic cholera is far from being an odorous effluvia. What good then do the fumigations with chlorine, which is here perfectly useless, and only hurtful to man's health?



from conviction, recommended it in the most urgent manner in all countries of Europe. They seem to prefer delivering over all mankind to the grave-digger, to listening to the good counsel of the new purified healing art.

But who can prevent them acting so, as they alone possess the power in the state to suppress what is good?

However, bountiful Providence has provided a beneficent remedy for this state of things (for these physicians are protected, even in their ill-deeds, by antiquated injurious laws.)

Thus, the cholera is most surely and easily and almost miraculously curable, but only in the first couple of hours from the commencement of the sickening, by means of the employment of pure Camphor, and that before the physicians in larger towns that are summoned can attend. But on their arrival they may even then, by the employment of unadulterated Camphor-spirit, if not cure the cholera completely (for the lapse of a few hours generally makes it too late to do so) yet annihilate the whole of the contagious principle of this pestilence on and about the patient, and adhering to themselves and the bystanders, and cease to convey the miasm with them to other parts of the town. Hence the families of non-medical persons, by means of this employment of Camphor, cure the members of their families by thousands in secret (the higher classes alone, must, on account of their station, be under the necessity of calling in the physician, who in defiance of the philanthropic reformer of the healing art, and his efficacious system of treatment, not unfrequently, with his improper remedies, dispatches them to Orcus.)

*It is members of a family alone that can most certainly and easily mutually cure each other with Camphor spirit, because they are able instantaneously to aid those taken ill.*

Will physicians ever come to comprehend what is essential, and what will at once put a stop to the devastation and depopulation of two quarters of the globe?

Dixi et salvavi animam;

## Correspondence.

### WHAT WERE HIS REASONS?

DALLAS, Texas, Aug. 25th, 1884.

GENTS: Are you Republicans? And is your advice to voters, intended to influence votes, for the candidate of that party? Suppose you publish Gov. Cleveland's reason's for vetoing the bill for the enlargement of the "Homœopathic Asylum at Middletown, New York," and oblige one among many,

SUBSCRIBER.

*Gov. Cleveland Explains that Veto.*—The law requires State Charitable Institutions to notify the State Board of Charities of their intention to apply for extra appropriations, and directs the Board to examine and report to the legislature as to their necessity. The Legisla-

ture at the solicitation of the members from the locality disregarded the Board, and voted the extra appropriations [for the Homœopathic Asylum.] The Governor followed the official recommendation of the State Board.

*PLAN FOR PROVING AND RE-PROVING REMEDIES.*

EVANSVILLE, Wis., Aug. 27th, 1884.

DEAR DOCTOR: I have been a constant reader of THE UNITED STATES MEDICAL INVESTIGATOR for eight years, and only twice have I published an idea, and then at your request, not that I have been devoid of them, or wanting in clinical experience. In your last issue Aug. 23th, 1884, appeared an article that very much interests me, I refer to the article at the close of which appears the following names: J. D. M'Guire, President; A. W. Woodward, Secretary; E. M. Hale, Lewis Sherman, E. A. Farrington, C. Wesselhoeft, H. R. Arndt.

With your permission I would like to occupy a little space, giving an idea I was inspired with some time since.

During the winter of 1878, while acting as house physician, at Hahnemann Hospital of Chicago, I had occasion to use a clinical thermometer very frequently before and after exhibiting a remedy, the idea inspired me to a desire to know what effect the remedies that bring down a high temperature in disease, would have upon the temperature of a healthy person, so I in a quiet way immediately set to work, to try to accomplish a desired end. By talking the subject over with a few of the then out-going graduates, twenty-five or thirty of them coincided with my ideas, which were for the alumni of Old Hahnemann to establish a scientific chair in the college and support it themselves; agreeing to pay \$5.00 each, for five years, to pay a Prof. to take charge of the work of proving and re-proving remedies with all the aids known to modern science. My idea of the *modus operandi* of the plan was to get a number of students male and female each term to act as provers, by having their board free, and subjecting them exclusively to the care of the professor in charge, they to be put upon a plain nutritious diet for a few days previous to the commencement of taking the remedy to be proved, and when the system was under the influence of the diet, each prover was to be examined, all the excreta tested, the previous history of the prover recalled, by No. then commence exhibiting the drug to be proved, (the prover not to know what he or she was taking,) and each one to be kept upon the same diet while proving, and a careful record to be kept, by the professor in charge two or three times per day, as to pulse, temperature, objective and subjective symptoms, and once a day the excrement tested chemically.

We formed an association of thirty members, agreeing to the above provided we could get two hundred of the alumni to join us in the work, we chose a president and elected a secretary, who with the aid of the faculty, were to make the announcement and solicit the aid of the scattered alumni. At that time there were some four hundred of them and we estimated that half would respond, (the secretary was

also a professor in the college at the time.) The faculty were consulted and agreed to help on the enterprise. The president of that organization several times tried to have the secretary push forward the work, but the faculty at their meeting previous to issuing their regular annual announcement, decided it was premature and deemed it expedient to delay. The president of that old organization repeatedly tried to gain admittance to the columns of the *Clinique* to set the matter before the alumni, but never was heard.

About, or a little more than a year ago another set of the alumni convened in Madison, Wis., and organized themselves into an alumni association, but did not publish any definite object, only to meet in Chicago and have a good time once a year, those that could and were able to attend. They sent out invitations to attend, and the president of the old association intended to have been there, but a labor case prevented, but he sent a message that if they meant business to advance the science of Homœopathy, to count him one good for \$5.00 per year, for five years and more if necessary.

I still think the idea good and if each Homœopathic college in the country could have such an association backed by pledges from their respective alumni, with the American Institute of Homœopathy, to encourage them all, and the paid professor of each working in concert, we would soon show to the world an improved scientific materia medica. And in my opinion, advance a hundred fold faster than we can by the method proposed by the Honorable Committee named in your last issue. If the brethren will respond at once the work can begin this coming winter, as well as any time. What do you say brothers? Shall it be done? What is a tax of \$5.00, per year, for five years towards the advancement of science in Homœopathy? Those who have been prosperous and are making money fast come down handsomely to help get the thing started in all the schools, let each Homœopathic doctor throughout the United States elect himself a committee of one, and report to Secretary Woodward, of Chicago, Ill., what his respective district will do. Let each one designate to what college he desires to contribute, and with his, or her donations express a desire, who shall have the professorship, in said college, and how much he thinks the pay should be for so responsible and arduous a duty. Five-hundred members at \$5.00 each, would be \$25,000, or about \$2,000, to each college, some more, some less, according to alumni. I wish I was rich so that I could head the list with \$1,000, but as it is I will lead off for Old Hahnemann of Chicago, with ten dollars per year for five years, provided there is enough to follow suit to pay a professor to do the work well. I cast the vote for this district for E. S. Bailey, of Chicago, to fill the Professorship. Come on brothers and sisters. In my opinion we need more science and less doctors to do the work in this country, now is the time to sow the seed.

Cast your selfishness aside,  
And in Science take a pride.  
Right foot forward, take a stand,  
And let us together band.  
Who sowed seeds, by which we live?  
And to us did freely give,

The fruits of Simillimum;  
Echo answers Hahnemann.  
Let us use science mill.  
Plant the seed, together till;  
Then a crop we will raise.  
And those to come can sing praise.

W. P. ROBERTS, Class of 1876, from Old Hahnemann,  
of Chicago, and House Physician in winter of 1878.

# THE UNITED STATES MEDICAL INVESTIGATOR.

"HOMŒOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

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

**HAHNEMANN ON CHOLERA.**—The article on cholera, last week, is one worthy of attention. It was published in 1831, before the advent of cholera in Western Europe. The clear outline of a case of cholera and the positive directions of when and how to give the remedies cannot but strike the reader as a masterly effort. As near as we can learn, the cholera epidemic coming is similar to that of '32. Another similarity is that a typhoid atmosphere prevails. The ooo's refer to the number of pills administered. The article in this issue is also worthy of thoughtful consideration.

**LIKE, SIMILIA OR IDEM.**—We find a great many items like the following floating around just now :

"The doctrine of like curing like seems to be winning its way in the inoculation experiments that are now coming to such general notice. The French commission charged with the verification of the discoveries reported by Pasteur in relation to canine madness declare that everything advanced by Pasteur is strictly correct. He has solved the problem of rendering the dog proof against the disease by means of a preventive inoculation of attenuated virus. Perhaps the time will come when we may be inoculated against all diseases, and when the doctor shall be merely a vaccinator!"—*Peoria Call*.

It is with no little pride, and a sort of mental jubilee that such items are published for there is an impression that it glorifies Homœopathy. If the above is true it is a striking illustration of Homœoprophylaxis, and no more. There is no cure about it, it is simply prevention. If like prevents, then it may be argued that similia will cure, but that is not the same. It is a much stronger argument in favor of small doses. To the popular mind, however, it looks like a strong and scientific verification of the truth of similia.

## Consultation Department.

A. L. Burt, please give your patient Bell. 1m three doses, one each morning for three mornings followed by blanks until after next menstrual period, if no better repeat same. J. D.

If young practitioner will give his patient *Senecio aurens* 1x and *Puls.* 3x on alternate days a dose every two hours (6 pellets) for two or three months and continuing the *Senecio* longer if necessary, he will see results that will be to his satisfaction, etc. D. C. JERALD.

## Gynæcological Department.

### *MOLAR PREGNANCY, MUCUS POLYPI AND HYDATIDS.*

In order to bring this most interesting disease to the notice of my young Homœopathic brother physicians, let me present a disease to them through the practical INVESTIGATOR, that must interest all true clinical students of practical medicine. As this is a disease which to me presents some sad reflections and many interesting features, and at the same time should demonstrate, to all of us engaged in guarding human life, the great importance of a close and minute study of all and every case that come to us for relief from pain and disease.

About May 6, 1884, I was called to see Mrs. G. of Montgomery, Ala., after she had been under the care of two of the best Old School physicians for four months.

I give the following history and condition of a beautiful patient much beloved by all in the community. She was twenty-three years of age, married nine months. Her menses never lasted more than two days. She missed in January and supposed herself to be in a delicate situation, but in the last part of the month after a long walk she became unwell and in February her menses persisted with regularity even to flooding and sick stomach, more every morning but all the time during the day with violent constipation. The abdomen began to enlarge, the breast became enlarged and hard. The hæmorrhage and nausea lasted four months or more. All the time, no foetal movements were felt, at the end of the fifth month the abdomen was large and full. I was called in and pronounced it a case of false pregnancy—as I had four months before in visiting the mother-in-law in the same house with a large cancer of the right breast. My opinion was asked. I told them the morning sickness, uterine hæmorrhage, and constipation were caused from some formation in the womb and to tell the physicians in attendance to take it away, but they declared that nothing was in the womb. After four months of vomiting and hæmorrhage I was called and found complete anæmia from loss of blood. I could do nothing but build up by first arresting the hæmorrhage, nausea, vomiting, and constipation, which I did with Aconite, Ipecac, Nux vom., Ars., Ferr., Lachesis, Crocus, Helonis, Bell., Mercurius, which in less than one month restored her to almost good health except debility. She could eat, drink, sleep and visit friends. The bowels acted well but all the time I cautioned her against any quick active movement. On last Saturday, June 14th, at 9 o'clock at night a small clot of blood passed, no hæmorrhage. At 6 A. M., 15th a large clot passed, she got up and persisted in making ice cream for dinner as she expected some friends to Sunday dinner with her. At 8 she began cooking over a hot stove against the most earnest protest of a devoted husband. The flooding began in earnest, I was sent for and reached the house in a short time. I remarked to him in the buggy on the way that the deciding time had now come. It was now life or

death. As soon as I saw the clots and the minute uterine hydatids, as compared by Dr. Gooch, to currants and in my opinion I agree with Cruveilhier to a bunch of (Malaga) grapes, for they looked more like this grape than anything I ever saw.

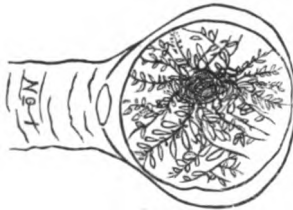
In a practice of over thirty long years I never saw anything to equal the size and quantity of grape formation hydatids discharged. How the womb held them and retained them so long was beyond my comprehension.

Two years ago I delivered a Mrs. H. of a strong large female child of ten pounds, also a small quantity of these same hydatids. They were with her eighth child, no trouble in the case.

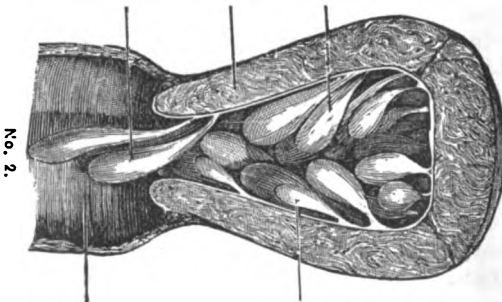
How are we to diagnose a polycystic tumor, molar pregnancy or blighted ovum from true pregnancy?

1. The uterus must be explored. There must be a microscopical and chemical examination of the contents of the hydatids obtained by the uterine sound and puncture with a long hypodermic syringe.

The urine must be tested. All the characteristic hæmorrhages with



anxious look are to be closely noticed; shortness of breath, hiccough, irritable stomach, vomiting, and all the results of pressure. In No. 1 figure I present the form of hydatid or molar pregnancy which passed from Mrs. G. on the evening of the June 15th, 1884, causing her death from profuse hæmorrhage and heart debility. No. 1 is molar pregnancy, blighted ovum, which is easily diagnosed from mucus polyphi



represented in figure No. 2. Mucus polyphi is often found within the uterine cavity and extending down in the vagina. Each form may and does give rise to copious hæmorrhage at the monthly period and may as in the case of Mrs. G. cause a profuse form of leucorrhœa, as in figure No. 2, taken from Ludlam Diseases of Women, page 100.

He says a polypus causes a menstrual suppression, or it may produce either menorrhagia, metrorrhagia, or a leucorrhœa. "This is true of each and all the varieties of uterine polypi, whether they are mucus, cellular, glandular "or fibrous in their character."

Again he says. "When bodies are accessible to the touch, and can be brought into the field of the speculum, their diagnosis is not difficult. But when they lie above the internal os before the cervix has been developed by their presence or pressure, we need to explore for them and to dilate the neck of the womb so that we may find them.

No. 1 is found in figure 61, Lectures on Obstetrics, by Wm. Tyler Smith, M. D., with notes by Augustus K. Gardner, A. M. M. D., page 227. He says, "Certain matters are occasionally discharged from the virgin or impregnated female, which it becomes necessary to distinguish from the results of fecundation. "These consist of masses of squamous epithelium from the vagina, fibrinous collections from the cavity of the uterus, and the membranous product expelled in some cases of dysmenorrhœa.

"The old writers include polypi and fibrous tumors in the list of moles, but they constitute what are now considered false or spurious moles. "The genuine moles which are the result of impregnation are of various kinds, consisting of different forms of degeneration of the membranes of the ovum. How important is this to the busy physician to readily distinguish the varieties of mole depending on the carneous or fleshy, the hydatiginous, and the fatty and other degenerations of the membranes. Let every brother physician remember this: "None of these cases can occur without conception." Note this for it is of vast importance to you my young brother Homœopath. It will save you hard study and give you much satisfaction in your professional life. For I well know that formerly great confusion prevailed and does now upon this subject. Many medical men think and believe fleshy moles might occur in nuns and others presumed to be virgins, without ever having known a man.

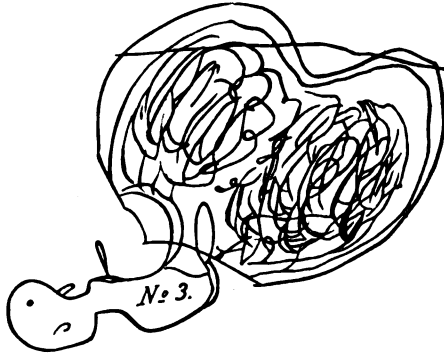
Dr. Perry believed hydatids to be independent animals and compatible with the purest chastity. Dr. Darman thought they were independent formations in the uterus. Sir Charles Clark says uterine hydatids might exist apart from pregnancy. Drs. Baudelocque, Ryan, Velpeau says, Dr. Montgomery favored the belief that these forms of degenerated ovum may be retained for many months after date of labor. I have seen it for five years. But all modern research demonstrates genuine mole cannot occur except as the result of impregnation and the blight of a true ovum.

Fig. No. 3 represents a blighted ovum with carneous degeneration of the membranes. The next form of embryo degeneration is the hydatiginous variety. Dr. Barnes says the cause of hydatiginous degeneration of the ovum is from a persisted growth of the villa of the shaggy chorion. "These villa increase by a process of germination or budding, very much like the growth of the roots of a tree. \* \* \*" From the sides of the villas other villi by process of cell growth sprout out and from these in turn others arise. It often happens this

villi growth is abnormal, the cells they contain increasing in size become dropsical degeneration of the ovum.

\* \* \* These hydatids are full of transparent fluid, round, oblong or pyriform, varying in shape and size. Some growing from the walls of larger hydatids or growing from pedicles of others."

Drs. Paget and Mettenheimer says: "On the walls of the primary vessels buds appear and develop into hydatids just as the buds protrude from the healthy villi to produce by normal growth new villosities. The pedicles of these hydatids which appear stalked are formed of the remains of the base of the villas at the expense of which the hydatid has been formed" This is one fact which should never be forgotten by the young physician. As a rule the activity of the growth and increase of the villi are as Dr. Barnes observes (and I agree with him) is greatest in early pregnancy, and it is at this time



the hydatiginous degeneration is most apt to occur. "Dr. Montgomery and Ramsbotham maintain that they are caused from small portions of the placenta retained in the womb after parturation at the full term," but Dr. Barnes combats this view from the general history of hydatiginous formations and the destruction of the fetal vessels of the placenta which occurs at the time of birth. This form of molar pregnancy begins at an early period of gestation as in Mrs. G's case and the destruction of the embryo was complete which is always more complete than in the fleshy form of mole. The growth being limited to the chorion and the diseased villa all traces of the fetus are lost. The womb is filled with various sized masses of hydatids, at times seem like one and more peck.

Dr. Gooch compares these hydatids to currants, Dr. Cravilheir more correctly in my opinion, to bunches of grapes, Dr. Barnes and Mettenheimer does not like the grape comparison but they consider the chorion which is itself a large vesicle or bladder, as the centre of the whole growth, (I agree with them.) On the walls of this great vesicle a new generation of cysts is formed and each of these cysts or to use his words, "berry grow out of berry, and the stalks do not unite berries with the principal utenis but berries with berries, and lastly with a



central mother cyst, I would say grape grows with grape in clusters shape and size of a malaga grape and think with the learned Dr. Waites on a bunch of central mother cyst as was marked in Mrs. G's case where enormous bunches of malaga formed bunches of grapes expelled between the fifth and sixth month caused death from profuse hæmorrhage.

There is another form of blighted ovum with carneous degeneration of the membranes, which occurs at a later period of gestation. The placenta may become so diseased as to be unfitted to carry on the nutrition of the fœtus, or the fœtus may die or be destroyed by disease of the cord without in either case inducing separation of the placenta from the uterus. The nutrition of the placenta may go on more or less imperfectly and the fœtus under these circumstances, becomes shrunken and attenuated to an extraordinary degree. It sometimes occurs that this is the case in twin gestation. Indeed it seems more prone to happen in twins than in other cases. It may then occur that the shrivelled fœtus may be expelled at some period of pregnancy, the uterus retaining the other to the full term, or the shrivelled and the living embryos may be retained together, and the woman delivered of a full grown fœtus. This represents a blighted ovum with carneous degeneration of the membranes. It is Dr. Barnes' opinion that fatty degeneration of the placenta to such an extent destroys the embryo two or three weeks from the death of the fœtus. This is the usual time within which the uterus is excited to expel its contents; but Dr. Smith says he has seen a well marked case of fatty degeneration in which the fœtus died at the fourth or fifth month, but has not been expelled until the full term. I have seen the same.

It is highly probable in all cases of death and retention of the ovum after the formation of the placenta, the retained membranes become the subject of fatty degeneration, and this also occurs to a great extent in fleshy moles.

*Symptoms of Molar Pregnancy.*—They vary very much in the different forms of the disease. "In the carneous moles there is an arrest of the pregnant symptoms and the subject loses her health. As soon as the death of the ovum takes place, it becomes as a foreign substance and to the female system it is a great source of irritation. At the fourth or fifth month there seems no increase in size of the uterus, it seeming to be no larger than the first or second month of pregnancy. The breath is bad, complexion yellow and sallow, poor appetite and digestion. As the degeneration of the membrane goes on more or less bleeding is most all the time present. As in Mrs. G's case there was a constant sanious discharge. But as Dr. Smith says in many cases, the symptoms are very obscure. It is owing to the death of the ovum before pregnancy that it shows a positive form and the womb is enlarged. So in these cases we often have much resemblance between the symptoms of early moles and mixed cases of menorrhagia and amenorrhœa.

(To be Continued.)

## News of the Week.

---

*Received.*—Fifth annual report of the State Board of Health, of Illinois.

*Dr. C. B. Currier* has removed his office to 921½ Geary Street, between Larkin and Polk, San Francisco, Cal.

*Dr. Vance's Pocket Index.*—Send to Dr. J. W. Vance, Madison Wis. or Duncan Bros., Chicago, for Index to Diarrhœa and Dysentery. It is printed on heavy card paper, very convenient to carry in the pocket-case. It is very useful and handy. Price, 10 cts.

*J. S. Delavan, M. D.*, of Albany, N. Y., writes Dr. Hoyne: "As a Homœopath, and the only one on the Board of Health, I can assure you that the Governor was acting by no partisan motives in his veto of the appropriation to the Homœopathic Asylum."

*Iowa University.*—In a late issue we noted the fact that Prof. A. C. Cowperthwaite had accepted the chair of *Materia Medica* in the University of Michigan. We have since learned that he at first declined the position, but finally consented to accept on condition that he begin his work in March, after the close of the school year in Iowa. In justice therefore to the Iowa University it should be known that Prof. Cowperthwaite will continue his work in that institution as heretofore, and will retain his residence in Iowa City. Prof. C. has the rather unique and very unusual honor of holding a full professorship in two State Universities at the same time.

*Help on Revision.*—The editors of the *Cyclopædia of Drug Pathogenesis*, authorized by the American Institute of Homœopathy and the British Homœopathic Society, in writing up the narratives of symptoms, as furnished in cases of drug proving and poisoning desire the help of the profession. In order to bring out a reliable work, one that will compare favorably with the repositories of facts in other departments of science, one that will prove satisfactory to the painstaking practitioners of medicine, it is necessary to gather all the good and to avoid all the spurious in reported drug effects. To do this the editors must have the day-books, or original records, of provers and observers, with such further information as may enable them to judge of the reliability of what has been recorded. In the name of the two great national societies and in the interest of certitude in *Materia Medica* all medical men are called on to forward their provings and notes of poisoning, with all needed explanatory remarks, to the editors, Dr. Richard Hughes, of Brighton, England, or Dr. J. P. Dake, of Nashville, Tenn. For such aid compensation cannot be offered, except in hearty thanks, inasmuch as the editors themselves will receive no pay for time and labor bestowed.

Taking remedies in alphabetical order, part first will come down to *Agaricus*, embracing all the Acids. Any information throwing light on what has been recorded and any criticism, in the interest of truth, will be gratefully received.

J. P. D.

# The United States Medical Investigator

VOL. XX. No. 11.

SEPTEMBER 18, 1884.

WHOLE No. 405.

## Medical Education.

### *PHYSICAL QUALIFICATIONS FOR A PHYSICIAN.*

BY PROF. A. E. SMALL, M. D., PRESIDENT, HAHNEMANN MEDICAL COLLEGE AND HOSPITAL, CHICAGO.

All education is prophetic of something in the form of a practical result. Physical education is designed for the culture of the muscular and nervous system, and for their development and protection as instruments, subservient to the higher faculties of the soul. But in order to comprehend the vast importance of physical qualifications, we must first take a cursory survey of the physical disqualifications for a physician, and we will first present for consideration an impairment of the sense of sight. It must be apparent to every one that a blind man in the medical profession cannot of his own independent will-power discharge the varied duties implied in the calling of a physician. A deaf man, however learned must labor under disadvantage from this physical disqualification, even if simply affected with hardness of hearing—a physician finds his usefulness abridged, though none can question his learning or ability in other respects. The loss of any of the special senses constitutes a physical disqualification. That of seeing and hearing is the most to be deplored, while that of taste and smell, which an overruling providence has placed as sentinels, the former to forewarn the stomach—the latter to guard against noxious odors being introduced into the lungs, is well calculated to interfere, if not to interrupt the exercise of the most excellent skill of the physician.

That the five senses are indispensable physical qualifications for the physician cannot be doubted. To educate and improve them is the duty of every medical student. To protect and secure them against injury constitutes a very considerable part of self preservation.

A general statement concerning physical qualifications, undoubtedly includes the preservation and integrity of every endowment of the body. The physical qualifications for a physician, imply health and strength in the nervous and sanguineous centres. A fully developed brain—an unimpaired function of nutrition, a healthy excretory system, together with well trained locomotive and prehensive organs, or in other words, the entire physical organism should be in sound health.

The tenement of clay when in perfect order is somewhat like a musical instrument in tune. The skillful player can only produce harmonious and sweet music when his instrument is in this condition. The physical body being but an outstanding instrument for the soul

which inhabits it, and moves it at its will, must have all its functions harmoniously blended, or otherwise the mind becomes correspondingly affected.

Patience is an exalted attribute of character for a physician. But if he is a dyspeptic, sour and irritable and depressed in spirits, all on account of gastric irritability he is not likely to carry amiability or other encouraging christian graces into the sick room.

Or if he has *hay-fever*, or chronic catarrh, and is prone to sneeze and snivel in the sick room, to hawk and spit in the most disgusting manner, he may excite sympathy, but he is virtually disqualified for duty in such a location.

It is easy to comprehend the importance of the physical qualifications of a physician, and in order to throw a healthful and buoyant influence around him, encouraging to patients, he must be physically well, strong, of a pleasant countenance and so entirely free from any expression of distress, that the very sight of him is good for his patients. He must not be crooked up or crying out with rheumatic suffering, nor suffer an habitual attack of gout, to perfectly eclipse his christian temper.

A neat and cleanly dress and an address which denotes culture associated with positive good health, may be regarded in some sense, a pre-requisite for admittance into the medical profession.

The fact has often been brought forcibly to mind that the maimed, halt and deformed, are prone to seek an entrance into our medical schools, under the impression that a doctor's life is surrounded with pleasure and profit—an easy and pleasant way of becoming rich. But, alas! such vain anticipations *never* become fully realized. However talented and prompt in acquiring knowledge, it is evident that a more useful field for the pursuit of practical acquirements would better accord with the physical condition, and would be attended with better success.

In view of such obvious facts, would it not be well for the educators in medicine, in fixing a standard for preliminary attainments to include the physical as well as the mental?

The physician with good eyes and ears when he enters a sick chamber and finds himself seated at the bed-side of one sorely afflicted with disease, is always welcomed because he has a lively and interesting expression of the eye, which cheers up the patient, and especially when his ears are so perfect that he needs no training in acoustics, when he readily hears every appeal from the feeblest voice for his skill, and when his sense of taste is so normal that he shrinks from adding disgust to suffering by an assault on this sense in his patient; and moreover, when his sense of smell enables him to detect at once any depressing or sickly odors that can be removed from the sphere of the afflicted one.

An excellent physical qualification is the sense of touch, well educated and trained in tactile practice. When the physician or surgeon is in full possession of the five bodily senses he can enter on his duties with such confidence, that all whom he is called on to serve will experience a certain amount of pleasure.

If blest with sweet breath and easy respiration, indicative of sound health this is still more pleasing in the sick room. If his locomotion is gentle and delicately performed, and the touch of his hand is gentle and soothing, and in short, if all the faculties of his body are in brilliant condition, and well trained for genteel use, and he from such physical qualities is likely to be regarded a *gentle man*, he only needs practical training in the curriculum of medicine to render him acceptable as a physician or surgeon.

---

### CO-EDUCATION—HOMŒOPATHY WITH ALLOPATHY.

BY PROF. T. P. WILSON, M. D., DEAN, HOMŒOPATHIC DEPARTMENT UNIVERSITY OF MICHIGAN.

It was about thirty years ago, that the first attempts were made to establish a department of Homœopathy in the University of Michigan. For many years these attempts were nothing but a series of unsuccessful struggles against the bitter opposition of the dominant school, in all the various courts of the state. The arguments against such a project were strong if not forcible; numerous if not new; dogmatic if not valid. One of the choicest reasons that was urged against such a plan, was the utter and complete incompatibility of the two schools of medicine and the strife, confusion and endless trouble that would ensue upon having them side by side, upon the same campus. This was presumed to be a cogent reason, dismissing the subject even if the claim of Homœopathy for a place in the educational system of the state were admitted to be just; which claim was very far from finding a ready acceptance.

But the early Homœopaths in the state of Michigan were earnest self-sacrificing men, whose manifold energies were always expended in endeavoring to place their beloved faith upon an equable footing with its haughty and more influential rival.

In 1875 the victory was conclusive, and by the solemn and binding will of the legislature, the Homœopathic Medical College of the University of Michigan, was at length established. The faculty of the "Department of Medicine and Surgery" had declared that if such an action were taken, they would resign their places, even this threat, their *coup de grace*, was ineffectual, and more than this was empty, for but one of their number had the courage to do as he declared he would, and he, soon after died.

The history of this school would be interesting, but we are now concerned not so much in what it has suffered, as in what it enjoys. Its present status was well expressed by one of the regents, not long ago, when in a meeting of the board of regents, he declared that if any professor or instructor of either school were guilty of discriminating in favor of students of either department, to the detriment of those of the other, he would be the first to declare his unworthiness, and to instigate measures for his removal. This is where we stand; and now how does it work? It is doubtful if there is a Homœopathic

school in this country, where instruction is carried on with more smoothness, and with less discord, than is the Homœopath college of this university.

Our students receive didactic and practical instruction in anatomy, physiology, chemistry, histology and microscopy, as well as in some minor branches, in conjunction with those of the other persuasion. Students from the Allopathic department are to be found daily in the lecture rooms of the Homœopathic department, and they never fail to exhibit special interest in our clinical instruction. The effect of this is clearly seen on the subsequent life of those students. The hospitals of the two departments, are placed side by side upon the campus, and to both the students have equal entrance. Some of the professors do not even know to what department students in their classes belong; it being to them quite a matter of indifference. Not a few of our own students may be found *chumming* with aspirants for Allopathic honors, and they seem to get on well together.

It is a well understood and carefully observed rule of the university that no member of any faculty is allowed to speak disparagingly of a fellow professor. In general the most pleasant personal relations are observed between the professors of the two schools.

There are many advantages in having the two schools of medicine so situated, and so necessarily connected. Advantages for both; for the students of neither, are so apt to go into professional life with as unfair and prejudicial views of the other, as they might have, if brought up within their own atmosphere.

On the whole we like it, and think that our students do, and we are ready to give our vote in favor of this sort of co-education, as well as our support and co-operation in favor of that other sort, wherein woman has a just and reasonable place.

---

#### NORTHERN AND SOUTHERN DISEASES AND STUDENTS.

BY PROF. W. A. EDMONDS, M. D., DEAN OF THE HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI.

Your courteous request that I furnish a paper for your "September student's number" is before me. I yield to such request somewhat reluctantly as I have already quite as much work in hand as I ought to attempt. I cannot but feel that the trend which my remarks should take as indicated by your captions, is somewhat dubious. That these are northern and southern diseases, as well as northern and southern students, are of course simple matters of fact and not in controversy. Supposing it probable that you may expect me to treat the subject with reference to the best modes in medical education I shall address myself to this view of the matter. That students who expect to practice the profession in the south, should not be educated

at the north, we think just as clear as the proposition that those who expect to practice in the north should not be educated at the south. Of course neither proposition admits of any controversy. But we think an enlarged and liberal view of this matter should lead to a compromise in modes, whereby student life and opportunity should embrace opportunities in both extremes as to latitude. We think it especially important that student life and opportunity, of those who expect to treat southern diseases should be sought in the midst of such diseases. This view of the matter would seem to be rendered imperative by the greater frequency and violence of southern diseases as compared with those in northern latitudes. The young practitioner in New England while treating his slow going cases of tuberculosis, chronic bronchitis, tonsillitis and even typhoid fever, will find ample time to consult authorities and solicit consultation. But should he attempt such parleying and deliberation in the presence of the pernicious fevers and violent peremptory inflammations of the south, he would find both himself and his patient at serious disadvantage in the conflict. Southern people are "an ardent and impetuous race," and their diseases have much of the same qualities. In fact the physician in the treatment of their diseases often finds himself hedged in by a series of startling emergencies which he must meet in the most extempore manner, if he would acquit himself creditably and do justice to his client. Whilst we would not by any means disparage or underrate book lore as a means of professional qualification, it must be confessed that this power or grace of peremptory, extempore action is born largely of a personal experience in southern colleges, hospitals, clinics and private practice. Hence we insist that our southern practitioners should in the main seek opportunity and education at home. But we are anxious not to be misunderstood while elaborating the point before us. Physicians should broaden and deepen the foundations of professional training in every possible way. We have no doubt that this end may be better attained by spending some portion of student life in other localities than that where professional duty is to be discharged. We should say that a student who takes three courses or terms of professional instruction might very profitably spend one-third of the course abroad or in other locality than in that where he expects ultimately to reside. This will not only broaden and liberalize his professional training but will fit him for the varieties of professional work incident to a peoples now so constantly in motion, under wonderful facilities for transportation north, south, east and west. Rail roads, telegraphs, steam boats, steam ships, are practically making us all cosmopolitan. For this reason if no other the physician should see to it that his mental and personal armamentarium comes up to the measure of standard demanded by the wonderfully progressive age through which we are whirling with lightning speed.

*PRELIMINARY BUSINESS TRAINING FOR MEDICAL STUDENTS.*

BY PROF. A. C. COWPERTHWAIT, M. D., DEAN, HOMOEOPATHIC DEPARTMENT, IOWA UNIVERSITY.

It may perhaps be truthfully said that no attention whatever is paid to the preliminary business training of medical students. It seems to be generally understood that business training is not a part of medical education nor a pre-requisite to it. No greater mistake could possibly be made, and though the experiences of the past all bear out this assertion, yet to-day there is no more thought given to the subject than has been in the past. Like the natural mechanic, there are those who are natural business men, and they bring with them into their professional life this most valuable inheritance. Such, however, is not the case with the large majority of medical students, and I can say from experience that a very small percentage of them have any adequate conceptions of practical business life, nor do they entertain any idea that in a professional life they will have occasion to call into use any business talents in common with the merchant the banker. The tendency of the average medical man of to-day is to be theoretical and not practical. Such are our brightest men, and those of the most value to our profession, but could we examine their bank accounts I fear we would find the balance on the wrong side. This too, is the reason why the young man who leaves the plow, the work shop or the counting room for the physician's office, after having fully entered upon his professional life soon outstrips his brother physician who left the walls of a college to commence the study of medicine. He has, by practical acquaintance with the world, formed business habits, which serve him a good turn in his professional career, while his colleague, though more highly educated, though probably more deserving of the confidence of the people, is soon lost sight of in the struggle of life, owing entirely to his entire ignorance of business matters, and his lack of business qualifications.

It is thus plainly to be seen that a preliminary business training is essential to success in professional life, yet to make this training an established pre-requisite to matriculation in medical colleges is not to be considered. The teacher can only urge upon his students the vital necessity of a business knowledge in order to secure financial success, and together with his lectures on the various medical topics lay before them continually the most essential features of business success, which his own experience possibly, though coming too late, may have taught him.

*ON COAST DISEASES AND STUDENTS.*

BY PROF. C. B. CURRIER, M. D., DEAN, HAHNEMANN MEDICAL COLLEGE, SAN FRANCISCO.

Your favor bearing date August 20th, has reached me too late to render it possible for me to prepare a readable article on coast diseases, in readiness for your issue of September 6th.



A fact which I heartily regret, as the types of disease here, present many features which differ considerably from those at the east. [This article can be prepared and furnished the profession later.—ED.]

In regard to college matters, I will cheerfully give you what few items would be likely to interest your numerous readers—in the Hahnemann Medical College of San Francisco. The need of a college on the Pacific Slope has been a long felt necessity by the medical profession of our school here, as there have been two Allopathic and one Eclectic colleges in good operation for several years, and our students have been obliged *either to enter one* of these institutions, or to go east to procure a medical education. The expense incurred in the latter instance, has deterred many a good student from entering the medical profession as practiced by us, in a country where a demand for good Homœopathic physicians is constantly increasing, in the new towns and cities that are steadily springing up on the lines of the new railroads that are spreading and ramifying all through the region west and north of us.

We started our college in answer to this demand, on June 5th of this year, and our success has been beyond question. We have twenty-one matriculants, some among them being graduates from the Old School colleges. Our professors are all good teachers, working hard and in perfect harmony. Our students have all the privileges in the city and county hospitals that are accorded such students of Old School colleges, and our college outlook is fair and unprecedentedly promising.

---

## Consultation Department.

---

### THE CHICAGO TRAINING SCHOOL FOR NURSES.

Please send me or have sent a circular of Chicago Training School for Nurses. Have a lady who wishes to attend—and we want to know all about it.

Yours Respectfully, C. S. F.

[Address Supt. Chicago Training School for Nurses, Cook County Hospital, Chicago, who will send instructions.—ED.]

### LABOR WITHOUT HÆMORRHAGE.

In the Aug. 30, 1884, number of THE MEDICAL INVESTIGATOR, I notice E. L. H. records, what to him, is an anomalous case of *Labor without Hæmorrhage*.

On May 27, 1884, I had a similar case: Mrs. C., aged twenty-three, first child; breech presentation with prolapsed cord; boy, weighing nine and one-half pounds; labor was normal. There was no hæmorrhage whatever, except a few drops from the divided cord. Even the lochia was only a pinkish color for the first hour. There was not a single pain of any sort or kind, after the delivery of the child.

J. R. HOFFMAN.

# THE UNITED STATES MEDICAL INVESTIGATOR.

"HOMŒOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

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

---

**OUR MEDICAL COLLEGES.**—To any one who has given the subject close attention, it will be apparent that the various Homœopathic schools give quite as thorough, as scientific, and certainly far more practical courses than any other medical schools in the country. In fact, they are shooting ahead of even the best schools of the so-called Regulars. So, as a means of self preservation, we find that their students are hampered in their inquiries. The Regular Schools delegate some one professor every year to malign Homœopathy, and so by ridicule and fear hold their students aloof from our clinics, where practical Homœopathy has abundantly demonstrated the truth of the law of therapeutics.

Equipped as our schools are, both preceptor and student will honor and benefit themselves and the cause by a liberal patronage.

---

**THE COMING RECRUITS.**—The profession may properly be likened to a great army. The preceptor's office is the recruiting station; the colleges the drill schools, and the field of practice the battle ground. The pharmacies furnish the ammunition, the case is his side arms, but he fights like skirmishers alone. Medical journals bring up reinforcements and consultations are councils of war. Medical societies are grand reunions. So the conflict deepens. The success of any army depends chiefly upon two things, the personnel and the drill. Recruiting officers are supposed to have a military pride that will not enlist an infirm person. The mustering officer will not pass one below the requirements. Unfortunately for medicine, there are no positive rules, mental or physical, by which the fitness of the candidate can be judged. In cases of war when the demand for soldiers is great, almost anyone will be accepted, so to meet the great demand, or supposed great demand for physicians in many towns and especially for students, the colleges have for years lowered the requirements. It is claimed that the personnel of the medical army is not what it should be, but we will see that there is and will be a necessary reaction. The hitherto great demand has had its effect upon the drill schools and recruits have been hurried to the front and left to succeed or fail.

## H A N D - B O O K

—OF—

## HOMŒOPATHIC PRACTICE,

By GEO. M. OCKFORD, M. D.,

MEMBER OF THE AMERICAN INSTITUTE OF HOMŒOPATHY; OF VERMONT  
HOMŒOPATHIC MEDICAL SOCIETY; PRESIDENT OF CHAMPLAIN  
VALLEY HOMŒOPATHIC MEDICAL SOCIETY; HONORARY  
MEMBER OF INDIANA INSTITUTE OF HOMŒO-  
OPATHY, ETC., ETC.

---

One Volume. Cloth Bound. Price, \$2.50.

---

A compact, convenient treatise, giving the remedies and how to use them in the Homœopathic treatment of the following very complete list of diseases:

## TABLE OF CONTENTS:

## DISEASES OF THE BRAIN AND NERVOUS SYSTEM :

Inflammation of the Brain; Hydrocephalus; Softening of the Brain; Delirium Tremens; Acute Mania; Apoplexy; Sunstroke; Catalepsy; Epilepsy; Chorea; Tetanus; Hydrophobia; Hysteria; Paralysis; Locomotor Ataxia; Infantile Paralysis; Infantile Convulsions; Puerperal Convulsions; Occasional Convulsions; Inflammation of the Spinal Cord; Softening of the Spinal Cord; Spinal Irritation; Neuralgia; Facial Neuralgia; Sciatica; Vertigo; Cephalalgia; Weakness of the Memory; Sleeplessness.

## DISEASES OF THE EYES, EARS AND NOSE :

Inflammation of the Eyes; Inflammation of the Ears; Earache; Deafness; Catarrh; Ozæna; Snuffles; Epistaxis; Polypi of the Nose.

## DISEASES OF THE RESPIRATORY ORGANS :

Pneumonia; Pleurisy; Pneumothorax; Hydrothorax; Hæmothorax; Abscess of the Lung; Gangrene of the Lung; Emphysema of the Lungs; Collapse of the Lungs; Œdema of the Lungs; Bronchitis; Asthma; Hay Fever; Bronchial Dilatation; Laryngismus Stridulus; Laryngitis; Œdema of the Glottis; Hoarseness; Croup; Phthisis Pulmonalis; Galloping Consumption.

## DISEASES OF THE CIRCULATORY ORGANS :

Pericarditis; Endocarditis; Dropsy of the Pericardium; Endocarditis; Valvular Disease of the Heart; Myocarditis; Hypertrophy of the Heart; Fatty Degeneration of the Heart; Exophthalmic Goitre; Angina Pectoris; Palpitation of the Heart; Irritability of the Heart; Thoracic Aneurism; Abdominal Aneurism; Chronic Aortitis.

**DISEASES OF THE ORGANS OF DIGESTION :**

Stomatitis; Inflammation of Tongue; Cancer of the Tongue; Ranula; Quinsy; Pharyngitis; Ulcerated Sore Throat; Retro-pharyngeal Abscess; Stricture of the Œsophagus; Inflammation of the Stomach; Gastric Catarrh; Dyspepsia; Pyrosis; Sea-sickness; Ulcer of the Stomach; Cancer of the Stomach; Hæmorrhage from the Stomach; Softening of the Stomach; Gastralgia; Constipation; Enteritis; Peritonitis; Intestinal Catarrh; Diarrhœa; Ulceration of the Bowels; Cholera Infantum; Entero-colitis; Dysentery; Colic; Cholera Morbus; Hæmorrhoids; Fissure of the Anus; Anal Fistula; Prolapse of the Anus; Typhilitis; Obstruction of the Bowels; Growths in the Intestines; Prurigo ani; Tabes mesenterica; Ascites.

**DISEASES OF THE LIVER :**

Acute Congestion; Chronic Congestion; Inflammation; Cirrhosis; Nutmeg Liver; Acute Yellow Atrophy; Jaundice; Pigment Liver; Fatty Liver; Waxy Liver; Syphilitic Liver; Hepatic Neuralgia; Inflammation of Gall Ducts; Gall-stones.

**DISEASES OF THE SPLEEN AND PANCREAS :**

Hypertrophy of the Spleen; Diseases of the Pancreas.

**DISEASES OF THE KIDNEY AND BLADDER :**

Urinary Analysis; Renal Congestion; Nephritis; Acute Bright's Disease; Chronic Bright's Disease; Uræmia; Diabetes Insipidus; Diabetes Mellitus; Lithiasis; Hæmaturia; Cancer of the Kidney; Tubercle of the Kidney; Cystitis; Catarrh of the Bladder; Neuralgia of the Bladder; Enuresis; Retention of Urine; General Dropsy.

**ZYMOTIC DISEASE :**

Fevers in General; The Thermometer in Disease; Measles; Rotheln; Scarlet Fever; Post Scarlatinal Dropsy; Sequelæ of Scarlet Fever; Variola; Varioloid; Varicella; Dengue; Erysipelas; Mumps; Whooping Cough; Diphtheria; Malarial Fever; Intermittent Fever; Remittent Fever; Infantile Remittent Fever; Congestive Fever; Typhomalarial Fever; Hæmorrhagic Malarial Fever; Chronic Malarial Poisoning; Yellow Fever; Relapsing Fever; Typhoid Fever; Typhus Fever; Gastric Fever; Bilious Fever; Catarrhal Fever; Cerebro-spinal Meningitis; The Plague; Cholera; Cholérine; Pyæmia; Glanders.

**CONSTITUTIONAL DISEASES :**

Rheumatism; Gout; Lumbago; Cramps in the Limbs; Scurvy; Syphilis; Constitutional Syphilis; Infantile Syphilis; Gonorrhœa; Scrofula; Rickets; Pott's Disease of the Spine; Hip-joint Disease; Anæmia; Chlorosis; Neurasthenia; Addison's Disease; Leucocythæmia; Hodgkin's Disease; Thrombosis; Embolism; Felon; Onyxia; Furunculus; Anthrax; Pernio; Goitre.

**DISEASES OF THE SKIN :**

Erythematous Diseases; Papulous Diseases; Vesicular Diseases; Bullous Diseases; Pustular Diseases; Squamous Diseases; Maculæ; Hypertrophies; Tuberculated Diseases; Hæmorrhagic Diseases; Neuroses; Parasitic Diseases; Onychomycosis; Syphilodermata; Poison-vine Eruption.

**MISCELLANEOUS DISEASES :**

Burns and Scalds; Abscesses; Toothache; Anomalies of Secretions of the Skin; Worms; Cestoda, or Tape Worms; Nematoda, or Round Worms; Poisons; Malignant Pustule; Table of Poisons and Antidotes; Disinfectants.

**LIST OF REMEDIES :**

How the remedies are used, etc.; complete General Index.

**HOW IT IS APPRECIATED :**

*We Extract a few of the many testimonials of its merits.*

It is excellent. I have recommended it to our students.—Prof. H. F. BIGGAR, M. D., Cleveland Hospital Medical College.

Dr. Ockford has given in his hand-book as good a condensation of treatment as any one can give.—*Homœopathic Physician*.

I am pleased with it.—T. P. Wilson, M. D., Professor of Practice, Medical Department Michigan University, Ann Arbor.

We are particularly well pleased with the indications for the remedies mentioned under each heading. The volume is filled with good hints and characteristic symptoms.—*The Clinic*.

I shall commend the book to my classes as a neat and reliable epitome of treatment.—E. J. McClatchey, M. D., Professor of Pathology and Practice of Medicine, Hahnemann Medical College, Philadelphia.

The work is very well arranged for any one who wishes to try Homœopathy on a small scale. Our physicians will find something of the kind an advantage for reference.—*The Eclectic Medical Journal*.

The most concise and practical work of its kind extant. It is well adapted to the needs of beginners in Homœopathic therapeutics.—M. T. Runnels, M. D., Secretary Indiana Institute of Homœopathy.

A very handy 12 mo. volume of 425 pages neatly bound in cloth, presenting in a condensed form, practical descriptions of the principal diseases and their treatment, for the use of students and busy practitioners.—*American Observer*.

I have looked it over carefully and find it a good book for students, and just the thing for the busy practitioner.—Prof. G. J. JONES, M. D., Surgeon-in-Chief of Relief Association of the S. L. & M. S. Ry., and Surgeon at Cleveland of the N. Y. P. & O. E'y Co.

Please accept my thanks for the work, which, from a cursory perusal, I can but regard a valuable addition to our current literature.—A. E. Small, M. D., Professor of Theory and Practice of Medicine and President of Hahnemann Medical College and Hospital Chicago.

I think it an excellent work, very convenient for practitioners for ready reference. Just fills a long-felt want in my library. The classification of disease is a great help and the indications for the remedies are very explicit.—F. Duncan, M. D., Physician to the Osage Sanitarium.

I am much pleased with its appearance.—J. W. Dowling, M. D., Professor of Physical Diagnosis and Diseases of the Heart and Lungs, New York Homœopathic Medical College.

Placing the book on its merits, it will be able to hold its own with the best of its class yet issued. It is concise and does the author credit. I shall take pleasure in recommending it to "the boys" here at Pulte. Such a book means hard work and plenty of it.—J. D. Buck, M. D., Professor of Practice and Dean, Pulte Medical College, Cincinnati, Ohio.

Dr. Ockford has here presented to the Profession a thorough and concise compilation on Homœopathic practice. The symptoms and treatment of nearly all diseases are given in brief, and the work constitutes a most reliable guide. It is one of the best hand-books on the subject with which we are acquainted.—Phys. and Surg. Investigator.

This book has met with a wonderful reception, and will be sent free to any address on receipt of price.

**DUNCAN BROTHERS, Publishers,**  
133 and 135 Wabash Avenue, Chicago.

N. B.—A few copies slightly soiled, but as good as new will be sold at \$1.50.

# DISEASES OF THE RECTUM, THEIR HOMŒOPATHIC AND SURGICAL TREATMENT,

By M. AYERS, M. D. Price, 75 cts.

Thanks for Ayres' Diseases of the Rectum. It is a good little work. S. Lillenthal.  
Dr. Mortimer Ayres' modest little monograph on Diseases of the Rectum is just such a work as thousands of physicians need, and we hope it may find many purchasers.—*American Homœopath.*

'This is a neat work on a subject, that we feel, should be more thoroughly understood, by the general practitioner. It is the practical ideas of a practical man, we should judge and fills a much needed want.—*The Regular Practitioner.*

This book will prove a useful practical work to the physician and surgeon, for rectal and anal complaints are not as easily diagnosed or treated to admit of our ignoring the ripe experience of our able colleague.—*The Homœopathic World.*

The information presented is practical, and the illustrations of the different diseases treated, by reports of cases, is a strong indorsement of the value of the remedies employed. It is a step forward in the right direction.—*The St. Louis Periscope.*

A good book written in plain style and no attempt made to mystify the plain reading by scientific hypothesis. The Homœopathic treatment is reliable, perhaps too much condensed, but the cry for condensation is now fashionable. So much surgery as Ayers teaches every physician should be able to perform, and that is another recommendation. *The North American Journal of Homœopathy.*

We are pleased to find in this work much of importance. It is truly a valuable addition to our growing literature and every one who reads or rather studies it, with care, will feel in common with us a sincere gratitude towards the author. There is no doubt that just this sort of a book is wanted by thousands of practitioners, and they cannot better supply their want or better show their appreciation of the book than by obtaining a copy.—*Medical Advance.*

The author has condensed the subjects on which he treats as much as possible and yet be comprehensive. He illustrates his subjects by cases in his own practice. The first chapter is on Hygiene of the Rectum; then Ulcers, followed by Fissures; Pruritus; Prolapsus; Hemorrhoids; external and internal; Abscesses; Fistulas and the Surgical and Homœopathic treatment. We have had many inquiries for such a work, and here it is. Send for it, practice by it and you will save much suffering.—*The P. & S. Investigator.*

—THE—

## UNITED STATES MEDICAL INVESTIGATOR.

The Leading Weekly Homœopathic Journal.

TWO VOLUMES A YEAR FOR \$3.00.

"It is in a very real sense a medical college, a post-graduate school, a preceptor, a host of text-books. It is a medical society in that it permits constant conversation and discussion between all working, thinking practitioners of every age, language and degree of medical accomplishment. In short, it is the diffuser of all new facts, new thoughts, all new and better appliances for the study of the human body and for the relief of its derangements. It at once gives to all that which any one person has found helpful or useful in his fight with disease and death."

Now is the time to subscribe. Try it four months; only \$1.00. Send for sample copy. New Subscribers with \$3.00 will receive all the numbers from now to the end of 1885.

Address,

**DUNCAN BROTHERS, Publishers,**

133 and 135 Wabash Avenue,

CHICAGO, ILL.

Each soldier in the army medical is a general, he must conduct his own campaign. He must be a host within himself. "One to chase a thousand" diseases. He must be self reliant. This does not come alone from knowledge, it must be inherent. If he is mentally a twin or a parasite he will fail. The number of desertions from the medical ranks perhaps was never so great as now. The lack of self reliance, tact and business training, as well as medical knowledge becomes painfully apparent when times are close and people of necessity select the most successful man. The former days when our sharp shooters competed with those who carried blunder busses are past. The ammunition is growing wonderfully similar, and the whole point of difference turning upon the skill in handling weapons and in the fine soldierly bearing competition is sharp—yea, often short and decisive, against the inferior man.

The coming recruits like the grand medical army are doubtless made up of good, bad and indifferent material. We only have this to say to such as will hear our voice, make up by superior knowledge what may be lacking in natural advantages. We hope all will prove successful medical soldiers.

---

## Correspondence.

---

### NEWS FROM BOSTON.

MEDICAL SCHOOL, BOSTON UNIVERSITY.

BOSTON, Sept. 7, 1884.

T. C. DUNCAN, M. D., *Dear Doctor*: Your letter is at hand, but with my many cases in the building of our hospital and its various changes, the preparation for a great House Warming, Monday, November 17th, the college work and indications of a large class, the promised preparation of two papers for one State Society meeting Wednesday, October 8th, and the duties of a laborious practice, you may be sure that I have not a moment to spare on the "Comparative Success of Men and Women Students," which needs a careful pains-taking study, otherwise, injustice would follow. Sometime perhaps, not now.

Sincerely, I. T. TALBOT.

---

### NEWS FROM NEBRASKA.

HOMŒOPATHIC MEDICAL DEPARTMENT, NEBRASKA UNIVERSITY.

LINCOLN, Neb. Sept. 5, 1884.

T. C. DUNCAN, *My Dear Doctor*: Your letter at hand—and I thank you for the courtesy extended, but as school opens next Tuesday, and I am not ready for that event, I will ask you to excuse me from duty, hoping to be able to give you something another time.

Sincerely yours, B. F. PAINE.

**PRELIMINARY QUALIFICATIONS FOR MEDICAL STUDENTS.**

(FOR THE UNITED STATES MEDICAL INVESTIGATOR.)

At the late meeting of the American Institute of Homœopathy, held at Deer Park, Md., June 1884, Dr. I. T. Talbot, chairman of the Inter-collegiate Committee, submitted the following report :

To the Homœopathic physicians of the United States :

By vote of the Inter-collegiate Committee of the American Institute, it has been decided that after the session of 1884-85, all colleges represented on that committee, and therefore in the Institute, shall require an entrance examination previous to matriculation. This examination shall include :

1. Creditable certificates of good moral character.
2. A diploma, certificate or other proof of graduation from a college, academy or high school, or a state or county teachers' certificate, or lacking this :
3. A thorough examination in the branches of a good English education, including elementary mathematics, English composition and elementary physics or natural philosophy.

Thus while a liberal education forms the best basis for professional study, it will be seen that all the reputable Homœopathic colleges in the United States unite in requiring that there shall be no serious disqualifications allowed to those entering upon the study of medicine, and they desire earnestly to impress upon preceptors before receiving students to see that they have the proper moral and literary qualifications. It is often the case that a year or more spent in an academy or high school may be necessary to meet the minimum requirements to enter upon the study of medicine—a profession which should aim to secure in its ranks the highest standard of moral and mental attainments. If by this step, an occasional student should be diverted from an already crowded profession, or delayed in entering it by a more thorough preparation, the whole profession would be improved and elevated thereby.

The colleges ask the assistance and co-operation of every physician in the rigid enforcement of this resolution.

On motion the report was adopted and the secretary instructed to furnish a copy of the same to the medical journals for publication.

J. C. BURGHER, M. D.,  
Gen. Sec. American Institute of Hom.

## Materia Medica Department.

### *STUDIES OF OUR MATERIA MEDICA.*

BY PROF. T. F. ALLEN, M. D., DEAN, NEW YORK HOMŒOPATHIC  
MEDICAL COLLEGE.

These studies have been undertaken for the purpose of satisfying ourselves of the absolute and relative values of the various contribu-



tions to our *materia medica*. A few comparisons between drugs, and some of the leading characteristics of each remedy, have been pointed out, partly by way of illustration and partly to assist the student. We conceive it the duty of everyone who criticises the *materia medica* to state clearly and specifically his reasons for doubt (in doubtful cases): a critic in this matter will not do himself justice, nor the profession a service, by general statements. Cries of "fraud," of "trash," of "superfluity," have become quite common of late, and the attention of students has been turned away from the thorough investigation of the properties of drugs, and fixed upon incomplete digests and condensations, which (good as far as they go) serve only for a superficial application of the remedy, and leave *unusual* cases of disease to take care of themselves, thereby bringing Homœopathic therapeutics into disrepute. As editor of the Encyclopædia, we were compelled to believe in the honesty of every observer, and to accept provings not clearly corrupt, for that compilation, which aimed to present all available material to the profession for use and critical examination. Now, no longer editor, but student, we propose to examine critically and impartially the pathogeneses presented to us in that work.

*An individual proving is not to be discredited because of its failure to present symptoms similar to those of another proving of the same drug.* The tissues and functions of an individual vary greatly in their susceptibility to drug action. In one, Phosphorus (for example) may produce symptoms referable, for the most part, to the nervous system; in another, symptoms chiefly of the respiratory apparatus; in still another, symptoms of the alimentary canal. Mercury produces in its victims, sometimes tremors, (paralysis agitans,) with very few symptoms of tissue change; sometimes most extensive connective tissue destruction, with but few symptoms from the nervous system. We are, therefore, permitted to accept as reliable most diverse effects in different provers of the same drug; and this fact must be kept constantly in mind. In experimenting with small doses, (the smallest that will produce any effect are the best,) we obtain characteristic symptoms from certain organs which, in other individuals, may remain unaffected; while different but equally characteristic effect may be developed in other parts of the body. It is, indeed, rare to obtain a perfect knowledge of the power of any drug from one person, or from a given quantity of the medicine.

So it follows that we are obliged to judge of a proving by a study of its own inherent character, as well as by a comparison with other provings. Unfortunately, some contributors to the *materia medica* furnished neither an account of the methods employed in obtaining symptoms, obviously, have been obtained from different individuals, but have been separated, re-arranged under various anatomical headings, and the whole vouched for by the compiler. To judge of the value of such contributions, we are usually obliged to have recourse to clinical experience. Others, again, have added to their provings

symptoms observed in patients who have recovered after the administration of a drug. The principle being—that if a drug removes a symptom, it *could produce it*. Such symptoms are found in the provings of Hahnemann, Wolf, (Thuja,) Houat, and others. We propose to discard all such compilations, *except those of Hahnemann*. Hahnemann was a careful, conscientious and critical observer, and nearly all of his observations have been verified; but we cannot permit this by-way into the *materia medica* to remain open. The contributions of Wolf and Houat show how a reckless enthusiasm and unbridled credulity utterly invalidate a few valuable observations.

#### STUDY AND COMPARISON OF THE SPRUCES.

With these preliminary remarks, let us return to the first drug in the Encyclopædia:

*Abies canadensis*, hemlock spruce;—a tincture is prepared from the young shoots and from the bark. The bark contains a very large amount of Tannin and other substances, (oils, or resins, acids, etc.,) and is somewhat similar in this respect to other species of the *coniferae*.

Dr. Gatchell, our only authority, gives us symptoms obtained from a man and a women, but has not published any account of the sequence of the symptoms, nor of the doses which produced them. The provings *seem* reliable. Notice the marked action on digestion, and compare with *Abies nigra*. In *Abies canadensis* the prover suffered from flatulent distentions, labored pain (like a stone) in the stomach, easy getting out of breath, and low spirits. In both a craving for food seems to have been produced. Though no verifications of *A. Canadensis* are known to us, we do not hesitate to pronounce the symptoms genuine.

*Abies nigra*, black spruce.—A tincture is prepared from the gum, which doubtless contains a resin or turpentine similar to that in hemlock. There can be no doubt about the truth of Dr. Leaman's provings with the tincture. The indigestion is very marked, characterized by pain after eating. Dr. Smith's observation on the effect of chewing spruce gum, has defined the pain, "like a hard-boiled egg," and this has been abundantly and brilliantly verified. We have cured this form of indigestion scores of times, by means of the dilutions. Notice the depression of spirits, the headache, with flushed face, constipation, bad dreams, etc.

A proving by Dr. Bell (published in the Supplement, vol. X.) exhibits some new symptoms. This proving was made with the dilutions, (9th, 12th, and 30th.) and was verified in so far as *repeated doses caused a return of the same symptoms*. These are after all, not so unlike those previous provings. Notice the "Dyspnœa," "heavy, slow beating of the heart," "sharp, cutting pains in the heart," etc. The "pain in the ear" is new. We should expect from dilutions some such effects; for while large doses of crude drugs are apt to stun and benumb, dilutions irritate and excite. We believe Dr. Bell has given us reliable symptoms, and as we study cognate drugs this belief will become fixed.

## STUDY AND COMPARISON OF THE PINUS.

*Pinus sylvestris*.—These pines are very like the spruces, chemically as well as botanically; and a study of the different coniferæ will prove very profitable just at this time. The provings of *Pinus sylvestris* were made from a tincture of the leaves and twigs. Dr. Demeures took three drops of the tincture, and Dr. Patzack observed the effects of baths of an infusion of pine leaves. Dr. Demeures' symptoms appear trivial: pains in the tibia and toe, cramps in the calf, sensitiveness of the walls of the chest, and a few others; but Dr. Patzack has observed effects *which are strikingly like those of Abies nigra*: pressure in the pit of the stomach after eating, and distention, despondency, dull headache, oppression of the chest, palpitations, nettlerash, etc. Bearing in mind Dr. Bell's proving, notice the "*sticking in the ears*." We find here, then, reliable symptoms; harmonious when compared with each other, and corroborative of the provings of *Abies*. In *Pinus c.* we find additional effects; on mucous membranes, for example, "inflamed eyes; thin, pasty stool, followed by constipation: increased bronchial mucus, hoarseness," etc., for which Tannin may be held responsible.

Let us look at Tannin. A clear understanding of the effects of this substance will be of service in unravelling the complex pathogenesis of many a plant. Unfortunately, very little exact information concerning Tannin is to be had. This organic acid is widely diffused throughout the vegetable kingdom; it is found most abundantly in the oaks, the sumachs. (*Rhus typhna*, *Glabra*, etc.) the walnut barks, *Uva. ursi.*, *Catechu*, *Kino.*, *Rhubarb*, roots of many of the roses and blackberries, *artemisæ*, *ratanhia*, etc., and in many coniferæ; it is very soluble in water, less so in Alcohol; it exhibits a strong chemical affinity for albumen, which it coagulates. In large doses it produces most obstinate constipation, dryness of mucous membrane, vomiting, thirst, great prostration, palpitation, etc. Experiments on animals show that it does not interfere with peristaltic action, but while the bowels are dry efforts to evacuate continue, and are often attended with most violent pain. Smaller doses cause *heat in the epigastrium*, *feeble digestion*, *palpitation*, *oppressed respiration*, and *increased secretions*. Tannin also increases the amount of uric acid in the urine. Turning now to *Thuja* we find: "pressure as from a stone in the stomach," and a host of similar symptoms, showing a generic relationship. In *Sabina*, "sensation as if the stomach were too full, as if she had eaten too much," and many other similar symptoms. (Observations on *Juniperus virginiana* give us only symptoms from the essential oil.) All through the pathogenesis of substances rich in Tannin we may find these symptoms; and these substances may form an instructive group for study.

*New York Ophthalmic Hospital*.—Report for the month ending August 31, 1884. Number of prescriptions, 4,240; number of new patients, 722; number of patients resident in the hospital, 17; average daily attendance, 163; largest daily attendance, 216.

CHAS. DEADY, M. D., Resident Physician.

## Clinical Medicine.

COSHOCTON, Ohio, Sept. 3.—Prevailing diseases at present here are cholera morbus, typho-malarial fevers and fever and ague. The remedies for first were Ars. Colocy., Verat. alb., etc.; for second, Ars. Baptisia, Bry., Bell. and Verat. alb.; for third, Ars., Apis, Bell., Bry., Cactus g., Calc. c., Capsicum, China, Eup. per., Gels., Ign., Ipecac, Natr. m., Nux v., Rhus tox. and Sulphur, etc., in potencies from 3d to 200d, with best results with 30th and 200ds. Have not used a grain of Sulph. Quinine in my practice. The carefully selected Homœopathic remedies are superior to anything else in this world.

F. E. STOAKS.

### INDICATIONS FOR REMEDIES IN TYPHOID FEVER.

BY T. H. BRAGG, M. D., AUSTIN, TEXAS.

As the summer months pass and the autumn approaches, so the diseases, such as diarrhœa, dysentery, cholera morbus, cholera infantum, etc., which have been prevalent for the last few months, will doubtless gradually give place to enteric (typhoid) fever, and as the old adage that "nothing succeeds like success" holds good in medicine as in other pursuits, and inasmuch as the Homœopathic physicians' success depends, in a large measure, upon his ability to accurately interpret the language of disease (symptoms), and the pathogenesis, or disease-producing power of drugs corresponding to such disease symptoms, I cull and append provings of a few remedies that I regard as key notes or guiding symptoms in the treatment of typhoid fever (or any other disease, so far as that is concerned):

*Baptisia*—Excitement of brain which precedes delirium; predominance of nervous symptoms; stupefying headache; soreness of all the muscles; lack of mental force; dreams extravagantly; thinks he is tied to the bed; sense as if there was a second self, or that he is in pieces scattered about, and tosses about to gather up the pieces; profound sleep, difficult to arouse; falls asleep while attempting to answer questions; discharges all very offensive.

*Belladonna*—Red face, throbbing carotids, pupils dilated, frightful dreams; later on, sleepy but cannot sleep; has no complaints or wants except for water; eyes fixed and shining, desire to uncover himself; chewing motion of the mouth.

*Rhus tox.*—Desire for motion which gives temporary relief, when nervous symptoms begin to manifest themselves; distension of abdomen; bowels loose, worse at night; severe colic, relieved after stool; murmuring delirium; picking at the bed-clothes.

*Bryonia*—Intense splitting headache; nausea on sitting up; bad breath; foul tongue; soap-like collection of saliva in mouth and throat; worse from motion; delirium; talks about affairs of previous day; violent thirst for large quantities of very cold water at long intervals; pit of stomach sore to touch.

*Apis mel.*—No thirst; great soreness and bloatedness of abdomen; slides down in bed; shrieking or low murmuring delirium.

*Veratrum alb.*—Nausea; cold sweat; cold limbs; feeble pulse; pain in abdomen; hippocratic face; extreme prostration.

*Arnica*—A powerful remedy; weak, weary, bruised feeling all over; sinking of vitality; constant desire to move; everything upon which he lies feels hard; great thirst; dry lips and tongue; abdomen distended and hard; stupor; involuntary micturition and defecation; claims that he is perfectly well; sits as if in thought, yet thinks of nothing.

*Gelsemium*—Usually precedes *Baptisia*; is more quiet, milder in intensity; trembling, weakness and jactitation of muscles; stupor; slow pulse, accelerated by motion; pain in head, back and limbs; can scarcely protrude the tongue, it trembles so; predominance of nervous symptoms.

*Muriatic acid*—Pulse intermits every third beat; putridity; inability to sleep; tongue heavy, paralyzed, dry, like leather, patient cannot move it; watery diarrhœa; bleeding from anus.

*Nitric acid*—Mucous membranes red; abdomen sore; diarrhœa; hæmorrhage from bowels; raving delirium; desire to get out of bed; pulse irregular; deafness; very weak.

*Lachesis*—Muttering stupor or great loquacity; jumping from one subject to another; persistent sleeplessness or always worse after sleep; trembling tongue, catches on the teeth when protruded; hæmorrhage from any part of the body; blood dark like charred straw; intolerance of pressure upon any part; dropping of lower jaw; involuntary discharges; signs of animal poisoning. One of our best remedies in the worst cases. Also think of Arsenicum, Nux. vom., Carbo. veg., Hyos., Stram., Hell., Lycop., Merc., Phos., Nux. mos., and Psorinum.—*Pellet.* [For further details see Panelli's excellent treatise on Typhoid Fever.—ED.]

---

## News of the Week.

---

*Removal.*—Drs. J. C. & Flora S. Gleason, from Waterloo to Dysart, Iowa.

*Dr. M. A. A. Woolf*, late of California, a Homœopath of experience and ability has located at Gainesville, Texas.

*Any well educated, live and go-ahead young Homœopath*, looking for a good opening, can have good information by addressing F. E. Stoaks, M. D., Coshocton, Ohio.

*United States Minister James Russell Lowell* has recently recovered from a severe illness, under the treatment of Dr. R. E. Dudgeon, an English Homœopathist.

*Texas Wants* a hundred or two Homœopaths. Belton, Lampasas, Cleburne, Terrell, Tyler, Colorado, Palestine and some of the other good county seats, with good counties to back them, are open.

*Prof. T. F. Allen* has made some "critical examinations of the *materia medica*" which show a masterly hand. In this issue begins a series of articles on studies of the remedies by Prof. Allen, that will interest all our readers as well as students.

*Homœopathy Honored in Scotland.*—The Medico Chirurgical Society of Aberdeen, Scotland, has elected Dr. Reith, a prominent Homœopathic physician and surgeon, to its presidency for the ensuing year. An honor, indeed, coming from Sir James Y. Simpson's native land.

*Homœopathy in Savannah, Georgia.*—Homœopathy has been reorganized in a very substantial manner by the Common Council having unanimously recommended for enactment by the Georgia Legislature a sewerage and sanitation bill prepared and drawn up by Dr. Lewis A. Falligant, a prominent Homœopathic physician of that city.

*Dr. A. L. Monroe*, of Birmingham, Ala., and his partner, Dr. Meadows, have been appointed medical and surgical attendants upon five large coal mines at Warriar, Ala., twenty-three miles from Birmingham, and have offices at both points. They are doing much to spread a knowledge of Homœopathy throughout their section of Alabama.

*G. B. Sarchet, M. D.*, of Butte City, Montana, is Coroner of Silver, Bow Co., and at the recent convention of the Grand Lodge A. O. U. W. which convened at Salt Lake amid the fiercest Allopathic opposition, he received the appointment of Grand Medical Examiner for the Territory of Montana. Dr. S. is an able man and worthy of these honors.

*Chas. S. Owen, M. D.*, of the class of '83, Chicago Homœopathic Medical College, formerly resident physician in the Free Dispensary of the college, has located in Watseka, Ill. The doctor paid a business visit to this city last week and reports the prospects for Homœopathy in the little town as decidedly good. His numerous friends will respond "Amen."

*Homœopathy in Arkansas.*—I can assure you that Homœopathy is not a dead letter here; twelve years ago, we had but one Homœopathic physician in the state, and we now have many. There are seven in Little Rock, three in Hot Springs, one in Fort Smith, three in Eureka Springs, one in Ozark, one in Bentonville, one in Texarkana, one in Carlisle, one in Arkadelphia, and several others located in smaller towns.

We keep abreast of the Old School doctors in the race for bread. We have the credit of doing by odds the largest practice in the city. Our school has its ratio of representation in the public offices. Dr. E. D. Ayers is Chairman of Board of Examining Surgeons for Pensions, and Secretary of County Board of Medical Examiners.

I hold the positions of Secretary in the State Board of Medical Examiners, and in the Board of Examining Surgeons for Pensions. We do all our own surgery, as well as all else pertaining to the profession. Our surgery for last week consisted of, one enucleation of eye, one double ovariectomy, one amputation of leg, one circumcision, and several minor operations. W. E. GREEN.—*Pellet.*

# The United States Medical Investigator

VOL. XX. No. 12.

SEPTEMBER 20, 1884.

WHOLE NO. 406.

## Clinical Medicine.

### NEUROSES OF THE LARYNX.\*

BY DR. GOUGUENHEIM, PARIS.

After referring to the anatomical arrangement and physiological functions of the nerves of the larynx, the lecturer says: The different nervous troubles which have their seat in the larynx, and dependent upon either a diminution or an augmentation of innervation.

The diminution of the innervation, according as it effects the sensitive or motor fibres of the nerves, produces *anæsthesia* or *paralysis*. Increase of the innervation, according as it acts upon the sensibility or mobility gives rise to *hyperæsthesia* or *spasm*.

Without doubt these different states may appear associated together, and we often encounter paralysis associated with anæsthesia, and spasm accompanying nearly always hyperæsthesia. Yet these states may appear isolated and this possible independence of one upon the other justifies the division which we have adopted.

#### ANÆSTHESIA OF THE LARYNX.

This condition is sometimes isolated, but ordinarily is associated with paralysis. It is of frequent occurrence, and its principal cause is hysteria. Some authors, on account of this association, have advanced some theories which we are not prepared to accept. The first is the theory which would make it a constant and pathognomonic sign of hysteria; now, it is wanting in a certain number of these patients, and I have met it, rarely it is true, in subjects who did not present any plausible symptom of hysteria.

Again they have localized it in the epiglottis exclusively. The reason for this is easy to discover. The introduction of the finger into the mouth, enables us to examine the sensibility of the epiglottis. It is, on the contrary, very difficult to detect the extension of anæsthesia to the rest of the organ. I have, however, been able, by repeated explorations, to convince myself that the anæsthesia generally extends much farther, over all the opening of the larynx and even within it. I have also observed that excitation of the arytenoidian region is not perceived under these circumstances, while in the normal state, this region is, of all the organ, the most irritable and the least touch provokes the cough.

M. Thaon (Congres de Milan, 1880) gives as a concomitant sign of anæsthesia of the larynx, a cutaneous plaque of anæsthesia both super and sub-hyoidian.

\*Translated from *Le Prog. Med.*, Vol. XI., Nos. 2, 3 and 6, by T. M. S.

Functional troubles may be wanting almost entirely and it is only by examining that we detect the anæsthesia. But as a rule, aphonia or dysphonia is present. Sometimes the anæsthesia may alternate with hyperæsthesia.

Besides hysteria, we have other affections which may give rise to laryngeal anæsthesia. But these causes are rare and in some cases doubtful. M. Krishaber refers to the frequency of anæsthesia in the beginning of glosso-labio laryngeal paralysis.

Epilepsy, saturnism, alcoholism (Bernutz, Huchard, Armaingaud) have been mentioned as causes. In the latter, I have noticed spasm as the most frequent condition.

Syphilis does not produce always complete anæsthesia, but the sensibility is blunted in these patients, so that intra-laryngeal applications are easily tolerated. M. Krishaber cites also tuberculosis and cancer as causes. It is in the stage of ulceration of the former according to him, that we notice this condition. I do not agree with this opinion; on the contrary it is in tuberculosis that we find the sensibility most acute. As to cancer, it has seemed to me to develop rather hyperæsthesia.

#### PARALYSIS OF THE LARYNX.

This question has been well studied only since the invention of the laryngoscope.

Two modes of classification may be employed here. The one very convenient and analytical consists in arranging the paralysees anatomically, that is to say, by enumerating successively the paralytic states of the different muscles of the larynx. This is the classification adopted by the English, German and American writers. But we are forced under this rule to confound affections with causes very diverse, and a course and prognosis very variable, which have only one thing in common; the laryngoscopic image.

The other classification, less simple perhaps, but certainly more in accordance with the clinique, consists in setting forth in succession the paralysees of the larynx in the order of their frequency. This is the order we shall adopt:

(a.) *Hysterical paralysees*.—The most frequent of all. The onset is generally brusque and under the influence of a variable moral cause, emotion, fear, anger. It is associated almost always with anæsthesia or preceded by it.

As functional signs, we notice, first a rapid alternation of aphonia and the normal voice; later the aphonia becomes fixed and absolute. The respiration is unaffected; the cough sonorous. A curious fact is that the voice is not lost during sleep; the vocal expression during a dreamy state remains in force.

A laryngoscopic examination shows that the paralysis is bilateral in the majority of cases. The contrary condition is rare. The vocal cords are more or less separated, and cannot approach each other. I believe the explanation to be the following: The paralysis is probably in the course of the superior laryngeal nerve, which gives rise at the same time to anæsthesia of the organ and paralysis of the crico-



thyroidian muscles, which are, as we know, adductor muscles. The larynx is therefore dependent on the action of the recurrents and abduction results in consequence of the predominance of the posterior crico-arytenoidian muscles over the adductors more feebly innervated by the same nerve.

Authors explain the abduction in hysterical paralysis by ascribing it entirely to a paralysis of the adductors. This appears arbitrary to me. I know well in the same patients we may find the inverse fact, the cords in a state of adduction. It is said then that there is a paralysis of the abductors and it may seem at first view that the explanations are satisfactory. But here again, another theory seems more plausible. I do not admit, in the second case, that there may be a paralysis of the dilators, but I believe rather that the same muscles which are paralyzed ordinarily, (the crico-thyroidians) are then contracted. It is not absolutely rare to see in hysterical subjects contractions succeed paralysis. Why should the larynx be an exception to this rule? Here as elsewhere the initial trouble may be a spasm as well as a paralysis. The explanation which I give is then logical and conforms to the general pathology of hysteria.

The duration of this form of paralysis is generally short, especially in young subjects. Sometimes however, it may continue a long time and be mistaken for affections of an entirely different nature.

The termination of this paralysis is oftimes as brusque as its beginning. But a cure may be produced progressively also, under the influence of treatment.

The diagnosis is to be made from paralysis of organic cause, by compression of the recurrents. If we make a careful examination of the neck and thorax and find signs of compression, this will often determine the diagnosis. The laryngoscopic image is essentially different in the two cases. As a rule the paralysis of hysteria is bilateral, that from compression usually unilateral. In the exceptional cases, in which the paralysis of the latter is double, we find still a different image; in place of the cords being in abduction they are in adduction, in the position called cadaveric. The phonation is less troubled in paralysis from compression; the voice is false, double-toned, rather than extinct.

(b.) *Paralysis from compression.*—This condition may effect one or two recurrents, upon several of their branches only, and finally upon the superior laryngeals. We will describe first the paralysis due to compression of the recurrents which is the most common.

This condition arises from the presence of tumors in the neck and mediastinum. The most frequent of these tumors are ganglionic engorgements the result of syphilis, tuberculosis and cancer. Tumors of the œsophagus, aorta and subclavicular region comes later.

(a.) *Compression of a single recurrent.*—This is the most usual form. The functional signs consist in progression troubles of the voice, which at first slightly altered, soon becomes double-toned and is then very characteristic. The laryngoscope shows the paralysis to be one-

sided, generally the left, due to the frequency of aortic aneurism. The paralyzed vocal cord is immobile and appears smaller than its fellow. The glottic image is no longer that of an isosceles triangle, but rather that of a rectangular triangle, the hypotenuse of which is formed by the mobile cord. On the paralyzed side, there is a displacement forward of the arytenoid cartilage, the cartilage approaching the epiglottis. We have in consequence a distortion, a want of symmetry of the orifice of the larynx, which is truly characteristic and has been well described by M. Poyet. This distortion occurs especially during phonation. The pathognomonic characters of unilateral paralysis have been well described by many writers.

The color of the cords is generally normal. By degrees the mobile cord acquires more extended motions and approaches nearer to the paralyzed cord.

(b.) *Compression of both recurrens.*—This occurs more rarely than the preceding. It results, as a rule, from a tubercular or syphilitic affection of the cervical glands. The laryngoscope shows the cords to be immobile, in a state of adduction or cadaveric position, but not in contact, there being an interval of from 2 to 5 min. They are not stretched and can be moved. This agitation (ballotment) can be detected when auscultating the neck, but less easily than has been asserted. Liquids are apt to fall into the larynx on account of the patulous state of the glottis.

