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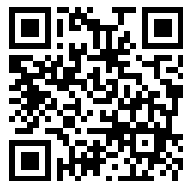
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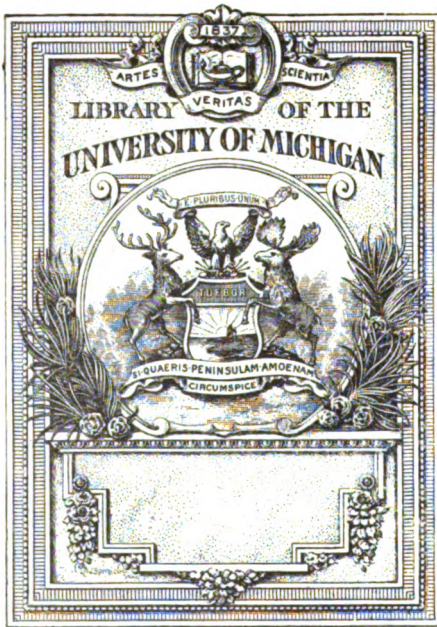
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*United States  
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Society Proceedings.

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THE ILLINOIS HOMEOPATHIC MEDICAL ASSOCIATION.

FIRST DAY.—MORNING SESSION.

The Twenty-second annual session of the Illinois Homœopathic Medical Association was held in the lecture room of the Methodist Church Block, Chicago, May 16th, 17th, and 18th. Notwithstanding many adverse circumstances, there was a very full attendance. Promptly at 10 o'clock A. M., President J. S. Mitchell, M. D., Chicago, took the chair. A. Miller, M. D., opened the session with prayer.

The following persons were present during the meeting: Drs. J. S. Mitchell, A. E. Small, D. S. Smith, R. Ludlam, G. D. Beebe, W. Danforth, A. G. Beebe, D. A. Colton, S. P. Hedges, L. C. Grosvenor, R. N. Tooker, J. E. Gilman, W. H. Burt, T. C. Duncan, J. Keck, T. D. Williams, J. B. Talcott, T. S. Hoyne, N. F. Cooke, Chas. Adams, J. Dal, H. N. Small, A. B. Wescott, J. W. Streeter, J. G. Achenbach, E. A. Ballard, H. P. Cole, G. A. Hall, L. H. Holbrook, R. N. Foster, N. B. Delemater, E. M. Hale, T. H. Trine, A. L. Marcy, Helen J. Underwood, Helen E. Underwood, Miss R. A. Underwood, E. E.

Sherman, W. M. Wilkie, J. W. Hawkes, Chas. Vilas, Sarah E. Wisner, W. H. Woodyatt, H. M. Hobart, H. C. G. Meissler, A. Miller, F. H. Foster, E. G. Folsum, I. Langridge, E. W. Currier, Seldon Leavitt, Mrs. Dawson, Mrs. Burrett, Geo. E. Halsey, G. W. Hilton, Edward Rawson, Henry W. Roby, Mrs. Levanway, Chicago; E. M. McAfee, Mt. Carroll; S. E. Trott, Wilmington; L. Pratt, E. H. Pratt, A. M. Blunt, Wheaton; M. M. Eaton, Peoria; R. B. McCleary, Monmouth; M. C. Barker, Waukegan; W. S. Johnson, Anna E. Bailey, Hyde Park; J. R. Kippax, Maywood; E. Parsons, Kewanee; H. M. Bascom, Ottawa; H. M. Baker, Highland Park; M. C. Bragdon, Evanston; A. H. Potter, Maquon; A. J. Bell, Naperville; G. A. Corning, Marceilles; C. N. Hazelton, Morrison; H. M. Brubaker, Pittsfield; I. S. P. Lord, Brooklyn, N. Y.; Mrs. M. B. Camm, Ft. Howard, Wis.; Mrs. E. G. Cook, Buffalo, N. Y.; Mrs. Coe, Elmore, Ohio; Wm. W. Collins, Albion, Michigan; Miss Warren, Emporia, Kansas; E. W. Taylor, Wisconsin.

The minutes of the last meeting were read by the secretary, T. C. Duncan, M. D. On motion, the order of business was adopted as printed.

The president, J. S. Mitchell, M. D., of Chicago, then presented the

#### ANNUAL ADDRESS.

FELLOW MEMBERS OF THE ILLINOIS STATE HOMŒOPATHIC MEDICAL ASSOCIATION: So short in the retrospect is a single year, that it seems but yesterday when a closing duty, connected with your last annual meeting, placed me in the position of trust I occupy to-day. For this distinguished honor I now tender you my hearty thanks. Realizing the full measure of responsibility involved, I beseech your indulgence and support in my efforts to make this present session profitable and enjoyable. I welcome you most cordially to our city and place of meeting. Those who have left their fields of active labor are to be congratulated that they have here nothing to distract their attention. The bell that always rings inopportunistly, and seldom when earnestly desired, will neither perplex nor rejoice you. For a brief season you will not incur the weighty responsibility necessarily attending the care of suffering fellow men, nor be called upon for your ever ready sympathy with affliction. Quietly and uninterruptedly you are privileged to enjoy the reports and discussions of this session. Those who come and give what time they can, while the pressing care of the sick is with them, are to be congratulated on the enjoyment derived from meeting old friends and hearing familiar voices, as well as the other profit, that comes from their attendance. We should feel like a child without a home, were these annual gatherings of professional brethren to meet in any way with interference.

To-day, our country reviews a national history of a century. The marvelous increase in numbers, unexampled prosperity, and happy condition of our people, is being celebrated by orator, poet, and musician, and the results of their efforts in every field of human industry by an exhibition grand and exhaustive. As Homœopaths, we scan a



briefer period, but one in which is manifest for our cause the same rapid growth, yet more glorious results. The benefits accruing from the introduction of Homœopathy are not confined to a nation. Wherever civilized man is found, its influence in improving his mental and physical condition is powerfully felt. So often and so well has this theme been dwelt on that it were vain for me to say more concerning it in general; but I ask your attention for a few moments to some remarks on the part taken heretofore by this association in behalf of our cherished cause, and to some suggestions concerning its future management.

#### A RETROSPECTIVE GLANCE.

Nearly a quarter century ago, when the level plains and undulating prairies of this rich and populous state were already covered with myriad acres of waving grain; when many of the cities and towns now dotting it were springing into being; when iron roads were being projected in all directions, to help form the network that is one of the sure foundations of its prosperity; when its present magnificently built metropolis was but an overgrown town, not yet raised from the mud, the little city of Peoria saw the first meeting of the Illinois State Homœopathic Medical Association. E. A. Guilbert, M. D., now of Dubuque, called it to order. To his energy it is greatly indebted for existence and early interest. It may surprise some to learn that thirty Homœopathic physicians were present, even at that early date. The freedom of thought characteristic of the wide spreading prairies of the west was already manifest in the large number of physicians practicing the new medical faith. Dr. D. S. Smith, whose keen eye and yet elastic step, preclude our terming him venerable, though his hair be silvered, presided. We conclude that he made a good president, for the records show that twice subsequently he was wanted in that capacity. Objection to a third term had not then been raised.

In view of the efforts just made by a neighboring state medical society, of the old faith, to shackle medical education, it is gratifying to note that at this first meeting of Homœopathic physicians, a committee to consider its promotion was appointed. The gentlemen then assembled, gave both money and brain-work for the support of a medical journal. Those pioneer brethren knew that if they builded well, they must build wisely. *Materia Medica* was represented by the now venerable I. S. P. Lord, M. D. From that day, his spicy articles on the subject have been interesting and profitable. Dr. R. Ludlam had not then made his brilliant reputation as a gynæcologist, so they appointed him chairman of the committee on provings. He proved himself first, and the "characteristic" was, "valuable member of the association." He has since faithfully and effectively served it in nearly every capacity, including its highest office. At the second meeting, held in Springfield, in 1857, Dr. Belding, even then called the "old-man eloquent," was admitted to membership. Dr. Small also became a member at that meeting, and delivered the annual address. It was a masterly exposition of Homœopathy. As a matter of interest, it was

stated at this meeting that there were then between thirty and forty physicians of our school in Canada. Also; that in 1853, two years before the first state meeting was held, Dr. D. S. Smith, with rare prescience, had obtained of the state legislature, through active work, in which he was greatly assisted by N. B. Judd, J. L. Scripps, and others, a charter for a Homœopathic medical college. Though physicians of the Old School opposed through bitterness toward Homœopathy, and some of our own school had been lukewarm through failure to see the necessity, it was ready when needed.

The fourth annual meeting was held in Chicago in 1858. It was distinguished by a candid discussion of the interests of medical education. Resolutions were passed by acclamation, favoring the union of the Western Homœopathic College, at Cleveland, and the proposed Missouri Homœopathic College. The interests of our cause would have been well subserved had all united in building up a single Homœopathic medical school for the northwest. The papers presented at the meeting were of a high order.

At the fifth meeting, it was stated that there were more than two hundred Homœopathic physicians in the state. Forty-eight were then members of the association. The meeting was held at Jacksonville, and was presided over by Dr. L. Pratt, of Wheaton. The scientific reports read at that meeting have never been surpassed in the history of the association. The proceedings of later meetings are too familiar to require mention here. Year by year the attendance has increased. The association has been ever keenly alive to the necessity of zealously guarding the sacred trusts confided to it. It has fostered and sustained a medical college which has a proud record, and it has so far promoted medical journalism that two of the best Homœopathic journals ever published have issued from Chicago. By its annual meetings, scientific reports and deliberations, it has advanced Homœopathy throughout the state, more than any of us can estimate. Thus has the Illinois State Homœopathic Medical Association, the second oldest in the country, that of New York alone preceding, done its noble and effective work.

#### WHAT MIGHT BE ACCOMPLISHED.

We are promoters of a science and art that stands as guardian over the lives and health of our fellow men. Great as has been the result of its labors, we may seriously ask whether, in the future, still more might not be accomplished by an improved organization. When we read the records of our early meetings, so rich in valuable data, we are forced to the conclusion that our advance has not been commensurate with what was then promised. We ought how to have, annually, a noble volume of transactions, so instructive in the progress of medicine and the collateral sciences that no physician of our school in the state could afford to dispense with it. This can be obtained by more thorough organization. The ability is here. When the proud legions of France, victorious in so many desperate conflicts under the talismanic name of Napoleon, gave way before the steady, irresistible

advance of the well-drilled, thoroughly-organized German forces, all were quick to see the efficacy of matured purpose and complete preparation. We have not only to advance ourselves in scientific attainments, but are obliged to watch a vigilant and determined enemy. Our best allies now are the intelligent, cultivated, fair-minded members of the Old School. We cannot surpass them in denunciation of the bigotry and inconsistency of their deluded brethren, who still believe that persecution and ridicule will crush the ire-inspiring phantom of Homœopathy. Through their efforts, witness the result last week at Ann Arbor. The enemy makes a stand, the war horse snorts, the din of battle is heard, the rallied forces "march up a hill and then march down again."

The more persecution Homœopathy has received, the more it has thrived. It is to be tried now, nay, is already being tried, in a more fiery crucible. Persecution only excites sympathy, and draws new friends, but ruthless criticism and thorough investigation slowly squeezes the life out of all that is not founded on immortal truth. Homœopathy is now receiving a calmer observation from our opposers. I cannot say investigation, for it does not receive from them yet that candid consideration that has power to convince. It will soon come, but Homœopathy will have nothing to fear. It can be ground between the upper and nether mill-stones of criticism and investigation, and come out triumphant. The fine wheat will all be there—for it is the last and best step in medical evolution. With its potentized and immaterial doses it works at the mainsprings of life. But like the last and best evolution in religion, given us by the Great Master, it can be placed in discredit for awhile by the delusions and misdeeds of its professed followers. Ceaseless vigilance and untiring work, must still be our motto.

#### RECOMMENDATIONS.

The suggestions which I shall make are in the hope that they will lead to some changes, by which our efficiency as an association may be increased; at least, that they may stimulate others, better able, to work for the accomplishment of so worthy an end.

#### CHAIRMEN OF COMMITTEES.

I recommend that each scientific committee select its own chairman, and that it be his duty, not only to make a report on the improvements, advancements, observations and discoveries in connection with it, as called for by the constitution, but that he select a subject for consideration at the next annual meeting. In the practical departments, that members of the committees be requested to observe cases of the disease selected, and make a record of individual experience. Every physician knows how much of this is lost, through lack of care in observing and recording it. Our classical works are, almost without exception, the results of the observation of those who have been connected with large hospitals or dispensaries. We can gather, through state medical associations, the clinical experience of our practitioners among the

better classes, and make it available. Each member of the committee could make his report in person, if present, or through the chairman. From these reports it should further be the duty of the chairman to make up an abstract and transmit it to the chief of the same bureau of the American Institute. There could be no greater incentive to correct observation and recording than the fact that the ultimate end of it would be its reception and utilization by the finest medical body in the world. It has already, by resolution of June 9, 1869, invited state societies to co-operate in the work of clinical verification of the *materia medica*. The members comprising scientific committees should be announced at the commencement of the second day's session. They could then meet and select their chairman, who could name subject or subjects selected, before adjournment. By this plan, those making a study of special subjects could report in the direction of their specialties. There need be no abuse of power, for the appointment of the chairman would rest with the members of the bureau. It would be a most honorable position, one second only to that of president.

#### DISCUSSIONS.

Following each report, there should be a discussion. This is called for by standing resolution, but we do not generally notice it. Experience shows that if we pass a report, it is rarely called up again. The time for discussion is obviously while the subject is fresh in mind. Members of the committee and the president could guide the discussion, so that it should not drift away from the subject under consideration. Our resolutions provide for a careful limitation of debate. There are questions of general interest that ought to be more fully discussed, notably, medical education and journalism. We gather in our state associations our best minds, and it would be well if, in a short, pithy debate, they gave their views on a graded course of two or three years' duration, on the policy of better endowing and supporting the colleges we already have, on increasing their number, and on the means to be adopted by which the plane of our journals could be still further raised. If in our state associations these topics were ably and generally discussed, the faculties of our colleges, and our journalists would better know the drift of medical public opinion, and put themselves *en rapport* with it.

#### TO INCREASE ATTENDANCE.

We have now about four hundred Homœopathic physicians in the state. Nearly one-half are enrolled on the membership list. But we cannot count two hundred active members. It is patent to all our older members that we need to awaken a more general interest in the association among physicians in parts of the state remote from Chicago. We want full representation, from the hills of Jo Davies, from the region round about the Starved Rocks and Lover's Leap, from the bluffs of the Illinois and Mississippi, and south, even to the Cave in the Rock. As one step toward accomplishing this, I recommend that the constitution be so amended that each alternate annual meeting be held

at some point outside the city of Chicago. If so large and intelligent a body assembled in different parts of the state at each meeting, the impetus would be given our cause in that locality that would be long felt. Another advantage is based on the fact that a large proportion of our active members reside in Chicago. When the meetings are held here, they are in their business field. Even though they attend regularly and steadily, they cannot so intelligently discuss questions of general and scientific interest as they could, if, after a few hours' rest, free from care, they gave their clear, fresh thoughts. The time of meeting should be condensed to two days. In small cities, where distances are short, longer sessions could be held.

#### LOCAL SOCIETIES.

Again, it should be the duty and pleasure of the state association to foster local societies. They hold a high place as educators after we leave college halls. Their annual and other meetings should be noticed by letters of fraternal greeting from our president and secretary. We should invite reports and brief abstracts of their proceedings and consultations, as to the best means of promoting their interests.

#### OFFICERS.

Officers of the association should be chosen from those who have long and faithfully served it in various capacities. Great injustice has heretofore been done, in some instances, by failure to observe this obviously good method of selection, and members of value alienated.

The president should be expected, in his annual address, to present recommendations concerning improved management. Thus we shall by attention, avoid the disposition of organized bodies, which no financial considerations influence, to fall into a settled method of procedure, the unperceived enemy of progress.

#### TRANSACTIONS.

The transactions should be annually published, as speedily as possible, in as attractive a manner as our means will warrant. There should be, in so large and prosperous a society, no lack of funds for such a purpose. To secure them, I recommend a rigid observance of standing resolution number three, adopted at the eleventh annual meeting.

With unity of purpose, fraternal harmony, closer attention to our well adopted rules, and such improvement in our organization as matured experience may suggest, this association will maintain its place in Homœopathy, as does the proud commonwealth of Illinois in the galaxy of states, sovereign itself, grandly independent, but, as regards our union, loyal, and ready to act worthily its part in whatever advantages the whole. It will prove itself a tower of strength in promoting the spread of a more liberal medical faith, one better adapted to break the almost adamant shackles of disease, that now bind our race, checking vigorous efforts to improve the condition of nations, by multiplying paupers to sap the results of the energetic labor of those, who,

in the full tide of health, always bear the burdens of many. And every day, moreover, they dash human happiness to the ground at one fell blow, as they crush out the life of one noble in character and strong in purpose, or one so tenderly loved, that, as the heart slowly lengthens out the bands that bind it to earth and the slender threads become invisible, the hearts of those left are too much strained, in the wistful following, to permit their again engaging with spirit in any life work. Who shall say, as the philanthropist, whose unselfish life has borne rich fruit for his fellows, the merchant prince, who gave employment to scores of fellow men, helpless as to themselves and families, unless aided by stronger hands and heads, or he who in any field of labor has brought sunshine and happiness to many hearts, ends his career on earth by the ravages of disease, how far the effect extends. To-day we look and grieve, to-morrow we pass on, but the silent influence loses not itself, albeit the self-devotion of the general throng is intense. It weaves its way through the woof of human affairs in its own directions, ramifying farther and farther, as only those realize who feel the poignant sting: No higher labor, none more full of present reward, engages the attention of man, than the practice of the healing art. With such knowledge, we engage in the work of this session thoughtfully, and with zest.

Acquitting ourselves well, as a society, for such lofty purposes, we shall not only add to our scientific knowledge, merit the silent benedictions of those who, in the years that are yet to come, reap the fruit of our deliberations, but when Homœopathy has at last rounded out its century of history, one of its brightest pages will be that of the Illinois Homœopathic Medical Association. [Applause.]

A committee consisting of Drs. T. C. Duncan, G. D. Beebe, Chicago, and M. M. Eaton, Peoria, were appointed to consider the recommendations in the president's address.

Drs. T. S. Hoyne, of Chicago, and H. M. Bascom, of Ottawa, were appointed the auditing committee.

#### THE COMMITTEE ON DISEASES OF CHILDREN

was then called upon.

T. C. Duncan, M. D., of Chicago, reported on the advancements of this department of medical science. He first called attention to the effects of the genus epidemicus, or a remote, deep, and wide-extending influence upon children and their diseases. This influence was more potent than any of the great epidemics, like cholera, or even the lesser epidemics, like scarlet fever. It interfered with the development of children. He thought this due largely to the presence of cosmic dust. It was singular that there was a marked periodicity of severity. These stages of severity had certain years and cycles, recurring after many years. The bad effect of this epidemic influence upon offspring was corroborated by a communication from Dr. Baer, of Richmond, Ind. One cause of diarrhoea Dr. Baer attributed to the presence of too much lactic acid in the system, which was curable by *Calcarea*. The last point presented was the effect of different regions upon the develop-

ment and diseases of children. In a healthy child the alkaline elements predominate; in new countries the same elements predominate, hence the vigor of children in new countries. Prolonged cultivation renders the soil sandy (acid), the grains starchy, fruits acid, etc. The starchy food was transferred rapidly into acid, and hence retarded development of bone and muscle in the child. This he believed accounted in a great measure for the physical degeneracy of the American people. We could retard this degeneracy in the west by insisting on our people and children taking more alkaline food, and especially water, which was loaded with alkaline elements.

#### DISCUSSION.

Dr. G. D. Beebe — It may perhaps be a question whether a wave of epidemic influences or cosmic dust may so depress the nervous system as to lay the foundation for such diseases as scarlatina and diphtheria, by rendering the system more susceptible to the development of septic germs in the blood; but whether this be so or not I am fully persuaded that scarlet fever and diphtheria are essentially septic forms of disease. Ten years ago I called the attention of the profession to the use of *Carbolic acid* in the treatment of diphtheria when characterized by a low typhoid-type of symptoms, indicating blood poisoning. At the present day all medical authorities unite in commending the antiseptics and in recognizing the septic character of these diseases. I have recently employed in treating these diseases a new antiseptic remedy, the *Sulpho-carbolate of soda*, which has the advantage of being free from odor or toxic effects, and nearly devoid of unpleasant taste. With this agent the blood can readily be disinfected, and if given before the attack of either of these diseases will prove an absolute preventive; employed in the treatment when an attack has already developed, the disease runs a mild course and departs with no sequelæ. I commend it to a trial by the profession.

Dr. D. A. Colton — In these diseases we have to consider the septic causes. I think the nervous system as well as the blood is affected by them. It would appear sometimes as though it were neither, as the period of incubation in scarlet fever sometimes runs eighteen to twenty days. I think scarlet fever sometimes occurs the same as monomania and other nervous troubles.

Dr. M. M. Eaton — Can scarlet fever be aborted?

Dr. G. D. Beebe — Aborted, as I understand it, means stopped. I don't know that it has been stopped, but it has been made more mild and sequelæ been prevented by proper treatment.

Dr. Eaton — Have had many cases where scarlet fever symptoms were prominent but the whole trouble stopped after the administration of *Bell.*, or other indicated remedies. I do not know what sequelæ means since using Homœopathic treatment.

Dr. S. P. Hedges — I have passed through two conditions of mind. Purely a septic idea looks favorable but there are some objections to it, prominent of which, is, if scarlet fever were always due to septic poisoning *Bell.* would not be prophylactic. During the epidemic of

1868, was very well pleased with it; it did abort the fever. The next season *Bell.* was of no use whatever, but other remedies were indicated. Recently have used *Carbolic acid*, in appreciable doses, with good results. Therefore I conclude the causes must be different during different attacks.

Dr. W. C. Barker— I think this epidemic wave the cause of many diseases. In 1854 we had cholera; the next year typhoid fever and dysentery. In 1856 we had a fearful epidemic of scarlet fever, children died in twelve hours after attacked; *Bell.* was a sure prophylactic if coffee was not used in the house, if it was. *Bell.* was of no use.

Dr. A. E. Small— From the fact that the respiration of bad air will produce a disease, I would infer that it could be antiseptically treated. Have had the *Carbolic acid* spray to work like a charm in diphtheria. There were three children sick in one house with scarlet fever; two had died, when it was discovered that there was about three feet of water in the basement, the third child was removed to a dry house and was easily cured. Think if *Carbolic acid* had been used all might have lived. I do not doubt that many of these troubles are often due to malaria poisoning.

Dr. J. W. Hawkes— Which is right, is scarlet fever due to septic poisoning or other causes?

Dr. J. E. Gilman— Cannot see why atmospheric influences should produce different diseases in different qualities. If scarlet fever were due to this alone, all would be equally affected. I think we have two influences, one nervous, and the other must be either malaria, septic poisoning or what not. Septic poisoning may be the primary trouble and can be removed by antiseptic treatment. The secondary trouble is constitutional and must be treated as such.

Dr. T. C. Duncan— Scarlet fever is, without doubt, due to a specific cause. The atmospheric condition renders the nervous system susceptible to the development of the disease. Seasons of damp weather seems to favor scarlet fever. *Bell.* is a valuable remedy. The *Sulpho-carbolate of soda* is new. If the *Carbolic acid* neutralizes the *Soda* (alkali) and leaves only the *Sulphur*, still you have a valuable remedy.