The muscles concerned in the paralysis from compression are naturally those which are innervated by the recurrens. But why are the cords in a state of adduction rather than abduction? Is it because the abductors are more affected than the adductors? I believe the adduction to be due to the persistent action of the cricothyroidian muscle, the tensor muscle of the cords, and the only one unaffected, since it is animated by the superior laryngeal nerve. This explanation seems to me to agree with the physiological actions of the part.

In bilateral paralysis, the cords are intact, unless there is present with the glandular affections, as a coincidence, a syphilitic or tubercular inflammation of the cords.

Dyspnoea may be present if the vagus nerve is involved in the compression.

The course of these affections is variable. An amelioration is possible when they are dependent upon tubercular or syphilitic adenopathy; this occurs through the diminution in the volume of the ganglions, either naturally or under treatment.

Amelioration may occur when the cause is due to an aneurism, but it is a rare event.

The paralysis may remain constant, and then here, as elsewhere, its persistence gives rise, after a time, to a degeneration of the muscles involved.

The duration varies according to the cause. The prognosis is always very serious. The termination by a cure rare. Death usually occurs in consequence of the progress of the causal malady. The diagnosis of the paralysis itself is easily made by means of the laryngoscope.

The cause is more difficult to detect, it is necessary to examine successively and by all the usual methods of exploration, the neck, œsophagus, mediastinal ganglions and the large thoracic vessels.

(c.) *Compression of the branches of the recurrents.—Dilator branch.* While compression of the trunk of the nerve is frequent and easily recognized from the totality of the symptoms which have been described, on the other hand partial compression is rare and difficult to recognize. This arises from the fact that the nerve does not divide until its entrance into the organ.

The clinical facts which have been observed, especially concerning the dilator muscle, posterior crico-arytenoidian, and laterly, the history of the paralysis of this muscle, are not the least interesting incidents of laryngeal pathology. The researches in histology made in connection with my learned colleague Dr. Balzer, seems to throw some light upon this compression of the nerves of the larynx, (*Arch. de Physiologie*, 1882, No. 6.)

Compression arises (1) from perineuritis, especially in tuberculous subjects; (2) one or both recurrents may be affected; I have seen this in a recent autopsy and do not know why Moure, in his translation of Morell-Mackenzie, denies the possibility. Why could we not admit, in such a case, a contraction of the laryngeal tensors? (3) by direct compression of the muscle, which is rendered possible, as shown by Morell-Mackenzie, from the external position of the muscle, in the neighborhood of the pharynx.

The same author thinks that in many of the preceding causes, this partial paralysis may be due either to a muscular lesion or to a lesion of the central nervous system. We will return to this latter point again.

Paralysis of the abductors may be simple or double. The double form is the most interesting, the most easily recognized, the most frequent and dangerous. The laryngoscope shows the vocal cord to be near each other, with scarcely a space of a millimetre between them during the strongest inspirations. The aspect of the cords is normal, unless occurring in tubercular or syphilitic subjects, when they may present the usual alterations.

The voice is normally preserved, unless there are concomitant laryngeal lesions.

The respiration is greatly affected. Inspiration is of a whistling character and loud enough to be heard at some distance.

Tubercular patients who present the preceding signs, considered by Sestier and others as pathognomonic of œdema glottidis, have often no other cause than a paralysis of the dilators or a contraction of the tensors.

The course of the paralysis of the dilators is usually fatal, but in a variable time. The respiratory troubles continue to increase by spasmodic aggravations, and the patient may die of suffocation unless tracheotomy is practiced.

Unilateral paralysis is much less grave and does not offer the same danger to life. Respiration is nearly normal. On examination

we find one cord immobile. There is a resemblance to unilateral paralysis of the adductors, yet the cord is not flabby and the corresponding arytenoid is not displaced; the glottic orifice is misshapen but the opening of the larynx is regular.

Other branches of the recurrent. We have no examples of compression of this kind and isolated paralysis of other muscles of the larynx never appear to result from causes of this nature. At least pathological anatomy has as yet failed to reveal them.

(d.) *Compression of the superior laryngeal.*—There does not exist any certain clinical fact of this condition. Compression of this nerve ought, it seems to me, by paralyzing the tensors crico-thyroidian, to diminish the power of the adductors and consequently cause a separation of the cords. It is difficult then for me to understand why Mackenzie should say that compression of the superior laryngeal produces a closing of the cords.

#### PARALYSIS OF CATARRHAL ORIGIN.

I place in this division those forms of paralysis which are attributed to rheumatism (Gerhardt), or to cold (Poyet). Rheumatism has never been proven a cause, it is an etiology more theoretical than clinical. Cold alone is insufficient without a concomitant lesion. I only know of two clinical varieties, one idiopathic (emblem), the other secondary (consecutive).

*Idiopathic catarrhal paralysis.* Under the influence of a sudden chill, the patient is taken with slight fever and aphonia may occur suddenly without the voice going through the different degrees of alternation which we observe in other cases. The laryngoscope shows a moderate degree of redness but generalized over the organ and some vascular striæ upon the vocal cords. The latter are widely separated and cannot be closed; abduction is easy; there is no swelling of the surrounding parts.

The course is usually very rapid; a cure results in a few days without any treatment than rest and shelter from cold.

*Secondary paralysis.* After a catarrhal laryngitis of a certain intensity, the voice becomes affected, it remains hoarse, lowered in tone, false.

An examination may show two conditions. In the one case the cords may be separated, but not to the same extent as in the former case, and the larynx is reddened; this condition improves slowly. In the second form we may not be able to detect anything abnormal about the organ, no apparent trouble of mobility. Is there in this case muscular asynergia, as advocated by Krishaber? It may be possible, but a physiological demonstration of the fact is difficult. However this may be, there is present here a condition which lasts a long time and which presents serious inconvenience to those whose profession demands the use of the voice.

#### PARALYSIS FROM MUSCULAR FATIGUE.

Under the influence of a violent vocal effort or from a prolonged use of the voice in subjects predisposed by their profession, singers,

orators, criers, vocal troubles of a more or less serious character may result. The coincidents of a laryngeal catarrh is possible and even frequent.

In these cases paralysis of different muscles of the larynx have been noticed. These minute descriptions are especially theoretical and certainly very much exaggerated. I believe that we ought to admit with great caution the possibility of these isolated paralyses.

There is only one of them which is incontestable, that is paralysis of the tensor muscles of the cords, the thyro-arytenoidians. The vocal troubles caused by this paralysis consists in alterations of the timbre and tonality. The patient cannot produce at will the various inflexions of the voice. Examination shows that the movement of adduction of the cords is preserved intact. But contact does not take place along their center, and there is here an elliptical opening of from 1-3 mm. in diameter. There is also a redness more or less marked.

There has also been described a paralysis or paresis of another muscle: transverse arytenoidian. In this case the cords do not join at the posterior commissure, and there is established a permanent ruter-arytenoidian glottis. This diagnosis of paralysis of the transverse arytenoidians may be sometimes the result of an error in observation for in certain subjects this appearance may exist normally.

#### PARALYSIS OF CENTRAL ORIGIN.

These are either of a dynamic or organic cause. Under the dynamic causes we find: (1) fear, admitted by all authors; (2) general anæmia a cause too easily invoked, the reality of which is by no means definitely determined; (3) reflex action, ascribed by M. Jaccoud to uterine affections. The latter I have never observed. This form of paralysis does not differ from the hysterical paralysis which I have described and I believe that it does not happen except in subjects predisposed by this neuropathic state.

As organic causes we have the different lesions, sclerosis, hæmorrhage, softening or tumors of the centers which control phonation, that is to say, at the origin of the spinal cord.

These lesions have been admitted somewhat theoretically. Fournier and Poyet claim to have observed laryngeal paralysis in tertiary syphilis. Krishaber has also observed it (tertiary syphilis? Tr.) in the beginning of glosso-labio-laryngeal paralysis and attributes to this fact an important semeiotic value.

They are certainly rare events and anatomo-pathology has as yet failed to confirm them.

#### PARALYSIS OF TRAUMATIC ORIGIN.

There are few examples of this cause, all due to wounds of the recurrens. The signs do not differ from those which we have described in treating of paralysis by compression.

#### PARALYSIS IN GENERAL DISEASES AND CERTAIN INTOXICATIONS.

We mention only as general diseases, diphtheria, cholera, intermittent fever.

In diphtheria, laryngeal paralysis is very rare. It is more frequent in cholera and aphonia constitutes also one of the marked signs of this formidable disease. It is observed, also in the grave forms of intermittent fever, the rigid and bilious forms. Aphonia has also been noticed in the poisoning by certain of the solanaceæ.

These facts should be remembered, but yet they are only phenomena occurring in the course of affections much more grave and do not merit a special description. They disappear with the causal malady and leave no traces. They do not offer then any interest to the specialist.

#### HYPERÆSTHESIA AND SPASM OF THE LARYNX.

Hyperæsthesia of the larynx is a pathological state of frequent occurrence, which may be isolated, but is usually associated with spasm, sometimes alternating with anæsthesia and paralysis.

In order to avoid repetition, especially in regard to etiology, we study hyperæsthesia and spasm together, which, clinically at least, are generally coincident.

##### 1. Hyperæsthesia and spasm due to a neuropathic state.

(a.) In the adult. Here this nervous state is almost always hysterical. We would state that laryngeal hyperæsthesia is perhaps more frequent in hysteria than anæsthesia, notwithstanding the contrary assertion by some authors.

The patients suffering with laryngeal hyperæsthesia complain of a sensation of burning, tearing and drawing along the neck. It seems to them as if a foreign body was in the larynx, and their illusion is sometimes so strong that they imagine that they have swallowed by mistake some foreign body, a needle or fish-bone. They suffer extreme anguish in consequence of this condition. Mandl cites the case of a patient who claimed to have expelled all the cartilages of the larynx.

If we examine the sub-hyoidian region, we will usually discover painful spots, *true neuralgic points*. They exist especially on the left and their seat has been carefully determined by Thaon and Huchard. We find them: (1) upon the lateral edges of the thyroid; (2) in the crico-thyroidian interstices; (3) in the thyro-hyoidian interstices; (4) in the posterior part of the tongue (Thaon). The patients have phonophobia, they whisper, speak in a low voice, and the least effort to elevate the voice causes an acute pain (Lasegue). The pain may be so acute as to cause vertigo or a sudden falling. This is the laryngeal vertigo of Charcot, Fereol and Krishaber. Finally and almost always hyperæsthesia brings on spasm, which we will now study.

Spasm may occur during expiration or inspiration and we will commence with the expiratory spasm. Those suffering with this variety of spasm utter strange sounds, bizarre cries, which authors have compared to barking, howling, mewing, roaring, yelping, clucking, growling, croaking, and which Willis has already described. It has been asserted that the nature of these cries are often in rapport with the surroundings in which the patients live, and that the spirit of imitation exercises in this regard a great influence. Thus we

observe veritable epidemics of howling, bleating and mewing. Cough is an habitual accompanying of the preceding signs and is dry, violent and continual. It ceases during sleep. This cough may be sometimes the only appreciable sign of hysteria. It presents regular or irregular paroxysms, which may reach forty or fifty per day. Its timbre is rough, metallic; it is extremely brusque. Pressure of the ovaries, spinous apophyses, vagi, may calm or excite the paroxysms according to the subject. The inspiration is not whistling as in whooping-cough, and there is no respiratory pain. We may find in these subjects pleuritic points of tenderness and sometimes hæmoptysis. The blood in such cases, as already mentioned by Briquet, is very red, not frothy, rarely mixed with mucous or air. At the same time amenorrhœa may exist. With these symptoms present, our first thought might be of tubercular troubles; the diagnosis, very delicate in such circumstances, will be determined by noticing the absence of all the general and local signs of tuberculosis.

The inspiratory spasm is light or grave. When light it only gives rise to some local troubles without importance. The voice is shrill, discordant, broken. I have seen two examples where it was entirely wanting. At times the spasm may increase in duration and intensity, and during these paroxysms we may hear a slight inspiratory blowing. This benign form of spasm often alternates with paralysis and anæsthesia, as I have already remarked at the Congress of Reims.

In grave spasm, on the contrary, the whistling is intense at the moment of the paroxysm; it can be heard at a distance; the voice is often altered, suffocation extreme, and threatening asphyxia sometimes necessitates tracheotomy. This grave spasm may be transient, as in the spasm of hysteria, of which it constitutes, sometimes the predominant sign, according to Charcot and Bermutz. I mention here, in passing the warning of Prof. Charcot that it is dangerous to excite the laryngeal region during an attack of hysteria or in a sonambulic state.

This grave form of spasm may be prolonged, and almost constant simulating then a grave affection of the larynx. This is the pseudocroupal suffocation of Briquet. We may refer these cases of grave spasm, to œdema of the glottis in the absence of a laryngoscopic examination or of paralysis of the dilators. Coincident with spasm of the larynx, I have seen some cases of spasm of the bronchi, giving place to true attacks of asthma. It has been noticed also the possible coincidence of spasm of the diaphragm.

If hyperæsthesia alone is present, laryngoscopic examination shows the organ to be absolutely normal. The use of the mirror is possible, but it is well not to insist too much upon its use, lest we give rise to a spasm.

When spasm is present the examination is of course more difficult. The lips of the glottis are in near contact, which becomes still more marked during the examination. Inspiration separates the cords but slightly. The color of the organ does not present anything special.

(b.) *In children*.—I mention here a special affection of early infancy, known generally under the name of spasm of the glottis. Its etiology is still but little known, and it is possible that its causes are multiple and this spasm may be caused by other conditions than a neuropathic state. However this may be I range it, according to the example of other authors, in the list of nervous diseases of the larynx.

This affection has been known since the time of Hippocrates. It has received a great many names and gives rise to a great many different theories. The first modern author to study it was Millar, in 1769, hence the name of Millar's asthma, under which were included a certain number of diseases which have been separated since.

Some years later, a description was given again by Underwood, Kopp, in 1830, assigned it to hypertrophy of the thymus. It was then called, asthma of Kopp or thymic. In 1836, Ley refers it to compression of the recurrens or pneumogastrics. Marshall Hall, in 1841, saw in it a reflex convulsion due to the teething process. In 1843, Elsasser suggests rachitis and especially softening of the occipital bone—*cranio-tabes*, hence the name, cerebral croup. At the present we count it a nervous affection.

As a predisposing cause, we have infancy; it occurring, according to Morell-Mackenzie, in the first year. It attacks males more frequently than females. Poverty, springtime and heredity have been assigned also as causes, but without proof.

Spasm of the glottis is not continuous, but occurs in paroxysms. These paroxysms are generally in the night but may occur in the daytime. In the beginning, the child utters a cry, then a series of rapid inspirations, convulsive and slightly noisy, for the air cannot pass the edges of the glottis. The face is pale at first, then lurid, the limbs become stiff and convulsed, then everything ceases suddenly, without disturbance or return; this interval may vary from a few seconds to a minute or more.

The paroxysms occur nearer and nearer together, more and more violent, and death, in the majority of cases, occurs rapidly in one of the attacks. Sometimes, however, we see them disappear and the child cured.

There is no fever the voice is not affected in the interval. Monneret and Fleury have noticed a nervous cough.

The prognosis is extremely grave.

#### HYPERÆSTHESIA AND SPASM FROM NERVOUS LESION.

(a.) *Central nervous lesion*.—The spasm may be caused by the bulbar sclerosis in locomotor ataxia. Laryngismus and laryngeal vertigo have been observed in ataxia by Charcot, Fereol and Krishaber, in a few cases but nevertheless convincing.

The spasm of ataxics is paroxysmal. It may produce suffocation, or rather a true stroke with sudden falling. Facts of this nature have been attributed wrongly by German and English authors to paralysis of the adductors of the larynx.

(b.) *Peripheral nervous lesion*.—Here we have to do almost always



with compression of the thyroid body, thymus or cervical ganglions. I have noticed in one case at the autopsy a tumefaction of the cervical ganglions in the neighborhood of the recurrens. Spasms due to these compressions are remarkable for their extremely long and even indefinite length. The prognosis is grave.

#### HYPERÆSTHESIA AND SPASM DUE TO A LARYNGEAL AFFECTION.

In this class we would cite subacute catarrhal laryngitis, acute aggravations in chronic catarrhal laryngitis, and also the acute attacks of laryngitis observed in diathetic subjects especially in those suffering with tuberculosis and cancer; syphilitic laryngitis very rarely produce hyperæsthesia.

Hyperæsthesia and spasm are produced frequently also in consequence of the introduction of foreign bodies into the larynx. They may be caused by increase in volume of a polypus, thus affecting respiration. A therapeutic misfortune may also develop accidents of this kind; the application of two powerful caustics; a rough or simply too prolonged an exploration; the introduction of instruments, during inspiration, into a diseased larynx, may result in a violent spasm, sometimes mortal.

In young subjects, hyperæsthesia and spasm are always associated. Laryngismus is the rule in infantile laryngeal pathology and wholly predominates. In the adult hyperæsthesia may exist alone, but spasm necessarily occurs every time that, in any of the affections I have enumerated, the calibre of the organ becomes noticeably narrowed.

A laryngoscopic examination in the cases in which the nervous disorder depends upon lesions of the larynx will be often difficult. The tumefaction of the upper portions of the organ will also at times prevent the observation of the cords.

The diagnosis of hyperæsthesia and spasm is simple. The local pain, the neuralgic points, the nervous and violent cough, the inspiratory whistling, will not allow of an error. The determination of the cause is more difficult. In the adult an examination will reveal the local cause. If the larynx is unaffected, the history of the disease, its evolution, the concomitant signs carefully examined will give an idea of the cause, very interesting for prognosis and treatment.

In the infant, the laryngoscopic examination is always difficult and sometimes impracticable. It will be necessary then to consider the possibility of different affections. Laryngitis stridulus, diphtheritic laryngitis and whooping cough are those with which the condition in question may be confounded.

Laryngitis stridulus is only observed in infants of a more advanced age than those affected with spasm of the glottis. Before the paroxysm, there is generally a slight hoarseness; the access is less violent and lasts longer; the cough is rough. In diphtheritic laryngitis the voice is wanting; the respiratory constraint is permanent, and continues between the attacks of suffocation. The general condition is serious. Finally, in the majority of cases, the coincidence of an angina of the same nature will remove all doubt.

Although whooping cough is possible in the first year, yet it generally attacks children more advanced in life. The paroxysm is marked by a series of expirations, the inverse of the spasm; finally the access terminates brusquely and with an expulsion of characteristic sputa.

[We will not stop to give the treatment as laid down by the lecturer, which consisted of revulsives, etc. In spasmodic states and hyperæsthetic conditions, we may study with advantage, Acon., Bell., Brom., Chlor., Cup., Hep., Hyosc., Igu., Iod., Ipec., Lach., Mosch., Op., Plum., Samb., Spong., Stram. In paralytic states: Bell., Curare Caus., Gels., Hyosc., Op., Plumb., and electricity. We would also refer the reader to Meyhoffer on the Organs of Respiration, pp., 194—243 and to the Hah. Monthly, vols. 13—681, 17—468. T. M. S.]

---

## Book Department.

---

HUNTSVILLE (Ala.) NURSERIES Annual trade catalogue has reached us. The fact that these nurseries are owned by Dr. Jessie S. Moss of our school, may incline our readers who love trees, fruits and flowers to apply for a catalogue. Jessie is reliable.

PUEBPERAL or child-bed fever is the title of a pamphlet, by Dr. T. G. Comstock, that seems to have been called out by the sudden death of a prominent St. Louis woman. The treatment is the most mixed of any we have seen from this usually lucid writer. We miss from his list Arsenicum which is our sheet anchor in this condition.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF NEW YORK for 1884, is at hand. It is a bulky volume of 324 pages, and is full of good things. Some of the reports are lengthy and exceedingly interesting, and deserve a wider circulation than can be given them here. But it may interest the reader to know that many of these reports, either in abstracts or complete have already been presented to the profession.

CHOLERA AND ITS PREVENTIVE AND CURATIVE TREATMENT. By D. W. Ray, M. D., L. S. A. New York: A. L. Chatterton Publishing Company. Chicago: Duncan Brothers, \$1.00.

This work gives a full resume of cholera and all the theories in reference to its cause and propagation, as well as both Allopathic and Homœopathic treatment. The order of the remedies does not seem well chosen. After Camphor there follows Asarum and Pulsatilla, remedies rarely indicated. To one who never treated a case of cholera this work will be misleading, and to one who is familiar with this disease the work will appear as that of a novice and will not receive the confidence that its worth demands. There are good things in this work, and we cannot know too much about cholera for we will all doubtless have it to treat next year. So get it.

;

# THE UNITED STATES MEDICAL INVESTIGATOR.

"HOMŒOPATHY, SCIENTIFIC MEDICINE, EXCĒLSIOR."

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

---

DISEASES OF THE LARYNX are often obscure, hence the article on another page should be carefully read. It will pay.

---

PROGRESS OF THE INSTITUTE.—The advancement of any society may be measured in part by the membership. When the Institute visited Chicago in 1870, we were given to understand that the membership was "about 1000," at least, that was the number of copies extra of the "Daily MEDICAL INVESTIGATOR" that was to be run so that all would be supplied. In 1882, twelve years after, we counted only about 725 active members on the rolls. Whether this enormous falling off is due to the course of the Institute, or to the raising the fees, or management, we leave others to decide, but that the Institute does not grow in popularity seems evident.

---

## Consultation Department.

---

### CASES FOR COUNSEL:

---

#### HYPERIDROSIS.

Miss M.—aged twenty-two, dark hair and eyes, fair complexion. First noticed the excessive sweating about the time of puberty. The hands are principally affected but the feet and axillæ are also involved. The perspiration however always starts in the hands which are cold at the time. Excretion induced by nervous excitement or mental exertion, but not due to heat or active exercise. The hyperidrosis is without odor aggravated before menstruation and often relieves a frontal headache to which patient is subject. Her mother was similarly affected while a young girl but not subsequently. From one to two dozen handkerchiefs are used each day to absorb the fluid and it is needless to remark the condition is a very distressing one. I have given many remedies and made use of sundry local applications including the galvanic and faradic currents, but so far absolutely without benefit. Will be pleased to learn from any one who has relieved a similar condition, or can suggest a successful treatment.

HERBERT M. DAYFOOT.

ROCHESTER, N. Y.

---

#### THE FEE FOR TRIPLETS.

MR. EDITOR: *Dear Sir.* What is the usual fee for triplets in a case of obstetrics?

Was called to see Mrs. D—, at 10 o'clock A.M. She had commenced to have pains the night before but not hard. On making

an examination found she was not going to be sick in some time, but in examining externally over the abdomen could discover two heads in the upper part, one on the right side and the other on the left. So I concluded she would have twins. She thought her time was not up for her to be sick, counting only eight months, and I left Puls. 3x, to be taken once in three or four hours. They had a mid-wife with her. Before I left I told the husband to let me know when she began to show signs of being sick. About 1 o'clock that night he called and said she was very restless, I gave him some Bell. 3x to give her every half hour and to let me know if there was any change. After giving her two doses she fell asleep and slept about three hours, when she woke up her pains came on, and he sent for me about 7 o'clock, I arrived there about half-past seven. Shortly after there was one child born feet first without any trouble. That one was a girl all right. I waited nearly an hour and her pains came on again, but seemed to do no good. I made an examination and discovered a large sack at the upper end of the lower strait, and it was a good deal of difficulty to rupture it, it was so thick and tough. After it was ruptured another child presented itself feet first, which I tried to turn but could not, for there seemed to be something in the way, so I brought down the feet and delivered it, a boy in that way. Then her pains stopped, I waited about half an hour, gave her some medicine to bring them on again; on running my hand over her bowels I found there was a large hard bunch there yet, but did not suspect another child which was born after a few pains, born breech first, a girl with the placenta of both girls, the first and last child. The last child was in a thick transparent sack, with limbs drawn up on the abdomen, presenting the most beautiful sight I ever saw. The sack was very tough, could hardly tear it. Children and mother doing well, children weigh fifteen pounds. The boy is the largest weighs six pounds.

SANDWICH, Ill.

Respectfully yours, C. L. MISICK.

[Very good success. In an experience of the kind we charged for three children (\$150.00,) but neither the charge, nor the sudden advent of a whole family at once were joyously appreciated by the young couple. This seems a prolific year, we have just delivered a case of twins. We suppose the proper charge would be about half price for the extra ones. What is the custom of our readers?—Ed.]

### ANSWER TO CASES.

IS IT SO?

MR. EDITOR: THE INVESTIGATOR arrived this morning, and I now read: Dr. A. C. Pope says: "In theory and practice I am a Homœopath." "My favorite prescription (in the case before me) is the Camphorated tincture, Opium one ounce, Morphine one-fourth grain." "Dose—if old enough (*how old*) one teaspoonful." Is that Homœopathic? or has the doctor told us a—a—well we will call it a "fib?" If his theory is as correct as his practice, I would like to ask if they have a marble cutter in his town.

A. M. CUSHING.

## Progress of the Medical Sciences.

*On Jequirity.*—Dr. Maklakoff, of Moscow, reports *Vratch*, 1793, No. 9) excellent results obtained by him in ten cases of trachoma, chronic blennorrhœa, and pannous keratitis, treated by infusion in jequirity. The author finds that the new caustic stands far higher than Sulphate of copper or mitigated Nitrate of silver. Prof. N. V. Sklifosovsky expects that Jequirity may prove useful also in the treatment of profound alterations of the synovial membrane of the joints.

*On Extirpation of the Lungs.*—The results of numerous experiments made by the author on sheep, dogs, and cats are reported in the *Correio Medico de Lisboa*. Partial extirpations, and amongst others that of both apices, were all followed by cure; total extirpation of one lung was successful in more than 50 per cent. of the cases, and several deaths seem to have been due more to some imperfection in the anti-septic dressing than to the operation itself.

*On Alum in Intermittent Fever.*—The observations recently published by Shidlovsky (see *The London Medical Record* April 1884, p. 163,) Savvinsky and Soltykoff (*ib.*, May, p. 209,) induced Dr. A. Grigorieff, of Temir-Khan-Shura, Dagestan, to try (*Russkaia Meditzina*, No. 14, 1884,) Alum, in eight-grain doses, in twenty-two cases intermittent fever (twelve of the quotidian, seven of the tertian, and three of the quartan variety.) While Shidlovsky and Savvinsky obtained 100 per cent., and Saltykoff, 28 per cent. of cures under the Alum treatment, Dr. Grigorieff saw the disappearance of paroxysms only in 9 per cent., namely, two cases of tertian fever of a mild type. The author thinks that Alum may prove of value in certain slightly malarial districts, but that it is entirely unfit for the treatment of Caucasian intermittent fever.

*On the Action of Cold and Hot Chapman's Bags.*—Dr. Andrei Tzito-vitch (*St. Petersburg Inaugural Dissertation*, 1884.) applied Chapman's bags to various parts of the vertebral column in six healthy and six diseased persons, and studied their action on the temperature of the body, pulse, and electro-cutaneous sensibility. His results may be summarized thus: 1. Neither cold nor hot Chapman's bags, be they applied to the superior or inferior parts of the spine in the healthy or in the diseased, do produce any changes in the temperature of the system, or of any individual region of the body. 2. The action of cold bags on the circulation is but very slight, and that of hot bags still more so. In some cases a rise, and in some a decrease, of the blood-pressure is observed. In other cases again slight alterations in the frequency or strength of the cardiac action follow. The application of bags of the kind given is followed by inconstant results. The latter appear during the application, and disappear shortly after the removal of bags. 3. The electro-cutaneous sensibility suffers no change under the influence of Chapman's bags. 4. Chapman's bags cannot either cool or warm the spinal cord or sympathetic ganglia.

## News of the Week.

---

*Removals.*—A. L. Cole, M. D., from Colorado Springs, to St. Louis, Mo. Dr. Thomas A. Capen from Fall River, to Harlem, New York.

*Mrs. Gorges' Home.*—In answer to inquiries we can say that she is reliable.

*Dr. G. E. Ehinger,* Chicago, has removed his office and residence to No. 61 South Ada Street.

*Dr. L. Dodge,* resides at 219 Ohio street, and has an office at 457 Wells street; hours, 2 to 5 P. M.

*The Kansas City Hospital College of Medicine* has a mixed faculty and teaches all the 'pathies. Truth is mighty and will prevail.

*The American Public Health Association* meets this year in St. Louis, Oct. 14—17. If you think of going notify Dr. Spiegelbaeter 1100 Chouteau Ave., of your route. It will be a profitable meeting.

*Logansport Ind.*—Dr. Carpenter made us a pleasant call. He reports the prevailing diseases to be dysentery. The principal remedies he finds indicated are Bell. and Aloes. Mercurius this year fails utterly. Bell is the chief remedy for children.

*Just out.*—The directory of Homœopathic physicians of Indiana, Iowa, Illinois, Kentucky, Kansas, Missouri, Nebraska, and Ohio, is just issued, and is an interesting document. Sent by mail to any address on receipt of 60 cents. Address H. A. Mumaw, Elkhart, Ind.; or Duncan Bros., Chicago.

*H. M. Dayfoot, M. D.,* of Rochester, N. Y., state medical examiner of the empire order of mutual aid writes: "Have just returned from meeting of the state society at Binghamton. Madame Lozier of New York was present and read a paper. She has a record of 3,400 labors without the loss of a mother. How high is that for Homœopathy and a woman?"

*Doctors must not tell.*—The Missouri Supreme Court has decided that information obtained by a physician from a patient must not be disclosed on the witness stand, when the physician declares that the information was acquired while in a professional capacity, and was necessary to enable him to prescribe as a physician or operate as a surgeon. The court held that it would not do, while the mouth of a physician is closed as to the talk of a patient, to open it as to knowledge obtained from his own diagnosis of the case.

*The Wayne County Homœopathic Society,* held its regular quarterly meeting in Richmond, September 9. A large attendance and profitable meeting was held. The following officers elected for the ensuing year: President, I. Emmons, M. D.; Vice president, J. D. Grabill, M. D.; Treasurer, Jos. Howells, M. D.; Secretary, E. B. Grosvenor, M. D.; Censors, Dr. Day, Dr. Clapper, and Dr. Southworth. Our next meeting will be on the second Tuesday in December and we cordially invite all Homœopaths near us whether in Indiana or Ohio to be with us and we will do you good. E. B. GROSVENOR, M. D., Secy.

# The United States Medical Investigator

VOL. XX. No. 13.

SEPTEMBER 27, 1884.

WHOLE NO. 407.

## Society Proceedings.

### *NEW YORK HOMŒOPATHIC MEDICAL SOCIETY.*

#### SEMI-ANNUAL MEETING.

The thirty-third semi-annual meeting of the Homœopathic Medical Society of the State of New York, was opened at the Court House, Binghamton, September 9.

After the meeting had been called to order by Dr. E. S. Coburn, of Troy, Dr. J. L. Moffatt, of Brooklyn, was chosen secretary. Prayer was offered by Rev. Samuel Dunham of the West Presbyterian church, and Dr. T. L. Brown in behalf of his brother physicians of the city, delivered an address of welcome, which was responded to by President Coburn.

During the session interesting papers were read by Dr. Chapin, of Brooklyn, on "Sore Throat;" Dr. Latimer, of Brooklyn, on "Erysipelas;" Dr. Millspaugh, of Birmingham, on "Tobacco;" Dr. C. P. Hart, of Wyoming, on "Puerperal Melancholia;" Dr. A. P. Williamson, of Middletown, on "Loss of Memory;" Dr. A. P. Kinney, on "Salient Features in Labor Cases Among the Insane;" Dr. I. J. Fulton, of Norwich, on "Case of Meningeal Abscess;" Dr. S. H. Talcott, of the Middletown Asylum, on "Enforced Rest in the Treatment of Mental and Nervous Disorders."

After the paper of Dr. Talcott, the society adjourned for the purpose of visiting the Binghamton Asylum for the Insane. About seventy-five persons visited the institution and were cordially received by Dr. Armstrong and his esteemed wife. The Superintendent with his courteous assistants conducted the party through and about the institution, after which an elegant collation was served, while the spacious apartments were made to re-sound with the fine music of the Asylum orchestra. After this exceedingly pleasant visit, the party returned to the Court House to finish the programme of the day.

#### EVENING SESSION.

The regular programme was set aside, and the interests of the Middletown asylum were considered. Dr. Paine, of Albany, in discussing the subject, delivered some earnest remarks in support of the following resolutions:

**WHEREAS**, Various amounts required by the Middletown and Binghamton asylums, in order to promote the usefulness and increase the efficiency of these institutions, which sums were urgently recommended and deemed greatly needed by the trustees of said asylums, have been denied and the appropriations thereof prevented by the

State Board of Charities for reasons, which in the opinion of this society are wholly unjustifiable, and

WHEREAS, While fully recognizing the importance of maintaining suitable checks and safeguards as well as wise supervision of all public institutions, we are justified in protesting against that which plainly interferes with the interest of humanity, and is not characterized by a breadth of scope and liberality of principles, which should control the management of such associations, therefore

*Resolved*, That a special committee of this society be appointed to co operate with the Board of Trustees of the Middletown asylum for the purpose of securing during the coming winter such appropriations as may be necessary for the proper care and protection of the inmates of said asylums.

The resolution was carried and upon motion the following committee was appointed: Dr. H. M. Paine, of Albany; Henry C. Houghton, of New York; E. Hasbrouck, Brooklyn; Charles Sumner, Rochester; J. J. Mitchell, Newburg; T. L. Brown, Binghampton; F. Park Lewis, Buffalo; H. M. Dayfoot, Rochester.

The address of the evening was then delivered by the President, Edward S. Coburn, of Troy, New York, upon the subject, "Literary Bric-a-Brac," for which, on motion, the thanks of the society were tendered.

Dr. E. Jones, of Albany, read a valuable paper on the climatic treatment of consumption. After a discussion of the paper the society adjourned to meet at 9 o'clock this morning.

Among those in attendance at the meeting are: H. M. Paine, Albany; T. S. Armstrong, of Binghampton Asylum; C. F. Millspaugh, H. S. Sloan, T. L. Brown, W. H. Proctor, G. F. Hand, City; J. O. Zwetoch, Gowanda; R. E. Miller, Oxford; S. J. Fulton, Norwich; J. A. Bissell, Afton; F. Park Lewis, Buffalo; S. Talmage, E. Hasbrouck, W. C. Latimer, Brooklyn; J. M. Lee, Rochester; F. M. Dayfoot, Rochester; M. E. Graham, Brockport; C. F. Sterling, H. C. Houghton, New York; M. O. Terry, Utica; G. C. Prichard, Phelps; S. H. Talcott, E. S. Kinney, Middletown; E. S. Coburn, Troy; C. E. Van Cleef, Ithaca; J. E. Slaughter, Hamilton; M. T. Deutcher, Owego; G. Allen, Waterville; J. D. Voak; Canandaigua; J. Greenleaf, Owego; A. B. Norton, New York; O. Groom, Horseheads; C. W. Rodway, Mexico; H. A. Baldwin, Montrose; E. Pratt, Oneonta; W. W. Blackman, J. L. Moffat, Brooklyn; Mrs. A. W. Lozier, New York, President of the New York College for Women; C. S. Lozier, New York; J. G. Rugg, Gowanda; E. B. Nash, Cortland; S. A. Brooks, New Milford; J. F. Wage, Buffalo; S. S. Simmons, Susquehanna; G. R. Bissell, New Berlin.

#### SECOND DAY.

The meeting was called to order by the president at 9 o'clock and unfinished business taken up. On account of the pressure of matter before the society it was moved and carried that the papers under all bureaus, by members not present, should be read by the chairman by title only. The following titles were then given:



"The treatment of Lithiasis by Colocynth," Dr. Bayless, of Utica.

"A case of facial spasms yielding to Læchesis."

"The Neurasthenic Symptoms of Physostigma," Dr. F. F. Laird. This paper was read under special motion by the secretary, and excited a vigorous discussion upon the treatment of neurasthenia and spinal irritation, both by remedies and galvanocautery. As the discussion became too inclusive and branched into other questions, Dr. Millspaugh arose to a point of order, which being sustained by the chair the bureau was closed and that of obstetrics taken up.

The title of a paper on "Post-partum Hæmorrhage" by Dr. C. J. Hill, was read followed by a paper on "Three Consecutive Abnormal Labors in one Patient," by Dr. J. M. Lee, of Rochester. Mrs. Dr. C. Lozier, of New York, then read a brilliant paper on "A Clinical Review of Obstetric Cases," which was well received and brought about a general discussion.

Dr. Deutcher, of Owego read a paper on "Rigid Os," which was followed by a title paper by Dr. T. D. Spencer.

Dr. T. L. Brown then opened the bureau of gynæcology, in which title papers were read as follows: A. J. Clark on "An Interesting Clinical Case." Papers by Dr. Minton and others followed.

As the time was rapidly passing, the bureaus of otology, ophthalmology, pædology, laryngology, histology, climatology and vital statistics containing many very valuable papers, were unavoidably hurried through, much to the regret of the large attendance of physicians.

This thirty-third semi-annual meeting was one of the most fully attended and interesting ever held by the society, and a motion was carried to extend the duration hereafter to five days.

A vote of thanks was tendered to the Broome County Society for their hospitality and to the county officials for the use of the court room.

The meeting was then adjourned until February 10th and 11th, 1885, at Albany.

The following physicians were in attendance throughout: Drs. H. M. Paine, T. S. Armstrong, D. F. Millspaugh, T. L. Brown, G. F. Hand, E. E. Snyder, J. D. Zorestock, R. E. Miller, S. J. Fuller, F. Parke Lewis, W. C. Latimer, E. Hasbrouk, O. Groom, J. A. Bissell, A. B. Norton, J. M. Lee, L. M. Dayfoot, M. E. Graham, C. F. Sterling, H. C. Houghton, M. O. Terry, G. C. Pritchard, C. Spencer Kinney, Seeton K. Talcott, O. E. Pratt, C. S. Coburn, C. E. Van Cleeb, J. E. Slaughter, M. T. Dutcher, George Allen, J. B. Voak, J. T. Greenleaf, Samuel Talmadge, G. R. Bissell, Mrs. Dr. Wright, W. W. Blackman, A. W. Lozier, C. W. Radney, J. G. Rugg, S. A. Brooks, E. B. Nash, H. S. Sloan, J. W. Candee, B. L. Houghton, J. F. Wagner, S. S. Simmons, M. D. Baldwin, A. F. Mills, representing nearly if not all the counties and principle cities in the state.

A number of visitors and physicians' wives were in attendance.

## Hygiene Department.

### *HYGIENIC VALUE OF SCHOOLS.*

BY DR. T. C. HUNTER, WABASH, IND.

Read at the Indiana Institute of Homœopathy May, 1884.

#### ARE OUR COMMON SCHOOLS WORTH WHAT THEY COST?

Before answering this important question it will be necessary to estimate among the items of cost, their effects upon the future health and usefulness of the pupils, and also, the length of time occupied by them in acquiring their education, and the practical value of the education so received, in fitting them for a useful and successful cause in after life. After estimating the common school in this way, I am constrained to take the negative, not because I am opposed to the common schools, as a means of educating the youth of the state, but because I am strongly in favor of them. They are not likely to be materially improved, as long as it is generally believed, that they have already arrived at a state of perfection. Let us first build our ideal school houses and see how many of our public school buildings reach that ideal.

The ideal school house is located upon a somewhat elevated site, which has a gravelly subsoil, and has been thoroughly drained upon the surface, and if it has a clay subsoil, has been well underdrained by drain tile placed from three to five feet under ground, with sufficient descent and outlet, to carry off the water rapidly and completely. There should be no swampy or wet land, in the immediate vicinity, neither should there be any dense timber very near. The ground surrounding the building should not be too heavily shaded. There should be an abundance of air and sunlight about the building. The lower floor should be at least two or three feet from the ground. If the walls are made of brick or stone, there should be a layer of asphalt, or some other substance impervious to water, in the walls, below the floor. The walls should be hollow, i. e. have a space of two or more inches between the inner and outer wall, with perforated brick here and there in the outer wall to admit a free circulation of air between the walls. This would keep the inner wall entirely free from moisture.

The dimensions of the school room should be in the proportion of ten, seven, four. A room thirty-six feet long, twenty-five feet wide and thirteen feet high, is as large as is profitable to build. A room larger than this, would lose in value, by reason of the increased difficulty in lighting and ventilating. Such a room will accommodate forty or at most fifty scholars. The window space should be not less than one-sixth as much as the floor space. The windows should be on the left and behind the pupils, but never on the right or front. The window sills should be at least forty inches above the floor, and the top of the window should be as near the ceiling as possible. There

should be no projection over the windows on the outside, that would interfere with the light. The glass should be stained a light bluish-violet or there should be curtains of that shade. Inside shutters should have rolling slats so that the light could be directed upward or downward at will, and at the same time admit the fresh air, in warm weather when desirable. If shutters are used, the glass surface should be increased correspondingly. The ceiling should be a pure white, and the walls of a neutral gray.

Our ideal school room is heated by steam, through a perforated ceiling, over which is the air chamber containing the steam pipes. These air chambers receive air from a point ten or fifteen feet above the ground, in order to avoid malaria as much as possible. The heated air thus admitted, would drive out the foul and cold air of the room, through registers placed in the floor, or in the walls just above the floor, and which should be connected with pipes, which lead downward with egress near the ground. The carbonic acid and other impurities, would not be carried up by ascending currents of heated air, as in the common plan, and this mixed with the pure air at the top of the room, but would be pressed out below. This would effect a considerable saving of fire. The temperature of the room at the height of four feet from the floor, should range from 64 to 68 degrees F. 3,500 cubic feet of pure air every hour, for each occupant is required for perfect ventilation. Our ideal school room will of course be provided with that amount. This will make the expense greater than that of a poorly ventilated room, but the patrons of the school value the health of their children, who are to be their successors in the arena of life's battle, more than they do a few paltry dollars.

The seats should be of such a height that the pupil can rest both feet squarely on the floor, without elevating the knees. The desk should be somewhat sloping, and should project one inch over the front edge of the seat. Each desk should be provided with a book rest, which could be set at any angle, so that the printed page would be at right angles to the line of sight, when the pupil is sitting erect. This would prevent a stooping position, and would also be much easier to the eyes. The seats should be of various heights to suit the different sizes of scholars.

We have now built our ideal school room. Let us now try to place in it an ideal school.

We would not permit any pupils, who are under eight years of age, to be confined in the school room more than two hours per day, and would not permit them to devote more than fifteen minutes at one time to study or recitation. Those from eight to ten years of age, they would not be confined in the school room more than two and a half hours each day, with not more than twenty minutes at one time devoted to study or recitation. Those whose ages are between ten and twelve years, would be confined, not to exceed three hours a day with thirty minutes of continuous mental effort. Those between the ages of twelve and sixteen years, would be confined not more than four hours per day with forty minutes only of steady intellectual work. If it should be possible that there would be any who had not finished

the curriculum of the public schools, at the age of sixteen, we would permit them to study out of school hours. With this exception we would allow no study out of school hours, upon pain of expulsion. Instead we would recommend a large amount of out door instruction and study from book of nature. Many parents would object to our ideal school, because it would not keep the children "out of the way" long enough; but as our school is not a nursery, we will dismiss the pupils at the appropriate time.

Our ideal school is also a graded school; but not of the cast iron type. Our beginners are not to be in the same room with the more advanced scholars. A pupil who learns his lessons every day, is not to be held back by one who learns it only after two days study. We will be likely therefore, to have small classes, which are always of more advantage than large ones. We would have sufficient teaching force, to enable us to do this. We would by this method of grading permit every pupil to advance according to his ability and industry. During the first twelve years of our pupils lives, we would not have anything taught them, which would require the exercises of the reasoning faculties to any great extent.

Our reason for this is: that children do not have their reasoning faculties developed, until an average age of about twelve years. Hence the folly of trying to teach them subjects which require the active use of their faculties. We all reason from a basis of known facts. The child spends the first twelve years of its life in acquiring a sufficient number of facts, to form a basis upon which reason can operate. If you think your bright little boy or girl of nine years of age, can reason, just try him with a proposition which requires an effort of reason to reach a logical conclusion. If he fails to answer it logically don't think he is a fool. Before you come to that conclusion, just consider a moment and see if the fool is not at the other end of the line. Teaching by rote will not be tolerated in our ideal school. Our pupils will only be taught such things as they can comprehend, and it will be the duty of our teachers to so simplify and illustrate every subject taught, as to bring it entirely within the comprehension of the pupil. They will be all interested in their studies, because they will understand what they are doing; and if the teachers cannot so interest their pupils, as to set them to inquiring and observing on their own part, their term of service will be short; as we will conclude that they have mistaken their vocation. Our pupils will be taught to use their eyes and ears understandingly, and will thus enter upon a course of self instruction which will only end with life.

The term education is claimed by some to be derived from *e duco*, and by others from *educo*. The former seems to convey the idea of a single effort at *drawing forth*; while the latter rather conveys the idea of a *continuous drawing forth*, and is I think the proper derivation of the term. We believe our education will never be completed as long as there is anything to learn. All progress is from the simple to the complex, from the concrete to the abstract. These axiom will be

observed by the teachers in our school. Therefore facts will be taught first ; *principles* afterward. Grammar will therefore come late in our curriculum ; so will mathematics, unless it may be the multiplication table, and perhaps the tables of weights, measures, etc., which will be illustrated as far as possible.

When our pupils begin the study of arithmetic, they will be kept on the four simple rules, until they are so thoroughly expert that mistakes will seldom occur. This will seem tedious and irksome to those who have been half way through their arithmetic, but are not able to read and write numbers with facility, and who cannot add a column of figures either rapidly or accurately. As we consider a good foundation necessary before rearing the superstructure, we will adhere to our plan. After we have thus laid our foundation in addition, subtraction, multiplication and division, we expect the remainder of their mathematical studies will be pleasant and profitable to both teacher and pupil. Our teachers will not require their pupils to commit rules to memory to any great extent, as they will so direct their thoughts, as to enable them to discover principles, and thus construct their own rules.

Generalizations will not be allowed, until all the subjects included are thoroughly understood. As science is organized knowledge, we will strive to have our pupils gain as large a fund of *facts* and observation as possible, before we attempt to crystallize these facts by reasoning. As education is a process of *self development*, one teacher will not be allowed to impart much instruction directly, but will be required to strive by all means in their power to read the minds of their pupils, to such points of observation as will make it easy for them to generalize facts, and to discover the principles which may be concealed in these facts for themselves, and their professional advancement, will depend upon their success in doing this. We believe that humanity has never made any substantial progress, except by the aid of self instruction, and that to achieve the best results, man must be in a great measure self taught, i. e., he must have a habit of independent thought and investigation. For this reason we believe in self made men. By self made men we do not mean those who have gained a smattering of knowledge, and some pecuniary success in the world, but rather those more modest ones, who are never satisfied with present acquirements, but are always striving for higher and more extended achievements.

The great end sought in our ideal school, will be to teach our pupils to think for themselves, to have the power of collecting their thoughts and concentrating them upon a single point, and holding them there as long as they desire. When this is done the work of our teachers will be very far advanced. Our pupils will go on in this process of self education as long as they live. They may progress slowly sometimes, but it will be surely, and when they arrive at any given point they will be more sure of their portion than those who have had the road made smooth and easy for them, and who are not accustomed to help themselves. We do not propose to have any indolent scholars in

our school for indolence is not the normal condition of youth. If therefore, our pupils do not feel interested in their studies, we will try to discover the cause. It will doubtless be found, that either the method of teaching is wrong, or that an improper selection of studies has been made. In feeding either body or mind, food must be selected that is both palatable and nutritious, for this reason, the studies pursued must be such as will afford pleasure to the pupil and which will show them the mind at the same time. It may be asked, what has this to do with medical subjects? and why should it occupy the time of this Institute, composed of members who devote their time to the healing of the sick? We answer it has very much to do. A physician does not do his whole duty when he only visits and prescribes for his patient, and pockets his fee.

The term "doctor" signifies "teacher," and it is as much his duty to teach the people how to avoid disease, as it is to heal them when sick. If our ideal school in our model school room, with improved methods of teaching and management, will give the children a more practical education, do it in less time, with less pecuniary expense, with little or no strain upon the health of the pupil, and do it in such a manner, that the whole process shall be pleasant to him, and the effect of which will make a more useful and self-reliant man of him, we have done more for the future welfare of the people and state, by showing how it can be done, than if we had devoted our whole time to the treatment of the sick and afflicted, and the pocketing of our fees.

Let us now contrast what we have, with what we pay for, but do not have. How many of our school buildings compare favorably with our ideal school room. How many of them are anything more than mere rectangular pens, in which a certain number of persons can exist, for a certain number of hours during the day. Almost the only thought of the builders seems to be directed to keeping the inmates dry in stormy weather, and warm in cold weather. Imperfection marks them from the ground to the roof. They are frequently located in low wet places, because the parts happen to be central and perhaps the land cheap.

I know of one, a new brick building, situated at a point where two roads diverge, in a low, wet place, with a swamp of several acres in extent, on the south west side, beginning within ten rods of the house. There is a heavy timber within a few rods, both on the north and west sides; the grounds are undrained, and almost undrainable. Planks have to be laid from the road to the door, to enable the scholars to reach it. In a wet time they are confined to the school room, during recess, as the grounds are not dry enough for them to use. But it has the advantage of being central, and the land was cheap. The room is lighted from both sides and rear. The windows are shaded by yellow curtains, which cut off the chemical ray, and thus deprives the scholars of all the healthful influence of the light. If confined long enough, they would become pale and sickly, from that cause alone; but when the malaria and dampness is added, the

result must inevitably be very bad. School houses are planned and built by township trustees, the larger portion of whom know nothing about hygienic laws and their application to school rooms, consequently the health of the inmates who are to spend so large a portion of their youth within their walls, is not once thought of.

Graded schools, (i. e.) those which are graded according to the cast iron inflexible method now so common, (I will not say popular,) reduce teachers and pupils, all to the common level of mediocrity, if not still lower. The scholars are necessarily governed in their progress, by the dullest minds in the school. A lesson cannot be profitably passed, until every member of the class has learned it, and as the dull and indolent take their own time to learn it, the bright and energetic are compelled to await their tardy movements. The result is they become discouraged and indifferent, soon lose all interest in their studies, and play truant. They think and with good show of reason that there is no need of their attending every day, as they can keep up with their class by attending one or two days in each week, and they see no reason why they should not enjoy themselves outside the school room in the mean time. Under such a system of grading, the teachers is, in a great degree rendered helpless; no matter how great his energies and abilities. He is placed in a badly heated, poorly ventilated, ily lighted, and inconvenient apartment, with fifty and sometimes seventy-five or eighty scholars, who have had all the ambition and energy crushed out of them, by a vicious system of grading, and is then expected to teach (i. e.) stuff his pupils with a lot of disorganized facts, rules and generalizations of things they do not understand. He is employed for this purpose, not because of his knowledge of psychology, as related to the healthy growth and development of the human mind, but because he knows when the different kings and queens of England and France were born and died, and perhaps some of their intrigues. Also when Alexander the Great was born and died. Also how many men Xerxes had in his army. He also knows the date of the different battles of the revolution, who commanded, and the number of men engaged, and many other particulars. He can repeat rules in grammar and arithmetic and can answer numerous questions, that are found in the text-books. He perhaps has studied Cutter's Physiology, and can answer the printed questions in it, all of which is supposed to render him capable of gently and pleasantly leading the young to the tree of knowledge, and of teaching it to think for itself, and of stimulating and strengthening its power for the coming conflict of life.

He teaches because he expects thereby to make money enough to enable him to become a doctor or a lawyer in the not distant future. He expects that when he has attended a certain number of medical lectures, and has answered a certain per cent. of the questions that may be asked him on examination by his preceptors he will receive his diploma, pay the price thereof, and henceforward have nothing to do but visit his patients and pocket his fees. No further study is necessary for him, for has he not a diploma? But supposing that he

has chosen teaching as his life work, and has thoroughly and conscientiously prepared himself for it, what chance has he to apply his knowledge and skill in the crowded graded school room of the present day. Only a few weeks ago I saw a letter, written by the principal of a graded school, in which a person's name occurred without the initial capital letter. Of course he had passed an examination, or he would not have held his position. He would probably teach others, as he was taught. Yet teachers as a rule are not to blame for the slow progress in the schools. Many of them do not know how to teach, because they have never been taught themselves. They have been crammed with rules, generalizations, and crude and unorganized facts, and hence they know no better than to cram their pupils in the same way; indeed what else can they do under the circumstances.

It must be evident to every one that a system of teaching that requires twenty years of life, to pass through the curriculum of the public schools, and during this time teaches them but little practical ability besides reading, writing, a smattering of grammar and arithmetic, and which never strives to make pupils independent thinkers and investigators, must be radically wrong.

I know a young man whose father was a man of great learning and of much more than average intellectual ability, his mother is a lady of high culture. It is fair therefore to presume that his intellectual powers are at least equal to those of the average youth. His parents are in comfortable circumstances, and he had all the chance for rapid advancement the public schools could give him. He graduated from the high school department of the common schools at the age of twenty years. He then spent two years in a preparatory school before he was able to enter college. Then follows four years of college life, and then if he should choose the profession of medicine, it will take him three years more of hard study to prepare him for making his first professional visit. If he does not stop to rest, he will be twenty-nine years old when he first opens his office. By that time he will be pretty well tired of books and studies; his health and energy will be impaired, and he will be apt to settle down into a routine practice, and consequent mediocrity.

It is not a matter of astonishment then, that we have had a paper read before this Institute, in which the writer claims that there is a scarcity of brains in Indiana. I think the learned author of that paper is mistaken as to the cause of that scarcity, (if indeed it be true that there is a scarcity.) The cause is I think a mental malaria which thoroughly pervades our school system, and it is our duty as teachers of the people, and guardians of their health, to sound the alarm, and to use our influence so that we may have a chance afterwards, and a new system of instruction established, which shall not require three-fourths of an average life time, in learning how to go through the other fourth, since a system is possible and practicable, will cost less in money, less in time, less in loss of health, and will give very much better results.



# THE UNITED STATES MEDICAL INVESTIGATOR.

"HOMOEOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

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

---

**PHYSICIANS AS LETTER WRITERS.**—Physicians are supposed to be gentlemen, but we have many complaints that doctor so and so do not answer letters addressed them. We offer as excuse, that they are busy, or that no stamp was enclosed for reply.

Correspondents must not expect a busy man to give both time and money. But we opine that the excuse is not usually either of the above, but is due solely to a lack of courtesy. It is worse than that, it is a breach of etiquette. When a person is summoned before a judge, to neglect to appear, is regarded as contempt. When a letter is sent from one military man to another—not to acknowledge it is treated as an offence. It is refreshing to read the correspondence of the courteous gentlemen of old. They would begin, "Your esteemed favor of — was received in due time;" or "It gives me pleasure to acknowledge the receipt of your favor." It was a "favor" to receive a letter in those days, so it should be always regarded. The most successful business houses to-day retain the dignified courteous form in their correspondence. Favors are to be returned. One who sends out circular letters *i. e.* a printed letter to a large number of the profession, if he receives an answer from one in ten it will be astonishing. While a personal request from an editor to his readers will not fare much better. We have the facilities for addressing thousands of physicians, but many never think of sending even a postal card in reply. We may here ask, what diseases are prevailing, and what remedies are used, and if we could get replies from various parts, would it not be profitable reading? We may ask, have you cured laceration of the cervix without an operation? We might ask if cleanliness and Calendula were not as valuable in the treatment of wounds as antiseptic dressings? We might ask if typhoid fever was prevailing? We might inquire if malarial fever was as prevalent as usual, and if complicated at all with typhoid? We might ask our readers to give the results of their experience with cholera? We might ask a great many very practical questions, that, if answered, would call out valuable experience, but with the present discourteous treatment of private correspondence, public letters must be expected to be neglected or regarded with indifference.

The remedy for this sort of thing, (epidemic disease) is for each to act on the principle of old Dr. Walter Williamson who gave as much consideration and attention to a letter, as he would if the writer was before him in person.

When ones private mail reaches a dozen or more letters a day, much time cannot be given to each, but a few words on a postal card will usually suffice in most of the cases.

If letter writing was made one of the requirements of a preliminary medical education, perhaps the new race of physicians would remedy this glaring defect.

---

## Gynæcological Department.

---

### *MOLAR PREGNANCY, MUCOUS POLYPI AND HYDATIDS.*

(Continued from Page 175.)

The symptoms of the fleshy mole are less marked than those of the hydatid mole. If only one ovum is attacked with hydatiginous form of degeneration there is often a most rapid and wonderful increase in size. In about the fifth or sixth month the abdomen is as large as in nine months pregnancy, or much larger. The form of the womb is changed from pyriform extending laterally on each side, or it is irregular in form, very large but there is an abundance of all foetal movements, and no sound of the heart in the thick solid uterine tumor. After three or four months there is most always a stopping of the menses like that of pregnancy attended with a large and free flow of water and blood or slightly mixed resembling juice. This may come once or twice a week or once in three weeks in large or small quantities. These watery gushes are accompanied with much pain and in the case named seemed to be caused by the bursting of some of the large grape sacks, it would pop out from the womb and vagina and lodge on the leg often. This popping out of yellow water is a symptom that would hereafter always make me positive in my diagnosis of a form of molar pregnancy.

Let me impress on my young brother Homœopaths (for I have been over thirty years in active practice.) I am not writing for bunkum, I am too old. It is for your good and the benefit of all lovers of the great, grand, noble practice of Homœopathy. I attempt in my feeble way to warn you to study every case closely. In all these cases examine all the discharges, *listen, listen, note* each and every complaint and symptom of your over anxious patient suffering with these forms of disease, for they are anxious; if you find a single hydatid or the yellowish lemon nodes, do not fail in your diagnosis of hydatids. You will gain but a small amount of information from finger examination

in cases of hydatid mole, as long as it stops in the womb. You will find a similar discharge attending some forms of polypus and cauliflower excrescence which can soon be detected by examination. From the discharge of so much bloody water caused by hydatids the health is almost ruined. The extensive formation and attachment of the large hydatid mass, when it begins to detach, is attended with the most alarming flooding and death as in Mrs. G's case. She had complete anæmia, the heart failed to act and death followed. She had dropsical swelling and deadness of the lower extremities. Paralysis often attends these molar pregnancies.

As in the case of Mrs. H., she would discharge small masses of hydatids from time to time, but as long as any of the mole remains in the womb they continue to have fresh growth, and will keep your patient weak. In the case of Mrs. G. two-wash-basinful of hydatids were expelled from the womb before death.

Later in pregnancy moles may occur, attended with drawing up and wasting of the fœtus, with degeneration of the placenta having special symptoms. In all forms of mole, the symptoms of pregnancy attend them, although the abdomen may seem to diminish in size. The signs of all living fetal life are wanting in lower form of mole. "Either quickening does not occur or after having been felt the movements of the child cease." Peristaltic actions of the uterus may occur, but these can readily be distinguished from the movements of the fetus." As the death of the placenta and its partial detachment from the womb goes on, profuse hæmorrhage takes place. This loss of blood is often constant, profuse or slight, depending on the detachment of the placenta and uterine contraction. "In this form of retained ovum, as well as in fleshy mole, there is frequently a disagreeable discharge, and the health of the patient becomes greatly deteriorated by the irritation of the dead mass, the loss of blood, and the poisoning of the circulation by the absorption of fetid material."

*How are we to treat molar pregnancy?*—Dr. Guernsey in his *Obstetrics*, page 714, says: "It will be the object of the Homœopathic practitioner to promote expulsion and remove the cause of this dangerous condition. To promote the expulsion, he gives Puls., Secale and Caulophyllum. Silc. carb. and Selic. is recommended to remove the disposition to the forming of moles. Natrum carb. has been successfully administered in several cases.

Dr. Eaton, *Homœopathic Diseases of Women*, page 378, says: "Upon the subject of treatment little can be said, but give the Homœopathic remedies indicated by the symptoms in each case. He says that the diagnosis of mole in uterus cannot be made from true pregnancy and we are not justified in operative treatment unless sufficient time has elapsed to place true conception out of the question, or we are sure healthy pregnancy is not going on. As soon as we are convinced of molar pregnancy, use the uterine sound to break up all attachments, bring on uterine contractions and let the mass be expelled. Give Secale. cor. in doses sufficiently large to strengthen uterine contraction (I would say use Barnes' uterine dilator.) Tamponing the vagina with a gum-elastic bag in case of excessive hæmor-

rhage. Aconite, if rapid pulse; Ipecac, if nau-*ea* and vomiting; Belladonna, if passive hæmorrhage, dilating pupils and rapid pulse; China, after expulsion, great loss of blood; Ferrum pale anæmia, Nux and Phos. acid, loss of strength from appetite, weakness of nerve force I give Bell. or Verat, for spasmodic action of muscles; Pulsatilla, pain in small of back and ovaries, weak digestion.

Dr. Ludlam, *Diseases of Women*, page 285, says: "Women of all ages are liable to this form of spurious pregnancy, and the true mole is always a product of conception. He says, a case is cited by Ambrose Pare where a mole was retained in the womb for seventeen years. He gives no treatment.

Dr. Scudder, *Diseases of Women*, page 290, says: "Do nothing in these cases unless there is flooding, then try to arrest it by cold applications to the vulva, and plugging the vagina and give internally equal parts of oil of Erigeron and Cinnamon. If the flooding does not stop, excite contraction of womb so as to expel the mole. If not able to expel it, then introduce hand in womb and take it out."

My treatment is to open the sack and inject strong Alum water in the womb every day, and give Calc. carb., Thuja, Crocus and Helonias if much hæmorrhage. If not contracted by Alum use Tannin. But the true principle is to quickly empty and clean the womb of every part of the molar disease.

The strength of your patient must be supported and guarded against all the dangers and accidents, as long as molar pregnancy is present. In short, let me say, in all cases of molar pregnancy remove it at once by detaching with a uterine sound, or with forceps for uterine polypi, take them out, do not hesitate a moment, act and save the strength, health and life of your anxious patient. If much hæmorrhage I always give Crocus, Helonias Millefolium, Hamamelis and hypodermic injected Ergotine.

After the mass has passed off and there is failure of heart action, let me impress on my brethren the importance of hypodermic injections of Brandy and Strychnia in all cases of disease where the heart's action needs strengthening. It will save life in congestive chills where all other means will fail. I would have used this treatment in Mrs. G's case, but the two Old School physicians that had formerly attended her were called. They gave nothing but Ammonia and Brandy to stimulate. As in her case of hydatid pregnancy, the treatment should have been positive and radical. Produce as quickly as possible uterine contraction with Ergot and dilatation of the os, and introduce the hand and detach the mass of hydatids and take them away, which I attempted and failed in Mrs. G's case on account of a large hand.

While attending medical lectures in 1849, at the Medical University of New York, where I graduated, Dr. G. S. Bedford, our good professor of obstetrics, who was in the habit of exhibiting molar hydatids to his class, he always impressed on us, the importance of the immediate removal of these and all uterine excrescences. The attachment of the moles is at times firm, causing rupture of the womb

from the violent contractions in expelling them. In retained ovum with degeneration of the placenta, the membranes must be ruptured and the expulsion of the diseased ovum brought about just as soon as possible, as the health of the mother is most seriously affected.

Dr. Hale, of Chicago, says: He has found *Hydrastis* would almost invariably arrest the growth, and even cause the disappearance of fibroids polypus of the uterus, and control the hæmorrhage, consequent on the appearance of the morbid growth. *Sanguinaria canadensis* has cured polypi of womb when given internally, and applied locally. They all contend that the treatment of molar pregnancy is just the same as after abortion, but the health is much more shattered after molar pregnancy than abortion. Sad experience causes me to write on this subject from witnessing the death of a beautiful and loving wife of a most devoted husband. I have consulted many obstetrical authors on this disease, and have taken carefully from W. Tyler Smith's Lectures on Obstetrics and Ludlam of our School on Diseases of Women. Calling my youngest brother Homœopathic physicians' attention to this disease, is my desire in having it published in your most widely circulated and practical journal. So that no young physician may be caught napping, as I was. Although I have practiced medicine for over thirty (30) years, and thought I had seen most that was to be seen in the lying-in chamber, I am painfully convinced that if the two Old School physicians who attended the case four months before me had done their duty, and I mine, in taking at once the molar pregnancy away, Mrs. G. would today, and at this hour be a living beautiful, happy wife, the pride and comfort of a devoted husband. To you my younger brethren, let me warn you not to delay in these cases, act radically, do your duty, extract the mole, and save the life of your patient.

JOHN H. HENRY.

## Correspondence.

### HOI WEATHER NOTES AND BEVERAGES.

BOSTON, Mass., Sept. 8th, 1884.

MR. EDITOR: The thermometer is now, and has been for a few days past badly strained by the mercury trying to get out at the top. My patients are nearly all away at the—any place where it is popular to go, and I am sitting in a cool office reading *THE INVESTIGATOR* (or have been,) at my side a bottle of cream mead, made according to the recommendations of *THE INVESTIGATOR*, and it is very nice, but I add more water and the whole of the egg. As this is so nice, let me tell the readers of *THE INVESTIGATOR* how to make extra nice koumyss. Milk, 5 qts.; boiling water, 1 qt. and  $\frac{1}{2}$  pint, ( $\frac{1}{2}$  pint, to 1 qt. ;) dissolve in the boiling water  $\frac{1}{2}$  teacupful of sugar, then add 2cts. worth of liquid yeast; let it stand four or five hours till little bubbles appear on top, then strain and bottle, and *tie down the corks*. It will be ready for use in twenty-four to thirty-six hours, but it must be kept on ice. Don't try to open it without a "tap" if you want to save enough for a taste.

We have had a cool, delightful—but fearful healthy summer. I have seen but one case of cholera infantum, and that in consultation, and this morning my second case of dysentery, but our hot weather is not over yet. At the end of this month most of the Bostonians will be at home, and in a few weeks later many of them will start for "Dixie." Such is life in Boston.

A. M. CUSHING.

## News of the Week.

*Dr. T. C. Hunter's* article is one of great interest.

*Dr. J. Derz* has opened a private hospital at Humbolt Park, Chicago.

*Removal.*—Dr. Charles Deady, O. et A. chair, late house surgeon of the New York Ophthalmic Hospital, has been compelled on account of his health, to remove to San Antonio, Texas, where he will continue in the special treatment of diseases of the eye, ear and throat.

*The Academy.*—At the annual meeting of the Academy of Homœopathic Physicians and Surgeons, held at the Grand Pacific, September 4, the following were the officers elected: President, Dr. J. H. Buf-fum; Vice-president, Dr. C. A. Williams; Secretary and Treasurer, Dr. R. W. Conant; Board of Censors, Drs. L. B. Delamater, T. C. Duncan, J. S. Mitchell, A. W. Woodward, H. B. Sanders. The next meeting of the Academy will occur the first Thursday in October.

*To the Homœopathic Profession.*—The undersigned have recently issued a Directory of the Homœopathic Physicians of the State of Michigan, on the 24th page of which, the statement is made that Dr. Ellis, of Detroit, "is not a Homœopath." The charge came from a recent graduate who was entirely unknown to both Dr. Ellis and nearly so to ourselves. We regret the error for the doctor is widely known as an ardent Homœopath of thirty years practice, over sixteen of which, has been in Detroit.

DRS. FARNSWORTH.

*Take medicine into the political field,* and vote for no man who is not in favor of liberty in medicine as in religion.

In New York they have a law as absurd as it is contrary to every principle of American liberty. It requires that every person practicing medicine in the state shall have his diploma endorsed by a New York medical college, paying therefor a fee of twenty dollars. This law has received the constant support of Governor Cleveland, and he refused to sign a bill passed by the Legislature allowing the endorsement by Incorporated Medical Societies. With such a record, if Governor Cleveland were ten times a Democrat or Republican, I would not vote for him. Let him and all others of the same ilk be politically damned.—*Eclectic Med. Jol.*

*President T. F. Allen, M. D.,* writes: "I shall try myself to go to New Orleans, but it would have been impossible to take the Institute there because the season of the year when physicians can leave their practice is wholly unsuitable in that city. Besides, St. Louis controls the whole of the southwest. There will never be a Southern Institute, and I deprecate all sectional feeling in this country in any enterprise, in meetings of our school especially. Medicine is not divided by the points of the compass, and while it may be inconvenient for physicians of one section to go long distances, we must try to accommodate the largest number. Nor do I think that any honor would be gained by a small faction seeking to form a separate body merely for the purpose of temporary emolument.

I hope the St. Louis meeting will be a good success. I shall endeavor to deliver an address worthy of the occasion."

# The United States Medical Investigator

VOL. XX. No. 14.

OCTOBER 4, 1884.

WHOLE NO. 408.

## Clinical Medicine.

### HÆMORRHAGES.

BY O. S. SANDERS, M. D., BOSTON, MASS.

Hæmorrhages either in their active or passive form, are more or less alarming to the patient, if not to the physician. Hæmorrhages may arise from one of three causes, viz. :

*First*, accidental, mechanical, or surgical.

*Second*, functional, organic, or medical.

*Third*, hæmorrhagic diathesis.

Hæmorrhage may proceed from any portion of the mucous membrane, and occur at any period of life. In some forms it is most common in youth ; in others, the most critical in age.

#### EPISTAXIS.

Epistaxis is one of the most frequent form of hæmorrhages in children, and in many cases may be ranked under the head of hæmorrhagic diathesis. This type of hæmorrhage is not generally considered dangerous ; still it often becomes excessively debilitating and troublesome to cure. It will sometimes occur as a spontaneous effort of nature to relieve herself and is frequently the *conclusion* of some active form of disease, especially disturbances of the brain. When this appears to be the case, we must not interfere with nature.

Acœnite is indicated when the blood from the nose is bright red (arterial) with headache.

Bryonia, when it occurs on rising in the morning. Bovista when the head is unusually large. But never forget that Veg. carb. and Phosphorus are among the best therapeutic agents with children, while Crocus sativa, and Trillium will give very prompt relief in persons of adult age. If plugging of the nose is necessary, first resort to surgeon's cotton, or cotton wool. If medication is required, *very weak* solution of tincture of oak bark, tannin, or powdered cinnamon. The woolen yarn, dyed with logwood, has often been made conspicuous upon the neck of many a lad addicted to the nose bleed. It was mine when a boy and I, with not a few urchins, can testify to its benefit ; this is a therapeutic or preventive agent, by the astringency of the hematoxylene of the logwood, or dye that prevents the loss of blood from this appendage. Those who have this habitual habit, I advise them to snuff the flower of Lupulin, which often gives prompt relief.

#### HÆMOPTYSIS.

Hæmoptysis is that form of hæmorrhage, not only active in its nature, but is one of the most serious and dangerous in character. Here we observe the two marked qualities of blood ; one issuing

from the bronchial arteries, the other from the pulmonary veins; the hue or color giving evidence of its origin. When dark, venous blood is expectorated, it does not necessarily come from the stomach, as has been supposed by many; and if not, the patient is in danger of pulmonary apoplexy.

Effusion of blood issuing from the branches of the pulmonary arteries which ramify through the air cells, is one of the most critical forms of diseases in pathology, for it shows that the lungs are actually suffering organically from this type of concealed hæmorrhage. An example of this kind we have in that type of disease, known as pneumonia, from which recovery is rare. Unless free, copious expectoration of bloody sputa takes place in the active stage of the disease, the lung will become hepatized, or engender pus. In the advance stage of tuberculosis, sometimes we get profuse hæmorrhage which is highly tinged with the arterial hue, but it is seldom that a blood vessel is so lacerated in the lungs that fatal hæmorrhage will occur *at once*.

So far as my experience goes, a moderate amount of bloody expectoration in attacks of pneumonia, we are warranted in regarding as beneficial, rather than alarming; and when the lungs deplete themselves in that direful disease known as *consumption* the life of the patient is prolonged, rather than shortened.

If the blood becomes stagnant in the lungs and ceases to circulate we are at once in danger of having a tubercular deposit; consequently in all acute diseases of the lungs, as well as in some forms of chronic hæmoptysis, all undue haste to arrest the hæmorrhage, should be deprecated unless life is jeopardized, as in the active form. But when passive, attention should be given rather to keep up the general strength of the system, except when the constitutional powers are greatly endangered by continuous or repeated hæmorrhage.

We have one form of hæmoptysis, which is the result of suppressed catamenia, but I believe that this will not occur except in those delicate organizations where symptoms of phthisis pulmonalis predominates, and is an evidence of incipient consumption, which diathesis needs special attention.

Arnica, Verat. vir., Millifolium, Nitric acid, Trillium and Matico, are among the most important remedies for the treatment of hæmoptysis. Verat. viride and Millifolium, by all means, if the blood is arterial and pulse accelerated.

#### HÆMATEMESIS.

Hæmatemesis is another form of hæmorrhage, and whether it occurs in youth or age is not alarming, unless it is the result of some morbid growth, or is consequent upon a hæmorrhagic diathesis.

Generally it is of a passive nature, and of a dark venous character. When it is the result of a functional derangement by worms, or otherwise, Ipecacuanha, Hamamelis, Natrum mur., Santonine and Sulph. acid are among the best remedies; if however, it is the result of an organic derangement and becomes active, then other means must be resorted to, namely, to meet the constitutional degeneracy. If the quantity discharged from the stomach is large, and the patient much



weakened, we must adopt active as well as immediate measures to arrest it, and among the most reliable means are the Per-chloride of Iron, or Chloride of Sodium, China, etc., attenuated.

One of the most troublesome and yet interesting cases of hæmatemesis I have ever witnessed was in a gentleman of forty-five years of age, and it was in consequence of the presence of a tape worm, which being expelled, measured over thirty-six feet in length; then (no more worms, no more hæmorrhage.)

Hæmorrhages from the stomach may be vicarious and proceed from the result of suppressed catamenia, hæmorrhoids or plethora, the treatment of course will be modified to meet the producing cause.

It is not always easy to differentiate hæmatemesis from hæmoptysis; still we may approximate and diagnose almost to a certainty, if we observe the following results and manifestations:

When we are called to a patient with hæmorrhage, and the blood is dark, fluid-like and vomited, mixed with food, with an uneasiness in the pit of the stomach amounting to a distress or nausea, with an easy and clear respiration, invariably, the lesion is in the stomach. But blood coming from the lungs is of a bright red hue, and coughed up, frothy with difficulty of breathing, pain in the chest, and rales in the lungs, pulse quick and feeble. Again if there is not much disturbance in volume or rythm of pulse, then it comes from the stomach, also when blows, or mechanical injuries affect the stomach, look out for hæmorrhage from this organ, here we have a demand for Hamamelis and Arnica.

#### HÆMORRHOIDS.

Hæmorrhoids are a source of great annoyance, if not accidental they are indicative of a depraved constitution. Language is inadequate to describe the extreme suffering that some have to endure with this malady, especially when treatment is neglected, or treatment of a bad kind.

It is surprising to see what quantities of blood will escape from hæmorrhoidal tumors daily from some patients, and still the system be sustained.

Various have been the means resorted to, to promote curative action, most of which are "*very wicked*" and should not be tolerated. Among them may be mentioned, "strangulation, cauterization, amputation, crushing," etc. There are cases where such methods may become expedients, but never till safer and milder means have been resorted to.

To arrest hæmorrhage from internal piles, certainly *if chronic*, the best local treatment is found by giving an injection of Per-chloride of Iron one part, tinc. Opii five parts, tinc. Hydrastis five parts, Glycerine twenty parts, mixed in one-half pint of water; inject two or three times a day or less, to suit the case without causing the patient to suffer "torment," say from one to two ounces at a time, allowing it to remain as long as possible. For piles (external,) I think well of an ointment, the base of which is Saffoline or Vasaline, two ounces, pulverized Opii, one drachm, Mercurial ointment one scruple, mix and

apply on lint to the anus ; this will soften the tumors and hasten the reduction of inflammation and save the patient from a harsh treatment. Hamamelis, as well as a weak solution of Chloride of Sodium is a good injection in acute or active hæmorrhage from the rectum, and should not be forgotten.

One word more about the local treatment, be sure and not have it used very pungent or strong, *only to be sensed*, (or noticed) not to *burn* or *smart* or *ache*. The leading remedies indicated are to be sought and administered, as for instance :

Æsculus hip, when the tumors have a purple hue and are very painful, itching and burning, with stools hard and dry.

Aloes, grape like protrusion, bearing down in rectum, blood black and hot.

Collinsonia, with varicose veins, better in the morning. Inertia of lower bowel, constipation, etc.

Erigeron, bleeding, burning in verge of anus, with a tearing sensation.

Nux vom., blind and bleeding piles, brought on from medicinal and dissipating influences.

Sulphur, bleeding, burning, stinging after stool. Besides these there are several other well indicated medicines. Morning and evening and always after stool, direct a local bath to the part and thereby keep the fundament clean.

Hæmorrhoids are often an inter-change or substitute for some more dangerous type of disease, rather than genuine and alarming in their character. I well remember a case I had thirty-eight years ago, the patient was a man forty years of age, robust and plethoric in habit. He loved his "*cider and tod.*" The piles were painful and the rectal hæmorrhage fearful. Within twenty-four hours after the bleeding was arrested, *I had an insane man*, whose lunacy did not abate till the tumors again discharged. That experience occurred before I knew Homœopathy, but it imparted to me a valuable lesson. The reflex action produced alarming brain symptoms.

#### HÆMATURIA.

Hæmaturia is another form of hæmorrhage which may be vicarious in its character, but if we are called to see a patient with this form of hæmorrhage, the first inquiry should be (unless we have a case of scarlet or typhoid fever, injury, or Bright's disease,) whether the patient has had hæmorrhage from any other organ prior to the discharge of blood from the urethra. The morbid change may exist in the kidneys, ureters, bladder or urethra.

When the blood is mixed with the urine we may look for the lesion in the kidney. If in the ureters, there is spasmodic pain. If the trouble is in the bladder, we find very little blood in the first flow of urine, or urine slightly tinged, but blood comes more or less in the last part of the emission of urine ; and then, there is a tenderness and soreness in the region of the bladder.

When the blood flows without urine, the discharge is from the

urethra and is generally the result of injury produced by the use of the catheter or some other instrument.

Several years ago, I had a very remarkable case of hæmaturia, which was the result of violent inflammation consequent upon suppressed gonorrhœa; no urine was secreted for some seventy-two hours; and to prove this, in defiance of all efforts to introduce a catheter, by four physicians, it was thought best to puncture, although the surgeons and physicians were divided in their opinion, as to the certainty of the presence of urine in the bladder. Nevertheless the operation was performed, but no urine voided. Still with a persistent use of Apis, Cannabis and Mercurius cor. the discharge of blood ceased, and the urine in thirty six hours more began to flow to the great surprise of the doctors of the other school, who craved the privilege of making daily visits with me to see the case *through*, but to their astonishment he *lived*, and was a wiser man. Hæmaturia may be caused by mechanical force, organic, functional or sympathetic causes, fevers, suppressed gonorrhœa, etc. Calculi in the kidney (one or both) the result of a malignant disease, consequent upon a schirrus diathesis, tuberculosis, etc., and while the most copious discharges of blood arises from a malignant type, the most painful is produced from suppressed gonorrhœa. Dr. G. of L. died of *organic disease* of the kidneys; one kidney was broken down, and appeared like fungoid hæmatodes, while the other was filled with at least a teacupful of calculi varying in size, from that of a small globule, to three quarter inch in diameter. Here blood passed frequently, and no urine for seven days prior to his death. In this case the cause lay back in the free use of stimulants.

In this disease the treatment must be varied. The best topical remedy, however, that I know of, is the application of ice to the spine, especially over the kidneys, or poultices covering the surface with pulverized cloves and absolute rest. The ice may be applied at intervals of two hours and should be placed in a napkin or rubber bag, then grasped by the hand and apply from three to five minutes, (as you would apply a flat iron to clothes,) after which, wipe the parts dry with a flannel and rub with the hand to promote ready re-action. I have obtained almost immediate relief by injecting into the rectum one ounce of Ether to one quart of water when the pain has been acute or spasmodic.