Dr. Duncan then stated that he had

#### A VERY INTERESTING CASE

to present. It was reported by Dr. J. W. Jones, of Clarinda, Iowa, who had forwarded to him a gigantic parasite, which had been ejected from the nostril of a young child. The child suffered from convulsions for two years, but they had ceased on the ejection of the larva. A microscopic examination showed it to be possessed of a telescopic tail containing a sting. The entire length of it, body and tail, is about two inches. It was alive when ejected, and lived for about seventeen days after; but is now dead and preserved in spirits.

CLARINDA, Iowa, April 21, 1876.

DEAR EDITOR: I send you a specimen of a parasite obtained from a negro child that came under my care a little over a year ago. The child was suffering from convulsions, which came on every two hours.



Had been under Allopathic treatment for nearly two years, and instead of getting better grew worse, until the case came under my care. I found upon examination the symptoms to be, some time before the convulsions come on, say five or ten minutes, the child would fall into a state of sopor, and remain in this condition until the convulsions would commence, which were of a very violent character for some ten minutes and then pass off, leaving the child to again relapse into the former condition of sopor, or rather, of coma, lasting for an hour or two, perhaps longer, say two or three hours; by vigorous shaking and manipulating he could be brought out of it in half an hour, soon to again relapse into another of a similar character. Under my treatment I succeeded in stopping the convulsions for four months, they then returned and lasted nearly a week, they ceased again for nearly a year and then had one more convulsion. Since that time has had no attacks until last Thursday, the 16th of this month, when he had one more spasm, resulting in the ejection from the nostril of this monster. I have exhibited it to all the physicians in our town and all unite in saying that they have never seen any of this species of parasite, so I now submit it to your scrutiny and the profession in Chicago for an opinion as to the nature of it. We have examined it under the microscope and find it to be a truly wonderful being. First we find a sting in the end of the tail, and at the end of the sting an additional sting, which is very small and sharp, even under the microscope, and inclines forward. This parasite has lived since the sixteenth until to-day, the twenty-first, without anything to eat, corked up in a vial, and exposed to the extreme cold of three hard freezes. I should be glad to have your opinion on it, and returned to me as soon as convenient, and oblige

Yours truly,  
J. W. JONES.

The following is Professor Peabody's description of it :

“602 ADAMS STREET, CHICAGO, April 3.—*Dr. T. C. Duncan.*—MY DEAR SIR: The larva which you left with me on the 7th inst., purporting to have been ejected from a child's head, is, without doubt, the larva of a species of *Helophilus*, one of the family of the *Syrphidae*, of the order of the *Diptera*. The fully developed image is a fly. The larvæ of this genus are peculiar in the long tail, of which the hair-like outer part is retractable, telescoping into the slender, fleshy continuation of the body. This long tail is the breathing apparatus, adapting the creature to a life in shallow water, the tip of the tail being at the surface. A brief abstract of experiments upon these larvæ may be found in the English translation of *Figuiet's "Insect World,"* pp. 57 and 58.

The remarkable and questionable point in regard to this specimen is, that it should have occurred in a locality so notably unlike its usual place of living as the interior of a child's head. The analogies of science would discredit the idea that it could have lived in such a place. The first point to be settled, and that upon only the most direct, circumstantial and positive testimony of credible witnesses, is that the insect was ejected as claimed. Is the chain of evidence thoroughly reliable? Was the attending physician present when this larva was ejected? Until the fact can be thoroughly established, the specimen fails to have the scientific value claimed for it. I inclose an exact drawing of it when last alive, May 8th. I am, yours very truly,

S. H. PEABODY.

In answer to inquiries for more positive proof we have the following :

CLARINDA, Iowa, May 8, 1876.

DEAR SIR: Your note of April 27th received and contents noted. I would say that the chain of evidence is of such a character that it can scarcely be disputed. First, that it was ejected as stated, is true, and can be substantiated by three sworn witnesses if necessary for the

positive evidence. The circumstantial evidence is, that it occurred at a season of the year when no insect of such a character could have possibly lived, and the additional circumstance of blood and water following its ejection and the corresponding fluid being found on the worm immediately after its expulsion, as seen by at least three of the family, a little boy calling attention to it and exclaiming "Oh! see what a worm come from Liby's nose!" he seeing the worm come from the place mentioned and bound upon the floor. The history of the case I gathered partly from the father and partly from one of the attending physicians. The period intervening from the time the child manifested symptoms of a convulsive character until now would be two years and four or five months. From the time of its commencement until nearly a year ago it had been under Allopathic treatment without receiving any benefit. At the expiration of that time it came under my treatment. I found the child suffering from severe spasms, as I diagnosed, from irritation of the primæ viæ, causing spasms of an opisthotonic character; head and body drawn violently back, accompanied with a very fetid exhalation from the mouth and nostrils, rendering it unpleasant to stay in the room. This was the second stage of the spasm. It was preceded by an aura of some five minutes duration, of deep sopor, when it would be followed by the second stage, as just described, again relapsing into the same condition during the third stage as we find in the first, only that he could with difficulty be aroused from the extreme lethargy.

Previous to my taking charge of the case the spasms would occur at intervals of about two hours, and increasing in severity and shortening the intervals until there would when one ended another begin. I first prescribed for this case one year from November last, which would be November, 1874. I succeeded in arresting the spasms four months, when they again returned, lasting one week, when I again succeeded in arresting them, followed by an interval of nearly a year, at the expiration of which time he had one more spasm, again ceasing until the date I wrote you, when the worm was ejected that is now in your possession for your inspection and final determination as to its character. The child has had one more very light spasm since that time, but is now enjoying very good health. This is as near the history of the case as I can gather from my own experience with the case and the testimony of the family. The remedies used in this case were *Santonin* ʒi, powder, three times a day, and *Nux* twice a day.

#### AFTERNOON SESSION.

The meeting reassembled about three o'clock with the president, Dr. Mitchell, in the chair.

D. A. Colton, M. D., of Chicago, read a paper on

#### RELATIVE CONDITION OF LEGITIMATE AND ILLEGITIMATE CHILDREN.

In it he held that children born out of wedlock were not usually healthy, because they were mainly the offspring of dissipated and abandoned women, and that they were subject to the diseases by which their dissipated parents had been afflicted. Statistics showed that more than 12½ per cent. of illegitimate children died during the first year, than of legitimate. And during the first month of their existence, this was greatly exceeded. The legitimate offspring of wealthy parents were generally more healthful, showing that care and surroundings had something to do with the longevity of children. The diseases which illegitimate children were heir to were mostly of a syphilitic character. The paper tended to show that the

only means of preventing illegitimate children was by men and women obeying God's laws, and living in harmony and love, existing by labor, physical and mental.

Dr. Eaton said that it occurred to him that it made a difference where an illegitimate child was born, whether in Chicago or in the German settlement out on the prairie. The latter, he held, would be a good, strong child, especially if the mother was a buxom German girl. There was a difference between an illegitimate and premature birth.

Dr. Colton discussed the matter at some length, and showed that his statements were substantiated by statistics.

#### THE BUREAU OF SURGERY

was then taken up.

Dr. E. Parsons, of Kewanee, read a paper on the

#### INFLUENCE OF THE MIND OVER SURGICAL AS WELL AS OTHER DISEASES.

He showed that the mind of the patient had a great deal of influence over the physical condition. The bite of a rabid dog caused a great distress of mind, though the injury was slight in itself. And oftentimes, when a dog not rabid bit a person, he died of hydrophobia, caused by mental dread. He held that not nearly all the cases of hydrophobia were actually caused by the bite of dogs. For dogs themselves, when bitten by each other, did not often die. It was the thinking over, and the dread of the disease caused by the bite of a dog which might not be rabid, which often produced hydrophobia. A man dreamed that he was bitten in the breast by a snake, and was so impressed with the idea that a sore formed in the place and the man died. Another dreamed that a nail was driven into his head. A pain came there, and he was so impressed with the hallucination that he became delirious and died. He held that fear killed more than actual disease, on account of the power of the mind over the body. He drew some peculiar contrasts, and showed that a hopeful man, though the weaker, was more likely to survive a serious injury than the strong man, who became disheartened. He gave some very interesting cases which came under his own observation.

The paper was strongly against Allopathic doses, and an argument in favor of the little sugar-pills, but also held that hygiene should enter largely into a cure, as well as electricity and magnetism. Confidence of the patient worked the greatest cures, yet the medicine got the credit, while medicine killed more than it cured.

Dr. Pratt believed that medicines would cure in spite of the mental influence of the patient, yet he thought it was better to get a patient hopeful before administering medicine, if possible.

Dr. Duncan held that the knowledge the physician had of the curative power of medicine made him confident and hopeful of success.

The secretary, by request, read the report of Dr. T. J. Merreyman, of Aledo, who was unavoidably absent, on

#### THE BENEFITS OF APIS MELLIFICA IN INTERMITTENT FEVER.

This embodied an interesting case of a lady, the writer's mother,

who was suffering from violent paroxysms and intermittent fever. Not having the necessary remedies at hand, the doctor captured half a dozen bees, and shaking them in a glass to make them deposit their poison, it was given to the patient, who recovered.

Dr. A. G. Beebe — I take a different view of malaria, in the last few years, after reading the view of a gentleman from India who thought there was no such trouble as malaria. If it were a fact that malaria was a specific cause cases would be attacked in the day and not in the night, as experience teaches us that night is the worst time for taking the disease in miasmatic districts. Thus emanations from earth, seems to me, are to be set aside as accounting for cause of disease, but cause is due to change of temperature from heat to cold. Due precaution should be taken to clothe properly. In the last two seasons, early in the spring in February and March, when no malaria has been generated, I have had several cases of intermittent fever. I believe the action of heat and cold on the liver to be the cause.

Dr. Hedges — Were the cases in well heated houses? When houses are heated by furnace and of uniform temperature the germs might be generated.

Dr. Hale — I lived fifteen years in a malaria district and believe it is due to microscopic germs in the atmosphere. Dr. Salisbury explains that these germs do not rise until evening and would come down toward morning when the atmosphere is cool. Must have damp heat to generate these germs, not warm and dry. Do not believe a single case has occurred here that was caught here, because the ague plant cannot exist here. If cases were inquired into it would be found that the persons had spent some time in the country in the fall, and so has ague the next spring. Salisbury says when germs are introduced into the system they must have heat to hatch. In the city ague is caused by septic poisoning and must be antidoted: have used *Salycilic acid*. Writers on nervous diseases say that long after the disease has stopped the symptoms will go on from habit of the nervous system. Cannot cure ague after the plant has begun to ferment. After germs stop fermenting then any thing will stop the disease.

Dr. D. A. Colton — Cold and damp seem to be necessary to malaria.

Dr. W. J. Hawkes — If there is any one thing I do know it is that *Natrum mur.* will cure cases of ague when indicated. Cured four-fifths of cases one season, in a very malarious district, with it.

Dr. W. H. Burt — I would ask Dr. Hale what effect imagination has on a child.

Dr. Hale — Imagination will do a great deal.

Dr. A. Miller, of this city, read an able paper on

#### THE NATURE AND SOURCE OF SOLAR HEAT, AND ITS APPLICATION TO DISEASE.

The article was quite exhaustive, and the subject was ably discussed. Dr. S. P. Hedges presented the annual report of the Chicago

## NURSERY AND HALF-ORPHAN ASYLUM

for the year ending May 1. The average attendance during the year was one hundred and twenty, all under fourteen years of age. The medical staff consists of Dr. S. P. Hedges, surgeon-in-chief; Dr. L. C. Grosvenor, associate physician; Dr. W. H. Woodyatt, eye and ear surgeon; Dr. T. W. Miller, surgeon. There has been but one death during the year, and the health of the children has been uniformly good, though there was a few cases of severe bowel affections, in strong contrast with former years. The affections of air passages and catarrhal diseases were more prevalent and severe. The feature to which most attention was called was that, by a proper regulation of diet and proper hygienic regulations, many, even most, children's diseases of the intestinal tract might be prevented. The diet in the asylum was of a mixed character, and included meat, coarse bread, fresh and dried fruit, rice, soups, etc. For young children the proper foods needed to be as carefully chosen as the remedies; no one kind of food answered for all children.

The report was received.

Dr. M. M. Eaton moved that a committee, consisting of the president, secretary, and treasurer, be chosen for the purpose of preparing a suitable certificate of membership. Carried.

The association then adjourned till 10 o'clock next day.

## Therapeutical Department.

### CLINICAL OBSERVATIONS.

#### REPORTS FROM THE FIELD OF PRACTICE.

WHITEHALL, N. Y.—Scarlet fever raged fearfully here last winter. The Allopathists lost a very large per cent. while those treated Homœopathically nearly all recovered. It is a general time of health now.  
W. S. CHENEY.

QUINCY, Iowa, June 16.—It is quite healthy here—no prevailing disease. Have had several cases of ague and pertussis, the former called for *Nux* and *Ars.*, the latter for *Drosera*, *Tart. em.* and *Cuprum*. Have tried both *Cup. met.* and *Cup. ac.* Have obtained better results from the latter. In one case, where there were bronchial hæmorrhage and epistaxis, *Nux* and *Bell.* gave speedy relief. D. PITTMAN.

SAN FRANCISCO, June 15.—Eighteen cases of variola already reported this week, with two more days to hear from. It is skipping about from one place to another, throughout the city. Most cases are

sent to a hospital especially set apart for that purpose. Under Old School treatment, of course, the mortality is large in proportion to the number of cases. Hottest weather ever known here, Monday, June 12th, (ninety to ninety-five degrees in the shade.) since then, lower temperature, but quite hot.

W. N. GRISWOLD.

PITTSBURGH, Pa., June 21.—Have some cases of catarrhus æstivus already. *Euphrasia* 6 has done some good. Have recommended the *Amber bead* treatment. Do not yet know results. Has any doctor a satisfactory proving of *Amber*, with any therapeutic hints in this direction? Surely it should manifest a Homœopathicity of these cases, if the *modus operandi* of its action be by absorption, to impress those tissues curatively. I intend to prepare a medium potency, and try it clinically, and will print the results. I should be glad to hear the experience of any one. Write best treatment of this very intractable trouble.

B. F. DAKE.

COUNCIL BLUFFS, Iowa, June 22.—June, so far, has been hot and dry, or cold and damp. Diseases—Rheumatism, neuralgias, influenzas, uterine hæmorrhage, ovaritis, and intermittent fever. In looking over my case-book I find its remedies have been, *Cimicifuga*, 3 and 200, *Ignatia* 30, *Bell.* 30, *Gels.* 200, *Ipecac* 200, *Nux vom.* 200, *Nux mosch.* 10. *Nat. carb.* 30 in one case of ovarian neuralgia, with bearing down; not better from lying down. In one very obstinate case of ovarian inflammation, having the burning pain in right side, sighing breathing, led to *Ignatia*, which proved curative. The babies are beginning to suffer.

WALTER D. STILLMAN.

## CONSULTATION CASES.

### ADVICE WANTED.

I have got a bad case to treat, and wish for the advice of some of the brethren.

Mary B., aged fourteen years, medium hight; black, stiff, curly hair, high cheek bones, blue eyes. Commenced menstruating about a year ago. Was well before that time, but since then has been in constant pain in lower part of bowels extending across from right to left ovary, and constant pain in back of head and neck, and between shoulders. Complains of flesh feeling sore all over. Pains some worse at the monthly period; has no appetite, and sits inclined forward most of the time when up for sitting up straight makes her "bowels hurt worse." Has to micturate often, urine was cloudy but since taking *Septia* has been normal in color, has never been able to hold her water long, from a child. Her menses only flow at night and almost cease while up during the day. Is troubled when she steps out doors by seeing blue balls before her eyes, has some leucorrhœa. Don't care about going out or riding out, or going into company. I found the womb inclined

forward rather more than normal position, is looking healthy. Leucorrhœal discharge very slight. She says she is temperate in diet, drinks no tea or coffee, and milk does not agree with her. She looks well enough to look at her, only a kind of dull, stupid look about her, which I guess is natural. She declares she has not now, nor never had, any bad habit which would injure her health. I took her case from an Allopathic physician, who had been treating her a number of months and gave it up, saying he could not help her. I have been treating her four weeks and don't help her a bit.

The people in this place and vicinity are remarkably healthy and have been for some time, and I am getting ragged and desperate.

MARSEILLES III.

G. A. CORNING.

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#### A CASE FOR COUNSEL.

In 1864, while riding, my horse reared and fell backward upon me, the front part of the saddle striking me in the right groin injuring the crural nerves, the sciatic nerve being hard pressed upon the Macadamized road beneath. The next day pains came on in the crural and sciatic nerves and has continued with varying intensity ever since. In character the pain is an aching sore and burning, often feeling as if the nerve were exposed to a hot fire. Worse from 10 A. M. to 5 P. M. Worse from any pressure upon the nerve, which is always tender, also from wearing a tight boot, from exercise, standing, walking, or riding in a buggy, and much worse from riding on horseback; worse from extremes of temperature, heat or cold; worse before a thunder storm; from lying on the right side or back, and grows worse rather than better with time. It is better from rest, from recumbent position, and from counter-irritation over the nerve. My age is forty. I have a naturally vigorous constitution and belong to a long-lived family. My habits are strictly temperate, and otherwise I am in good health. I have used *Aconite* low, *Ars.* high and low, *Arnica* high and low, *Bry.* high and low, *Merc. viv.* and *Bin. iod.* low, *Kali hyd.* low, and *Canth.* high and low, and nothing but counter-irritation and rest ever gave me any relief. Will any of my professional brethren suggest a remedy either by letter or through THE INVESTIGATOR?

CAIRO, Ill.

J. W. MITCHELL.

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#### WHAT SHALL I GIVE?

Mrs. R. P., aged thirty, florid complexion, not corpulent, mother of four healthy children, took her present sickness in August last year. It began with a feeling of miscarriage and labor-like pain; a sensation of something coming down, but went back again; this feeling she had twice; a sensation of trembling from the hips downward; beating over the hips; flowing, lasting nearly a week and a half; sinking spells, with cold feet and hands; beating of

the heart, which seemed worse when walking, and a sensation like a ball coming up in the throat. The symptoms now are, palpitation of the heart, dizziness, with a feeling as all gone or falling over, has to sit down; feels the beating all over, as though she could beat time with her head; during rest, better, but by rising from bed in the morning, worse; appetite rather good; when pressing on the stomach it feels sore, and as though one was pressing on something hard; trembling, and a visible beating at the pit of the stomach; at times like gnawing and like a rock lying in the stomach; no pain; once in a while a shooting pain through the abdomen; a painless but a constant visible, (twisting-like) drawing-in of the navel. (I have seen it draw in nearly an inch deep); somewhat costive. The womb is a little out of place; no pain, but weakness in the small of the back. Menstruation about regular, but lasting a week, and is of a bright red color. She does not look sick, and is cheerful and weak.

HEADLAND, Neb.

F. HULLHORST.

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THE "SINGULAR CASE" OF DR. STEVENSON.

The learned doctors were called upon to explain the above case in the May 1st number, by Dr. Stevenson, and while I may not be of that distinguished number, I am conscious of being able to explain the mysteries of that particular case, so far as the meager description will allow. When in this case, the symptoms located themselves about the ear, an inspection by one at all conversant with aural diseases would have discovered the presence of otitis media purulenta, demanding a puncture of the tympanic membrane, for the exit of the pus. Then if this had been insufficient to allow the free escape of the pus, and the mastoid region became reddened, painful and swollen, upon the further increase of dangerous symptoms, the further operation of trephining the mastoid portion of temporal bone would have been urgently indicated. Even this might have been unavailing, but certainly if it had been done in time, before the pressure in interior of tympanic cavity and mastoid cells became great enough to force a communication through either of the many avenues existing between these parts and the cranial cavity, a recovery might have taken place. There are evidently many symptoms lacking, for want of accurate observation, which would throw some additional light upon the case as to its origin, course, etc. For instance, what the condition of hearing at the beginning of this affection; hearing with the watch, and by conduction of sound through bones of head to labyrinth. Then if in the course of the disease, all conduction of sound to this side had ceased, it would have been rather conclusive as to the course of the transmittal to the meninges of brain of the pyramic places. Then again, it would have been important to know if any paralysis of ocular muscles occurred during the course of disease, or had ever previously taken place; then too, whether anything indicating hemiplegia, or was it both sided or complete paralysis that first appeared? We can



only take it for granted that these symptoms were not present, or escaped the doctor's observation, and yet I cannot help entertaining a suspicion that some of them could have been distinguished. We know nothing, from his account, as to the previous state of the organ of hearing on this side. Was it a case of chronic otitis media purulenta undergoing an acute exacerbation, or an acute attack? Most likely the former. Then we have nothing in the way of the rise and fall of the bodily temperature to aid us, neither is the frequency of the pulse in the different stages given. Taking it all in all, and as we find it, there can be no doubt that the repeated chills and rapid course, all speak for a pyæmic process, which caused a diffuse purulent basilar meningitis, rather than a suppurative encephalitis with formation of an abscess in the brain substance. For the latter process the time was too short. I think the extension was most likely into the lateral sinus causing phlebitis in this, and diffuse inflammation of the meninges, spreading to the pores and medulla, soon terminating life for this reason.

PEKIN, Ill.

S. J. BUMSTEAD.

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DR. STEVENSON'S CASE.

In the May 1st number of THE UNITED STATES MEDICAL INVESTIGATOR, the doctor, after reporting a case, asks, "Was this cerebral abscess?" and "Had the otitis anything to do with it?" To both of these interrogations we would answer, yes!

The symptoms for the first few days were those of otitis media acuta, extending to the mastoid cells. Inspection at this time would probably have shown the membrana tympani to be injected and bulging outward from the pressure of the accumulated fluid. Paracentesis at this time would have relieved the intense pain, and also the probable danger of the extension of the inflammatory process to the brain.

The mucous membrane and the periosteum of the tympanic cavity and mastoid cells are very intimate in structure, and where the mucous surface is involved in acute inflammation there is great danger of the extension of the disease to the bony walls of the cavity, the nutrition of the parts being impaired from the pressure, and to the encephalic mass either by direct contact or by the septic material being taken into the circulation. In rare cases the pus is discharged through the eustachian tube, and the case recovers without perforation of the membrana tympani. Although this usually occurs, and gives immediate relief, where there exists carious bone the abscess is usually located in contact with the bony lesion, although cases have been reported in which the diseased parts were separated by a portion of healthy brain, and also cases of abscess from aural disease in which the bone was intact.

Lebert, writing in Virchow's Archiv, Bd. X., page 393, states, that cerebral abscess is the result of aural disease in about one-fourth of the whole number of cases.

According to Professor Houghton, the cerebellum is more often affected in adults; the cerebrum in children.

Why did not the doctor and his aged friend make a post-mortem examination of this interesting case?

SYRACUSE, N. Y.

E. B. SQUIER.

#### CHRONIC HEPATITIS.

The patient has been suffering from this disease for twenty years, contracted in the south from repeated attacks of intermittent fever. In the past year he has been seldom free from pain, with a sensation of fulness and weight in the liver; aggravated by sitting; ameliorated by standing and lying down. Hard pressure with hand over seat of distress affords relief. The pain at one time was aching, afterward dull; now it is constant, with sensation of enlargement and weight. Habitual constipation, always aggravated by increase of suffering. *Nux vom.*, *Sulphur*, *Calcarea carb.*, *Plumbum acet.*, *Magnesia mur.*, *Natrum mur.*, *Lyc.*, *Leptandrin*, *Chelidonium*, and other remedies have been used with only temporary relief. He is now taking the first dilution of *Aloes*, with as much benefit as from any of them. The patient looks well; is in fine condition of flesh, and otherwise well. If any one can suggest anything in the premises, I would be glad to hear from him.

MEDICUS.