Among the internal remedies, Mezereum is one of the best, when the urine is discharged by drops; Cantharis, Cannabis sativa, Millefolium, Mercurius cor.; when from suppressed gonorrhœa.

When it is the result of mechanical forces, or when complicated with tuberculosis or a scorbutic diathesis, etc., we must depend upon Arnica, Ars., Thuja, Terebintha and Sulphur.

#### METRORRHAGIA.

By the term Metrorrhagia is designated those hæmorrhages from the uterus, disconnected with the catamenia, occurring after labor or miscarriage. Here we are to enjoin perfect rest in the horizontal position. Ipec., Sabina, Crocus, China, Secale, are our remedies, and hot water injection.

## MENORRHAGIA.

Hæmorrhage may occur at any period of life, under the name of menorrhagia. In the active form we get the arterial depletion; while in the passivestage the venous blood escapes, and is less dangerous.

The causes may be various, such as *constitutional, accidental, emotional*, malignant ulcers, organic lesions; or, in that form of hæmorrhages connected with abortions, which is one of the most difficult to arrest; in consequence of the shredy, or fragmentary portions of the undeveloped membrane, which is detached at such irregular intervals, as to keep up a continued process of draining, and depleting the system for weeks, until the patient is well nigh brought to despair or death.

It is seldom that the climacteric years are past without apprehension of some uterine or constitutional disturbances. My success in this form of hæmorrhage has uniformly been good; I have seldom had occasion to resort to the tampon. I doubt the expediency, except in *extreme cases*.

The therapeutic agents that have served me best in this type of hæmorrhage are Cinnamon, Sabina, Trillium and China; *hot water* injections, from one to *four or eight* quarts, instead of tampons.

Menorrhagia is more of a constitutional than a local difficulty, and each case must be met upon its own merit by treatment, and with reference to the existing cause or causes.

The idiosyncrasy must be carefully studied in every case. We often find a psoric diathesis to battle against; also the system may be brought down into an adynamic state, requiring first of all, stimulants to raise the tone of the vital force, and at the same time administer the therapeutic remedy.

## HEMOPHILIA.

Hemophilia is a rare and peculiar type of hæmorrhage. These cases are not common among Americans; some nationalities are more prone to it than others; for instance, in Prussia, a law has been discussed forbidding a woman, who is the child of a bleeder to marry, fearing in case she *should marry* and give birth to a male child the tendency to bleed would be transmitted to the son.

But little is understood with regard to the pathology of this disease. The cause is largely conjectured. The idiosyncrasy is peculiar in this regard. Some think it is the result of germ organism in the body namely developed from *micrococci*. Others say that it is a change in the continuity of the tissues of the veins, capillaries, etc., and others that there is a surplus of fibrin in the blood. The microscope reveals nothing, which pathologists can state *as a fact*.

It is settled that it is hereditary with the male line of issue, transmitted only through the female. Some have supposed that its source is found in some acute affections, malignant in character, like scarlet fever, typhoid fever, or diphtheria, etc., but this is ignored. It seems to be an established fact that the origin or changes are yet a mystery, that *bleeders*, as they are called, have a hæmorrhagic *diathesis*.

When we meet with what is called *black measles*, or *black small pox*, we have what is better termed *hæmorrhagic purpura diathesis*, and the prognosis is doubtful; for here we not only have a change in the blood and tissues, but a paralysis in the blood vessels. Some have classed hemophilia and *hæmorrhagic purpura* one and the same, the differentiation existing only, that the latter is less dark than the former.

They are two distinct pathological conditions, *hemophilia* is a hereditary affection, while *hæmorrhagic purpura* is blood poison, and while females may have the latter, they never are afflicted with the former. In the male sex alone do we come in contact with *bleeders*—and pain in the joints is a pathognomonic symptom of this disease. These cases are so rare, that but little has found its way into medical literature on this formidable disease, and physicians who are called to treat this class of patients must be exceedingly anxious to know what to do; continuous bleeding for days and sometimes weeks, to follow the slightest laceration of the skin in any part of the body must be alarming in the extreme.

The only remedy I have found *suggested* in the treatment of bleeders, is Ergotine and that has long since been abandoned as futile.

If I was called to attend a "*bleeder*," my attention would be directed to Erigeron c. and the oil of *Fire weed* in attenuated form, both externally and internally.

These medicines have the reputation of arresting hæmorrhage from every organ and tissue of the body, and being as near a specific as possible. Try them, and report.

---

## Consultation Department.

---

### A NECROSIS CASE FOR COUNSEL.

*Caries, necrosis.*—Girl twelve years old. April 1883 her trouble commenced, as her mother says, from overwork in helping in house and bakery. She has had all the Allopathic physicians in town and some from other places who all but one, proposed to amputate. Parents say rather let her die. About three weeks ago took the case in hand. Condition: Right chest just below scapula two holes. Bone splinters have been discharged from there, but now only pus and *wild flesh grows out profusely overlapping the healthy surroundings*. Left leg (tibia) nine holes from below knee to ankle; last week a necrosed bone splinter was discharged from the lowest hole. They all discharge pus (since she is under Sil. 6 and 30 and Ars. 30, the discharge has greatly increased,) and wild flesh will grow out from several. The left ankle swollen and seems ready just in joint to open and discharges bone splinters. Pains in this part unbearable and sleep robbing during night. For the rest no complaints, good appetite, bowels, etc., normal and regular. Please assist with advice. G. E.

## A SPINAL CASE FOR COUNSEL.

Mrs. M., twenty-eight years old. Four years ago in Germany, had what she thinks was typhoid fever, since which time she has the following: In the last two cervical and four upper dorsal vertebrae a constant heat, buzzing in left ear, so loud that seems to her that others in the room must hear it. By testing with the watch I find hearing very slightly impaired, tingling in arms and hands, most in the left, face flushes easily, feels hot continually, and wants to be uncovered, feet particularly hot, skin very itchy, menses every twenty-three days, and not attended by severe pain, but frequently before their appearance she is very much prostrated. Sleep very heavy, and accompanied by disagreeable dreams, appetite good, bowels regular, tongue trembles when protruded, always moist and light colored coating. Inclined to be melancholy, weeps easily.

Would add that in her younger days she worked very hard, doing a mans work in a brick yard.

I have tried a number of remedies, including electricity, but so far result *nil*. Please give diagnosis, prognosis and treatment. I will report result through THE INVESTIGATOR. Q.

---

## Materia Medica Department.

---

### A STUDY OF ABSINTHIUM.

BY T. F. ALLEN, M. D. NEW YORK.

Our knowledge of the effects of this remarkable plant is derived wholly from cases of poisoning; even Dr. Gatchell's "provings" contain "epileptiform convulsions," which can have been noticed only in a chronic poisoning. To understand rightly what we are studying, let us examine the preparations ordinarily used. *There is no pure "liquor of Absinth" in the market; all the essences and liquors are adulterated.* Formerly Swiss Absinth (the best) was prepared by macerating in alcohol the tops of *Artemisia Absinthium* and other species, together with *angelica root, sweet flag root, Aniseed, dittany, origanum*, etc.; after distillation, there was added: *essences of Aniseed, or of mint, fennel and honey.* At the present time no infusions are made; essences are first prepared and added to a poor alcohol; for a fine color, *Sulphate of Indigo, tincture of Curcuma, Picric acid, Sulphate of Copper*, and even *Arseniate of copper*, are added. Still, this adulteration does not alter the fact that Absinth, pure and simple, produces a genuine and peculiar intoxication, *the chronic form of which is characterized by epileptiform convulsions.* Dr. Challaud, in "Etude Experimentale et Clinique sur l' Absinthisme et l' Alcoolisme," gives the following conclusions:

1st. The poisonous agent in "liqueur d, Absinthe" is the essence

of Absinthe; this essence alone, without Alcohol or any adulteration, produces in animals an intoxication characterized by epilepsy.

2d. In man, the abuse of this liquor is followed by convulsions.

3d. This epilepsy of Absinthe differs from the epileptiform spasms noticed in chronic Alcoholism, by its *character*, by the period of *invasion*, and by its *duration*.

We have now to examine the peculiarities of the Absinthe epilepsy, a very good account of which may be found under article *Absinthe* in Vol. X of the *Encyclopædia*. We first find that the spasms are characterized by a *large number occurring in rapid succession*. This observation has proved of service in arresting these spasms by dilutions of Absinth. Another good observation is the *anæsthesias* and *symptoms of general paralysis* following or even preceding the convulsions. Note also the *terrifying hallucinations* in many cases.

A number of drugs produce spasms with loss of consciousness, and many drugs arrest such spasms and cure epilepsy; but none are like Absinth. *Cicuta* approaches it in severity, but the spasms indicating *Cicuta* are continuous; while the intermitting spasm of *Nux vom.* are not attended with loss of consciousness, and are more tetanic in character. The symptoms of anæsthesia and general paralysis are clearly brought out by the most valuable provings of *Artemisia abrotanum*, by Dr. Cushing (see *Encyclopædia* Vol. X, *supplement*.) The same bitter, active principle is found in nearly every species of *Artemisia*. It was described by *Kromaayer* in *Arch. Pharm.* cvii, 129, and named Absinthin. It is not an alkaloid. According to *von Leonhardi*, (*Osservazioni ed esperienze del. Dott. Lupis sopra la virtù anti-febrile del estratto amarissimo d'assenzio, Milan, 1828.*) it causes vertigo and stupefaction. The provings of Dr. Cushing, above referred to, well repay the most careful study. The preparation used was obtained by macerating the fresh plant in alcohol. The doctor began with six drops of the tincture, and rose to 100. He first experienced a sensation "as if the head were squeezed in the temporal regions; afterwards there followed frightful dreams, and trembling on waking. After sixty drops, a humming as of a bee was heard; then he had lameness and aching in the left arm; then severe pains in the back of neck, shoulders, etc.; the right hip became lame; the arms and hands became numb; afterward trembling all over; *mouth became dry and sore; respiration difficult; legs so lame that it was difficult to walk; restless on account of the pains; darting pains in various parts of the body; when driving, he often unconsciously dropped the reins.* Provings of the same plant by Dr. Gatchell give us: fugitive pains; numb sensation in fingers; loss of mental power, etc. These provings are clearly *genuine* and valuable. The immediate physiological explanation of the systems is to be found in the "Pathological" section appended to Absinth in Vol. I of the *Encyclopædia*. A condition similar to this is not infrequently met with in patients; and Absinth or *A. abrotanum* should come into frequent use for cerebral and spinal hyperæmia with the symptoms so clearly developed by Dr. Cushing. The amelioration from motion, the numbness and the

pains, are like Rhus. Both Cushing and Gatchell speak of the pains as fugitive; Cushing noticed *upper left*, then *lower right*. The study of the *Artemisia*s should be followed by a comparison with Rhus and *Zincum*. *Cimicifuga*, and a large number of cognate drugs will readily suggest themselves.

---

## Correspondence.

---

### HOW TO CHARGE FOR TRIPLETS.

DEAR INVESTIGATOR: Page 296 you ask: "What is the custom of our readers?"

Once upon a time, about forty odd years ago, there came on a Saturday evening an Irishman into my office to have a tooth extracted. At that time the doctors had to be jack-of-all-trades and tooth pulling was one of the requirements. I pulled one tooth, at his request number two and three followed, so that there was a pretty big hole in that jaw. After washing his mouth and soiling several napkins he kindly handed me twenty-five cents lawful money with the remark; as he never left the chair, it was all one job and one fee covers the whole.

Many years ago the late Dr. Beakley called upon me in a case of labor, and by mutual change we delivered the poor woman of three little girls, as handsome babies as you ever saw. One placenta for all these young ladies. Yet the poor woman had only clothing enough for one, never dreaming of such an increase. I took a basket, went begging around among my young married friends and came back with enough to clothe them decently, and with forty dollars cash. I never felt more satisfied with a fee in my life, for the donors and recipients were made happy.

Now that makes all the difference in the world, how the financial state of your patient is. If wealthy and proud of his wealth, put it on thick, never be a poor doctor, if you can help it, the laborer is worthy of his hire and valued according to his charges. If in moderate circumstances where every dollar counts, charge fully and then deduct one-third or one-half and consider yourself paid. They will always be your friend. If you have to do with a miser, what punishment these triplets will be to him, but make him pay the full value of your services. There cannot be a standing rule and overcharging hardly ever makes long friends, but it is so pleasant to be the family physician and counsellor. Individualize your patients and charge accordingly. S. L.

PARIS, Texas Sept. 28.—We are having typhoid fever, intermittent and dysentery. W. F. THATCHER.



## INTERNATIONAL MEDICAL CONGRESS.

## REGULAR CONCLAVE.

COPENHAGEN, Denmark, Aug. 18, 1884.

MR. EDITOR: The eighth session of the International Medical Congress has held its meeting in Copenhagen, and the Congress has adjourned to meet again in Washington in 1887, the invitation of the American Association, tendered by Dr. John S. Billings, having been accepted. This meeting has been very successful in every way, being largely attended, especially by men from the Continent and the British Isles, together with a considerable delegation from America. Although no full directory has yet been published, it is probable that there are about 1,500 members present, and the city is crowded with them.

The exercises commenced Sunday, August 10, with an address by President Panum, in the presence of His Majesty, the King of Denmark, and in the evening with a dinner given by the President and the executive committee. They have continued through the week, closing Saturday, August 16. Each day with the exception of Wednesday, the 13th, there have been two sessions of the Sections—the morning session being from 8 to 12 o'clock, and the afternoon session from 1 to 3 P. M.; and also there has been a general meeting from 3:30 to 5 P. M., at which addresses were given by Pasteur, of Paris; Cruelli, of Rome; Gull, of London; Virchow, of Berlin; and Panum, of Copenhagen. The Congress has been divided for work into fourteen sections, as follows: I, Anatomy; II, Physiology; III, Pathology; IV, Medicine; V, Surgery; VI, Obstetrics and Gynæcology; VII, Ophthalmology; VIII, Pediatrics; IX, Dermatology and Syphilis; X, Nervous Diseases; XI, Laryngology; XII, Otology; XIII, State Medicine; and XIV, Military Medicine.

The official languages have been English, French and German, and all of the exercises have been conducted in these languages, French being the most universal. It has frequently happened that a paper has been read perhaps in French, with the discussion opened in English, and continued in German.

The social element was not overlooked, and the whole city has been thrown open to its guests. Each day there has been some reception or dinner, chief among which were the dinner given by the city of Copenhagen on Thursday evening, and the reception and supper by the King and Queen of Friday evening.

Wednesday there were no sessions, and the members and their ladies were conveyed by fine steamers about twenty miles to Elsinæur, where a fine lunch was waiting their arrival in the old castle of Kronborg. In the evening they returned to Copenhagen by rail.

Although the chief business of a medical meeting is the dissemination and interchange of knowledge of a medical character, yet not the least benefit is the social element, the members learning to know each other personally, and ever after they appreciate each other better than if there is no acquaintance and they are known only at a distance. On this account I trust that the meeting in America in 1887 may be largely attended by the many distinguished men on this side of the Atlantic.—*Jour. Amer. Med. Assn.*

## Progress of the Medical Sciences.

---

*Hot Milk as a Restorative.*—In the *Times and Gazette* a note appears on the use of hot milk as a restorative. When heated above 109° F., milk loses its sweetness and density, but has a most cordial influence over mind and body when exhausted by labor or mental strain. Its effects are more satisfying and more enduring than those of Alcoholic stimulants. *The Medical Age* says any value as a stimulant which is attached to either hot water can only be from the heat which it imparts on absorption to the circulating fluids.

*Diminution of Urea in Cancer.*—Dr. W. Rommelaere publishes a series of clinical observations illustrating a new fact in the pathology of cancer. He finds, in thirty-four cases, that in persons subject to cancer the amount of urea daily eliminated progressively diminishes until it is below 3 iij. By studying the urea eliminated in cases, for example, where doubt exists between gastric ulcer and cancer, a diagnosis can be made. In twelve cases of ulcer of the stomach the daily amount of urea eliminated was about 3 vi.—*Medical Record*.

*Improvements in Medical Practice.*—We are apt to forget that there is a constant change in medicine, but many physicians are the same yesterday, to-day and forever. All change is not improvement, the antiseptic surgery of to-day differs so from that of the past that the wonder is that any cases recovered. This antiseptic rage is giving place to more mild measures. How Carbolic acid or the recent Corrosive sublimate solution can help the healing process is surprising. "Prove all things and hold fast to that which is good" is a good medical motto.

*Microscopic appearance of Bromide of Potassium Eruption.*—(*Brit. Med. Jour.*, May 24.) Mr. W. Tay mentions a child, eleven months old, who had been taken four and a half grains of bromide of potassium for ten days. On the ninth day, developed a vesicular eruption upon the thighs and buttocks. The drug was stopped on the tenth day. On the twentieth day the eruption consisted of large elevated disks, with a surrounding zone of partially desiccated vesicles. The eruption disappeared six weeks after the last dose. A microscopic examination, by Dr. S. Mackenzie, showed active hyperemia of the corium, of the papillæ and sebaceous glands, especially with corpuscular and fluid exudation.

*Excision of the Pancreas.*—At a meeting of the Royal and Imperial Society of Physicians in Vienna on March 28 (*Wien. Med. Wochensch.*, April 3.) Dr. Von Hacker showed a patient from whom Prof. Billroth had removed the pancreas on account of carcinoma. The chief symptom was vomiting, which came on at last from one to two hours after each meal, and gave the patient so much trouble that she begged to have the operation performed. It was borne very well. Milk and bouillon could be taken during the first days after it, and in a

week she could eat the lighter forms of meat. She was now quite well, a month after operation, and had gained forty-two pounds in weight during her stay in hospital.

*What the Thumb Nail Teaches.*—"Long before I was a physician" said an old doctor, "a fellow took my hand one day and measured my thumb nail, then doubled my middle finger over as far as he could. There he said is the length of it and eight times the width of the nail is the size of it in its best estate. Since then I have studied thumbs. I have found a correspondence in the width of the thumb nail, the mouth and other openings. If the nail is short in women the vagina is usually short and vice versa. A rough nail means vigorous connective tissue, but a thin nail means a sensitive person and if clubbed is a sign of physical weakness. Consumptives have that sort of nails. Oh, we don't half know our physiological anatomy," and the old man was off on his rounds.

*The Nourishment of small Children with Oatmeal.*—(*Arch. f. Kinderh.* [from *Gaz. des Hop.*, No. 125, 1883.] B. V., II. 7 and 8.) This paper refers to the use of the so-called Morton oatmeal for children four or five months of age. Oats contain an aromatic principle resembling vanilla, which gives to the fresh grain an attractive odor. This has been extracted by Journet with water and alcohol. The analysis of the Morton oatmeal by Brissonnet gives the following results in 100 parts: Water, 9.906; protein substances and soluble albumen, 2.10; insoluble albumen (gluten), 9.40; fat, 6.525; sugar, 965; gum, 1.57; dextrine, 1.324; fibrin, 1.564; starch, 64.57; ash, 2.076 (principally sodium, magnesium, calcium, iron, phosphates, sulphates, chlorates); nitrogenous substances, 1.614. Microscopical investigation of oats reveals nothing but starch. From this analysis it would appear that the preparation in question is a very useful one for young infants.—*Archives Pæd.*

*The Treatment of Scrofulous Bubo.*—Dr. Lhuillier ("These de Paris;" "Bull. gen. de therap.") treats of a variety of inguinal bubo which occurs in scrofulous persons between eighteen and thirty-eight years of age, and appears to result most frequently from excesses in walking or in venery, which cause engorgement of the inguinal glands and favor the localization of scrofulous disease in them, often quite independently of any other scrofulous manifestation. Syphilis also favors the occurrence, and it is then termed syphilo-strumous adenitis (*adenite syphilo-strumense*). Strumous adenitis calls for a general anti-scrofulous treatment, such as Cod-liver oil, Phosphate of lime, Wine of cinchona, and especially preparations of Iodine in small doses extending over a long period. During the stage of induration, local treatment is apt to prove fruitless, although applications of tincture of Iodine may do a little good; when fluctuation is evident, however, there should be no hesitation, but the abscess must be opened freely, antiseptically, and with Paquelin's cautery if practicable, and an effort made to destroy the wall. If the patient declines to submit to the latter procedure, the cavity may be dressed with tincture of Iodine

or with Iodoform. In the syphilo-strumous form the treatment is the same, but softening may be hastened by the use of mercurial plasters.

*On Paralysis of the Radial Nerve Cured by Operation.*—At the Berlin Medical Society on March 26, (*Deutsche Med. Wochenschr.*, April 3), Dr. James Israel showed a case of radial paralysis cured by operation. The patient was a lad aged seventeen, who had got his arm broken in three places by a machine accident. The paralysis was noticed at once, and was found to be still present after the cure of the fracture. All the muscles supplied by the radial nerve were paralyzed, as well as the triceps, and the muscles were considerably atrophied. Irritability to the induced current was lost, but contractions occurred at the closing of both cathode and anode with the constant current. Sensibility was diminished, but not entirely lost. The nerve was then laid bare between the external head of the triceps and the supinator longus, and was followed upwards to the seat of fracture, where it was found to be flattened and compressed at an angle by the edge of the lower fragment of the humerus, and firmly fixed in a mass of connective tissue. It was freed from its surroundings, and the edge of the bone was chiselled off, so that the nerve could take its normal course; Iodoform dressing secured healing by first intention. The patient was now handed over to electric treatment, the nerve acting no better than it did before, and in less than a month the supinator longus began to act. Movement in other muscles followed in due course, and in two months the muscles were all reacting to the constant current.

*Surgical Treatment of Scrofulous Adenitis of the Neck.*—An interesting discussion was carried on at the Societe de Chirurgie in February last, on the surgical treatment of cervical adenitis. It is to be regretted that the discussion was too discursive, and not limited to one particular form of scrofulous or tuberculous adenitis. Some time ago, when medical treatment produced no result on cheesy gland-masses of the cervical region, surgeons attempted excision. The antiseptic method renders this operation almost free from danger, and it has been frequently effected with success. One of the most important considerations which induced surgeons to remove all the affected glands is the probability, which often becomes a certainty, of tuberculosis being propagated by these cheesy glands to other organs. It has been proposed to treat glands when neither suppurating nor softened in the centre, like cold abscesses or certain primary fungoid caries of bone-tissue, and remove by means of a sharp scoop all the fungoid and softened parts. Thus the dense and vascular fibrous capsule, which bounds the tuberculous or cheesy area, and a fibrous tissue which rapidly cicatrises is all that remains. This operation, popular in other countries, is, except by M. Trelat, not regarded with much favour in France. This surgeon strongly recommends it, but always on the condition that all the affected tissue should be scraped away. All other methods of treatment, such as interstitial injections of irritating fluids, tincture of Iodine, etc., have been proved to be useless.

*Fistula in Ano in a New-born Infant.*—*Jour. de Méd. de Paris*, May 17, 1884.) The child was delivered before the author's (Cerne) arrival, but artificial respiration was required before its lungs could be made to act satisfactorily. For three weeks it progressed well, but at the end of that time digestive troubles made their appearance in the shape of diarrhœa, colic, and vomiting. A swelling appeared in the vicinity of the anus, which was soon followed by a discharge of pus from the anal orifice. The stools being normal, the author supposed that there had been inflammation in a cutaneous gland adjoining the anus. Some days later the discharge stopped, after which, new digestive disturbances appeared, and then a second abscess upon the side opposite to the first. Three fistulous openings eventually appeared, the digestive troubles continued, and foul-smelling gas escaped from the anus. A soft rubber sound (No. 17) was introduced into the rectum, and just inside the sphincter ani there was evidence of incomplete contraction of the bowel. The treatment consisted in washing the parts each day with a solution of Mallows, and in introducing the sound (No. 17 Fr.) to the extent of five centimeters. Temporary improvement followed, but a larger sound (No. 20) was required before the tissues were sufficiently stimulated to heal entirely. No operation was required.

*Antiseptic Incision in Hydrocele.*—M. Juillard (*Revue de Chirurgie*, Fevrier 10, 1884.) tries to demonstrate the superiority of an antiseptic incision, such as proposed by Volkman, to injection of Iodine. According to M. Juillard, the iodide injection, like all other methods of irritating the tunica vaginalis, is a simpler operation, but is followed by violent reaction. The cure is very slow, and there is generally a return of the disease. On the contrary, an incision carefully made, with every antiseptic precaution, never provokes inflammation due to reaction; it is not more painful than an injection and cures as quickly, without relapse. The principal objection to this mode of treating hydrocele, is that it is long and requires great care and dexterity. M. Juillard's preference for treatment by incision is supported by fifty-four operations; he modified, in some respects, the primary method of Volkmann. He maintains that anæsthesia is not necessary; there is pain only when the skin is incised, and that is done rapidly. Large incisions are preferable to small. An interesting detail in the operation, according to M. Juillard's modifications, is the resection of a certain portion of the tunica vaginalis, in such a way that suture of the edges of this membrane does not prevent the principal fold from being applied immediately against the testicular fold. M. Juillard considers this particular most important, the essential condition to attain obliteration of the tunica vaginalis by union of the serous walls; which prevents the return of the hydrocele. This suture, made with very fine catgut, is covered by the walls of the scrotum, also sutured. Volkman places a drainage-tube in the tunica vaginalis; M. Juillard in the scrotal wall, and only for a short time. An antiseptic dressing is then applied. M. Juillard lays great stress on the application of sponges to the scrotum; they act as absorbent compresses.

## News of the Week.

---

*The Chicago Colleges* both opened with good classes. A full report is crowded out.

*The New York Ophthalmic Hospital.*—Report for the month ending Sept. 30, 1884. Number of prescriptions, 4,821; number of new patients, 912; number of patients resident in the hospital, 14; average daily attendance, 186; largest daily attendance, 290.

ATTONLY WARNER, M. D., Resident Surgeon.

*Yellow Fever.*—This justly dreaded disease continues to prevail severely in several places in Mexico, Central America, and the West Indies, but thus far appears to have become prevalent in no part of our own country. Its position in Mexico is such as to create constant apprehension in the adjoining parts of Texas. The case that occurred in one of the ports of Florida has been followed by no others, and the same result has followed the reported cases at other ports.

*Removed.*—The trustees of the Buffalo Eye and Ear Dispensary are pleased to inform you, that, having secured more commodious accommodations, they have removed the dispensary to the new building, 562 Washington street. The Institution, as heretofore, will be free to the worthy poor, and will be open daily, at 3 P. M. Operative and other cases, if local, will be city charges. Others will be received in the wards, at five dollars per week. Dr. F. Park Lewis continues as Surgeon in charge.

*The Cholera in the South of Europe* still maintains a threatening attitude, especially in Italy, where some ten or twelve considerable towns, notably Naples, are suffering, notwithstanding the extraordinary measures that were resorted to to keep the disease out of the country. There are reports also of cases in Spain. A press dispatch received from London on Thursday contained a report of a case having occurred in that city, coupled with the statement that the sanitary officials doubted its genuineness.

*You may be a Homœopath* if you want to but you must not say so. This is about the position taken by Prof. Austin Flint, late President of the American Medical Association, at the meeting of that body, which was held in Washington in May, when he said "the term 'irregular practitioner' should not be interpreted to mean one who might entertain exclusive ideas regarding certain matters in medicine [this they charge of the Homœopaths,] but rather one who adopted a sectarian name, as 'Homœopath' 'Eclectic' etc." The Allopaths have always charged the new school with being exclusive, in that we practice according to the formula, "Similia Similibus Curanter." Dr. Flint now practically says, "You may so practice if you wish, but don't say you are a 'Homœopath' and we will fellowship with you." "Small favors are thankfully received and large ones in proportion." All we will have to do will be "to wait the time with patience," and the Allopaths will gather us unto their bosom without our being aware of it. Truly "the world do move."—*Pellet.*

# The United States Medical Investigator

VOL. XX. No. 15.

OCTOBER 11, 1884.

WHOLE No. 409.

## Materia Medica Department.

### A STUDY OF ACETIC ACID EFFECTS.

BY PROF. T. F. ALLEN, M. D., NEW YORK.

Our knowledge of the effects of this organic acid is derived mainly from cases of poisoning. Numbers eight and ten in the *Encyclopædia* (Vol. X) give us the clearest picture of the general effects. Analysis of these and other cases, and a comparison with other experiments, establish the following general feature: General anæmia, with strong tendency to disintegration of red blood corpuscles; emaciation, with great paleness; slow and weak heart, with a soft pulse; an anæmia, associated with great tendency to development of tuberculosis. It is interesting to note that the vegetable acids, in general cause a *soft*, small and *weak* pulse, while the mineral acids cause a small, slow and *hard* pulse. Clearly defined indications for Acetic acid are not yet known. It has had some repute in diphtheria and typhus; it has been thought to arrest atonic hæmorrhages, and to prevent night-sweats. We have had considerable experience with it, after the administration of anæsthetics, and have been uniformly disappointed. It ought to be given in cases of *anæmia, with emaciation, and tendency to passive hæmorrhages*, particularly if *burning pains* are felt in the chest or stomach, *with aggravation from lying on the back*. The convulsions in one case of poisoning, doubtless resulted from a very large quantity. The symptoms of abdominal typhus, reported by Orfila, as well as those of hectic fever (also reported by him), followed the violent symptoms of gastro-enteritis, and seem, in the former case, due to ulceration of the bowels, and in the latter to a general malnutrition. Though these general symptoms may be found in many other drugs, yet the *peculiar* tendency of *Acetic acid* comes out strongly in the emaciation, night-sweats, etc., as above mentioned. Every observation recorded in the *Encyclopædia* is reliable, though the "*tuberculosis*" has been questioned. There is, however, reason to believe that *tuberculosis* even might develop from the Acetic acid anæmia.

On comparing this with other organic acids, we find that *lemon juice* (*Citrus*) produces a *small, soft and slow* pulse, with a feeling of general depression. Stevens asserts that *Citric acid* produced a clear case of scurvy (see *Encyclopædia*, Vol. X). *Tartaric acid* causes a very weak action of the heart, a feeble pulse, and great fatigue; can scarcely drag himself along. This acid is found in large quantities in the juice of fresh grapes; and the "*grape cure*" is said to be especially dangerous to persons with any tendency to the development for tuber-

culosis; it certainly "thins the blood," and produces rapid emaciation, frequently with impaired digestion.

It is interesting to trace the action of this Acid in the pathogenesises of its salts. For example: *Ammonia* produces an accelerated pulse; rise of temperature and of blood pressure; symptoms of general sthenic fever; a general nervous irritability; with *dry skin*, and profuse urine (like *Belladonna*.) *Acetate of Ammonia* (Spts. *Mindereri*) may be administered in much larger doses than the *Carbonate*; even four ounces have been taken at once, with scarcely any result, while but a few grains of the *Carbonate* can be taken with impunity. This clearly shows that the *Acetic acid* antidotes the *Ammonia*; indeed, it more than antidotes it, for the effects of *Spirits of Mindererus* are profuse secretions, (perspiration, profuse mucous discharges,) with general vascular and nervous relaxation. The use of this salt is well known and appreciated in the Old School in light, synochal fevers, eruptive fevers, etc. In the *Acetate of Potash* we find a salt which possesses a redoubled power of depression, derived both from the *Potash* (one of the most powerful depressors in the *materia medica*) and from *Acetic acid*. The provings under the care of Bœcker, (*Encyclopædia*, Vol. X.) and more recently the experiments by *Nunnally*, referred to by *Ringer*, substantiate what I have said; indeed, the effects could have been predicted by any one familiar with the effects of the base and the acid. It is unnecessary to pursue farther our analysis of the acetates; enough has been said to suggest methods of study in this direction. No characteristic indications for the use of the drug have yet been furnished us by provings; nor are we as able to follow clearly the effects of *Acetic acid* or its compounds as we can those, for example, of *Nitric acid* through the organic and in-organic nitrates.

---

## College Commencement.

---

### HAHNEMANN MEDICAL COLLEGE, CHICAGO.

The opening exercises of the twenty-fifth annual term of the Hahnemann Medical College were held September 23, in the college building, Twenty-ninth street and Cottage Grove avenue. The large lecture room was filled with the students and their ladies, and a number of invited guests. Professor A. E. Small was called to the chair, and in a few happy remarks welcomed the assemblage to the exercises of the evening. He alluded to the early days of the college, when the faculty consisted of but seven professors, and the students scarcely exceeded that number, and predicted that the coming year would be the best in the history of the college. Professor J. E. Gilman was then introduced, and delivered the opening address. His remarks were chiefly directed to the young matriculants, to whom he gave



words of serious warning and excellent advice. Upon the conclusion of this address, the assembly repaired to Martine's Hall, corner of Twenty-second and Indiana avenue, where a banquet was served, and dancing was indulged in until a late hour. The college starts out this year under the most favorable auspices. Over three hundred students are enrolled, and the faculty have been augmented by several valuable accessions. The hospital building, which was partially destroyed by fire about a year ago, has been re-built, and the clinics will hereafter be held in that building. The dedication ceremonies of the new hospital will be held September 30, when, as Professor Small remarked, addresses will be delivered by the physician who wrote the first prescription this side of the Allegheny Mountains, and by the laymen who took this identical prescription. Interesting exercises are expected.

#### *THE HOMŒOPATHIC MEDICAL COLLEGE.*

The ninth annual autumn and winter session of the Chicago Homœopathic Medical College begins to-day, the opening exercises being held September 29, at the amphitheater of the college, located at the corner of Wood and York streets. The members of the faculty were seated near the lecturer's table as follows: Professor J. S. Mitchell, A. M., M. D., President; Professors Albert G. Beebe, A. M., M. D.; John W. Streeter, M. D.; R. N. Foster, A. M., M. D.; J. H. Buffum, M. D., Manager; A. W. Woodward, M. D., Treasurer; E. H. Pratt, A. M., M. D., Vice president; John R. Kippax, M. D., LL. B., Secretary; N. B. Delamater, A. M., M. D.; R. N. Tooker, M. D.; H. M. Hobart, A. M., M. D.; W. F. Knoll, M. D.; Clifford Mitchell, A. M., M. D.; L. C. Grosvenor, M. D.; Curtis M. Beebe, M. D.; H. Sherry, M. D., and F. H. Gardiner, M. D., D. D. S. The audience present was generous as to numbers, excellent as to quality, hearty as to applause. The exercises began with prayer by the Rev. J. Spencer Kennard, pastor of the Second Baptist Church, followed by music by the Chicago Quartet, which won a merited encore. President Mitchell then made a short address, the subject of which was "Growth." Growth, he said, was a thing of absorbing interest to nations, to individuals. That which was of most interest to those present was the growth of their college. Never in the history of the college had there been so large a number of students upon the initial day. The course opened auspiciously. In the dispensary the growth had been such that another physician had been added to the house staff. Subdivision of work was advocated and more perfect preparation for clinical work. The quartet sang again, and the address of the evening was given by Professor L. C. Grosvenor. He began with a word of welcome to the students, paying a high compliment to the institution itself. Nine years ago the school was founded, and the men who had gone out from it had done honor to themselves and to the college. Success in the lives of eminent men and women was worth considering, that we might be made more successful thereby. Rare talents and profound learning did not want for recognition in the nineteenth century. The great brain of Webster, the largest on the earth since

Socrates, was ever ready to take on culture. The pursuit of knowledge should be a delight. Intellectual gymnastics gave vigor to the life. Study should be a rare delight from first to last. It was the wasted moments that made a wasted life. Take time, he said to the students, to eat, play, and sleep and cultivate the social side of life—That man worked best and thought best who ate best and played best. The college had taken a step in the right direction in reducing the number of lectures per day. One idea gained each day made 365 in a year—more than most men had. The excellent physique of the English student was noted, showing that the development of the physical was a matter of careful attention, and that the English student went at his work to win, and he won. In no other profession was there such opportunity for intellectual and moral culture—every bedside was a school of the heart. The quartet again sang, and then the audience was invited to inspect the building, which was lighted for the purpose. Later in the evening the banquet of the faculty to the students and alumni was given. The college opens with seventy-five students, the largest number enrolled upon any opening day.

---

## Consultation Department.

---

### AN INQUIRY.

In the year 1881 or 1882 I read a little treatise in regard to "*taking physic.*" The author whose name I am sorry I forgot, stated and gave a few statistic proofs, *that every time a cathartic is taken it shortens life.* I have all the time been under the impression that I read it in THE MEDICAL INVESTIGATOR, printed in the fine large type which are a feature of the typographical execution of the semi-monthly of the years named above. But all my search is in vain; now I very much want the article for reference, I cannot find it. Consequently I must have read it in another periodical. Would you kindly publish this note and thereby induce the author of such an article or whoever else may remember it to answer through THE INVESTIGATOR were the article in question may be found and thus oblige yours, G—e.

### DYSMENORRHŒA.

TO THE EDITOR OF THE UNITED STATES MEDICAL INVESTIGATOR: It would be well if your correspondents were to give not only their names but their addresses when sending letters for publication. There is a letter in your journal for August 30th, purporting to describe the most suitable treatment for dysmenorrhœa, this is signed A. C. Pope, and no hint is given as to the whereabouts of this particular A. C. Pope.

I have several friends in Chicago whose good opinion I should be sorry to lose, and therefore I shall be much obliged if you will in an early number allow me to state that the writer of the letter I have referred to is not,

TUNBRIDGE WELLS, Eng.

Yours truly,

A. C. POPE.

# THE UNITED STATES MEDICAL INVESTIGATOR.

"HOMŒOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

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

---

A MEDICAL LIBRARY FOR OUR COLLEGES.—We want one word with all the graduates of all the Homœopathic schools. If this meets the eye of one in our ranks who cannot claim a Homœopathic alma mater, then we suggest that you adopt one. We have a suggestion for you all. In many colleges there is some memorial of the classes, placed on campus or in halls. Do you know that many of the medical colleges have no library or only the nucleus of one? We suggest that you, each of you send to your alma mater a volume "Presented to the ——— Medical College, by ——— graduate of 18—." "When this you see, remember me" might be added, and to guard against theft, for sad as it is true, medical students will carry off books—there might be added, "Steal not this book for fear of —."

It might be well to first address the librarian, if there is one, and get the title of the volumes already in the library, and then select a work that will be new. If each student would thus leave the college such a legacy, the steady growth of a valuable reference library would be assured. It would soon be the pride and glory of the alumni.

There are many old volumes and numbers of journals and rare old works that could be picked up in some unused corner, or in a second-hand store that would be invaluable in such a collection. Medical books cost on an average about three dollars, and if one cannot send a book, the money would do as well, for those old valuable works could be purchased.

The alumni might form a library association, paying an annual fee of say one dollar, and a deposit of three or five dollars, and be allowed to draw out a work now and then. Most books could be sent by mail to any part of the United States at an average cost of twenty-five cents.

The student should remember his alma mater with a present now and then. If he does, he will not forget the museum when he has a specimen.

---

TWO ARTICLES at least, in this issue, will repay careful reading. Study Prof. Allen's analysis of Acetic acid, and Prof. Kent's comparisons of remedies

## Clinical Medicine.

### *MALARIAL FEVERS—THERAPEUTICS.*

BY PROF. J. T. KENT, A. M., M. D., ST. LOUIS.

By "malarial fevers" I mean such as are mixed, and not distinctively intermittent, generally denominated typho-malarial; exclusive of the variety which has, as a class, a clear apyrexia, such as are especially met in this city. This paper is intended to apply to the class of mixed fevers confined to St. Louis, to the cases blending from the complicated intermittent to the complicated typhoid. It is known that some of them take on a predominance of typhoid symptoms, and some of them a predominance of symptoms found in complicated intermittents. It is this hybrid state of things that causes us so much vexation. I have undertaken the task of furnishing the best guide to remedies for our own circumscribed work. I have not mentioned many remedies generally thought of great importance, because I have not found the symptoms indicating them. Should I go into remedies so seldom indicated, this paper might extend beyond endurance. Hence the remedies are those most useful.

*Antimonium crudum.*—The gastric derangement, nausea, and vomiting, great exhaustion, white tongue, and thirstlessness, constipation, or diarrhœa, must guide to this remedy. The concomitants, few or many, can seldom do away with indications for this remedy.

*Arnica.*—This is a frequently used remedy. The sore, bruised feeling all over the body; the patient complains of the "hard bed" and the aching, sore feeling in the whole body; the soreness compels him to move and he turns upon the other side, which in turn becomes sore and bruised, and compels him again to move; there is thirst and moaning; he cries for relief "or he will die!" There is great exhaustion and pain in the stomach and bowels, pressing and cutting pains in the stomach with nausea and vomiting; very often eructations, tasting like spoiled eggs, with bad taste in the mouth; diarrhœa of a blackish water, with bits of bloody, mucous stool; repugnance to food, milk, broth, and meat; coldness in the stomach, and, if there is a chill, it is preceded by great thirst.

*Arsenicum alb.*—Prostration, anxiety, and fear of death; extreme exhaustion, with thirst for water, little and often, for cold water, which causes nausea and vomiting; diarrhœa, stools scanty, dark, watery, offensive, with tenesmus, and the patient is covered with a cold sweat and blue spots. The tongue is dry and cracked, and the mouth and throat are parched and he wants only water enough to moisten the dry, mucous surfaces. In the beginning he goes from bed to bed, and is not relieved by the motion (unlike Rhus), yet his anxiety and restlessness compel him to move. The after midnight aggravation of fever and anxiety are especially guiding. The relief from warmth in general and warm drinks is also important. The

burning in the stomach, bowels, mucous membranes, and skin, so common in many cases, is happily met by Arsenicum.

*Phos.*—Involuntary stools generally point to Ars. but Arn. and Phos. have sometimes been indicated. The latter I have not often found indicated; occasionally the following symptoms have been present, indicating Phos.: The dry, burning mouth and tongue, with constant thirst for large quantities of ice cold water, which is vomited when becoming warm in the stomach, or gurgling from the stomach down through the abdomen, causing an involuntary stool from a relaxed anus; hot head, desire to be magnetized, with overpowering fears; thinks he will see something coming from the corner of the room; bleeding from the nose, and septic exudation about the teeth (sordes); the face is blue, bloated, and hippocratic; the terrible dryness is not relieved from drinking, and he wants a stream of cold water poured down his throat; there are stupor and delirium, and he slides down toward the foot of the bed (like Phos. ac. and Rhus.) He answers no questions, or gives wrong answers to questions; great indifference.

*Baptisia.*—The peculiar sodden condition of the patient, with his besotted countenance, the face discolored and dusky, and the mental disquietude; his body he thinks is scattered over the bed, and he is trying to arrange the scattered members; he thinks his limbs are talking to each other; his answers are irregular, as if he were intoxicated; he seems to comprehend the question and makes an effort to answer, but falls to sleep, or into a stupor in the midst of the sentence; the tongue is foul and the mouth fetid; the delirium is greatest during the night; the functions are all sluggish, and the fever never runs very high; the pulse is often weak and compressible, sometimes the surface is cold.

In diphtheria the mucous membrane is dark and looks as if it might slough, and the exudation is dark; the surface is tumid and threatens to become gangrenous; finally dark, ragged, putrid ulcers form and the patient is too stupid to complain of pain; the tongue may be coated white or yellowish, white at first, but soon becomes dirty and brown and feels as if burnt or scalded and cracks; dark blood exudes. There is seldom much thirst, although if water be presented he will drink a large quantity and relapse into stupor. The typhoid abdomen and stools can be found under this remedy; yellow, mushy and pasty, or bloody and very fetid; stools of pure blood or bloody mucus, exhausting and excoriating; involuntary stools. The tenderness and tympany of the abdomen are well marked. *Baptisia* is not a specific for typhoid fever, yet will cure promptly if given when the above symptoms are present. It is the remedy to begin as well as to finish the case. Arn., Hyos., Lach., Mur. ac., Opium, are especially related to it.

The *Arnica* patient forgets the word while speaking, but he does not begin his answer and fall into a profound sleep without finishing. *Baptisia* has the sore, bruised feeling of *Arnica*, but not the restlessness attending the soreness. The sensitiveness to pain is marked in *Arnica* and nearly lost in *Baptisia*. These remedies cannot be dis-

tinguished by the stools in many instances; both have dark, profuse, watery, fetid stools, and great soreness of the soft tissues as if bruised. The mental state and the besotted condition may be the only symptoms to base a choice upon.

A patient of mine was violently attacked with a chill; he moaned with pain and declared he would die; he purged almost involuntarily, a fetid, dark, watery stool; he would not answer me civilly, but said he was sore as if bruised. Between the violent abdominal pains he was stupid, as if drunk; when aroused he was snappish and his words did not express his probable intention.

The stool made me think of *Baptisia*, but *Arn.* has the same, also the mental state, hence it must be the most appropriate remedy. It broke his chill. The violence of the attack led me to anticipate a congestive chill, but the remedy quieted him very speedily.

*Baptisia* is often given, I find, where *Hyoscyamus* would be a more appropriate remedy. In the latter, the patient has a profound stupor, but when aroused he will answer correctly; the tongue is dry, black, and stiff, but there is not the tumid appearance of the mucous membranes as if sloughing would soon appear, or as if they would become gangrenous; *Baptisia* has involuntary stools, but not stools and urine like *Hyoscyamus*, nor does she attempt to expose the genitals in her delirium.

*Arsenicum* produces stools that cannot always be distinguished from those of *Baptisia*, but the thirst, so seldom in the latter, the extreme prostration and restlessness, will enable one to select the appropriate remedy. *Arsenicum* has the tendency to gangrene, but not the tumid, semi-transparent condition with the blueness. It has the bluish, or dusky aspect of the skin, but it is attended with a pinched condition of the countenance. *Baptisia* has a bluish, bloated condition of the face that is not so œdematous as that of *Arsenicum*. It is the result of venous stasis, not transudative, like that of the latter. *Baptisia* has not the heat of *Arsenicum*; both have involuntary stools, but *Arsenicum* has involuntary stools and urine; both have burning pain in the stomach, but *Arsenicum* has marked nausea, not found in *Baptisia*. *Baptisia* causes vomiting but without much nausea or effort. *Baptisia* seldom has much thirst, but when it is present, it is for a large quantity of cold water. It is not the important factor of the *Arsenic* thirst.

The *Arsenicum* delirium is a busy one; the *Baptisia* is passive. He will sometimes lie all day without moving if not disturbed; in the former, he is moving and is always in a hurry; the latter will do as advised, if he can; the former is irritable and wants his own way, and he is full of strange imaginations of vermin and burglars, and he has many fears.

*Hyoscyamus* corresponds to the most continued type in an advanced state; the tongue is dark or black, dry, and stiff; he is unable to put it out, the lips are dry and bleeding, the urine is passed in bed unconsciously, and there is much delirium. The patient answers questions correctly and lapses into stupor. (*Arn.* has the same, *Baptisia* goes

into stupor in the midst of his attempted answer.) Hyoscyamus has cured my cases when the patient has passed into the state where it was impossible to arouse him. The profound stupor, pinched countenance, involuntary urine and stool, sliding down in the bed, picking at the bed covers, picking the fingers, mark the case as a Hyoscyamus state when taken in connection with his having gone through the first symptoms mentioned.

*Muriatic acid* is one of the neglected remedies, yet one of the most valuable.

The *clinical* symptoms: *Clean, dry, red tongue, sometimes bluish*, is an important guiding symptom (not the slick, and shining tongue of Lach. and Kali bich.) There may be unconsciousness, moaning, and restlessness; thirst for acids and wine are also important; stools dark and mushy; urine passes involuntary; loud moaning, lower jaw dropped, tongue shrunken and dry like leather; hæmorrhage from the bowels. This remedy stands between Rhus and Bryonia. The patient is not made better from motion, like Rhus, and not made worse from motion, like Bryonia. It controls the septic processes and blood changes as well as Bry. or Rhus.

*Gelsemium*.—The heaviness of the limbs and thirstlessness; the bright eyes and contracted pupils; the active delirium; the extreme sinking feeling, paralytic weakness and fear of death; loquacity, talking in sleep. On the other hand, the face is pale and sallow and the pupils are dilated, yet the heaviness is always present. The mind symptoms and nervous prostration are most marked; the septic symptoms are not marked as in Ars., Bap., Arn. and Phos. The tongue trembles and is coated yellow. The many symptoms pointing to cerebral hyperæmia, point to *Gels.* and seldom to *Bell.* in these fevers. The sleeplessness is as prominent as any feature of these fevers, and *Gels.* is most generally its remedy. He is wide awake all night, "Not one wink of sleep last night," is the common answer (Op. Coff.) There is often pain running up the back, with contraction of dorsal muscles and stiffness, as if there was some meningeal complication; pain from spine to head and shoulders.

*Lycopus virginiana*.—This remedy has been of great service to me. It is the remedy when the patient is stupid, will not answer questions, is waxy, cold, and has a pulse very low, yet full and large, soft and compressible; hæmorrhage from bowels, heavily loaded, tawny, expressionless face; if he has a fever it is not high, and he chokes and swallows; his eyes are expressionless; the veins are full and the face is bloated; the eyes seem to project from their sockets.

*Rhus tox.* is one of the most important remedies. The restlessness, better from motion, great thirst, dry tongue, sordes, reddish, watery, frothy stools in the morning, have been the symptoms calling for Rhus. The chilliness, like being dashed with cold water, and like cold water coursing through the veins, fever continues without sweat and the restless aching, are often met. The patient often moves for relief; he finds a new place, and because he is completely exhausted he thinks he can rest; but soon the horrible aching and restlessness

come on and he is compelled to move and find a new place, and this is continued night and day, and there is no rest and no sleep; there is a dry cough.

*Bryonia* is the remedy to be contrasted with *Rhus*. The pains may be severe, yet they are made worse by the slightest motion; he wants cold water in large quantities, but only occasionally; there is the dry, brown tongue, and the bowels are generally constipated; the stool is dry and hard as if burnt; the bowels are tympanitic and there is a foul, bitter taste in mouth; bleeding from the nose is common; there is often a dry cough and the right lung is often involved; there is delirium; he is busy and wants to be taken home; the fever and delirium are worse from nine o'clock till midnight. In *Rhus* the fever and delirium have been worse during the whole night and often continue all day. I see, by comparing my note book, that several of my cases cured by *Rhus* had aggravation of mental and febrile symptoms at 5 A. M. and P. M. *Bry.* seldom has the twitching of muscles so common to *Rhus*, and of the two, urticaria, common in the beginning of some fevers, can only be found under the latter. The general aggravation from cold is characteristic of *Rhus*, but *Bry.* is oftener ameliorated by cold.

The long lasting severe pain in the head I found, in my *Bryonia* cases, in the temples and eyes; improved by cold; the eyes were turgesced and the face was bloated and blue.

*Colchicum* was given in one case where the patient had an extreme disgust at the sight or smell of food, with marked benefit. ♦

*Natrum sulphuricum* is a very important remedy. The patient says he has not been well for a long time; his sleep has not rested him, and his mouth has for a long time had a bad taste and his tongue is covered with a thick, yellow, pasty fur and tastes bitter. He now vomits bile and slime and has pain in the back of his head and his bones ache; the chill comes on and he runs into a quasi-continued fever, with chills occasionally; he has no appetite, his skin is yellow, and he has a yellow diarrhœa mixed with green slime.

*Ipecac.*—The aching in the back, thirstlessness, constant nausea, vomiting of green slime, red and pointed tongue, bitter taste; the case abused by Quinine. *Ipecac* is the remedy.

In the third and fourth week, some cases become very low; the tongue is sometimes red and slick, the papillæ all absorbed, and a smooth, slick, glossy surface on the tongue, and there is much vomiting of viscid, stringy mucus and bile. The patient is listless and delirious alternately.

*Eupatorium perf.* has improved cases when there is a bitter taste in the mouth, aching in the bones as if they would break, yellow skin, violent headache, day and night, worse during the scanty sweat, if there should be such a moisture; in many cases there is no perspiration, but great dryness of the skin and vomiting of bile.

When searching for remedies that correspond most faithfully to the fevers with absent sweating stage: *Ars.*, *Bapt.*, *Bell.*, *Bry.*, *Cham.*,



Colch., Eupator. perf., Gels., Hyos., Ign., Ipec., Kali bich., Lach.' Lyc., Merc., Nitr. acid, Nux, Opium, Phos., Phos. acid, Rhus, and Sulph. may be consulted.

It will be found mostly that we are curing our patient from this list of remedies. When the exhaustion is the most marked feature, Arn. Ars., Bapt., China, Gels., Hyos., Lach., Lycopus, Phos., Phos. acid, and Rhus have been the most useful.

When the congested symptoms have been prominent, Arn. has been the remedy. It will be observed that I have not mentioned many of our so-called sheet anchors, as I have not found them of much service. Acon., Bell., and China have not been indicated in any of my cases. I have made use of bathing and inunction of lard in some protracted cases with great benefit, but never cathartics, stimulants or Quinine.

The single remedy is my reliance. I give the selected remedy every hour in these fevers, night and day, until improvement begins, and then I repeat cautiously.—*The Periscope.*

---

#### EXPERIMENTS WITH CANTHARIDES.

Dr. Evgeny A. Liakhnitzky's very able inaugural work (*St. Petersburg Dissertation*, 1884) will undoubtedly take a prominent place among contributions to the study of the pharmacological action of cantharides, side by side by the works of Schroff, Radecki, and Alessandro Cantieri. The author made his researches at the laboratory of Professor P. P. Sushtchinsky in St. Petersburg, and used for his numerous experiments frogs, dogs, and rabbits, into which he introduced, by various ways, both Cantharidin and Cantharidate of soda. He sums up the results of his nearly two years' investigations as follows: 1. The physiological action of Cantharidate of soda (*Natrium cantharidinicum*) is identical with that of Cantharidin. 2. Cantharidin (and Cantharidate of soda) produces an increase in frequency of the heart's action, in consequence of paralysis of the vagus. 3. It does not display any strongly manifested influence on the arterial tension, since the latter is lowered only under toxic doses, in the period before death, and then mainly in consequence of a growing weakness of the cardiac muscle. 4. It causes a retardation of respiration in cold-blooded animals from the very beginning, and in the warm-blooded after a preceding acceleration, the phenomenon being dependent upon the weakening of the respiratory centre. 5. It does not change the excitability of muscles or of the motor and sensory nerves. 6. In cold-blooded animals there is observed a loss of reflexes, which depends mainly upon the lesion of reflex centres in the spinal cord. 7. The main ways of elimination of Cantharidin out of the system are the kidneys, the intestines, and the salivary glands. 8. On its being introduced into the blood, Cantharidin is found almost in all organs of the body, but its greatest quantities are detected in the liver kidneys, salivary glands, and grey matter of the brain. 9. The les-

ions of the bowels, which occur even on extravenuous injections, present one of the most marked symptoms of poisoning by Cantharidin. These lesions are caused by secretion of Cantharidin by the intestinal mucous membrane. 10. Cantharidin produces slight oscillations of the temperature, in general tending to lowering the latter. [We may as well mention here a recent work on Cantharidin by another Russian observer—namely, by Dr. Idalla Eliasheva, of Mogilev, who, under the guidance of Professor Langhans, in Berne, studied the action of the drug on the kidneys (see her inaugural work, *Ueber die Wirkung des Cantharidins auf die Nieren*, 1883,) in order to elucidate the discrepancies existing between the results of Shakhova and those of Cornil. Shakhova (see her inaugural dissertation, *Untersuchungen uber die Nieren*, 1876, Berne) found that Cantharidin produced the most intense inflammatory changes in the convoluted tubes, and did not affect the glomeruli. Cornil, on the contrary (See his *Sur les Lésions du Rein et de la Vessie dans l'Empoisonnement Rapide par la Cantharidine*, in the *Comptes Rendus* 1880, pp. 188 and 536.) pointed out that the inflammatory process chiefly attacked the glomeruli. Eliasheva also found glomerulo-nephritis in all animals poisoned by Cantharidin, and thus confirmed Cornil's statement.—*Rep.*—*Med. Record.*

---

### A VISIT TO CHOLERA IN EUROPE.

BY MRS. DR. BROWN, HURON, DAKOTA.

We spent two weeks in London, and by that time the cholera panic had broken out throughout Europe, and the great cities seemed for a time almost demoralized as the plague seemed to break out in most unexpected places, there seemed no other way than to "beard the lion in his den." As I had had very little experience in the disease, there seemed an opportunity for experience that I could hardly afford to lose; so I decided to go at once to Marseilles and Toulon, to the hospitals where it raged more violently and was mostly confined to those places. I visited the wards every morning and evening with the physicians in their rounds for eight days. In that time I saw about two-hundred and thirty cases from beginning to end, or recovery, of which number about one-third recovered. Also made microscopical examinations of the stomach and intestines. The mucous linings are of a pale pink color, covered with a fungus somewhat resembling moss on a water bucket, studded with little granules; the microbe, or germ, resembles very much that seen in typhoid fever, though perhaps somewhat smaller, looking under the very powerful microscope like the comma ( , ). I am convinced to my own satisfaction that the cholera is not a very contagious disease, only under favorable conditions, when the system is filled with gross matter, or induced by fatigue, nervous excitement, or fright. I have no doubt that at least one-third die of a condition induced by fright. I saw two persons who became insane when the panic broke out; one

more threw himself out of a third story window when told he had the disease; he died five days after from injuries by the fall, not of cholera. Cleanliness in person and surroundings, and diet, is the great preventative. I think persons who keep themselves in the best possible condition of health need have no fear. I think the same condition that would induce typhoid fever would induce cholera. If one is exposed to the cholera, I think it depends more upon our own condition than upon the poison, which has little effect if we are free from gross matter.—*Times*.

---

#### ANOTHER BIG STEAL.

A French physician has just made a wonderful discovery, and plaintively recounts in a French journal his tribulations in being unable to procure any preparation of Nitro-glycerine. "The Popular Science News;" a *News* journal published in Boston, edited by two regular M. D's assisted by a regular A. M., refers to it (as news) and gives quite fully the method of its preparation. It says, "Although Nitro-glycerine itself is very explosive, there is no danger in handling or transporting the pharmaceutical solution; and the one-to-one-thousand solution may even be intrusted to patients."

M. Vigier, the French physician recommends one part Nitro-glycerine, and 999 parts by weight, of ninety per cent. alcohol." "Of this mixture, five drops may be taken three times a day, in a little water. The greatest caution is necessary, not because the drug is poisonous in any ordinary dose, but because it is apt to give rise to most excruciating headache." Is not the above something near the 3d decimal attenuation, and could not that French physician have obtained it at any time in Paris during the last twenty-five years? Could not those two celebrated doctors of Boston have found it upon most any respectable street in Boston or in any New England town where there is a Homœopathic doctor? Can it be that those celebrated physicians and writers are so dreadfully ignorant of what even laymen or children have known for more than twenty-five years past, or must we set this down as *another big steal*. A. M. CUSHING.

---

#### NOTES FROM PRACTICE.

AURORA, Neb., Oct. 7.—The prevailing ailments here have been, and are now for that matter, diarrhœa and dysentery in their various forms. Controlled by Bell. 3x, Chin. 3x, Bry. 2x, Ars. alb. 3x, and Pod. 2x. Iris vers. and Ipecac doing nicely in vomiting in summer complaint.

We need more Homœopaths. Plumb Creek, county seat of Lawson County is a good place for a good man. Central city is also a good town. Our department in the state university is flourishing finely.

A. P. WELLS.

## Progress of the Medical Sciences.

---

*Untrustworthiness of Fluid Extracts.*—"Untrustworthy" ought to be written after the name of many of the fluid extracts of medical plants as usually found on our apothecaries' shelves. I have a habit of tasting, at a subsequent visit, of nearly all the medicines I prescribe, and I find there is a large number of the fluid extracts in many of the officinal and unofficinal forms prepared for our use by the pharmacists which taste exactly alike. That taste is a peculiar, stale, dirty, gritty one, often entirely wanting in the special aroma peculiar to each plant in the green state; and just here, I make no doubt, is the secret of the untrustworthiness of many of these "medicines." Instead of the fluid extract being made from the recent or fresh green herb, it is too often made from a dried, more or less inert plant, from which the volatile, and often the active principle has, perhaps, wholly evaporated. This fact will no doubt go far to explain the sentence, "The medical virtues of this plant are too uncertain to inspire any confidence in it," or something meaning the same thing, so often found in the dispensatories.—*Med. Record.* [Try our tinctures. Cold extracts or tinctures are becoming very popular with the regulars.—ED.]

*Inhalation in Phthisis.*—The general practitioner will be glad to make the acquaintance of any device to afford relief to consumptive cases. We have seen some very intelligent patients who persistently maintained that they obtained marked relief from the inhalation of peroxide of hydrogen. ( $H_2O_2$ ). De Renzi and Rummo (*Gazz Medica Ital.*) claim good results in phthisis and other diseases of the respiratory organs from the inhalation of Iodoform dissolved in Turpentine. The patients were made to inhale twice a day, for two hours, in a small room, the spray of Iodoform and Turpentine. The effects were more satisfactory than with any other mode of treatment. There was always prompt and considerable diminution of cough and expectoration; in bronchiectasis the fetid expectoration was completely deodorized. Physical signs diminish, the temperature falls, pulse and respiration are less frequent. The secretion of urea is lessened in proportion to the fall of temperature. Iodoform given by inhalation is much more prompt in action than when taken by the stomach; it is an anæsthetic to the pulmonary vagus, and has an alterative and drying local action, which is aided by the Turpentine. Its antiseptic action must also be taken into account.—*Weekly Med. Rev.*

*Rectal Etherization.*—Among the more recent novelties is the administration of Ether, to induce general anæsthesia, per. rectum. The bottle containing the anæsthetic is placed in a bowl of water of a temperature of from  $125^\circ$  to  $145^\circ$  F., and from the mouth of it a tube is run into the rectum. At this temperature the Ether is volatilized and conducted through the tube into the intestines. It will thus be

seen that the loss of the anæsthetic is reduced to a minimum. On the score of economy, therefore, it would seem to be a desirable improvement. Experience has, however, shown that the objections to this method, which but a superficial consideration of it must suggest *a priori*, are quite tenable. The vapor of the Ether introduced into the rectum remains in the intestines, both the anæsthesia preventing expulsive effort for its discharge, and its permeating properties carrying it beyond the parts which could be so affected, even by voluntary effort as to expel it. The method has none of the advantages of that by inhalation, while it has a number of disadvantages which do not encumber the former. It is liable to cause diarrhœa which has in some cases proven quite rebellious to treatment. On the whole-etherization by rectum should be reserved for those exceptional cases in which there are difficulties in the way of its accomplishment through the lungs, as, for instance, in operations about the mouth, hare-lip, cleft palate, etc.

*On the Healing of Arteries after Ligature.*—Dr. J. Collins Warren has recently published, in the form of a pamphlet, a provisional report on healing of arteries after ligature, which was first presented at a meeting of the Boston Society of Medical Sciences, held in March 1883. This report embodies the results of several years of experimental investigations on animals and examination of specimens taken from the human subject. The object of the author in these investigations has been to study the various pathological changes which occur in and around a ligatured vessel from the time the ligature has been applied, until the process of cicatrisation has fully completed itself. In a brief concluding summary, the author states that 'the ligatured artery is invested by a protective layer of new tissue formed from the peri-adventitial tissue, which, if well developed, gives great security against hæmorrhage until the permanent cicatrix has grown sufficiently strong. This may be likened to the provisional callus of bone. There is also an internal growth or callus formed from several sources, namely, the intima to a slight extent, the media more largely, also from cells finding their way from the peri-adventitia at a late stage, through the retracted ends of the vessel. The thrombus is a more passive structure, takes no part in the growth, but is protective, and affords an excellent medium for the new tissue to germinate in. When the provisional part of the internal callus has disappeared we find remaining a cicatrix closely resembling the three coats of the artery, and affording by virtue of its peculiar structure an equally effective resistance to the pressure of the blood column. The ligament which unites the two ends of the vessel represents in part the residue of the external callus, but also a portion of the walls of the vessel which have been absorbed during the inflammatory process. A vessel successfully ligatured in its continuity cannot therefore be said to have been ulcerated into two separate portions, but must be conceived of as a hollow tube, which has solidified into a solid columnar mass of tissue, a considerable portion of which subsequently shrinks into a cord.

## News of the Week.

---

*Dr. F. W. Flowers*, of Allerton, Iowa, is on his fourth year as health officer of that town, which shows his labors are appreciated.

*The Local Committee* in St. Louis is making extra exertion to secure a large attendance at the coming meeting of the American Public Health Association. It will pay to attend this meeting.

*The First Homœopathist in Massachusetts.*—In the hearing Monday in the Thatcher Magoun contest it appeared from the testimony of Dr. I. T. Talbot that the father of Mr. Magoun was the first person in Massachusetts to become a convert to the Homœopathic school of medicine. A remark by ex-Gov. Gaston, who represents the other side, "Do you put that in as evidence of insanity?" raised a laugh, in which the court joined.

*From the Emperor of Japan.*—It will be remembered that at the time of the railroad accident on the New York Central, at Brighton in May last, the Japanese prince Yamashina Maya and several members of his suite, received injuries which made it necessary for them to remain several days in Rochester. During their stay here they were under the professional care of Dr. R. A. Adams and his efficient services and kind attention were reported to the emperor by the prince and his escort, and in evidence of their appreciation Dr. Adams yesterday received from the mikado or emperor of Japan a pair of massive bronze vases handsomely engraved and beautifully inlaid with silver and gold, valued at \$500.00. The doctor had previously received elegant presents from his distinguished patient the prince, through Captain Hatchida and the Japanese consul in New York.

The vases received not long ago, were placed on exhibition in the show window of Wolter's Arcade jewelry store this morning. They are of very fine workmanship and have already been described in these columns. The box in which they were sent is a marvel, in its way. It is made of a very close grained, but very light wood, the annular markings of which are so distinct and so far apart as to appear as if each piece of the box was made of narrow strips glued together.

No nails are used in its construction, but their place is supplied with pegs made of a very hard wood. The vases themselves were covered with bags of heavy raw silk, and all the interstices of the box were filled with bags of peculiar tough tissue paper packed with cotton. Pieces of wood made to slide in place and fitted accurately held the necks of the vases in place. Everything is hand-made and polished to the highest degree.

A Japanese student, who examined them yesterday said that the class of work to which they belonged was only made to order for the emperor.—*Rochester Paper.*

# The United States Medical Investigator

VOL. XX. No. 16.

OCTOBER 18, 1884.

WHOLE No. 410.

## Clinical Medicine.

### A CASE OF INTUSSUSCEPTION.

BY R. HEARN, M. D., TORONTO.

Read before the Homœopathic Association of Toronto, Oct. 10th, 1884.

Samuel Smith aged thirty-two, laborer—dark complexion; plethoric temperament. He has been a temperate man and of regular habits; his general health had been good, until about six years ago, when he became the subject of internal hæmorrhoids, from which he suffered great pain and frequent hæmorrhages during stool.

This condition continued, aggravated, until about two years ago, when the bowel began to "come down" during each motion or effort at stool, and the bleeding increased considerably in consequence. He was treated in the Old Country for some length of time, without any apparent benefit. The symptoms continued with marked aggravation, and he became very much run down in consequence until towards the end of February, when he was seized while straining at stool with a sudden sharp pain in the right iliac region extending gradually across the abdomen to the opposite side, followed soon after by a feeling of nausea, which resulted in obstinate vomiting of almost all ingesta, even fluids. The bowels which had been habitually constipated became much more so, and he had no motion for four or five days, and it then consisted of blood and mucous almost entirely, passed with much straining, and intense pain. He also noticed a lump on the right side.

On physical examination a distinct sausage shaped tumor could be felt in the situation of the ileo-cæcal valve, about four inches long and an inch and a half in diameter, extending from below upwards and outwards—tender and resisting on pressure, and slightly movable.

I saw him about three weeks after the first occurrence of the pain and vomiting; during that time he had lost nearly forty pounds in flesh; could scarcely walk, having retained little of any nourishment, and suffering almost constant pain in the side and rectum.

*March 23.* I directed him to go to bed, taking only liquid nourishment as milk or milk and egg, and gave Hamamelis 2x. Next day he said "he had passed a better night than for three weeks previously. No blood had passed from bowels on going to stool, and that he has been able to keep every thing taken into the stomach, and that the pain in the right side is much relieved, though, that in the rectum is worse, owing to straining at stool." (Continued same treatment.)

*March 25.* He says "that the pain in the side is gone, and that the

nausea and vomiting have disappeared—that he relishes the milk taken, also that the pain in the rectum is much relieved, he slept well during the night and feels much better although weak; pulse is sixty-five and weak.” (Continued treatment.)

*March 28.* Still improving, but the pain and burning in the rectum still continues, the tremor in the right iliac region is smaller; pulse fifty-four and very weak. Now give him China 3x.

*March 28.* Feels much better, and suffers very little pain; gave China and Arsenicum 3x.

*March 30.* All of the symptoms have disappeared with the exception of those due to the old trouble of internal hæmorrhoids. There is pain and burning in the rectum and a constant urging to go to stool. Now give him Nux vom. 3x.

*April 3.* The last remedy relieved him almost instantly, and he has continued to progress, and is able to go to work again.

---

#### SAMPLES OF “REGULAR” PRACTICE.

“Every statement following may be found in the journal of the American Medical Association for January 12, 1884. They are extracts from a paper read by A. L. Gihon, A. M., M. D., Medical Director U. S. Navy, President of the Naval Medical Society, before the great National Allopathic Association at Cleveland, O., June 5, 1883.

“Why a degree, however *regular* in origin, is not considered satisfactory evidence of professional qualification, I expect to abundantly illustrate in this paper.” \* \* \* “I have taken them from the *graduates* of schools of established reputation, in order to prove that no one school, however exalted in rank, can claim exception from the charge of having *graduates grossly illiterate and incompetent men*; and that diplomas have been *sold*, not cheaply and openly, as by Paine and his fellows, but still for a price, meaning two full sets of tickets, a matriculation and a graduating fee.”

Then follow extracts from the examination papers of twenty-five different applicants for naval medical positions. Each one of these worthies “possesses a diploma of no insignificant medical school, and is thereby entitled to the exercise and honors of our profession.” Their absurd and blundering answers the doctor considers disgraceful, showing such absolute ignorance of even a rudimentary education as to raise a doubt whether these graduated “*dcmts*” ever really listened to a lecture, but *bought* their way entirely through those “honorable” colleges. These words are found in their examination papers: Blut, medasin, navel medicle bord, xertion, vigitable, pluracy. watter, spraned, finguers, thyghs, where I studed Latin grammer, helth, diert resurse Sode, occasiunly, soar, genelle, givn shure, wair, betweene, forme, etc., etc. Dr. Gihon goes on to say:

“It may be doubted whether the average mind accustomed to write *scassity*, and *orful*, and *interlec*, and *auroru epileptica*, in total ignorance of their etymological significance, can ever succeed in comprehending the language which has come to be technical in every department of our science.”



A graduate of a deservedly celebrated New York school announced : \* \* \* "One of the surest signs of death is complete cessation of the heart's action, accompanied with a cold surface of the skin, a blueness of the lips and fingers, and a *coldness of the teeth*. Another 'defined pneumonia to be a particular disease of one lung, and pleurisy the name given to it when it affected the other side. Another advised cauterization of the soles of the feet, in congestion of the brain, using the actual cautery of poor people and Nitrate of Silver for rich patients, that they might not be discommoded by the *sme.l of burning flesh!*"

"A graduate of unimpeachable regularity," said that "Campher is an auronatick gum from the ilands of the see." Another said he "could not tell how long a lunar month was, nor why it was so called." One gave the normal temperature of the body in "hel'h" as 70°, another as 92°, another from 112° to 140°." "The average respirations are 70 per minute." "The ureter is the duck of the kidney."

Dr. Gihon says :

"I have seen the spermatic cord demonstrated in a female subject. I have witnessed the application to fractured limbs that would have deformed the sufferer for life; prescriptions written that no apothecary could decipher or compound; and others compounded either with fatal doses deliberately prescribed, or ignorantly and carelessly weighed, which it would have been eminently proper in the interests of humanity to have required the exhibitor to have swallowed." \* \* \* "Some of the revelations of the examinations would be amusing, were it not for the lamentable facts that many of their authors have been *for years* intrusted with the lives of their fellow beings, and this by the *authority* of the most respectable regular medical colleges in the United States."

"The files at the Naval Department at Washington will show the most abject "ignorance among the alumni of institutions of the most renowned name and unassailable regularity."

"Speaking of the seven hundred out of the one thousand one hundred and forty-one graduates of regular medical colleges who were absolutely too ignorant to pass the examinations of the Naval Board, but who are graduated and practicing Allopathic doctors, he says :

"Many of these have doubtless learned something of the art they began to practice in the dark, but most of them have only learned to see as the blind see, and at *what a fearful cost of human life!*"—"Health and Home," Sept. 1884.

### THE RATIONALE OF THE HOMŒOPATHIC LAW.

BY R. S. BRIGHAM, M. D., NEW ALBANY.

Read at the Indiana Institute of Homœopathy.

The well known and generally acknowledged *law* of Homœopathy "Similia Similibus Curantur" which should ever be our grand guide in the practice of medicine was, as we all know, formulated by a well known German physician of great learning about three-fourths of a

century ago, and this law was then and to many is yet an empirical generalization founded upon accurate observations and experiment. And seldom has a rational theory of this most successful method of curing the sick been presented to the public or expounded to the student, and if a philosophical explanation of our law were asked of Homœopathic physicians even to-day, too many would reply that it is a truth in nature of which no explanation is known. The fact of the existence of this law and its great practical utility and aid in healing the sick is no longer questioned by those who have studied it and therefore I think it would greatly aid in spreading Homœopathic practice among the people if our physicians and the public were to a certain extent familiarized with a philosophical explanation of our great law. After having convinced ourselves by actual experiment that it is a fact that Ipecac may be used to cure as well as cause vomiting and Veratrum album to cure as well as cause diarrhœa, and Opium to cure drowsiness as well as cause sleep, let us be prepared to explain these facts upon well known principles of science. For in the domain of physics we can readily find corresponding phenomena that fully demonstrate and explain the Homœopathic law "Similia Similibus Curantur." Familiar phenomena in acoustics clearly demonstrate this law. Experiments with bells or other musical instruments may be made for the purpose of illustrating. In using bells for experiments they must be carefully tuned to particular notes in the music scale as F. C. A or B. D. E. Then let the scale be carefully sung by a person at one end of a room (the bells properly suspended in the centre,) a listener at the other end will hear the notes that do not correspond to those the bells are capable of sounding and the bells remain silent while these are being sung, but as soon as the voice strikes the notes corresponding to those the bells are capable of sounding the voice of the singer becomes inaudible and the bells vibrate in response to the sound waves of these similar notes.

A like experiment may be made with a trumpet at a proper distance and between it and a listener a screen of violins with strings tuned for part of the notes in the music scale. These strings will cut off the sounds of the corresponding notes and themselves gently vibrate giving forth the sounds of the notes for which they have been tuned. Thus it may be proven that the chord that is capable of sounding any particular note in the music scale can and will absorb this same note. The facts are set forth in the phenomena of optics likewise demonstrate the Homœopathic law, and just as the bells filter out the corresponding voice notes, or as the violin strings absorb sound waves induced by a trumpet, so do similar atoms of incandescent gas filter out the definite waves of light from a solar spectrum or light scale. If light is passed through oxygen gas certain tones of light denominated color are intercepted. Hydrogen gas also absorbs certain other tints, and so with all substances in the gaseous forms, each absorbing those waves which coincide with the particular rate of vibrations obtaining among its own atoms or molecules. This is a demonstrated fact in relation to all material substances with which we are acquainted and this truth is the basis of spectrum analysis

almost ingenious means of learning many useful and wonderful truths in the world around us that must otherwise have remained hidden perhaps forever. An experiment with the flame of a lamp will perhaps most strikingly and forcibly illustrate the great Homœopathic law.

The lamp very closely illustrates the conditions and complexities of vital phenomena. The lamp has long been regarded as a favorite symbol of life and so is a classic emblem of its brevity and destructibility and therefore from a scientific standpoint is no inapt type of the career of living organisms for it well represents identity, notwithstanding constant change of materials of supply individuality in spite of ceaseless influx and efflux. It well represents living organisms in its need of air and aliment and in being the centre of the play of certain forces.

Consider the flame of the lamp in health and in disease that is exhibiting healthy and diseased nutrition. Then in case of disease in order to restore it to health, seek upon truly Homœopathic principles among the different chemical agents the *similimum* i. e. the substance that would cause a healthy flame to become similarly diseased and we shall have the satisfaction of seeing our unhealthy and diseased flame restored to normal brilliancy, i. e., to healthy nutrition by a substance or drug that would in the healthy flame produce a diseased condition very like the one we have cured. The spectroscope is the instrument with which to experiment in case of light for the purpose of illustrating and proving the Homœopathic law. A clear white flame represents the same in health, that is a flame without surplus or deficiency in its nutrition, and this indicates normal molecular motions. Our lamp for sufficient reasons has become smoky, flickering and yellow, that is jaundiced. The spectroscope enables us to diagnose this diseased condition and learn its cause which will be found to be either an excess or deficiency in its nutritive supply, that is in the atomic vibrations necessary to its normal existence.

The disease being definitely diagnosed the question how to restore this flame to white clear healthiness; that is, how to regulate the molecular motions the derangement of which as we have learned causes the disagreeable yellow tint and unsteady jaundiced condition of flame. Having, by observing experiments, learned that Sodium will cause a clear white flame to become yellow, unsteady and smoky, we will on Homœopathic principles give this sick and jaundiced flame the vapor of Sodium and soon we shall have the pleasure of seeing it become clear and steady; that is, restored to health by strictly Homœopathic action.—a case of cure by transfer of energy between similars, that is bodies capable of similar molecular motions. The disease in the flame was known only by the symptoms yellowness, unsteadiness and smokiness that result from a disturbance of its molecular motions and a knowledge of the pathogenesis of the drug Sodium in relation to light gives a rule, obedience to which enables us to cure or restore the lamp flame to steady whiteness, so when the lamp of physical life burns in a sickly flickering manner drugs Homœopathically administered will restore health. We may

experiment in many ways as by dropping similar pebbles into a calm pool of water at a certain distance from each other. Each pebble will induce waves similar as to size and force which when meeting mutually absorb each other and the calm is restored. I believe disease to be the result of disarranged molecular motions in the tissues of the physical body, and these disarranged motions produce certain definite manifestations called symptoms, which if we are able to rightly interpret and thoroughly understand the pathogenesis of drugs we can cure if curable by prescribing according to the Homœopathic law.

(To be continued.)

## Society Proceedings.

### TORONTO MEDICAL SOCIETY.

MEETING OF HOMŒOPATHIC ASSOCIATION OF TORONTO, OCT. 10, '83.

Dr. Adams in the chair. Drs. Danter, Evans, Hewitt, Hearn, D. S. Oliphant and W. H. Oliphant, present. Paper was read by Dr. Danter on "Dr. Mitchell's theory and treatment of cancer." Dr. Danter advocating same, substituting an injection of eighty minims of Declat's preparation of Phenic acid, for the Acetic acid recommended by Dr. Mitchell.

Dr. W. H. Oliphant thought that properly selected remedies would give as good, if not better results.

Dr. Adam's reported a suspicious glandular enlargement about angle of inferior maxilla, cured by *Conium mac.* 30x, and spoke of the usefulness of *Hydrastin sulph.*, *Phytol. dic.*, *Tarantula*, *Aurum*, *Bell.* and *Calc carb.* in same group of affections.

Dr. D. S. Oliphant referred to a case of goitre which had made no improvement under remedies.

Dr. Hearn reported a case of obstinate goitre cured by galvanism, primary current, poles placed on opposite sides of gland.

Dr. D. S. Oliphant spoke of application of heat, dry, in shape of salt bag, in cases of severe pain, abdominal especially, in preference to using opiates—making an application of Alcohol to skin before applying bag.