#### IMPOTENCE.

A gentleman of thirty years, in earlier life practiced masturbation with consequent diminution of sexual power; the power is measurably gone. Still there are at times feeble erections. His health is good; his habits the best; nor has he ever been addicted to any excesses except the one named. The remedies, in low attenuation, indicated in the materia medica, with electro-magnetism have been used, without benefit; he remains now as he has been for three years. I would be glad of any suggestions.

SUBSCRIBER.

#### INVOLUNTARY POLLUTION AND SPERMATORRHŒA.

DR. PASI, IN "RIVISTA OMIOPATICA," ROME, ITALY, TRANSLATED BY DR. F. L. PEIRO, CHICAGO.

Five cases have presented themselves for treatment in the last forty days. Four youths of some twenty years, sons of parents most respectable. To the question, "Have you erratic dreams?" reply, "Don't know; but one, two, or three hours after going to bed have

involuntary pollution, wake agitated; the following morning are listless and disgusted, with disturbed digestion. This state of affairs has existed for some months; have taken purgatives and sedatives, but are worse." The cause? Well, first thought suggested onanism, but they declare it not so. They admit having desires; to much, in fact, and not satisfied or unsatisfactorily so, but as to the practice of Juda's son, no! "Wine?" The suspicion is legitimate for two, who in fact drink a few glasses more than necessary occasionally, but the other two are abstemious.

To the first patient, gave *Nux* v. 12, an hour before retiring, repeating each night. The first night pollution was worse than before; afterward, *cured*. Continued it three nights more, and when treatment was stopped, the trouble did not recur; has remained well now three months. For the other three, ten days were necessary for their cure. The same remedy, in like manner administered.

The fifth was a different case, and cannot yet be considered wholly cured. This young man, of twenty-five years; tall; handsome; black beard, languid eyes but which are readily called into fullest expression, is of healthy parentage and himself has been generally well. But for some ten years has suffered this inconvenience. At first of puberty he became aware that the urine was no longer clear as before, but turbid and deposited a yellowish mucous sediment, more or less decided in character and quantity, according to food and drinks used, and other circumstances not easily ascertained.

He had, at various times, consulted many physicians, who, upon examination of urine, had decided to treat him for spermatorrhœa in various ways and at different intervals, but without benefit. Once only, two or three years ago, while under the care of an Allopathic professor, who, by careful investigation, arrived at a just conclusion as to the nature of the case, placed the patient under a *Terebinth* treatment, which produced remarkable amelioration of symptoms and inspired great hope for a few days, but, *sicut erat*, for which reason the treatment was changed, and so changed hope and anticipated results.

After recounting his woes to me he solicited most earnestly my efforts in his behalf. I thought long into the nature of this case—what a singular affection! Not onanism; not syphilis; not psora, evidently.

Nothing suggested itself as more appropriate to this case than *Terebinth*, of which I gave the 6x, repeated thrice daily; amelioration was prompt and enduring. In course of treatment advanced to the 15th centesimal dilution, giving *Sulph.* 6 intercurrently, each morning. He is now nearly well; the urine is limpid, except at rare intervals, when, from causes difficult to rightly determine, it is passed somewhat turbid. The general appearances have greatly improved, appetite regained, a joyous feeling of hope and strength has assured him, and full health is in the near future. Is it not possible that a complete cure may be more readily obtained by carrying the dilution to the 30th potency, and even higher?

**MEDICINE IN THE SIXTEENTH CENTURY.**

BY R. N. TOOKER, M. D., CHICAGO, ILLINOIS.

Read before the Chicago Academy of Homœopathic Physicians and Surgeons.

While, as practitioners of medicine, we have ample ground to glorify our art, and applaud ourselves for the skill and wisdom that, to some extent at least, give us a mastery over the diseases that afflict our race, yet there are few of us, I presume, who do not, now and again, lament the inadequacy of our power and the imperfection of our skill, and we wonder, as we view our ill-success, if a time will ever come when we shall have such a complete knowledge of disease and such an understanding of our remedies that we may consistently place over our college gates, "*Ne plus ultra*," and feel, as well as say, "There is nothing more to be desired."

While, from the nature of things, this may never be; while death will ever claim its own, and disease will ever wait on death, yet no truth is more demonstrable than that medicine is a progressive art, and that a knowledge of diseases and their remedies is constantly and rapidly accumulating. To demonstrate this beyond all cavil, we have only to compare the present state of medicine with that of the past and we shall see that the light of the present day, however dim and unsatisfactory, is infinitely preferable to the gross darkness that prevailed in times past.

We only know from history, of the superstition and witchcraft that surrounded and pervaded the medicine of three hundred years ago, and as we read that history we can but wonder at the ignorance and credulity of that age.

It is not my purpose to go into the history of medicine nor to discuss the conflicting theories of the past or present. The pages of that history are open and accessible to all, and a rehearsal of its facts and theories would be both tiresome and uninteresting. My purpose is rather to give you what no history does, a glance at the actual prescriptions which were given by the doctors of the sixteenth century, and unquestioningly swallowed by their credulous followers.

History simply informs us that in this era there were two rival schools of medicine; one composed of the adherents of Galen, whose theories and speculations had won a temporary victory over the more astute Hypocrates, and the other known as the Chemical school, composed for the most part of bold and blatant empirics, whose loud-mouthed pretensions prevailed extensively over learning and experience.

But while history gives us a clear and full account of the heated controversy that was carried on between the Galenists and the Chemists, and gives us the fine-spun theories of each rival school, it leaves us quite in the dark as to the actual remedies used and the actual management of the sick.

And here let me pause a moment to observe that the *theory* and *practice* of medicine have ever been widely at variance, and the true status

of the medical art, in any given era, can be better determined by a careful examination of the *materia medica* than by any or all of its correlative branches. I mean to say, that the remedies employed against disease and designated as "medicine"—the *materia medica* proper—by any school of medicine, so-called, furnish a better criterion for judgment as to the merits of that school than its didactic teachings a hundred-fold over. If this is a fact, and I doubt it not, we may learn this lesson from this evening's retrospect, that the time and labor which we as Homeopaths are spending over minor points connected with our peculiar medical creed are of little moment when compared to the extension and perfection, especially the perfection, of our *materia medica*. Herein is the soul and spirit of all medical systems. A knowledge of pathology is something; physiology is more; *materia medica* is the most important of all. Theory is one thing, practice is another thing. Dogma will do to hang an argument on, but it is a risky thing to hang one's life upon. In the battle of the forum we may use creed and dogma and theorize as much as we please, but in the battle of life and death we must draw our ammunition from another source.

So, while the contending schools were thus waging a heated warfare of words and constructing fine theories of life and its phenomena, let us take a look at their *materia medica* which they were at the same time using.

There has recently come into my possession a "quaint and curious volume of forgotten lore," which will give us a very good idea of it; and the contrast afforded by this volume, between the medicine of today and that of three hundred years ago, is so great as to inspire us with the hope that a day may sometime come in which our art may achieve at least something approaching perfection.

The "Boock" is a beautifully bound and admirably preserved copy of a German work, by one "Mr. Doctour Ofwaldus Gabelhourr," translated out of "High-dutche by the right worshipful Mr. Doctour Charles Battus, ordinarye Physicione of the Citye of Dorte," "And now newlye translated out of Low-dutche into Englishe by A. M." It is entitled "The Boock of Physick," and was printed at Dorte—a town situated only a few miles from London—in 1589. It contains some four hundred pages, and over thirteen hundred prescriptions and recipes. The names of various dukes and lords which adorn the title page, and given as authority for the publication; the frequent mention of other high personages, to whom are credited various highly lauded prescriptions; the elegant and costly leather binding; the great expense attending the printing of such a book at that early day, which must have been equivalent to a moderate fortune; all these facts combine to show that its contents are a fair exhibit of the state of medicine in the latter half of the sixteenth century.

It should be remembered that when this work was printed, although the era is known in history as the Augustan age, all science and art and even literature were monopolized by the select few. It was the age of Shakespeare, Bacon, Spencer, and Sir Walter Raleigh, and yet there was not a regular periodical, either daily, weekly, or monthly, in

existence. Just about this time, the first newspaper—"The *Englishe Mercurie*"—was started under the patronage and "by authority of Queen Elizabeth," but as yet it was issued only occasionally, and was little more than a court gazette. There was not an Englishman who had ever seen a watch or a pocket timepiece. There was not a coach or carriage in all England, and even the queen, when she went to parliament, rode on horseback.

It was twelve years after this publication before there was a complete English version of the Bible printed. Less than a century before this time books were so scarce and highly prized—medical books especially—that it is related of King Louis XI, that when he borrowed the works of Rhasis, the Arabian physician from the faculty of medicine in Paris, he not only deposited in pledge a considerable quantity of plate, but was obliged to procure a nobleman to join with him as surety in a deed binding himself under a great forfeiture to restore it.

In the progress of medicine it was a quarter of a century before Harvey discovered the circulation of the blood, and more than two centuries before the inspired Hahnemann proclaimed his new gospel of physic.

Up to this date trepanning and lithotomy were never performed by physicians of the "regular" (?) school, but always by itinerant quacks who came from Italy, and traveled through the country making these operations a specialty.

About this time the blatant Paracelsus arose to great eminence, although this was less attributable to his genius or skill than to his pompous egotism, which is well illustrated in the name which he assumed. His real name was Philip Hochner, but when he began to practice medicine he changed his name to Philippus Aureolus Theophrastus Bombastus Paracelsus.

Though this was the Augustan age, so far as letters are concerned, in medicine it might be called the autocratic or dogmatic age; the dictum of the doctor was received unquestioned, and superstition and credulity held universal sway. It was an age of charms which were worn about the neck or applied to some portion of the body—generally the navel. The nastier and more repulsive the dose, the more virtue it was supposed to contain. The excrements of all animals, both wild and domestic, was supposed to possess especial efficacy. If one had stone in the bladder he must drink his own urine for a certain number of days in succession. Dead-men's skulls, burnt and powdered, had great virtue. Certain herbs must be gathered at a certain quarter of the moon, or according to certain signs of the zodiac. That famous witches' broth, made of

\* \* \* poisoned entrails \* \* \*  
 Toad that under coldest stone  
 Days and nights hast thirty-one,  
 Swelter'd venom sleeping got  
 Boil the first i' the charmed pot.  
 Fillet of a fenny snake.  
 \* \* \* \* \*  
 Eye of newt and toe of frog  
 Wool of bat and tongue of dog  
 Adder's fork and blind worm's sting  
 Lizzard's leg and owlet's wing.

All of these and other similar and equally efficacious things are to be found herein, seriously advocated for saving life and ameliorating suffering.

This was the heyday of compounds; simples were uncalled for—unless exceptionally repulsive. Some of the prescriptions herein contained have forty or fifty ingredients, and require several pages to describe the manner of their compounding. To prepare them would require weeks of time and inconceivable labor. No wonder Shakespeare describes the poorly paid and hard-working apothecary as lean and cadaverous.

“Bare and full of wretchedness  
Famine is in thy cheeks  
Need and oppression stareth in thy eyes,  
Upon thy back hangs ragged misery,  
The world is not thy friend nor the world's law,  
The world affords no law to make thee rich  
\* \* \* buy food and get thyself in flesh.”

The book is divided into five parts; the first part containing prescriptions for a variety of miscellaneous ailments; the second, diseases of women and children; the third, “Treating of all Agues, the Plague, the Rose, &c.”

“The Fourth part of this Boock of Physick treats of  
All manner of Wounds, which though Hewes (cuts),  
Thrusts, Shottes, Bites, or through adustion (?)  
Might chance to a man, &c., an of all their  
Accidents and incidents thereunto. Also  
for all itch & Scurffs, Cancer and  
inveterate Ulcers and all other  
external diseases whatsoever.”

[TO BE CONTINUED.]

## *SYMPTOMS AS RELATED TO HOMŒOPATHY.*

BY T. F. POMEROY, A. M., M. D., BALTIMORE, M.D.

The physician is ever dealing with symptoms, and yet, perhaps, he does not often stop, nowadays, to consider what they are, or what is their significance.

Symptoms may be defined as the phenomena of disease, or, as the exponents of pathological conditions. To the physician pathology could have no recognition but for the presence of symptoms; therapeutics would be an unknown science; nor could there have been such a system as Homœopathy but for the existence of symptoms. It was through the symptoms produced by drugs upon the healthy organism that Homœopathy was discovered, and it was through the uniformity and certainty of drug action thus produced, that a law of cure was made apparent after long and patient observations by Hahnemann and his cotemporaries. It is only through the correspondence of the symptoms of drugs with those of disease, that our system of thera-

peutics has become a distinctive one, and a successful one — successful beyond all that has preceded it and all that is cotemporaneous with it. Under the law of similitudes, or similars, we are able to compare the phenomena presented in any case of disease with those of any single drug, or series of drugs, with reference to its cure, with a certainty of success never approached nor thought of before. It is this fact, the correspondence of the symptoms of drugs with those of disease, that gives Homœopathy its great pre-eminence, that makes it the science of therapeutics; by means of it, we, as physicians, and as a school of medicine, are enabled to avoid errors in diagnosis and in prognosis, far beyond the capabilities of Allopathic therapeutics. We treat the patient, they treat disease; we individualize, they generalize; we discriminate, they confound. But for a thorough knowledge of the symptoms produced by drugs, this difference could not exist; their action upon the human organism comprehends the great principle, the knowledge of which was lacking to make of medicine a science to relieve it of the opprobrium of centuries, and from a well merited reproach in this nineteenth century which has been so conspicuously characterized for advancement and progress in all other branches of science, and now, in none more than in therapeutics.

If symptoms are the exponents of disease, and if drugs are competent for the production of symptoms, they must then be competent for the establishment of pathological conditions, and the data furnished their agency must be as noteworthy and as reliable as those supplied through the ordinary causes of disease. It must follow then that symptoms and pathological conditions are always co-existent and mutually dependent, and that pathology could have no scientific recognition but through the manifestation of symptoms. Any effort then, to divorce pathology and symptomatology, and to place them in antagonism is most reprehensible and unscientific, as it separates the observations of facts from the results of that observation, which is a violation of the laws that govern the relations of facts to principles, and in this connection it is conspicuously so, as we find so perfect a correspondence between the effects of drugs upon the organism and those of other and the usual disease-creating agents, both presenting the same or similar phenomena.

This result would not have been reached but for the Homœopathic method of observing the action of drugs upon the healthy organism. The Homœopathic *materia medica*, which is the second of these observations, is then the great text-book of medicine, the compendium of diagnostic or of therapeutic science, and should, by far, supercede all other authorities in medical science; the substitution of any or of all others combined, in its place, would put medical science back into the obscurity and the uncertainties of the past, as it does already those in our own ranks who rely upon other authorities in preference to it, into the domains of old medicine with its clumsy and unscientific methods as their chief resource.

It is competent for us now to inquire why it is that symptoms are the exponents of disease whether produced spontaneously or by means



of drugs. To answer this question correctly we must assume the altitude of humble and constant observers of nature's processes and methods of recuperation. In the past the physician has been too apt arrogate to himself the prerogatives of a far greater ambition, if not the presumption of dictating to nature how she should act when she *assists him* in the treatment of disease. This attitude was of course the result of an ignorance of natural principles and of natural laws, growing out of the want of a methodical observation of every-day facts; it was thus not possible for the medical profession to do otherwise than to grope in the dark as to a correct knowledge of therapeutics. But ignorance is no longer excusable, the sun has arisen upon medical science, darkness and ignorance no longer prevail, and "he that runs may read." Medicine has taken its proper place and emulates its brothers in the march of progressive science.

But symptoms are the *exponents* of disease. I do not say the *evidence* of disease, because they are rather the *evidences* of recuperation, the proofs of nature's protest against disease and the manifestation of her effort to to get rid of it, and of the manner of that effort. Just so far as we can divest our minds of the old idea that symptoms are a part and parcel of disease, or the disease itself, and recognize them only as recuperative in their indications and tendencies, just so far have we entertained a just conception of the physician's relation to therapeutics, and have assumed the attitude of humble and patient observers of natural processes in the direction of healthful conditions. Such a study of drugs as Homœopathy demands, such a knowledge of *materia medica* as it supplies, can alone produce the truly observing, and therefore, the truly scientific and successful physician.

Among our physicians it is not necessary to particularize, or to cite the action of individual drugs on the healthy organism, the whole Homœopathic *materia medica* is but a record of nature's protests against their effects, and a series of evidences also of the vigorous manner in which she resists their careful influence; the only wonder is that a law of cure was not deduced and utilized centuries ago from the constantly recurring results and consequences of their action.

Symptoms are then the exponents of disease because they testify not only to its presence but also because they make apparent the manner and the direction of nature's efforts to throw it off, and restore the harmonious action of the vital forces; and if they are the exponent of drug action in the direction of recuperation, we must so regard them whenever and wherever we find pathological states and conditions. Fever, local or general, for example, is not itself a pathological state, but rather the evidence of one, as also of nature's vigorous effort to get rid of it, and of the manner and the direction in which the aid of science and of art should be extended; the *materia medica* supplies the methods in and through its correspondences. Fever may then alike indicate the presence of an inflammatory condition, as well as that of a purely typhoid state, two opposite conditions; hence it would be neither safe nor scientific to treat fever as a disease; and what is true of fever is true also of all other manifestations of disease. We

are thus compelled to accept symptoms as only the exponents of a pathological condition, and not as the condition itself, and as wholly inseparable from it also, as friends to assist, rather than as enemies to combat in our conflicts with disease ; thus the Homœopathic *materia medica* must become the compendium of all disease through the tens of thousands of symptoms recorded on its pages, and the most complete of all therapeutic works, as it has already demonstrated through the individual provings of drugs that the "totality of the symptoms" in the recognition of disease, and the demand for "individualization" in diagnosis, as two fundamental requirements of Homœopathic therapeutics, on the natural and legitimate result of this intimate relation between symptoms and disease. For it is apparent that while the former serves to furnish a complete picture of the pathological state, the latter supplies the data whereby it is distinguishable from every other pathological state, thus pointing almost unerringly to those corresponding to it in the *materia medica*, which itself has been elaborated after the same manner, each proved drug supplying a complete picture of its own pathogenesis as well as of those particular characteristics whereby it is distinguishable from every other drug. From this aspect proceeds the requirement, I might almost say the imperative demand, for "the single remedy," for it certainly would be imperative if the *materia medica* was perfected, in so to the degree that it has attained to that state, and even now the cases are very rare, are becoming constantly rarer, when any other practice can be regarded as strictly Homœopathic, or, in accordance with the principles and the methods of the Hahnemannian system of proving drugs. As symptoms are the exponents of pathological conditions whether, spontaneous or procured, they must of necessity be recognized in their totality, and diagnosed in their relations to individuals, else there would be no object in proving drugs each one by itself, and otherwise we would necessarily revert to the confusion and uncertainty of the past in their use.

Such was the faith that characterized the first introduction of Homœopathy into this country and that controlled its representatives for perhaps the first two decades of its history here, the legitimate fruits of which inspired their hope and fortified their courage against the contumely and opposition that met them on every hand. The successes that they thus won, and the public confidence that followed in the wake of those successes formed the basis of all the pre-eminence and popularity that Homœopathy has since acquired. The formula "*similia similibus curantur*," was their all-sufficient *law* of cure, a law of nature declared from general principles and derived from a close and patient observation of facts, propounded and handed down by Samuel Hahnemann, its discoverer and faithful exponent.

But times have somewhat changed, other methods and other ideas have to a large degree taken the place of those we have now been considering, these have become with many almost obsolete and useless, and Homœopathy in its relation to the therapeutics of other schools of medicine, and to the public, has come to have quite a different signifi-

cance from that which characterized the first two or three decades of its existence. Methods more easy of acquirement, and practices less reliable and less successful, demanding far less of diligent study and research, have come to represent the Homœopathy of the present day. As an unmistakable, and as a comprehensive evidence of the tendency of the professional demand for a letting up of the more rigid and exact requirements of old school Homœopathy I will here quote one paragraph from the translators preface of a much neglected work, "Hahnemann's Organon, fifth American edition, translated by Dr. Conrad Wesselhoft," Boericke & Tafel, publishers; it is as follows, viz: "As for the rule of similia all physicians agree that it is the most practical guide to aid us in the selection of most, perhaps of all medicine. We accept it as an empirical fact not as a theory or hypothesis, as our enemies commonly term it. The explanation of its workings are as numerous and varied as they are unsatisfactory, from Hahnemann to the latest expounder. Yet the rule is a good and safe one and though imperfectly explained we may continue to apply it in practice till at some future time we may enjoy the privilege not only of contemplating what we have cured, but also how it was done."

I shall close this paper without farther illustration of my subject, and with but one comment upon the above extract. It will be noticed that its author terms the much boasted Homœopathic *law* of cure, "*similia similibus curantur*" of Hahnemann, in introducing anew his greatest work of all to the professional public, simply a "rule," and "an *empirical fact*" only! Shade of Hahnemann! is there then as yet no such thing as scientific medicine, with a *law* of cure?

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### THE FEMALE BRAIN AND SCIENCE

Are naturally incompatible, according to Dr. Robert Barnes. Dr. B. gives special attention to uterine diseases, and is supposed to know. The female brain gives special attention to these diseases also. The "natural incompatibility" may possibly be between Dr. B.'s brain and the female brain. Professor Agassiz used to say that the first great need among all men was close observers. Here the female brain takes the first rank. The next need among scientific minds is power to arrange and classify, and here the female brain is competent. The next need is power of deduction; here, if anywhere, the female brain may be deficient. In medicine, another element is needed; after the observation and diagnosis, the comparison and selection, then there must be firmness and decision to carry out the treatment. The power of deduction and decision are sometimes very feeble even in male brains and is chiefly due to lack of educational development.

## Surgical Department.

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### *CASE OF ENCEPHALOID CANCER OF LEFT KIDNEY IN A CHILD THREE YEARS OF AGE.*

BY C. H. VON TAGEN, M. D., CLEVELAND, OHIO.

On the 8th day of December, 1875, Carrie F., aged three years, of very fair complexion, light hair and blue eyes, a resident of East Cleveland, was presented as a college clinic, with the following history, as rendered by her mother, who accompanied the patient :

Ten or eleven weeks prior to this time, the mother noticed a marked and increasing enlargement of the abdomen of the child, which at this time was very prominent ; the greater portion of which preponderated toward the left side, occupying chiefly the left inguinal, lumbar and hypochondriac regions. Prior to the period referred to and early in August of 1875, the child met with an accident, having been thrown violently to the ground, striking upon the left hip, and has suffered very much ever since, with more or less pain in the left lumbar and inguinal regions. She felt the ill effects of the fall so much that it confined her to bed for several days succeeding the injury. The swelling is immovable and fixed, somewhat circumscribed. Palpation revealed the presence of a dense fluid at its lowest and most dependent portion. On a line across the abdomen, corresponding with the location of the transverse colon, a tympanitic sound was elicited upon making percussion. The umbilicus was prominent, and the abdominal measurement at this point was twenty-seven inches. Pressure and manipulation did not cause any pain, seemingly, but there was more or less pain referred to the region of the back and left loin, thence extending along the left side, which seemed to intermit, and generally relieved, more or less, by assuming the recumbent position on the back. The passages of urine were scant and high colored ; on the average, two passages of urine daily, of the consistency of milk. To use the mother's own words : " It reminded me of a mixture of blood and milk," and in quantity, about one-third, and occasionally two-thirds of a teacupful at a time, attended with no distress. Bowels were habitually costive, averaging but two, seldom three, stools per week. She has periodic spells of fever, which recur once, and sometimes twice in the twenty-four hours, and then complains of gastric pains, followed, sometimes, with vomiting, fœtor, and heat of breath. Skin is harsh and dry, and exceedingly hot ; more or less constant thirst, especially was this the case during the fever paroxysm. There was also marked fulness and bloating over the epigastric region, which

would abate as soon as the fever declined. (For this condition, *Cina* 80 was administered, and brought marked relief.) When these fever paroxysms occurred at night, as they sometimes did, jactitation of the limbs and a mild delirium ensued. *Bell.* was administered, and seemed to allay these symptoms; she would then rest more quiet. The kidney and bowel symptoms seemed to call for *Apocynum*, and it was accordingly given, with excellent effect. Three to four doses daily, of the 1st dilution was followed, in twenty-four hours, by two or three most copious stools of large and impacted feces, together with more copious and frequent flows of urine. This condition continued for some twelve days, and the patient brightened up considerably. The measurements, as taken by the mother, day by day, between her visits to the clinics, which were a week to ten days apart, would vary from two to three inches, probably due, at times, to the escape of large quantities of flatus, which she was troubled with, also due to the inflated condition of the stomach which always accompanied the paroxysms of fever; these variations existing usually between morning and afternoon hours.