The members present strongly deprecated the use of Turpentine as external application as calculated to destroy the favorable action of Homœopathic remedies.

Dr. Adams said, "that during the last cholera epidemic he had not saved one case where Turpentine had been used."

Speaking of solutions of Camphor, Dr. D. S. Oliphant made his solution as follows: gum Camphor  $\zeta$ ij, Chloroform  $\zeta$ i. This is the strongest solution possible. Homœopathic pellets or disks may be medicated with it. (for use in cholera asiatica.)

Deputations were appointed to wait upon the provincial and civic authorities with a view to having Homœopathic representation on the Ontario and City Boards of Health. The meeting adjourned at 11.30 P. M.

# THE UNITED STATES MEDICAL INVESTIGATOR.

"HOMŒOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

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

---

**YOUNG PHYSICIANS DISADVANTAGES.**—A very intelligent lady, in writing for advice about her children, remarked: "We have a young Homœopathic physician here, but I feel that I might as well try as he, for he told me once that I had *more books* on the subject than he did." She perhaps forgot that he attended lectures and is supposed to have his knowledge of children and their diseases and management in his head. But she had "tried him" and even had his professor in consultation and her conclusion was that he was not posted, as may be inferred from the above quotation from her letter. We had commended him, as we have occasion to commend many others throughout the country. But if this meets his eye he may be assured that this is not a personal matter. It only emphasizes a most important fact that young physicians (and old ones too) should heed. However much a physician may know he will forget and if he has not books to refresh his memory and add to his store of knowledge he soon loses that implicit confidence, that he is abreast of the times, which contributes so much to success.

How often has this remark been heard: "He is young that is true, but is a close student, has a good library, and we have confidence in him. He has in fact the best medical library in town. Then when he gets into a tight place he writes to Dr. —, our old family physician, or some other prominent physician. So we have the benefit of that advice also. He is careful, sensible and a progressive man. We only fear that he will outgrow the place and leave us." Books tell. A lawyer without a library is put down as a shyster. A library is a synonym of extensive and profound information. So, to the best minds in any community, a library speaks volumes for a new comer. "He ought to know, he has books enough," is the confident comment. How often have we seen an able surgeon, one of the foremost men, take a volume from his voluminous library, and show a patient just the operation he proposed and the opinion of the leading men. Then explain where he should deviate, why, and the result expected. That showed knowledge caution, good judgment, and originality. Success under such circumstances was assured. Was

it any wonder that his most brilliant operations were so successful? Every patient was to him a sort of assistant surgeon. So every mother can be made not only an excellent nurse, but rise higher to the plane of assistant physician in the care and cure of her children. The singular part of it is that the more she knows the less she will trust her-elf, and the more will her physician be a necessity. Her very interest in and devotion to her children compels her to defer to superior knowledge and judgment. At this point many physicians make a mistake. She should neither be ridiculed as extra anxious, nor encouraged to go on and do her best. The physician is now the pilot. He should take the helm of affairs. Look over the case carefully. Get a full history of the disease. Go back two or three weeks or months. Review the diet and management. Point out the errors in each. Now he is the judge on the bench, as well as physician, and should advise as to diet and prescribe out of his own case. He may or may not tell what he gives. Tell if asked, explaining perhaps that it is a different attenuation, or that it is the remedy to-day but we will see how the case develops, it may not do as well as it should. Give her plenty to do as nurse and mother. If you add, "there are points about this case that I will have to look up." That will only increase confidence. A good library is worth its weight in gold to any physician.

---

## Correspondence.

---

### *CASE OF ACUTE INSANITY.*

CURED BY KALI BROM. AND JAMAICA DOGWOOD.

EDITOR UNITED STATES MEDICAL INVESTIGATOR. July 15, 1884, I was called to see Mrs. G., a woman about forty-five years of age, married, but no family, for years past has worked at dress making, and attended to house hold duties, has worked very hard, much beyond her strength, is slender in form of nervo-bilious temperament, black hair and eyes, and has arrived at the climacteric period.

For months past she has been quite irregular in her menstruation, generally the intervals much prolonged and discharge rather slight.

For two months past has been excessively nervous, and at times (quite often) shown aberration of mind. At this date find her under great nervous excitement with great desire to be *doing* something all the while. But if she undertakes to do anything about her work, does it all wrong, and constantly tries to cut up and destroy anything she can get hold of, shawls, dresses, etc. If she can get to the store wants to buy very largely of everything. Imagines she has great

sums of money at her command, in fact thinks she has unlimited resources though in fact her resources are most limited. If opposed or restrained in carrying out her desires, or doing what she undertakes, she at once flies into almost uncontrollable rage, and both threatens and attempts violence against those who in any way interfere. Will bear no restraint from her husband, his sister or her own mother, but will strike and kick with what violence she can command. Has but moderate appetite yet eats sufficient, and makes no complaint or manifests no symptoms of distress or inconvenience from any ordinary food. Sleeps none during the day, and rest very much broken or disturbed through the night. Wanting to get up and ransack the house in search of different things wanted for some imaginary work.

When I attempted to converse with her, was at times apparently rational, and would answer questions very correctly, but would soon again wander in her mind and promise to do great things for me; for instance, was going to purchase, and give to me a fine house and lot, a nice horse and carriage, etc.

Head seemed hot and congested though the pulse were neither very rapid or full. Gave Bell. 30 once in three hours. That night she had a very quiet night, rested well, and in the morning after was apparently better than she had been in some time. Omitted medicine through the day, a dose to be given at night. 17. Rest not so good as the night before, followed by increase of nervous excitability, repeated same several times during the day. The Bell. was continued (with an occasional dose of Cimicifuga, and Cimicifugin as there were symptoms of the menses which came on for one or a part of two days, and then ceased,) until the 22d, when she was more excitable, furious at times. Gave Stram. 3.

For a short time thought it was going to relieve, but could perceive but little real benefit. On the 24th her husband said, she must have something to make her sleep, and control her, for she had to be held firmly for some time, to prevent her doing violence to herself and others. Gave Atropin 3 gr. ss. Morph. sulph. gr. one-sixteenth. This gave the needed rest for twenty-four hours after which was obliged to give M. sulph. one-eighth grain with Atrop. as before. Continued for three days giving a powder once in six hours, but though she rested some better and was more quiet, her mental symptoms were not improved.

29. Gave Kali bromide  $\zeta$  iv } in Aqua dis.  $\bar{\zeta}$  vi.  
Jamaica dogwood M. 30 }

Gave a tablespoon, nearly full, once in three hours till quiet. After second dose had a natural sleep for nearly three hours and awoke refreshed. Gave one more dose in evening, and she rested well through the night. After three days there was an increase of restlessness and congestive symptoms. Increased the Jam. dogwood to M. 45, to be repeated same dose as before, once in four hours, or "*pro re nata*."

After using this for twenty-four hours there was most marked improvement from day to day, less nervous excitement, no violence

and less wandering of mind or mental alienation. After a very few days, gave but half a dose, and repeated the medicine once, or at most twice a day. Aug. 6 last, prescription renewed but on the 9th the bottle being about one-half full, was filled up with water and a small dose given "*pro re nata*" After August 15, improvement was very manifest, and on the morning of the 17th the cloud was dispelled from her mind, and she came out clear and rational, sadly realizing something of her former condition, but apparently with reason fully restored, yet of course wanting in strength, as was shown for an hour or two on the 19th, when having been subjected, contrary to express directions, to considerable excitement from injudicious company, and from over exertion about the house, she manifested much nervous excitement, and for a time her husband feared a return of the mental alienation.

But a short rest, a dose of Kali b., etc., which had been omitted for several days, and a little advice from her physician quieted her down, and in a few hours all was calm and natural. Since then there has been no retrogression. From the severity of the attack upon the patient, her friends were all very much surprised at the successful issue of the case.

At one time before using the Jamaica dogwood, I thought we should be obliged to send her to the asylum. I therefore wrote to the head physician giving a brief description of the case, at the same time telling him that her friends would much prefer sending her to the other asylum in our state. His reply was, "if they want to send her there, by all means let her go." But the remedy was successful, and we did not have to send her.

I have used the Jam. dogwood in several cases with marked results. In one case, an old gentleman, who had been a long time sick under Allopathic treatment, and had taken Kali brom. in large doses (thirty grains frequently repeated) as an anodyne, coming under my care, gave him quiet rest and good sleep with Kali brom. 2 grs. and Jam. dogwood one-half minin at a dose, when the large dose of Kali had been ineffectual. It is a remedy worthy of study by our school, and is yet destined I think to fill a valuable place among our remedies.

NORWICH, N. Y.

S. J. FULTON.

---

#### NOTES FROM THE EAST.

MR. EDITOR: We are closing the year with delightful weather, just warm enough for comfort, leaves green instead of frost bitten. In the country here we are having gorgeous feasts, the autumn leaves giving almost all colors imaginable. How poor city doctors' must miss such pleasant scenes, you may get larger fees and shorter rides, but during our long rides we are paid all the way. As a general thing it is, and has been, a healthful season, notwithstanding, the cool season and sudden changes. There is nothing new in this part of the medical world. Last winter the State Legislature gave us the Westboro Reform School building and a large farm, and appropriated



\$150,000, to start us off all right, but I am unable to learn when we are expected to begin the start. The Massachusetts Homœopathic Medical Society held its semi-annual meeting last Wednesday, with a goodly number present; Dr. Richardson, of East Boston reported a case (and presented the patient) of necrosis of the fourth cervical vertebræ, where three quite good sized pieces of the body of the vertebræ found their way into the throat and were removed, still the patient seems nearly well. It was an interesting case and finely reported. As we could not be present all day, we cannot give a list of papers presented, perhaps some one else may. It has become quite popular for the students of the Boston University to go "abroad" after graduating, and in some foreign country supplement their education, by studying some specialty, generally gynæcology, and upon their return, describe and laud the operations and the operators under whose care, or teachings they have been. As one goes to one place, and another to another and each one looks after the glory of the one under whom he studied, so it not only gives us amusement, but we are kept posted on the big guns across the sea. One thing troubles us and that is the great number of new words they use. If you would give us the meaning of the new words used, a sort of *weekly dictionary*, it would be of great advantage to a countryman, DOWN EAST.

---

#### WHAT WILL PREVENT TYPHOID FEVER.

FOX LAKE, Wis.—A good deal of typhoid fever, two deaths under Old School treatment yesterday. None under Homœopathic treatment. One case I could do nothing with dilutions so put him on Gels. tinct. drop doses and had splendid result. Also use Verat. vir., the same and Bry. What do you do to prevent typhoid fever? Is there any preventative?

W. C. D.

---

## Materia Medica Department.

### A STUDY OF ACONITES.

BY PROF. T. F. ALLEN, M. D., NEW YORK.

*Aconitum* belongs to the natural order *Ranunculaceæ*, which embraces a large number of genera and species of plants, most of which are characterized by *irritant* properties, due to some free organic Acid; though many members of the order have no Acid, (uncombined,) but owe their properties to one or more Alkaloids or glucosides. Some, again, occupy an intermediate position, possessing both free Acid and Alkaloid—for example, some species of *Aconitum*. The extreme "Acid" end of the series may be represented by *Ranunculus*, *Pæonia*, *Hydrastis*, *Anemone*, (*Pulsatilla*) and *Clematis*; the extreme "Alkaloid" division by *Delphinium*, *Aconitum*, *Helleborus*, *Coptis*, *Nigella*, etc.

The genus *Aconitum* embraces about twenty species, which differ almost as much from each other as do the various members of the whole order. Some species are very rich in *Aconitic acid*, especially those species allied botanically to *A. napellus*, (*A. ferox*, *chinense*, *neomontanum*); others have little or no Acid, though considerable Alkaloid (*A. anthora* and *lycoctonum*; the tuberous roots of the latter are eaten by the Laplanders, in spite of the large amount of Alkaloid contained in them). All the above-mentioned species contain *Aconitine*, or an allied Alkaloid, and are poisonous; their poisonous property seeming to vary directly with the percentage of Alkaloid.

*A. Heterophyllum* contains no Alkaloid, and no free *Aconitic acid*; it has, however, a bitter principle, and is used in India as a tonic and febrifuge, in doses of twenty to thirty grains of the powdered root, repeated every three or four hours.

The species containing the largest amount of Alkaloid are, in order: *A. wildenowii*, *tauricum*, *bernhardianum*, *ferox*, *chinense*, *napellus*, *Stœreanum*, etc., all blue flowered, more or less related to *A. napellus*, and more poisonous than the species allied to *A. variegatum*—namely, *A. paniculatum*, *heterophyllum*, etc. In North America we find *A. uncinatum* and *reclinatum* in the middle and Southern States; *A. fischeri* in the Rocky Mountains; *A. kamtschaticum* and *A. napellus*, var. *delphinifolium*, in British America. *A. uncinatum* obtained from Virginia, and *A. fischeri* gathered by Dr. Boericke in the Rocky Mountains, are being investigated; the former contains an Alkaloid similar to *Aconitine*, and produces effects similar to those caused by *A. napellus*.

Very little is known about *Aconitic acid*; it has caused restlessness in animals, and blisters on mucous membranes; it is found not only in some species of *Aconitum*, but also in *Delphinium*, *colsolida*, *Heliborus*, *Adonis*, *Equisetum fluviatile*, and *Achillea millefolium*; it differs, both chemically and physiologically, from *Anemonic acid*, the active principle of *Anemone (pulsatilla) pratensis* and *nemorosa*, *Ranunculus bulbosus*, *sceleratus* and *flammula*.

The Alkaloids of the various species of *Aconitum* have been studied by numerous chemists with varying results. It seems certain that there are two distinct Alkaloids—*Aconitine*, C<sub>33</sub> A43 NO<sub>12</sub>, and *Pseudo-Aconitine*, C<sub>36</sub> H<sub>49</sub> NO<sub>11</sub>; and that both exist in some species. In *A. ferox*, the Alkaloids are associated in a proportion of about 94 per cent. of *Pseudo-Aconitine*, to 0.6 of *Aconitine*; while in *A. napellus* and *stoerkianum*, *Aconitine* largely predominates, with but a trace of *Pseudo-Aconitine*; in *A. lycoctonum*, there seems to be less disproportion between them. The action of the two Alkaloids seems identical, except that *Pseudo-Aconitine* is much more violent. (it is supposed to be the most poisonous substance known.) and Prof. V. Schroff asserts that it produces *no facial neuralgia*.

The following effects are characteristic of *Aconitine*, and must be present in a greater or less degree in the provings of all substances which contain it:

I. *Tingling and numbness*, commencing at the lips and tip of the tongue, and spreading over the whole body.

II. From larger doses, heart's action slow and feeble; from smaller doses, heart's action first rapid, then slow.

III. *Anxiety*, sometimes distressing.

IV. *General exhaustion*, amounting almost to paralysis.

V. *Temperature lowered by large doses, elevated by small.*

VI. *Lancinating or drawing tense pains*, especially in the *nervous trigeminus* (not noticed in *A. ferox*.)

These effects, given in the order of appearance, are of necessity *general*, but the *anxiety* is most prominent and uniform; sometimes the prover suffers from excessive prostration, but is still *anxious*, even if not restless; restlessness seems not to be caused by the Alkaloid, nor by *A. lycoctonum* (see remarks above on *Aconitic acid*.) The tingling is such a uniform primary effect, that pharmacutists are in the habit of judging of the value of a tincture by its severity or prompt appearance after tasting.

Having now a general idea of the effects of the Alkaloid, (and all the experiments given in Vols. I and X, of the *Encyclopædia* are unquestionably valuable,) let us turn to a consideration of the provings of the different species of *Aconitum*.

*Aconitum anthora*.—In Vol. I, we find a proving by one of Prof. Von Schroff's pupils, without doubt genuine. Note the peculiar symptom "*sleepiness and deep sleep through the whole night*;" compare with Petroz's provings of *A. lycoctonum*, in which also we find "*drowsiness*," "*and sleeps to long*," and bear in mind that these two species contain *no free Aconitic acid*, which seems to cause restlessness: see for example the next species.

*A. cammarum*.—In which we find "*sleepiness*," but "*such restlessness that he wandered about the room as if crazy*." Did we not know the difference in the constituents of the species of *Aconitum* we might conclude that, if a prover of *A. anthora* or *lycoctanum* went soundly to sleep and slept off the proving, there must be some mistake about it. The full account of Schroff's proving of *A. cammarum*, given in Vol. X, is exceedingly interesting. Let us note particularly:

I. The pulse became rapid within a few minutes, then it fell to 40 (in four hours). In Prof. Schroff it became very weak and irregular. In both provers the weak pulse was associated with great prostration, great dyspnœa, catching for breath, vertigo on attempting to rise or move.

II. *Facial neuralgia*.

III. *Anxiety*.

IV. *Formication spreading from lips and tongue*.

V. *Restlessness*.

VI. *Increased secretion of urine*.

VII. In one case, *blisters on the leg, and desquamation*.

The study of these most interesting and valuable provings is particularly important, as *A. cammarum* is the same as *A. stoerkianum*, used by Hahnemann in compiling his *Aconite*.

*A. ferox*.—Our knowledge of this wonderfully powerful plant is derived from Prof. Schroff's heroic and indefatigable class of provers.

In Vol. I a proving by Dworzak, and in Vol. X additional observations by Prof. Schroff are given. From these we learn that this species produces:

- I. *Anxiety*, more distressing than any other Aconite.
- II. *Violent burning* in mouth, pharynx, etc.
- III. *Excessive dyspnoea*; "could not lie down; he feared paralysis of the lungs."
- IV. *Excessive prostration*.
- V. *Constant restlessness*; "he could not possibly lie more than a few minutes."
- VI. *Numbness and formication*; "tongue insensible;" "he seemed to walk on woolen carpets," etc.
- VII. *Icy coldness* of the body; at first, skin cold and dry, then "calor mordax," with copious sweat.
- VIII. *Profuse diuresis*.

Notice the great severity of all the symptoms, and also Prof. Schroff's observation that this species *does not cause head-ache or face-ache*.

The symptoms experienced by Dworzak, in Vol. I, should be read to be fully appreciated.

*Aconitum lycoctonum*.—Dr. Petroz, our only authority for the symptoms, has furnished no information in regard to his provings, beyond an expression of regret that he could give no symptoms of the *male genital organs*.

There are a few indications of a clinical as well as of a pathogenetic source; but the symptoms which *seem* to have occurred in the sick are very few in number, while the great bulk of the pathogenesis accords perfectly with an ideal proving of this species. In the introduction\* mention is made of "a prover so remarkably susceptible that one could hardly place confidence in the result, had not the symptoms been confirmed by practical application."

This prover may have experienced these suspicious symptoms, "Ulcerated gums," "Purulent discharge from the ear," "Diarrhoea after eating pork," etc., but we are inclined to doubt it. Throwing out a half dozen of similar symptoms we have a beautiful proving.

We did not expect to find the great restlessness and anxiety, so characteristic of other species, for *Aconitic acid* is lacking in this one (see remarks above); and "drowsiness," "too long sleep" and the like are quite consistent with the character of the plant. Read the symptoms of *chill and fever*, of *numbness*, of *pain in the face, scalp and head* and many others, and it is clear that a genuine proving of an *Aconite* is before us.

Dr. Petroz gives a list of disorders in which he has found *A. lycoctonum* useful, which somewhat disturbs our notions of the rather limited usefulness of an *Aconite* in disease; unfortunately, he does not indicate the pathogenetic symptoms which led him to use the drug in these diseases: "Dandruff, exostosis of lower jaw, periostitis, chronic diarrhoea, diarrhoea of infants and of teething children, lum-

\**Journ. de la Soc. Gall.* 3. 1, 1852.

brici, distress caused by tape-worm, eruptions about the anus, induration of glands, lymphadenitis of lower extremity, affections of the brain with furious delirium." We still, in the year of grace, 1880, occasionally meet a Homœopathic physician who asks "what is good for Chronic diarrhœa," or "Dandruff?" or some other pathological term. When these names are met with they should be blotted out as mere words, *words*, WORDS, which are to the therapist devoid of significance, and to the student a delusion and a snare.

---

## Book Department.

---

**SURGICAL EMERGENCIES AND ACCIDENTS.** By J. G. Gilchrist, M. D. Chicago: Duncan Bros. 8 vo. pp. 582. Price \$4.50.

Well do we remember our first case of accidental surgery. A boy rushed into our office with pale face and bated breath panted out: "Come quick doctor, man hurt." Grasping our new case of instruments we hurried to the scene, but wishing we were a 1,000 miles away. What could it be was our anxious thought? What shall we do? and we tried to remember the sage advice of our glittering surgical professor. What first to do in surgery. It was in a bindery. Men were running to and fro, girls were all confusion and tears. "Do something quick doctor," were the words that hurried us into the midst of a crowd, where we found a youth lying covered with blood. Then we remembered "stop the bleeding" as the first surgical step. Bring clothes and cold water was a command that cleared a space about the patient. He was laid down and the gaping wounds closed and held. "How many, how deep and will they never stop bleeding? Suppose he dies and we sued for mal-practice?" were anxious queries that almost took away our breath. The arm was scared in several places and some fingers gone. We thought of severed arteries, nerves, and the possibility of a useless hand and tetanus. We done the arm up as best we could. A carriage arrived and he was taken home and would call his "own doctor." With a sigh of relief we pocketed the fee, ("thanks,") and went back to the office with mingled feelings of triumph and chagrin. Oh! for a book that would explain things. A work on surgical emergencies and accidents would have been a God-send then and it is to-day. This work by Prof. Gilchrist will be a welcome addition to every library. Here will be found just such information that surgical emergencies call up. It may not answer all the questions that a novice might ask, but will tend to help all who may need to consult it. We all expect to meet accidents and be called face to face with emergencies and should not only know what to do first and best but to have all the possible complications that may arise carefully considered. Here is the strong point in this work, that every physician should possess.

\*

WITH CLEVELAND WE SHALL WIN THE DAY, a veritable "Tippecanoe and Tyler Too" melody, by J. P. Skelly, which should carry the New York Governor to the White House.

CLEVELAND AND HENDRICKS' GRAND VICTORY MARCH. By J. J. Freeman.

Whether this March carries the Democratic Candidate to victory or not, the music is very pleasing and taking.

YOU ASK ME TO FORGIVE THE PAST. By Ed. Greene.

A very taking little sentimental ballad, full of melody, which will surely find its way to the hearts of all.

BETTER LUCK TO-MORROW. By Henry Martin.

A new Motto Song, full of hope, good cheer and downright sensible thought. Music very good. Words excellent.

AMATORI WALTZES. By Frank Conway.

A set of Waltzes, by no means new, but for the first time brought to notice in these columns. When the publishers claim over 100,000 copies have been printed, and that the demand is steadily increasing, it goes without saying that the Waltzes are very good. In fact, the movements are more than ordinarily pretty, and the melodies very catching.

The above pieces retail at music stores for from 30 to 50 cents each. The five would cost \$2.10. The publisher, however, offers to send the lot post free on receipt of \$1.00. Address, R. A. Saalfeld, 12 Bible House, New York. X. Y.

---

## News of the Week.

---

*N. J. DePuy, M. D.*, Parma, Michigan, made us a pleasant call.

*C. S. Verdi, M. D.*, has resumed his practice in Washington, D. C., at 1410 2d, street.

*J. W. Hayward, M. D.*, of Liverpool, Eng., writes: We are getting on very well, and hoping to have a hospital in this city.

*Dr. and Mrs. C. L. Tisdale* at home after November 14th, 1884. Coates House, Kansas City, Mo.

Here is how, where, and when it occurred:

"Mr. and Mrs. Franklin Krum request the pleasure of your presence at the marriage of their daughter Emma to Charles Lewis Tisdale, Thursday October 13th, at twelve o'clock, Schoharie, N. Y."

Cannot be there to thank you, but can wish all much happiness.

The *Huhnemann Clinical Society (Chicago)* met Oct. 11th, and discussed the subject of cholera. An interesting paper on the subject was read by Dr. J. E. Gilman. In this paper the writer, after briefly discussing the origin of the late outbreak of cholera and its rapid dissemination, spoke of the means to be taken for its prevention. The great preventive against it was proper sanitation. Heat, moisture and filth were its causes. Heat was uncontrollable, moisture only partly controllable, but filth entirely controllable. The four invasions of this country by cholera had originated in India at its religious festivals, where thousands of people were huddled together without the least regard to sanitary conditions. It was impossible to establish any quarantine which would perfectly protect against its admission into a country. Dr. J. B. S. King followed with an able paper on the pathology of cholera. Dr. W. S. Harvey followed with a paper giving instructions for staying the progress of cholera should it reach Chicago, as it probably would next summer. Dr. A. K. Crawford and Dr. R. Ludlam also discussed the same question.

# The United States Medical Investigator

VOL. XX. No. 17.

OCTOBER 25, 1884.

WHOLE No. 411.

## Gynæcological Department.

### *DILATION OF THE CERVIX WITH METALLIC DILATORS.*

BY S. P. HEDGES M. D., CHICAGO, ILL.

The attention which has been given by gynæcologists during the last decade to dilatation of the uterine cervix, has stimulated specialists in this department to devise new and improved methods and instruments for its safer and better accomplishment.

The old sponge tent was followed by the laminaria and tupelo tents. There was always some danger in the use of the sponge tent, though in careful and skillful hands, this danger was very slight.

As early as 1870, Dr. E. R. Peaslee devised a series of graduated metallic cervical dilators, arranged to screw into a common handle. These had barely come into use, when they were followed by dilators, made of hard rubber. These took the place of steel dilators, very generally. A modification of these dilators simply for dilating the external os, has been made by Dr. Hawks.

For more rapid and forcible dilatation, there were many different instruments by as many different specialists. They are all on nearly the same plan—a closed, curved beak or sound, bivalve, or trivalve, which, after introduction, is forced open by some mechanical device at the handle. Now, with all these methods before him, what could the practitioner do?

Each one had its supporters, and the last one you read would be apt to decide your action.

Ellinger's uterine dilator I used with much satisfaction, especially for rapid dilatation, after a miscarriage, to remove the retained placenta. Here, it was excellent. But for other purposes as dilatation for dysmenorrhœa from stenosis, sterility from conical cervix, and pin-hole os, with or without flexure, I used sponge or sea-tangle tents. The latter to begin the dilation when cervix was very small, and the former, when some dilation had been obtained. Results from this were better, but not yet what was desired. Next, the hard rubber graduated dilators were used, and in some cases with marked success.

With this much by way of introduction, I now wish to give my experience in the use of the graduated metallic dilators.

Several years ago my attention was first called to them by an article in the *British Journal of Obstetrics*. The article in question was on sterility, in which the writer had quite a large experience as a leading authority and successful operator for various forms of steril-

ity. He stated his great preference for the solid, graduated steel uterine dilators, over all other methods of dilation, especially in cases of sterility caused by stenosis, and its resulting dysmenorrhœa. He entered into no argument to prove why the steel instrument was any better than the rubber, but simply gave his experience.

Having at that time in my practice several cases under treatment and observation, where maternity was denied them, to their great sorrow, I was much impressed by this paper. I had all the appliances in my office needed generally to operate in such cases. A case of the hard rubber dilators was used by me often in such cases. However, having two patients who had resisted successful treatment in the hands of other physicians, I concluded to purchase and use the metallic instruments. At the surgical instrument store in Chicago I learned that the hard rubber had almost driven out the steel dilators. But on sending to New York, I secured a set of five sizes, with one common handle into which they screwed. The smallest is a little larger than an ordinary uterine sound. The sound serves as a little larger and smaller size, than the smallest in the case; and as the sound should always be used first to explore and open the way before anything larger is attempted, we really have six sizes for practical use. The handle is straight, but the dilators are made to correspond to the vaginal or pelvic curve.

The first case selected for their use was that of a lady, married some six years, and childless. She was a great sufferer from dysmenorrhœa. She had a long, conical cervix, and a regular pin-hole os. A small sized sound only could enter this os, and that with difficulty. For about one-third of an inch the cervix remained as small, the os then was enlarged up to near the internal os, where it was quite as contracted as at the external os.

There was an unusual hyper-sensitiveness of the parts. I used two sizes of sounds before I could introduce the smallest of the metallic dilators.

At the second treatment, to my great satisfaction, I succeeded in entering the smallest sized dilator, which really made three steps in the dilatation. I treated her twice a week, or six times between the menstruation, the two last operations using the second size of the dilators. Each time I began with the smallest sound, introducing it, and leaving it from about five to ten minutes in situ; then the large sound the same way, and following with the graded sizes of the dilators. As the larger ones are used, I leave them from ten to twenty minutes, or until the muscular contractions and resistance to their presence are overcome. In the case mentioned there was great improvement in the first menstruation after treatment was begun. The second month, I gave the same number of treatments, and only gained one size larger in the dilation. Improvement followed again. The third month, same number of treatments, and only one additional dilator used. This was the next to the largest size, and was the largest used, as the menses were now nearly normal in every sense. After this, for two or three months, I gave treatment from two to



four days after, and again, two or three days before the menses. Then finally, to render conception more likely, I gave one treatment just after the menses for two months. I say two, for after this she became pregnant. Her gestation was normal throughout, and when she was safely delivered of a son, to their great joy, the case was considered a success.

This is a typical case of its kind. I have given it in detail, and for the purpose of calling attention to some essential features in the use of and the manner and time of using dilators.

First. Be slow in entering the dilator. I have found it possible to introduce the solid steel dilator where I could not the hard rubber. The metallic, heavy dilator held steadily to its place, and to the right angle, supporting, if needed, the fundus uteri through the abdominal wall, where this is practicable, will find its way; and cases I could not dilate with the hard rubber, I have had perfect success with the metallic. Do you think, in a difficult case, one could dilate the male urethra with a hard rubber sound, which is light and somewhat flexible, as well as with a steel sound? This illustration will emphasize what I wish to teach regarding the great advantage of the metallic graduated uterine dilators over the light hard rubber dilators. Not only the weight is an advantage with metallic instruments, but there is something in the metal itself—its presence.

Second. Use the dilator quite *warm*, as warm as will be comfortably borne. This expedient is excellent where there is unusual sensitiveness.

Third. In dilating, stop as soon as there is blood. Too severe and forcible distension of the cervical canal will cause cervicitis, and hinder, if indeed it does not stop, the treatment.

Fourth. I seldom have to introduce dilators through a speculum, nor do I in most cases steady the os with a tenaculum. I prefer to take time, and the slow and steady pressure of these heavy dilators will enter in time, overcoming a very strong resistance.

Fifth. Where there is a flexure of the cervix the speculum is needed sometimes, and a firm traction on the os to straighten the cervix, that the dilator may enter.

Sixth. Leave the dilators in the cervix from five to twenty minutes, until muscular contractions are over, and the pain from the presence of the instrument ceases.

Seventh. Never give an anæsthetic to use the uterine dilators. The amount of pain will measure the extent to which it is safe to go, in successful treatment by this method. This is one of the reasons why this method is so superior to the use of the sponge and other tents. You can gauge your management accurately; with the tents, you could not. Then the round smooth metallic dilators are better suited to the inner lining of the cervix than any bivalve or trivalve dilator. The unequal pressure on the cervix in the latter was often an injury. The round metallic solid dilators avoid all this.

Eighth. In those cases, and they often occur, where the cervix reverts to its former state of stenosis, I have used with advantage

the split-stem pessary. In this manner conception followed in a case sterile, after four years of married life. In inveterate cases of catarrhal and spasmodic dysmenorrhœa, I look upon the use of these instruments as offering a good chance for relief and even cure. In membranous dysmenorrhœa this treatment is often successful. I have cured some, relieved many, and in only one case have I witnessed continued and repeated aggravation. For sterility from these various causes, as well as from stenosis, I can say I have more hope of cure than from any other method.

For long and tortuous cervix, conical cervix and pin-hole os, and also for undeveloped cervix, I have had uniform success in this treatment. The long crooked cervix straightens, the conical cervix and small os by this dilatation lose their morbid features, and the flabby, membranous, undeveloped cervix becomes firm and muscular, and develops rapidly under this stimulus into healthy proportions.

---

### OBSTETRIC NOTES.

#### LIQUOR AMNI IN PROFUSION, CONVULSIONS AND CIMICIFUGA.

Mrs. D. aged twenty-nine years—German. Mother of four children; has always had a very tedious time before the waters break.

I was summoned to see her during the month of August, as her waters had broke and she was flooding, examination revealed os dilated about the size of a half-dollar, hæmorrhage not alarming but constant. Prescribed *Trillium pend. tinct.*, in five drop doses, every half hour, and perfect quietude until better. In a very short time all things were going on well, and remained so for nearly three weeks, at which time she was taken with labor-like pains, and within a few hours the waters broke again, as she supposed, this time like a deluge, followed again by a term of quietude, lasting only a few hours, when another flow of water took place, amounting to gallons; this condition lasting for ten days, when I was hastily summoned to her bedside to find her in convulsions. She had already had three convulsions before my arrival, and to all appearance preparing for another. I immediately gave her ten drops of *Cimicifuga 2x* every half hour for three doses, with complete relief from the convulsions and pain. She still had those discharges of water every hour or two, all this time the os was dilated to the size of a half-dollar, and at times the dilatation would admit of two or three fingers, being admitted and by pressing the child's head up toward the fundus, water would pass by the gallon, until she would look as if she had been confined, only to refill within the next one or at the most, two hours, when there would be a sufficient quantity of water pass to completely saturate a comfort four double, and pass through and through a straw bed and run the length of a twelve foot room. Immediately after each passage of this water the patient would be bright and cheerful. From the first breaking of the waters until the birth of the child was five weeks and four days. The child was a strong healthy boy, weighing eight and

a half pounds. The mother made a very rapid recovery, and as if to cap the climax, the day following her delivery I went back to see her and found my patient sitting up in bed peeling potatoes and washing in cold spring water. Will some of our brothers give us light in this dark, and to me unknown pathological condition. The patient had shown nodropsical condition previous to this breaking of the waters. The kidneys and bowels were normal; appetite good, slept well, and worked hard. Query, what caused this fearful amount of water? And what caused the refilling of the womb, after each evacuation, only requiring from one to two hours to refill? Time, two weeks and four days this water passed as above stated. Could we have done any better than to await results, as there were no alarming symptoms before or after these convulsions, except the "deluge!" I should refrain from reporting this case were it not that my partner W. A. Secrist, M. D., was with me in attendance on this case and can vouch for the truth of the above statements.

JAMES DICKSON.

CANAL DOVER, Ohio.

---

## Clinical Medicine.

---

### THE RATIONALE OF THE HOMŒOPATHIC LAW.

BY R. S. BRIGHAM, M. D., NEW ALBANY.

Read at the Indiana Institute of Homœopathy.

(Continued from Page 262.)

Pain indicates excess of the vibratory motions in the molecules of the nerve tissue. The condition may be expressed algebraically, motions X billion per second produce pain and therefore in order to arrest this excess of molecular motions and so bring ease and quiet to our patient a medicine or drug must be found that will also produce X billion times per second vibratory motion of the molecules of the nerve tissue because we know that two equivalents will mutually absorb each other and when the excess of motions is removed the pain is non est, gone and our patient is restored to health.

Hence it is clearly demonstrated that by knowing the indices of the symptoms and the pathogenesis of the drugs we have a certain and scientific means of curing all curable diseases. The properties of living matter both in health and disease are governed by the same kinetic laws that govern the so termed inanimate world of matter, and therefore living matter must exhibit similar manifestations to which we know takes place in the non living world of matter. And hence the great *Homœopathic law* must rest upon the solid and sure foundation of the known facts of science obtaining in the physical universe. And if our law is established upon a scientific basis and in harmony with the known laws of physics it necessarily follows that

it must be a universal law, as there can be no partial laws in nature's realm. Nevertheless in practice contingencies are to be promptly met according to the judgment and experience of the physician, and the meeting of contingencies as such does not in my judgment violate any law. I believe that if we carefully and without prejudice study, any law as based upon the facts obtaining in physics we can solve the question of potency and dose.

As the knowledge we shall thereby obtain will enable us to understand why in some cases crude drugs and low attenuations are best adapted to cure the case in hand, that is, regulate the abnormal molecular motions taking place in our case, and in others the higher and very highest may serve us best as curative agents. The difference in quantity and tensity of the molecular vibrations fully explaining the reasons therefore. And does it not seem rational and in accord with our experience in all things mundane that some cases would require much greater quantity and others greater tensity in the agents required to neutralize or absorb the abnormal motions obtaining in different patients. It certainly requires difference in quantity and tensity of wave motions to neutralize or absorb the different notes in the music scale or different degrees in the velocity in the wave to neutralize the different colors. This principle is well understood by those who use electricity as a therapeutic agent, and electricity is used accordingly by those who use this agent in the treatment of various diseased conditions, and if this important truth was well understood and generally heeded in practice by Homœopathic physicians, it would in my judgment greatly increase our usefulness and success, and do away with the division and quarrel in our school in regard to the use of high and low potencies.

Each physician would of necessity study his cases with a desire to find the potency as well as the drug adapted to rectify the abnormal molecular motions in the special case in hand. Allow me to say that my experience leads me to think that very generally (though not always) chronic diseases especially of females are most successfully treated with high potencies. Homœopathic physicians do not quarrel about the particular drugs that shall be used in the treatment of the diseases commonly met with in practice. And why not quarrel about the particular drug that shall be used as well as the potency. If we can agree to disagree in the one case, why not in the other. Then I say away with the quarrel over potency and dose. And as all drugs are more or less compounds, that is composed of elementary principles or substances and yet are Homœopathic to the diseased conditions, therefore a medicine composed of different drugs may likewise be Homœopathic to diseased conditions, but according to Homœopathy any remedy, whatever composed of, one or more drugs should first be proven upon the healthy that we may know how to prescribe it to the sick, and if not thus proven in all cases its use is empirical. If a knowledge of molecular physics enables us to explain the Homœopathic law upon scientific principles it must of necessity explain the pathogenesis of drugs in like manner. The various mechanical,

electrical and gaseous conditions of the atmosphere and substances contained therein by contact with various physical organisms produce mechanical, chemical and electrical changes by inducing a peculiar set of molecular vibrations which result either in health or disease, and we determine which by the symptoms induced and if the symptoms indicate a result not in harmony with the well being of our physical bodies we call it disease. That some diseased conditions that is peculiar manifestations of want of harmony in the molecular vibrations in our organism invade the physical system but once is no argument against this hypothesis as we may suppose that any invasion destroys the property or capability of a like or similar class of vibrations being again established which may result from a permanent change in the molecular polarities or the invasion may cause a new order of molecular vibrations which new order may be capable of absorbing or neutralizing the motions that before would ultimate in disease. This explanation of Homœopathic actions upon scientific principles also explains why that electricity, turkish baths and other agents used at times by physicians are strictly in accordance with Homœopathic treatment. Germs of disease are accordingly, simply forces the nature of which we know not producing molecular changes. I do not however, believe them to be especially distinct forms of animal life. We know that life in various forms to be everywhere present and unceasingly struggling for continued existence, and are the continuous lookout for advantages in the struggle and diseased states of larger organisms turnish animalcula and bacteria, just the sought for eldorado and these little creatures being no more scrupulous in regard to rights than other people unhesitatingly possess themselves of the advantages offered by sick bodies and like trespassers and robbers in general are expelled with difficulty.

That what is termed a common cold produces in some cases nasal catarrh, in others pneumonia, and in others acute or chronic catarrh of the bowels, and in others rheumatism, implies not peculiar germs but peculiar idiosyncrasies or rather such a condition of the molecular and electric forces which have in many instances been an inherited habit such that an abnormal force in the one case results in disease of the lungs, in others disease of the bowels or liver, in others disease of the nerve system, and thus is explained all the pathological changes that are liable to take place in a living body. The fact that we are liable to have small-pox, measles or other contagious diseases but once, is no argument against this hypothesis and may be thus explained, and that is, that the peculiar polarities in the ultimate atoms of the organism are so changed by these diseases that by similarity the forces producing these abnormal conditions or motions are absorbed or by being neutralized are no longer harmful. Derangements in the molecular motions as the immediate cause of disease and pathogenesis of drugs explains the reason the system is so much more easily affected when sick than when well as a rule, and also why in paralytic diseases the organism is not so easily affected and therefore generally cases of paralysis require greater, that is cruder doses.

Homœopathy is thus proven to be founded upon the great and eternal truths of science and therefore must be the only philosophic and rational system of medicine now before the public. And Homœopathy being a scientific truth must be a universal truth, and so upon the great Homœopathic law must be explained all the real cures of all other modes of practice and therefore the success of all physicians must be upon Homœopathic principles however much disguised, and I think this truth so plain that were it not for the prejudice of the enemies of Homœopathy and the follies of some of its pretentious friends it would to-day be the predominant law governing the practice of a great majority of medical men. Homœopathy is the only school of medicine that can pretend to be founded upon and in harmony with the known methods and laws of science, and viewing medical science from this standpoint it is as absurd to suppose that the highest or lowest potencies are always the best means of curing the sick as it would be to suppose that the best music could always be made upon the highest or lowest key or note.

We all know that the faculty of being influenced by external causes and consequently by drugs which are but external causes or foreign agents, varies very greatly in different individuals, and to meet this varying susceptibility we as intelligent physicians, must vary the attenuations that is the force and tensity of our medicines in order to be successful practitioners of the Homœopathic healing art.

---

#### STUDY OF *ACTEA SPICATA*.

BY T. F. ALLEN, M. D., NEW YORK.

Unfortunately, we have no knowledge of the active constituents of this plant, and are unable to judge therefrom of the probable value of its provings. Linnæus, in his "Flora Lapponica," asserts that it produces furious delirium; Golden, in "Acta Upsala," 1745, states that cold sweat with malaise are caused by it. Linnæus farther reports: Horripilation of the scalp, frequent desire to urinate, pimples on the scalp. These observations lead us to infer a powerful drug action, and also gives us vague indications of a drug belonging to the order of the Aconites (Ranunculaceæ). Petroz was led (he tells us) to prove it, from Dufresne's use of it, as "a succedaneum to Aconite." In the preface to the symptoms, he apologizes for the absence of the genital symptoms, by saying that *he had lost them*; he furnishes no day-book of provings, does not inform us as to the doses employed to obtain the symptoms, nor of the pharmaceutical preparations of the plant. The *pains*, recorded by Petroz, arrest our attention, as well as the difficult respiration with epistaxis, the paralytic weakness, the pains in the right hypochondrium with yellowness about the mouth, *the swelling of the joints*. We recognize a generic relationship to the Aconites, and have no doubt as to the reliability of the provings. Two cures have been recorded by Ruckert: one of "facial neuralgia," pains, tearing, beginning in a bad tooth and extending to the temples

aggravated by the slight touch and by moving the facial muscles; another of "articular rheumatism" in the hands and feet, with swelling of the joints; pains aggravated by the least movement. Inflammation of the knee joint has also been cured by it. We thus perceive that in *Actea* we have a drug capable of considerable development; and, inasmuch as the plant is quite common in America, we hope some one may be encouraged to investigate its chemical composition and its physiological action.

It may not be out of place here to record our own experience with *A. spicata* in true rheumatic gout (Rheumatoid arthritis of Garrod.) We were led, first, to try it by Peiroz symptoms: "swelling of the joints after fatigue;" "pain as from paralytic weakness in the hands," and the "periosteal pains." In several cases most prompt and truly remarkable (for this usually very obstinate arthritis) cures have been wrought by the drug, in our cases, thus far, we have observed the cure of the following additional symptoms: "Great stiffness of the joints after rest," so great (in two cases) that before the patient could dress in the morning she had to plunge the hands into hot water; "great swelling between the joints" and "some œdema of the extremities" (in one case.) We should be very glad to learn of additional verifications. We have used the third centess. dilution only.

---

## Progress of the Medical Sciences.

---

*Women as Medical Missionaries in China.*—An assembly of medical students received a severe rebuke recently in Philadelphia. While waiting for the arrival of the professor who was to deliver a clinical lecture, they amused themselves by bantering three lady students present. When the mirth was at its height one of the ladies rose and addressed them. She said: "Gentlemen, I have been for eighteen years a missionary in China. The Chinese have no medical science, and superstitious rites are chiefly relied on in the treatment of disease. All the people are in need of medical aid, but the women are the neediest. A Chinese woman would under no circumstances go to a male physician for the treatment of any disease peculiar to her sex. She would be prevented by her own womanly delicacy and by all the notions of modesty held by those around her. She would suffer lifelong agony rather than violate her sense of propriety. Full of sorrow for the sufferings of these women, I have been looking in Christian America to see what hope of help for them might be here. I have been glad to find that in some of our great medical school earnest and self sacrificing women are fitting themselves for a work of mercy in Asia and other lands. Unless such women learn to do such work well there is no physical salvation for those afflicted ones. And, in behalf of those women, who have no medical care while they so sorely need it, I ask from you the courtesy of gentlemen towards ladies who are

studying medicine in Philadelphia." The speaker was Miss A. M. Field, and it is gratifying to learn that her courageous address was heard with attention and elicited an apology from the male students.

*The Uncertainties of Therapeutics.*—In the course of an address delivered at the opening of the section of medicine, at the recent meeting of the British Medical Association ("British Medical Journal") Dr. James W. T. Smith, of Belfast, spoke as follows:

Our knowledge of therapeutics has not advanced in equal proportion with other branches of medical science. It is the department in which we know least. The modes of action of many medicines are a labyrinth to which we have no clew. To investigate their actions and to obtain a knowledge of their influence on disease are matters of great difficulty. The action of many is imperfectly known, and it may differ much in individuals. It is very difficult to estimate correctly what influence a medicine has really had in producing the changes which have occurred after its administration, for we know that many diseases will get well if left to themselves. Repeated trials and careful observation can alone determine this.

Perhaps there is no point on which members of our profession so frequently deceive themselves as on that of the effect of new medicines, and it must be admitted that many of the communications which appear in our journals upon this subject will not bear the test of experience. Such statements should be received with great hesitation, except when they come from those who, by careful physiological experiment, are entitled to speak on the subject. Another hindrance to progress is this—that, when a medicine has been ascertained to have a decided effect in a particular class of affections, there is a tendency to urge its employment and vaunt its usefulness in diseases over which it has no influence whatever; of this tendency the Bromide of Potassium is a good instance, that excellent but ill-used drug having been recommended in nearly half the ills which flesh is heir to.

New suggestions of treatment, and the wonderful effects of new medicines, put forth without substantial test, excite only distrust and disappointment in those who act on them, and add to the number of those who are already skeptical about the use of any medicine.

A disbelief in the efficacy of all drugs is, however, as unreasonable as an unlimited faith in their powers. We possess several which have been proved to have a definite action on which we can rely, and their number is being slowly added to. The discovery of Salicylic acid has changed the whole treatment of rheumatism, and is a strong incentive to further therapeutic investigation.

After all, the practice of medicine is ultimately the practical application of therapeutic agents, and it is in the careful study of these that some of the greatest victories are to be gained by the coming race. But our progress must necessarily be slow, and we must take care lest the structures we build on our way prove only sand castles. [If brother Smith sighs for solid certainties he should delve into Homœopathic therapeutics.—ED. U. S. M. I.]



# THE UNITED STATES MEDICAL INVESTIGATOR.

"HOMOEOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

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

---

**THE SCOPE OF THE GENUS EPIDEMICUS.**—With the advent of cold weather comes a crop of new cases of sore throat: diphtheria, tonsilitis, croup, bronchitis, etc. Those who have studied the subject look carefully at these cases to see if they can detect a similarity in them, pointing to one remedy or group of remedies. They recognize the fact that with a diversity of constitutions, with hereditary, and acquired pathological tendencies, there can be no clear cut indications for one remedy in every case. But sooner or later the under current in the epidemic condition will manifest itself. The cases will assume a bias as if some influence was endeavoring to get them to develop similar symptoms. Those who live in an ague country always expect the endemic influence to be manifested, and assume an intermittent type. While this latter seems of the earth, earthy, the genus epidemicus seems more atmospheric, and wafted on the wings of the wind. When we remember that tons of cosmic dust fall on us annually, it is easy to conjecture that, as we swing through space in tracks traveled years ago, perhaps we may have approaching similar atmospheric conditions, and similar diseases. This would account for the return of epidemics after long years. So when the upper air is born down upon us as in a cold wave, we would look for symptoms of this change, and expect the activity of the epidemic influence more marked about that time. So the influenzas of the spring and fall have been made the subjects of most careful study, for in them are found the atmospheric epidemic influence. If for example, in the spring it partakes of the *Arsenicum* type, then we may look for *Arsenicum* symptoms in the cases all that summer. All the cases are not effected by this influence to as great an extent as others; consequently the scope of the genus epidemicus is regarded by those who study and heed it most, as one factor in disease. It is the wind, as the endemic influence, is the tide of disease. The fall equinox of the genus epidemicus may be now studied to advantage.

## Materia Medica Department.

### CRITICAL STUDY OF ACONITE NAPELLUS.

BY PROF. T. F. ALLEN, M. D., NEW YORK.

An analysis of the provings of this species will include a study of the nearly allied species *A. Stoerckianum* (*A. cammarum*). Symptoms from both species have been classed indiscriminately under *A. napellus*; nor does this matter, since the two species are closely alike botanically, and do not differ in their composition.

General data, by means of which the cases of poisoning and many of the provings may be examined, have already been given under the head of *A. cammarum* and *Aconite*. We must, for reasons given above, expect to find anxiety with restlessness, neuralgic pains, symptoms of anæsthesia, prostration, weak heart, etc. The cases of poisoning which have been accepted for our materia medica, will not, we presume, be called in question; concerning them there can be no such doubt as we find in the cases referred incorrectly to *Æthusa*; and if any one doubts the expediency of quoting so many and "lumbering up our materia medica with trash," let him turn to the collection in Vol. X of the *Encyclopædia* and read *Aconite* as he never read it before, and then tell us what toxicological symptoms he would have omitted. Let us now examine the collection of Hahnemann, the provings of the Austrian Society and other individual provers or observers quoted in the *Encyclopædia*, Vols. I and IX.

Hahnemann's own provings of *Aconite* were first published in his *Fragmenta*, 1805, 138 symptoms; in 1811 the first volume of his *Materia Medica Pura* contained 206 symptoms, and in 1822 the second edition contained 246 symptoms, and in 1850 the third edition contained — symptoms. Though there can be no doubt as to the genuineness of the symptoms recorded by Hahnemann *as his own* or of those derived from his class of provers, still it will not be amiss to read some symptoms of our Master, arranged in chronological order, and fairly taken to belong to one individual.

One morning early he took the tincture (most likely) or a solution of the inspissated juice of the plant; "Immediately I experienced "dryness of the mouth, and a heaviness of the feet; the pupils began "to dilate and the eye assumed a staring expression. This was associated with a feeling of unsteadiness of the knees, especially of one "knee which gave way on walking (this latter symptom continued "upwards of an hour). In about *fifteen minutes* I felt a pain in the "middle of the sternum as if it had been bruised, indeed it was "aggravated by touch; then the tips of the fingers became cold and "pale, and this extended over the whole of the fingers; then there was "a sensation of cramp in the soles and calves and coldness on the "forehead, and I was seized with extreme apprehension; soon I became "intolerant of the slightest noise; about *half an hour* after the dose,

" I was sick at the stomach, a kind of qualmish, unsettled feeling,  
 " and my head began to ache, a feeling as if the eyes would fall out  
 " and as if the brain were pressing outward, with here and there a  
 " sensation as if the brain were raised up, which was aggravated by  
 " the slightest movement, even by drinking or talking. *After an hour*  
 " the dryness in the mouth was especially marked on the middle of  
 " the tongue, and was associated with a raw feeling (there was no  
 " thirst;) then I felt a burning and a fine, sticking pain in the fauces,  
 " as from the stinging hairs of the fruit of the wild briar-rose. At  
 " this time, also, I experienced neuralgic pains, namely, tearing  
 " extending from the shoulder down the arm to the wrist and even  
 " through the fingers, on every movement (rarely at other times;)  
 " during the continuance of this pain the hand was blue; pain also  
 " in the rectum. Soon after this and *one and a half hours* after the  
 " dose, there was a pressive pain, like a heaviness, in the stomach  
 " and hypochondria; some half an hour preceding this distress I had  
 " been squalmish as though I had eaten some sickening sweet or  
 " fatty things. The headache, *two hours after the dose*, was a sticking  
 " and rather pressive pain above the orbits extending down to the  
 " upper jaw; it caused nausea as though I had taken an emetic.  
 " (This sticking and pressive headache over the orbits extending into  
 " the upper jaw, causing nausea, has been observed in another pro-  
 " ver.—Hahnemann.) At this time also, the testicles were painful as  
 " if they had been bruised, and there was a painful stiffness about  
 " the small of the back and hip-joints noticed on moving about. I  
 " was also sleepy, and could not resist the desire to lie down  
 " and sleep. The coldness which began in the tips of the fingers,  
 " fifteen minutes after taking Aconite, now involved the whole  
 " hand, which became icy cold and insensible as if numb, this  
 " extended up the arms, and *three hours after the dose* I was seized  
 " with a general chilliness and anxiety. After this there was shiver-  
 " ing over the whole body with heat of the head and red cheeks, or  
 " at times with pressive headache and weeping. The cheeks became  
 " exceedingly red and the face hot. A sensation of heat began in  
 " the hands (which had previously been icy cold,) and spread over the  
 " whole body even unto the chest, though the skin was not hot.  
 " During these febrile symptoms there was APPREHENSION OF  
 " APPROACHING DEATH (which lasted many hours,) aversion to peo-  
 " ple, and especially an INCONSOLABLE ANXIETY and *piteous wailing*  
 " with complaints and reproaches about mishaps which were often  
 " insignificant; this ANXIETY increased, till at the sixth hour it was  
 " AS THOUGH DEATH WERE IMMINENT. Soon after the cold feelings  
 " began I experienced a pressive pain in the pit of the stomach which  
 " amounted to a real tightness of the chest, a kind of distress for  
 " breath, and at the *third hour* a real throbbing headache in the left  
 " side of the forehead with paroxysmal, violent shocks in the right  
 " side of the forehead. At the *fourth hour* a pain in the bladder when  
 " walking, a tenesmus of the neck of the bladder and an *anxious*  
 " desire to urinate; the bruised pain in the small of the back (before

" mentioned) extended through the back up into the nape of the neck  
 " all my joints became weak and their ligaments seemed to have lost  
 " their firmness; after this (*five hours*) there was experienced powerless-  
 " ness at the head of the femur, or an inability to walk on account of  
 " an indescribable and intolerable pain, almost as if the head of the  
 " femur had been crushed; this pain was now worse, now better, and  
 " it disappeared after lying down and sleeping. At this time there  
 " was a rheumatoid pain in the nape of the neck, noticed, however,  
 " only when I moved the neck; this continued four hours. At  
 " the *sixth hour* I was unable to indulge in my accustomed smoke,  
 " either on account of the incessant choking and hacking caused by  
 " the entrance of smoke into the trachea, or because the larynx had  
 " become abnormally sensitive; at this time also my eyes were very  
 " sensitive to the light, a condition which seemed to be a kind of  
 " reaction from a condition I had experienced three hours previously,  
 " namely, a kind of craving for light, a desire to look at bright light;  
 " both these conditions seem to me to belong to the primary action of  
 " the drug. From this time the symptoms abated, at the *seventh hour*  
 " there was a violent pain in the malleolus relieved by pressure; at  
 " the *eighth hour* catarrhal symptoms and coryza, and a sensation in  
 " the bronchi behind the sternum as of being asleep, a kind of numb-  
 " ness. At the *ninth hour* flatus that was emitted seemed very hot.  
 " At the *twelfth hour* micturition was difficult, a kind of dysuria (this  
 " was again noticed six hours later.) At the *fourteenth hour* all the  
 " limbs felt bruised and there was a kind of waking delirium, I jumped  
 " out of bed imagining that I was driving sheep. Toward morning  
 " (*twentieth hour*) I had a very vivid dream in which I obtained a clear  
 " explanation of a matter that was an inexplicable riddle to me when  
 " awake. The next day (*twenty-four hours*) there were noticed only  
 " some coarse stitches in the side toward the back, and some itching  
 " pimples on the upper lip."

This is a fair presentation of Hahnemann's symptoms of Aconite, and we beg our readers to open Vol. X and compare it with Prof. v. Schroff's provings of *A. cammarum* which, as we have before stated, is doubtless the same plant Hahnemann used, and very likely the preparation is almost identical; Prof. Schroff used the extract of the root, and in the *Fragmenta*, whence this day-book of Hahnemann's is chiefly made up, the sun dried juice of the whole plant is recommended.

Let us notice particularly that *the one great characteristic* of Aconite pervades both provings, namely, ANXIOUS RESTLESSNESS; the other symptoms correspond, with the exception that Hahnemann does not record the very marked and peculiar tingling-cooling-numb feeling in the tongue and lips, nor the pronounced neuralgia of the face, though the symptoms of frontal headache extending down into the upper jaw belong to this. Hahnemann did not take as large a dose as Prof. v. Schroff gave to his provers, and this fact sufficiently explains the comparatively few symptoms of anæsthesia recorded by the former.

(To be Continued.)

## News of the Week.

---

*Removals.*—Dr. Wm. Selleck, from Putnam, Ct., to 35 Park street, Hartford, Ct. Dr. R. A. Gatchell, from Woodstock Valley, Ct., to Putnam, Ct. Dr. C. T. Russell, from South Bend, Ind. to Berrien Springs, Mich.

*A. Laryngological Association* my dear, is we take it, an association of the larynxes. And a larhvx is—well, it is the active principal of your “Adam’s apple; the larynx lives in your neck, third floor front, between the tongue and the trachea; it has nine cartilages, and looks like an old garden-hose gone to seed. And its uses are—well, you know when a little mouse runs across the floor! Well, your larynx, is what you use then. “Climb on the table with it?” Great Scotland, no! Who ever heard of climbing up on a table with your larynx? No, girl you “holler with it.”

*Sensible.*—In the interest of your journal, which by the way affords me great pleasure and satisfaction, I would offer a suggestion which as I believe would greatly add to its usefulness, not only at the time being, but permanently. I allude to the “Cases for Counsel” or “Consultation Department.”

Suppose I read to-day a “case for counsel,” and am interested and anxious to know what answer some of the fraternity will give. After a few weeks (in the mean time ten other cases for counsel are inserted) I read “for Dr. W’s case I would suggest . . . .” “Tell H. B. C. he will cure his patient with . . . .” “Let H. K. try . . . .” etc., etc., so that one has every time to look over the old numbers in order to understand what is meant. Sometimes after a little while another answer is given, and again a third, a fourth suggestion. What a confusion is created in this way. Moreover if at the end of the year, or after a few years I come across one of the cases and am curious to know what the answer was, if any or more came, or what was the result, there is no way to find out but to scan the journal for several weeks and even then I am not sure if any other answer came. Supposing I know there was an answer, I would have the greatest trouble to find it, when I have occasion to make use of it, and thus the utility of that correspondence is greatly deminished if not entirely lost. Now there is a way to correct this with a little trouble.

Let every case for counsel receive from the editor a number (as he commenced once to do) and let every answer to that case be indicated by that same number, and in the weekly contents that number be given, as for instance.

“Cases for Counsel, No. 142, 147.

“Answers for cases, No. 135, 138, 123, etc., and at the end of the year (or volume) in the same way be given, the page or pages whereupon the answers of a certain case (its number) may be found. In this way it is an easy matter to find at any time in a few minutes, the desired information.

Authors, compilers of cases, etc., will find it a great benefit and your journal will increase in usefulness. J. L. CARDOZO.

*The Chicago Homœopathic College.*—Dr. Mitchell President of the Chicago Homœopathic College, reports as follows, concerning the college and its clinical facilities:

It gives us pleasure to call the attention of students of medicine and their preceptors, to the last monthly report of the Central Homœopathic Free Dispensary, which is conducted by the faculty of the Chicago Homœopathic Medical College, in the college building.

Monthly report for August: Total number of old patients, 21,785; total number of patients for month, 1,407; total number of new patients for month, 478; total number of prescriptions, 1,763; total number of visits made, 167; patients in wards 1st of month, 4; patients admitted during month, 6; patients now in wards, 8.

The Dispensary staff being all professors in the college this immense amount of clinical material is available for the instruction of students. All typical cases of disease, are presented to the class. Such is the number of patients, that it is possible to have clinic days for special affections, introducing a number of cases of each disease. There were performed during the month, nearly 100 operations.

The gynæcological clinic under charge of Prof. Streeter and Dr. Sherry, exceeds by fourfold any similar clinic in Chicago. With the admirable methods adopted, students are enabled to acquire a practical knowledge of the medical and surgical diseases of women very superior to that usually obtainable elsewhere. The opening clinic of this course, was a double ovariectomy.

In addition to the college clinics, those of the Cook County Hospital, four each week, are open to students of this College. Prof. Mitchell and Adams of the Hospital staff, will give weekly clinics. Illustrative of the value of these, it may be mentioned that there are now some twenty cases of typhoid fever in the wards of the Homœopathic Department; every phase of this disease can be clinically illustrated.

The present drift of medical education is towards practical clinical instruction, rather than a series of lectures during which the student has little familiarity with disease. We cordially invite all students and preceptors visiting Chicago to carefully inspect the facilities of this great clinical school.

The training of junior students is also very practical, and specially directed towards enabling them to reap the most benefit from their unusual clinical opportunities.

The College has ample means for illustrating each department. Dissecting material in abundance is now in the building. Prof. Bufum who has just returned from a tour in Europe, has obtained a most complete and beautiful set of models illustrative of eye and ear diseases. All the chairs are well equipped.

The matriculating class is the largest in the history of the college, and there is great enthusiasm regarding the course, both, on the part of students and faculty.

# The United States Medical Investigator.

VOL. XX. No. 18.

NOVEMBER 1, 1884.

WHOLE NO. 412.

## Clinical Medicine.

### A STUDY OF COUGH WITH CASE.

It is a peculiar fact that many physicians, professedly Homœopaths find excuses for going outside the law when prescribing for different ailments. One will say that it is suited to children's diseases, others that the potencies will do in rheumatism, or in fevers and so on as the incapable prescriber may choose. The exception to be noticed for a moment is one which applies to some of our best prescribers, viz., that of prescribing for coughs. Many times we hear of Dr. —, a Homœopath (?) giving a "cough mixture" something "mild" but "to control the cough" "two every two hours" between times of some remedy given in pellet form to keep up appearances. The result is that the patient goes on with his cough, gets well spontaneously or the drugging is such that some vicarious ailment after a time is substituted. The patient loses confidence in his physician or his physician's Homœopathy, and justly too, and the prescriber learns nothing from his prescription except disappointment and casts about for some formula in better repute. This is an age of "labor saving machines" and the indolent physician is on the *qui vice* for one to do his work for him. He buys repertories and materia medicas, and soon offers them for sale at a great reduction and is slow to buy more of the kind. The reader can see how this prescriber readily drifts away and after a time is skeptical of Homœopathy and physicians as a class. On the other hand the "painstaking" physician who learns how to differentiate between remedies is rewarded after prescribing for a cough as satisfactorily as if the difficulty had been colic. Every remedy, if sufficiently proven, has peculiar symptoms which distinguish its action in every part of the body.

Where the *characteristic general symptoms* of the drug exist the selection is easy. I mean by the foregoing expression the symptoms which accompany the drug in its general action such as "aggravation from motion" in Bry. Relief from same in Rhus tox. "Better in open air" of Puls. These peculiarities follow through the proving. The greater difficulty is in distinguishing between them when the cough is about the only symptom with some peculiarities of it which the physician is able to elicit. *Here* is where his knowledge of the remedy in detailed special action comes to his relief. Neither will a superficial knowledge of the cough symptoms be sufficient. The Bry. cough is "worse coming into a warm room" but this symptom is common to Ant. cr. and Nat. carb. Should he not know this he might give Bry. when one of the others was indicated and a failure would be the result. But suppose he should get one or two more symptoms

to assist in making the selection and they should be: *Cough as if arising from the abdomen; cough shaking the whole body with involuntary escape of copious urine.* Then he may look for constitutional points and get: *Marked craving for acids (vinegar acids) as pickles.* If the patient is a child, it "is cross and does not want to be touched or looked at." Now Ant. cr. will stop this cough in a remarkably short time. If the preparation is a reliable one the response will come whether the 3x or the CM. potency is used.

If these symptoms should be absent and such as these be present, your selection is as easy: *Patient must spring up in bed immediately and press his hand on the sternum during the cough. A feeling as though the head and chest would fly to pieces on coughing. Cough as if coming from the stomach with crawling and tickling in the pit of the stomach.* This patient may be irritable and be annoyed by constipation with *stool dry and hard as if burnt.* Bry. will as certainly relieve this cough as did the remedy in the former case, but the remedies can not be exchanged with the same result. You may say that some of the above symptoms occur in other remedies. So they do. The "head and chest," etc., symptom occurs in Merc. and others, but they lack some one of the above group as "on coming into a warm room."

The patient "springs up in bed" in the cough for which Hyos. Puls., Ars., Ant. tart. or others may be indicated, but they in turn lack the same symptom that is wanting in Merc. You may also say that other remedies have the symptom "involuntary escape of urine during the cough," Alum, Ant. cr., Caust. and Squil, but if you can not decide on this symptom alone as "involuntary emission of urine in old or withered people," of Alum; the "escape of copious urine," of Ant. cr.; the "passage of drops of urine," of Caust.; or the "spirt-ing of urine" and "sneezes during the cough" of Squil, then some other accompaniments will decide. It may be argued that no one can remember these points. Grant it, neither do we cure every case of cough, and no doubt this is the chief reason. If we can group cough symptoms the selection is easier. Suppose the "cough is relieved by a drink of cold water" and we know Caust. and Cup. met. have this symptom. Then we have little needed to make sure of the remedy. The one for the latter remedy is spasmodic, "child gets stiff, breathing ceases, spasmodic twitchings, etc., while the cough for Caust. is usually catarrhal with a feeling as though the patient cannot cough deep enough to "get under the mucus."

The "aggravation on lying down" is common to many, notably Ant. tart., Ars., Hyos., Puls. and Con. Many compel the patient to sit up in bed. In two (Hyos. and Puls.) there is relief from sitting up in bed.

In one (Mang. acet.) the cough is relieved by lying down. In Caust. Cup. met. and Sul. the cough is relieved by a drink of cold water. In Acon. the cough is aggravated by the same. If it seems advisable a further study in a comparative way may follow this paper.

A case may serve to illustrate the effect of close discrimination in prescribing for this troublesome ailment.



**CASE I.** H. aged thirteen, has had a yearly return of bronchitis for several years. Was prescribed for in the usual way by the former family physician with the effect that the disease lasted several weeks and was a great annoyance to the family as well as the patient. The few weeks preceding the return of it were unhappy ones as all were in the dread of it.

When questioning him I could elicit no distinguishing symptoms. He said he "coughed" and that was all he knew. It is very evident he had never been questioned closely before or he could have given more definite symptoms. Several remedies were given him with no satisfactory effect. He having noticed by this time that the cough was *worse when going into a warm room*. This was the nearest approach to anything satisfactory. He had no pain, nor other symptoms for Bry. but having given this remedy preference for that symptom it was prescribed. The result was nil as before. The same symptom remained. Nat. carb. was given being yet unable to elicit any further help. The effect was delightful. The response was quick and decisive. He made a rapid recovery. A subsequent attack was stopped in a few hours by the same remedy.

October 1. Another attack came on and thinking I had his remedy "cut and dried" for these returns, I gave Nat. carb. again. This time it had no effect. An Allopath would say, I presume "it has worn out, lost its effect," this was in a sense true, but why? Because it was not indicated. Now a careful detail of symptoms was recorded and runs as follows: Cough began seven days ago preceded by a cold in the head. Nose was stopped up; sneezed several times; later began to cough. Cough is excited by tickling in the throat, like as from a feather; coughs more in the house; from reading to himself; sitting still; after running; lying down. Better out doors; while running or while walking; sitting up in bed; no pain nor headache; after hard coughing raises a little white thin mucus. Coughs once then "waits about ten seconds and coughs once again" (his language) sits up for a minute but as soon as his back touches the pillow he feels the tickling in his throat and has to cough. Coughs more in the evening about 6:30 unless he goes out. Has thirst during the coughing spells and in school. Drinks little and often. Does not want it specially cold. Eats meat but dislikes fats. Eats butter with relish also pies and pastry.

The remedy. In the proving of Puls. as given in Allen's Encyclopædia 736, reads: "TICKLING IN THE REGION OF THE THYROID CARTILAGE AND A SHORT COUGH CAUSED THEREBY." Symptoms 739. "*Violent cough, with difficult scanty expectoration of a little tenacious mucus.*" Symptoms 750. "COUGH AT NIGHT PREVENTING SLEEP and causing exhaustion." Symptoms 754. "DRY COUGH AT NIGHT; IT DISAPPEARS ON SITTING UP IN BED, BUT RETURNS ON LYING DOWN."

These cover the special characteristics and then add the general characteristics: "Better in the open air and worse in a warm room;" "dislikes fats;" and "drinks little and often" and the picture is clearly seen. Puls. was given about 2:30 one afternoon. Four days

afterward he reported that it stopped the cough and he was able to go to *sleep the first night and each succeeding night* until he took more cold while at a skating rink with a companion. One dose more of Puls. put an end to the whole trouble.

I have purposely omitted giving the potency deeming the selection of the remedy of the most importance. The question of potency I do not wish to discuss here. I have my preference but my choice might not be yours for, "'tis with our judgments as our watches; none go just alike, yet each believes his own."

W. S. GEE.

HYDE PARK.

---

### OPERATION FOR PYO-SALPINX.

A CLINICAL LECTURE DELIVERED (BY REQUEST) AT BELLEVUE HOSPITAL, SEPTEMBER 20, 1891., BY LAWSON TAIT, M. D., BIRMINGHAM, ENGLAND.

GENTLEMEN: The first case of which I have to speak this morning is a very typical one of a disease with which possibly many of you have heard my name associated. It is not a new disease, for we find in the writings of the authors of our medical classics that the disease is very well described. You will find, under the term "*colica scortorum*," a group of symptoms given which, to my mind, clearly indicate the disease of the fallopian tubes of which I have to speak. The disease was also fully described and figured in text-books before I was born, and yet there are people in my own country who foolishly say that it does not exist, or that, if it does, examples of it are found only in Birmingham, where I live.

The patient in question is a young woman, about twenty-eight years of age, of very healthy appearance. She gives a history of a very definite kind, and she tells us that for five years her life has been one of prolonged misery. Her sufferings began immediately after marriage, with intense scalding pain in the vagina, accompanied by a profuse purulent discharge. She has never been free from pain since; and her menstruation has become too frequent and too profuse, always characterized by intense pain, this pain beginning some time before the period shows itself, and lasting throughout the time. Her appearance does not indicate serious disease, nor intense suffering; yet she has a very serious malady—a malady which is often fatal, and one which is accompanied by great agony; and it is entirely incurable except by the operation I am about to perform.

The disease I am speaking of is pyo-salpinx, and, before I operate, I had better tell you a little of the origin and course of the disease, and the difficulties and dangers incident to it.

This woman acquired gonorrhœa from her husband at the time of marriage. She does not know this, and there is no need that she should. The history is a complete and perfect one, for, if a woman tells you that soon after sexual intercourse she was attacked by pain and swelling in the passage, scalding in passing urine, and a profuse purulent discharge, you may assume that she has had a gonorrhœa

inflicted upon her, and there will not be much probability of your being wrong.

Gonorrhœa has been considered until lately as a very harmless disease in women, but this is a great mistake. In men, gonorrhœa is a very serious disease. I do not see the disease in men at all, but I have heard from the lips of a master in surgery that in a man gonorrhœa is quite as serious as syphilis, and that a bad stricture is practically incurable, its effects being evident through life. The urethra of a woman is so short and so distensible that stricture there does not occur; at least I have never seen it, nor have I heard of its occurrence, so that it must at least be very rare. But there are other organs in women affected by gonorrhœa in a very fatal way—in a way that gives rise to untold agony. Every one who deals in the special diseases of women knows the chronic endometritis which remains after a gonorrhœal vaginitis has been cured. But, until I pointed it out, some four or five years ago, the fact was not known, or at least had been completely lost sight of, that the gonorrhœal inflammation spread along the Fallopian tubes and gave rise to immense mischief. You know that, from time to time, the infundibular end of the tube becomes temporarily attached to the ovary, and, if there is a gonorrhœal inflammation going on, this temporary attachment becomes a permanent one, or it may be that the infundibulum becomes adherent to intestine, bladder, pelvic wall, or other object. In any way, the outer end of the inflamed tube gets occluded, and this is the first stage. This occurs with an attack of pelvic peritonitis, of which you can get a clearly defined history in very many cases, and, looking back on my experience in former years, I know now that at least one mysterious and unexplainable case of fatal peritonitis could have been explained as arising in this way.

You know, of course, that, like all mucous conduits, the fallopian tubes have as one of their functions the secretion of a mucus. In addition to this, they take part in the special secretion of blood which forms the menstrual fluid. With one end occluded, and in a state of chronic inflammation, their secretions are exaggerated in quantity, as is the case always with mucous surfaces when inflamed, and we have the second factor of the disease produced—distension of the tube. When the uterine opening of the tube remains patent, the morbid secretion is squeezed out into the uterus, and there can be no doubt—in fact, I know it now for a certainty—that there are instances in which the tubes, distended even to a very large size between the menstrual periods, are emptied in this way by the contraction of their walls, this emptying being accompanied by agonizing pains like those of labor.

Let me pause here to say that not all the cases of pyo-salpinx can be traced to gonorrhœa, and that there are many other causes; also that, when the tubes are occluded and distended, the distending fluid may be serum or menstrual blood—not always pus. But the nature of the contained fluid is of no importance, so far as the symptoms are concerned; the sufferings are quite as severe in hydro-salpinx as in

chronic pyo-salpinx. But the risk to life, in pyo-salpinx, from rupture of the tube and discharge of the pus into the peritonæum, is very great. So far as we know, this accident occurs in more than fifty per cent. of the cases. Such rupture, in hydro-salpinx, would probably be of little importance, and I know that its occurrence leaves the patient, for some time at least, free from suffering. But you cannot tell exactly, before you operate, whether the patient will be found to suffer from hydro-, pyo-, or hæmato-salpinx. Therefore your diagnosis never will be exact. Even with my large experience, I am wrong about one case in five. I believe this patient has pyo-salpinx. We shall see.

In these operations I have had kind offers of assistance from critics without any kind of experience, who have told us, like a physician of this city, that it is justifiable to operate in pyo-salpinx, but not in hydro-salpinx. I suppose he means that we should pull out the diseased organs, and, if we find hydro-salpinx, put them back again. No other meaning can be attached to his words. The rule I have long since adopted and acted upon is, if I find a woman suffering intensely from the symptoms I have described, with physical evidences of disease of the appendages, to advise her to submit to abdominal section, and to perform it if she accepts the responsibility. We are enabled to do this by the small mortality which now follows these operations since Listerism was abandoned.

Other proposals have been offered to deal with these cases by tapping them, but, as my friend Dr. Emmet happily expressed it to me last night, "You want a lot of fluger posts in there, and there are none." You can not tell where the tubes are; you cannot even say, in many cases, that it is the tubes at all that are affected till you have them out. Such a recommendation can come only from a reading-room surgeon, not from one who talks from the operating table.

You see that I have now removed the uterine appendages, and the operation was a very difficult one. I have made a very small incision—enough only to admit two fingers. As soon as I got inside the peritonæum I found the effect of the primary inflammation. Everything was massed together, and the omentum glued over the pelvis. Making an aperture in that membrane, I searched about till I found the fundus uteri, and in this I had a finger post. Running from it, on the left, I found a dilated tube, and gradually easing it from its attachments, I came on a large cystic mass. This also had to be separated with great care, and you saw that the hæmorrhage was pretty profuse. The adhesions were very firm, and great care is required in the undoing of such, for it is an easy matter to tear intestine, or even the bladder may be damaged. The great misfortune of these operations is, that no one, not even the operator, can see what is being done. The base of the tumor was secured by a ligature and removed, and the same procedure was carried out for the appendages on the right side.

You see that the tubes are occluded, and distended like small convoluted sausages, and when I squeeze them, there exudes from the

mamilla of the divided tubes a quantity of grumous pus. The disease is, therefore, pyo-salpinx, and the diagnosis was quite right.

Let me say only one word more about the skepticism concerning the real existence of this disease, and my method of treating of it. This skepticism has been banished on this side of the Atlantic, because your surgeons have come over to me and have seen my cases, have watched them recover, and have taken the preparations with them for public exhibition. My friend, and your teacher, Professor Lusk, was skeptical, and he came over, saw a case, returned home, and speedily found a case, operated, and cured his patient. New York is twelve days distant from Birmingham, of hard travel, and large numbers of your countrymen have come. London is only a three hours' easy journey from Birmingham, yet the London skeptics do not come to see me, and Sir Spencer Wells says he has never seen a case of this kind.

Two words I have to say in parting from you—the first, in answering to a question constantly put to me, as to why it is that I get such splendid results in England, while here your operations are followed by a terribly heavy mortality. I can see only one point to which I can draw attention, and that I ask you carefully to consider. There are too many of you engaged in the work. It would almost seem to me as if every one was anxious to signalize his life by some effort or two in abdominal surgery. This will never lead to success. It can only fall to the lot of a few to operate often enough for the attainment of complete success. Your chief aim must be the exaltation of the art you practice, and the great majority need, therefore—ought, therefore—to practice self-denial, and hand over such cases to the few who can make their treatment the object of their lives.

For years I have felt a doubt as to the propriety of such operations being performed in a large hospital, and before such an enormous audience as this, and, until a few days ago, I have never so operated. Many of my beliefs have been rudely shaken, and the doubt I have mentioned may go the way of others. But, even if it should be justified by these patient's not recovering (and two out of the four are already out of danger), something has to be said on the score of the need for the justification of my practice by showing it to the multitude. If all four recover, then I may feel that my doubt has been undermined.

My last word is one of farewell. I can hardly speak without emotion of the overwhelming kindness I have met with in my short tour through your splendid country. You show here, to an extent I fear we have not yet reached in my own land, the tender grace of courtesy.—*N. Y. Med. Journal.*

*On Iodoform in Erysipelas.*—Mr. Burman, in the *Practitioner*, May 1884, p. 365, publishes four cases, illustrating the well-marked property of Iodoform to stop the progress of erysipelas. It is used combined with Collodion, one ounce of Iodoform being mixed with ten ounces of Collodion, the part affected being painted well beyond the line of redness. This promptly relieves the burning, and all symptoms rapidly subside.

# THE UNITED STATES MEDICAL INVESTIGATOR.

"HOMŒOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

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

---

**SENSIBLE ADVICE.**—We clip the following from the *Farmer City Republican*, which contains more sound sense than any newspaper item we have met for some time :

"The doctors are now generally pretty busy. Typhoid and other fevers having become common, and assume a worse form than usual. We would advise all who get sick not to rely too much on home remedies, and thus allow a disease to get such a start before calling in a physician, that he cannot check it or at least prevent a long seige of sickness; go and see, or send for a doctor in the commencement, and save time and suffering. The doctors do not know it all, but as their whole time is taken up in studying and treating diseases, it is but reasonable to suppose that they know more about your disease than you, or those who do not make medicine a study."

Physicians do not know it all, but it is our duty to ourselves and our patrons to keep abreast of the times. Study, observe, read and compare, is the life work of the physician. When we can "check" disease we gain a grand victory. Homœopathy has many laurels yet to wear. The crowning time is by and by. Let us study, labor and wait.

---

## Consultation Department.

---

WAS IT ENTERITIS.—CASE NO. 200.