After a varying course of treatment, ranging over a period of nearly seven weeks, with nothing to report other than that already stated, viz., temporary amelioration of the more distressing symptoms, it was, after mature deliberation, and with the consent of the parents of the child, determined upon to explore the tumor by means of the aspirator. This was accordingly done, and the point selected for entering, about a central one, on a line with the left lumbar and umbilical region; this being the most prominent point of the tumor. At the first effort made, nothing would flow, by persistent trying and forcible efforts with the air pump, a large quantity of a dark, sanguineous and syrupy looking material was obtained, until finally, some sixteen to eighteen ounces were thus drawn. Upon agitating the fluid, it foamed very much, and was of a shreddy consistency, and contained, when allowed to settle and then re-agitated, masses of what appeared to be disintegrated and clotted blood. Heat applied to some of this fluid contained in a test tube, speedily coagulated, forming a solid column of what appeared to be albumen. A microscopic examination of several specimens made, of varying powers, from 250 to 400 diameters, disclosed the presence of blood corpuscles, a large quantity of broken down and disintegrated residue or *debris*, pus and granular corpuscles, fat globules, tube casts, simple and compound cells of encephaloma.

It is rare that encephaloid cancer of the kidney can be recognized by the presence of cancer cells in the urine, for the malady does not develop toward the pelvis of the organ, nor yet the ureter, but rather from it. None were found, after repeated examinations, made in this instance, either before or after death. A remarkable case appears on record, (Beale on Urinary Deposits, p. 76, third edition,) in which a growth of this nature was found developing from the lower end of the kidney, having attained a weight of ten to twelve pounds; at the same time, the texture of the gland, upon inspection, was found to be normal and healthy, and suffering only from the compression and weight induced.

The tapping process, with the respirator, reduced the measurement of the abdomen some seven inches, but the tumor rapidly regained, in a very few days, its former size, with a tendency rather to an increase. As the tumor attained larger proportions the child grew weaker, the pallor of the skin increased, she became more emaciated, until, toward the last, she looked almost bloodless, and like beautiful white wax. This, no doubt, was due to the immense absorption and appropriation of blood which the growth had taken to itself, at the expense of the general system. The effect of the tapping was better borne than was anticipated, although some weakness was manifested from it; in a day or two, however, it seemed to pass away. The urinary flow became scant again, and remained so until the end. Thirst more or less constant, together with dry and hot skin. Her appetite was variable. Sometimes she would eat quite heartily, and then again, very spare. Bowels more or less costive. At times there was a slight effort at moisture over the brow, the head was cool, but the hands were very hot, especially the palms. During the fever periods, which would remit more or less every day, her eyes presented a dull, heavy and glassy appearance, and her cheeks would flush up; on each one there appeared a circumscribed red blush, which was in striking contrast with the pale, waxen hue of the surrounding integument. She wearied very speedily after making any exertion, particularly as the disease advanced, and her breathing was very quick and short. The pulse was likewise influenced, being increased in frequency and diminished in force, from first to last, ranging between one hundred and ten and one hundred and sixty of the two extremes.

Of all the therapeutic agents resorted to, none accomplished any permanent benefit. Matters progressed thus until January 19, 1876, when, after due consultation, and with the consent of the parents, an exploratory operation was made. An incision, commencing an inch above the umbilicus and on the linea alba was made, thence to the symphysis pubes. Upon opening the abdominal wall into the peritoneal cavity, a considerable flow of yellowish, serous-looking fluid escaped. Now passing in a gum bougie, it swept freely over the anterior surface of the tumorous mass, thus proving conclusively that there was no adhesion between the peritoneal surfaces. The tumorous sac, for such it seemed to be, was again tapped, by means of the aspirator, and the same quality of fluid as that already described, and with the same difficulty, was drawn by the force pump of the aspirator. Thus some twenty ounces were obtained, and yet the tumor seemed to retain more or less of its rotundity; very little impression, apparently, was made upon its size. It was deemed proper, at this stage of the exploration, to discontinue, particularly as it was noted that the omentum and transverse colon were so identified with the mass as to preclude, entirely, the possibility of its removal without taking life upon the table. The wound was therefore closed by the usual means, and properly dressed. The child rallied as well as could be expected from an operation of such magnitude, but survived the operation scarce thirty-six hours, and then expired without a struggle, as if

passing into a quiet sleep, asking for nourishment but a few moments before she died.

#### POST-MORTEM.

Upon opening the abdominal walls throughout, by transverse and longitudinal incisions, all was found free in front, and the following appearance was presented: The omentum and transverse colon, as before remarked, appeared thoroughly identified, as it were; forming, so to speak, the anterior wall of the mass. Its lower or convex surface lay in the left pelvic cavity and forward; with the exception of this portion, there was adhesion to every portion, more or less, of the abdominal viscera, occupying, as it did, at least two-thirds of that space, together with half of the pelvic cavity, the contents in both cavities being crowded back toward the right side. Its lower one-third was occupied by fluid like that already referred to, while the upper two-thirds were composed of a bloody, brain-like looking mass, very friable, breaking down of its own weight, when the sac was laid open. The latter was of a tough, dense, fibrous material, difficult to cut into, and varied from one-eighth to one-fourth of an inch in thickness. The upper limit and attachment of what appeared to be the pedicle of the tumor, which was short, and at least an inch in thickness, was found attached close to the body of the third lumbar vertebra, on the left side, near the left crus of the diaphragm. There was an absence of the left kidney, but the corresponding ureter was intact and healthy, at and near the bladder. The right kidney was healthy in texture, but abnormal in size, being at least five times that of the normal, in other words, hypertrophized. The stomach, liver, pancreas, and heart, were apparently healthy. The lungs were crowded up into a space scarce one-fourth their natural capacity, and several points of deposit of the same encephaloid nature were found at the anterior border of the central lobe of the right lung. The entire weight of the sac and its contents were fifteen pounds. I will here take occasion to state that after some searching inquiry, but not until some two or three weeks ensued after first seeing the patient, that I was enabled to learn of the existence of a cancerous diathesis in the family for two preceding generations. This question was propounded at the first examination, but was persistently denied by the mother.

#### PATHOLOGY OF THE DISEASE.

Very great dearth of any positive character is known, or can be obtained on the subject. Encephaloid of the kidney is a rare and uncommon disease, and from all we can gather, develops primarily in the kidney itself, in cancerous cachexias, and as a secondary deposit likewise. Especially is this the case when cancerous disease exists in other parts. In either case, it generally fails to furnish any characteristic symptoms, and the real nature of the malady is to be detected only by autopsy.

It is not altogether improbable that "secondary cancer" may assume primary rank, and thus lead to a fatal issue by its rapid and destruc-

tive growth, attaining, as it generally does, in this form, unusual proportions. When the disease occurs primarily in other organs, attacking the genito-urinary apparatus, or any portion of it, the kidneys are more likely to be first invaded, and in this instance, both kidneys become involved, the organs presenting nodular irregularities upon their surfaces, vary in size from a millet seed to a hickory nut, and even larger. These nodules may exist without occasioning any marked renal or vesical symptoms, there being, in exceptional cases, enough texture left, uninterfered with, to enable the kidneys to perform their function. Again, the softening and ulceration may not have time to develop on account of the more primary disease elsewhere, which carries off the patient by what is termed the "cancerous cachexia."

Cancer of the kidney is unexceptionally encephaloid, (brain-like and soft). When other forms occur, they may be noted as rarities in surgery.

No period of life can be said to be exempt from an attack of primary cancer of this organ. Children are especially liable to it, and old age is the next most common period for its development—the two extremes of life, as it were. As a rule, but one kidney becomes involved. The disease may advance until a weight of thirty pounds or more has been attained, and the mass may fill the entire abdominal cavity, crowding the viscera backward, and the mass protruding forward. Encephaloid commences, as a rule, in the cortical substance of the kidney, extending secondarily to the pyramids. As the disease advances, the kidney structures lose their identity entirely, no recognizable trace of their being discernable in the huge, cancerous mass left in its stead. Its general form is lobulated, firmer in some portions than others; differing in consistency in different specimens; yielding, in some parts, faint or obscure fluctuations, which parts are found, on autopsy, to contain large cavities or sections filled with semi-fluid, bloody, albumenous-looking material, and of syrupy consistency, cancerous *debris*, pus cells; in fact, a distempered mass of disintegrated and broken down, disorganized material.

In addition to all this, there is commonly met with, numerous large and thin-walled structures, presenting somewhat the appearance of vessels, that readily break down of their own weight, when held pendant. These latter, in turn, form blood cysts and clots of large size. Rarely does kidney cancer, from all observations thus far made, develop in the renal veins and advance, invading the ascending venæ cavæ. In this instance, fragments may be broken off, and thus detached, may be carried along in the general circulation, and finally form infractions in the lungs. When the cancerous mass springs into the pelvis of the kidneys, its large, thin-walled vessels will sometimes give way, and then follows that condition so characteristic of cancer, viz., spontaneous, profuse and oft-recurring hæmorrhage, and passing thence via the water, and fills and distends the bladder with blood clots. This malady may begin, as it evidently did in the present case as a single nodule cancer, or as an infiltration, and when the tumor



reaches large proportions, it will then contract inflammatory adhesions to most of the surrounding viscera, the colon lying in front and the rest of the viscera behind it (as in the present case), or crowded to one side.

As a sequence, caries of the vertebra may be induced in time, (provided the patient survives the ravages of the malady long enough,) by the pressure of the cancerous mass resting upon them. The ureter is sometimes occluded. When the cancer is primarily renal, secondary deposits, as in this instance, may be found in the lungs, or other points in the body—for instance, in the lymphatic glands, in the hilum of the kidney, the vertebral and mesenteric glands, these not unfrequently forming individual tumors of themselves. This species of tumor develops with wonderful rapidity, especially when occurring in children, and attains, as before remarked, immense size, rarely continuing more than a year to eighteen months, in such cases, and two to three years in adults. (In the present instance, it attained its greatest development in six months' time, and after the fall of early August.) As a rule, the symptoms are more marked in the adult than in the child. Rapid emaciation sets in, as soon as the tumor attains large proportions, and death closes the scene.

It may be proper to note, before closing on this subject, that malarial surroundings have an influence in the developing of this malady in cancerous cachexias. There are reasons to believe, in this instance, there was some influence of the kind co-operating in the child's system, as the surroundings where the child was born and reared are of that order. This case presents, probably, as true an illustration of the symptoms in a child as could be laid down, with our present limited knowledge of this disease. In adults there appears to be more marked characteristics, and they are as follows: Tumor is immovable, in some parts solid, in others, emitting resiliency upon percussion and palpation; always having the colon in front, which can be traced by percussing in a direct line across the abdomen, when a circumscribed, tympanic sound will be elicited. The tumor seems to develop rapidly from below, forward and upward; in some cases is irregular, and in others uniform. Hæmaturia, more or less constant, and when profuse, apt to be followed with alleviations of the distressful feelings, at least for the while. When this symptom occurs spontaneously and unprovoked, and a renal tumor, such as is herein described exists, it may be taken as a pretty sure case of cancer of the kidney. Among other symptoms may be noted, likewise, in adults, anasarca, ascites, and cutaneous development of the abdominal veins, induced by pressure of the cancerous mass upon the large, venous trunks within.