EDITOR INVESTIGATOR: I wish criticism on the following case. Was called to Mr. L. found him complaining of a dead heavy pain in abdomen, pulse 140 and wiry, temperature 105, profuse sweat, cold on head, warm on rest of body, abdomen not distended but tense and hard. History of case as follows: Two days previous looseness of bowels, was taken with this agonizing pain, called Allopathic physician who prescribed Castor Oil (don't know amount) with thirty drops Laudanum to ease the pain." Afterwards on his own responsibility had taken more Laudanum (don't know how much) but with the effect of *as effectually* stopping the action of the bowels as if a hernia were strangulated or it were a case of "knotted bowel." Before calling me became alarmed because his bowels did not move

and took three "Herrick's pills." There were no symptoms to lead one to suspect intussusception, invagination or strangulated hernia, and the fact of the bowels having been so loose precluded the idea of mechanical obstruction. My first prescription was Aconite 1x alternated with Nux 3x, next morning Acon. 1x alternate Bell. tincture, hot fomentations to abdomen and injections of soap suds, sweet oil, etc. In brief, the bowels were not moved by any means we employed. Stercoraceous vomiting supervened and death closed the scene the morning of the third day after I was called. I will add that the abdomen was not so very tender at any time, but that patient could lie only on right side, could not bear to move. The case in my opinion was enteritis, caused by locking up the secretion suddenly with Laudanum, and the questions I wish to ask are: 1st. What could I have given better than Nux to immediately antidote the Laudanum. 2d. At the time I found the patient what would probably have been the effect had I been able to move the bowels by injection. 3d. Would it be advisable in such cases to use purgatives. 4th. General criticism. Now don't "sit down on me too heavy" as it is my first case of the kind, and it is just barely possible that he *might* have died if some one of the rest of you had had it. H. K. L.

#### ON DYSMENORRŒA.

EDITOR INVESTIGATOR: Several numbers back you gave a Gossypium et Senecio treatment for dysmenorrhœa signed by Dr. A. C. Pope, and in a subsequent number appeared an explanation by Dr. A. C. Pope, of London, who does not wish to be known as the author of the first mentioned item, fearing that he may in consequence be thought un-Homœopathic or lose the esteem of a few good friends in Chicago. Perhaps there is no need of my "mixing those babies up" in such a "Little Buttercup" fashion in order to introduce what I have to say, but I have not done so as a critic, but only to remark that Dr. Pope, of London, *might* make more friends than he would lose as the author of that treatment. I do not know either gentlemen, but I did know two patients suffering with dysmenorrhœa that do not have it now, thanks to Dr. Pope's prescription. One of them had been pounded at for ten years by all kinds of doctors, and I was "about to the end of my resources," when the item mentioned met my eye. Concluding to try it, I followed directions, except using Homœopathic tinctures, diluted a little, instead of the fluid extract as recommended, and gave four doses a day instead of three. The case was a test one, I think. There was quite a hysterical element in it, and I believe there was a healed lacerated cervix (though examination was refused,) and the pains and "cramping spells" would precipitate as many as ten intervals of unconsciousness daily, (faintings they were called, but the pulse would be good.) The result was eminently satisfactory. The pains did not come (only a little ordinary backache.) The lady is exceedingly grateful, and is willing to answer inquiries as to particulars. (Address Mrs. A. care undersigned.) She used her prophylactic for the second time with the

same good result. She reports that the flow was more profuse and thinner than it had been for years, and that her general health is better. If any other young (or old) practitioner has tried Dr. Pope's treatment please report success.

WM. B. CLARKE.

INDIANAPOLIS, Ind.

A VACCINATION—CASE FOR COUNSEL—NO. 201.

Patient female aged fifty-five years passed the climacteric seven years ago was in good health up to three years ago, when she was vaccinated with spurious virus on the *back* of *left* arm. Arm swelled enormously, and turned black, swelling at point of vaccination elevated as large as a goose egg and open sore as large as a silver dollar. On Ars. 6, and Bell. 3, and a poultice to the ulcer, patient recovered, but has been troubled with rheumatic pains in left side ever since.

About two months ago an ulcer appeared in the groin, right side, which under treatment healed in three weeks. In a short time pustules appeared on the front of right leg below knee. At the present time there is a spot about eight inches long and four wide covered with pustules, umbilicated, which turn black after forty-eight hours, the eruption comes from a reddish erysipelatous base and leaves a brown discoloration of the skin.

Dermatologists, please give us the treatment and why does the eruption appear on opposite side, if as we suppose it is the result of the vaccination.

H. M. B.

I have seen the above case, and this is a correct history as far as I can ascertain from the patient.

W. E. MCGOWAN.

---

## Correspondence.

---

### *THERAPEUTICS OF INTERMITTENT FEVER.*

A PROTEST BY A. F. RANDALL, M. D., ALMONT, MICH.

MR. EDITOR: When I was but three or four years old, my father brought me from our nearest village a little two cent book. His generosity I thought was great, and I listened with intense interest to his interpretation of its mysterious pictures and marvelous tales. Three or four years later when he purchased and brought home a fifteen dollar library for the Sunday school, my admiration and delight knew no bounds. Here was marvelous wealth for the infantile book worm. Books were scarce in that back woods settlement, so my course of reading could hardly be called select, and the boy who would "never be fit for a farmer, always with a book in his hand," devoured with strict impartiality the Bible, Josephus, novels, history, poetry, and treatises on domestic medicine. I have not lost my taste for reading, but circumstances now demand that the books



of my purchasing shall be, in the main, practical. I have very little time to devote to long winded, empty theorizing. Give me that which will enable us to promptly and successfully grapple with the difficulties of every day practice. There are books in my library of which I am won't to declare that they are worth their weight in gold. Wherefore? Because they have so often enabled me to compass certain victory when apparently inglorious defeat stared me in the face. God bless the patient, careful, honest and capable book makers! How shall we ever repay them for their toil and burning of the midnight oil? By buying their books and studying their words and methods.

And what a responsibility devolves upon the reviewer. To puff a poor book, or to "damn with faint praise" a good one may mislead thousands and irreparably injure the cause of truth. These thoughts have suggested themselves to my mind since reading THE INVESTIGATOR, page 152, your review of Prof. Allen's Therapeutics of Intermittent Fever.

I felt almost sure that our genial editor was tired and cross when he penned that *critique*. When I graduated, to the greater part of the profession, the Homœopathic treatment of intermittents was so difficult that they rarely or never attempted it, (and I have reason to believe that many are to-day in that same disgraceful state of mind); so I listened to the *grave* advice of the elders and gave doses of disguised Quinine. It was most humiliating to an enthusiastic young Homœopath, but where were the books to make a different practice possible? Finally, disgusted with my Allopathic practice I procured Douglas' little book which gave me a start in the right direction. Bœnninghausen helped me some, but his symptoms are so chopped up, his *materia medica* so brief, and the lack of the symptoms of the *aprexia* make an otherwise grand book difficult of instant use. So when Prof. Allen's little work was issued and was warmly recommended by men good and true, I was an early purchaser, and it has proved of much service, but it lacked a repertory, (how can one prescribe without a good repertory,) a lack which has been remedied in the new edition. And now is it too much to say that with its full *materia medica*, its comparisons, clinical illustrations, and repertory, all in good type, it is the best work on the subject that has ever been issued? So far as the smiles are concerned of those who "wind up shakes with a half dozen remedies" neither their smiles nor their frowns are worthy of notice. Let us see: the half dozen remedies would be, Ip., Ars., Gels., Nux, Puls. and "Chinoidin pills," while there are many cases that cannot be cured without Cina, Eupat., Nat. m., Ign., Caps., Lyc., Bell. or some other remedy, and in this book are cases cured by forty or fifty different remedies. That there are too many remedies cannot be, as there are cases on record requiring such unusual remedies as Bry., Cham., Coff., Dros., Elat., Samb., Sep. and Stram.

With regard to his first case, which excites so much scientific disgust, how do we know that it was not a case of ague? This case is reported by Prof. A. E. Small, who has never been, so far as I know, accused of being an inaccurate diagnostician.

With regard to the characteristics which introduce each remedy I make the assertion that they are in the main very well chosen indeed, and that every one who makes much use of that book will find them exceedingly useful. It is, indeed, a new idea to me that the plan followed by our best Homœopaths is to be ignored and the very finger posts and land marks to be left out.

In Hering's Analytical Therapeutics, we find the statement that often a typhoid fever may be aborted by *Calcareæ* if the patient is inclined to grow fat. But adiposis "is not a characteristic of" typhoid fever! Pardon me, Mr. Editor, for expressing my conviction that you have not carefully examined Prof. Allen's book, or you would say, as I do, that it bears the marks of able, careful and conscientious authorship.

[If we may be allowed a word in reply we can only say that we agree perfectly with Dr. Randall. To one who has been educated up to the use of such a book, it is none too full, and we venture the prediction that it is not always a competent guide for him. He doubtless often refers to the *materia medica* for a final decision. The work could be vastly extended and still would not contain all that might be told of intermittent fever. The perfect or best book has yet to be issued. To one who has had a large experience with ague, say about 100 hundred cases each year for years and who has been conversant with the literature of intermittent fever for nearly a century, many practical facts have become common property that do not appear in this work. For example, Hahnemann's emphasis on the genus epidemics, that index that makes this disease so easy of cure when the prevailing remedy for that year and other years have been ascertained, is here only referred to. Again intermittent fever has a clear cut pathology which is not even mentioned. Those who like Dr. R. was grounded in the pathological indications as given in Douglas' work could make an intelligent selection among the mass of chopped up symptoms of Bönninghausen and like a Chinese puzzle put them together and thus picture the indicated remedy.

To those who can sift the chaff from the wheat like Dr. R. no work can be too copious, but to those who begin on either the pure symptom side or the pathological side this work is not the best. The addition of a repertory may be a help to many, but it is a singular fact that repertories have been a drug in the market. We do not want to prejudice anyone against *the* work, but a book that can only help or chiefly help the symptomological wing of our school is not "the best." In the new edition the drift is in the wrong direction—hence our comments. It is our duty to point out the errors of new books. After reviewing several works on intermittent fever, and printing hundreds of communications and gleanings facts from the many who have to prescribe for chills every year, perhaps we have earned our spurs. If the weak points are exposed, so much the better for the reader and author. Healthy criticism has made Allopathic literature symmetrical. We have had too much gentle comments or goodly notices. Reviews of our literature are few and far between, for the

reason that authors do not expect it, do not want it, get mad and impugn the motives of the reviewer if they get it. No book is perfect and the successful author is the one who can take advantage of all comments from friend or foe. The real foe is the silent one. But we have said enough perhaps, and await the report of cases of genuine intermittent fever cured by either Sambucus, Elaterium or Drosera, yes, or even Sepia or Stramonium. In such reports we shall expect an accurate description of the locality, the season, (weather, etc.), as well as of the individual and the consecutive history of the case and treatment in full, including hygienic management.

If "typhoid fever may be aborted by Calcareo in the fleshy" now is a good time to see if "the may" is a can or will. Reports are in order. Facts are what we are all after. Give us the facts.—Ed.]

---

### MODERN REGULAR SCIENCE.

TERREHAUTE, Ind., Oct. 19th, 1884.

EDITOR INVESTIGATOR: A few weeks ago, Mrs. R., came to me from Charleston, Ill., with a bad case of mercurial salivation. Was very hungry, but could eat nothing, such was the agony on making the attempt. Said she was taken suddenly ill with pain in stomach, and her daughter being frightened, called in Dr. C., who was the nearest to the residence. She told him she was not accustomed to take strong medicines, and implored him not to give her a cathartic, as she needed nothing of that kind. He pronounced the case "bilious" and ordered capsules, followed with castor oil at a certain time. Result, a terrible case of mercurial salivation. I am inclined to believe that this same Dr. C. is a member of the Illinois State Board of Health, or was a year ago, or thereabouts.

What a commentary is this, on a state board of health. What a fraud, and delusion and a snare, that men should be licensed to treat diseased conditions after a formula, and which leaves the patient in much worse condition than before treatment—literally poisoned with Calomel. And this, in the name of science, and under a state law. What mockery, and, I may add what criminality. And how a Homœopathic physician, on the State Board can get his own consent to endorse a license to kill, or maim, or injure in any way, I am at a loss to conjecture. And do you suppose that I would ever recognize such authority to demand my diploma or license, as the case might be? Never, if I had twenty diplomas. Shall it be lawful for one man to endanger the patient's health, and perhaps life, by giving poisonous doses of Calomel and Quinine, and unlawful for another to cure his patient with infinitesimal doses of China, or Nux vom., or Arsenicum because he has no diploma, or license? Ah! consistency thou art a jewel. But is it not time to force a halt to this criminal folly? State laws are enacted for the ostensible purpose of *protecting the people against quackery*. And will you tell me if there is any system of medicine in this country which is more entitled to the charge of quackery than this same system which recognizes the villainous com-

pounds daily prescribed, by the dominant school, the direful results of which are so potent to all, and especially the victims? Out upon such folly and nonsense and fraud—for fraud it is, of the largest magnitude, and under other circumstances would be punished as such. More anon.

W. MOORE.

#### THE GENUINE JAMACIA DOGWOOD.

DUNCAN BROTHERS, *Gentlemen*: Herewith I beg to forward, for your acceptance *without charge*, a lot of fresh root-bark of *Piscidia Erythrina*. Finding an unexcepted opportunity, I am able to send it without charge for freight, and also by express, prepaid from New York, which I, at other times, am unable to do.

There are two sorts of dogwood here, and I believe that the genuine *Piscidia* is not usually sent. No doubt the two have similar properties: One sort has a very hard wood, which makes durable timber, and stands very many years when set in the ground for posts. It has an oblong leaf rounded at the end. Its seed is small, and the seed-vessel looks like two leaves laid on top of each other. The other sort has a larger leaf, and bears pods about two and one-half inches long in which are the seeds, as large as a small flat bean, round and irregular and the size of a small pearl button. This latter sort is vulgarly called hereabouts, Bitchwood, or Mountain Dogwood; but the bark of the other sort is that which is usually shipped.

I might have mistaken it too, but when I sent to the Island botanist, Mr. Morris, for seed of the *Piscidia Erythrina*, he sent me those that grow in the *pod*, therefore, I think that there is a confusion in the names, for the *pod* certainly grows only on what is known as the Bitchwood, which has longer leaves, and seems to correspond to the *Lonchocarpus latifolius*. The bark that I send you is taken from the root of the tree that bears the *pod*, and vulgarly known hereabouts as the Bitchwood. I am confirmed in my belief that *this* is the genuine *Piscidia* by the fact that it was so pointed out to me forty years ago, by a scientific gentleman; as such, he made a tincture of the fresh root, just at flowering, and he told me that it is the genuine *Piscidia Erythrina*. I gave one-half a teaspoonful as a hypnotic in severe fever and found it acts capitably.

The so-called Bitchwood is also hard, but less so than the other sort, and the grain is rather coarser, and I am told that *this* sort was mainly used for drugging in wholesale *fishing*. (*Piscis*.)

FAIRFIELD, Jamaica, W. I. Yours truly, E. E. REINKE.

*What Fat Does to the Rectum.*—"Speaking of a short vagina" said the old physician on his return, "I should qualify it with the remark that fat also shortens the vagina. The change produced by fat is wonderful. The effect upon the rectum is singular. The fatter a person gets the more the rectum seems to roll out. The nates seem to draw upon the rectum. If you have pruritus ani in a fleshy man, protect the mucous membrane with a cerate until it becomes skin and you will often cure that and many cases of piles. Fat fills up the cavities you know and to cure prolapsus uteri or leucorrhœa in a fat woman you will find a long job. You will not find that in the books, so take it for what it is worth."

## Society Proceedings.

### *MEDICAL SOCIETY OF NORTHERN NEW YORK.*

#### THE THIRTY-THIRD ANNUAL MEETING.

The thirty-third annual meeting of this society was held yesterday, at the city hall, in this city. The vice-president, Dr. C. J. Farley, opened the sessions by reading an introductory address, in which he reviewed the work and animus of the association; pointed out the measures for increasing its influence and usefulness, advocated the abolition of all sectarian distinctions on account of therapeutic belief or practice, and urged the adoption of the widest liberty of opinion and action.

The papers read and subjects presented for discussion embraced a wide range of thought, and indicated depth of research, originality, thoroughness of investigation, and were fertile in practical suggestions. The more important are the following:

A paper entitled "The Neurasthenic Symptoms of Physostigma," by Dr. F. F. Laird, of Utica, an honorary member. A paper entitled "The Treatment of Carbuncle by Means of Hypodermic Injections of Carbolic acid, in Connection with the External Limiting Application of Collodion," by Dr. M. O. Terry, of Utica, and honorary member. Cases of typhoid fever, varicose ulcers and incipient phthisis, by Dr. C. J. Farley, of Fort Edward. Case of chronic enteritis by Dr. A. C. Howland, of Poughkeepsie. A descriptive statement of a case of intentional poisoning by Arsenic; also a plan of treatment, by injections and otherwise, for the relief of piles and other pelvic diseases, by H. W. Hamilton, of Brandon. A paper delineating the various surgical measures to be employed for the relief of hæmorrhoidal tumors, by Dr. H. S. Paine, of Albany. The history of a case of typhoid fever having unusual complications by Dr. G. E. Gorham, of Albany. The peculiarities of a case of exophthalmic goitre, by Dr. W. W. French, of Balston. The varied and obscure symptoms of an obstinate case of tape-worm, which has for several years resisted many heroic methods of treatment, by Dr. J. F. Niver, of Cambridge. The special features of an obstinate case of neuralgia; also one of gastric ulcer, by W. S. Garnsey, of Gloversville. The history and successful treatment of a large carbuncle, by Dr. D. E. Collins, of Grapeville. A statement of the measures usually employed in practice for the treatment of varicose ulcers, by Dr. G. W. Stratton, of Lee. The characteristic symptoms of a case of leucocythæmia, illustrated by microscopic evidences of the altered condition of the blood corpuscles, by Dr. H. M. Paine, of Albany. A statement relative to the toxic effects of certain doses of remedies, by Dr. L. Hale, of Albany.

The officers elected for the ensuing year are:

Dr. C. J. Farley, of Fort Edward, president; Dr. G. W. Stratton, of Lee, vice-president; Dr. G. E. Gorham, of Albany, secretary; Drs J. La Dow, of Mechanicsville, W. R. Case and John C. Ottis, of Poughkeepsie, H. W. Hamilton, of Brandon, and F. Hamilton, of Rutland, were elected active members, and Drs. C. A. Gale, of Rutland, & t.

and R. E. Caruthers, of Alleghany City, Penn., were elected honorary members of the society. The physicians and members present represent the counties of Albany, Saratoga, Greene, Washington, Dutchess, Fulton, of this State, Berkshire, Mass. and Rutland, Vermont. The next meeting of the society will be held at Troy, on the first Wednesday of May, 1885.

## News of the Week.

*C. D. Warden, M. D.*, from Windsor to Carthage, Ill.

*Dr. Yeldham* charges Bærlicke & Tafel with appropriating a review of his book on syphilis, and making it serve as an advertisement of the work of another author.

*Dr. Foote's Home* is open to both sexes for the cure of the Opium habit and Alcoholism and mild form of nervous diseases. See advertisement on another page.

*C. W. Adams, M. D.*, has succeeded to the practice of Dr. Kieth, at Franklin Falls, N. Y. Dr. A., is a Boston graduate of '84, and is fortunate to get as well as to be able to fill, such a field. We wish him the success he deserves.

*The British Congress* held its meeting this year in London. It was largely attended and was most interesting. Dr. Nankivell was elected President, Dr. Roche sen. Vice-President, Dr. C. B. Roche local Secretary, Dr. Dyce Brown Secretary, and Dr. Madden Treasurer. Norwich is the place and the last Friday in September the time of the next meeting.

*C. S. Fahnestock*, of La Porte, Indiana, has been called to St. Louis to fill the chair of Principles and Practice of Surgery in the Homœopathic Medical College, of Missouri. Dr. F. has an excellent record as a skillful operator and successful ovariologist. We congratulate the St. Louis college upon securing a teacher of such ability, popularity and large professional acquaintance, all of whom we are sure, wish the doctor success in his new field of labor.

*Died.*—*L. J. Leppo, M. D.*, of Kumler, died October 19. The doctor has for four months been a great sufferer from that slow, but sure malarial, Consumption. On the 14th of July, he left home for New Mexico, on the advice of physicians, in the hope of recovering his health but after three months' absence, having surrendered all hopes of a recovery, he summoned all his remaining strength, and concentrated it on one thought. He was coming home to die. He reached Kumler unexpectedly in an exhausted condition, on last Saturday evening. Being unable to reach home he was tenderly cared for by his family and friends, under the supervision of Dr. McIntyre, until he breathed his last. Society has lost a useful member, the profession, a promising young practitioner, father and mother, a dutiful son, and sister and brother, an affectionate brother. He is at rest, his sufferings are at an end.—*Farmer City Republican*.

Dr. L. was a graduate of the Chicago Homœopathic Medical College and was a young man of promise.

# The United States Medical Investigator

VOL. XX. No. 19.

NOVEMBER 8, 1884.

WHOLE NO. 413

## Materia Medica Department.

### *THE MATERIA MEDICA OF THE FUTURE.*

BY DR. HUGHES, LONDON, ENG.

Read before the British Homœopathic Congress, held in London, September 18th, 1884.

There are probably none here present who are acquainted with the discussions which have been going on during the last few years on the subject of the materia medica of Homœopathy. It is indeed no new thing to hear much of its substance impeached as untrustworthy, and its whole form stigmatised as unintelligible. The complaints which Watzke and his fellows raised, ere yet Hahnemann fell asleep, have been echoed since by Cl. Muller, Langheinz, Roth, Trinks, Arnold, and Dake, until at length the earnest insistence of the last named physician in America, and the strong words of Dr. Yeldham here, have spurred their respective countries to action in the matter. The British Homœopathic Society has been at work on revision, tentatively, since 1882; and in the present year the œval but far more numerous representative body of the United States, the American Institute of Homœopathy, has joined it in its task. The work is actually in hand, and will soon put forth a first installment in print.

It seems well, then, that at the present Congress an endeavor should be made to set forth the views which have elicited this undertaking, and the principles, methods, and rules which are to regulate it; that all may be informed regarding its nature, and that by the criticism of those who may discuss the paper read the workers may be aided in their task.

1. The considerations which have prompted a revision of our materia medica have been so fully and frequently set forth of late that it is needless here to re-state them. The publication of Allen's *Encyclopædia* has brought to an acute crisis the dissatisfaction which had long smouldered over Jahr's *Manual*. It is a vast improvement over that which it was designed to supersede, but it is built on the same lines and of like material. That all the knowledge and industry of its editor—and he has spared no pains to make the work complete and accurate; that not even, I say, the high qualifications which Dr. Allen has brought to his task, and the devotion with which he has executed it, have commended the result to the Homœopathic profession at large, proves that such a materia medica is no longer acceptable. The requirements of the present day demand, besides compilation, *sitting*; they no longer tolerate a presentation which, however convenient for practice, is in itself unintelligible. The consequence

is—let us say it plainly—that by nine-tenths of our practitioners the *materia medica* of Homœopathy, as Hahnemann conceived it,—the full record of the effects of drugs on the healthy—is never studied at all. In place of it there are used the various works which have been written as introductions to it, or epitomes of its contents—books excellent enough in their way, but most insufficient as substitutes for the only sound basis of the Homœopathic method, the *materia medica* itself.

It is to remedy this deplorable state of things that the present work has been set on foot. It finds our pathogenesis of drugs of voluminous bulk; full of matter from dubious sources; replete with the errors incident to translation, retranslation, and copying; and distorted by being broken up and reformed into a schema. It aims at condensation, at elimination, at correction from originals, at reconstruction in primary form. Let us see how it is proposed that these ends are to be attained.

II. 1. The *materia medica* of Homœopathy falls naturally into two great divisions. There are, first, the collections of pathogenesis which Hahnemann himself brought together, to provide material for the workings of his method: they constitute his *Materia Medica Pura* and *Chronic Diseases*. There is much, very much, to be said in honor of these works; there is also much to be said in regret, if not in blame. Such as they are, however, they belong to our *materia medica*; and we think our best way of dealing with them is to present them as their author left them to us, with such editing only as is appropriate and customary. This has already been done for the *Materia Medica Pura* in England, and will (I believe) be done very shortly in America for the *Chronic Diseases*. The symptoms of Hahnemann and his fellow provers, presented as he has chosen to present them, will stand on record in these volumes. We have no means of verifying, correcting, illuminating them, or of reforming their order. In the "*Cyclopædia of Drug Pathogenesis*" to be issued these pathogenesis will be referred to, but not reproduced.

2. Our work, then, will deal with the second division of the Homœopathic *materia medica*, comprising the proving work which has been done since Hahnemann's time, beyond the range of his personal action, or outside altogether of his school. It will also include, as we shall see, records of poisoning and over dosing, and, to some extent, of experiments on animals. The manner in which we propose to treat such material has been formulated in certain rules, drawn up (in conference with myself, as delegate of the British Homœopathic Society) by the *Materia Medica Bureau* of the American Institute of Homœopathy, and accepted by that body, and by its sister society here. I will read and briefly comment upon them on the present occasion.

(a.) The first and second rules are—"give the scientific names and synonyms of each article," and "give the natural order of each." These need no exposition. Our headings are to be sufficient to identify precisely the substance whose effects we are to record, and to



indicate its natural relations. We do not, you will observe, propose to enter into its pharmacy. In our account of each proving we shall state the form in which the drug was employed; and anything more than this would be irrelevant to a cyclopædia of pathogenesis.

(b.) The third rule is—"Give a narrative of all provings, stating the symptoms in the order of their occurrence, with such condensation as completeness allows." This prescribes the form of our *materia medica*, and is of the utmost importance. Hahnemann, as you know, kept in manuscript the daily records made by himself and his fellow provers; publishing them to the world in the form of a schema, in which the individual symptoms elicited by the drugs were distributed according to their anatomical seat. Many provers of his school have imitated him in so doing. Others—like the Austrians—have recorded their experiences in detail; but when these have been brought together for the use of the student and practitioner, it has hitherto been thought necessary to cast them also into schema form. In this respect we propose to make an entirely new departure. Whenever we have provings in narrative, we shall so give them; and even when they exist only in a schema, we shall endeavor—by isolating the symptoms of each prover, and arranging them in accordance with the time indications generally given—to restore them to something like individuality and sequence.

It should scarcely be necessary to vindicate such procedure. Who if he had to learn disease from books, would be content to have the symptoms of a given malady presented to him in the Hahnemann schema? We have so to learn drug disease; and as he would crave for clinical cases illustrating the evolution of each disorder in its various forms, so is our need here. In the series of narratives to be given under each drug we shall have as many varieties of its specific sick making power, from which we can learn its general action, its kind and character, and which we can fit—as likes to likes—to the cases of disease which comes before us.

The only objection to such presentation of our provings would be the voluminousness of the result, as illustrated on the 104 pages of the *Annals* of the society required for the pathogeneses of ten of the acids, and the sixteen pages of the *British Journal* occupied by that of *Aconitinum*. But here comes in our rule of condensation, not contemplated when the above mentioned were compiled, but since illustrated in the instances of *Carbolic acid*\* and of *Sulphur*.† By this potent solvent it is calculated that on an average a reduction to one-third of the bulk can be effected, and this without any sacrifice of the *minutiae* of pathogenesis so justly prized in Homœopathy. By its use, moreover, we shall be enabled to present our finer and poorer material in just proportion: the former we can give in all reasonable fulness, while the latter will bear a considerable degree of epitomizing.

But, while there are few who will not welcome the detailed provings, there are some who ask, "Why not give a schema in addition?"

---

\**Monthly Hom. Review* for April, 1883.

†*Annals* for August, 1883.

The answer is, first, that to do so would double the bulk of the work, and, by greatly increasing the labour of the workers, would treble the time taken in its accomplishment. But, secondly, I would reply that the schema is quite unnecessary for the purpose thought to be subserved by it, viz., to enable the practitioner readily to find any symptom of which he is in search. This he can always do by means of an index. You have had to make such indices, in the shape of repertories, for your schemas themselves: the latter are alike insufficient without them, and inadequate as substitutes for the original narratives. They thus fulfill no useful purpose, and may be banished to that limbo from which I regret they ever arose. Hahnemann designed the schema to obviate the necessity of an index, which in the *Fragmenta de viribus* he had given, but from which, in the more extensive *Reine Arzneimittellehre*, he naturally shrank. This, indeed, he escaped; but in so doing he ruined his text, and irreparably prejudiced the reception of his work by the profession at large. We shall take the warning, and give the text on its own merits. Then, when by existing repertories, or by the index we shall ourselves ultimately compile, a drug is credited with any symptom, on turning to its pathogenesis you will find that symptom in its natural place and surroundings, will learn how it was elicited and in what connection it arose. In this way symptomatic prescribing will be just as easy, and far more rational, satisfying and successful.

(c.) The next rule is: "Give, in prescribing virulent drugs, such selected cases as may properly illustrate the various forms of poisoning by them, condensed as before." That we should give toxic effects is unquestionable, but how to do so admits of difference of opinion. In the volume just issued by the Hahnemann Publishing Society, Drs. Dudgeon and Hayward have included in their articles all the cases of poisoning by *Aconite* and of rattlesnake bites which they could find on record. This is very well for exhaustive monographs, where space is unlimited; but a work like ours would be swamped by such a proceeding. Nor is it necessary. Poisoning elicits the general rather than the finer actions of a drug, and the latter are fully portrayed in the provings. A few typical cases are therefore sufficient to illustrate the recognized forms of poisoning by each substance, as described in treatises on toxicology; and to these may be added any exceptional but genuine phenomena, such as the acute rheumatism once induced by a toxic dose of *Colchicum*. In this way Dr. Dudgeon's seventy-five *Aconite* poisonings, will, in our work, be reduced to eleven.

(d.) The next rule of which I must speak is the seventh. It directs that, in addition to provings and poisonings, we should "give the results of experiments on the lower animals, where of value, generally in abstract." I know the objection which writers of our school have made, from Hahnemann downwards, to pathogenesis derived from this source. I recognize their justice, when directed against exclusive or even predominant reliance on such experimentation; but I cannot doubt the positive value of it. It gives opportunity alike for

pushing and for analysing drug action which nothing else affords. Take *Bryonia* for instance ; how valuable is the information derived from the animals poisoned with it in the Austrian provings as to its power of inflaming the serous membranes ! How, again, could we do without the addition to our knowledge of *Phosphoric* influence supplied by Wegner's experiments on rabbits ? With the proviso—"where of value," and the limitation—"generally in abstract," I think that nothing will be lost, and much gained, by following this rule.

(e.) I go back to rule 6 : "Trace all versions and copies to their originals, and verify, correct, or reproduce therefrom." This is a very important instruction. No one who has not analyzed a number of pathogenesis, as now existing in *Jahr* or *Allen*, can have any idea of the number of errors there are to correct—errors resulting sometimes from haste or misapprehension, but most commonly from working with second-hand material. An idea of this may be gained by looking through my "Commentary on *Allen's Encyclopædia*" in the *British Journal of Homœopathy*, which I carried on as far as *Amra* but then gave up in the conviction that criticisms was insufficient, and that the work must be done over again. The fact is that all our bookmakers have been copying one from another, and accumulating faults as they have gone on ; so that our symptom-lists are made of shoddy instead of cloth. In the revised *materia medica* we shall, whenever possible (and it is rarely otherwise), go back to the originals ; so that in substance, as well as in form, its pathogeneses shall be fresh from nature's mint.

(f.) I now come to the rules of sift, embracing the 6th, 8th, 9th, and 10th.

The first says : "Include, as a rule, no drug that has not shown pathogenetic power in two or more persons." While a certain discretion is allowed here, to prevent the rejection of obviously valuable matter, a security is given in the direction of trustworthiness which most will welcome. It proceeds upon the ancient canon that "at the mouth of two or three witnesses every truth shall be established." It reduces to a minimum the peril of mistaking coincidences for drug effects, and so loading the *materia medica* with inert and useless constituents.

The second is : "Include in the narratives, as a rule, no symptoms reported as occurring from a drug administered to the sick." Here, too, we have allowance made for exceptions ; there are observations made on patients, such as those of *Grandi*, *Michea*, and *Lussana*, with *Atropia* in epileptics, which are of indubitable value. But, as a rule, *Hahnemann's* caution holds good—"how, even in diseases, amid the symptoms of the original malady the medicinal symptoms may be discovered, is a subject for the exercise of a higher order of inductive minds, and must be left solely to masters in the art of observation." The examination of his pathogeneses has revealed how sadly, even in his hands, this mode of obtaining symptoms has been abused ; and still more disastrous has it been when adopted by followers less discriminative than himself. Our wisdom will be to reject from the

*materia medica* supposed drug effects thus derived. They belong rather to clinical guides and therapeutic hints, where their dubious worth need not prevent their tentative employment in practice.

Next we have: "Include no symptoms reported as occurring in the persons of provers under the influence of other drugs, or when in conditions or circumstances not allowing a clear reflection of the pathogenetic influence of the article under consideration." This instruction *va sans dire*.

(To be continued.)

### CRITICAL STUDY OF ACONITE NAPELLUS.

BY PROF. T. F. ALLEN, M. D., NEW YORK.

(Continued from Page 286.)

We have in like manner carefully analyzed the provings of Fr. Hahnemann, Ahner, Hornburg, Ruckert, and Wable, first published in the second edition of the *Mat. Med. Pura*, and the provings of Gross, published in the *Archiv fur Hom.*, (4, 1, 161, 1825,) and incorporated by Hahnemann in his third edition. The latter provings were made by Dr. Gross on himself and on "*other perfectly healthy persons*," and correspond as closely as the most critical student could wish with Hahnemann's provings; indeed, the numerous references made for comparison show how corroborative the provings were regarded. Dr. Staph, in the introduction of the scheme, remarks that the provings serve to confirm the complete former provings, and that he has added notes to facilitate comparison.

We pass now to the examination of the symptoms quoted by Hahnemann from old authors; and we shall find in Aconite, as in other drugs, evidence of a want of care in scrutinizing their symptoms, the more surprising since we know how excessively cautious and painstaking he was in regard to symptoms obtained from his own class of provers.

*Abano*, *Pet. de, de veneis*, Cap. 30. The symptoms quoted from this author's toxicology are taken (Dr. Hughes tells us) from a *general statement*. In the preparation of the *Encyclopædia* we early and persistently avoided all "general statements" as untrustworthy, though we were often tempted to take them, especially in cases of drugs with meagre symptoms. The few symptoms here given from Abano do not affect the general pathogenesis in the slightest degree; "all parts of the body gradually become black; the whole body swells; the eyes protrude, and the tongue hangs out." *We advise expunging his symptoms*. He was not quoted in the *Fragmenta*.

*Bacon*, *Philos. Trans.* 38, p. 287; A case of poisoning of an adult by Aconite. A *good case*. The symptoms of formication, and heat of the tongue and mouth, extending over the whole body, vertigo, heat of the face, etc., followed by sweat and quiet sleep, are clearly those of Aconite.

*Durr*, *Hufel Journ.*, IX, 108. Effects of a mixture of Aconite and

Antimonial wine (not quoted in the *Fragmenta*.) *This will not bear scrutiny.* Read: "nightly raging delirium; he will not stay in bed; in the morning excessive sweat." This is all, and *must be expunged*.

Gmelin, *Nov. Act., N. C.*, 6, 394. Effects when given a long time to patients. Only one symptom—"excessive prostration." This may or may not be a genuine effect of Aconite. The pathogenesis gains nothing by its retention, and *truth demands its expulsion*.

Greeding, *Vermischte Schrifte*, pp. 90-113. An account of the treatment of nine patients variously afflicted (see *Encyclopædia* I, p. 12) with increasing doses of the extract. No *Materia Medica* will stand built up with such material: *these must be erased*.

Von Helmont, in *Demens Idea*, § 12. Effects of putting a piece of root on the tongue. Curiously enough, he gives none of the symptoms we should expect—no *formication*, no pain, no heat—but only the following: "He dispatches everything in the most hurried manner, and runs about the house." "He cannot think nor reflect; knows nothing, has no idea of anything in his head, as usual; but feels that all his mental operations transpire in the region of the stomach, after two hours he has two attacks of vertigo, and then the usual power of thought returns to his head." There is nothing in these symptoms to lead us to doubt their genuineness. We presume the root belongs to Aconite, and we are inclined to retain the symptoms.

Matthiolus; comment in *Diosc.*, Lit. IV, Cap. 73. The symptoms were derived from experiments on two criminals, and are most characteristic of Aconite. One suffered from general weakness, distress about the heart, staring eyes, cold sweat on the forehead, and scarcely perceptible pulse; the other—vomiting of bile, heavy paralytic feeling in the arm and left leg; the paralysis suddenly shifted to the right side; sensation as if all the veins were freezing; vertigo; burning headache, as if the brain were moved by boiling water, etc.

Moraeus, in *K. Vet. Ac. Handl.*, 1739, p. 41. Poisoning of two adults. The three symptoms given indicate that the dose was excessive: they might have been caused by many other poisons. "Transient delirium," "vomiting, followed by violent thirst," "fatal stupor," ("sopor fatalis," *Fragmenta*.)

Richard from *P. Schenck*, Lib. VII, Obs. 136. This, it seems, is an account at *third hand* of one Matthiolus' cases.

Koedder, from *Alberti* in *Jurisprud. Med.* IV, p. 724. Effects of applying the juice to a wound. These symptoms are good. "Cardialgia," "Anxiety, with dread of suffocation," "Great internal heat, with thirst."

Stoerck, *lib de Stram. Hyos. et Acon.*, 1762. Symptoms taken from Baron v. Stoerck, by Hahnemann; were, unfortunately, not confined to the proving of Stoerck, on himself, but included those observed in patients after the administration of Aconite. Only the former should be retained. So much interest attaches itself to the experiments of Baron Stoerck that, having a copy of his works. I will quote what he has published concerning the action of Aconite:

## "CAPUT III.—DE ACONITO.

"*Aconitum*, otherwise called *Napellus*, with blue, hooded flowers, etc., is the *Aconite* of Linnæus, with linear, lacinate leaves, broader above, furrowed with lines. Linn. Spec. Plant, p. 532.

NOTE.—The excellent copper plate engravings of the plant shows it to be *Acon Stoeckianum*, Reich.—T. F. A.

"This plant hitherto has been considered one of the most virulent poisons; yet the celebrated Linnæus saw, in the northern part of Sweden, the leaves of this herb, cooked with a little fat, devoured with impunity by a woman, her husband, two children, and some old women (*Flora Lapon*, p. 179.) It is frequently cultivated in gardens for ornament. For many years I have thought of proving the virtues of this plant, but the occasion did not present itself, and necessary work in other directions fully occupied my time. This having been to a great extent accomplished, I have found time to devote to this work.

"In order that the experiments might be properly performed, and without prejudice, I have divested myself of every notion which I had obtained from authors on *Materia Medica*, retaining only this much:—the plant is suspected! I have therefore made the trial, having only nature to point the way, and simple reason for a leader.

NOTE.—Baron Stoeck was the first who lifted his head above the darkness of the ages, and in this manner planted his foot upon the firm ground whereon we now stand.—T. F. A.

"The leaves and stem of the plant I reduce to powder. I placed a small quantity of this powder on the tongue; this produced a heat of the tongue, lasting a long time, and frequent momentary, wandering and lancinating pains pervaded the tongue; but no other symptoms followed, nor did the powder (left upon the tongue a couple of minutes) give rise to inflammation or induce redness. As long as the heat in the tongue remained, so long was there a copious flow of saliva; aside from this, nothing really troublesome was observed.

"I then applied the powder to a fungoid, cancerous ulcer, in order to see whether it would have a caustic, consuming powder. On the first day a slight suppuration was observed, but the patient complained of no pain nor heat. On the second, third, fourth and fifth days, the same was observed, nor yet was the fungus consumed. It was, therefore, proper to conclude that so far, the caustic and deleterious properties of this plant were not violent.

"I therefore expressed the juice and prepared, in the usual way, over a slow fire, an extract. This, placed upon the tongue, caused, at length, slight titillation; but when I cleaned it off, the tongue (perhaps accustomed to numerous experiments) was not affected in the slightest manner. I then applied a grain of the extract to the inner surface of the right lower eyelid. This produced no more effect than any foreign substance would have done. After leaving it there a couple of minutes, a copious flow of tears occurred, but no peculiar heat was experienced. I then bathed the eye in pure water, and had no more trouble.

"From the result of these experiments, I judged that this extract

" might be swallowed and taken into the body. For this purpose, the following powder was prepared :

" R. Extract Aconit., gr. ij.  
Sacch. alb., . dr. ij.

" Mix and rub a long time in a marble mortar, that a most subtle powder be made.

" Of this powder, I took six grains in the morning on an empty stomach, zealously intent to observe what would take place in my body. Truly, I observed no change—nothing unusual. On the second day eight grains, and yet I was not affected. So having tried it, on the third day I swallowed ten grains. From this, becoming more daring, on the fourth day I took twenty grains of the powder. Not a function of the body was disturbed, but the extreme had been reached, and all day my whole body perspired much, contrary to habit—it really sweat. On the fifth day I again took the same dose, and observed the same effect as on the fourth. On the sixth, the same. On the seventh, the same. On the eighth, I abstained from the powder, and then the sweat itself (observed on the previous day) did not appear. On the ninth, I again took twenty grains of the powder, and the same day was in constant sweat. The same thing happened on the eleventh, twelfth and thirteenth days; on the fourteenth, I took nothing, and experienced precisely the same as I observed on the eighth. Hence it is proper to conclude :

" 1st. This powder promotes transpiration, sweat.

" 2d. Since it caused no disturbance in my body, it may safely be administered to patients, beginning with small doses.

" 3d. It is adapted to those diseases in which noxious matter may be driven out through the sudorific ducts.

" At this time, while meditating on the matter, I had the following cases among my patients.

NOTE.—We quote those cases only from which Hahnemann took symptoms, italicising them. The fourteen cases detailed by Stoerck in this book are supplemented by fourteen other cases, also highly interesting, in a much larger work, entitled, "Libellus quo continuantur Experimenta et Observationes circa nova Medicamenta," 1765.

#### EXPERIMENTUM II.

" A man, twenty-seven years of age, had suffered most violent sciatic pain for six weeks; the pain at length attacked furiously the right arm, and became so violent that the patient groaned day and night. External and internal remedies produced temporary relief; but at length the disease remained the same, and the pains, after a brief momentary interval, became again more violent than ever, and tormented the patient far worse than before. I now administered, morning and evening, twenty grains of the above mentioned powder.

" The very first night he slept, as by a miracle, nor did he feel any pain. Neither did the pain return the next day; but the whole body, especially above the genitals, became affected with a most disagreeable itching, and everywhere red pustules\* broke out, filled with acrid humor.

\*Pustulæ rubicundæ.

“ The patient was now well, had a good appetite, his strength returned; but he noticed a constant, slight sweat over the whole body; not, however, amounting to a profuse night sweat, such as we had in the preceding patient.

NOTE.—There can be no question that the pruritus and the eruption attributed to Aconite by Hahnemann are doubtful symptoms, though we do know that Aconite, in common with many of the Ranunculaceæ, will produce vesicles which are very painful (see *Encyclopædia*, Vol. X, p. 249; Vol. I, Symptoms 1442, 1446, 1449.) Knowing, as he must have known, that vesicular eruptions frequently appear after violent neuralgic pain, and having at that time no evidence whatever of the power of Aconite to produce such eruptions, Hahnemann was not justified in putting these symptoms into the *Materia Medica Pura*, nor are we justified in retaining them; besides, they are not in the slightest degree necessary to the integrity of the pathogenesis.

“ After taking the same dose of the powder for eight days, the patient received a purge, consisting of five ounces of laxative water (of the Vienna Dispensatory) and one drachm of Sal. polychr. Seven alvine evacuations were thus produced, and the pustules disappeared, the pruritus became insignificant, and the strength increased. He then continued to take the powder seven weeks, but observed no unusual effects. At the end of this time he again took the purge above mentioned, and after this was completely cured. For five months he suffered no relapse; he could endure the most inclement weather.

“ Now, did this powder dissolve the acrimony in the capillaries about the tendons and bones, cleaving to them, obstructing them, and producing the most atrocious pains in the joints? Did it drive it in solution to the periphery of the body? Both of these things seem to be taught by this case.

#### EXPERIMENTUM VII.

“ An unmarried woman, twenty-two years old, received this powder on account of a tumor seated in the right iliac region. Previous to this I had essayed to administer Conium,\* but on account of a peculiar idiosyncrasy she could not tolerate it; it distressed her and caused vomiting. She took of this powder ten grains morning and evening. Then she had daily two or three evacuation of the bowels.

“ This patient had, for half a year, an aversion to meat, and would vomit whenever she even perceived the odor of meat. After taking the powders for three days, she began to crave meat, and on eating it, she digested perfectly. After using the powders for three weeks, tumor was found to be much smaller, and she had a profuse, glutinous and yellow discharge from the vagina. At the end of the second month, the tumor had almost entirely disappeared; the appetite increased; she became stronger; but the profuse yellow, thick, discharge from the uterus continued.

[We do not think that anyone will for a moment object to the expunging of the above symptoms from our *Materia Medica*; its retention cannot be defended.]

\*Ciouta in the original; but the ancient *Ciouta* was *Conium* of the present time.—T. F. A.

(To be Continued.)



# THE UNITED STATES MEDICAL INVESTIGATOR.

"HOMŒOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

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

---

SEASONABLE ADVICE.—How do you manage to be so successful we inquired of a wide awake physician ?

"I do not know" he said "except because I study up the diseases of the season. In the spring and early summer I study up the diarrhœa characteristics and get them at my tongues end. In the fall I look up coughs and sore throats in the same way. I do not try to remember from one season to another the special indications for these season remedies, neither do I wait until I get a bad case and then study that case and thus get a bias for a particular remedy that may not be indicated in the next dozen. I prefer to get a sort of unbiased memory of each remedy. The leading cough remedies are not many and it is a poor fellow who cannot commit their characteristics to memory. These I run over in my mind. I take my books and run over the cough characteristics of each remedy and see the shades of difference. Then I attempt to produce the cough, sometimes I can imitate it to a dot. You may be sure I know it when I hear it after that. The cough remedies seem to be large but when you divide them up into 'deep coughs' 'tickling coughs' 'night coughs,' etc., the number to choose from are few, then if the aggravations are considered and the character of the expectoration it becomes an easy thing to 'knock' a cough. Of course if it is a leading symptom of bronchitis, croup, pneumonia or consumption, then I expect a cough more or less persistent until the disease upon which it is dependent is cured.

"As to sore throats there are not many in variety. I first settle whether they are the disease, or are a symptom of something more serious. The history will help. I give myself two or three days before deciding positively. In the meantime, I try to check it as promptly as possible. I do not know anywhere that 'fine shooting' is more satisfactory, mistakes here are so common, at least I find that even now I often get a "a day behind the fair." They progress so rapidly that it is better to anticipate twelve hours. The rapid and slow cases divide our remedies into two classes at once. I see these

cases at least every twelve hours. I try to make a 'line shot' at first, then if I have missed, I soon know it. If I am not sure, I rapidly review the case, recall the peculiar throat remedies, and generally hit it. If the disease is fully developed, and I know I have a case of diphtheria, I tell you I work lively until I have the thing under my thumb. I study all the books I can get, and don't trust to my memory. That prize essay\* on this disease, is a most helpful work. When I have to go far from my library, I just tuck that in my pocket and study it up. I find that people do not object in the face of a bad case to have the physician go cautiously. I am of the opinion that if we were more deliberate, like lawyers, our whole profession would rise in the esteem of the discriminating public, at least I find that it does not lessen my hold on my people. You know what a dashing, reckless sort of fellow I am, but when I get a bad case I just go slow and feel my way as it were."

Study your way, you mean ?

"Well, perhaps that would be a better explanation of it in the light of what I have just said. I see that you have been taking notes of my hurried remarks, but I hope that you will not print them, for one does not like his inner life to be made public."

There is nothing you have said that you need be ashamed of, is there ? I am sure that it will help many of our readers.

"Perhaps you are right. I know many young physicians who have adopted my plan and who like to compare notes with me at the opening of each season. But there is one thing I omitted to mention which helps us wonderfully : We try to get at the season remedy. You know what that means. Good by."

---

OUTSIDE THE SCOPE OF THE LAW.—We appreciate a logical philosophical essay and the exposition of the Homœopathic law by Dr. Brigham, in our recent number is one worthy of careful perusal. But there is one point upon which we take issue with him, where he says, "This explanation of Homœopathic action upon scientific principles also explains why that electricity, Turkish baths and other agents used at times by physicians are strictly in accordance with Homœopathic treatment. "Homœopathic treatment has come to be a comprehensive term, but strictly speaking we suppose he means "according to similia."

---

\*Treatise on Diphtheria by A. McNeil.

The Turkish bath is a hot air bath. Its effect is to raise the temperature and would do that even with the feverish. It simply adds fuel to the fire. Its good effect is most apparent in those of low vitality. Here it acts evidently according to contraria.

Electricity is presented in two forms, but is only one force after all. The broken current exercises the muscles; continued, it tires and produces lack of sensibility, anæsthesia; while the continuous current acts chemically to increase the blood flow at the negative pole. This may go on to congestion and if pushed, to insensibility and cauterization. The effect is uniform, the broken current is used as a mode of motion, of exercise, while the good effect of the constant current is manifest when used according to contraria.

Both of these are physiological natural agents, dietetic if you please and if they are of value it is most apparent when they are used according to the law of diet—contraria. At least the positive or entrance end of the current placed at a spot of local congestion will chase it away lively. The fever of Aconite has a central origin while that of the Turkish bath is external. Remove the cause and the latter disappears; while the former has to be antidoted.

Similia has it seems, therefore only a limited, a remedial application, and to follow it down into the dietetic field is to do it great harm. The Allopaths begin with diet, aliment, and so base all their therapeutic reasoning on a dietetic, contraria law. Bartholow with all his claim to scientific acumen has not detected the difference. Remedies are disease producing agents and are not like food, health giving articles. We are surrounded by a Turkish bath in a mild way and electrical changes go on in us constantly, and these are necessary to health. Drugs are called on only to restore, to eradicate disease.

---

## Correspondence.

---

### *AN OVA TESTA BACK.*

A backache no one could cure for eight years, result of two weeks of Ova testa 5x.

H. C. CONE.

"In answer to your request, your medicine has done all I could expect it to do, it has helped me out in my back. I was quite bad off two days after I came home but feel much better now."

I remain yours,

E. B. SHEETS.

## A WORD TO THE YOUNG M. D'S.

## VALUABLE EXPERIENCE FROM PROVINGS.

MR. EDITOR: Seeing my name brought before the world in such a complimentary way, in a late number of THE INVESTIGATOR by that indefatigable worker, Dr. T. F. Allen, I felt like saying a word to the younger members of the profession. I wish to urge them to do something for the profession and the world by proving remedies. If you are not in perfect health don't delay on that account, it may cure you. If you wait for perfect health you will never benefit the world by your provings. Although the more perfect the health the more reliable the provings, yet symptoms obtained while in feeble health may be important ones. You may say it don't pay, I think it does. There never was a truer saying than "Cast thy bread upon the waters," etc., so pardon me while I give a little personal experience and see if it does not pay.

*Artemisia.*—When I read Dr. Allen's complimentary words, I felt fully repaid for all the pains and unpleasantness I felt during the proving of *Artemisia*. I well remember the "pains I felt" but more especially the sensation that came over me when I first dropped my reins when driving. Paralysis, dementia, death seemed to be in my pathway, but when I realized it was the effect of the medicine, joy took the place of fear. Many times I have been repaid by seeing cases of *severe inflammatory rheumatism*, without swelling, as often found at the commencement of rheumatic fever, relieved in a few hours and cured or nearly so in twenty-four to forty-eight hours with *Artemisia abrotanum* 3x.

*Dioscorea.*—During the four months that I was constantly under the influence of *Dioscorea* and for many months after I suffered much, but how many times I have been repaid by seeing patients suffering from colic suddenly relieved; or old cases of dyspepsia, constipation, etc., cured by the remedy, or cases of nocturnal emissions of semen of such long standing the patient was debilitated and sometimes partly demented, speedily restored by the administration of this remedy, prescribed by other physicians as well as by myself. Again, when one of the leading physicians of a large city told me my proving of *Dioscorea* had saved his life think you not I felt well repaid? I said to myself that is worth living and suffering for.

*Mullen.*—Having new patients who had suffered from childhood; some even to fourteen or seventeen years of age, entirely cured from "wetting the bed at night" by the administration of *Mullen* oil attenuated, given from symptoms obtained by my own proving I have felt that I had not worked in vain.

*Morphia.*—During a short proving of Sulphate of *Morphia* I experienced severe neuralgic pains in various parts of the body, and felt that the relief from pain obtained by the administration of *Morphia* was a pure Homœopathic cure. Now when too late I am sorry I did not push the proving and demonstrate what I believe to be a fact and get the credit some one else is sure to get.

*Amm. bromide*—Some of us had frequently given Bromide of Ammonium for whooping cough; sometimes with relief, oftener without. We did not know *when* to give it. My proving developed the symptoms that the cough and the inclination to cough both *come suddenly*. Now we know when to give it with benefit.

You may say you do not feel like proving remedies; let some one else do it. The other fellow is just as indifferent as you are. How many persons, how many doctors even, drink liquors, use tobacco or eat hot mince pies or other cursed stuff when they know they will suffer from it, yet will not take a dose of medicine for the benefit of the world, for fear they won't feel good. Don't fear the pain but think of the glory that will come later and go to work. A. M. CUSHING.

---

## Progress of the Medical Sciences.

---

*Nephritis as a Sequel of Parotitis.*—(*Brit. Med. Jour.*, August 27.) A boy, aged six years, had an attack of mumps, which ran its usual course. The child obstinately kept in bed, although his general condition was improved. On the fifth day the fever reappeared, the right parotid gland being considerably swollen, and in twenty-four hours it diminished, and his illness seemed as if it would terminate as usual. Two weeks afterward the eyelids and hands and feet became swollen, and there was also a slight degree of ascites present. Urine, scanty, bloody and highly albuminous. Six days afterward he had another attack of fever; the submaxillary glands became enlarged and painful. These symptoms subsided and he recovered, the urine, however, containing albumen for five weeks. Dr. C. has found but one similar case, and that occurred to Henoch.

*Contribution to the Worm Diseases which are Peculiar to Man.*—(*Arch. f. Kinderh.* [from *Berl. Klin. Wochens.*, 1883, No. 9], B. v., H. 9 and 10.) The author tells of a little girl four years of age who came under his observation and who from the time of her birth had frequently suffered from swellings and abscess formations in the region of the navel, and also from the presence of lumbricoids. After a large navel abscess had been opened there were subsequently found in the bandage which covered the wound six living lumbricoids, and others were found at later periods. On one occasion the author was able to draw out a worm from the navel opening by its head. Large doses of Santonine were given and ten more worms escaped from the navel, several others being passed with the feces. The abscess healed without further trouble. As to the origin of the navel fistula there had probably been inflammation, and perhaps a fistula of the small intestine very early in life. The intestine had gradually become united to the navel ring, and this, with the assistance of the lumbricoids, was followed by the perforation of the abdominal wall.

## News of the Week.

---

*M. R. Cullison, M. D.*, from White House, Pa., to Adel, Iowa.

*I. W. Elliot, M. D.*, has removed from Stockton, Cal., to Marion, Kans.

*The Golden Rule.*—Do as you would be done by! pay your subscriptions promptly as you would have your patients pay you.—*Hom. Phys.* [We say Amen.—D. Bros.]

*W. E. Keith, M. D.*, of Franklin Falls, N. H., has disposed of his practice, and after a sojourn among the medical attractions of New York, will come west. We welcome him.

*Dr. Wm. B. Clarke*, (class of '84, Chicago Homœopathic Medical College) resigned his Internship at the Cook County Hospital in this city, but we have not learned who was appointed to the vacancy. Dr. Clarke is located at Indianapolis.

*Even an Earthquake Powerless.*—Hardly had the Farady laid the new Atlantic cable before it was broken by an earthquake; yet we feel sure no earthquake could shake a delinquent subscriber sufficiently to cause him to break up his debts.—*Hom. Phys.*

*British Journal of Homœopathy.*—This able and old Homœopathic medical journal will cease its welcome visits after this year. It is a great misfortune for Homœopathy that its journals are not better supported by subscriptions and contributions to its pages.—*Hom. Phys.* The only remedy seems to be to start more new journals.

*J. M. Patty, M. D.*, of Carroll, Iowa, died very suddenly. Was taken with a cough then dyspnoea and in two hours was dead. He had practiced medicine for a quarter of a century, the last fifteen years he was a staunch exponent of similia. We regret his death.

*Dr. Wm. M. Barden*, of Mansfield, Pa., died September 30th, 1884 after a long and painful sickness, aged seventy-two years. He was born in Benton, Yates County, New York, February 14, 1812. His medical course was taken at Geneva, N. Y. In 1850, he began to investigate the principles of Homœopathy, and in November, 1852, located at Mansfield, Pa., and the practice of the New School. He was the pioneer of Homœopathy in that part of Pennsylvania. He bore the jibes and sneers of the Old School physicians with indifference and was successful as a practitioner, and in establishing a large and lucrative practice. About fifteen years ago he became very deaf, which marred his social intercourse, and debarred him from the pleasure and profit derived from attending medical societies. His library was filled with the standard medical works, and bear the signs of having been *well used*. Two of his sons, J. M. Barden, M. D., of Mansfield, Pa., and O. P. Barden, M. D., of Tioga, Pa., are both extending the good work begun by their father. We regret to lose such a veteran, but man is mortal. He rests from his labors, and his good works follow him. Peace to his ashes.

# The United States Medical Investigator

VOL. XX. No. 20.

NOVEMBER 15, 1884.

WHOLE No. 414.

## Clinical Medicine.

### *COCAINE HYDROCHLORATE—THE NEW LOCAL ANÆSTHETIC.*

BY PROFESSOR C. R. AGNEW, M. D., NEW YORK.

We have to-day (October 14th, 1884) used the agent in our clinic at the College of Physicians and Surgeons, with most astonishing and satisfactory results. If its further use should prove to be equally satisfactory, we will be in possession of an agent for the prevention of suffering in ophthalmic operations of inestimable value.

It is difficult to avoid expressions of extreme enthusiasm in view of what we have to-day seen, and in view of what we may rationally expect from the further application of the agent. The following cases, however, will be of more value than any abstract disquisition.

CASE I. A. E—, aged five; a case of convergent squint. A two per cent. solution of the Hydrochlorate of cocaine was dropped upon the surface of each eye three times at intervals during a period of fifteen minutes, without any more irritation of the eyes than would have been caused by drops of common water. At the end of twenty-five minutes he walked into the operating theatre, lay down upon the operating chair, and allowed the spring speculum to be inserted between his eyelids, the scleral conjunctiva to be seized with fixation forceps, and cut with scissors, and the rectus internus of the left eye to be divided, without complaining or showing any signs of suffering. When we had the internus tendon upon the strabismus hook, he said we were pulling something.

CASE II. L. H. B—, aged eleven; convergent squint. Solution applied as above, three times in fifteen minutes, at the end of which time he sat erect in a chair, resting his head upon the breast of an assistant, had the speculum inserted, scleral conjunctiva seized with fixation forceps, and the internal rectus divided in the usual manner, and when asked said the operation had given no pain.

CASE III. Joseph McC—, aged six; convergent squint. Solution applied as above. In the delays of the clinic, somewhat more than half an hour elapsed between the last instillation of the agent and the attempt to operate. The youngster seemed to be much frightened by the presence of the surgeon and students; would not submit to the proposed strabotomy, and Ether had to be administered before it could be done. As his scleral conjunctiva was insensible to the contact of the fixation forceps fifteen minutes after the first instillation of the solution, it is a fair inference that the anæsthetic benumbing had passed away before he entered the operating theatre. His ner-

vous apprehensions was so great that he would not have endured an operation, even though there might have been no real pain inflicted.

CASE IV. James McG—, aged fifty-two, was sent to the clinic, with the statement that he had a lacerated wound of his left eyeball involving the sclerotic. His dread of handling and of light was so great that we could get no view of the injured organ, as every attempt to inspect it, was instantly followed by blepharospasm. A few drops of the solution were instilled, and in a few moments the patient walked into the operating theatre, with the injured eye open, and so free from irritability as to make an examination of it before the students quite easy.

CASE V. J. a physician, aged seventy-one, with double cataract, consulted us on October 15th. His eyes were extremely sensitive to touch. A drop of the two per cent. solution was dropped upon the scleral conjunctiva, and in two minutes and a half the patient permitted me to apply the end of a forefinger to the scleral conjunctiva, without wincing.

The solution, used in all these cases, was a two per cent. one, made with distilled water and with Merck's crystals of the Hydrochlorate of cocaine.

It is only by extensive gathering of the clinical facts in regard to this new agent that we can reach just conclusions as to its value, and it is important that all observers should give the profession the benefit of their experience. The operations at the clinic, alluded to above, were done with the assistance of Dr. David Webster, Dr. W. Oliver Moore, Dr. Neil J. Hepburn, and Dr. W. A. Pierrepont, and in the presence of the class.—*Med. Record.*

---

#### NOTES FROM PRACTICE.

EDITOR INVESTIGATOR: I will report a few cases I have had here, from the "Old" School.

CASE I. Little boy aged nine, taken with violent spasmodic pains in the lower bowels, *he felt better by bending double*. I told him to straighten out. He said, "oh it will kill me" and immediately bent himself up again. I gave of course Colocynthis, a few doses and he was well.

CASE II. Gentleman, aged about sixty-three; heart disease thirty years standing; pulse weak, intermits, (examination June 14, 1884) so weak can hardly walk at times. I put him on Digitalis cc. and Ars. 30x; with little hope that anything could be done; week by week he improved, when about July 30 he felt himself well again and engaged in the laborious work of harvesting, and now (November 4,) he has put on some fifteen to twenty pounds more flesh and "feels better than he ever did before."

CASE III. Called by telegram to Oneida, Kansas, and from there taken by patients friends, some twelve miles south. Found young lady patient aged twenty-four, sick several days, was in charge of Dr.



Coleman, a young Homœopathic physician of Oneida, and a man of fine character. Patient sick of pneumonia. Had become now typhoid, pulse 126, respiration very quick, and cheeks a livid red. Not much pain, little *thirst for small quantities* of water, *so weak*, "*feels like she was drunk*," is *confused*, *eyes feel as if bruised*. She "*feels deaf for a time*." I think Dr. C. had her on Bap. We changed this for Gelsemium, at my suggestion, and in a short time she was out of danger.

CASE IV. Mrs. R. aged about thirty-five, taken with inflammation of stomach and bowels, at 1 P. M., November 1. I was called at 4.30 P. M. Patient in great distress, great pain in stomach and abdomen. She feels as if knives were cutting her. I gave one dose of Nux vomica (as she had one of the other doctors out before me.) and followed it in one hour by Colocynth to be taken in one-half hour doses till relief. I was recalled at 12 P. M., to find no improvement and patient and friends quite out of patience. (Think Homœopathy ought to lift 'em right up, with one or two doses, but will give the Old School all the time they want, and in many cases will *give them their lives*.) Well I sat down and *watched* her some few minutes, I observed a very *péevish* humor, and she says, *I feel so weak*, after a spasm of pain. She tried to turn over, when she vomited nothing but a little sour water. She felt such a pain in the small of back. But the most *persistent* symptom, in common with the rest was, a constant hiccough, which hung on with the other symptoms, and with a sort of *shivering down* the back, I then made out my prescription with confidence. It was Colchicum, in solution. She went to sleep after the third dose given in fifteen minutes to a half hour apart. and no more trouble.

The Old School growl a good deal here, but turn as they may, each turn is in favor of Homœopathy and truth. Yet *they* fail to see that the people observe that, when an Old School doctor lies, ostracises, caluminates and *damns* a Homœopathic physician in his own city, the *shoe is pinching his toes*, and that the Homœopath is getting his cases all away from him, which is the case here in Sabetha, Kansas.

O. J. LYON.

---

## Consultation Department.

---

### IS THIS ANOTHER SPINAL CASE?—NO. 210.

I would like to state a case I was called on last week to see (Oct. 28.) I found an old lady aged seventy nine, very poor in flesh, suffering from what seems to be severe crampings of the neck, arms, legs, feet, hands and a slight touch in the stomach in the last few days. She has been suffering more or less for the last two years.

The doctors here have not been able to give her any relief. I should like very much to be able to help in this case. I have now given her three treatments with the battery. I would like to ask you the best Homœopathic remedy. I should say there is no headache—a tearing

visiting pain of the muscular structure of those parts I mention—has lost the use of her legs

Is there any hope—the cause is very hard to get at, not exposure, not sickness, has now a good appetite. Excuse my imperfect way of stating the case. I would like to have your opinion. M. P. B.

THAT SPINAL CASE.

CLEVELAND, O., November 11, 1884.

DEAR DR: In THE INVESTIGATOR October 4, page 232, appears a spinal case I sent you for counsel. Have you received any answer to it? Have been hoping that some brother practitioner would give me his views, but have seen none thus far.

Very truly yours, G. H. QUAY.

The case referred to is one of special interest. As I read the case I made a mental diagnosis of spinal hyperæmia, possibly congestion of the cervico-dorsal region. The treatment that I have found, in my private practice, most efficient has been: (1.) Rest of the parts affected. (2.) The Galvanic current from back to front and down the arms, (3.) Bathing the spine at night and (4) the similar remedy.

(1.) These cases are caused as near as I can judge by a strain or fall. Anything like heavy lifting that increases the blood supply of the spine at that point will act as an exciting cause. Rest of that part is one of the prime requisites in hyperæmia.

(2.) The chemical action of Galvanic current reaches these nerve centres and properly directed aids greatly to relieve the blood and nervous tension. The current should be mild and brief. Improperly applied in this class of cases, electricity does a positive injury. The Faradic current retards the cure in these hyperæmic patients.

(3.) Gentle bathing with warm or cold water tends to lessen the local congestion. Friction aggravates, so my direction to these cases is to apply the local means at night on retiring, to the sore hot spot.

(4.) The similar remedy is sometimes difficult to ascertain, for there seems to be a monthly aggravation of those spinal cases, so that a month or two has to be gone over to get a complete picture of the case. The remedy selected should be allowed to act for a month at least. The remedy suggested by this case is Sulphur. Pulsatilla and other remedies will also occur to the reader. The effect of the weather, storms, motion, causes and character of aggravation, etc., should be noted. If headache arises, its character aids the selection, also the throat and heart symptoms if present. Any menstrual derangement should receive attention. The complete history of the case may develop the last symptoms which are important as guides in this class of cases. In the cure many peculiarities often arise. The spinal symptoms may grow more prominent or the peripheral ones, or vice versa. The symptoms may disappear from above downward, from back to front, or retrace their steps and the first symptoms appear last of all.

These cases can be cured, but it often takes months and years. Let alone they steadily grow worse, for the tendency is towards local

congestion, constriction and final softening, sometimes insanity ensues. There are lots of these neglected all over the country. Allopathy can do nothing for them.

I shall soon report some of these spinal cases, illustrating and emphasizing all the above points. I am pleased to see these cases reported. They open to us a new field. T. C. DUNCAN.

---

## Book Department.

---

**TRANSACTIONS OF THE AMERICAN INSTITUTE of Homœopathy for 1883.** This volume is much larger than any of the other volumes. There are many places where condensation might have abridged the expense. The reports in the main are good. The lengthy reports on materia medica, 163 pages, and surgery 141 pages, add very much to the bulk of the volume if not to its value. The subject of a model materia medica developed a wonderful unanimity of disagreement, so marked in fact that the subject was dropped at least for a time to take up the more unanimous one of revision. The reports of the other bureaus are more brief and some very valuable.

**PHYSICIANS VISITING LIST, 1885.**—The first is Lindsay & Blakiston's, it is it seems the thirty-fourth year of its publication. It contains a calender, list of poisons and antidotes, dose tables rewritten in accordance with the sixth revision of the U. S. Pharmacopœia, Marshall Hall's ready method in axphyxia, lists of new remedies, Sylvester's method for producing artificial respiration, with illustrations; diagram for diagnosing diseases of heart, lungs, etc., etc., as well as blanks for twenty-five patients weekly, has tucks, pockets, etc., price \$1.00. Those who prefer this sort of memorandum for regular book keeping will find it convenient.

**THE TREATMENT OF UTERINE DISPLACEMENTS.** By W. Eggert, M. D., 12 mo., pp. 136, \$1.00. Second edition revised, enlarged and illustrated. Chicago: Duncan Bros. For sale by all pharmacies.

That this work has reached a second edition is evidence that it has met a popular want. In this edition the author has enlarged its scope and also made it quite comprehensive. The displacements include prolapsus and the versions and flexions. The therapeutics are full and the clinical index will prove very convenient. A rather singular feature is the quotations from articles from prominent men, elaborating as well as corroborating the views advanced. Some adverse ideas will be found, but the greatest good to the greatest number seems to be the liberal idea of this work. The numerous illustrations aid not a little to elucidate this most practical and prominent subject. The work will prove a help to any physician, even in the treatment of general menstrual troubles.

**THE CHIRONIAN** is the title of a publication by the New York Homœopathic Medical College and filled with college news chiefly. The title page is a fanciful design, and as an imaginative junior

expressed, "looks as if an angel awoke on the dissecting table" We wonder that a picture of the college was not chosen instead. The editorials abound in wit and wisdom, the whole a sort of professorial *en core*. The readers are encouraged to patronize the advertisers. Prominent among the articles advertised is illustrated "a urethral syringe at last," and Hungarian wine. Naughty boys! wine and women hinder medical progress and especially higher education.

INDEX CATALOGUE (VOL. V.) of the immense Library of the Surgeon General, or rather the medical library of the United States is before us. It includes all subjects and authors from Flagellation to Heart. It is a portly royal quarto, of 1055 pages and will prove a most invaluable and necessary volume to those who are fortunate enough to wander in the wilderness of medical works corded up in that library. We hope Congress will complete it, as well as provide a fire proof building to preserve for generations yet unborn this vast wealth of medical matter. A supplement will have to be issued to bring it abreast of the times. The work is a monument of the industry of Surgeon Billings. In the five volumes of this catalogue are 50,986 titles, 30,722 volumes, 40,675 pamphlets, 49,552 book titles alone, and 183,864 journal articles. It is a grand work and royally presented.

**THE KNOWLEDGE OF THE PHYSICIAN.** By R. Hughes, M. D., Boston: Otis Clapp & Son, Chicago: Duncan Bros. 12 mo., p. 292. Price \$2.00.

This is a course of lectures delivered at the Boston University School of Medicine, May, 1884; and not as one might infer from the title a book that contains all that a physician should know. This book includes a discussion of the knowledge of life, health, disease and remedies; pyrexia and antipyretics, rheumatism and antirheumatics, cerebral localization and drug action, and the future of pharmacodynamics. The author closes with an admonition to his audience to help reprove the *materia medica*.

The first part of this work is a sort of fundamental survey, but when fevers and rheumatism are discussed from a remedy point of view many ideas are advanced of interest to the profession. The third subject of interest is drug action and local nerve action (cerebral and spinal.) The practical illustrations of this in migraine and epilepsy, as well as in ataxy, will interest the physician. In fact the relation of recent physiological science and drug action is the strong point in these lectures. We commend them to our wide awake readers. They will repay a careful perusal.

**AN INTRODUCTION TO PATHOLOGY AND MORBID ANATOMY.** By T. H. Green, M. D., Phil.: Henry C. Lea's Son & Co., Chicago: Duncan Bros. 8 vo., pp. 481. Price \$4.00.

This is the fifth American from the sixth revised and enlarged English edition of this popular work on pathology. It is brought up to date at all points and is essentially a text-book on this most important subject.

# THE UNITED STATES MEDICAL INVESTIGATOR.

"HOMŒOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

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

**DESERTERS DISGRACED.**—It seems that a couple of Homœopathic graduates applied for admission into the medical society of the county of New York. How they were received, questioned and admitted may be gleaned from the following :

"*The Eligibility of Homœopathic Graduates to Membership.*—The minutes of a meeting of the Comitia Minora were read, showing that among the candidates for membership there were two gentlemen who were graduates of Homœopathic colleges. To these candidates the following-named questions had been put: 1. Whether they belonged to a Homœopathic medical society. They had answered, "No." 2. Whether they were willing to drop their sectarian name. They answered that they had never practiced under a sectarian name, and never expected to do so. 3. Whether they were connected in any way with any Homœopathic medical journal. To this they had answered, "No." 4. Whether they were willing to be governed by the laws of the Medical Society of the County of New York. They had answered, "Yes." The Comitia therefore recommended them for membership.

"Dr. A. Jacobi said that Dr. Ellsworth Eliot, who was unable to be present, had requested him to offer a resolution to the effect that a diploma from a Homœopathic medical college did not entitle the holder to membership in the society.

"The resolution was laid on the table. The two candidates were then unanimously elected to membership.—*New York Medical Journal.*

These men may, perhaps, be proud of demonstrating the fact that a graduate of a Homœopathic medical college is deemed worthy of passing muster among a lot of regular regulars. That our medical education is on a par with the best is here duly acknowledged, may be some consolation, but who ever questioned it ?

It will be seen that they were not admitted on their medical qualifications, but upon their absolute denunciation of similia. They must now practice and act as Allopaths. There is no good in Homœopathy that can be tolerated. Homœopathy has developed the science of therapeutics, and given it a place among the medical sciences, but here is no acknowledgement of it. As therapeutists we adhere to similia, but these deserters must denounce all this. Look at the humiliating questions ! Do you understand now why Allopaths will not take our journals ? Death to Homœopathy runs all through these disgraceful questions ? Where is the boasted liberty and honor of the regulars ? Who hankers after that kind of union ?

## Progress of the Medical Sciences.

---

*Cholera Microbes.*—Dr. Gregg, of Buffalo, New York, has long disputed the theory that the so-called “germs” cause the diseases with which they are found. Now, we find the following confirmatory of Dr. Gregg’s views: “Messrs. Roux and Strauss, two eminent French surgeons, now practicing in the hospitals at Toulon, and who studied cholera thoroughly last year in Egypt, have made an official report, declaring that they find the microbe to be the result, rather than the germ, of cholera. In certain ‘foudroyant’ cases (i. e., those in which death comes most quickly, unaccompanied by vomiting or dejections) they have found no microbe at all; while in others, the number of bacilli is in proportion to the duration of the disease.

“They state that similar microbes are generated in the intestines by typhoid fever and other zymotic diseases, and that they are found by myriads in water, which, being drunk, does not create cholera. Animals have been fed and inoculated with bacilli taken from the alimentary canal of diseased cholera patients without producing any effect whatever.”—*Hom. Phys.*

*Common Sense in the Lying-in Room.*—The following from an old veteran, who expresses himself in a letter to the *Medical Record*, sounds a little odd at this particular time, so soon after the discussion before the New York Academy of Medicine. It will, nevertheless, strike many as being very sensible:

“My boy,” says the old sage, “I am an old man; I have practiced over fifty years, and, as you are aware, have been very successful. In regard to your labor cases, I would give you the following advice: First, as you intend practicing in the city, make a habit of leaving your forceps at your office; for if you ever require them you will always have ample time to send for them, and your not having them with you may save some woman much trouble. Second, do not examine your patient much or often. See that things are right, and then let nature manage the case. Third, instruct your patient when she desires to empty bladder or rectum, to have her night-glass conveniently placed near the bed in a chair, and, while supporting the abdomen with her hands, to rise carefully from the bed to the stool, and to return in the same way. Her rising will allow all clots, fragments of placenta, etc., to pass from the vagina, and you will be surprised to see how few cases of puerperal fever you will be troubled with. As for its bringing on hæmorrhage, that is all bosh. Let your patients keep the outside of their bodies clean, attend to the calls of nature in a common-sense way, and depend upon nature to keep, the inside all right, and you will be surprised at your success in this line of practice.”—*Med. Age.*

*Prolapsus uteri Cured by Internal Treatment alone.*—Mrs. H., aged thirty-four, brunette, mother of three children, and had two miscar-

riages since the last child, supposed to be caused by running a sewing machine. The symptoms presented came on since the last miscarriage.

Complained of an aching and throbbing in nape extending to top of head, with floating specks before the eyes. Some difficulty in breathing and much palpitation on least exertion. Appetite good.

Dragging down in hips with dull pain in side and back, and some bloating over the region of the abdomen.

In pelvic region there was some fulness of the front passage with frequent desire to micturate. No marked constipation but an uneasiness in rectum and difficulty in passing fæces.

Profuse, thin, acrid leucorrhœa and pain in ovaries. Catamenia four days too soon and very profuse with poor circulation at all times, shown by coldness of hands, knees and feet.

Sleep unrefreshing, sudden startings and hideous nightmares. She also complained of morning weariness and exhaustion on slight exertion, frequently despondent, sighing and nervous.

Nux was so prominently indicated in general irritability and uneasiness that it was given in third trituration twice a day. At the end of a week she returned much improved in general health and spirits. This was followed by Calc. carb. 3 for a fortnight.

This so far improved her symptoms that a couple of weeks on Aurum 3 completely cleared up the case, and she was discharged as cured, with no return of the symptoms up to the present time—now over two years.—*Chironian*.

*The Measurement of the Foot as an Index to the size of the Child.*—Dr. Alfred Gonner, of Basel, gives (*Zeitschrift für Geburtshulfe und Gynäkologie*) an attempt to overcome the difficulty in determining the size of the child's head in breech and podalic presentations. His plan is (*Medical Times*) to measure the foot, and from this datum to estimate the size of the child, and, therefore, of the head. He points out that the measurement of the foot is one easily made, and therefore, that his method has in this respect the advantage over the other modes by which it has been proposed to estimate the size of the child, such as measuring its length, and measuring the distance between the fontanelles. Dr. Gonner has measured and weighed 100 children. He comes to this conclusion: that if the foot measures more than eight centimetres (nearly three and one-half inches) in length, the child weighs more than 3,000 grammes (about six pounds ten ounces.) A foot more than three and one-half inches long, therefore, makes it probable that the child is above the average weight, and that there will be more than usual difficulty in the extraction of the head. If the foot be only 7.6 centimetres (about three inches) long, a child of moderate dimensions may be expected; and a foot length of only 7.3 centimetres (a little more than two and three-fourths inches) would justify us in assuming that the child was premature. It is interesting to note, also, that Dr. Gonner finds that the feet of female children are smaller in proportion to the size of the body than those of males. He suggests that the children of the educated classes will probably have relatively smaller feet than those of the laboring classes, but his own field of observation has not supplied him with the materials for testing this point.

## Materia Medica Department.

### *THE MATERIA MEDICA OF THE FUTURE.*

BY DR. HUGHES, LONDON, ENG.

Read before the British Homœopathic Congress, held in London, September, 18th, 1884.

(Continued from Page 310.)

Last, we come to the difficult question of the employment of provings with infinitesimal doses. The rule respecting it stands thus: "Include symptoms reported as coming from attenuations above the 12th decimal only when in accord with symptoms from attenuations below." This was the only point on which any difference of opinion was expressed at the meeting of the institute; but though one or two members advocated the omission of the rule, they could gain little support for their amendment. In truth, some limitation must be made; this sort of thing, as Hahnemann said for the high potentisers of his day, cannot go on *ad infinitum*. He proposed the 30th as the limit for the sick. We choose the 6th for the healthy—which, having regard to the difference of susceptibility in the two states, seems fairly correspondent. So reasonable is it, that although two out of the seven members of the Materia Medica Bureau were avowed partisans of high dilutions, the rule received their assent. It must be regarded simply as a working compromise. It involves no judgment as to the activity of attenuations above the 6th; it does not even exclude effects referred to them if in accord with those obtained from more appreciable quantities; it simply leaves out, as lacking sufficient evidence, symptoms occurring solely under their supposed influence. It is possible that some few genuine drug effects may thus be omitted; but this chance is more than outweighed by the certainty of the greater acceptableness of pathogenesis so limited. I feel sure that if the rule were put to the vote in this Congress, it would be carried by the same overwhelming majority as that which supported it at Deer Park last June.

Such, gentlemen, is the Revised Materia Medica on which Dr. Dake and myself, aided by the advice of our consultative committee, and by the co-operation of more than one of our colleagues here and across the water, are at work. I ask your keenest criticism, to-day for the scheme, and hereafter for its accomplishment. But I also ask your help, in any way in which you can afford it. This work, if we can carry it out in accordance with our ideal, will be the materia medica of the future—the foundation on which all will build in studying and practising and teaching the Homœopathic method. It will rob its study of the irksomeness which deters enquirers and burdens our neophytes; it will give its practitioner a confidence and precision which the present symptomatologies fail to afford; it will supply the interpreter and applier of drug action with data alike trustworthy and intelligible. While thus it will aid our own inner life as a school, in our external relations its substitution for what we now have of the



kind will be of unspeakable advantage. Hitherto our *materia medica*, which should have been our glory, has been our shame; we have had to hide it, to apologise for it, to offer substitutes which shall be more acceptable. In its new form, with its winnowed material, we shall no longer be thus ashamed of it, but shall point to its rich profusion as a treasure house of aid for human ills. Because it promises thus, we seek the aid of all interested in it, that there may be nothing individual about it, but that it may stand on lasting record as the Homœopathic *materia medica*.

Brighton, August, 1884.

#### DISCUSSION BY THE CONGRESS.

The president invited discussion. As they were all interested in the matter he hoped they would freely and liberally express their opinions. It was now being placed before them in two lights, and he was only sorry that Dr. Hughes's view and his own were not in unison. Dr. Hughes had previously told them that instead of his work being intended as the *Materia Medica of the Future*, his title would be *A Cyclopædia of Drug Pathogenesis*.

Dr. Hughes.—That is the title.

Dr. Drysdale said: No one could rejoice more than he did that this subject had been taken up, and he was sure all would agree upon the necessity of such a work. He had the honor of being one of the consulting committee, but—the unfortunate “but” must come in—he considered there were certain defects which would prevent this being called the *Materia Medica of the Future*. It did not appear to him perfect in two important points, the therapeutic knowledge, and the minute symptoms, were not sufficiently provided for. Dr. Hughes had said they were to have an index, and if he gave it at the end that would certainly save some space and be an improvement. Then if he has a therapeutic commentary that cannot be abridged, because each comment must be to its own medicine, consequently they would not gain any space in publishing that in a separate volume. As to the therapeutic uses the same remark applied. Such a work would be rather of a truncated nature. The question was not whether this was to be the *Materia Medica of the Future*—this plan of Drs. Hughes and Dake—but whether it was not the most advisable to adopt. The work of a complete *materia medica* could only be very slow. In the meantime there was an enormous mass of accumulated materials in Dr. Allen's *Encyclopædia*, which was valuable as far as it went, but in which the sifting and arrangement had been left out. He considered this subject deserving of their full attention, and the work one which ought to go on. They were not, however, to consider it complete or the *Materia Medica of the Future*.

Dr. Nankivell considered this Congress was likely to be an extremely interesting and valuable one, from the fact that Dr. Hughes had placed before them this most valuable paper. Two or three days before they had met, each, or the majority of them, had received a copy of the Hahnemann Publishing Society's new work, the introduction to which they had been able to read, and also to glance at the

arrangement of the medicines comprised in the volume. But one was compelled, he thought, to conclude that however full and however perfect the record and arrangement in that volume might be, they would have to live some centuries before they could have their *materia medica* completed, and the student would have to be the possessor of a very long life before he would become master of it. Dr. Hughes and his coadjutor were engaged in a work which commanded their attention very strongly indeed. We had gone on the principle far too much of continuously reprinting and reprinting the material which had been given before, and which need not now be republished. The index, they had been told, would be at the end; but there was one point which, of course, they could not yet judge of, and that was the degree of the spirit of condensation with which the editors would be inspired. To his mind the most important part of the whole work was the manner in which the condensation would be carried out. Would one part suffer by condensation and another not? It was a practical point, and he was sure that in the hands of Dr. Hughes and his coadjutors they would find it worked out to the very best advantage.

Dr. Clarke thought there was some analogy between this subject and the greater measure now before the political world—some objected to it because it had not tacked on it the Redistribution Bill (laughter.) For his part he was contented to take the Franchise and this *materia medica* without redistribution, and *schemas* and things of that sort.

Dr. Drury hoped the same economy would not be exercised with this *materia medica* as with the *Cypher Repertory*, which had never come into general use. He hoped the subject would be received with satisfaction.

Dr. Dudgeon said he should be sorry to see the two works considered as in a position of antagonism to one another, because he was a sort of medical Mormon, wedded to both (laughter.) The Homœopathic practitioner should not be embarrassed which to choose, like a certain animal between two bundles of hay. These works would not interfere with one another. The *materia medica* would, when complete, be very complete indeed, but it would be a very long time in hand. The work which Dr. Hughes and the American editors had in contemplation would go on with much greater rapidity, and it was to be hoped that with a little diligence on the part of the workers, and with the assistance of their friends across the Atlantic, the materials for it might be collected, arranged and published in a very short time. He would not exactly call it the *Materia Medica of the Future*, but a work in which all the materials for a perfect *materia medica* would be collected. It would be necessary for any person who intended or wished to write a *materia medica* to consult it, and it would place all the materials that existed throughout the medical records in a handy shape for any person who wanted to study any particular medicine or compile a more perfect or more complete *materia medica*. These works would not interfere with one another, and should both command the approbation of all.

Dr. Ludlam said: He had listened to Dr. Hughes's paper with a great deal of interest, and the discussion which had followed it. He most heartily concurred with Dr. Dudgeon, and could not see why one book should be in the way of the other. Both could go on, and it would be some time before either work was finished. There was plenty of time. As to the name of the child he had been reminded of an anecdote concerning the name of a child which had recently arrived somewhere on the coast. The mother proposed the boy should be called Peter. "Oh!" said the man, "I never knew a man of that name who could earn his salt." "Very well, then," said the mother, "Call him *Salt Peter*," (laughter.) If they wanted a good title, and if the roots of all were to dip down into this one of Dr. Hughes, why not call it Hughes's Protoplasm (laughter.) It would be a starting point. He was glad the work was going on, and that it was going to be published by the Hahnemann Publishing Society. When they put their heads together they would accomplish more than had ever been done. He was much pleased the new enterprise had been undertaken with the sanction of both societies, which had been so readily obtained and so heartily given.

Dr. Wolston would like to know if Dr. Hughes could tell them the probable time before the work would be published, and what the probable bulk of the volumes would be.

In closing the discussion the president said they already knew his opinion on the matter. It had been said that the *Materia Medica of the Future* was to be a work of reference only. That would, he thought, be a very great mistake. It was not a work of reference only. It was a work of reference because it contained everything they wanted, but it was also a work of use and study. Every student would find plenty to refer to, but it would be a long time before it would be complete. Their *materia medica*, in fact, never could be complete so long as any medicine remained undiscovered. But every medicine in itself was complete: therefore, this *materia medica*, so far as it went, was absolutely complete. If they had forty volumes each volume would be complete in itself.

Dr. Hughes, in reply, said he had asked for their criticism, and as he had heard but very little censure he felt his idea was commended. He trusted that the plan of working having commended itself, the accomplishment of it would be equally acceptable. At some future conference perhaps they might discuss the work, after it made some little progress. Dr. Wolston had asked him to give some idea of the time it would take to publish and the bulk it would occupy. As regarded the bulk, he believed that the material would be all included in about four ordinary volumes. He found that the pathogenesis of *Carbolic acid* occupied over nine pages. Allen's occupied eighteen, so there was a saving of half the space at least over one medicine. Then, as to *Benzotic acid*, they had struck out about two-thirds, so that there would be a great reduction of bulk there. Taken altogether he did not think it would exceed more than four volumes of the size of Allen's work. Then, as to the time likely to be taken up. Judg-

ing by the time already occupied, he would say they would not publish more than two parts a year, each part consisting of twelve sheets, so that altogether it would take them about eight years. Considering the character of the work, he did not think that too long a time. Nor did they intend that their work should suffer from pressure put upon them by publishers as Allen's work suffered. They were not issuing it for the benefit of any publishing house, and should, therefore, take their full time about it. He desired to fully echo what Dr. Dudgeon had said about there being no antagonism whatever between their work and that of the Hahnemann Publishing Society. He (the speaker) at least should not have any sympathy with any such antagonism, because, like Dr. Dudgeon, he had taken an active part in both works, and hoped to continue to do so. The difference between them was just this. There were two ideas of what a *materia medica* should be. The one was very well illustrated by such a work as Pereira's. Of each "medical" material he gave an exhaustive account. He went fully into the effects on the healthy and the sick of each drug, its dose, how it should be administered, its natural history, chemistry, pharmacy, and so forth. Hahnemann had said they should study the effect of the drugs on the healthy. Apply these and they had all they wanted. If they chose to have more they could, but these were the medical materials for the practice of Homœopathy. Such a *materia medica* it was proposed to supply. It was from that standpoint that he ventured to call it the *Materia Medica of the Future*, though its name, in reality, was *A Cyclopædia of Drug Pathogenesis*. They wanted a book which they could place in the hands of students; and when he spoke of students, he might say that while we had only a few here, in America a thousand annually entered the medical schools, having no *materia medica* from which they could learn the action of drugs. They never looked into Hahnemann or Allen, but studied works which were simply introductions. What they wanted was for the teacher to put into their hands—as a basis for the student—the pure physiological effects of drugs themselves. Drysdale had said they would not save space if they had to provide the therapeutics and such like things in separate works. But they did not intend that as part of their scheme; they had already such works—works for which there was plenty of demand. Their work was to provide a pathogenesis. As to the index, that doubtless must come at the end. He felt that when it was fully understood they would all be agreed.

Dr. Hale: Would there be an index to each volume?

Dr. Hughes could not answer that there would, but if some one would volunteer to provide one they would be glad to accept it. If Dr. Hale would set any of the younger men to do it they would cheerfully accept it. As to the matter of condensation, he quite agreed with what had been said, and they should take the greatest care not to omit anything which could be of the least importance. They should only leave out such symptoms as were obviously physiological occurrences, such as twitching of the left eye, etc. All had that in

the course of the day, so they took no notice of it. He could assure Dr. Drury that they were already warned against making the same mistake as the *Cypher Repertory*. They had well considered the question of leaving out the *schema*. He thought he had said sufficient to meet the points raised, and he hoped the work would have their sympathy and co-operation.

The Congress then adjourned for luncheon.

---

## News of the Week.

---

*Removals.*—William O. Griggs, M. D., from 716 Buttonwood Street to 509 Franklin Street, Philadelphia.

*O. J. Lyon, M. D.*, has removed to Sabetha, Kansas.

*E. A. Butler, M. D.*, class of '79, B. U. S. of M., is located at Carson City, Col.

*F. M. W. Jackson, M. D.*, class of '83, B. U. S. of M., is located at Emporia, Kansas.

*Charles Hayes, M. D.*, has removed from 243 Hight St., to 3 Tobey St., Providence, R. I.

*E. Jeannette Gooding, M. D.*, has removed from 205 to 223 West Springfield St., Boston.

*E. G. Smith, M. D.*, class of '84, B. U. S. of M., is located at 508 Broadway, South Boston.

*Henry A. Jackson*, class of '80, B. U. S. of M., is located at 245 Greenwich St., Providence, R. I.

*S. M. Cate, M. D.*, has removed from Salem, Mass., to No. 916 15th St., N. W., Washington, D. C.

*S. Adelaide Hall, M. D.*, class of '84, B. U. S. of M., has located at Mt. Auburn St., Watertown, Mass.

*Florence N. Hamisfar, M. D.*, class of '83, B. U. S. of M., is located at Hakodate, Japan, as medical missionary.

*Dr. J. H. Gallinger*, of Concord, New Hampshire, has received the nomination for member of Congress, and will undoubtedly be elected.

*The Mortality from Cholera* in Genoa, reached the astonishing rate of seventy-five per cent. Allopathic treatment.

*A New Specific for Rheumatism* has been found by our regular friends in the oil of *Gaultheria* which is prepared from the wintergreen

*The London Homœopathic Medical School* has appointed Dr. J. H. Clarke to the lectureship of *Materia Medica*, lately vacated by Dr. Burnett.

*Died.*—Our readers will sympathise with Prof. H. F. Biggar, of Cleveland, in the death of his lovely daughter, Rachel, aged fourteen. She died of peritonitis.

*The Children's Hospital of Philadelphia*, during the seven and a quarter years of its existence, has treated, in its dispensary department, a total of 93,615 cases.

*John H. Payne, M. D.*, has resumed the practice of his profession at Hotel Columbus, corner Columbus Ave. and Holyoke St., Boston. He gives special attention to diseases of the eye and ear.

*A New Homœopathic Hospital* costing about \$90,000 and containing forty free beds, was opened in Paris on June 2, 1884. There, as here, the women showed great activity, and it is to their efforts the hospital owes a good share of its existence.

*The Corset Question.*—There are some nine hundred women doctors in this country and yet it is the male physicians who start all the crusades against corsets. This indicates that the female M. D. is not going to do any thing to help spoil business.—*Boston Times*.

*Tourists.*—Doctors Mary D. Moss Mathews, George D. Wilcox, H. A. Whitmarsh, and Annie W. Hunt, of Providence, sailed October 11, in the Cunard steamer "Cephalonia," for a six months' tour in Europe, intending to visit many of the larger hospitals.

*New York Ophthalmic Hospital.*—Report of the month ending Oct. 31, 1884. Number of prescriptions, 5075; number of new patients, 916; number of patients resident in the hospital, 22; Average daily attendance, 151; largest daily attendance, 265.

ALTON G. WARNER, M. D., Resident Physician.

*"Eclectic" Medical Education.*—Two Eclectic physicians testified before a coroner's jury; one stated the normal healthy temperature to be about seventy-six or eighty degrees, but might be one hundred and forty! The other was not altogether clear, but believed seventy or eighty degrees to be about fair, and that it was higher in the southern states. He took the temperature by a *barometer*! Some one of our Homœopathic medical schools could scarcely graduate more ignorant men than these are!—*Hom. Phys.* [They do not.—Ed.]

*Health of the Army.*—Surgeon General Murry states in his annual report that the total number of deaths among white troops was 250, or 12 per 1,000 of mean strength; an increase of 2 per 1,000 over the rate for the previous year. The number of white soldiers discharged for disability was 838. The total number of deaths among the colored troops was 22, or 10 per 1,000 of mean strength, which is 1 per 1,000 lower than the death rate of the previous year. He notes the fact that this is not only the lowest death rate yet reached among the colored troops since their organization, but that it is the first time the rate has fallen lower than for white troops, the usual average difference being 31 per 1,000 of mean strength in favor of the latter class. The number of recruits examined during the year was 6,283 white, 453 colored, and 239 Indian scouts. The number rejected was 2,041 white and 146 colored.—*Washington Cor.*

# The United States Medical Investigator

VOL. XX. No. 21.

NOVEMBER 22, 1884.

WHOLE No. 415.

## Clinical Medicine.

---

### *RECENT PATHOLOGY, IN ITS BEARINGS ON SCIENTIFIC THERAPEUTICS; INVOLVING THE QUESTION— CAN HOMŒOPATHIC TREATMENT WITH INFINITESIMAL DOSES CUT SHORT INFECTIOUS DISEASES DEPENDENT ON LIVING GERMS?*

BY PRESIDENT J. W. HAYWARD, M. D., LIVERPOOL, ENG.

GENTLEMEN: It is my privilege to welcome you to-day to the fourteenth of the second series of our British Homœopathic Congresses. I do so very cordially, and for several reasons. Amongst others, for mutual encouragement in the fulfilling of our duty as trustees of the Homœopathic doctrine and method; for mutual professional profit; and for mutual social pleasure. And I also bid you welcome to this meeting because we are, by being excluded from the British Medical Association, denied our rights of sharing in the annual gatherings of the profession to which we belong.

Thanks, however, to the revelations of science and the teachings of clinical experience, which are continually furnishing fresh evidences of the truth and wisdom of our doctrines, bitter persecution by our colleagues of the Old School is being replaced by that sincerest form of flattery—imitation. Our method is being adopted and our material appropriated to an extent that would be most gratifying to us were our colleagues sufficiently honorable to admit the source of their newly-acquired therapeutic knowledge and means. Surely, under the circumstances, the ban of exclusion cannot be much longer maintained! But whether it can or not, let us continue to exhibit towards our colleagues a strictly honorable and professional bearing.

Since our last meeting, owing to their numbers and leisure, and by means of their monopolising the privileges of the profession in the shape of University, Collegiate, Hospital and Government appointments, the members of the Old School in this country have made considerable progress in surgery and pathology; and some little in medicine also. In medicine, two main features have been predominant, viz., eager pursuit of living germs as the cause of disease, and desultory pursuit of the physiological effects of drugs; the latter by crude experimentation, in imitation of our provings, which they had previously ridiculed.

In the New School we have had to mourn the loss of two of the veterans of medical reform, viz., Dr. Hilbers, whose strong intellectual and sympathetic social faculties commanded respect for Homœopathy wherever he went; and Dr. Madden, to whose high moral and intellectual endowments both the literature and practice of Homœo-

pathy are greatly indebted; and whose address, as President of the Congress at Oxford was, to my mind, one of the most convincing expositions of the scientific basis of Homœopathy that has appeared in any language. These are some of our losses: what are our gains? Let us hope that their places are being filled by recruits worthy to occupy them; men who will feed the Homœopathic cow as well as milk her. Let our young men look to it that they be not drones, or mere sponges, but worthy followers of the great men that have gone before, even though their being so should call upon them to render some sacrifices at the shrine of professional honor and duty.

The chief progress amongst ourselves has been, as it ever should be, in materia medica and therapeutics. These are, in fact, peculiarly our sphere. To us, indeed, is committed the perfecting of these branches of our profession. And it is, therefore, very proper that much time and attention have been given to the subject of materia medica, not only in this country, but also in America and France.

The first thing required by the preparers of a suitable materia medica is, of course, a collection of pure pathogenetic material in the form of poisonings and provings, shorn of all redundant and doubtful matter, as proposed by Dr. Hughes and adopted by the British Homœopathic Society. And it will have been observed by the notice in the *Monthly Homœopathic Review* for last month that the "Bureau of Materia Medica and Provings" of the American Institute has joined the British Homœopathic Society in an attempt to make such a collection, which is to be issued in parts, free to the members of the two societies, under the title of *A Cyclopædia of Drug Pathogenesis*. This cyclopædia will be of great value to the medical student in studying the physiological action of drugs; but it will not meet the requirements of the medical practitioner in his daily work of prescribing, because unprovided with any means of practical application; and it will be no substitute whatever for the materia medica, properly so-called. It will, however, serve for all future time as a trustworthy source of drug effects from which those engaged in setting forth these effects in forms convenient for the use of practitioners as well as students may draw reliable, and perhaps otherwise inaccessible, material. It will also have been observed by a review in the last number of the *British Journal of Homœopathy*, that in France a volume of materia medica has been published under the editorship of Dr. Jousset. This, also, though not without value, falls far short of what is required. In our own country, in accordance with the arrangements come to at the Edinburgh Congress, our efforts have been directed to the preparing of a materia medica adapted to the wants of both student and practitioner. For the student the pathogenetic material has been presented in the original poisonings and provings, merely shorn of all redundant and doubtful matter, with critical and explanatory comments on the general and topical action of the drugs; and for the practitioner, a register of the effects on the various organs and regions of the body has been constructed, with indexes, and with references to the lines of the poisonings and provings, to enable him without difficulty or loss of time to find any



particular symptom, with all its natural relationships; and added to these are therapeutic hints, comments and clinical confirmations. A specimen volume has been published, displaying several samples, and this, it is hoped, our practitioners will purchase and use; and it is desired that they will give the compilers the benefit of their criticisms for future guidance. It is probable, therefore, that before long a *materia medica* will be forthcoming that will not only serve the purposes of the student and practitioner of the new school, but will also command the respect and acceptance of the student and practitioner of the Old School. Dr. Hughes will, to-day, ask for your opinion on this "Materia Medica of the Future."

At the present stage of the reformation in medicine it is unnecessary for me, on such an occasion as this, to dwell on the question of what Homœopathy is, or on the grounds of our faith in it, or on its origin, its progress, its truth, or its scientific character; or on the wisdom of using one medicine at a time; or on the necessity, the advantage, or the scientific and practical value of the small dose used in the curing of diseases and the proving of drugs. All these topics have been sufficiently enlarged upon in previous presidential addresses, and have been amply demonstrated in our literature and practice; in fact, they have been so expounded as to have carried conviction to the mind of many of the less prejudiced amongst the adherents of traditional medicine, and those who have not been afraid to look into our theory and practice. This is seen in the adoption, though secretly, of some of our remedies, and of our mode of applying them. Homœopathy is, in short, leavening the whole lump of the profession, and assuredly becoming the therapeutical system of the future. This absorption of our remedies and mode of practice, together with the abandonment of bleeding, blistering, salivation and other heroic measures, has lessened the contrast between the Old and New Schools, and has so far diminished one of the reasons the public had for preferring the New School practitioner. Imperfect as this empirical method is, we rejoice to see it, because of the immense benefit rendered to the patient-world by even this mere guesswork Homœopathy. We must, however, remind ourselves that this adoption of crude Homœopathy by Old School practitioners makes it all the more necessary for us to give our patients the advantage of true and scientific Homœopathy; to be careful to keep ourselves familiar with the details of the *materia medica* and the practical use of repertories; to be abreast of the science of the day, and equal to Old School practitioners in all scientific and even empirical and domestic practical helps.

After considering on what subject I might with greatest advantage address you, I have concluded that I should best answer the purpose for which you placed me in this honorable position, and best serve the interests of our profession, by laying before you a few thoughts on the pathological doctrine now occupying the medical mind, viz., the *germ theory of disease*, and its bearings on the treatment of disease, under the title of "Recent Pathology in its bearings on Scientific Therapeutics," putting emphasis on the adjectives "recent" and "scientific."

(To be continued.)

## THREE SPINAL CASES.

BY ARTHUR DE VOF, M. D., INDIANA, PA.

CASE I. *Spinal Caries*.—Mrs. A. V. C., aged thirty-five years, winter of 1878-9, was bedfast for several months, from angular curvature of the spine,—Pott's disease. As the affection progressed, the spinous process of the third lumbar vertebra began to project, and show the exact locality of the carious action. Her Allopathic attendant had blistered the skin around this offending protuberance thirteen consecutive times, and for the deeper pains, which were evidently beyond the reach of plasters, he had prescribed opiates liberally and frequently.

March 14, 1879, I found Mrs. C. suffering much pain in lower part of spine and through the hips; face pale, anxious, thin; pulse one hundred and twenty in the minute. She could, with difficulty, raise herself to a peculiar half upright sitting posture on the bed. Could put her feet to the floor, but could bear no weight upon them without extreme pain. I at once prescribed for her Phos. acid 3x every three hours through the day and Silicea 3x night and morning. Pain was greatly relieved in twelve hours' time, improvement in nutrition soon became manifest, and complete recovery ensued. This patient retains a considerable degree of the characteristic deformity of angular curvature of the spine in the lumbar region; but since her recovery she has done much of her housework, and has been successfully delivered of a living child.

CASE II. *Spinal Abscess*.—Mrs. H. C., aged fifty-five years, was confined all winter of 1880-81 by lingering, wasting, and painful disease. I first saw her late in March, 1881. She was in an extremely hectic and emaciated condition. There was a small, soft, fluctuating tumor presenting near the surface of the back at the outer margin of the right kidney. This I punctured at once with an ordinary trochar, and witnessed the discharge of about a pint of greenish, moderately thin pus. Flow of pus continued, growing gradually less in quantity, and thicker, and more laudable in quality, for two weeks, soon after which it ceased wholly. Chief internal remedies in this case were Silicea and Phos. acid. Recovery was ultimately complete, and patient had gained over forty pounds in weight at the end of six months from the time the abscess was opened.

CASE III. *Spinal Abscess*.—Mr. R. A., aged forty-five years. First seen by me April 28, 1883. On May 17, a fluctuating tumor became patent on the back, between the tenth and eleventh ribs, right side, where an outlet was secured. Discharge of pus continued altogether for a period of about ten months. Silicea and Phos. acid formed the basis of treatment of this case from the time the abscess was opened till patient was discharged.

## REMARKS.

These three cases comprise my experience to date in the treatment of wasting and suppurative spinal diseases. Remedies were prescribed upon definite pathological assumptions only attained at a

somewhat advanced stage in the several cases. In Case I., which I saw early in its development, and preceding any visible deformity, symptomatic indications did not direct me aright, and my patient passed into the care of an Old School practitioner. He, in the more advanced stage of the disease, made the correct diagnosis, but failed to meet the therapeutic indications. He practically relinquished treatment of the case at the height of the disease, recommending patient to get up, exercise, and get well.

Probably no fact in Homœopathic therapeutics is more distinctively and well established than that of the value of *Silicea* in certain forms of perverted nutrition, especially in those accompanied by carious disease or suppuration. Yet the passing symptoms of a case may often be so imperfectly understood that the remedy will not be selected until pathological changes have so far progressed as to distinctly localize and give character to the affection. Concerning the pathology and prognosis of these cases of psoas, lumbar, or spinal abscess, Dr. S. D. Gross says: "Dissection shows that this form of abscess almost invariably takes its rise in strumous disease of the bodies of the vertebræ. . . . Very few, if any, ever make a good, permanent recovery, most patients perishing from its effects in from twelve to eighteen months."—*N. E. Med. Gazette*.

---

#### HOW TO BEGIN THE USE OF HIGH POTENCIES.

We have reason to believe that one cause of the failure in the use of the higher potencies is due to the method of prescribing them. The same applies to the Allopath who says he has used our remedies. To have the desired effect a few things must be borne in mind. No just conclusion can be arrived at if the trial be made without some intelligence regarding them.

One of the first requisites is to know that the preparation is a reliable one. If you can not trust the reputation of the pharmacist get from some physician who has verified repeatedly and prescribes his remedies with confidence. Having a reliable preparation, select some case that presents an unmistakable picture for the remedy. It is not necessary that the patient should have all the symptoms produced by the remedy, but the remedy should have, in the main, the symptoms complained of by the patient. All peculiar, constant symptoms should be if possible covered by the remedy. The remedy should be given alone. Do not use Pepsine, Cod liver oil, Beef wine and Iron, or any of the so-called tonics, or anything for sleeplessness or to move the bowels. The body is a complex machine under one management and requires but one remedy at a time. Begin with a new case that has not been drugged by yourself or others. Select the remedy for the patient regardless of the disease, but take into consideration the *special characteristics\** of that part complained of.

---

\*Special characteristics defined in "THE INVESTIGATOR" of November 1.

If the 30th is used give the doses near or remote as the severity of case may indicate, always stopping the remedy when improvement begins and giving no more unless decided symptoms of a relapse of the former symptoms appear. If new symptoms appear under the use of the remedy look to see whether they are found in the proving of the remedy. Make this an extended search before giving another remedy. If you find the new symptoms in the remedy given, stop the use of it for a time and these too will probably disappear. If they are not within the curative range of the remedy given and the first symptoms have entirely disappeared, then a second remedy is necessary. Before giving the second see that they are not inimical as Rhus tox. after Apis; Nit. acid after Lach.; wine after Zinc. met., etc.\* If a relapse of the first symptoms appear give the remedy first used in a higher potency discontinuing as before on first evidence of improvement, you may ask "why stop?" Because you will increase the suffering so long as the aggravation lasts and probably endanger his life. It takes a very small quantity to produce similar symptoms sufficient to remove the morbid ones for "*the susceptibility of the living organism for natural diseases is incomparably less than it is for medicine.*"† The higher the potency the fewer doses required. A dose in the opinion of some is an *impression made* by it, but as to the discussion of that we pass. If the 200th is used give the doses still further apart, and the highest ones in the same way. The high act quicker and longer and an aggravation is more formidable. The lower potencies are better for the beginner for the patient is safer.

Here a few words from Hahnemann may be added: "Large doses of remedies which are Homœopathically indicated are much more certainly injurious than when they are given without holding any relation of similarity (Homœopathic relation) to the case of disease, or when they stand in a relation of contrarity (antipathic), that is, are given entirely at random (Allopathically.) In the Homœopathic use of remedies, in cases where the totality of the symptoms of the patient is paralleled in great similarity by the action of the drug, it is a real crime not to give very small, the smallest possible, doses; for in these cases massive doses, such as are ordered of drugs in the ordinary quack practice, are veritable poisons and murderous potions. Convinced by thousand fold experience, I make this declaration, and mean it to apply to every Homœopathic administration of drugs in general and *universally*, especially when the disease is acute. \* \* \* \* Let no one come then and say \* \* \* a remedy has been given \* \* \* in an appropriate case, yet in the strongest doses and not too seldom either, but every two or three hours, and *yet* the patient is dead. Nay, I reply, from full conviction, *for that very reason* he is dead, and thou hast killed him. Hadst thou given him a single dose of the smallest part of a drop of the twenty-fifth or thirtieth dilution (in rare cases a second dose, repeated on the third or fourth day,) then had the patient been saved, *certainly*, and with much less trouble."‡

\*See "The Incompatible Remedies of the Hom. Mat. Med." by Chas. Mohr, M. D.

†Hahn. Mat. Med. Pura. Vol. I, p. 13.

‡Hom. Phys. for October.

If Hahnemann is our teacher and authority on disputed points what shall we say to this? It may be said by the low potency prescriber that he can not hold his patient if he should attempt this method. Here is a safe way. Give the high in one or more powders according to the attenuation and probable susceptibility of the patient. Follow with a vial of Sac. lac. for his comfort. You may give him another vial containing the remedy in the potency used previously, say to your patient if you like that if by such a time he is not better (giving the powders and Sac. lac. long enough to get an effect) he may take off the other vial as directed. In this way your props are not all removed. If when the patient returns he brings the No. 2 bottle with him and says he did not need it, what will you say! If you use the same remedy a few times and have No. 2 bottle returned will you not trust the other potency? The advantages are many but conceded by men who have used both that what were under the low potencies incurable were cured, other cases cured in much shorter time, with much less suffering and greater satisfaction to the prescriber.

W. S. G.

## Consultation Department.

### HEAD TO THE RIGHT.—NO. 212.

I should like to have the advice of THE INVESTIGATOR on a case that is, to me, quite unique and interesting.

Miss R. aged forty. Two years ago she noticed that her head had a tendency to turn to the right; she paid little attention to it at first, but the trouble gradually grew worse; when she walks her head gradually turns until it is pointing over her right shoulder, if she attempts to read, the same thing occurs, and she is unable to keep her eyes on a level with the book unless she rests it against something. As long as she keeps her attention fixed on her head she can control it, but as soon as she relaxes her guard it begins its movements again; after her head has turned to the right she has to push it back to its normal position with her hand; her general health is fair, but she is of a nervous hysterical temperament. Was in the Japlin Hospital, where she was treated with electricity, but without effect.

A similar case is reported in the *M. & S. Reporter* of Oct. 4th, by Dr. Sinkles, as one of spinal accessory spasm, and for which case Dr. S. Weir Mitchell suggested the use of Gelsemium in large doses. Not knowing what else to do I followed his advice and put my patient on large doses of said drug, but have seen no effect from its use. Any suggestions as to treatment will be gladly received. J. C. DAILY.

[This case is certainly unique. Spasm from irritation of the spinal accessory is only a partial explanation. What causes the spasm? Reasoning from analogy—it looks like hyperæmia. Electricity not

helping, would also give color to that view, for it was doubtless the Faradic Current she received. We should know the exact condition of the nerve centers. To ascertain that several important points are omitted. Is she fleshy or spare? Describe the tongue. Can she lie on the back with comfort or benefit? Any soreness or weakness of back, if so, locate the spots? Examine vertebræ and sides of vertebræ. Do arms or limbs go to sleep or get numb? Any heart, stomach, bowel or menstrual symptoms? How does she sleep? And in what position? What does she eat and drink? Does she complain of heat or coldness of the neck? Does the weather affect her any? Did this come on suddenly or gradually? Ever had a fall on the back? These questions well help to clear up the pathology of the case. The trouble looks as if it was located in the lower part of neck—about the 5th cervical vertebræ. Gelsemium effects the base of the brain, dorsal and lumbar regions, and is relieved by motion, hence, was not indicated. Bryonia is suggested, but a complete picture of the case may show another remedy, possibly the great hysterical Ignatia.

Would it not be interesting if we found a true spinal pathology for hysteria? Friend Daily will doubtless give us a revised picture of this interesting case so complete that we can help him cure her.—ED.]

---

## Book Department.

---

**A PRACTICAL TREATISE ON FRACTURES AND DISLOCATIONS.** By F. H. Hamilton, M. D. Philadelphia: Henry C. Lea's Son & Co., Chicago: Duncan Brothers, 8 vo., 1 vol., pp. 1001; price, \$6 50.

This is the seventh American edition, revised, improved and abundantly illustrated of Prof. Hamilton's celebrated work. To say that the work has been carefully revised and brought up to date at all points, and that a new edition is called for is enough to show that it is appreciated by the profession. Every physician should possess a copy.

**REPORT OF THE COMMISSIONER OF EDUCATION 1882 and 1883.**—This is a voluminous but interesting report. The number of medical schools have increased as follows since '73: 94, 99, 106, 102, 106, 109, 114, 120, 126, and in 1882 the number was 134. The number of instructors have increased from 1,148 to 1,946, while the number of students have swollen from 9,681 in '73 to 15,151 in 1882. The Regular schools are 80, Eclectic 10, Homœopathic 11, Dental 18 and Pharmaceutical 15. The number of instructors average in Regular schools 16.4, in Eclectic 10, in Homœopathic nearly 18. Massachusetts leads with one school and twenty-nine instructors. Improvement in medical education is recorded and a plan of the new Harvard building which is very finely arranged but not more so than the Chicago Homœopathic Medical College building which is a model in this line. One cannot examine such a work as this volume without being impressed with the vast educational interests of all kinds in this country.

## Correspondence.

---

### *THE NATIONAL HOMŒOPATHIC DEMONSTRATION AT THE CAPITOL OF THE NATION.*

WASHINGTON, November 8, 1884.

No profession, however learned, can attain equal rank among the learned professions unless it receives full recognition from the Government. The American Institute of Homœopathy evidently felt this when it passed a resolution that Congress be appealed to to enact a law granting to the Homœopathic profession equal rights and privileges with the Allopathic in the administration of the Government.

Committees on Legislation have been appointed, and physicians residing at the seat of Government requested, to urge upon Congress the prompt passage of a measure that would secure to Homœopathy that national recognition to which it is entitled.

Although a bill calculated to secure such recognition was introduced and pushed with energy by its friends, it failed to become a law. This failure is largely due to the fact that the national legislators, while sojourning at the Capitol, pay but little regard to the wishes of their distant constituencies unless they are urged upon them through organized effort. Up to the present no movement of a national character has been made to command Congressional attention to the unjust discrimination which has been too long practised toward Homœopathy, and the local influences of the Capitol, with its limited population—politically disfranchised—have not proven strong enough to supply this lack of systematic organization.

For these reasons those of us most interested in the speedy enactment of the law above referred to have thought that a national movement towards the support and maintenance of the National Homœopathic Hospital at the Capital would awaken a spirit and interest that would make it clear to Congress that Homœopathy is not a local institution, but one of a national and universal character.

To make this demonstration worthy of the cause, and such as to fully command the confidence and co-operation of all sections, we have arranged to have each State and Territory represented at a National Fair by a Vice-President and an Executive Committee; these officers to be present, in person or by proxy, in behalf of said Hospital. Under the auspices and management of distinguished and influential citizens of the various States, exhibiting the contributions of its generous patrons under the colors of their respective States, would tend to make Congress recognize this institution as worthy of its share of appropriations annually made for charities in the District of Columbia, and command such respect as would, in future, silence all opposition to any just measure required to place Homœopathy on equal footing with other professions, and especially Allopathy.

Seventeen states have already endorsed our plan, and are preparing for the appointment of Vice-presidents and Executive committees.

We have now established in the city of Washington a National Homœopathic Hospital, and in which Homœopathy is the rule of practice. We have a matron and a corps of trained nurses, acting under the supervision of the Medical Staff, by authority of the Board of Trustees. We have also a Board of Lady Managers, (who are maintaining a free dispensary,) composed of ladies of the highest rank in society, who are acting as an auxiliary board of managers of the hospital. To meet its expenses, we are depending entirely upon the charitably-disposed and benevolent people of Washington who are friendly to the Homœopathic school of practice of medicine.

The undertaking is assuming a magnitude and expense beyond our calculations, and now calls strongly to intelligent benevolence throughout the whole country for a helping hand. Nowhere is such an institution so much needed as in the Federal Capital. This is the only one here where a person can be cared for and treated Homœopathically. The population of Washington is essentially a population of sojourners. It is made up of people from every State and every Congressional District in the states of the union, consisting, for the most part, of the executive, legislative and judicial officers and contractors of the Federal Government, their families and servants, and persons otherwise associated with them and supplying their wants—persons sojourning for the winter or during the sessions of Congress, and still more transient visitors, many of whom sicken, and, to secure faithful nursing and medical attention, seek the hospital, whether able to pay or not. In most cases they are charity patients, and their numbers are increasing. To meet the needs of the National Homœopathic Hospital in the city of Washington, we earnestly appeal to the friends of Homœopathy throughout the country to lend us a helping hand at this time to create a fund for the temporary support of the hospital, and help purchase the commodious building now occupied by the Association at 520 Third street, N. W.

The result of an extensive correspondence, embracing over two hundred personal letters and one thousand five hundred circulars, leads us to hope that no State or Territory will decline to take part in this great undertaking. A space will be allotted to each, and it would be a source of regret to every lover of our profession to have the escutcheon of even a single State erected over an empty table.

The Southern States, though still crippled by the vicissitudes of the late war, have given evidence of their sympathy and substantial interest in the movement. While unable to come laden with the rich gifts which benevolence and love for a noble science would suggest, the generous offerings of Florida, Virginia, and Georgia sufficiently attest the existence of a cordial feeling among our friends in the South, upon which we can safely rely for valuable assistance.

Let every State not yet organized appoint a committee for collections at once and select a vice-president from among its most distinguished citizens.



Let them communicate with us *without delay*, so that their State may not be absent at this national call. It is not much to ask our friends in each State and Territory that donations to cover one table be supplied for a cause which has for its object the advancement of Homœopathy.

It needs only a little energy and public spirit on the part of organized bodies or *individuals* who insist upon fair treatment of our cherished school to make the proposed bazaar a grand success.

We rely with confidence upon the practical results which will follow this movement. The noble men and women who will associate together in the work, and whose names will be embodied in the final report of our proceedings, cannot fail to have a potent influence upon those who make and administer the laws.

The National Homœopathic Fair will be inaugurated on the 15th of December, 1884—lasting six days—and it is desirable that contributions, not perishable, be sent, if possible, not later than the 8th of December, so that ample time may be allowed for their proper booking arrangement and display.

All collections of goods or money to be addressed to Mr. G. H. Wilcox, Secretary Executive Committee, at National Homœopathic Hospital, 520 Third street, N. W., Washington, D. C.

Let us not forget that a failure of this national movement, as already organized, would be taken as an exhibition of weakness that would prove disastrous, if not fatal, to the existence and continuance of the Homœopathic Hospital at the Capital, and to any claim that we might place before Congress for national and Governmental recognition.

#### EXECUTIVE COMMITTEE.

T. de S. Verdi, M. D., <i>Chairman.</i>	Mr. Gurdon H. Wilcox, <i>Secretary.</i>
Mr. G. E. Hamilton,	Hon. Alonzo Bell,
Mr. Lewis Clephane,	Mr. H. D. Cooke,
Miss Olive Riseley Seward,	Mrs. George Kennan,
	Mrs. Charles Nordhoff.

[We commend this enterprise to the earnest attention of all our readers.—ED. U. S. MED. IN.]

### PULSE OF THE PEOPLE.

#### DIPHTHERIA AND ITS TREATMENT.

To the editor of the *Evening Journal*:

DETROIT, November 15.—On October 1, after fifteen months' illness, Dr. D. C. Powers resumed medical charge of the State Public School at Coldwater. He found twelve cases of diphtheria in the hospital and has had twelve new cases since. Of these twenty-four cases only one died, and this one of the old cases, three days after he began treatment. It is believed that the disease is now stamped out of the institution. Dr. Powers is an old and experienced Homœopathic physician.

It is not probable that by another generation mankind will begin to

enquire if the great fatality of diphtheria and other diseases may not be owing to the universal Quinine and whisky treatment? Some know it already!

E. R. ELLIS.

Editor of THE MEDICAL INVESTIGATOR, I send you the above slip cut from yesterday's "Detroit Evening Journal" a paper which has a circulation of 25,000 or more in our city and state. I send it mainly as a sample of what all our doctors can and should do in each and every community where they reside. They should embrace every opportunity to bring the advantages of the Homœopathic practice before the public. We should be far more *aggressive* than we are, and never fear "stirring up the animals" or our Allopathic friends. We are under obligations to the people, and every honorable means possible we should present to them the superiority of Homœopathy, for thereby, innumerable lives will be prolonged. The public press is a valuable means of doing this, for it is the great educator of modern times, and every person's ideas are more or less influenced thereby, and certainly the Old School make all the use they can of this means. We should not from excess of modesty, nor from a notion that it will be desirable sometime to "affiliate" with them, (which latter is absurd) forever keep in the rear.

Yours truly, E. R. ELLIS.

---

#### TREATMENT OF AGUE.

September 11th, 1884.

*Dear Dr.:* The "diagnostic weakness" to which you refer in your review of "Intermittent Fever" 2 "Ed." in Aug. 30th No. was first made by one of the ablest diagnosticians in Chicago, as you will see if you read the authority from which it was taken. See Dr. Small about his diagnosis. What are the characteristics of ague? You possibly have a new kind in Chicago! Boenninghausen has no cross references in text.

Sincerely yours, H. C. ALLEN.

[In reply to these queries we need only say that an able analysis of a given disease standing alone is helpful, but when it is buried up amid a lot of selections, wise or otherwise, the diagnostic weakness of the author, or editor rather, becomes painfully apparent. The book may be larger and the profit more, but the busy practitioner will be apt to be led astray by the very profusion. What to put in and what to leave out, needs the discrimination of a master mind of large experience. The new editions should be valuable, as they emphasize the salient features of a disease and its remedies.

Perhaps some of our readers who handle much ague can tell this author what are the characteristics of ague—as they see it. In the wilds of Wisconsin they used to have the acute and chronic form with their distinctive peculiarities. In Chicago we get chiefly the chronic form badly mixed. The last one treated by the writer was a double tertian a year old, originally imported from the swamps of Texas. The southern endemic type had been encroached upon by the northern epidemic type. It had been suppressed repeatedly which only complicated the case yet more. The course pursued in its manage-

ment was to antidote the suppressant (Quinine) with Arsenicum and Nux. Then the two forms of the disease came out beautifully. (2.) The epidemic remedy, Bry., stopped one tertian leaving the typical epidemic "break-bone" chill to appear in all of its distressing originality. (3.) This Eupatorium perf. made short work with. The remaining symptoms with this pathological basis, enlarged spleen and liver were more slow in disappearing. Eupat., however, completed the cure. Any work based on the idea that one remedy will cure a given case of disease may be true theoretically, but practically chronic cases, mixed by endemic and epidemic influences, to say nothing of the mistreatment, cannot be cured with one remedy, sometimes it takes a dozen to unravel them, [See Grauvogl.] In acute cases as Hahnemann demonstrated, the epidemic remedy may snuff them out constantly, promptly, with great satisfaction. For over a score of years we have been collecting "observations on ague," many of these have appeared in the pages of this journal as original communications from the practitioners themselves. The old readers will recall these, coming from all parts of the country. It was the Chameleon fight over again repeatedly, but amid it all, there were some practical facts brought out that we have carefully cherished. Some of these we generously gave to this author to help him to produce a most practical work on the treatment of intermittent fever. That he succeeded we have abundant evidence, but when in a subsequent edition, he smothered these in an effort towards a general work on practice we felt that we could and should complain.—ED.]

## Materia Medica Department.

### CRITICAL STUDY OF ACONITE NAPELLUS.

BY PROF. T. F. ALLEN, M. D., NEW YORK.

(Continued from Page 314.)

#### EXPERIMENTUM IX.

" A woman, forty-three years old, was so afflicted with most atrocious pain in the right arm and foot, that she cried out day and night. No opiate was able to induce sleep. I administered various drugs during the space of two weeks, until the patient—obtaining no relief—became completely exhausted and much emaciated. I then gave the powdered extract of Aconite, 20 grains in the morning and again in the evening. The bowels were moved several times. The pains were mitigated, and the second night the patient slept tranquilly three hours. The powders were continued, 20 grains three times a day. On the sixth day, *broad, red, itching pustules broke out over the whole body*, and almost all pain ceased. To this time, the powder had been administered three times a day; and I then gave the patient a purge, consisting of six ounces of

“laxative water (*Dispensat. Vien.*) and one drachm of *Sal. polychrestus*.  
 “This purge, with euphorbia, operated twelve times, and by that time  
 “the patient had no pain, and could freely move the arm and foot,  
 “which before the powder had been impossible.

NOTE.—The same comment made to the second case will apply to this, also. The eruption might, indeed, have been produced by Aconite, but it is very doubtful; and our *Materia Medica* stands in no need of doubtful material. We will quote also the last case, and some of the general remarks of Stoerck which follow, to throw light upon the remaining symptoms given by Hahnemann from Stoerck which, it will be seen, is a *generalization* of Hahnemann from *generalization* of Stoerck.

“EXPERIMENTUM XIV.

“A woman, thirty-four years old, four months pregnant, suffered  
 “from pains in her right leg and foot. No tumor could be discovered  
 “and the skin had a natural color. Various remedies, both internal  
 “and external, afforded no relief, and the patient was compelled to  
 “keep her bed, without being able to speak, on account of the pain.  
 “But the powdered extract of Aconite soon quieted the pain, brought  
 “sleep, and perfectly restored the patient within three weeks.

“From the experiments just detailed, it is evident that the extract  
 “of Aconite is innocuous, and a very efficacious medicine. *Small*  
 “*doses accomplish what large doses of other and most powerful drugs,*  
 “*exhibited a long time, failed to accomplish.* Acridity which adhere to  
 “the joints, tendons and bones, irritated the nerves and excited most  
 “violent pains, was dissolved, put in motion, and cast out of the body  
 “through the urine, alvine evacuations, sweat, or insensible transpiration.  
 “Scirrhus tumors and nodosities are softened, and sometimes wholly  
 “dissipated. Most atrocious pains in the joints and indurated parts  
 “are relieved and removed; ulcers which resist other drugs, some-  
 “times disappear and become covered by a firm cicatrix. In some  
 “cases, Aconite surpasses *Conium* in virtue, and cures some diseases  
 “with which *Conium* does not agree, and over which it possesses no  
 “power.”

We have quoted Stoerck thus at length in order to justify our conclusions—viz.: The purification of our *Mat. Med.* by erasing from it the *clinical* symptoms taken from his cases, in the *Encyclopædia*, Nos. 802, 815, 866, 1447, 1448 and 1450.

Hencke, *Provings, Archiv f. Hom.* XX, 1, 181. These provings were made as follows: Hencke took the tincture in water daily for five days, increasing from four to thirty drops at a dose. The second day there set in the distress in the chest, as if he could not expand it; he had to breath deeply; often reminding us of that most emphasized symptom (*spaced italics*) in the first edition of Hahnemann's *Mat. Med.* Pura—“KLEMMENDER SCHMERZ IN DER BRUST.” This heavy, full feeling of Hencke's increased in severity day by day; the third day there were added palpitation, precordial stitches, and pressure on the vertex. Then the headache became very bad, extending into the forehead. The fourth day he had diarrhœa, and icy cold feet in evening. The fifth day, cold hands and feet; the diarrhœa continued. Although he suspended the drug on the fifth morning, the symptoms continued some days longer, and disappeared only after ten days. I

should say, also, that on the seventh day he suffered from headache, as above described, *hot face, with cold hands and feet*, especially in the evening. There can be no doubt as to the reliability of his proving. "W.," one of his provers, took the tincture five days, increasing from four to twelve drops. He experienced the same symptoms in chest, head, diarrhœa, palpitation, and, in addition, *dry cough, with bloody expectoration*. These symptoms arose after the last dose, and continued, diminishing in severity till the fourteenth day. It is not probable that the dose of Aconite taken by "W." would have caused bleeding from the lungs in a perfectly healthy person, though it certainly produces congestion in the majority of provers. Investigating the constitution of "W." we find a man of "slender build, rather phthisical habit, arterial constitution, sanguine temperament, and sedentary habit; two years previously *he had a violent 'lung catarrh,' with bloody expectoration. but since then had been quite well.*" This history does not discredit the proving; it only demonstrates that extreme results may be obtained most easily in organs that are particularly sensitive to the action of the drug. At this late day, we can properly take this view of "W's" proving; at that time we would have wished to wait for confirmation.

Hencke's third prover was A. B., a healthy peasant girl; she took the tincture five days, increasing from five to forty drops a day. Her proving is still more characteristic than either of the others. On the fourth day the greatest distress was felt; heavy pressure on vertex down to forehead, general sick feeling and heaviness of limbs, dry mouth and great thirst, *face hot, hands and feet cold, pulse hard, rapid*, eyes glistening, oppression of chest, palpitation, *internal restlessness*, pressive pain in right side of chest; and sixteen hours after the dose (thirty drops) a warm sweat broke out and she felt better. (This observation was made by Dr. Boutzes, and communicated to Dr. Hencke.)

The fourth prover, N. N., a man in good health, made three experiments, he mixed two drops of the tincture in forty drops of water, and took in the evening eight drops of this dilution; soon after the dose he became sleepy, very sleepy; and early in the morning had an urgent stool. A few days later he took two, eight, five and twenty drops of a similar dilution, with the same effects and in addition faintness, qualmishness and painful rumbling in the bowels, and the next day a hacking cough. The third experiment, made with eight drop doses, three times a day of a dilution of five drops of tincture in thirty drops of Alcohol, developed *flushes of heat in face and slight headache in right frontal eminence extending to the upper margin of the orbit.*

The provings of this man are not very characteristic, but sufficiently so to remove all doubts as to their genuineness. We now come to an exceedingly important contribution to Aconite—THE AUSTRIAN PROVINGS. I shall not analyze each proving, but satisfy my readers by giving an account of the methods employed with some observations.

(To be Continued.)

## News of the Week.

---

C. W. Adams, M. D., has located at Franklin Falls, N. H., and not in New York, as we placed it.

*Why Negroes are Black.*—Surgeon-Major N. Alcock has contributed to *Nature* an interesting communication as to why tropical man is black, in which he suggests that as in the lowest animals pigment-cells placed behind a transparent nerve termination exalt its vibration to the highest pitch, the reverse takes place when, as in the negro, the pigment-cells are placed in front of the nerve terminations, and that the black pigment in the skin serves to lessen the intensity of the nerve vibrations that would be caused in a naked human body by exposure to a tropical sun; that in fact, the pigment plays the same part as a piece of smoked glass held between the sun and the eye.—*Med. and Sur. Reporter.*

*Reports from the Frankfort Milk Cure* (*Arch. f. Kinderh.*, B. v., H. 9 and 10.) According to the author's investigations, the percentage of mortality among children in Frankfort, under one year of age, from diseases of the stomach and intestines, during the last two periods of five years each, has been almost exactly the same, although the poor population of the city has steadily increased, and the births and deaths during the past five years in the quarter which is chiefly occupied by the poor have been also growing more numerous. The assumption is, therefore, that during the past five years there has been an improvement in the conditions which relate to the nourishment of children. The relatively favorable condition of affairs is ascribed by the author in great measure to the favorable workings of the Frankfort Milk Cure. That the milk from this establishment is far better than ordinary city or market milk, was shown by a careful comparison which was made by Frankfort physician. Children who were fed upon milk from the Milk Cure were almost free from diarrhœ, and gained in weight. Some cases of intestinal catarrh were apparently cured by its use. Such reports do not agree with those which are commonly received concerning the bad effects of artificial nourishment for children. The author thinks that everything depends upon the quality of the milk, and this is so excellent at the Frankfort Milk Cure, chiefly because the cows at that establishment get only dry fodder, while the cows in general get green fodder, or what is worse, the refuse of the kitchen, etc. The uniform character of the milk from dry-fed cows must also be an advantage over the changing character of that which is obtained from green-fed cows, for with the latter the proportion of albuminoids and cellulose changes with the season of the year. The greater expense of feeding upon dry food constantly adds, of course, to the price of the milk, and this makes it unobtainable for many homes.

# The United States Medical Investigator

VOL. XX. No. 22.

NOVEMBER 29, 1884.

WHOLE No. 416.

## Surgical Department.

### *SURGICAL EXPERIENCE.*

BY C. P. HART, M. D., DENVER, COL.

A surgeon may have knowledge, wisdom, and nerve, and not enough conscience.

When a student of Dr. Sam'l Huson, the surgeon of Kansas, he was called by a railroad surgeon to see with him a brakeman who had been crushed, and I accompanied them.

Two of the metacarpal bones were broken and the hand bruised. The railroad surgeon spread his tools and handed me the tourniquet to adjust, preparing to amputate, his answer was, "It will be the quickest and easiest way, and give me the most *eclat*." "Well, if that is your mode," replied Huson, "For God and humanity's sake give me time to pick up and get away before you commence"—The hand was saved.

The first case I will recite, was that of Miss Moynahan, of Littleton. (By the way, I propose to give names and dates in these cases, and nothing which may savor of fiction.)

In the spring of '79, Miss M., standing on the porch of the hotel chatting with two gentlemen who had been gunning, attempted to take something from one of them, when he took her left hand and placed it over the muzzle of a double barrelled muzzle loading gun, loaded for duck, and called for his friend to pull the trigger. The gun was half cock, and both barrels exploded. Some one tied a handkerchief tightly around her wrist and sent for me, in one hour and eight minutes the twenty-one miles was made. She was exsanguinated, the two first fingers were never found, the metacarpal of the thumb badly shattered, the tissues of the hand from the inside border of the third metacarpal bone, and from the palmer arch (which was lacerated) were gone.

I gave little hope of any good result, but took up such vessels as bled, dressed the wound on a pillow of Calendula flowers saturated with a five per cent. sol. of Carbolic acid and left appropriate remedies. I watched it daily for two weeks, often detaching a slough or taking up a small vessel whose coats had been badly burned, until at the termination of fifteen days I had a healthy granulating surface. I made a splint, reaching half way up the arm, padded well and covered with Calendula flowers, the pads at the tip and wrist of linen rolls, and the flowers between so they could be removed daily; this was applied, and moleskin plaster completely circling the whole, the thumb brought near the two remaining fingers,—in two days brought

so they touched and strongly bandaged as before. About this time two professional gentlemen from Denver accidentally (?) came to the hotel and wanted to look at the hand and offered to amputate it, as "it never could heal;"—but the lady could not see it.

In sixty days the lady had a partial hand which was of great use to her, consisting of a useful thumb and two good fingers.

In the summer of '82, two cases presented, which from different causes produced the same result :

The engineer at the rolling mill caught his hand in a pair of cog wheels, splitting the hand from the points of the fingers to the wrist, and a man at the rolls at the cracker factory had his hand caught in an eight inch roll revolving eighty times a minute. He caught the wrist with the other hand and bracing himself for the effort pulled the hand back.

When Dr. Smythe and myself arrived the hand presented an anatomical study. I'll venture to say, no one with a scalpel could have divided that hand as evenly from the tips of the fingers to the wrist. We laid the palmer surface back after cleansing the clots and taking up a few small vessels, and stitched it up, taking eighteen stitches around the edges and dressing the hand upon a pillow of Calendula flowers and five per cent. sol. of Carbolic acid. But we had great trouble with the excessive suppuration and lost all the stitches and finally put the arm and hand into a light box with the same dressing, compressing the hand by moleskin plaster. This was done to allow him out-door exercise, as confinement and the wound told terribly upon him.

He had a working hand in seventy days and resumed work. The other case was similar, but recovered ten days sooner, and was much less trouble as we treated it as I did the gun shot wound by allowing granulation to get well established before approximating the surfaces.

Case ninety-seven in our book was John Jones, a roller at the Col. Iron Works, struck by a hook coming through the rolls breaking the tibia and fibula in the upper third, the former in four, the latter in three places, it being a compound comminuted fracture and one in which few would have hesitated to amputate. We removed Jones to the Sisters Hospital, put the leg into Hodgen's Modification of Smith's Anterior Splint, left the wound of two and a half inches in length with ragged edges open, adjusted the fracture, swung the splint, and put the patient upon Hypericum 1x, and Aconite 3x. He was in great pain as soon as from under the influence of Chloroform; he soon quieted, and the remedies on the fourth day were changed to Symphytum 3x. We thought we should be obliged to remove two of the tibial fragments but in sixty days Jones was on crutches and in ninety days at work with the leg only shortened one quarter of one inch.—*Cal. Hom.*

*Hay Asthma.*—Dr. Wm. Judkins, of this city, has found hydriodic acid to be potent in the cure of hay-fever. A drop or two of medicine may be put upon a lump of sugar, and taken every two or three hours. The acid should be of recent make. It has not been kept in an ordinary drug stock until recently.—*Ec. Med. Jour.*



## Consultation Department.

### CICUTA FOR NO 210.

DEAR INVESTIGATOR: Reading case No. 210 in INVESTIGATOR of November 15, it came to my mind that I had a similar case, but in a far younger woman, where *Cicuta virosa* acted splendidly. In your case *Conium mac.* that balm of old women, might come in, but seventy-nine years, atheroma of all arteries and thus also in the spinal cord. You may relieve, but at that age a cure is doubtful. The doctor ought to give more antecedentia and the status presents more clearly. What does "crampings" mean? Your own No. 4 shows what is wanted, Mr. Editor, and you ought to send a description of such cases back for correction.

S. LILIENTHAL.

[We are very thankful even for hints, as given by friend Lilienthal. Because he did not tell us how he gave the *Cicuta*, neither the dose or repetition nor how to give the *Conium*, or which to try first, or what symptoms should decide, we did not send his advice back for these additional explanations. He perhaps supposes that anyone can make the selection, but most of us are simply learners in *materia medica* and especially in therapeutics, and consequently need all the light we can get. Doubtless friend S. L. will make a comparative analysis of these two hemlocks and so show us that case or another from the remedy side. We cheerfully grant both parties leave to file "amended" reports.—ED. U. S. M. I.]

### WHERE DID HE GET THE SYMPTOM. NO. 215.

That *Colchicum* case of Dr. C. J. Lyon is a splendid one, but where did our friend get the symptoms "shivering down the back." S. L.

## Book Department.

THE POULTRY KEEPER is a neat journal for every one interested in making poultry pay. This, many of our readers can do. Send W. V. R. Powis, 89 Randolph street, Chicago, 60 cents for a year's issue.

POULTRY FOR PROFIT. By P. H. Jacobs. Chicago: W. V. R. Powis, Duncan Brothers; price, 25 cents.

This is No. 1 of a "Poultry Keeper's Series" that will interest many physicians. Poultry raising is an industry that physicians should encourage as there is no healthier food than eggs and chicken soup.

THE EAR—ITS ANATOMY, PHYSIOLOGY AND DISEASES. By C. H. Burnett, M. D. Philadelphia: Henry C. Lea's Son & Co. Chicago: Duncan Brothers, 1 vol., pp. 585; price, \$5.00.

This is the second edition of a most practical treatise designed for the use of medical students and practitioners. To say that this work is thorough at all points, as well as practical, is to put it mild. We only regret that the therapeutics is so strongly regular. Every Homœopathic physician should possess one good Allopathic work on the ear, and we believe that this one will be found reliable.

## Clinical Medicine.

---

### *RECENT PATHOLOGY, IN ITS BEARINGS ON SCIENTIFIC THERAPEUTICS; INVOLVING THE QUESTION—CAN HOMŒOPATHIC TREATMENT WITH INFINTESIMAL DOSES CUT SHORT INFECTIOUS DISEASES DEPENDENT ON LIVING GERMS?*

BY PRESIDENT J. W. HAYWARD, M. D., LIVERPOOL, ENG.

(Continued from Page 337.)

Pathology and therapeutics, as such, like TENNYSON'S *Brook*, "go on forever," but the views entertained thereon—at least by the majority of the profession—"come and go," and are continually changing. At one time diseases were to be treated with anti-spasmodics, because they were supposed to depend upon spasm of the capillaries; at another they must be met by anti-phlogistics, because inflammation was at the bottom of all morbid processes, and bleeding, purgation, and starvation were the order of the day; at another time tonics must be used in all cases, because asthenia was the root of all disease, and tonics, stimulants, and beef tea must be poured into the luckless patients, whether the system could appropriate them or not; whilst at the present day, disinfectants and germicides, such as mercuric chloride, Thymol, Benzoate of soda, Creosote, Benzic acid, Salicylic acid, Carbolic acid, Eucalyptol, Quinine, Sulpho-carbolates, Hypophosphites, and such like substances are the means to be used, because minuteliving organisms, or "germs," are credited with being the cause of almost all the diseases that flesh is heir to. And yet, as Homœopathic physicians well know, throughout all time diseased processes have remained the same, and have required the same treatment! Morbid processes were the same when the almost universal treatment was anti-phlogistic as they were when it was anti-spasmodic, and when it was stimulant and tonic; and they are the same now, although anti-spasmodics, anti-phlogistics, and tonics and stimulants have been abandoned in favor of germicides; and, moreover, they will be the same when germicides have in their turn been given up under the influence of some new pathological *ignis fatuus*, which history teaches us to look for in the not far distant future. Many and great have been the disappointments caused by the fallacy of these supposed discoveries, and by the eager pursuit of these pathological will-o-the-wisps—this search for the medical "philosopher's stone; and yet, for all these, the search stills goes on, as though there had never been any disappointment at all! Even experience does not make medical fools wise. And, moreover, many have been the victims that have been actually slain in this pursuit, and many more who have been rendered helpless and miserable for the remainder of their lives: while to the same source must we look for the origin of such vicious and destructive habits as laudanum-drinking, periodical vene-

sections, calomel powders, morphia injections, bromide and chloral intoxication, and alcohol drinking and drunkenness, each and all of which have for several generations been undermining the health and morals of the British people. From these, emancipation is only just now being achieved under the united efforts of the followers of Hahnemann, Sir John Forbes, and Dr. W. B. Richardson, assisted by the revelations of science and the lessons taught by physiology and clinical experience. No wonder that Hahnemann should inveigh against these crude and dangerous pathological speculations, or at least against their being made the basis of the treatment of disease; it would have been no wonder, indeed, had he become somewhat intoxicated by the greatness and beneficence of his own discovery, which put a stop at once and for ever to any even seeming necessity for the spinning of such pathological cobwebs for the purpose of the treatment of disease. And yet, strange as it may appear, and notwithstanding all these failures, disappointment, and exposures, even yet, another pathological speculation—the germ theory of disease—and another method of treatment, based on it have been advanced even at the present day! The treatment of disease has consequently been made to assume another new phase! The unsophisticated practitioner must now ignore all he has learned about antiphlogistics and tonics, and put in practice the new treatment with disinfectants and germicides. But with what practical result? Very little, for experience has already begun to prove the futility of such treatment, by showing that no substance is able to kill germs in the body without killing the patient too; no, nor even to kill the germs existing in a local disease, without also destroying the part in which they are embedded! When will the profession learn wisdom on this matter? When will it see that the cure of disease is *not* to be based upon a pathological theory? It would appear as if the Old School physicians could not treat disease except through some pathological theory; with them it is not the patient, but some supposed pathological state, that is the object of cure; in this instance it is a germ that has to be killed. Truly scientific physicians, however, know well that the human body is neither a chemist's test tube in which one poison may be neutralised by another, nor yet a battlefield for a trial of strength between the causes of disease on the one hand and the medicines provided by the apothecary on the other.

They are well aware that pathology is but disordered physiology, disease only disordered health, and morbid action simply disordered healthy action. They know, also, that there is a tendency in nature herself, not only to continue normal action but to recover it after it has been distorted by some external cause; and, further, they are well aware that the restoring of normal action is nature's own work, not the physician's. Why, then, it may be asked, should we, as practical physicians, trouble ourselves at all about the theories of pathological speculators? Truly, who? Simply, I think, because it is possible there may be some degree of truth in some of them; and as we belong to the medical profession, the members of which practice

an art based upon progressive science, it behooves us to note all its struggles after perfection. The germ theory then having been broached, it behooves us to carefully examine it, and to form some estimate of its claims to acceptance and of its bearings on the treatment of disease, and to endeavor to ascertain whether it is based on a greater amount of truth than previous interpretations of morbid action, or if it is destined, as they were, to do much damage to mankind and then pass away into the region of forgetfulness, leaving behind, as they did, a wreck of disappointed pathological speculators and maimed and degraded humanity. We should enquire:—Has this last new theory really anything in it likely to be of service to mankind—to help either physician or patient? And if it has really some truth in it, what is the truth, and what bearing should it have on scientific therapeutics? These are questions well worth a careful consideration in this general assembly of *scientific physicians*.

What then is the germ theory of disease? In examining this theory let us first of all enquire what is a *disease germ*? According to one of the greatest authorities on this question—Dr. Lionel Beale—every germ, whether vegetable or animal, for there are both, every germ comes from living or germinal matter, and from this only; it is an independent particle of germinal or living matter. It may be of extreme minuteness, even less than the hundred-thousandth part of an inch in diameter, but, if living matter, it is a germ. This minute living speck may take up lifeless or dead matter and convert it into living matter like itself, and thus grow. It may then divide and subdivide so as to multiply a millionfold within a few hours. It may give rise to successive generations of new particles or germs having similar powers or properties to itself, or, under altered surroundings, there may emanate from it particles of a higher or lower type, that is of an abnormal character or construction—distorted or morbid germs with perverted vital activity and a tendency to grow into morbid structures. [*Vide, Disease Germs*, 2nd ed., p. 10.] The matter of which these germs are composed is protoplasm or bioplasm, which is a transparent, structureless, semifluid, clear matter, having the same microscopic appearances in both vegetables and animals. "There is," says Beale, "no possibility of identifying the different kinds of bioplasmic matter under the microscope; the most minute living particles of a living vegetable organism exactly resemble those of an animalcule, or those which may become developed into beings still higher in the scale, and these cannot be distinguished from particles of bioplasm derived from the living matter of pus, or white-blood corpuscle of man himself." [p. 35.] Vegetable germs are named "bacteria," and animal germs are called "bioplasts."

---

(To be continued.)

# THE UNITED STATES MEDICAL INVESTIGATOR.

"HOMŒOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

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

---

AMERICAN VS. BRITISH POLICY.—It was with surprise and we must say with pain, that we learned of the suspension of the oldest Homœopathic medical journal, the *British Journal of Homœopathy*. The causes why, and how this course is appreciated in Europe, may be gleaned from the following editorial of the *World*: "We lately received the October issue of the *British Journal of Homœopathy* and were pained to learn that it was its valedictory number. It had appeared regularly for forty-two years and was the oldest medical quarterly in this country. We are told that it ceases to appear, not because it had declined in circulation or lost in literary support, but because it has, in the opinion of its editors, attained the object for which it was started forty-two years ago and a few months before the death of Hahnemann. This is eminently satisfactory. For all that we cannot but see the irony of fate in this, that the last number of the *British Journal of Homœopathy*, which has always aimed at indoctrinating the medical profession itself, *after the graduation of its members*, with Homœopathy, should contain Dr. Hughes's account of the mighty position of Homœopathy in the United States of America, due to following a policy the very opposite of that of the *British Journal of Homœopathy*. We have always maintained that this policy is attempting the impossible, as the only profitable way is to *bring up medical students in Homœopathic institutions*. In their valediction the editors of the *British Journal of Homœopathy* make a point of having always addressed the profession on purely medical matters and left the task of popularising the system of Hahnemann to others. Quite right. And what else? They have also left to others the task of giving a Homœopathic education to medical students, and with what results? They have reaped what they sowed; or rather they would not sow, and now that the reaping time has come there is no harvest, and they are largely to blame. They say, "We think we may fairly claim to have borne no insignificant share in placing Homœopathy in *its present satisfactory position in general medicine*." Homœopathy in a satisfactory position in general medicine!! What a delusion! Why Homœopathy has no recognized position in general medicine at all! What the editors may fairly claim is to have provided a splendid quarterly medical journal for advanced medical men over a period of forty-two

years, to have followed steadily in the lines of the highest principles of professional etiquette the course they believe in, to have mercifully extinguished all who differed from them, and to have finally landed British Homœopathy in a—*cul de sac*.

“Let no one misunderstand us; we yield to no one in the sincerest admiration for the editors, but when they retire they have no right to say that they leave Homœopathy in a satisfactory condition in general medicine, for they do nothing of the kind.

“Had they followed the course adopted by the Americans, we should now have a Royal College of Homœopathic Physicians and Surgeons, with a couple of thousand of Homœopathic doctors, all well educated and legally qualified; *then* Homœopathy would have been in a “satisfactory position in general medicine,” and the *British Journal of Homœopathy* would long since have been a weekly medical paper with some three thousand subscribers. *Then* we should have been a power both in the land and with the profession.

“Now they are in a *cul de sac*. They have preached the thing so long and so ably, and through nothing but evil report until there are a few choice spirits in the profession who are introducing a few broken bits that have fallen from their Homœopathic table, but abusing them and the rest of us more than ever! Now in order to get out of this *cul de sac* there is really nothing for it but a change of front, with a new sign, so as to save the goods in the old store. So far so good; but those who maintain that the present condition of Homœopathy in general medicine is satisfactory are saying the thing that is not. The fatal fault of the editors of the *British Journal of Homœopathy* is that they have lacked in sound statesmanship and practical policy. They have given grand but hard food, needing grinding, to a *toothless* profession who could not profit by such food. Might as well give beef-steaks to new born babes. The medical position of the *British Journal of Homœopathy* is at least a hundred years ahead of the profession of to-day, while the policy they have followed is a century behind the times we live in, but abreast of the rank and file of the medical profession itself. The editors of the *British Journal of Homœopathy* have deserved well of scientific medicine *per se*, but they have not advanced our reform within the profession, having always preached to the profession, who have never listened, or to the already converted. In medicine the future belongs to the students; in the past we have ignored the students, and the present is therefore not ours, but the blame is ours, and of this blame the editors in question may justly claim a very large share indeed.”

## Correspondence.

---

### *SOME NOVEL SUGGESTIONS.*

PERRYSBURG, Nov. 17th, 1884.

DUNCAN BROTHERS, *Dear Sirs*:—I have wanted to write to you for some time, about various subjects on legislation and laws.

First I hope you will do all you can to hasten the examination law of physicians. Instead of the diploma, let the certificate of qualification be the authority for the practicing of medicine, and nothing short of that.

Also a law making the cutting of cancer malpractice, which is sure death to the cancer patient sooner or later. I am moved to make this request by seeing so many slaughtered by having cancer cut out by the Old School or Allopathic physicians. There are no less than six who have died within thirty miles from this place, and still they keep on cutting, and say there is no other cure, and that is no cure but the grave. Please do all you can for the sake of suffering humanity.

There is still another idea. This I have had on small-pox. Ever since I knew the first symptoms of the shot like balls in the palms of the hand it has occurred to me that if there could be some way invented to remove them that it would prevent the disease and remove the virus from the system as effectually as if they went through all the lothsome forms of the disease. The soles of the feet should also be examined for like balls and removed in like manner if they exist there. I think if the skin was cut and raw onions applied it would remove them. Please have it tested by physicians who have opportunity to do so. I would also advise to give Cream tarter water, one table spoonful every two hours till the bowels move gently, then three times a day, to be made as follows:

To one  $\frac{3}{4}$  Cream tarter, add one pint boiling water, stir well and cover till cold, then it is ready for use. It is recommended in small-pox in its worst forms. Please see to it if you think it worthy your attention and greatly oblige, Yours Respectfully, M. A. NICHOLS.

---

## Materia Medica Department.

### *THE "SIFTING OF OUR MATERIA MEDICA:" A CLINICAL ILLUSTRATION.*

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

The case here referred to has been laid before the profession many years ago, but at this time, when a great effort is going to be made to destroy the usefulness of our materia medica by means of an indiscriminate sifting process, a little illustration may serve to cause some thoughtful colleagues to reflect before they progress with and go into the destruction-bringing sifting-trap.

The patient was a boy about fifteen years old, who was in the twent-first day of typhus abdominalis. Dr. H. N. Guernsey had been in attendance and had treated him in his always careful manner, when the following prominently characteristic symptoms were observed: The whole alimentary canal and organs were in a state of ulceration; his mouth especially was extremely painful; could not even allow fluids to touch his mouth without complaining severely; he vomited blood-streaked mucus, and had severe diarrhœa; sleepless; during the night he would shriek out violently without being able to state the cause of it. Nitr. ac., Mercury, Aurum triphyllum had had no effect on him. The mental symptoms called our attention to Stramonium; but there was that last tormenting symptom, the sore mouth, and as we were in doubt whether Stramonium could be administered under the strict law of the similars, we resolved to study up the case before prescribing. In the admirable rendition of Stramonium by the ever painstaking C. Hering we found symptom 1023: "It feels as if the inner mouth were raw and sore (Hahnemann)"—and in going as a last resort, as is our habit, to the *Materia Medica Pura* of Hahnemann, we there found that symptom (20) an observation of Hahnemann himself. After further comparisons, we were satisfied that Stramonium was the similar remedy, and a few doses of it (high potencies) were administered with the hoped-for result—a speedy cure. The prover had only a sensation (feeling) as if the mouth were raw and sore; the patient had that sensation also, and additionally had really a raw and sore mouth. The result proved that our interpretation of that single apparently unimportant symptom, observed by one prover only, was correct.

A revision of the materia medica is now seriously proposed, and the American Institute has taken the initial steps for the "revise."

The Bureau of Materia Medica, through its Chairman, Dr. J. P. Dake, presented at the last meeting of the American Institute, a report, and read a schema for the revision and publication of a purified materia medica, sifting out that which is worthless and arranging the whole in a condensed form.

The schema is objectionable on various grounds; for instance rule 5 reads, "Include as a rule no drug that has not shown pathogenetic (would read better SICKMAKING) power in two or more provers." What would have become of the case above referred to if violent hands were laid on "singly observed symptoms"?

No. 10 was properly objected to by thinking members. It reads: 10. "Include no symptoms reported as coming from attenuations above the twelfth decimal only when in accord with symptoms from attenuations below." No. 10 is objectionable. It is illogical, to begin with, if it is admitted that attenuations above the twelfth can cause symptoms. Why then reject those not in accord with those observed from attenuations up to the twelfth? Does the learned gentleman, who committed himself unwittingly to the acknowledgement that attenuations above the twelfth can have any sickmaking powers, not know that the higher potencies are more potent in every respect than the



twelfth? Does it not follow that on that very account these higher attenuations (potencies?) will cause, in many instances, more characteristic symptoms than the twelfth develops? The arbitrary limitation to the twelfth attenuation is unwarranted; or does it seem needful in these days to disregard the teachings and statements of the father of our school? What will the revisers do with Theridion curassavum, which has only been proved in the thirtieth decimal potency? Will they throw it overboard and insult every healer who has reported cases cured by Theridion? Furthermore, there are now a not inconsiderable number of characteristic symptoms of acknowledged value observed only by provings with high potencies. Will the makers of the revised and purified materia medica throw them out? *They will if they know them!* But alas! they do not know much about the way the materia medica was obtained; we do, and if that promised *Opus* should see the light of day it may give us great pleasure to expose these purifiers, especially if they have admitted symptoms only obtained from and only cured by high potencies.

11. *Omit the contributions of Hahnemann and his fellow-provers to the Materia Medica Pura and Chronic Diseases, which are already accessible to the profession, and of which we do not possess the day books.* The play of Hamlet with Hamlet left out! Why reject that immortal work of Hahnemann? *Because we do not possess the day books!* For the same reason, Hering's provings may be set aside as well as other provings. It is an old complaint made by Dr. Richard Hughes and his followers that we have not Hahnemann's day books. Will these everlasting fault-finders take up Hahnemann's *Materia Medica Pura* and his *Chronic Diseases*, and for their own satisfaction write out the day books! If they desire to have the day books they are there, and can be obtained easily if they observe on what day the various provers observed the symptoms. If they write them out as far as given, the day books are ready. Hahnemann gave the name of the provers, and the abbreviations of their names are given. To many a symptom is added the day on which it was observed. When Hahnemann performed the herculean work of creating a pure materia medica it was very difficult to find a publisher, and his ardent friend who was fully convinced of the great truth of Homœopathy, the bookseller Arnold, at Dresden, published these works at a very great pecuniary sacrifice, and now, some sixty years later, it is claimed that he should have published "day books" also. Fault-finders who have not the remotest idea of the magnitude of Hahnemann's and his publisher's sacrifices. In our days we find published "new remedies" without "sacrifices," and these fault-finders never mention these innovations adversely. What was the corner-stone of our school? Why, Hahnemann's works.

Once more we return to the case above related. From the facts there stated different men who have differing views of Homœopathy will make different uses, draw different deductions. The thoughtful healer will mark in his *Materia Medica* opposite the symptom related "Confirmed" (sore mouth and alimentary canal in typhus healed.)

The man who rides the pathological hobby-horse will draw the deduction that Stramonium will heal sore mouth and ulcerated alimentary canals in every case of typhus fever, and he will be sadly disappointed if he leaves out "*the mental symptoms*," as related in this case. *Natrum sulfuricum* has healed similar pathological conditions, so have *Nitr. ac.*, *Arum. tri.*, *Argt. nitr.* The true healer considers the "totality of symptoms," not a hypothetical pathological condition. He individualizes and does not generalize, guided by a pathological picture-book; he also does not reject a symptom because it was only observed by one prover; nor does he ever dream of labor-saving books, such as the condensing, purifying divisions, with the twelfth dilution as a standard, propose to publish. If the *Opus* really comes out there will be found among the "veterans" a goodly number who will write "A Criticism." These old veterans did utilize Hahnemann's *Materia Medica Pura* and his *Chronic Diseases*, and there were many among them who learned the German language that they might have access to this indispensable work, as many years elapsed before a translation into the English and French languages appeared, while still later it was translated into almost all languages. With Hahnemann's great unparalleled *Materia Medica Pura* in hand, the battle against the common school of medicine, with their *materia medica* bristling with materialism and arbitrary classifications, began, and by the aid of Hahnemann's works battles were won; Homœopathy was established because it cured. Would not men endowed with a reasonable amount of common sense leave the foundation on which was built our school intact and be content with adding to the inheritance left us. I well remember to have seen a copy of Hahnemann's *Materia Medica Pura* and his *Chronic Diseases* at the residence of the late Dr. Bousquet, at Havana, in 1856. Thumbed as these volumes were, their soiled condition gave evidence of their frequent use, and this old Frenchman had introduced Homœopathy into Cuba; the yellow fever and the cholera were by him cured, by means of the *Materia Medica* unabridged and unrevised, and with the thirtieth potency. Later this good healer learned to use higher potencies, and Homœopathy was by him permanently established and used by an intelligent community. Many similar cases have come to my knowledge. The early practitioners in all parts of the world established and made respected our school by just these means. The English reading Homœopaths will continue to use the superior translation of our *Hahnemannian Materia Medica* by Dr. Drysdale, far superior to the slovenly translation by the late J. C. Julius Hempel, who had even omitted that greatest paper of the Master, "The Genius of the Homœopathic Healing Art," which paper we take the liberty to recommend for study to men now deliberating how to "condense and purify" our own *materia medica* before they present to the world "*a Caricature*."

**HEROIC EFFECTS OF ACONITE.**

BY PROF. T. F. ALLEN, M. D., NEW YORK.

(Continued from Page 359.)

*Arneth* made three provings on himself. First he took repeated doses of the tincture, beginning with ten drops and increasing to forty. After the last dose he felt so sick and feverish, that he took some pellets of the seventh dilution at night and on the morning following he suffered from pain in the heart, intermittent pulse, dyspnoea, burning along the urethra while urinating, etc. His second provings with the third and second dilutions developed also the pains over the right eye, restless nights with vivid dreams, dullness of the head and *discharge of bright red blood from the nose*. His third experiment was more heroic but developed fewer and less characteristic symptoms (this is uniformly true throughout pharmacodynamics; *the larger doses develop fewer and less reliable symptoms*.) He took sixty, eighty, one hundred and one hundred and thirty drops of the tincture. After the last dose his only symptoms were: inclination to vomit and great confusion of the head. Previous to this from sixty and eighty drops had caused a recurrence of the nosebleed and an *eruption of the vesicles on the temples*.

*Boehm* made two experiments on himself. HE HAD SUFFERED FROM HÆMOPTYSIS, SOME YEARS PREVIOUSLY, AND EVEN NOW AFTER GREAT EFFORTS HAD OCCASIONAL TRACES OF BLOOD IN THE EXPECTORATION. We might, therefore, expect that an heroic proving of Aconite would cause bleeding from the lungs. He first took five drops of the tincture; this was followed by burning and dryness in the palate and pharynx, tickling in the larynx provoking cough; later in the day stitches in the middle of the sternum, pressure in the stomach, etc. Four days later he took ten drops followed by similar effects, with great weakness in the chest, and the next morning, *cough with blood streaked expectoration* and a feeling of soreness on the posterior surface of the sternum, *in the evening, heat of the palms and cheeks*. The soreness in the chest continued for four days. In his second experiment he took four drops of the tincture in the evening *without any effect*, afterward he took twenty drops which developed an acute bronchial catarrh with high fever, violent stitches in the chest and symptoms of pleuritis. For three days he was quite ill; the second forenoon he had a violent shaking chill extending over the back and chest, followed by high fever, with violent cough stitches in side, could only lie on his back, and sweat after midnight. On the third day there was brownish red or rusty expectoration.

Fortunately, we are able to judge of this proving as well as of tincture in varying doses of six to fifty drops. His proving should be read in its entirety to be fully appreciated. He experienced a great number of febrile symptoms, affections of muscles, of chest, of heart, full hard pulse of 102; anxiety, sweat, sticking pains, had hot highly colored urine, numbness of arm and thigh, glowing hot cheeks, etc.

*Gerstel's wife* took the tincture in the first experiment, three drops twice; in the second, twenty drops, once. The first proving is by far

the most characteristic. An hour after the first dose she experienced heat of the palms and face, with redness of both cheeks and a sensation as if they were swollen; in the afternoon after her nap she had icy cold hands, the coldness spread to the back and feet, she became very sensitive to noise, and experienced many other characteristic symptoms; the chilly feeling several times alternated with the heat. The large dose of twenty drops was followed by no symptoms; but after several days a large number of small isolated vesicles appeared on various parts of the body, continuing to appear and disappear for two weeks.

*Maschauer* took the tincture in doses of five to twenty drops, and in a second proving forty to eighty drops. The first proving gives us: shivering, restless nights, palpitation, heat in chest as of hot water, violent pressure in vertex, dry cough from scraping in the throat, etc. The second proving: heaviness of head, anxious beating of heart with slow pulse, so that he had to sit down with exhaustion; painful stitches in left side, oppressed respiration relieved by cough, catarrhal symptoms in nose, constant distressing restlessness, anxiety as from a great misfortune, etc.

*N. N.* took the tincture for sixty days, taking in all 2386 drops, beginning with fifteen drops and rising to seventy. The symptoms are characteristic, and *Gerstel* remarks that a stethoscopic examination demonstrated an endocarditis developed by the drug, with a constant alternation of the rheumatic symptoms in the arm and the heart symptoms.

*Reisinger* took the tincture, five to sixty drops, the proving lasting from January 5th to March 15th. A second proving began on March 18th with sixty drops, on April 1st he had risen to two hundred drops, on the 5th one hundred and sixty drops, and on the 8th one hundred and eight drops of the tincture. These provings are clearly characteristic of Aconite; first, crawling and heat in the fingers, shivering over the back and over the whole body, followed by slight heat, especially in the evening.

NOTE.—The recurrence of fever in the evening, noticed by so many provers, is not of necessity periodic; the doses were taken in the morning in nearly every case, and twelve hours generally suffice for the development of the chilly stage followed by fever.

On following days other characteristic symptoms were noted. The second proving developed prickling and burning on the tongue, *burning and heat in the lungs*, pressing headache, better in open air, chilliness of the back, *numbness of the small of the back and down to the lower extremities*, frequent profuse micturition; ANXIETY ABOUT THE HEART, WITH VERTIGO; cold extremities, leaden heaviness of the feet, *anxious trembling*; a *seething throughout the body, as if the hands and feet would fall asleep*; *numbness extending from the teeth to the maxillæ, outer corner of the eye and over the whole body*, feeling as if the brain were large and pressed against the skull, etc.

*Rothansel* made a very fine proving with the tincture, beginning with six drops and increasing one drop a day, till on the ninth day he took fifteen drops, and continued to observe effects for two weeks afterward. He became affected with a cough, fever, expectoration

of blood streaked mucus (on the nineteenth day burning pains in the chest, pains in head extending down into the cheeks, the supra-orbital region became swollen, etc.)

*Schwarz* began with three drops of the tincture and increased to *four hundred drops* at one dose; a clear and characteristic proving on a healthy, strong man.

*Sterz* made four different provings; the *first* with three to twenty drop doses of the tincture; the *second* with ten to twenty drop doses; the *third* with forty to eighty drop doses; the *fourth* with one hundred drops of the first cent. dil. (alcohol) the first day, one hundred drops of the second dil. the second day, one hundred drops of the first dil. (water) the third day. In all his provings we find the familiar Aconite symptoms.

*Wachtl* made three provings (the name of the drug was not known to him.) First he smelt of the tincture, and experienced two symptoms, the first (half an hour after) a long violent stitch in the left heel, extending along the tendo-achilles to the hollow of the knee, repeated ten or twelve times, at last so violent that he had to sit down, when it disappeared; the following night was restless.

These are clearly the result of the Aconite. *Wachtl* was a sensitive prover; besides the character of the pain is unmistakable, and subsequently, from the tincture taken internally, he suffered similar sticking pains in the shoulder, chest and knee joint; and the day after fifty drops of the tincture, tearing stitches in nearly every joint. His proving with the tincture is very fine; the pains, the sensations of congestion, the *anxiety, shivering and heat*—even vomiting, etc., etc.—are clearly the result of Aconite.

*Wutzke* made five provings: *first*, he began with one drop of the tincture, and increased to ten drops; *second*, he took fifteen drops, one dose; *third*, twenty drops daily for four days; *fourth*, he took from fifteen to eighty drops; *fifth*, more than two months after the last proving, he took the 12th dec. dil. several times repeated, and after four days the 8th dec. dil. An examination of his provings of the tincture reveals the familiar Aconite symptoms, with some additional ones peculiar to the individual. He suffered from pains of a gripping, pressing, gnawing character in various parts of the body, "not unlike strong shocks from a battery;" *pains in the tendo-achilles*; numerous febrile symptoms; anxiety; dry cough; sticking pains in chest, and a host of similar effects. His peculiar symptoms were: "Sensation as if an angular substance were sticking in the throat, with an elongated swollen uvula, sticking burning along the eustachian tube; very violent contraction of the anus, not like a tenesmus, etc., etc. From the dilutions he experienced no symptoms from the twelfth, but from the eighth he did. Dullness of head; sensitiveness to upper half of eyeball, as though it were pressed out, rather relieved by stooping; followed by the sensation ("so decided and persistent after former doses of the tincture") of a pressure on the vertex, as from a tight cap; restless sleep, vivid dreams. These few symptoms from the eighth dil. are not questionable.

(To be Continued.)

## News of the Week.

---

*W. W. Wilson, M. D.*, from Alpena to Detroit, Mich.

*Dr. M. S. Purdy*, of Corning, N. Y., has been appointed resident physician and surgeon to fill the vacancy of Dr. Clarke, at the Cook County Hospital, Chicago.

*Dr. Hamilton King*, Urbana, O., died Friday, November 14; cause of death, apoplexy; aged sixty-three years. He was one of our pioneers—he was a noble and good man, always looked up to by the profession. His son Chas. F. King, M. D., first physician at Wards' Island Hospital will take his practice.

*Sizygium*.—The fruit of the *Sizygium jambolanum*, an East Indian plant belonging to the natural order Myrtaceæ, has recently been somewhat in demand on the continent for use in the treatment of diabetes. M. Banatrala has found in three cases in which he has tried it that its use led to a diminution in the amount of urine secreted, and that it caused the disappearance of sugar. These results were manifested in forty-eight hours after taking the medicine. During the time that the patients were submitted to the action of the drug, they could take amylaceous food with impunity. The astringent rind of the fruit seems to be the active part.—*The Lancet*.

*Puerperal Glossitis*.—M. E. Blanc, in *L'Union Medicale*, gives the case of a primipara, twenty-one years of age, as an example of glossitis evidently associated with pregnancy and the puerperal condition. The inflammation of the tongue set in at the fifth month of pregnancy. The woman noticed, she said, thick skin forming on the dorsal surface of her tongue, which fell off in a few days, leaving the mucous membrane bare, which soon cracked. Mastication was very painful. Soon new masses of epithelium reformed to disappear in their turn. This same series of phenomena was frequently reproduced, in spite of a variety of topical applications the characters of which were not familiar to the patient. Ptyalism was moderate and there had been no gingivitis. During the last month of pregnancy this glossitis disappeared spontaneously, to re-appear at the time of labor. Blanc saw the tongue covered with a pultaceous coating, which was thick and white, and which disappeared in two days. Then the mucous membrane became red, glazed as if varnished in the centre, and white on the edges, except at the red points formed by the prominent papillæ. For two days the tongue was completely denuded. Finally the epidermis reformed, and the mucous membrane again became normal about the ninth day.

This condition of the tongue suggested scarlatina, but the patient examined with great care, never had the angina or eruption, and the temperature had always been normal. Moreover, at no time was there any albumen in the urine. It was impossible to find any other cause for the glossitis than pregnancy and the puerperal state, which so often provokes in other cases gingivitis and ptyalism.—*Le Medecin Practicien*.

# The United States Medical Investigator

VOL. XX. No. 23.

DECEMBER 6, 1884.

WHOLE No. 417.

## Clinical Medicine.

### CLINICAL NOTES.

BY H. N. GUERNSEY, M. D., PHILADELPHIA.

*Arsenicum in scald-head.*—Some time since I was called upon to treat a child with a most inveterate scald-head. The entire scalp was dry and scaly, and presented a very dirty and unsightly appearance. The child also had a bad diarrhœa; stool thin and watery, consisting largely of undigested food, of a very pale color and offensive, putrid odor. There was great emaciation, restlessness, sleepless nights, and altogether the case presented a very unfavorable appearance. The child had been attended by a so-called Homœopathic physician who pronounced it to be a case of liver complaint, which he must first cure and then he would cure the diseased scalp. Only one disease at a time.

To the scientific prescriber this case is very clear. It is very plain that only one remedy is demanded, and that remedy Arsenicum, which the child received in a very high potency; soon the patient began to sleep better at night, then became more cheerful and happy during the day, the diarrhœa improved as the stools become more and more natural, the child gained flesh, the complexion cleared up, and last of all the scalp got well, and in a few months became well covered with hair of which it had been nearly denuded. No other medicine was given and but four doses of this one and that at long intervals. We did not wait to cure the "liver complaint" before we could prescribe for the "diseased scalp." That is not Hahnemann's plan and many professed Homœopaths fail to cure their patients in consequence.

*Lachesis in Pharyngitis.*—A large number of cases presented the following characteristics, are curable with this remedy. Hawking and spitting of mucus, pus, streaks of blood, or bloody mucus, or bloody pus. The sensation is not one of perfect relief after expectoration but a sensation as if more secretion remains unexpecterated; can't get it all away, either by swallowing or expectorating. On sleeping one always awakens with a sensation as if the parts in the throat were very dry and very sore. Always feels better after eating or drinking or lubricating the throat with saliva. Always feels worse by sleeping. Is frequently awakened from sleep by this dry and sore feeling in the throat, apparently produced in sleep. There is often found much emaciation, discouragement, sure they will die, great debility. Lachesis very high and repeated if necessary at long intervals, of one or two weeks, will cure these cases even in a very advanced stage.

No local treatment should be allowed. No gargles save milk and water in equal parts if the patient must have something for a little amelioration. The remedy must not be repeated too often and not at all so long as improvement continues.

*Acetic acid*, in typhoid and other fevers.—Fever with violent delirium, incoherent talking, diarrhœa, pain in the abdomen and rumbling of flatulence. Also typhus with stupor, muttering, tympanitic abdomen, constipation or diarrhœa. Slow putrid fever with night sweats. Intense thirst for water together with the passing of large quantities of urine.

Stupor, interrupted by delirious talking. Vomiting of nourishment. Complains much of the stomach as if there were an ulcer or very sore spot inside. The breathing is often much oppressed. Lower extremities are often swollen. Is often found lying on the abdomen for relief. Disposed to spring out of bed during delirium. Very great prostration. I have never used this invaluable remedy lower than in the thirtieth potency.

*Acetic acid*, in diarrhœa.—Great thirst and passing large quantities of urine. Stools undigested and liquid. Complains of much pain in stomach and abdomen. Water does not seem to disagree as in Arsenicum. Emaciation, restlessness and sleepless nights. Swelling of feet and legs. Very weak. The patient often lies on abdomen to obtain relief. One dose of the thirtieth often works a complete cure in a week or ten days.—*M. A.*

---

#### TREATMENT OF STRICTURE OF NASAL DUCT BY GALVANISM.

BY F. P. GREEN, M. D., LITTLE ROCK, ARK.

CASE I. Mrs. C. aged thirty-eight, consulted me on May 15th, on account of stricture of the nasal ducts, resulting from a blenorhœa of ten years standing. The trouble was accompanied by a purulent discharge, and all the other annoying and painful symptoms peculiar to the disease. After repeated failure in attempting to pass the probe I determined to try galvanism for the relief of the stricture. I obtained from the Galvano-Faradic Co., three sizes of special electrodes insulated to within one-fourth inch of the tips; one equal in size to a No. 6 Bowman's probe was selected. I passed it down to the first constriction of the right duct, I then attached to it the negative pole of a five celled battery, placing the positive pole in the patient's hand, the electrode passed three strictures in thirteen minutes. There was very little pain attending the operation, and no inflammation following it. Ten days later I passed a No. 7 Bowman's probe, which operation I repeated every ten days for three months.

On June the 10th, the stricture showing no tendency to recur, the other eye was similarly treated, the electrode passed two strictures in eight minutes. In ten days I attempted to pass a No. 1 Bowman's probe and failed, I substituted for the probe the electrode with



three cells and passed it in five minutes. Fearing a return of the stricture, I inserted a leaden style which I allowed to remain in situ forty days, ten days after its removal I was able to pass a No. 7 Bowman's probe which was continued at intervals of ten days for two months. There has been no return of the strictures, the blenorrhœa has entirely disappeared and the tears pass off through their natural channel.

CASE II. Mr. A. aged forty, has had blenorrhœa of lachrymal sacs for twenty years, caused by exposure while in the army. Upon examination I found impossible stricture of both ducts. I began treatment on April 20th, by slitting up the canaliculi, I then applied the electrode with six cells and passed it through in twelve minutes, and ordered him to report again in one week, but business prevented me from seeing him again for three weeks, when I passed a No. 7 Bowman's probe without any trouble. On the same day I operated on the left eye, using five cells and passing two strictures in ten minutes. The duct showed a disposition to close up, and I inserted a lead style which the patient accidentally removed on the sixth day. The treatment now consisted in syringing out the sac with a weak solution of Zinc sulphate, and passing a No. 7 Bowman's probe, which was continued for three months, at the end of this time the discharges had ceased and the tears took their natural channel.

As I have seen no account of lachrymal strictures treated by this method I give the above as my experience with its use.

---

### HOMŒOPATHIC THERAPY OF WARTS.

BY DR. MOSSA.

*Dulcam.*—Warts on face and hands. Espanet describes them as smooth, sometimes nearly transparent, they arise quickly and several of them at once.

*Rhus tox.*—Warts on fingers and hands, with a broad flushy base, the upper part horny, rough, knotty, with a thickened epidermis, not sensitive, forming a yellowish-grey, or black crust, not disappearing by suppuration and shrinking to a brown hard crust, as the warts curable by Calc. carb. do, but gradually decreasing in size, till a hard, cicatrized surface can be rubbed off with the finger and under it a smooth, healthy skin appears.

*Thuja.*—Broad, conical warts, seated on the surface of the cutaneous tissue, existing for weeks or months, and from their age easily splitting on their surface. Its indications for condylomata are too well known.

*Calc. carb.*—Warts are frequently the expression of tissue disturbance of an internal organ, a critical excretion on the cutis, hence antipsoptic treatment so often successful. Calc. carb. is especially useful in youthful patients with a scrofulous, chlorotic, hydrogenoid disposition, and the warts are found numerous on the face, neck and upper extremities.

*Caustic.*—Hahnemann recommends it for old warts on the nose and eyebrows; Jahr on the face, on the nails or fleshy tips of the fingers; 80th or 200th were mostly given.

*Lycop.*—Just like the sycotic excrescences of *Lycop.*, so are also the warts curable by it, split and furrowed, surrounded by an herpetic aureola, which desquamates bran-like, according to Espanet, but constitutional symptoms will give better indications.

*Natr. mur.*—Old warts with cutting pains; scrofulosis and rachitis; numerous warts on the fingers and hands in anæmic chlorotic girls, suffering from gastralgia, colicky pains, constipation; pale, scanty, irregular menstruation, anæmic nervous palpitations in overgrown boys with numerous warts on hands.

*Sepia.*—Hartman cured two cases of warts on fingers with *Sepia*, and Schreter reports a case of warts on the neck, with horny excrescence in centre, and another case of small, flat, hard and itching warts on hands and face cured by high potencies of *Sepia*.

*Sulphur.*—No particular indications mentioned.

Jahr, in his *Forty Years' Practice*, page 286, says: Warts are something very peculiar. Some, especially if they are numerous, sometimes heal very rapidly, whereas others, isolated warts, sometimes bid defiance to all treatment. So far I have been most successful with *Dulcam.*, *Calcar.*, *Caustic.*, *Thuja* and *Sepia*, and sometimes with *Lycop.*, *Rhus tox.*, *Sulphur*. The locality where the warts are seated, make less difference, although warts on the hands and fingers seem to require principally *Calcar.*, *Sepia*, *Rhus tox.*, *Dulcam.* and *Thuja*, and warts on the face *Caustic* and *Calcar.* Warts growing near the nails, if they are rather of a fleshy nature, are almost always cured with *Caustic.*; fleshy warts generally disappear principally under the effects of *Caustic.*, *Rhus tox.* or *Dulcam.*; horny warts require, on the contrary, *Calcar.*, *Sepia*, *Ant. crud.* and *Thuja*; pedunculated warts, *Lycop.* or *Caustic.*; warts on the dorsa of the hands and fingers I have cured with *Natr. carb.* and *Dulcam.*, and warts on the sides of the fingers with *Sepia*, *Thuja* and *Calcar.* In the case of a lady whose neck was covered with little pedunculated warts, *Lycop.* effected a real miracle. For warts on the face *Calcar.* and *Caustic.* have done most in my practice, but that, as Ruckert suggests, *Lycop.* has special reference to the chin, *Calcar.* to the arms and neck and *Thuja* to the nostrils, is not corroborated by my own experience. *Caustic.*, *Natr. carb.*, *Calcar.* seem to be principally adapted to isolated warts; *Sulphur*, *Dulcam.*, *Sepia*, *Thuja*, *Rhus tox.*, *Calcar.*, *Lycop.* are suitable for many kinds. *Sulphur*, *Sepia* and *Thuja* deserve special attention, if the warts break out on young girls.

### THE CATARRH OF ARALIA RACEMOSA.

BY E. A. FARRINGTON, M. D., PHILADELPHIA, PA.

When Dr. S. Jones proved the *Aralia racemosa*, he not only benefited his own ailment but also furnished means for relieving many others who suffer from irritative catarrhs.

We have not had a very extensive experience with this remedy, but when indicated by a few marked symptoms it rarely fails to confirm the correctness of the proving which introduced it into the *materia medica*.

We have found it called for when the catarrhal process extends to the bronchial mucous membrane, with accompanying asthmatic breathing. In addition to mucous rales, cough, and sputum, there should be present the qualification that the patient can not lie down without a renewal of the asthma.

Dr. Burnett, in one of his valuable contributions to his journal, the *Homœopathic World*, speaks of *Aralia* as useful for a peculiar cough. So soon as the patient falls asleep he is aroused by an irritation that compels coughing. We have not had opportunity to confirm this observation, but we have no doubt of its genuineness.—*Am. Hom.*

---

**RECENT PATHOLOGY, IN ITS BEARINGS ON SCIENTIFIC THERAPEUTICS; INVOLVING THE QUESTION—CAN HOMŒOPATHIC TREATMENT WITH INFINITESIMAL DOSES CUT SHORT INFECTIOUS DISEASES DEPENDENT ON LIVING GERMS?**

BY PRESIDENT J. W. HAYWARD, M. D., LIVERPOOL, ENG.

(Continued from Page 358.)

Stated briefly, then, it may be said that the germ theory—that is the latest, the present day pathological speculation on the nature of disease—is, that many diseases, at least many infectious and contagious diseases, depend upon (arise from, are caused by) minute living morbid particles called germs, which find their way into the body and into the blood. As to zymotic diseases, for instance, it is held that living pathogenetic germs or their spores having made their way into the blood, and found material suitable for their nourishment (unless prevented by treatment), they, at the expense of this material, grow and multiply in the blood and tissues at the rate of many millionfold per day, until they have exhausted this material, as the yeast germ does in the wort; and, having exhausted it, or replaced it by some of their own products, they cannot live any longer, so they die; and if, after this the blood and nervous system are left in a state capable of carrying on the vital processes the patient recovers, if not he dies: the disease itself being the commotion produced in the system, either by the presence of these germs as foreign bodies in the blood, or by the loss of the material they have appropriated, or by some ferment they have produced. Dr. Beale says:—"Among the most fatal diseases from which man and the higher animals suffer are those which are called contagious or infectious. These depend upon a poison, which, having entered the body, grows and multiplies there in a marvellous manner peculiar to matter which is alive. The living poison may be introduced into our bodies in the air we breathe, in the

water we drink, or in the food we eat; and may possibly also gain access to us by the pores of the skin" [p. 85.] And referring to the pathogenetic germs (there are both pathogenetic and non-pathogenetic) he writes:—"They are *living*, and increase as living particles alone increase. They grow, they feed upon the nutrient juices of the organism and upon the tissues, and in some cases flourish at their expense and destroy them. The poison which enters may be so infinitesimal in quantity that it can neither be measured or weighed, nor, under ordinary circumstances, seen; but having gained access to the blood and tissues, it increases to such an extent that in many cases sufficient is produced in one subject to infect hundreds of persons, the population of a town, or even a whole country." [pp. 1 and 2.]

It is further held that the germ theory affords, and is the only one that does afford, a satisfactory explanation of the phenomena of the zymotic diseases—of their origin by infection, of their incubation, their specific character, and their definite cause and progress, as well as of the subsequent immunity from future attacks, and of natural and acquired immunity in general. The incubation period is the time occupied by the growth and multiplication of the germs to the point of intolerance; the disease is the period of struggle between the germs and the vital powers of the individual; the convalescence is the recovery of normal action and repair of the damage done, whilst the immunity is the resulting somewhat permanently altered vital action, or altered construction of the blood.

Now all this is very reasonable, and no objection need be raised against the germ theory on any of these points, nor do Homœopathic physicians, as such, offer any objection to it on any one of them. The germ theory is only objected to when it is put forward as a guide to the treatment of disease. Homœopathic physicians are quite as delighted as others can be to obtain what appears to be a true explanation of the real nature of disease. We are also quite as well acquainted as our colleagues of the Old School with the fact that many diseases are intimately associated with the presence of parasites and germs, and quite as able to recognize the apparently satisfactory explanation the theory affords of the phenomena of the zymotic and contagious diseases. We also know well the essential nature of scabies, and the connection of ring-worm, tinea, favus, pityriasis, and other parasitic skin diseases, with the so-called fungus cells in the form of bacteria, etc. Nor are we unacquainted with the fact of the presence of bacillus in anthrax, the spirillum in relapsing fever, the micrococcus in some cases of erysipelas, or of morbid bioplasts in such diseases as influenza, glanders, rabies, purulent ophthalmia, gonorrhœa, and primary syphilis; and we know, too, that cryptogamic plant—or fungus cells or spores as micrococci and bacteria, as well as cells or bioplasts thrown off from animal bodies, both healthy and diseased, are floating about in the air, almost everywhere, in myriads, and are constantly settling on our skin and mucous membranes, and being taken in with the air we breathe, the water we

drink, and the food we eat, so as to coat our tongue, teeth, respiratory and digestive mucous membranes, and thus get into our blood and become interspersed everywhere amongst our tissues, where they are ever ready, on meeting with a suitable nidus or part where the vital resistance is low, or as Dr. W. J. Collins might say: With the suitable pabulum provided by degraded vitality resulting from unhealthy surroundings [Vide *Specificity and Evolution*, pp. 21 and 19], to multiply either on or within us; if they be innocent to do us little or no harm, but if morbid or pathogenetic to poison us more or less—that is, to throw us into a state of disease local or general. With all this we are quite familiar, and with the natural history, and course and termination of the morbid states connected therewith. But none of these facts are themselves at all new, all that is new about them is their discovery. It is not only in the nineteenth century that the vegetal world has produced fungi, or that the spores of these have floated in the air and settled on animals and men, or been admitted into their blood and tissues. All this must have been going on ever since the vegetal and animal worlds began, so that if vegetal spores in the blood do really produce disease they must have done so ever since the beginning, and this in the open country where there is little zymotic disease as well as in towns and cities where there is much. If zymotic diseases are now dependent on vegetal germs, they have always been so; unless indeed we are to assert that by the law of evolution innocent vegetal germs have, under the influence of civilization, degenerated into such as are dangerously pathogenetic.

Most writers on the germ theory, however, maintain that the pathogenetic germs are *vegetal* organisms, in the form of micrococci, bacteria, bacilli, spirilla, etc. Beale, however, maintains that in most diseases they are *animal* organisms—that is, minute particles of living morbid bioplasm thrown off from the body of diseased persons or animals. And it is quite true that animals as well as vegetables do produce and throw off living particles or germ. Animals as well as vegetables are made up of anatomical units or cells composed of living or germinal matter—the protoplasm or bioplasm already described. These particles or bioplasts, as already remarked, are of extreme minuteness; and they are alive; that is, the matter of which they are composed (bioplasm) is always in a state of internal or molecular, perhaps, atomic motion, *sui generis* or vital motion (*Beale*, pp. 128-248.) The vital motion within the bioplasts of any particular individual is the resultant of the union of the motions of the atoms or molecules of the germ cell and sperm cell of the parents; and in healthy persons it is said to be "normal." The motion appears to be most active, or the attraction the strongest, in the centre of each little particle or bioplast, and drawing inwards, forming a kind of vertex of vital activity, by which the atoms of the surrounding pabulum are drawn in towards the centre of the little particle, where they are impressed with the special vital motion of the particular bioplast, whether that

be normal or abnormal. The atoms drawn in to the centre displace those already there, pushing them outwards farther and farther until, pushed beyond the influence of the central activity, they become formed material or cell wall, and are thrown off. Now the same process that goes on with the atoms in the bioplasts goes on with the bioplasts in the body; they, too, are pushed outwards farther and farther until they are thrown out in the exhalations, secretions and excretions; endless numbers of them being thrown out by the breath by the cutaneous exhalations, and by the urine and stools. These particles being so extremely minute and light float in the air, and are of course particularly abundant in the air surrounding animal bodies; and, floating in the surrounding air, they settle on all things in the neighborhood, and on the skin and mucous membrane of persons in the immediate vicinity; they are also taken in with the air they breathe, with the water they drink, and with the food they eat, and thus get into their blood. If the individual from whom they are escaping is healthy, they will be healthy, and perhaps innocent; but if he be in a state of disease, such as scarlatina, morbilli, variola, pertussis, etc., they will be morbid or pathogenetic, and liable to multiply in the blood and tissues in the manner before mentioned, and to set up the same disease as that in the person from whom they were derived.

Such is, I think, a fair exposition of the germ theory of disease. In it, it will be observed, there are involved three special statements, viz.: (1) That many diseases are caused by living germs. (2) That these germs are of *vegetal* origin; that is, are bacteria of various kinds. (3) That the germs are of *animal* origin; that is, are particles of the living bioplasm of diseased persons.

I am myself ready to admit that there may be truth in all the three statements. I believe that many diseases *are* caused by living germs, and that in a large number of diseases these germs are, as Beale says, morbid bioplasts; whilst in some diseases they may be, in accordance with the more general opinion, bacteria. The poison which enters as a mere speck, and rapidly multiplies within the body many millionfold within a few days, cannot, I think, be anything else than a living germ. That some diseases, such as purulent ophthalmia, gonorrhœa, and primary syphilis are caused by morbid particles transferred from one person to another is, I think, beyond dispute; and that anthrax (malignant pustule, splenic fever) is associated with the presence of a bacterium—the bacillus anthracis—is, I think, also a patent fact. But between these two extremes we find a large number of diseases, in some of which the evidence pointing to the correct classification is not very clear; these are such as specific influenza, glanders, rabies, morbilli, scarlatina, varicelli, vaccinia, variola, typhus fever, yellow fever, pertussis, pneumonia, septicæmia, cholera, typhoid fever, erysipelas, leprosy, tuberculosis, relapsing fever, and some others. Some of those at the beginning of this list, viz., influenza, glanders, rabies, morbilli, scarlatina, and typhus are, to my mind, most proba-

bly caused by morbid animal bioplasts, for bacteria have not been found in them, whilst morbid bioplasts have; some of those at the end of the list, viz., relapsing fever, tuberculosis and leprosy may possibly arise from bacteria; at any rate bacteria, as well as morbid bioplasts, are found in connection with them. Davaine, Pasteur, Koch, Feltz, Tyndal and others are of the opinion that the germs are in all cases of bacteria, and they refuse to recognize any alternative; this has been made very evident in Koch's searches for the cholera germ, in which nothing else but a bacterium or bacillus has been looked for. Whilst, as before stated, Beale appears to be of opinion that the germs are morbid bioplasts derived from previously diseased persons. It is probable that here, as in so many other cases—in *medio tutissimus ibis*—that there is truth on both sides, that in some diseases it may be the one, and in others the other, kind of germ. It would certainly appear probable that in splenic fever, chicken cholera, and the septicæmia of mice and rabbits the germ is a bacterium, for in each case it can be cultivated outside the body for several generations, and then injected with a degree of certainty approaching the absolute.

Dr. Barron, of Liverpool, has given much attention to this subject, and has made some very beautiful preparations illustrative of the presence of bacteria in various diseases.

Summing up on this matter, Professor Coats, in his recent work on pathology—one of the best and most recent works on the subject—takes it for granted that there is no other kind of disease germ than the bacterium. Referring to Koch's researches on the septicæmia of mice and rabbits, he writes: "When the blood is examined . . . it is found to contain myriads of minute bacilli . . . producing the disease which Koch calls the septicæmia of mice . . . and the septicæmia of rabbits is also produced by a bacillus, but one of larger size than that of the septicæmia of mice." [pp. 244-5 6.] And referring to Ogston's experiments with pus, he writes: "It would appear, therefore, from these observations, that the active agents in producing inflammations in the tissues are micrococci." [p. 239.] On pyæmia he writes: "It must be borne in mind that the emboli are infective, containing organisms which in some way produce an intense irritation leading to necrosis and inflammation with a tendency to develop suppuration very rapidly." [p. 249.] And as to the joints in pyæmia, he writes: "In case of joints, also, if the micrococci once get admission to the interior, they are likely to multiply in the synovial fluid, and produce a general inflammation." [p. 251.] And of the specific fevers he writes: "There are several in which the evidence is tolerably clear that they are as closely related to bacteria as are the septicæmias of rabbits and mice." [p. 253.] Of splenic fever (anthrax) he writes: "In this disease there is present in the blood . . . a very definite form of bacterium, which is called the *bacillus anthracis* (p. 254.) . . . It is clear, therefore, that the disease stands in the same relation to this particular form of bacillus as do the septicæmia

of rabbits and mice to theirs." [p. 255.] And he goes on: "In the next place, we have one of the acute fevers—*relapsing fever*—associated with the presence in the blood of a distinct micro-organism of a spiral form. . . . That the disease depends on this organism seems to be established from the fact that it is always present in the blood during the acute stage." "*Typhoid fever* is another disease in which a special form of bacillus has been observed. . . . This organism appears to stand in definite relation to the duration of the disease." [p. 255.] "And *erysipelas* is another disease in which bacteria have been found by several observers." [p. 256.] It will be seen by these quotations that Coats teaches that the bacteria are considered to be really the *cause* of the diseases referred to. And yet, as if himself somewhat in doubt on the matter, he writes: "Bacteria have been found in the tissues in a large number of acute diseases in man, and most of these belong to the class 'zymotics.' . . . All that is asserted in the meantime is that bacteria have been observed in these diseases; it is not meant that each of these diseases depends necessarily on a specific form of micro-organism." [p. 252.] Dr. Klein, too, seems to be in doubt on this matter, for when referring to bacilli being found in inflamed tissues he writes: "Whether the presence and growth of these bacilli was the primary cause or only a concomitant symptom (due for example, to the loss of active vitality of the tissue) remains to be proved." [*Practitioner*, vol. xxxii., p. 409.] Now, Beale, on the contrary, appears to have made up his mind that the germs are in almost all cases, and certainly in all zymotic diseases, morbid animals bioplasts. Referring to *vegetal* germs, he writes: "The diseases of man and the higher animals known to depend upon the growth and development of vegetable organisms, are local affections confined to a part of the body not involving the blood; while, for the most part, the different forms of contagious fevers are general affections in which the whole mass of the blood, and in some cases every part of the body, is affected, and is capable of communicating the disease. . . . In many of the diseases which are at this time considered to be actually due to the multiplication of vegetable germs, it is doubtful if the tissues and organs invaded were perfectly healthy at the time of invasion. . . . In fact, it has been already shown that the fungi which commonly grow on the surface and in other parts of the body do not *produce disease*." [p. 77.] "In many different forms of disease," he continues, "these germs of bacteria, and probably of many fungi, are to be discovered in the fluids of the body, but the evidence yet adduced does not establish any connection between the germs and the morbid process. . . . Their presence is due rather to alterations in the fluids *consequent upon* morbid changes, than that they are themselves the cause of disease. They follow the morbid change instead of preceding it." [p. 68.] "In cases in which these organisms have been discovered actively multiplying in the blood, that fluid must have already undergone serious changes, which had rendered it unfit for the nutrition of the body. I cannot agree with



those who consider that we have evidence in favor of the view that the bacteria are really the active agents in cases in which the blood has been shown to exhibit the properties of a *specific contagious virus*." [p. 70.] "A disease germ," he continues, "is probably a particle of living matter derived by direct descent (degradation) from the living matter of man's organism." [p. 95.] He then figures the active living bioplast of pus, of vaccine, of variola, and of varioloid, taken from the vesicles in these diseases, and remarks: "I think they consist of a peculiar kind of living matter, the smallest particle of which, when supplied with its proper pabulum, will grow and multiply, giving rise to millions of little particles like itself, each having similar properties and powers." [p. 145.]

Now Beale is, perhaps, the greatest of microscope investigators of the minute structure of animal tissues and disease germs, and one who has for years worked with higher powers than has any other investigator except Dr. Drysdale and the Rev. Mr. Dallinger; while he is at the same time the author of perhaps the most complete treatise on the subject in any language. The powers ordinarily used by others appear to have ranged from 300 to 1,800 diameters, whilst those employed by Beale varied from 700 to 5,000 diameters; and he has for many years given especial attention to disease germs in all their relationships; much reliance may therefore be placed upon his conclusions.

And it certainly does appear to me much less probable that vegetal spores should cause typhus or gaol fever in man than that this disease should arise from animal germs, generated by over crowding and by animal filth in prisons, ships holds, and human habitations. When, however, such able and distinguished investigators disagree on the matter, we may well allow the question to remain in abeyance; nor is it necessary for us, as practical physicians, that it should be decided either one way or the other: we can go on treating diseases quite as successfully whether we know the truth in this matter or not. Living germs being the cause of infectious diseases, and animal and vegetable germs being about equally resistant to our attempts to kill them, and both growing and multiplying in much the same way, it matters very little as to treatment, and even as to prevention, which they are; the same prophylaxis and treatment are required in both cases, and the factors are the same in both, viz., on the one hand the healthy or normal vital action of the individual, and, on the other, the disturbing germs. The normal vital action is the original impulse arising from the parents, and the germs are the foci of the morbid vital action of the sources of infection. The struggle is between these two motions or forces. It is, as it has been already asserted, the constant effort of the original impulse—the *vis medicatrix*—of the individual to maintain the original normal action of the organism when it exists, and to recover it after it has been deranged by any disturbing cause. Hence, in fact, the natural limitation of morbid processes and the frequent occurrence of spontaneous recovery. Were it not so, when once a morbid process has commenced, nothing but extraneous interference could prevent a fatal issue in every case; this, however, we all know does not occur.

(To be Continued.)

# THE UNITED STATES MEDICAL INVESTIGATOR.

"HOMOEOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

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

---

THE SARCASTIC REVIEWS of the Allopathic drift, from Hahnemann to Hayward, will form by and by a notable chapter in medical history, especially to those who do not get sucked under by the ever changing Allopathic tide. Pathological speculations have ever formed the ground work of their therapeutics. A hundred years ago antiphlogistics were supposed to carry the disease out. Then arose an opposite view and tonics swept the board. Now it is worms, germs, bugs, parasites. Yes every disease has its own worm, and the grand hunt is with germicides. The chief among these is now Mercuric chloride, or in plain English, Corrosive sublimate. They prepare it how? By dilution! Here is the formula:

℞. Mercuric chloride, part 1. Aqua distillata, parts 1000.

Where did they learn that? Possibly in the same place where they learned to make triturations. That looks as if they had been "plowing with our heifer." Oh no, for they use it on all possible occasions. That looks as if they believed in the unity of disease. That is where the laugh comes. The absurdity of all diseases being caused by germs (even if there are many varieties of germs,) and then curing all by the great germicide is ridiculous on the face of it. Blood letting in the days of Hahnemann was the great panacea for the ills of humanity. He proved Aconite to be a grander antiphlogistic, so to-day in the face of cholera and its special germ stands Camphor.

The sarcasm arises when the "pathological speculations" are not substantiated by the supposed remedy. Symptomatic treatment by similar remedies will provoke the admiration of the medical historian when the shores are strewn by the last Allopathic wreck.

---

THE MATERIA MEDICA DOCTORS multiply when the majority vote that it is disordered. It is amusing to see men who never made a proving object to the way provings are presented to the profession. Is Hahnemann's way the best way? No proving is elicited in narrative form. The symptoms are a disjointed collection from day to day. They appear in groups and with a greater or less emphasis. This varies with the individual person and we wonder that some fault-finder has not demanded a personal description of all the provers. But that will

come after the narrative breeze has passed. Then will loom up another factor, now overlooked, and that is the season and the weather influence. To one who has made provings at various seasons and for several years the atmospheric effects have been very marked. So it is a question if a re-proving at different seasons by a great variety of persons will not be considered by and by the supreme tribunal of reference before we can call our *materia medica* complete. But one moment's thought will convince anyone that all the possible effects (pathogenetic and therapeutic,) of a given remedy have not yet been elicited, and will not be for many long years hence. New remedies are constantly multiplying, either voluntary or involuntary. Shall we wait before the last symptom has been squeezed out before we use the remedies? We cannot if we would. Humanity demands help, so we must make the best use of the means at hand and take the "perfected," "revised," "improved," "condensed," "pure" *materia medica* as they come out and study them. We have no fears that the proposed cyclopædia of *materia medica* will lessen the *materia medica* doctors, stop the *materia medica* growth, or snuff out those already published.

We agree with Dr. Lippe that Hahnemann's anatomical plan of presenting the remedies was not only the cheapest, but also the most available, either for the symptomatologist or pathologist, and especially for the latter. For has not all pathology an anatomical basis? The narrative form may be best for the physiological student (and this is the physiological era) but to use it we must necessarily compare a disease pathology with a remedy pathology, and that compels us to take the anatomical basis with their symptomatic out-croppings, or groups of symptoms.

We venture to bet an old hat that not one of the fault finders have ever been led astray by a single unreliable symptom, for they are not one of them symptom-matching men. The trouble is that they have not been able to make pathological pictures of fast colors so as to stand the storms of time and trial. Vide Hydrocyanic acid for epilepsy. The effort to present a *materia medica* in a therapeutic dress is where the trouble lies. The most of the *materia medica* doctors are color-blind and so confuse the medical sciences. But the profession will not be losers. The more the *materia medica* soil is washed the more nuggets of pure gold will appear on the surface. If the diggers can stand it, we certainly can. Only let us watch sharp for the nuggets! We believe that we never shall have too much

materia medica knowledge. For as the lamented McClatchey wrote us once: "It is the only study that really pays."

VERY PRACTICAL.—There have come to us from sources we highly appreciate, many expressions of approval of the course and contents of this journal during the year. It is easy to say that it is "the cheapest and best journal published," but when certain articles are selected and commended, and we are thanked again and again, we feel that the contents are practical and that each number is carefully scanned by practical men. It is perhaps easy to suit one man or class of men but to spread a feast before thousands so appetizing that we can almost hear the smacking of lips is a triumph. The practical writers are to be congratulated. Perhaps in no year has the editor so mercilessly consigned controversial articles into the waste basket, or returned them with thanks. Our readers are active, busy practitioners and have neither time nor patience to read a long winded article about what Dr. Echo thinks of the views of Dr. Zero. A case or a bit of experience is, however, given the closest attention. Practical medicine has a range wide enough to interest our readers for several generations, therefore practical articles are cordially welcome.

## Materia Medica Department.

### *ŒNANTHE CROCATATA (WATER HEMLOCK.)*

BY HENRY R. STILES, M. D., NEW YORK.

Dr. Richard Hughes, in his "Manual of Pharmacodynamics," page 696, says of this drug: "Its special interest to us lies in the fact that the phenomena of its toxical effects resemble epilepsy more nearly than do those of its fellows," of the umbelliferæ group. He suggests its place "among our remedies for convulsions of the epileptic type," and, while he doubts "whether it will prove of genuine service in epilepsy, save when quite recent," he notes that Oehme has found it very effective in checking the epileptiform convulsions of childhood and pregnancy.

Reference to "Hale's Special Symptomatology" (page 468) and "Special Therapeutics" (page 449), of the "New Remedies," clearly indicates the resemblance of its symptoms to those of epilepsy, and suggests the hope that our *confreres* at the Middletown asylum may already have "tried it on" some of their epileptic cases; although, as Dr. Hughes remarks, its best triumphs will probably be found in the recent cases which fall to the care of the private practitioner.

Of such is the case herewith presented, one of epileptiform convulsions, due to the reflex irritation from worms.

October 30, 1883, a gentleman, residing in one of the New Jersey coast towns, brought to us his boy, aged nine years, large-headed, light-complexioned, irritable and nervous-looking. This child had had "fits" since his second year, thus described by his father: "They occur at night (rarely by day) while asleep, and sometimes two or three in succession in a night; he seldom screams, generally catches his breath, and does not bite his tongue, although he occasionally froths at the mouth. Sometimes he urinates unconsciously; picks his nose, is cross and irritable after his fits. He is smart and active when at play, and quick at his studies. He generally complains of a cold stomach a short time before he has a fit, with a good deal of pain. On retiring, at night, he is very restless, turns and twists much, with from appearances, a choking sensation. His legs appear very stiff and sore, more especially at or near night, so that he cannot walk without limping. Picks his nose a great deal, sometimes so much that it draws blood."

His father informed us that, a year before, he had been treated for worms, and had passed one seven inches in length. He had a good appetite, his bowels were regular, and he was growing fast.

Belladonna, Hyos, Ignatia, Silica and other approved remedies were used, with only the effect of increasing perceptibly the length of the intervals between the convulsions, and rendering them slightly lighter.

*December 20*—We put him upon Silica, 30, each morning, and *Enanthæ crocata*, 10, at noon and night.

*January 24, 1884*—He was reported as "a good deal better—has not had a fit in *eleven nights*."

*February 25*—"Has not had a fit in *forty-three nights*, and seems to be enjoying good health."

*April 18*—"I think you have cured him. He has not had a fit in *nearly four months*."

The patient has remained entirely free from his trouble, and in excellent health up to date of present writing.—*Times*.

## Correspondence.

### SHALL WE GO SOUTH?

GALESBURG, Ill., Nov. 24, 1884.

T. C. DUNCAN. *Dear Doctor*: There is a movement on foot seconded by me to have the Western Academy of Homœopathy meet in New Orleans in February. A large number of southern and many northern physicians have written to that effect. What do you say? Mention the matter in your journal and see what the profession have to say, and oblige,

Yours very truly

G. W. FOOTE.

[Our voice has been for a rally at New Orleans.—T. C. D.]

## Consultation Department.

### CASES FOR COUNSEL.

Will some one give us treatment for dropsical effusion of the lower extremities. Plenty malaria, low wet country, and for enlarged spleen hard and painful, very large, want something to cure it. Gentlemen don't be backward, give us the cream. KENTUCKY DOCTOR.

### WHO ARE THEY?

Why didn't you publish the names of those two illustrious (?) physicians who bowed the knee to the New York Society? You know they have been our particular friends. I hope they will have up Hill work now. OCKFORD.

## News of the Week.

*F. P. Green, M. D.*, of Little Rock, is secretary of the State Board of Medical Examiners of Arkansas.

*Died.*—At the residence of his brother-in-law, Maplewood, Ohio, Dr. Emery G. Watts, (class of '84, Pulte Medical College,) of consumption. Aged twenty-three years.

*Married.*—On Thursday evening Sept. 28, 1884, at the residence of the bride's parents, by Rev. Adam Stump, J. O. Hoffman, M. D., (U. of M., '88) and Miss Kate Klugh, all of Dillsburg, Pa.

*Lachesis.*—A lady, aged sixty, sensation in left heel as of a worm crawling around; exceedingly annoying during the day, and kept her awake nearly all night. Had troubled her several months, and was getting worse all the time. Cured with a few doses of thirtieth.

T. L. HAZARD.

*Tempus fugit.*—Our old friend, Dr. H. M. Logee, of Oxford, Ohio, recently celebrated his fiftieth birthday. In honor of the event Mrs. Logee gave a reception which was one of the society events of the season. The doctor is hale and hearty and apparently good for another fifty years of work in the common cause. We regret we were unable to accept.

*Chlorate of Potassium in the Treatment of Burns.*—The "*British Medical Journal*" contains an article by Dr. J. W. Browne, suggesting the use of a lotion of Chlorate of Potassium (five grains to the ounce,) in burns. It is applied on a piece of lint, and these are covered with oil-silk. The dressing should be changed at least four times a day. The writer speaks highly of this mode of treatment.

# The United States Medical Investigator

VOL. XX. No. 24.

DECEMBER 13, 1884.

WHOLE No. 418.

## Gynæcological Department.

### *FEBRIS PUERPERALIS.*

BY J. KAFKA, M. D., GERMANY, TRANSLATED BY AUG. HOESTER,  
WASHINGTON, D. C.

Most gynæcologists understand by puerperal fever a febrile miasmatic or contagious disease, to which lying-in women are especially prone, and which consists of a peculiar alteration of the blood, producing sometimes inflammation, sometimes exudation, either in the uterus and its appendages, or in the peritoneum, marked by important disturbances of the nervous system as also inclination to adynamia or sepsis.

*Anatomical characters.*—The cadaver of a puerperal fever patient is rarely emaciated; in most cases numerous spots appear on the body soon after death. The lower part of the abdomen is swollen, appears bluish, green or marmorated and there is a discharge of a dun liquid through the mouth, nose, rectum and genitals. Putrefaction is soon noticed.

The most important alteration in puerperal fever is noticed in the uterus and the tissue which surrounds the uterus and binds it to the bladder and neighboring organs and the peritoneum.

Either the endometrium, or the veins, or the parenchyma, or the peritoneal covering of the uterus may be affected.

The affection of the lining membrane of the uterus commences always where the placenta is adherent to the uterus, and this part is even normally hyperæmic and swollen during the lying-in.

The interior surface of the endometrium presents a case of inflammation, sometimes a croupous yellowish exudate, mostly at the superior surface of the mucosa without altering the lochial discharge, sometimes a diphtheritic grayish exudate which buries itself more or less deep into the mucous cellular tissue, and always has a necrosial decay, on account of which the mucous membrane turns to a dirty gray and sometimes to a blackish detritus, having a fetid and gangrenous smell, which also is communicated to the lochia.

This inflammation may frequently extend to the tubes, to the vagina, to the labia minora, but rarely to the labia majora and when of a diphtheritic nature loss of substance and gangrenous degeneration may be the result.

Often the puerperal inflammation extends to the veins of the uterus, in which case the same are swollen and filled with purulent matter, (metrophlebitis) frequently the tubes and ovaries are also attacked

which may result in thrombosis of different parts of the body, mostly in the vena cruralis (*silica externa*) producing phlegmasis alba dolens, and often metastatic abscesses in different organs, as in the liver, the spleen, the kidneys, the lungs, etc., or in the muscles and cellular tissue.

If the peritoneal covering of the uterus is affected, fibrinous and more frequently encysted exudates appear in the neighborhood, on account of which the uterus is very often enlarged to the size of a child's head, or the character of the exudate in the abdominal cavity may be fluid, purulent-serous, or wheyish.

In case of inflammation of the peritoneum there is generally an immense quantity of exudation noticed, and the hypogastric region mostly meteoristic distended, tense, and containing often from ten, fifteen to twenty pounds of a cloudy, flaky, sometimes wheyish, purulent or serous fluid, in which swim numerous fibrinous clots. The peritoneum parietale is mostly thickly coated and between the intestines is found a yellowish, fibrinous, purulent exudation, and there is also in the deeper parts of the abdominal cavity, a fibrinous coagulation swimming in the fluid exudate. The intestines have a rose colored hue, and appear œdematus; the intestinal mucous membrane is serous infiltrated and mostly catarrhal and the muscularis swollen and porus. The intenser the fever, the more gas is accumulated in the intestines, on account of the inactivity of the muscularis, in which case there is also noticed an infiltration of serous fluid and discoloration of the walls of the abdominal cavity and not unfrequently the serous parts of the liver, spleen, kidneys, ovaries, bladder, etc., are involved.

Pneumonia, pleuritis, pericarditis, even meningitis are, like metastatic abscesses, lymphangitis and erysipelas, secondary processes produced by the resorption of pus and ichor.

*Ætiology.*—Puerperal fever is only a sickness of lying-in women, produced by too great exertion during the state of delivery, emotion and mental suffering; or from traumatic injuries; the peculiar condition of the blood at the beginning of the lochia and the secretion of the milk; relaxation of the emptied uterus and of the tensility of the peritoneum during the state of gestation, causing increased flux of blood to these organs after the child-bed state.

Gynæcologists attribute the cause of puerperal fever to difficult, long lasting, or artificial parturition; not easily detached placenta, retention and decomposition of portions of the placenta or blood clots; hemorrhage, traumatic causes, the use of abortive remedies; disturbances of the lochia, the secretion of milk or puerperal perspiration; taking cold, faults in the diet, and emotion and mental anxiety.

The atmosphere in which lying-in women are placed may be the cause of infection. Puerperal fever may attain a high degree, producing adynamia and septicæmia if the air in the room is impregnated with animal matter, caused by the perspiration, the lochia, and



other excretions of the patient, and where these poisonous germs which easily decompose and putrefy are sustained by too much warmth in a sick room; if the clothes of the patient are not sufficiently changed and little or no fresh air admitted in the sick room. This septic matter may be carried from one patient to another and according to Semelweiss, this poison may even be carried by the physician and midwife to the patient.

*Diagnosis.*—According to Kiwisch and Scanzoni, puerperal fever presents itself in three forms, namely: *Peritonitis*, *Endometritis*, or *Metrophlebitis puerperalis*.

*Peritonitis puerperalis*, is observed very soon after accouchment, especially where the delivery was difficult, continuous, painful or instrumental, or where hæmorrhage or rupture have occurred. This affection is announced by more or less shivering and the succeeding febrile symptoms are dependent on the condition of the blood.

In plethoric and vigorous individuals the fever symptoms may develop with a full and strong pulse, intense heat, congestion of the head, frequently followed by delirium. During this condition which may last for several hours the patient complains of pain in the lower part of the abdomen. (*A hint for the experienced physician to localize.*) The pains which gradually increase, are sometimes of a piercing, often tearing, frequently of a burning or cutting and sometimes colic-like nature. These pains may become very intense according to the spreading of the peritoneal inflammation.

In weakly and very sensitive individuals the shivering is accompanied with a collapsed appearance of the patient, coldness of the extremities, cold perspiration and weak pulse. Nausea and vomiting appear as soon as the pains commence and disappear with the amelioration of the pains. The heat which follows this condition is either very slight, at times alleviated by perspiration, retarded and elevated pulse, or in severe cases the heat is burning or pungent, with dryness and heat of the cutis, dryness of the tongue and accelerated pulse. (100 to 120.)

The hypogastric region is in both cases very sensitive; the inflammation arises at the peritoneal covering of the uterus, and this organ is generally seated to the right or left of the abdominal cavity, it can not bear the slightest pressure and is painfully sensitive to the touch. The pain is generally confined to a circumscribed spot, rarely the whole organ is affected. Exudation begins as soon as the pain is observed. In young, strong and plethoric women the exudate is generally rich in fibrin and the affected part of the abdomen doughy, but somewhat resistant to the touch. The exudation of weakly and much reduced individuals is mostly serous and abundant, and accumulates principally in the lower abdominal and pelvic region and its presence is only perceptible on percussion. If the serous coat of the intestine is also inflamed, meteorismus is produced on account of paralysis of the muscular coat of the intestine which may become

very important in the further progress of the disease. If the pains are very excessive and the muscular coat of the intestine paralytic, nausea and great inclination to vomiting is experienced. The vomited matter consists at first of bile, then of a bluish green mass, resembling somewhat verdigris and finally of fæcal substances. The heat, which follows the chill, is generally very severe, at the same time much thirst, accelerated pulse and great restlessness is observed; the skin feels damp with inclination to perspire, the tongue remains moist and the secretion of milk and the lochia are unaltered, the bowels constipated and the urine scant and highly colored.

The above is an outlined picture of a mild puerperal fever.

(To be Continued.)

---

## Clinical Medicine.

---

### *RECENT PATHOLOGY, IN ITS BEARINGS ON SCIENTIFIC THERAPEUTICS; INVOLVING THE QUESTION— CAN HOMŒOPATHIC TREATMENT WITH INFINITESIMAL DOSES CUT SHORT INFECTIOUS DISEASES DEPENDENT ON LIVING GERMS?*

BY PRESIDENT J. W. HAYWARD, M. D., LIVERPOOL, ENG.

(Continued from Page 379.)

As in almost all other instances, the physician's object in an attempt to cure any of the germ diseases should be to assist the natural tendencies just referred to; that is, to help nature to resist the action of the disturbing germs, and to restore to normal any disordered action. The question is: How can he best do this? As already mentioned, he need not attempt to kill the germs with ordinary germicides, for that this cannot be done has been demonstrated by the germ theorists themselves: nor can he purge them out, nor sweat them out, nor drive them out with diuretics, nor get quit of them by any other of the evacuant means usually put in force by the practitioners of the physiological school; there can be no *tolle causam* here. Nor can the morbid process be diverted to some other or special part or organ by the use of derivatives, rubefacients, blisters, etc. There is, indeed, no place here for the use of any of the classifiable actions of drugs. As to medical treatment, there is, in fact, no sphere for the practitioner of the Old School at all in any way; he is quite out of the race altogether, and can only stand by and watch. The germ theory is, therefore, no help to him, except so far as prophylaxis is concerned; he can have nothing whatever to do with the *cure* properly so called; the germ theory, indeed, rather shuns than enthrones him. But does this last new pathological speculation on

the nature of disease quite dispose of the claims of *all* physicians to be curers of disease? In the presence of it are all physicians mere cyphers, only to stand by and watch the struggles between the natural powers and the disturbing causes? Certainly not; far from it. Homœopathic physicians can go on curing diseases now and in future quite as well as they have done in the past; and continue to show statistics of shortened illness and diminished mortality, not only absolutely but in comparison with the statistics of the Old School, just as satisfactorily as ever. To Homœopathic physicians pathological theories are minor matters. *As to the cure of diseases*, it is all the same to them whether the morbid state to be cured is of the nature of spasm, of asthenia, inflammation, or fever; or whether it be the result of some chemical or organic poison; or of the presence of living germs; of the loss of some constituents of the blood the germs may have removed, or some organic or chemical ferment they may have put into the blood. Whether the one or other, or all of these, makes little or no difference to Homœopathic physicians, they know that the days of disease entities has long passed away. Taught by Hahnemann, to them the patient, not some supposed pathological state, is the object of cure: to them, the patient presents deranged vital actions and altered bodily structures that require to be rectified, and to rectify these is their object and duty. How best to do this their leader—Hahnemann—interrogated nature, and she replied: "Find a drug that will produce a similar derangement of the action and a similar alteration of the structure, and administer that in a quantity too small to induce any other derangement, or to aggravate the existing one, and I will do the rest." Hahnemann did these, and he found nature faithful to her promise; and so, too, have his followers. To Homœopathic physicians, therefore, each patient presents a morbid picture, to which they have to find a "simile" in the pure effects of one or more drugs; they must take into account not only the cause but the physical signs, the objective symptoms, the subjective sensations, and the mental perversions, with their course and progress and their conditions and concomitants, and not only in the patient but in the medicine also. And they must then administer the medicine pure and alone, in a reliable preparation and in a proper dose, with the necessary repetitions, leaving the rest to nature. It is for the physician to restore the conditions necessary for normal action, but it is nature only that can restore the action itself. So the physician is nature's handmaid, to help her to rectify herself with remedies of her own choosing; he is not her domineering taskmaster to knock her about with alteratives, or to force her on and derange her operation with sudorifics, purgatives, diuretics and emetics, or to obstruct her operations with astringents, or to press her down and blind or paralyze her with sedatives and narcotics, or in any other way to thwart her tendency to preserve her own equilibrium. The true physician, if he can give nature no help, he will at least offer her no obstruction,

But we come now to the principle question before us, viz. : Is Homœopathic treatment as effectual in diseases originating in bacteria or bioplasts as it is in others where no such connection is traceable? That is, can Homœopathic treatment with infinitesimal doses cut short infectious diseases dependent on living germs? Or, on the other hand, germs having gained entrance into the blood and there found suitable pabulum, will they run through their life history in spite of anything they can do—will they pass through precisely the same process whether we interfere or not? If the growth and multiplication of germs can be interfered with, and the course of disease shortened or rendered less severe by medicine, are we sure that such results can be secured by medicines selected on Homœopathic indications and administered in infinitesimal doses? And, if our medicines and doses do really shorten these diseases, or render them less severe, how do they accomplish their work?

To give a demonstrative reply to each of these questions separately would occupy too much of the valuable time of this meeting; I must therefore content myself with a general review of the whole subject and one as brief as possible.

Before an assembly of physicians who have, some of you, for nearly half a century been in the habit of treating all varieties of zymotic diseases, presenting every degree of malignancy, with medicines selected on Homœopathic indications and given in infinitesimal doses, I need not advance one single argument in support of the fact that disease is shortened and rendered less severe in every one of the instances I have referred to. I need do no more than simply remind you of the frequent experience all of us have had of seeing these diseases rendered less severe, less prolonged, and less deadly by our treatment. We could, however, were it necessary, appeal to statistics in abundance, furnished even by our opponents; for wherever statistics have been collected they have shown unmistakably the power of Homœopathic treatment to shorten the duration and diminish the mortality of disease.

In *rheumatic fever*, for instance, "our statistics," writes Dr. Hughes "compare favorably with those of the Old School. There, as you know, first the alkaline plan had been proved greatly superior to all others in acute rheumatism, and then the results of pure 'expectancy' appeared to be equally good with those of alkalisations. The conclusion was inevitable, that the latter was so much useless drugging, while the other methods were positively injurious. Our method, therefore, has to be compared with the expectant, and the result is that we shorten the average duration of the disease by from six to ten days." [*Therapeutics I.*, 143.] And we are all familiar with the much more rapid relief of pain and suffering, and the much greater freedom from cardiac complication under Homœopathic treatment. In *acute pneumonia*—"true primary inflammation of the lungs—the 'croupous pneumonia' of the German pathologists," writes Dr. Hughes, "taken

altogether they make the mortality of expectancy nearly 19 per cent., while that of Homœopathy rarely reaches to 6." The mortality under the most modern treatment, expounded in Ziemssen's *Cyclopædia*, is 12 per cent., that of the late Dr. Hughes Bennett, 25 per cent., and that of the ordinary Old School treatment 20 to 80 per cent. [*Therapeutics* II., 165-6.]

The course, duration, and rate of mortality of the other germ diseases, when not interfered with by medical treatment of any kind, have not been sufficiently made out to allow of a comparison of their true natural history with their progress under Homœopathy, so that the only way of judging of the facts is to compare the results under Homœopathic treatment with those under what is known as Allopathic treatment. For this purpose sufficient statistics are on record.

Time will only allow us to refresh our memories by reference to a few of these, so we will take three of the most deadly of the diseases referred to, viz., cholera, yellow fever and typhus.

*Cholera*.—In this disease, in 1836, comparisons were made in Vienna, where the mortality was: under Old School treatment, 66 per cent.; and under Homœopathic treatment, 33 per cent.

In 1849 comparisons were made in Liverpool, where the mortality was: under Old School treatment, 46 per cent.; and under Homœopathic treatment, 25 per cent. In Edinburgh, where the mortality was: under Old School treatment, 68 per cent.; and under Homœopathic treatment, 25 per cent.

In 1853 comparisons were made in Newcastle, where the mortality was: under Old School treatment, 50 per cent.; and under Homœopathic treatment, 20 per cent. In London, where the mortality was: under Old School treatment, 51 per cent.; and under Homœopathic treatment, 16 per cent. [Vide *Brit. Jour. Hom.*, x 41, 321—Dudgeon.]

In 1866 comparisons were made in Liverpool, where the mortality was: under Old School treatment, with astringents, 71 per cent.; with Castor oil, 80 per cent.; and under Homœopathic treatment, 15 per cent. [Vide *Med. Chir. Trans.*, L. 127—McCloy & Robertson; and *Brit. Jour. Hom.*, xxv., 90—Proctor.]

*Yellow Fever*.—In this disease, in 1850, in Rio de Janeiro, the mortality was: under Homœopathic treatment, 7 per cent.

In 1853, in Philadelphia, the mortality was: under Old School treatment, 80 per cent. In New Orleans, the mortality was: under Homœopathic treatment, 6 per cent. In Barbadoes, on board H. M. S. Dauntless: under Old School treatment, 50 per cent. [Vide *North Amer. Jour. Hom.*, III., 503.]

*Typhus Fever*.—In this disease, the average mortality is: under Old School treatment, 21 per cent.; and under Homœopathic treatment, 10 per cent. Or, excluding complicated cases: under Old School treatment, 10 per cent. [Murchison]; under Homœopathic treatment, 0 per cent. [Hughes, I., 72.]

So that, taking three of the most deadly of the germ diseases,

Homœopathic treatment with infinitesimal doses is: in *Typhus*, 11 per cent.; in *Cholera* from 21 to 43 per cent.; and in *Yellow Fever*, from 46 to 73 per cent. more curative than ordinary treatment!

Surely such statistics as these demonstrate plainly enough that Homœopathic treatment with infinitesimal doses is effectual in germ diseases as well as in those not traceable to living organisms.

If it be asked: How do medicines selected on Homœopathic indications and given in infinitesimal doses cut short infectious diseases dependent on living germs? The answer is:—In the same way that they cut short diseases dependent on any other cause, viz., by assisting nature to resist the disturbing germs, and helping her to restore the normal action and repair the damage done. And this assistance is rendered by using the remedies pointed to by the rule of similars: this rule nature herself revealed to Hahnemann.

As already affirmed, the germs having once gained entrance into the blood and tissues and found suitable pabulum, the removal of the cause, as this is ordinarily understood, is quite out of the question; it is absolutely useless to attempt to kill germs in the blood by the usual germicide treatment. This is candidly admitted by the best practitioners of the Old School. Even in some of the parasitic diseases of the skin, where the germicide can be applied directly to the locality of the disease, Mr. Startin and other specialists admit that the germs cannot always be killed by ordinary germicide applications, and that some cases of these diseases cannot be cured at all by merely topical treatment, and they consequently recommend that we should place our main reliance on constitutional treatment, with the view of starving out the germs by altering the conditions under which they live. Hence in cholera, whose germs infest the intestinal canal, Koch has shown that they cannot be killed by the exhibition, or even by the injection, of germicides. And so also in the constitutional germ diseases, such as typhoid fever, tuberculosis, relapsing fever, and even splenic fever, the internal administration of germicide drugs has been abandoned by the best practitioners; and such diseases are left almost altogether to sanitary measures, with rest and nourishment. Curative medicines they of course do not profess to have. Rest and nourishment, under sanitary conditions are, however, surely not all the treatment to be expected from *physicians*—medicine men! They ought, at least, to endeavor to alter the condition of the blood and secretions, that the germs might not be able to flourish in them. Different disease germs, like all other living things, grow and multiply under different conditions, and live on different kinds of food. Pabulum suitable for one kind—the yeast germ, for instance—will kill another kind, the pus germ, for example, and *vice versa*. In his Bradshawe lecture [*Lancet*, Dec. 16, 1882, p. 1020], Sir James Paget says: "Just as in agriculture, soils must be studied as well as seeds; seeds will not germinate in an unfit soil." The blood that is food for some kinds of germs has been proved to be poison to other kinds. So

that by altering the character of the blood we may destroy their means of existence. A very little, perhaps a mere atomic or metabolic change, may be sufficient to ensure their death. That very slight differences in the blood are sufficient to determine whether the germs shall live or not has been demonstrated by the germ theorists themselves; Koch, for instance, has shown that the germs of the septicæmia of the domestic mouse injected into the blood of the field mouse die immediately, and, so with other germs and different animals—[Vide Coats, p. 260—264; also Green's *Introduction to Pathology*, 6th edition, pp. 484—5 and 494—5]. And again, the germs of variola, morbilli, scarlatina, typhus, pertussis, and other infectious diseases, cannot live in the blood that has been already altered by an attack of the disease. Nor can the germs of variola live in the blood that has been altered by *vaccine lymph*; nor even those of anthrax, chicken cholera, or rabies live in the blood that has been altered by vaccination with attenuated virus, as Pasteur has shown. And it is also well known that the germs of ague cannot, as a rule, flourish in the blood that is under the influence of Quinine; nor the germs of yellow fever in the blood that is under the influence of *Crotalus*; nor the germs of smooth scarlatina in that under the influence of *Belladonna*; nor those of algide cholera in that under the influence of Camphor; nor those of suppurative inflammation in that under the influence of *Hepar*; nor those of syphilis in that under the influence of *Kali bichromicum*; nor those of some epidemics of morbilli in that under the influence of *Aconite*; nor those of vesicular erysipelas in that under the influence of *Rhus*; and so on with all true Homœopathic specifics. Homœopathic medicines are, in fact, substances that have the power to produce alterations in the blood analogous to different morbid states, so as to induce a kind of immunity, or at any rate a diminished susceptibility, in the manner, though perhaps not to the extent, of a previous attack of the disease; or after the manner of the attenuated viruses of anthrax, chicken cholera, rabies, *vaccine lymph*, etc.; or in the way of the physiological and medicinal antidotes to poisons, as *Belladonna*, to *Opium*, *Atropine* to *Morphia*, *Chloral* to *Strychnia*, *Alcohol* to serpent venom, etc. Those Homœopathic medicines which produce changes analogous to the specific germ diseases are:—the serpent venoms, some insect venoms, *Belladonna*, *Camphor*, *Rhus*, *Aconite*, *Arsenicum*, *Iodium*, *Sulphur*, *Quinine*, *Veratrum*, *Mercurius*, *Hepar*, and some others. These are, therefore, the medicines that have the power to cut short germ diseases. And that they will do so, and have done so, I have already given ample evidence by statistics. Which of them to select, however, in any given case is not a matter of indifference, it is of essential importance, for it may be that only one of them is capable of producing the special change required, and to miss selecting that one might be to miss curing the patient. For instance, to cutshort

smooth scarlatina one particular medicine is required, viz., Belladonna; but this will not cut short purpura miliaris, or morbilli; and to cut short hæmorrhagic scarlatina and yellow fever, Crotalus is required; but this will not cut short typhoid, or relapsing fever; and so on. How the selection is to be made is, then, a very important problem; but nature has not left us helpless here, either; she has herself taught us how it is to be done, viz., the medicine chosen must be one, the pathogenetic effects of which resemble those resulting from the presence of the particular germ. How complete and perfect then, and simple withal, is the science of therapeutics under the rule of similars! The practical application of it may indeed often be unsuccessful, because it is in the hands of fallible human instruments; but the science itself is as perfect as the provisions of nature usually are. Pathology and diagnosis being imperfect, and frequently unable to interpret the true nature of disease, the treatment based on them frequently fails and is disastrous; but by a faithful narration by the invalid of his sufferings to an observant and educated physician, and the selection of the true simile, a cure may frequently be brought about *tuto, cito, et jucunde*, whether the pathology and diagnosis be true or not. What an elevated position of superiority is, then, occupied by the physician who practices Homœopathically! Unlike his colleague of the physiological school, whose treatment is based upon the pathological speculation of the day, to the Homœopathic physician, whether the germ theory or any other such theory be true or false, and whether the germs are vegetal spores or animal bioplasts, are matters of little moment; he can go on relieving suffering, curing disease, and shortening convalescence all the same! What a blessing to mankind! And what a privilege and honor to himself! Let the Homœopathic physician, then, go on his way rejoicing; and let him thank God that, though a martyr to professional prejudice, he is a conscientious scientific physician, and a benefactor to his race!

---

#### WHAT I KNOW ABOUT PHYTOLACCA.

BY WM. JEFFERSON GUERNSEY, M. D., PHILADELPHIA.

It is but little, yet that knowledge, meagre as it is, has not only proven to the writer how potent is *the* law of cure, but given much relief from suffering hard, indeed, to be endured.

Who can paint a picture of greater mental agony than that of a poor, unmanned man, who, having once endured the tortures of quinsy, again feels the grip of this visionary hangman? who with horror recalls the nearly locked jaws, the swollen tongue, the breath that was fetid beyond endurance, even to himself, the constant and profuse flow of saliva that compelled frequent efforts at deglutition, the bare thought of which was agony; the sleepy sleeplessness, the restlessness, debility, the starving hunger, with loathing of food?—



to such a "hell on earth" does he look forward with fear and trembling, yet with utmost certainty. What, then, must be the relief when that great burden of fear is removed by being assured that his disease can be arrested!

Homœopathy here scores one of its triumphs; for not only does it abort this painful affection, but by so doing it eventually destroys totally the liability of its recurrence. Scarcely a case of tonsillitis but can be at once resolved if prescribed for early.

We have many remedies capable of doing this; but none has served me more faithfully than *Phytolacca decandra*. Unless some other remedy is indicated, I usually think of that. It is especially useful if the patient complain of pain at the root of the tongue or to the ears when swallowing, of much dryness of the throat with the soreness, and the fauces and tonsils appear dark—perhaps of a bluish cast. Very many times has one prescription of one, two, or never more than three powders of the 50 M of this remedy, an hour apart (when not half so well indicated), been all the medicine used, and generally afforded relief in a few hours, or at most a day. A case so treated will not trouble you often.

One lady, who had *expected* this semi-annual visitor and never been disappointed in a dozen years, was cured the first time thus in twenty-four hours, the second in twelve hours, and has had an entire immunity from it now for five years. This patient so lauded my praises once in a store, where I chanced to meet her, that I was glad to make my escape. Yet not I, but Homœopathy, deserved all the glory.

We have looked with a pitying eye on the quinsy patient. What shall we say—what need be said—of the miserable being with a "gathered breast"? Where is there a merciless nurse who will not shudder at the thought? *Phytolacca*, again, may save many a long, feverish night, many a bitter hour of suffering, and many a heart-ache, as the mother thinks of her little one. The right breast is the one affected; the gland seems full to overflowing and has, perhaps, for several days, yielded an over-abundance of milk, even to the extent of prostrating the patient; the breast feels stony, hard and painful; she is totally indifferent to life, or predicts her death. Again, the breast has been abscessed and badly treated; large, gaping, and inflamed ulcers are seen, having a thin, fetid discharge.

The use of this remedy in mammary troubles is not confined to educated Homœopaths; the "cow doctor" knew something about its virtues before you or I dreamed of "*similia similibus curantur*."

About two years ago a tall fellow, of splendid physique, limped into my office with what he had been told was "sky attic." The pain was worse in, and almost wholly confined to, the right limb, aggravated at night, and had a downward course.

R. Four powders of *Phytol. 50 M*, and in twenty-four hours he walked without limping and had slept nearly all night without pain. This patient had taken the usual "hundreds of dollars' worth of

medicines," and suffered for years. The indications in his case were "clean cut" for the remedy—hence the quick relief.

Not much space has been awarded *Phytolacca* in the therapeutical works of Homœopathy, and he who trusts to these alone in preference to the more laborious but safer plan of "symptom hunting" in the repertory will lose many a valued suggestion and pet indication of his "grave and reverend seniors." It is a good plan to search the repertory while prescribing, even when apparently sure of the remedy. It often leads to a change of base in treatment, and several times has the writer found the subject of this little paper thrust unexpectedly upon him.—*Hom. Phys.*

---

#### WHAT IS THE DISEASE.

The report of a singular disease prevailing as an endemic in the mountains of Virginia and Kentucky have been so conflicting that it has been difficult to determine what it can be. It resembles dysentery somewhat, but more the effects of poisoned water. We hope to have fuller reports. The best description that has come to our notice is that of a *Courier Journal's* staff correspondent who is in the mountains of Eastern Kentucky investigating the plague of that section and sends the following from Barboursville, Ky.: "I met Mr. C. F. Davidson, agent of the Cumberland River Lumber Company, who had been over the infected district. Mr. Davidson says the disease which is an aggravated and very fatal form of flux, began about six weeks ago in Letcher county. Joseph Day, a brother of the county judge being the first victim. He lives on Poor Fork, almost fifteen miles from Whitesburg, and was taken ill when a short distance from his home. He was first seized with griping pains, and in a few minutes was paralyzed so completely that he had to be carried to the house. Griping was followed by bloody and weakening diarrhœa, and in a few hours he was a dead man. From this point the disease spread with great rapidity, and it now extends over a territory embracing about one-half of the north portion of Wise County, Virginia, the northwestern portion of Lee County, Virginia, the entire county of Letcher in Kentucky, the upper edge of Harlan County, the southwestern part of Knott, the southwestern part of Pike, and southwestern portion of Leslie. This embraces a territory about seventy miles wide by eighty miles in length."

"In what particular neighborhoods is the disease worst?"

"It is most violent at the headwaters of Straight Creek, Clover Fork, and other small streams which rise on the north side of the Pine Mountains and on Poor Fork, in Harlan, at the head of Powell's Creek, and other streams rising in the Cumberland Mountains in Wise County, Virginia. At the head of those streams which rise in Knott, and empty into the Big Sandy, at the head of the North Fork and another branch of Powell's Creek in Lee County, Virginia; at

the heads of Shelby and Elkhorn Creeks in Pike, and at scattered points on streams in Letcher and Leslie. In Letcher it is the worst along Poor Fork. It prevails at the headwaters of almost every stream in the district named that empty into the Cumberland, Big Sandy, Kentucky, Powells, and Licking rivers. Invariably it is most widespread closest to the highest mountains.

"How long does it generally take for the disease to run its course, and what are the exact symptoms ?

"About two days, and it generally proves fatal. In many instances those attacked die in a few hours. The symptoms are as related in the case of Joseph Day—gripping pains in the stomach, violent flux and hemorrhage of the bowels ; after, a total or partial paralysis and intense thirst. The latter satisfies me that mineral poisoning is the real cause of the epidemic. It is a well known fact that the streams along which the disease prevails find their beginning in the mountains among the rocks containing alkali, arsenites and other poisonous minerals. Until recently no rain had fallen for many weeks, and the streams had nearly all dried up. The water remaining, and which these people were forced to use, was therefore powerfully charged with these poisons, and the continued use of it resulted in the epidemic. One peculiar feature of it is that it is certainly contagious, for if it once entered a family it let none escape, and I have been told of instances where those who have visited afflicted persons, and have not themselves used water, have contracted the disease.

"Has any rain fallen recently in the infected region ?"

"Yes, light rains fell last week, but I do not think they were sufficient to purify the water and check the disease."

"How about the reported famine ?"

"People raise little beside corn, and while the crop was not heavy this year, they are about as well off as last. Of course there may have been individual cases of suffering, for instance when an entire family was down with the disease, but if there were any I have not heard of them."

---

#### NEW BRAZILIAN REMEDY FOR CANCERS.

WASHINGTON, Nov. 30.—The State Department has recently received from Consul Atherton, of Pernambuco, a sample of the medicine now being, it is claimed, successfully used in Brazil and other parts of South America in the treatment of cancers. The medicine and report were officially called for by Secretary Frelinghuysen, and in addition to the medical testimony the Consul himself says he knows of a case where this medicine has cured. The woman is about her work every day, and appears, he says, to be cured. The remedy has already been tested in a Liverpool cancer hospital, but with what result the State Department has not yet been advised. Accompanying the Consul's report is one from Dr. Bandeso, surgeon

at the Pedro Hospital Pernambuco, who says that it has been known about four years and is called Alveloz. It gives, he says, splendid results in the treatment of ulcers of different kinds, but in ulcerated cancers it has not given the result that many doctors hoped. The plant which yields the liquid grows spontaneously in the whole north of Brazil. The fresh juice becomes coagulated very soon, but chemists have succeeded, they think, in keeping it liquid and unalterable by treating it with Salicylic acid, which does not modify its action. It is due to Secretary Frelinghuysen to say that he has not forgotten the "Cundurango" job which the State Department was made accessory to twelve or thirteen years ago. The remedy, if efficacious, will be an article of commerce as much as Cinchona or Peruvian bark, and the State Department offers the information at hand solely in the interest of humanity.

---

#### BICHROMATE OF POTASH.

The sooner the medical man becomes educated to the due appreciation of the therapeutic properties of Bichromate of Potash, the quicker he will find himself master of certain morbid states that have hitherto baffled his skill. In cases of aphonia or voiceless states, the remedy under consideration is worth more in effecting a cure than any other in the materia medica. As soon as the medicine is swallowed, a pleasant glow or pungent warmth is felt in the throat and along the respiratory passages. The agent will do more for diphtheria than any other remedy yet recommended for that dangerous disease. A prescription as follows is averagely right for adults: R Water ℥iv., Bichromate Potash gr. j. M. S. Dose, half teaspoonful every two or four hours. I usually give a dose once in three hours. The medicine thus administered never irritates nor poisons. It should not be dissolved or mixed with anything but water. The solution is of a rich orange color, and has not a pronounced flavor. A child will take it without expressing disgust.

A person liable to become hoarse at every chilly change of the weather should carry a bottle of the medicine in his hip pocket. A gentleman who has had no voice above a whisper for two years wrote me as follows: "In five weeks after I took the medicine you prescribed I spake aloud. The voice came all at once, though I had felt for days as if it were about to return."

Bichromate of Potash will not cure ulceration of the larynx, a disease characterized by return through the nose of fluids designed to be swallowed. However, the agent is as good as any for that almost fatal state of disease. It should be given in alteration with arsenic in the management of incipient phthisis pulmonalis. The average patient in the earlier stages of consumption should have a dose of Bichromate of Potash every three hours, a drop of Fowler's solution an hour from that time, and a drop of the tincture of Veratrum vir-

ide at the end of the third hour. Then a dose of the potash begins another round in the rotation.

I usually give arsenic in combination with phosphates, and possibly gain a little by the combination. All tuberculous manifestations should be treated in this way, and all diseases that block the lymphatic system. Persons having synovitis, and arthritis through constitutional taints, are to be medicated in the manner indicated. The medication is decidedly impressive, and in no way offensive. In a day the patient feels enough better to acknowledge it.

A grain of Bichromate of Potash in four ounces of water, and given as directed, will do infinitely more as an anti-syphilitic than the best preparation of Mercury or large doses of Iodide of Potassium. In tertiary syphilis Mercury is useless, and the Bichromate of Potash is valuable. The Iodide of Potash is chiefly useful in syphilitic periostitis.—*Prof. Howe, Ed. Eclectic Medical Journal.*

---

CLINICAL NOTES.

MADISON, Neb., Dec. 3.—Prevailing diseases are: (1.) Typhoid; (2.) Diphtheria and Diphtheritic croup; (3.) Rheumatism; (4.) Varicella. Remedies used: (1.) Bryonia, Baptisia, Rhus, Arsenicum. (2.) Bell., Kali b., Phytolacca, Spongia, Aconite and Hepar. (3.) Rhus, Bryonia, Electricity. (4.) Aconite. J. H. MACKAY.  
 [That is crude but progressive.—ED. U. S. M. I.]

---

Consultation Department.

---

WHERE DID HE GET IT?

EDITOR INVESTIGATOR: In answer to "S. L.'s" inquiry relative to Dr. Lyon's "Colchicum Case," "Where did he get the symptom?" "Shivering down the back," I would say he probably got it from Hering's Condensed Materia Medica, page 335, under Chill, Fever and Sweat.

Just another word, a "pointer," as it were. If any of my colleagues have cases of malarial or typho-malarial fever in women pregnant, *don't give Quinine in large, or even ordinary doses, get through without using it if possible.* I speak from experience and *think* I know whereof I affirm. I know of no graver complication in a severe fever case than a miscarriage. H. K. L.

---

CASE 212. ATHETOSIS CAPITIS.

Might not Case 212 be diagnosed as a case of Athetosis Capitis? As such cases are not too frequent, we would request the doctor to read up on that Chapter (Hammond, Strumpell, Charcot) and give us the full history of the case.

Case 212. There are such cases where, superficially considered, you cannot get any more symptoms out of the patient and a careful study of the *materia medica* may give us the remedy and the cause.

Similar symptoms are found under *Colchicum*, *Stramonium*, *Lycopodium*. 2nd *Cicuta*, *Cocculus*, *Antimony crud.*, *Calcarea carb.* Boeninghausen has cured such a case but I cannot put my finger on it. In his manual "Movements of the Head," the doctor will find a whole lot of remedies mentioned.

L. S.

#### MORE OF HEAD TO THE RIGHT.

DEAR DOCTOR: Your favor of the 21st received; I had not expected a personal answer, but am pleased that you took so much interest in my case. I will try and give you a more detailed account of case and answer your questions the best I can. She used Faradic current every other day; thirty minutes at a sitting, one pole at feet, the other at back of neck. Has suffered with headaches since childhood; generally affected left side; attended by vomiting, yellow coated tongue, bad taste, etc. Headache was periodic; always recurred within ten days or two weeks; always began with cold feet and head; head would remain cold during whole attack; relieved by warmth, aggravated by cold. During last year headaches have gradually decreased. In fact seem to decrease *parri passu* with increase of other troubles; headaches last from twenty-four to seventy-two hours; menstruation began at thirteen, ceased at forty-two.

Never had any particular trouble, except leucorrhœa and "a pro-lapsed feeling," but menstruation was always normal as to time and quantity. Appetite variable; diet guarded; has always been constipated; last six months diarrhœa, now again constipation.

Affection came on very gradually; never had fall, strain or hurt; has no heat or coldness of head or neck; occasional numbness of arms; does not sleep well, except after out door exercise; does not dream often; occasional dyspeptic symptoms; functional palpitations; but no organic trouble with heart or other viscera. A peculiarity of the trouble is, that after the head has turned she has the muscular power to return it, but not the volitional, until she finally gets vexed at herself and starts to raise her hand to push it back when the will power reasserts itself and she brings her head back without any trouble; it is not necessary to touch her head, the lifting of her arms with that intention is sufficient; the motion is peculiar, something like that by which an angry bull tosses a small boy over a fence; patient is quite nervous; is constantly in dread of some danger; is so rapt up in her trouble can think of nothing else; no hypertrophy of sterno mastoid, or other muscles of neck; no tender spots along spine. *Tarantula* seems indicated to me.

Hoping to hear from you further in regard to this case, I am

Respectfully yours,

J. C. DAILY.

## News of the Week.

*Dr. Maria N. Johnson* has removed from 559 North Fifteenth St., to 1732 Green street, Philadelphia.

*Laying a Corner-stone.*—The corner-stone of the new building for the Hahnemann Medical College of Philadelphia, was recently laid with Masonic ceremonies.

# The United States Medical Investigator

VOL. XX. No. 25.

DECEMBER 20, 1884.

WHOLE No. 419.

## Gynæcological Department.

### *FEBRIS PUERPERALIS.*

BY J. KAFKA, M. D., GERMANY, TRANSLATED BY AUG. HOESTER,  
WASHINGTON, D. C.

(Continued from Page 388.)

Quite different phenomena are observed when the malady appears in the form of acute blood dissolution. In such state, repeated rigors appear which frequently resemble intermittents. The inflammatory fever is not very marked, but a great deal of purulent ichorous exudation exists, with frequent vomiting, painful meteorismus, increasing from hour to hour. In the course of time other symptoms develop, as, great collapse, loss of muscular power, apathy, vertigo, a swooning state, burning heat with dry tongue, very accelerated pulse, delirium, hallucination, putrid smell of the breath, nauseous smelling stools, putrid urine, and finally an acute œdema of the lungs appears and quickly terminates all suffering.

In such cases, resorption of the purulent and ichorous exudate, followed by pyæmic symptoms takes place. Other and new febrile symptoms are observed, terminating very much like typhus symptoms, improving sometimes by copious urinary or intestinal secretion, sometimes by serous, erysipelatous or purulent deposits in different distant organs.

In some cases the patient may become very anæmic on account of either too copious exudation in the peritoneum, or in consequence of compression of the lungs on account of hyper-meteorismus. The pulse becomes gradually smaller and more frequent, the skin pale and cold, the eyes are deeply sunken, the features sharp, unquenchable thirst, perceptible loss of vital force, so that fainting is produced by the least moving of the body in which condition death may occur.

The corpuscular elements of the blood may be very much reduced by too profuse exudation, producing hydræmia with different kinds of dropsical swellings followed often by chronic œdema of the lungs, on which frequently depends the final result.

Pleuritis and pericarditis are the most frequent complications observed.

Pneumonia, abscesses, articular inflammations are principally the cause of pyæmia or ichoræmia.

In some epidemics the most intense peritonitis may take a favorable course, while sometimes slight peritoneal inflammation may result

fatally. Death is produced by either exhaustion, or diminution of the consistence of the blood, or by compression, or œdema of the lungs.

*Endometritis puerperalis*, consists of inflammation of the mucous membrane of the uterus and is of more frequent occurrence than all other puerperal affections. This disease is not preceded by a chill, but, in most cases comes on unobserved, abnormal conditions not being noticed until after some days of existence.

The first symptom produced by inflammation of the uterine mucous membrane is alteration of the lochial discharge; in the beginning the same either ceases entirely or is spare; in mild cases no spontaneous pain is observed nor any caused by examination; the spare excretion is intimately, but almost imperceptibly mixed with blood. As the affection progresses and particularly if the lochial discharge becomes copious, purulent or ichorous like, watery, or the odor obnoxious, the attentive physician should make a careful examination to anticipate the further development of the disease. Frequently endometritis is accompanied by inflammation of the mucous membrane of the vagina, which is sometimes of a catarrhal, at times of a croupous, or sometimes of a diphtheritic nature and if the latter, ulceration is often met with. On account of the necrosed condition of the mucous membrane of the vagina, there is loss of substance, which also may extend to the external genitals, producing in severe cases, gangrenous destruction.

The inflammatory condition of the vaginal mucous membrane may also extend to the urethra of the neck of the bladder, but these parts are rarely affected with croupous deposits, or ulceration.

More frequently the inflammation of the endometrium extends to the mucous membrane of the intestinal tract, and here also presents itself as a catarrhal, sometimes as a croupous, and sometimes as a diphtheritic affection, according as the stools are either of a mucous discharge, or mixed with plastic exudates, or with gangrenous portions of the intestinal mucous membrane. Even catarrhal or croupous affection of the mucous membrane of the duodenum, the stomach, the fauces, the nose, the trachea, the larynx and bronchia may arise.

Diarrhœa is a constant symptom in the course of severe endometritis, and is in most cases painless, very obstinate, and much inclined to morbus recidivus. In case of too profuse intestinal excretion, anæmia, hydræmia and even adynamia may result.

When diarrhœa is complicated with peritonitis, the lower part of the abdomen is very sensitive to pressure, this is not observed in simple diarrhœa. If meteorismus accompanies the peritoneal inflammation, much fœces may accumulate in the intestinal canal, caused from inactivity of the muscularis, which may become extremely troublesome on account of increasing meteorismus. In inflammation of the duodenum, of the stomach, and of the fauces, the patient has an icteric appearance, unquenchable thirst, nausea and vomiting, great dryness of the mouth and tongue, the last named organ becomes



black and fissured, the fauces become dry on account of which difficulty in swallowing and in speech is experienced.

If the air passages are involved it is to be feared that acute œdema of the lungs may arise. The greater the dyspnœa the greater the apprehension.

In case of a croupous affection of the trachea and larynx, the patient complains of a burning pain in these organs and at the same time hoarseness is observed.

These local affections are always dependent on the morbid condition of the blood.

In malignant cases either hydræmia or blood dissolution occurs. The first named develops often rapidly after persistent and profuse diarrhœa. The patient has a yellow wax-like appearance, more or less œdematous, and may become so weak as to faint at the least movement or exertion; the skin is generally cool, the pulse small and feeble, but the mind clear. If the diarrhœa can be overcome, recovery is probable, if not, hydræmia increases, and it soon comes to serous exosmosis into the pulmonary alveoli and death occurs on account of œdema pulmonum.

Dissolution of the blood appears mostly in malignant epidemic puerperal fever. In the beginning of the disease there is some congestion of the head, the sick are nervously feverish, inclined to talk much, and in bad cases they become delirious, very restless and sometimes raving mad, in which case they develop considerable muscular energy. The more the dissolution of the blood increases, the more the activity of the brain diminishes and the disease takes the character of typhus. The patient becomes very weak with congestion of the head, the sensorium diminished, mild delirium, and continually picks the bed clothes. The pulse is very much accelerated, full and undulating; the secretion is very offensive and profuse, and on the cutis appears petechiæ and ecchymosis; the gums are inclined to bleed, the breath is offensive, even the urine has an obnoxious smell and in very severe cases, miliaria, erysipelas or a circumscribed inflammation of the cutis of the extremities appears, which finally produces death.

Mild cases of endometritis are confined only to the generative organs, and are frequently mistaken for febris lactea. In mild epidemics, even such cases may come to a favorable termination, where the inflammatory affection has already extended to the intestinal canal or the respiratory organs, but cases have been known to terminate fatally within twenty-four to forty-eight hours on account of rapid blood dissolution. If the dissolution of the blood appears gradually the malady is prolonged and tedious.

The most dangerous cases seem to be rupture of the uterus, in consequence of which, septic endometritis develops and in long continued sickness the inner part of the uterus, as well as the softer parts of its appendages, turn into a smeary, gangrenous or ichorous mass.

The prognosis is certainly doubtful. As long as no signs of anæmia, hydræmia, or septicæmia appear, the respiratory organs remain intact, and the sickness does not appear typhus like, so long there is hope for a favorable termination.

*Metrophlebitis and Lymphangitis puerperalis* are termed according to Kiwisch and Scanzoni, puerperal pyæmia. The characteristic symptoms are: severe repeated chills or rigors, recurring either daily or several times per day, sometimes regular, at times typical or sometimes irregular, followed by intense fever with weakness and exhaustion of the limbs. The oftener these rigors appear the more intense is the fever and the greater becomes the weakness of the patient. In the literature of puerperal fever, cases are recorded, where, after a severe rigor, death occurred on account of paralysis of the nerves.

The more delicate and the weaker the constitution of the patient, the easier chills are produced. Sometimes only shivering is experienced instead of a chill. Both the chills as also the shivering are pathognomonic of metrophlebitis.

On account of repeated chills or rigors followed by intense fever, the blood may rapidly decompose, in which case the fever takes a typhus character. The sooner the blood decomposes the sooner appears ichorous obnoxious secretion of the uterus, gangrenous destruction of the softer parts of its appendages also marked decubitus, formation of petechia and hemorrhagia.

We know through the pathological anatomy that the veins of the uterus contain purulent coagulations which may produce other inflammatory affections of the veins and lymphatics, viz.: Phlegmasia alba dolens, and metastatic processes in different distant organs, which are known as puerperal metastasis.

*Prognosis.*—The diagnosis is so clearly defined as to perceive the prognosis. Some puerperal fever appears with such intensity as to result fatally within twenty-four to forty-eight hours. Sometimes one puerperal fever form may combine with another. Mortality is at times very great. In malignant puerperal pyæmia from 50 to 80 per cent. may result fatally.

*Treatment.*—Repeated chills, in *puerperal peritonitis*, is one of the most important symptoms, informing the physician of an acute blood dissolution, which should be met promptly to obtain a favorable result. On finding the hypogastric region very sensitive to pressure we give, even if the patient has a collapsed appearance and frequent vomiting.

\**Belladonna* 3, in one-fourth hourly doses, to overcome the inflammation as soon as possible and to prevent too much exudation in the peritoneum. If the symptoms do not mitigate within two or three hours, we give,

*Opium* 1, in hourly doses, at the same time make use of this remedy as an unguentum. In mild cases the peritoneal symptoms soon

\*(Kafka uses the decimal scale).

retrograde. If the hypogastric region is not very sensitive to pressure, and even the lochia suppressed, we give,

*Chinin*. 1, in hourly doses, to strengthen the adynamic condition and to prevent blood dissolution. In mild epidemics, favorable results are soon observed; in malignant cases the malady progresses rapidly. If the desired improvement is not obtained we make use of,

*Chinin. ars.* 1, in hourly doses, from which remedy we have obtained, even in malignant cases, quick and good results.

A second important phenomenon, is *tympanitis*, dependent on paralytic conditions of the intestinal muscularis, produced by existing exudation. If severe pain of the bowels with nausea and vomiting is co-existent, or the uterine region very sensitive to pressure, we give,

*Belladonna* or *Opium*, to relieve the pain, and generally with the retrogradation of inflammation, the tympanitic conditions also abate.

If the meteorismus is very great, the diaphragm much elevated, and the fever high, it is to be feared that a pneumonia may arise, on account of compression of the lungs, for which we give, *Phos. or Iod.* which quickly improves these conditions. In complication with pleuritis, *Bry. or Sulph.* Sometimes a pericarditis may arise.

Typhus conditions, we treat according to typhus abdominalis.

If the anæmia is very great on account of too much exudation in the peritoneum, we give, *Phos. or Ars.*; if these remedies are insufficient, we make use of *Ether phosphoratum* or *Chinin. ars.* to strengthen the system and modify the blood.

Hydræmic conditions, require the application of *China, Arsenicum* or *Chinin. arsenicosum*, according to symptoms.

In *puerperal endometritis*, the inflammation generally spreads to the intestinal canal, producing, after a few days, more or less mucus diarrhœa, if catarrhal; serous, containing fibrinous coagulation, if croupous; an obnoxious odor, mixed with gangrenous portions of the intestinal mucous membrane, if diphtheritic.

*Phosphorus, Pulsatilla, and Arsenicum* (3) we give in catarrhal and painless diarrhœa according to symptoms, and in very obstinate cases *Alumen 1, and Nit. ac. 3.*

*Hepar sulph. calc.* 3, *Iod.* 3, or *Sulph.* 6, in croupous diarrhœa; *Ars.* 3, *Carb. veg.* 3, and *Sulph.* 6, in diphtheritic diarrhœa; and in obstinate cases *Nitr. ac.* 3 or *Plumb. acet.* 1, may be tried.

In all these cases, neither spontaneous pain nor any caused by palpation is observed. In complication with peritonitis, this is reversed and in most cases, the lower abdomen meteoristic distended, with inclination to constipation, although much fecal substances, mostly of a serous nature, is retained in the intestinal canal, on account of the paralytic condition of the intestinal muscularis, which easily decompose, producing more or less severe meteorismus, on account of which the lungs are compressed, creating œdema pulmonum. In such cases I think a quick evacuation of the intestinal canal is urgent,

partly, to evacuate the decomposing fæcal contents as soon as possible, partly, to relieve the lungs from compression.

According to Homœopathic principles we would treat such cases with, *Nux vom.* 3, *Bry. alb.* 3, or *Sulph.* 6, only if these remedies have no favorable action, we give permission to an evacuating method.

Hydræmic conditions, are met chiefly by *Phos.* 3, *China* 1, *Ars.* 3, or *Chinin. ars.* 1.

In the treatment of *metrophlebitis*, or *puerperal pyæmia*, we have to combat in the beginning or during the sickness against chills, either regular, irregular or typical, therefore we make use of *Chinin.* or *Chinin ars.* in hourly doses, for the same reasons as stated in puerperal peritonitis, to strengthen the adynamic condition, and prevent blood dissolution.

The hereafter developing typhous condition, we treat, according to typhus abdominalis. In synchronous icterus with gastro-duodenal catarrh, good effects are obtained from *Belladonna* or *Atropin*.

Hydræmic conditions and blood dissolution require the same treatment as given under puerperal endometris.

---

#### A CASE OF HOMICIDE BY A WOUND IN THE VULVA.

Dr. F. W. Draper reports a most interesting medico-legal case in the *Boston Med. and Surg. Journal* for September 4, 1884, wherein within the space of five hours (taking outside limits of time) a strong, plethoric, healthy woman bled to death by a wound of the vulva an inch long and half an inch deep. Such an occurrence, if standing alone as one observed for the first time, would be regarded as extraordinary, perhaps as incredible; but it is fortunate in being in accord with similar observations recorded in surgical and medico-legal writings. It is really a typical example of an interesting class. Ogston quotes the case of a woman who died in ten minutes after receiving two wounds about the genitals, one on the left labium and the other at the entrance of the vagina at its upper part; the fact that she was pregnant, and that the vascularity of the parts was thus increased, may have had some influence upon the rapidity of the hemorrhage. Taylor alludes to the case of a woman, eight months pregnant, who "fell from a chair, which also fell with her. There was hemorrhage, and she died in a quarter of an hour. The blood had flowed from a wound an inch and a half long, situated between the right labium and the urethra." In another case "a contused wound of the clitoris proved fatal. A woman, aged thirty-six, received a kick from her husband in the lower part of the abdomen while she was in a stooping posture. When seen, in about three quarters of an hour, she had lost three to four pounds of blood; she was sinking, and expired a few minutes afterward. The wound was at the edge of the vulva, extending along the ramus of the pubes; it was about an inch

long and three-quarters of an inch deep. The left crus clitoridis was crushed throughout its length." These cases are of use in teaching the medical witness that, whether in the presence of a jury or elsewhere, he should be economical in the use of terms like "impossible," or "incredible," or "inconceivable."

In the case reported by Dr. Draper, the jury found a verdict against the husband.—*Med. and Surg. Reporter.*

---

#### HYDRASTIS CANADENSIS IN PROLAPSUS UTERI.

One day last winter, when I was passing the house of a farmer, several miles from my place of business, I was hailed by the man and requested to come in and see his wife, who had been troubled a long time with falling of the womb. Upon examination I found the cervix uteri protruding from the vulva. There was no inflammation nor abnormal tenderness. After having her recline I returned the organ to its proper position. Having nothing better with me I left some powdered *Hydrastis canadensis*, and directed a strong infusion to be made and used as injection. I did not see the patient again for three months, when she called at my office and told me she had kept on using the injection as prescribed until now she felt entirely relieved—felt much better than for years. Upon examination I found the parts restored to their normal condition.

In this case there were no daily specular examination, no cauterizing applications; no scrapings out, sewings up, nor cuttings open; no hard rubber, soft rubber, nor wooden patent ante flexion, retro flexion, duplex pessaries—nothing but yellow root. I know this is entirely too gross for the blood of our expert gynecologists; but nevertheless, I am forced to conclude that *Hydrastis canadensis* is a very good thing in some cases of prolapsus uteri.—*Eclectic Medical Journal.*

---

## Materia Medica Department.

---

### A LECTURE ON ACETICUM ACIDUM.

BY PROF. J. T. KENT, M. D., OF ST. LOUIS.

A person who had been taking vinegar for some time will have a *pallid, wizen, emaciated* countenance and *vomiting*; also ulceration of the throat. A pot of vinegar on the stove is very beneficial in some diseases. You cannot cure a chronic disease if you allow your patient to use vinegar. [*Lachesis will work with it.*] When curing a chronic disease you must stop] your patient from eating pickles. There are two rules I adhere to: First, in *acute* diseases I generally let patients have anything they crave; second, in *chronic* disease I DO NOT. A drunkard craves that which is killing him—alcohol. Sour things must be prohibited; you must select a remedy that will antidote

these tastes and cravings. For alcohol and tobacco, *Caladium* or *Asarum europium*. Vinegar is craved by old alcoholics. Acetic acid runs as a type in many of these troubles. An old consumptive when permitted to drink vinegar will decline very rapidly, and if he is predisposed to hemorrhages, he will have them frequently.

The patient is dull, low-spirited and depressed, both mentally and bodily. Patients addicted to the use of vinegar to excess do not recognize their own children—Acetic acid is Homœopathic to this state in disease. Conditions brought on by the habitual use of coffee, tobacco, opium, and alcohol are antidoted by Acetic acid very high; nose bleed in anæmic subjects who look *pale*, *careworn*, and are subject to diarrhœa alternating with constipation, or have had the flow of bleeding piles suddenly checked. Under Acetic acid we have a breaking down of the red corpuscles and mucous membranes—this condition predisposes to hemorrhages. These patients take cold easily, and are subject to frequent catarrhal attacks.

*Milk impoverished, bluish, transparent, strong, sour taste and odor*; different in caseine and butter (*Silicia* also). Patient loses flesh and gets marasmus. (Diphtheria that *begins* in the *larynx* and *goes up*—*Bromine*.) Acetic acid has an exudation of a fuzzy, white appearance in the throat (*larynx*); child had been vomiting. Wrap throat with a cloth saturated with vinegar, place a vessel containing vinegar on the stove, and give Acetic acid *high*. Croup must correspond to these symptoms: Difficult breathing from laryngeal obstruction, pseudo laryngeal croup. A croup-like, hollow sound with each *INHALATION*, (In the Aconite croup the sound occurs with the *EXHALATION*. The Aconite croup has the following: The day before has been sharp and cold; the mother has been out with the child; when she returns she puts it to bed; at about ten o'clock, or *before midnight*, the child awakens, grasps its throat, and croups. It has the appearance of *ANGUISH* and *fear of death*.) Acetic acid is foremost in dropsy with a diarrhœa. In diabetes insipidus there is a large amount of light-colored urine (almost as clear as water); the urinometer stands at about 1015; *GREAT THIRST* and *EMACIATION*. *Night-sweats* very profuse, and you have the same *cachectic countenance*. Night-sweats in consumptives and old chronic invalids or after typhus, when they do not recover readily. Hemorrhages from lungs, stomach, and bowels. It is useful also in stings of wasps. If you can't get *Ledum*, apply vinegar locally. *Ledum* is a grand remedy for these poisonous stings. (Whenever there is a laceration and threatened tetanus—*HYPERICUM*.) Acetic acid is an antidote to all anæsthetic vapors. After a patient has taken Chloroform he is sick at the stomach and there is no reaction; the inhalation of diluted vinegar will restore him.

*Pale, wazen, emaciated* countenance is a very important symptom. This is Acetic acid's "red-string." In all cases where vinegar has been taken, and those cases needing it, you will find the patient *pale*, *wazen* and *emaciated*. The teeth feel dull and sometimes on edge.

An important symptom is, indications of white film *low down* in the *fauces*. This is a remedy for *croup*, some *dro:sies*, and diabetes insipidus—not where there is *sugar*, but a great quantity of watery urine. There is an inflammation of the throat which is cured by wrapping it with a flannel saturated with vinegar. Children swallow with some difficulty even a teaspoonful of cold water. In connection with this case the child will be *pale*, *waxen*, and *emaciated*. The patient is *run down* in this remedy. Ashy colored exudations in the throat. An important symptom is: *No thirst* in *fever*, but there is *thirst* in *dropsy*. You would hardly think of any other remedy in consumption with dropsy of the feet and legs extending to the knees, especially if there is *great thirst*. *No thirst* in *croup* or *fever*. It also disturbs very greatly the pneumogastric nerve; hence we have nausea and vomiting. It may go on to ulceration of the stomach, and with this symptom we have a *pale*, *waxen* countenance. The stomach becomes so debilitated that the patient vomits after every particle of food, but it is said he retains water. (The Bismuth patient vomits every drop of water as soon as it touches the stomach.) (In *Arsenicum* the water when taken is either vomited or *passes THROUGH* the patient immediately.) (Under *Phos.* the water comes up as soon as *warm* in the stomach.) Vomiting after every meal. The contents of the stomach feel as if in a ferment. Cold sweat on the forehead. Diarrhœa with swelling of the limbs and feet (dropsy) in phthisis. Diarrhœa in the latter stages of typhus and typhoid fever. Now, in this *latter* diarrhœa there is *no thirst*, but in the *former* diarrhœa there is *violent thirst*. In profuse hemorrhoidal bleeding you would not think of this remedy if the patient was *stout* and *robust* and *hearty*, but if *waxen* *careworn*, *tired*, and *broken down*. A guiding symptom in pregnancy is: Sour belching and vomiting, with profuse water-brash and salivation, day and night. A person can be salivated as well by vinegar as by Mercury. Calcarea is very similar to this state during pregnancy. (A remedy for vomiting in pregnancy is *Symphoricarpus racemosus*.) Local applications of vinegar for hemorrhages after labor.—*Hom. Phys.*

## Eye and Ear Department.

### HOMŒOPATHIC REMEDIES TO PREVENT BLINDNESS.

Dr. M. Roth.—My aim in bringing the subject of prevention of blindness before the society is to learn from the members what their experience is with Homœopathic treatment in affections of the eyes leading to loss of vision. When I was in general practice as a young physician, about forty years ago, I had very good results from *Hepar sulphuris* in *ulcerated cornea*. With the exception of this complaint no other serious cases of eye diseases came under my observation.

## DISCUSSION BY THE BRITISH HOMOEOPATHIC SOCIETY.

Dr. Drury (in the chair) mentioned casually that he had found *Merc. cor.* very useful in phlyctenular ophthalmia, and he had also had a case of rheumatic iritis in which *Phosphorus* was very quickly curative.

Dr. Dudgeon was not so hopeful as Dr. Roth that all cases of blindness resulted from ophthalmia neonatorum might in future be prevented. There were some instances when it arose from the contact of malignant discharges in the parent, which resisted all treatment; the same might be said of blenorrhœa in the adult if the constitution and surroundings were bad; the greatest care on the part of the medical attendant was not sufficient to save the eyes. He thought *Hepar sulph.* might cure nine-tenths of the cases of ulceration of the cornea, but in the other tenth destruction was not always preventable. He applauded Dr. Roth's efforts for the spread of knowledge concerning the prevention of blindness.

Dr. Wyld had noticed that in Germany the bad type and characters used in reading had much to do with the prevailing near sight, and he was surprised to find that in English public schools more attention was not paid to this subject. In the case of the latter, much of the study was done by gaslight placed at a great distance from the eyes and unprotected by an opal shade. He himself was suffering from incipient cataract and would like to hear hints as to the treatment of that affection. Hitherto he had been taking *Silic.* 6 and 30, and during or after reading he frequently bathed the eyes in warm water, which seemed to give great relief, and he thought by these means he was retarding the progress of the disease.

Dr. Clarke, had seen a case of blindness following vaccination in which the history pointed to contamination with syphilis, and the patient was afterwards affected with this disease in all the bones. Another case had also been under his treatment—a cricketer, who first noticed his failing sight when playing and attributed it to the use of tobacco; the sight improved when this indulgence was discontinued, but blindness returned upon resuming it. This patient could always see better in a cold wind. *Phos.* improved the general health, but had no effect upon the blindness.

Dr. Tuckey mentioned a case of glaucoma in which iridectomy was performed, and in a few months the disease spread to the other eye, which was also operated upon, but blindness followed in both. He had found *Spig.* 1x give great relief to the pain in this instance after it had been prescribed in the 6th dilution by a colleague without benefit. While attending the out-patient department of the hospital he had under treatment a case of syphilitic blindness which improved rapidly under *Merc. cor.* 3. The patient could see comparatively well in six or seven weeks.

Dr. Goldsbrough had noticed three cases of ophthalmia out of 140 new-born children. The first case recovered with a slight opacity of the cornea in one eye under *Merc. cor.* and frequent syringing with



warm water. In the other two *Argent. nit.* had been administered according to the plan of Dr. Norton, internally and locally, and the patient recovered in a few days without the slightest trace of the mischief remaining.

Mr. Engall mentioned the case of a child in whom one eye was blind, caused by a tumor pushing the eyeball forwards. This was eventually strangulated by natural growth of the orbit, and the sight returned to the eye.

Dr. Roth, in reply, read a communication he had received from Dr. Yeldham to the effect that he considered ophthalmia neonatorum neglected or badly treated the most fertile cause of preventable blindness, and gave as his experience that the greatest cleanliness, proper dieting, early medical treatment, the administration of cod-liver oil to weak and delicate children constituted the most effective means of prevention and cure. He had treated many cases of cataract in the later periods of life and of amaurosis without appreciable benefit. Dr. Roth stated that in the lying-in hospital in Vienna the eyes of infants were washed immediately on birth with a solution of *Nitrate of Silver* or some other preventative drug, and there were usually not more than three or four cases of ophthalmia out of 1000 children born. He (Dr. Roth), in reply to Dr. Dudgeon, said he was not so sanguine as to the recovery of all eye diseases, but as to two-thirds of them which were preventable. In one report issued in America there were given ninety-two cases of amaurosis caused by tobacco.

*On the Prognosis of the Spiral Fractures of the Long Bones.*—According to Professor Bruns, of Tubingen, quoted by Dr. Richter, of Breslau (*Centralblatt für Chirurgie*, No. 17, 1884), a torsion of spiral fracture, such as may be caused by forcible twisting of the shaft of a bone in its long axis, is composed in most cases of a spiral line of fracture, and also of a straight line of fracture running parallel to the long axis of the bone. In forcible torsion of the bone the spiral line is first formed, and then the shaft is split by a vertical fracture. Varieties may, however, occur in the direction of the second line. In some cases there are two vertical lines of fracture, cutting out a loose rhomboidal fragment from the shaft. The characteristics of these injuries, besides the not unfrequent manifestation of the spiral lines of fracture, and of the well-marked projection under the skin of the sharp and pointed ends of the fragments, are very distinct crepitus, free abnormal mobility, much shortening of the limb, and of very considerable subcutaneous extravasation of blood. The prognosis of such fractures, even when they are simple, and the injury remains a subcutaneous one, is relatively very unfavourable. From the extremities of the main lines of fracture often proceed far-reaching fissures, which may extend into one or other of the articular extremities of the bone; the shaft is thus broken up into a number of fragments, and there is much injury done to the marrow. These conditions account for not only the frequent occurrence of pyæmia and septicæmia after compound spiral fracture, but also for the risk of gangrene after such injury, even when simple and subcutaneous, and the consequent loss of limb, and it may be, of life. Of four cases of simple spiral fracture reported, three terminated fatally, and in the fourth the patient was saved by primary amputation through the thigh.

# THE UNITED STATES MEDICAL INVESTIGATOR.

"HOMOEOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

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

---

DISEASE CHANGES is one of the most singular facts that we as physicians have to study. Just now Chicago is having a few cases of scarlet fever, but the disease is so mild that it gives us no more concern than did measles ten years ago. Then scarlet fever was complicated with diphtheria and was most severe and fatal. But that was not perhaps due to the presence of diphtheria then, for now we are having very severe and even malignant cases of diphtheria and still scarlatina is most mild. Is it because this latter disease is disappearing? The new epidemic diseases are mumps and whooping cough. Both of these diseases are quite severe. The complications are not so marked as the disease itself.

Mumps or parotitis seems more easily communicated and much more violent than was manifest in former epidemics. Those who have passed through previous epidemics unharmed have had severe attacks. In children both sides have become involved. *Mercurius* has not exerted its well known influence on this epidemic. *Belladonna* has done more to arrest the attacks than any other remedy. Singular that *Mercurius* has disappointed this year so often. Why is this thus?

Whooping cough has swooped down upon us in its true type and many adults are "whooping" who supposed they had all the children's diseases years ago. The prescribers who do not consider this possible character of coughs are "getting left." The parts chiefly involved are the throat and lesser bronchi, even down to lower border of the lungs. The attacks are often ushered in with vomiting and diarrhoea with all the symptoms of a severe cold. While the attention is diverted by these enteric symptoms the cough makes rapid headway. Would that indicate that the next epidemic may be pneumonic or gastro-enteric? If we have a mild winter we shall likely see much coughing—as well as many coffins. Pleuro-pneumonia will doubtless be abundant. It will likely be severe and promptly serious. The line of attack will be such as to complicate the digestive apparatus early. *Veratrum vir.*, first cousin to the cholera *Veratrum alb.*, will doubtless do yeoman service.

Throat and chest diseases will likely keep us busy all this winter. It will be interesting to note the disease changes.

**THE NEW ORLEANS RALLY.**—It [seems] now definitely settled that we are to have a rally at New Orleans. But just when those who have the matter in charge do not seem to know or at least inform the profession. Months ago a committee was appointed to provide for the convention of southern physicians, or rather a convention of Homœopathic physicians during the World's Convention. It would seem that the time ought to be fixed and the invitations sent out. If delayed much longer the visit of such an organized body as the Western Academy will be necessary to give a definite time for the proposed rally.

## Clinical Medicine.

### *CHRONIC GASTRITIS.*

CASE READ BEFORE THE HOMŒOPATHIC ASSOCIATION OF TORONTO,  
NOVEMBER 14, 1884, BY DR. JOSEPH ADAMS, PRESIDENT.

“About fifteen (15) months ago I was consulted by a young woman aged twenty-nine (29) years, for what she called indigestion. She was of the nervo-sanguine temperament and encephalic type. The stomach was constitutionally very weak, tongue pretty clean, with large, red prominent papillæ, heart and lungs sound, brain abnormally active, menstruation normal. For the last twelve (12) or fourteen (14) years she had been suffering from indigestion and six (6) months previous to coming to me had been treated Allopathically for ulceration of the stomach, with considerable amount of medicine, limewater, and milk, etc.

She complained of great irritation, burning and tenderness of the stomach, soreness on pressure as if there were sore spots inside, great internal fever, craving for food, which would afford temporary relief, but was soon vomited up, sometimes so acid as to scald her throat, milk disagreeing in particular. Bowels confined and when moved with medicine or syringe shreds of mucous would pass with the evacuation. The burning distress in the stomach, with vomiting of sour fluid would point to *Iris versic.*, which I gave her in the 2nd atten., besides applying the galvanic current to the epigastric region. Relief followed, but was only temporary, the bowels remaining as costive as ever. Calc. carb. xxx was now resorted to with more permanent benefit, the patient at one time gaining as much as (15) fifteen pounds in weight, but after a time acidity and soreness re-

turned with constant gurgling in the bowels, which still remained inactive, the exfoliations occurring constantly. Fearing that the case would end in ulceration I now prescribed Hydrastis 2, with satisfactory results, not only the stomach improving, but also the bowels becoming more regular and the mucous shreds gradually disappearing; but then hysteria set in with fits of screaming, beating of the hands, ungovernable temper, the latter symptom indicating Chamomilla, which I prescribed in the tenth (10th) atten., with very satisfactory results, as you will see by the following letter." Dr. Adams then read extracts from letter showing an entire recovery from the last named symptoms.

---

#### CLINICAL ITEMS.

*Mitchella* is useful when the urine is scanty and sediment profuse, urine is dark colored but sediment thrown down is whitish; neck of bladder irritable and sometimes it and urethral oedematous making urination urgent, tedious or impossible; mucous membrane of bladder involved, causing dull pain and uneasiness, especially in women with uterine disorders. Dr. King recommends it in sore nipples, the fluid extract being mixed with vaseline.—*Dr. Winterburn.*

Dr. D. H. Roberts arrives at the following conclusions in relation to diphtheria: First, malignant diphtheria is infectious. Second, that the removal of the membranes by caustics or otherwise is extremely injurious. Third, that cleanliness of the skin and pure air are more important than disinfectants, the latter being injurious whenever they irritate; as do the fumes of Sulphur, Chloride of Lime, etc. Fourth, that in regard to remedies, the Homœopathically indicated remedy is probably the best. Yet as we may not be able to learn all the symptoms in a case, clinical experience should by no means be ignored. In his hands the Mercurial preparations have given unmistakable evidence of curative effects; so also have Apis and Phytolacca. Fifth, that the paralysis which is probably never entirely absent requires careful consideration in all cases of diphtheria, those who die of this disease being usually carried off by the paralysis of important organs. In regard to the bacteric theory he does not regard its truth as established, and even if so, the simillimum would be the remedy.—*Journal of Obstetrics.*

*Hyoscyamus* has chills from small of back up to nape.

*Fucus vesiculosus*, according to Dr. Foster, (*Med. Era, July*) is a valuable remedy in *goitre*. He tried it in several cases, and in every one the *goitre* disappeared within a year. Dose twenty drops before each meal.

*Crotalus hor.*, cured cerebro-spinal meningitis. The symptoms guiding to its selection were the red tongue, great thirst, nausea, epistaxis, very offensive, black, bloody stool, dilated pupils, and general appearance and condition of patient.—*Dr. Donald.*

*Cina* cures in children the following symptoms: High fever, paleness about mouth and nose, gritting of teeth in sleep, muscular twitchings in arms and legs, milky urine—an important symptom—slight rheumatic pain in lower extremities and pain here and there in the joints has been verified. Another symptom is constant swallowing, as if child were sucking candy.

*Tartar emetic.*—Pneumonia, when child wants to be carried upright in the arms. Cholera morbus with great effort in vomiting, great chilliness, and great sleepiness. (Tartar emetic, Opium and Nux mosch. have great sleepiness, but Tartar emetic has paleness of face with it.) Intermittent fever, when patient sleeps continually during sweat and heat and is prostrated. The blood is watery and contains a relative preponderance of white corpuscles. Vertigo to falling and faintness in the morning. Spinal anæmia with pain, mostly noticed in the cervical region, but also noticeable in the lumbar region. Patient is cold and suffers from flatulency, as under all the carbons and also from an herpetic, rough, rhagadic skin, eruptions oozing a sticky moisture:—*Dr. Farrington in Hahnemann Monthly.*

*Erythoxylon coca.*—Continuous eructation of tasteless gas, with fullness and oppression to the pit of stomach. Nervous erethism. (Drop doses of fluid extract.)

*Osmium* is suggested by T. F. Allen, as a remedy for glaucoma. Dr. Norton, acting on the recommendation, has given the remedy in chronic cases with relief. He has not yet tried it in acute cases.—*Med. Call.*

*Picric acid* is used by Dr. Cooper for nervous deafness; membrana pale; deafness worse when patient becomes tired; tinnitus.

*Cantharis and Apis* are considered by Dr. Espanet (*Bulletin de la Societe Med.*) the principal remedies in acute gout. Chronic: Sulph., Calc., Merc. and especially Iod. If swelling is painless with anæmia, Mangan: acet.

*Cina in Scrophulosis.*—I deem it a little remarkable and a fact that disproves many theories of Old School origin, that *Cina* 1000 so often cures scrophulosis in children who are continually boring with the finger in the nose, who are cross and exceedingly unamiable, whose urine turns milky on standing, whom nothing pleases, who are constantly turning and twisting at night with frequent calls for water, and who are often ravenous for food; child wants to be in motion constantly, to be rocked or carried about.—*Dr. H. N. Guernsey.*

*Sivicea* is useful in children with large bellies, weak ankles, much perspiration about head and inclination to uncover.—*Cal. Hom.*

---

*On the Untrustworthiness of Fluid Extracts.*—"Untrustworthy" ought to be written after the name of many of the fluid extracts of medical plants as usually found on our apothecaries' shelves. I have a habit of tasting, at a subsequent visit, of nearly all the medicines I prescribe, and I find there a large number of the fluid extracts in many,

of the officinal and unofficinal prepared for our use by the pharmacists which taste exactly alike. That taste is a peculiar, stale, dirty, gritty one, often entirely wanting in the special aroma peculiar to each plant in the green state; and just here, I make no doubt, is the secret of the untrustworthiness of many of these "medicines." Instead of the fluid extract being made from the recent or fresh green herb, it is too often made from a dried, more or less inert plant, from which the volatile, and often the active principle has, perhaps, wholly evaporated. This fact will no doubt go far to explain the sentence, "The medical virtues of this plant are too uncertain to inspire any confidence in it," or something meaning the same thing, so often found in the dispensaries.—*Med. Record.*

## News of the Week.

*J. G. Gundlach, M. D.*, from Ottawa, Ill., to St. Louis, Mo.

*Dr. C. A. Beldin*, of Jamaica, N. Y., made us a pleasant call Dec. 8. He is on his way to California on account of poor health, his son will attend to his practice while he is gone.

*A Monthly.*—Beginning with January 1885, THE UNITED STATES MEDICAL INVESTIGATOR will be published the 15th of each month and the price will be \$2.00 per year *in advance*.

*Dr. Stout* of Jacksonville, Fla., has removed his office and residence from 48 Pine St., to the corner of Ocean and Monroe Sts., where he will be pleased to see any brethren wandering that way.

*Removals.*—*Dr. C. H. Rew* has removed from Wellington, Kansas, to Carrollton, Ill. *Dr. M. P. Hayward* has removed from Carrollton, Ill., to Lawrenceburg, Ind. *Dr. O. C. Evans* has removed from Lawrenceburg, Ind., to Joplin, Missouri.

*The New York Ophthalmic Hospital.*—Report for the month ending November 30, 1884. Number of prescriptions, 5,189; number of new patients, 717; number of patients resident in the hospital, 25; average daily attendance, 225; largest daily attendance, 311.

ALTON G. WARNER, M. D., Resident Surgeon.

*Dr. Ring's Death.*—My father died of cerebral apoplexy on the evening of the 12th inst. Two slight paralytic attacks preceded the fatal issue about six months. But he entirely recovered from them and was making a professional call when the fatal coma came on. I was called home from a hospital practice in New York and will remain here and continue his practice. Very truly,  
CHAS. F. RING.  
URBANA, Ohio.

*Official Count.*—"You can come in now," said the family physician to the head of the house on the North Side. "What are the returns?" "Three—two girls and one boy." "I want an official count, doctor. I don't want any '76 business in this." "Don't be foolish man." "I tell you I shall suspect fraud until there is an official canvass." Then he apologized to the doctor, saying that he had been so engrossed in politics that he had forgotten where he was.—*Chicago Herald.*

# The United States Medical Investigator

VOL. XX. No. 26.

DECEMBER 27, 1884.

WHOLE NO. 420.

## Gynæcological Department.

### *SHE OVER-RAN HER TIME.*

I have had recently an obstetrical case so rare that I think it would be of interest to your readers. Mrs. R. H. S. aged thirty-five was taken with uterine hemorrhage in September, 1883, she then stated that she had been pregnant since the 18th of July and was fearful she might abort. All clots passed had been carefully saved for examination. This occurred again in October, November and December, becoming less severe with each recurrence of the attack. I examined her in October, and again in November and December, and in the two latter months ballottement was distinctly made out proving beyond all doubt that she was really pregnant. On the 15th day of November she became convinced that she felt movement; this increased in strength from day to day and she confidently expected to be confined about the 24th of April. One month later in May, she had a few labor pains which soon passed off, she was at this time as large as usual during former pregnancies (this being her ninth pregnancy) during the next six months she was several times, as she thought, in the early stages of labor; in September, one year after I first examined her I again examined her and found the os dilated until both the first and second fingers could pass in directly against the head of the child, this condition existed one month later, when she again had pains only to pass away again. She was at times during the last nine months of her pregnancy almost unable to bear the pain caused by the vigorous movements of the child. She was taken in labor on the morning, the sixth day of November, after a pregnancy lasting fifteen months and twenty days, or four hundred and seventy-six days (476.) In the opinion of the writer she was actually in labor in May and (according to her own statement) in April, and from some cause unknown the pain died away to come on and again pass off each month. The child, a male, weighed a little over thirteen pounds. Both mother and child are doing well. It was necessary to chloroform the mother and apply the forceps. I have heard, but can not vouch for its correctness, of one case which covered a period of sixteen months and twenty days, but I can find no case upon record which has covered a time equal to this.

L. C.

AUGUSTA, Ga.

*Ferri jod.*—Bearing down in uterine region while sitting, the patient feels as if something sore and painful was being pushed up. This is a very common experience of patients who suffer from prolapsus uteri; and it is in relief of this condition that the medicine has proved successful.—[Farrington]

## Correspondence.

### *CICUTA AND CONIUM COMPARED.*

- **DEAR INVESTIGATOR :** I am really astonished that brother Duncan, such an expert in Homœopathic materia medica, should desire an explanation between *Cicuta virosa* and *Conium maculatum*, two remedies, though both belonging to the umbelliferæ, differing totally in their actions. The Old School has discarded *Cicuta*, as they find, with their ideas, far better remedies for tetanic conditions in their *Strychnia* and merely lay *Conium* aside on account of the frequent inertness of their preparations.

*Conium* to us is a great remedy in the states of infancy up to adolescence, and again in senility, especially in women, whereas *Baryta* and the Barium salts suit more senile men. Now in Barium as well as in *Conium* we have most glorious glandular remedies and this glandular hyperplasia, even to carcinosis, gives the indication for *Conium*, whereas in *Cicuta* we find affections of the nervous system prevailing, especially those showing a spasmodic or tetanic action.

We know very well that Socrates died from *Conium* intoxication, from ascending paralysis and final asphyxia, which case alone shows that we deal here primarily with peripheral affections, and the central parts may suffer by reflex, whereas the nervous affections of *Cicuta* (e. g., epilepsy) are certainly more of central origin.

Again in their skin symptoms how they differ. In *Cicuta* we may find these herpetic affections based on neuroses, whereas in *Conium* it is always the glandular system, call it psora, scrofulosis or what ever you please, which is the starting point of the dyscrasia and of the skin affections. Thus I might keep on, comparing even symptoms of the one with symptoms of the other, and find differences between them. We must not be mere symptom hunters, we must study the very essence of a drug, the sun, around which all the other symptoms hover, and our materia medica will become thus easier to study and to digest.

S. LILIENTHAL.

## Children's Department.

### *KALI SULPH. IN CHRONIC BRONCHITIS OF CHILDREN.*

There is no remedy so competent for rattling in the chest when that state has followed an acute attack of inflammation. When a child has passed through a broncho-pneumonia and seems to have recovered, and after any change in the weather to cold the child coughs and rattles in the chest, then it is that this remedy cures. A boy four years old was brought to my office for treatment, he looked



well, but coughed several times with a *rattling cough*. "He never expectorates," says the father, "but he always has that rattling." "It is worse in cold weather, he eats well and seems well, but always has more or less rattling." *Kali sulph.* 200, one dose, dry, cured the case, in one week the rattling that had been there all winter was gone; the weather changes do not affect him now.

A little girl baby fourteen months old had a very violent double pneumonia last winter. Having been called to the case rather late it was with great difficulty that the baby was saved, but finally it convalesced and looked well. During the cold spring weather it *rattled* in the chest and coughed, otherwise it was healthy and plump. Some two months after the acute attack it was rattling when the weather changed to cold or damp. *Kali sulph.* 200, cured immediately. I prescribe *Kali sulph.* for rattling in the chest with or without much cough, in the absence of distinct indications for other remedies, in *subacute* or *chronic* cases.—*Hcm. Phys.*

---

## Book Department.

---

CHARACTERISTIC INDICATIONS OF PROMINENT REMEDIES for the use of students of *materia medica* and therapeutics. By Prof. W. J. Hawkes, M. D. Second edition revised and enlarged. Chicago: Halsey Bros., Duncan Bros. \$1.25.

This is a collection of prominent symptoms of a hundred or more remedies, but it is something more. For example under *Cannabis sat.* we read "in scrofulous eye troubles," under *Abrotanum* "itching chilblains," "marasmus in children" not grown folks remember, under both *Cantharis* and *Platina* we read "nymphomania." The word characteristic seems to have a wide range of application. Some of them seem strained and even exaggerated. Where does he get the "terrible anguish" of *Aconite*. That implies agony, pain. Anxiety is undoubtedly meant. This work will serve a useful purpose as a sort of stepping stone to the *materia medica*, but it seems to us that the chief thing is omitted, i. e., the genius of the remedy which in a measure explains the peculiar symptoms. This should be secured first before the matching process, pointing out the indications, are attempted. For example, if one learns that the symptoms of *Aconite* are dependent upon a feverish nervous restlessness, then the anxiety, the fear, the spasm, the chill, the fever and all of its peculiarities become clear. The lecturer need not step into the physiological explanation, that this is due to the action of *Aconite* upon the nerves of sensation, particularly of the posterior columns of the spine, for that might confuse the student. But for many persons the therapeutic side may be the best from which to study remedies.

## Consultation Department.

### ANSWER TO CASE FOR COUNSEL, DEC. 6, 1884.

For dropsical effusion of lower extremities Colchicum should be used, and for enlarged spleen *Ceanothus americanus* should be given internal, and apply strong tincture locally. When it begins to take effect there will be soreness of the parts after which it will decrease in size rapidly and a cure soon follows. LADY PHYSICIAN.

### CASE NO. 113. HEMICRANIA.

Feeling a great interest in the Consultation Department of THE INVESTIGATOR, and knowing it of great benefit to us young practitioners, at least, have decided to refer a case of mine for advice.

Mr. B., aged sixty-six, a man accustomed to hard work but at present a merchant. Has been troubled for the last six years with an excruciating headache or pain in the head. Has been termed by many neuralgia. Been under treatment most of the time, principally "Old School," without relief. Was attacked six years ago very suddenly, for the first in the fall of the year, and was confined to his bed three months taking all kinds of nostrums, etc. Hot mush and ashes, poultices, any and all *hot* applications were applied to the head but only momentary relief was experienced. Seems to be much worse in fall and winter, particularly cold weather. Can not bear the least cold, must have warm to his head, has had these attacks continually, ever since the first seems to be periodical, sometimes staying on several weeks at a time. Was called to see him some three months since, found him in bed suffering *very* severe *cutting, shooting* pains, all through his head and extending down into cords of neck and about the tuberosities, also down into the face but not so frequently. These pains were principally on right side commencing in the temple, but not limited to either side. At these times has a constant eructation, or *belching* and *gaping*, occasionally vomiting but clear and transparent. Found *Cinchona* indicated quite strongly, gave 3x.

The fact that he had taken such an amount of patent medicines induced me to give him *Nux vom.* 3x. That seemed to check the attacks for probably four or five times giving a dose of each remedy a day, but they seem to return as cold weather sets in.

Have arrested their severity partially, but cannot wholly eradicate it. Have faithfully tried a number of our remedies. *Colocynthis* 6x has been serving me well the last three weeks, at least he has missed two attacks. They apparently return weekly. Can you tell me what it is and the indicated remedy?

Will be thankful for any light on the case. Am sometimes led to believe it arises from the stomach. C. W. PYLE.

# THE UNITED STATES MEDICAL INVESTIGATOR.

"HOMŒOPATHY, SCIENTIFIC MEDICINE, EXCELSIOR."

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

---

THE YEAR 1884 has been a remarkable one in a medical point of view. The prevailing storms from the east led us to expect the advent of cholera but its slow western march has disappointed many. Still we have not been idle. There have been a diversity of cases of many diseases. Is this the shoal of small fish that appear before the coming monster?

The evidence of the progress of Homœopathy has never been more marked. The rebuilt Chicago Hospital, the new Pittsburg Hospital, the College and Hospital of Philadelphia, the extension of Hahnemann Hospital of New York, the new Insane Asylum of Massachusetts, the new addition to the Boston Homœopathic Hospital, the Homœopathic Hospital at Washington, the Homœopathic Asylum for Michigan, etc., all demonstrate the substantial hold that Homœopathy has upon the people of influence. We are now reaping the fruit of the sowing of those pioneers who bore the heat of discussion and the brunt of ridicule. If true to our principles it is easy to see that equal rights in all public institutions is simply a question of the near future.

The close of the year brings up afresh the question of a possible medical union. When the cry was the loudest years ago we pointed out that when the sciences of etiology and therapeutics came to receive the attention now given to pathology, then Homœopathy would be accorded the niche it had chiseled out for itself. No other harmonious union is possible, any forced union will result as we have seen in a surrender of principle. The true scientific men in the ranks of the regulars will be the first to accord justice and honor to those who have developed a science of *materia medica* and established a law for therapeutic selection. *Contraria* is the law for dietetic selection. On that basis we have stood and on that line we propose to fight the battle for Homœopathic recognition. Until then, there is a large field for Homœopathy and a demand, yes, a justificate for sect in medicine.

The outlook demands heavy ordinance and emphatic speakers, as well as clear cut illustrations. While a rapid issue suits some readers

better, the monthly has more room and influence. A monthly suits the demands of the times and as the publishers announce, look out for a grand monthly magazine filled with good things whose motto is *Homœopathy Excelsior!*

**A MONTHLY AGAIN.**—For some years the publishers of this journal have listened to the voice of many readers and issued it first semi-monthly, and for the last two years weekly. But a weekly issue does not give general satisfaction. So they have concluded to return to the monthly issue next year. The same amount of matter will be given each month. We will then have space for long as well as short practical articles. The whole medical periodical world will be placed under contribution so that our readers will be sure to get the very cream of current literature.

**THE MEDICAL INVESTIGATOR** as a monthly occupied the front rank and there we expect, with the cordial assistance of our readers, to place it again.

---

## Clinical Medicine.

---

### *A FEW REMARKS ON THE DIAGNOSIS OF INCIPIENT PHTHISIS.*

BY C. B. CURRIER, M. D., SAN FRANCISCO, CAL.

The diagnosis and treatment of phthisis is a subject which has engaged the best minds in the profession since medicine first existed among the sciences, and one might hesitate to offer for further consideration a subject upon which so much able and exhaustive comment has already been made, were it not for the fact that there always remains something yet to be discussed and learned in regard to all great questions however well the ground may have been gone over, and while there still remains no one disease so generally diffused among all nations, ranks and ages, so universally dreaded, or so intractable to curative treatment as tuberculosis in its various phases, its nature and relations must still command our most careful consideration. Until within comparatively recent times examination into abnormal conditions of the thoracic organs was confined to auscultation and percussion, and to anatomical research, and as manifold as were the anatomical results obtained from the dead subject, so were the views respecting the nature and origin of phthisis, and even to this day the pathology of the disease still baffles us and remains an unsettled problem, the ultimate solution of which may be and probably is, still far distant.

The medical profession has much for which to be grateful in the introduction of the laryngoscope, for by it new light has been thrown upon pathological diagnosis in regard to the respiratory tract, and mathematical certainty has been given to many conditions in which mere physical exploration might leave us groping in the dark. But nowhere has the laryngeal mirror proven to be of more practical value than in discovering to us some few phenomena relating to the diagnosis of incipient phthisis in its earliest development, before little if any structural change has taken place in lung tissue. These facts if fully recognized and appreciated by the general practitioner will give valuable aid to an early diagnosis in this most insidious disease, which slays its thousands every year in spite of the best directed efforts of medical science to stay its progress after it has become established. The consumptive patient is proverbially hopeful, seldom seeking medical advice until his symptoms have assumed a formidable character, and nature's early admonitions of impending danger are not always intelligently regarded either by the patient, his friends, or by the family physician whose every energy is too closely engaged in warfare against actually existing disease to be always able to anticipate its insidious approach.

Every physician knows how often laryngeal phthisis is found in connection with pulmonary phthisis, and it is no less true that in very many cases manifestations of the disease may be detected in the larynx long before they are recognized in the lungs, and in almost all cases the condition of the mucous membrane investing the larynx may be considered as an index to the condition of the mucous membrane lining the lungs. But there are also certain characteristic changes to be found in the color and shape of the larynx in the earlier and premonitory stages of phthisis, which are of supreme importance in the detection of the condition. The first of which may be described as a peculiar ashy-grey color of the entire mucous membrane investing the pharynx and larynx, differing completely from ordinary anæmic paleness, and which although not easy to describe, when once seen is not likely to be mistaken for any other condition and may be considered as one of the earliest danger signals where a tendency to phthisis may be reasonably suspected. While an anæmic condition of the laryngeal mucous membrane may be consequent upon general anæmia, excluding all ordinary causes the fact may be always regarded as most suspicious, even when auscultation and percussion may give no evidence of disease in the lung. Further to this preternatural alteration in the color of the membrane, progression in the disease may next be manifested in the laryngeal mirror by a peculiar roughness and swelling in the vicinity of the arytenoid cartilages and the epiglottis. This roughness may so increase as to sprout up into a pyriform growth resembling a papilloma, which it would be a fatal mistake to remove by operative procedure, since if in such case there should be a phthisical dyscrasia, ulceration would inevitably ensue and the patient be thrown into an advanced stage of phthisis.

When the epiglottis is affected its cornicula becomes swollen and deformed, or so contracted by ulcerative process that it can no longer fulfill its office of protection to the larynx, and, in an advanced stage in this condition, the act of deglutition is made so difficult and painful that the poor sufferer often actually shrinks from eating or drinking.

The above described conditions have been declared by competent authority to sustain a certain relation to phthisis pulmonalis, inasmuch as in cases where we find only the pyriform swelling on the arytenoid cartilages we may assume that there has been as yet no destruction of lung tissue, and where such destruction has already begun in the lung, we will find that the mobility of the epiglottis is more or less impaired by the swelling or infiltration of its tissues.

Disease in the lung almost invariably begins in the same side as the affection that may already exist in the larynx, and *vice versa*. While cases may be found where evidence of phthisis may exist in the larynx when concomitant signs of disease in the lungs are absent or doubtful. On the other hand, if the degenerative process in the larynx be once begun and left unchallenged it will do fateful execution, independent of pulmonary complication, and in a patient who has a family history of phthisis, ordinary recurrent sore throat, may be considered to be a very suspicious ailment, not to be lightly considered or neglected, as it is liable to degenerate into serious conditions. Hoarseness is one of the earliest and most persistent symptoms of incipient phthisis and is the primary indication that should arrest the attention and point to the necessity of curative interference. It is sometimes noticeable long before any chest symptoms have become manifest, as the disease advances, cough becomes a prominent symptom, and while the real nature of the morbid process is often disguised by recurrent colds and catarrhal conditions, the gravity of the situation if unsuspected and unrecognized will all too soon become fatally apparent. The experience of every physician in large practice teaches him how often phthisis is present before the patient or his friends recognize its indications; and also how little importance may be attached to the patient's assertion that he is in fairly good health, even at the time when he is being questioned in regard to unfavorable indications to which he confesses. \* The importance of laboring to check the advance of phthisis, and to lessen the number of its victims, has never been more apparent in all the world's history than now, when there is a growing recognition of the necessity of proper attention being given to the preservation of health, and to the avoidable causes of disease, and although we may never hope to eradicate the disease from the human family until it has become a matter of individual effort and self-denial on the part of those who have an inheritance in the fatal dyscrasia, still, much may be done towards lessening the mortality among those in whom the evidence of the disease has been certainly detected, and much more may be effected for

the benefit of those who exhibit merely a constitutional or inherited tendency, by the intelligent use of preventive as well as curative measures.

In its earlier stages, as exhibited in the foregoing remarks, there is no question but that incipient phthisis is a curable disease—always provided the treatment be prompt, thorough and intelligent—favorable surroundings, of course, being conceded, in an abundance of pure air, sunshine, nourishing food, with freedom from all the causes which tend to the lowering of vitality. It is perhaps needless to say that an early diagnosis in this most insidious disease, makes the prognosis much more hopeful, or that it requires more than ordinary diagnostic skill to interpret the value of indications which sometimes occur in the earlier stages of phthisis.

Much benefit, and often permanent cure results from remedies selected in specific relation to the local, as well as to the general condition of the patient, and considerable value should be attached to inhalations of the properly selected Homœopathic remedy, as being among the most important of curative measures, together with daily inunctions of the best olive oil over the whole surface of the body. The character of the inhalation must of course depend upon the individual necessities of the case, the proper time for such treatment being one hour before each meal, and the number of inhalations may be from 60 to 150 a day, each inhalation being as long in duration as possible. Argent. nitric given internally, 6x, and also used as an inhalation, one grain to the ounce of distilled water is a highly beneficial agent in all stages of phthisis which involve the larynx. It serves to reduce the inflammation in the incipient stage, and later the stronger solutions of this salt reduce the morbid swelling and growths in the mucous membrane.

*Arsenicum 3x.*—There is hardly any stage of phthisis where this remedy is not a most efficient agent, it stimulates nutrition, while inhalations of from one to four drops to an ounce of water are valuable in cases where the mucous membrane of the larynx shows the paler gray-ashy color to which we have alluded.

*Mercurius iodide* after *Arsenicum* is one of our grand remedies when the larynx exhibits evidences of phthisis, and it has a special value in subjects of a scrofulous and syphilitic diathesis, and all forms of laryngeal phthisis come within the range of its action.

For local application by atomization; three grains of Iodide of Potassium to an ounce of distilled water, often lessens the laryngeal swelling and tends to heal ulceration. It is of great service in persons of strumous habit.

*Phosphorus* allays the sensation that produces the tickling and hacking cough, which is a special indication for its use.

*Cal. carb.*, *Carbo veg.*, *Bry.*, *Puls.* and *Nux vom.* are all excellent remedies when the digestive functions are impaired.

The matter of first importance relating to incipient phthisis is to be

able to make an early discovery of its indications, and if it be recognized in due season, the Hahnemannian law of cure affords a wealth of resource to arrest any particular functional derangement that may have induced the morbid conditions which invariably obtain in incipient phthisis.

### BLEEDING FROM INTERNAL PARTS.

A LECTURE BY H. N. GUERNSEY, M. D., PHILADELPHIA.

GENTLEMEN: You have frequently, during this course of lectures, heard me mention remedies to be used for "Bleeding from Internal parts." I now propose to collate the same, and to make a differential diagnosis of each of them, that you may be prepared to select the one whose pathogenesis most closely resembles the presenting symptoms on the "spur of the moment"—if need be; and, that you may be enabled to arrest a hemorrhage of the most frightful character, in the most "*mild, prompt and durable manner*" of all known methods.

Those remedies which are most highly characterized by BLEEDING FROM INTERNAL PARTS, are: *Acon.*, *Arn.*, *Bell.*, *Calc. c.*, *Carb. veg.*, *Canth.*, *Cham.*, *Chin.*, *Croc.*, *Ferrum*, *Hyos.*, *Ipec.*, *Kali c.*, *Lach.*, *Lyc.*, *Merc.*, *Nitr. ac.*, *Nux v.*, *Phos.*, *Plat.*, *Puls.*, *Sabin.*, *Secale*, *Sepia*, *Sulphur*.

As we may at any time be suddenly called upon to prescribe almost instantly for a dangerous hemorrhage, I will give the *strongest points* of each drug first, that we may be facilitated in our choice.

*Acon.*—When we find with the hemorrhage an apparent mental excitement, accompanied by a fear of death (perhaps the fear of bleeding to death), we may find on investigation that the hemorrhage was brought on by a fright, by a fit of anger, or by anxiety; the patient may still be suffering from the exciting cause. The sufferer is usually lying on the back, owing to an *aggravation from lying on either side*; worse on rising, (becomes dizzy); blood coagulates easily; *afraid* to move about much, though feeling restless and anxious; thirsty, skin dry. Most generally found in dark-haired subjects, plethoric and active.

*Arn.*—Here the bleeding has been excited from an injury; from concussion; bodily fatigue; physical exertion. We often find a bruised or sore sensation in the parts from which the blood exudes. Pulmonic or uterine hemorrhages and epistaxis, etc., are often attended with this sensation. Hot head and a cool body are very characteristic of this remedy.

Sometimes a fright and an injury may be nearly coincident, and here great care must be observed to decide which was *really* the exciting cause; should *fright* have caused the bleeding, *Arn.* will not be the remedy.

The difference between *Acon.* and *Arn.* may be seen at a glance.

*Bell.*—The blood coagulates almost as soon as discharged and feels



hot to the parts from which it escapes. If it be from the genital organs, they are usually forcing or bearing down pains; if from the chest or head, there is congestion, throbbing of the carotids, injected eyes, flushed face. The patient wishes to be covered; cool air is unpleasant; cold shiverings frequently run through the body; photophobia; drinks little and often; hot skin; plethoric habit.

Patient generally feels worse in the afternoon and evening; from draft of air; from moving; from rising; from suppressed perspiration.

Here, too, we see that *Bell.* in its turn, differs very essentially from either of the preceding drugs.

*Canth.*—A most striking symptom calling for the use of this remedy is found in the urinary organs, and consists of a cutting and burning pain during micturition; the urine flows in drops, or in a very scanty stream. Hæmaturia; uterine hemorrhage, blood usually being very dark; hemorrhage from the lungs or nose.

*Calc. c.*—Here, the most striking feature is the constitution of the patient. This is leucophlegmatic; light hair. A little investigation may show that the menses are apt to be too profuse and too often; much perspiration about the head and shoulders; limbs are usually drawn up, and are cold and damp; desire for loosened garments; amelioration from being rubbed; desire for warmth and covering; a slight draft of cool air is chilling; if the bleeding be from the chest, it is usually from the left side. *Calc. c.* cannot be mistaken for, or confounded with, either of the above remedies.

*Carb. veg.*—We are chiefly led to the use of this remedy in very desperate cases, where there is almost an entire state of collapse; weak pulse; anguish of heart; skin cold and blueish; patient wants to be fanned very hard; and often whispers to the attendants, "fan harder, fan me harder."

This desire to be "fanned hard" is found in many different complaints, and may always be considered as indicative of this drug; we may sometimes be called in very late to such cases, or we may get them from the old practice.

*Cham.*—The striking peculiarity here is mental irritability of a spiteful nature; the patient speaks quickly and sharply. Blood dark and coagulated; desire for air; restless; distressed; spiteful and irritable.

Patient generally feels worse in the night; from warmth; from anger; during eructations; lying on painless side; during perspiration; during sleep; from coffee. Better while fasting; while lying on painful side.

*China.*—The first note of alarm here is faintness, with ringing in the ears; *ringing in the ears* is one of the most characteristic symptoms in the pathogenesis of *China*, and if we do not give it soon, the pulse will become irregular, flickering, and imperceptible; skin cold and clammy; fainting and unconsciousness. Even at this stage

*China* 2c., in water, every two or three minutes, will soon work a favorable change.

Generally feels worse, periodically; in the night; after drinking; while talking; can't talk, wishes others to explain; after perspiration; on touching the parts softly.

*China* cannot be confounded with *Carb. veg.* as, Firstly, in *Carb. veg.* the patient wishes to be fanned hard, and if at all in *China*, very softly. Secondly; In *Carb. v.*, the skin is dry and blue, while in *China* it is moist and clammy. Thirdly: In *Carb. v.*, we find no ringing in the ears, as we do in *China*.

*Croc.*—The striking feature of this hemorrhage is its *black* and *stringy* character, the blood forming long dark strings as it flows; often resembling long, black, earth worms. We find this feature, whether the hemorrhage be from the uterus, lungs, or the nose. When examined in a mass the strings may be somewhat matted together, but the characteristic tendency is plainly observable. Sensation of a bounding or rolling in the abdomen, as of something alive.

*Feels worse* in the morning, when fasting; during pregnancy; in a warm or close room.

*Better* in the open air; after eating.

*Ferrum.*—We usually notice a very red face, with a full pulse; the hemorrhage is partly of a fluid, and partly of a black and clotted character. The flow may be from the lungs, stomach, nose, bowels, or uterus—if from the latter, there are very often violent, labor-like pains in the back and abdomen; great erethism of the circulation; flushes of heat.

*Feels worse* in the night, particularly after midnight; from change of position; from fat food.

The trouble may have been superinduced from poisoning by Peruvian bark; the patient is generally very weak; though having so red a face and so full a pulse.

*Hynos.*—The alarming points that appear are delirium; semi-unconsciousness; a constant flow of blood; jerking and twitching of the muscles; face bluish; eyes congested. The hemorrhage may have been brought on by a fit of jealousy; by taking cold; by unhappy love, or some other mental affection.

*Worse* usually in the evening.

*Better* from stooping or leaning forward.

*Hynos.* differs from all its companion remedies by the prompt appearance of delirium in case, by the semi-unconsciousness, by the twitching and jerking of the muscles, and by the bluish face. The alarming kind of hemorrhage is usually uterine.

*Ipec.*—When we have an uninterrupted discharge of bright red blood from the vagina, nose or lungs. The first symptom here is usually, a complaint of faintness and nausea; also, there may be a sharp cutting pain from the naval towards the uterus; later we may find cold skin, cold sweat, and a species of suffocating spells.

Hemorrhages sometimes follow suppressions of eruptions; abuses of Peruvian bark; after eating veal; after coughing; while vomiting; occurring periodically.

It will be perceived that *Ipec.* approximates *China* in the cold sweats and cold skin, but *Ipec.* has not the ringing in the ears, nor has *China* the nausea. *Ipec.* would also be indicated in a constant flow of bright red blood from the nose or lungs, with the above gastric symptoms and faintness. *Ipec.* is more frequently indicated than any other remedy.

*Kali carb.*—We are most frequently led to think of this remedy for hemorrhage occurring some days or weeks after parturition; also for epistaxis and hæmoptysis after being over-heated, and after a vexation. The sometimes accompanying symptoms are agonizing pain in the back, extending into the glutæi muscles, and down over the sacrum; stitching pains in the abdomen; abdomen often tympanitic.

*Feels better* from being covered up warmly; after eructations which occur quite frequently.

One of the best remedies to prevent abortion from occurring about the second month, when characterized by stitching pains; pains in the back hindering walking—causing the patient to feel like stopping to lie down anywhere, in the street, on the floor, etc.; later, these pains may extend over the sacrum in the glutæi muscles.

*Lachesis.*—For flooding occurring at the critical age, particularly when characterized by chills at night and hot flushes by day, or floodings at any time when thus characterized; after parturition, with pains in the right ovarian region always relieved by flow of blood from the vagina; in all typhus or typhoid conditions, where there is a flow of dark blood from the nose, from the lungs, or from the bowels with a *sediment like charred straw*. This sediment may either have a crushed appearance, or may look like distinct spears of charred straw—it really being decomposed blood.

Diarrhœas following milk-leg are sometimes accompanied with a hemorrhage of this sort, and here *Lach.* will be the curative agent.

*Lyc.*—Hemorrhages from the nose, lungs, or uterus where there is a great deal of flatulence, borborygmus, and a *sensation of fullness up to the throat*, after taking a small quantity of water or nourishment; frequent flushes of heat; palpitation of the heart; cutting pains from right to left in the abdomen; all symptoms worse from four to eight in the afternoon and evening. Desire for air; to have the windows up; to be fanned. This remedy may often be used in the worst cases of pulmonic hemorrhage.

*Merc.*—This remedy is particularly applicable in hemorrhages occurring in elderly females sometimes after the critical period has passed: light hair; scorbutic condition of the system. Cold, damp thighs and legs at night; perspiration sour and mouldy, excepting of the feet, which is scentless; skin and muscles lax; thirst, even though the mouth be full of saliva; mood serious, sometimes amorous.

*Feels worse* at night ; when blowing the nose. With the above conditions epistaxis, hæmoptysis, hæmatemesis, hemorrhage from the bowels, or uterus.

*Nitr. ac.*—This remedy is in many respects very similar to *Merc.* and sometimes a very close comparison is requisite to discriminate between the two.

Contrary to *Merc.*, *Nitr. ac.*, has dark hair ; perspiration, sour and urinous ; skin and muscle, rigid ; no thirst ; blood dark ; foot sweat, fetid ; distrust. The urine is much stronger, and more like horse urine, than in *Merc.*

Bleeding from the arteries and capillaries ; bleeding from the uterus with pain in the back, running down through the hips into the legs with a sensation of pressure, as if the uterus itself would escape from the vulva. In so comparing *Merc.* and *Nitr. ac.*, we find them different from each other, and from all the preceding remedies.

*Nux vom.*—It is a curious fact that in most all hemorrhages requiring the *Nux v.*, we find an irritable condition of the rectum, which is a frequent and ineffectual desire for stool, with the sensation as if portions of feces were in the rectum, this latter sensation remaining even after defecation ; usually in dark-haired subjects.

Hemorrhage may be excited by indulgence in rich food ; from much coffee ; intoxicating drinks ; constipation.

*Worse* in cold air, between three and four A. M.

*Better* in a warm place ; lying on the side ; in loose garments ; passing wind per anum.

*Phos.*—Particularly for tall, slim, dark-haired subjects ; also in females who menstruate too often, too much, too long ; sensation of emptiness in the abdomen ; slim, dry stools, expelled with difficulty ; flushes of heat.

*Feels worse* lying on the left side ; on the back ; from warm food, or drinks.

*Better* lying on the right side ; from cold food and drinks ; from being rubbed ; after sleep.

Small wounds bleed persistently and profusely ; bleeding erectile tumors.

*Plat.*—Hemorrhages, blood being partially fluid and hard black clots ; also coming away in quantities, and having a dark, tarry appearance ; with sensation as if the body was growing larger in every direction ; in dark-haired, spasmodic and nervous subjects.

*Puls.*—Intermittent hemorrhages, blood generally dark in subjects, of mild and tearful temperaments ; can lie best on right side ; feels much worse in a close warm room ; desire for open doors and windows ; no thirst ; scanty urine ; blood flows and stops.

*Sabina.*—Blood flows freely in fluid and in clots. When from the uterus, there is very often a pain from the sacrum to the pubis or *vice versa* ; for violent after pains of the above nature, with the above characteristic bleeding ; especially applicable for miscarriages com-

ing on about the third month ; blood pale from the nose ; blood from the vagina pale, or red, dark, or mixed with light red ; much soreness in the hypogastric region.

*Feels worse* in a close warm room.

*Better* in the open air.

We see that *Puls.* and *Sabina* agree in the aggravation from warmth, but *Sabina* has that peculiar pain. *Puls.* has a different disposition, and the character itself of each hemorrhage differs.

*Secale corn.*—The flow is passive and may be dark or red, though is mostly red ; in subjects who are naturally feeble and cachectic ; tingling in the limbs and prostration ; desire for air ; aversion to being covered ; cool skin with no desire for covering.

*Better* when lying with limbs extended. (In *Calc. c.*, the patient feels better with the limbs *drawn up.*)

*Sepia.*—With abdominal plethora or congestion ; pain in the right groin ; sensation of weight in the anus ; painful sensation of emptiness in the pit of the stomach.

*Feels better* from drawing up the limbs.

Disposition to abort from the fifth to the seventh month, especially when there is uterine congestion ; cold hands and feet ; hot flashes ; particularly when she complains of little, fine, darting pains up the neck of the uterus. The difference must be remembered between *Kali c.*, which has abortion about the second month of pregnancy ; *Sabina*, with abortion about the third month ; and *Sepia*, with abortion after the fifth month.

*Sulphur.*—Sensation of heat in any part previous to, as well as during the hemorrhage ; particularly when from the lungs. This sensation of heat may be in the inner parts of the nose, uterus, rectum, etc.

*Worse* when warm in bed ; when exposed to any heat, as of the fire, etc.

In giving these remedies for "Bleeding from Internal Parts," I think it proper to remark upon the *so-called* adjuvants, which some physicians resort to for the arrest of hemorrhages.

As we have passed over a variety of hemorrhages, and have observed how each has its own peculiar character, each one differing from all the others, it will be useful to inquire : "Why does the patient bleed in this manner, or in that ? *Why* are these bleedings, each of its own peculiar type, from the nose, from the lungs, or from the dried up uterus of the aged female ?" We know that in all these hemorrhagic conditions there were no open blood-vessels of any size, from which the blood could flow.

What other cause then, can be assigned but that of a peculiar morbid condition in each case, which, having induced an afflux of blood to the parts concerned, caused the bleeding ? In apoplexia, in the various congestions, in the erethism of blood which causes flushes of heat, there is a morbid agent at work, which is not unlike, in principle, to other morbid conditions, causing other forms of disease

which are perfectly amenable to the remedies of our *Materia Medica*.

And why then, might we not as well employ *so-called* adjuvants in almost any other form of disease, as in *bleeding from inner parts*?

As it is the pathogenesis of a peculiar morbid influence which we see manifested in the various forms of hemorrhages, so the pathogenesis of some peculiar drug must indicate its use in arresting the forms of bleeding to which it is adapted.

As we know our remedies, we can succeed in their use as destined by the Creator, without the aid of any cumbersome, and *often* injurious, *so-called* adjuvants.

---

## News of the Week.

---

*Renew your Subscription* now for 1885, only \$2.00.

*A Happy and Prosperous New Year* to all our readers.

*One more Honor.*—B. Bell Andrews, M. D., of Nemaha City, has been appointed county physician for the fourth year and assistant railroad surgeon at his city on the B. & M. R. R.

*Luther J. Ingersoll, M. D.,* of Denver, sends us a circular which looks as if he had swung out as a specialist. Why any one who thinks that he has a good thing should attempt to prey upon the profession and people in a quackish sort of way is something beneath the dignity and philanthropy of the profession.

*Notes from the South.*—Homœopathy is increasing slowly but surely here. We need more Homœopaths in the south, there are a great many good points where there is no Homœopath practicing where one could not fail to do well if he has the means to hold on and await the slow movements of the people who are very conservative here and adopt new ideas very reluctantly, but truth will march on to the end of time and we hope yet to see our school as flourishing as in the east and west. In the entire south I do not think there are more Homœopathic M. D's than in your state, (Ill.)

Truly yours,

L. C.

*Responsibility for Payment of a Consulting Physician.*—A test case was recently tried in Belleville, Ontario, to determine whether or not a patient is liable for the fees of a medical man who is called by a friend or relative. In this case the brother of the patient summoned the consulting physician who assisted in the amputation of the finger. The patient refused to pay the consulting physician, on the ground that he had not engaged him, and told him to look to the attending physician for his fee. The judge who tried the case ordered a nonsuit, holding that the patient was responsible only to the physician he engaged.—*N. Y. Med. Record.*











UNIVERSITY OF MICHIGAN



3 9015 07480 1617