#### TREATMENT.

Therapeutics avail little or nothing in the arrest of this disease. Preventive means, in the shape of regimen, and sanitary measures, in suspected cachexias, might avail something, but it probably would be regarded by many as a Utopian idea, none scarcely being willing to admit the possibility of such a thing as predisposition to cancer exist-

ing in their system, and only willing to believe it when too late to avail anything. It is hardly probable that the disease, once fledged, will ever be successfully dislodged by either therapeutics or preventive means. As the disease is so often confined to one kidney, and for a considerable length of time, in some cases, without infecting other and contiguous organs, may it not be possible, by close observation and analogy, to recognize the disease early. Then would not the question of *ablation* be in order for the surgery of the future. I distinctly remember reading of one successful operation of this kind, in a recent medical journal, performed by Simon, of Heidelberg, Germany. The case was that of a woman in whom a healthy kidney was removed, (extirpated). The reason assigned was because of the division of the ureter, which was divided in an operation for ovariectomy, "as a *dernier ressort*," and to cure what would inevitably have been a urinary fistula. The corresponding kidney was removed, and the woman survived, and recovered from the operation. Various other but unsuccessful efforts at "*ablation*" have been made by others. The entire number thus far reported is some three or four. The following has been the method adopted for operation: An incision about seven inches in length is made, commencing at the twelfth rib, extending thence, perpendicularly, to the crest of the ilium, and within three inches of the vertebral spine. The outer border of the quadratus lumborum muscle is readily reached, and under it will be found the deposit of fat, inside of which the kidney lay. This latter structure being likewise separated or divided, the organ is now to be gradually and carefully enucleated from its bed and severed, after securing the vessels. The after dressings are much the same then as in ordinary operations, keeping the outer aperture open and obliging it to heal from below, with free drainage from the most dependent part of the wound.

In conclusion let me add, is it not probable that encephaloid cancer of the kidney, in cases of young children, is intra-uterine in its inception?

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#### - SECOND SIGHT.

These somewhat rare cases are certainly interesting, but I have labored under the impression that the nature of them has been tolerably well defined by ophthalmologists. The case alluded to by Dr. Woodyatt, in the May 1st number, induces me to add a few remarks. If not misinformed, they have been looked upon as cases of commencing disease of the lens, during which it is increased in size and refractive power, and which while usually in a few months or years leads to cataract, may be so long in reaching that stadium as to fail to produce that result during the life of the individual. This is a very natural explanation of the phenomenon, and I have seen a case of the

kind where I predicted cataract upon this basis, which subsequent events fully confirmed. In my case there seemed to be adhesion between the iris and capsule of lens, although there had never been any trouble of the eyes to account for it, so far as the patient could recall, or rather, all I could say with certainty was that I found it impossible to make any impression upon the pupils with *Atropia sulph.* which might have been owing to some idiosyncrasy, or impermeability of the cornea, dependent upon senile changes.

This lady was eighty-six years old, and did not require concave glasses, but the near point at least came nearly or not quite back to the normal position. I never had this case in my office where I could investigate it as completely as I wished, but owing to the impossibility of dilating the pupils I could not have investigated the case ophthalmoscopically, to see whether the increased refractive power was caused by the lens, or a yielding of the sclerotic at the anterior or posterior pole of the eye. This method of examination I would specially recommend to Dr. Woodyatt, in his case, and he will find Mauthner, in his *Lehrbuch der Ophthalmoscopie*, very clear in his rules for making the distinctions between myopia caused by lengthened antero-posterior axis, and that caused by increased, or unusual refractive power of the lens. It would also be of interest to know whether any spasm of the accommodation was present, although one might not expect it at such an age, and if any astigmatism could be discovered.

PEKIN, Ill.

S. J. BUMSTEAD.

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### OPHTHALMIC HINTS.

#### GELSEMINUM IN ASTHENOPIA.

In asthenopia not due to marked anomalous refraction or very great insufficiency of the internal recti muscles, I have found *Gelseminum* of the greatest benefit, affording marked relief and curing in a short time. In asthenopia dependent on hypermetropia (over-sight), after the latter is corrected by suitable glasses, *Gels.* quickly removes the symptoms of the former. I generally use the third decimal dilution.

#### KALI BICHROMICUM IN CORNEITIS.

A young lad sent to me with non-vascular diffuse corneitis was put upon *Rhus tox.* 3x with instillations of *Atropine*. He got better and ceased to come. In a few weeks he returned as bad as ever. I placed him upon *Kali bich.* 6x dilution, *without the Atropine*, which cured.

CHICAGO.

C. H. VILAS.

## World's Homeopathic Convention.

### *THE WORLD'S HOMŒOPATHIC CONVENTION.*

FIRST DAY'S SESSION—LARGE DELEGATION PRESENT—GREAT ENTHUSIASM.

The World's Homœopathic Convention, under the auspices and control of the American Institute of Homœopathy, assembled in the Reform Church, on Broad street, Philadelphia, Monday, June 26th, at 2 P. M.

Many have looked forward to this week with great anticipation. From the north and south, east and far west, there have been coming many representatives of Homœopathy to meet the foreign delegations in holding a World's Convention. The advance bulletins published have been a means of exciting curiosity and stimulating a burning desire to hear the earnest discussions. At an early hour could be seen the various delegations on their way to the place of meeting.

At the door the delegates were met by the Bureau of Organization, Registration and Statistics, who gave each one a card which was to be filled up with the name and residence, the Philadelphia address, and what Institution the person was a delegate of; returning this to the bureau you were then handed a ticket of admission, on which was printed "Registered on Monday." On entering we found the genial president, the busy secretary, and a fair delegation who were spending the time forming and renewing acquaintances. It is interesting to overhear the exclamations and remarks. "Oh! Doctor!" "Why, Doctor!" "Sure as I live!" "How do you do!" "You have not changed!" "Grown older!" "Cannot see any change!" etc., etc.

When the meeting was called to order by the President, Dr. Carroll Dunham, of Irvington-on-Hudson, N. Y., there were fully two hundred delegates present. We would like to introduce all the readers of *THE UNITED STATES MEDICAL INVESTIGATOR*, to this fine body of men (and women, too). The president began by saying, "Ladies and Gentlemen: The Twenty-ninth annual meeting and Thirty-first anniversary of the American Institute of Homœopathy is now in session."

On motion the order of business sent out by the committee of arrangements was adopted.

The reports of the committee on publications and general secretary were then presented. The report stated that the rule had been followed quite closely in excluding papers not on the topic of discussion selected at a previous meeting of the Institute. They had left out all discussion and still the volume consisted of over six hundred pages,

and was now ready for distribution. The delay in printing was a matter over which the committee had no control. The report was accepted.

The report of the treasurer was deferred until to-morrow.

The statement of the president that followed consisted chiefly of what had been done by the committee of arrangements.

The plan of registration was read as we have given it, with the addition that on each day a new registration is to be made. Adopted. The Institute then stood adjourned.

#### THE WORLD'S CONVENTION

was then called to order by Dr. Carroll Dunham.

The order of business prepared by the committee of arrangements was adopted. This was followed by

#### THE ADDRESS OF THE PRESIDENT,

which was a most masterly affair. He first referred to the fact of the hearty co-operation from all parts of the world. Madam Hahnemann, although a sufferer from the war, had sent on a *colossal bronze bust of Hahnemann*. He also read a telegram which he had just received from

#### MADAM HAHNEMANN,

conveying the convention her deep interest for its success. The chief part of the address was taken up in a scientific analysis of the position Homœopathy occupied when the *Organon* was written, and to-day. This part of the paper elicited frequent applause.

An edition of five thousand copies were ordered to be printed at once. We hope all will get an opportunity to give it a most thoughtful perusal.

On motion the correspondence was referred to a special committee, to be appointed by the president.

#### RECEPTION OF FOREIGN DELEGATES.

The president then presented to the convention one whose father was *the first* convert to Homœopathy, who established the poly-clinic in Leipsic, and who came as a delegate from the oldest Homœopathic Society in the German Union,

#### DR. CLOTAR MULLER,

of Leipsic, Germany, editor of *The Internationale Presse*. [Applause.]

Dr. M. modestly returned thanks for the compliment paid to his venerated father, and the society he had the honor to represent. [Loud applause.]

#### DR. RICHARD HUGHES, OF BRIGHTON, ENGLAND,

was next introduced. His appearance was the occasion of another outburst of applause. He said it was a great pleasure to him to be present. The Old World looked to America as the country to advance Homœ-

opathy. New ideas spread slowly in Britain. While a good thing to prevent the spread of untruth, still it also hampered the spread of any new idea. In America the danger was the other way. He proposed to visit the convention when he first heard of it and considered it a very happy thought. He was sorry that not more of his colleagues could come but there were so few of them and they were so busy. He was pleased to see so many students of medicine as there was in this country. It done the practitioners good to have students. He came as the delegate of the British Homœopathic Society, which was organized about thirty years ago. It now numbers about one hundred members. The society sends hearty greetings of success to the convention. [Loud applause.]

The president next introduced

DR. HAUPT, OF SAXONY,

Vice-president of the Homœopathic Society of Saxony. He was greeted with enthusiasm, and excused himself from a speech because of his insufficient knowledge of our language. He represented the Homœopathic Society of Saxony, which had a membership of 1,115. He would be pleased to convey to them the best wishes of the convention. [Applause.]

The president next introduced

DR. J. W. HAYWARD, OF LIVERPOOL, ENGLAND.

He is well known to the readers by his experiments with the poison of the rattlesnake (*Crotalis hor.*) He came, he said, as the representative of the Liverpool Homœopathic Society, and the manufacturing towns of Manchester, Birmingham, etc., and conveyed to the convention their best wishes. He endorsed what Dr. Hughes had said, and would return improved in knowledge and appreciation of Homœopathy.

The next introduced was

DR. A. C. CLIFTON, OF NORTHAMPTON, ENGLAND,

who being quite a wit was greeted with a storm of applause. He said he came as the representative of no society, and when called upon to register at the door put himself down "*Vox populi.*" [Cheers and laughter.] Thirty years ago he had the honor of meeting the president of this convention, Dr. Dunham, at the first Homœopathic Congress held in England. He was a new convert and thought the medical millennium was just at hand, but he had found out different. He was the only Homœopath, except his assistant, in a place of 50,000 inhabitants. Homœopathic physicians could not leave. He was thankful to his Heavenly Father for the great privilege of being present. [Applause.]

DR. THOS. SKINNER, OF LIVERPOOL, ENGLAND,

was next introduced as a raw recruit. [Applause.] He did not think he was worthy of the honor. He thought it worth while to come over just to listen to the excellent address of the president. He had

already learned on all sides enough to abundantly repay him for coming over. He thanked them for the honor. [Applause.]

The secretary then read an invitation to the convention to visit the Academy of Natural Sciences, which was accepted.

The essayists and debaters on materia medica then met the president and secretary to arrange the programme for to-morrow.

## Medical News.

**A Big Pocket Case.**—To my inquiry of what kind of a pocket case for two hundred remedies with attenuations up to 100,000 would a high-pathy country doctor require? you state, "a case of two hundred remedies of *any potency* could be carried in the breast pocket," consequently the two hundred remedies of *all the potencies* from 10 to 100,000 would require 99,990 breast pockets. The Italian crank organ would not be big enough.

R. W. NELSON.

[A pharmacist is the only man we know of who carries "*all the potencies.*"]

**Missouri School of Midwifery.**—The spring session of the Missouri School of Midwifery and Diseases of Women and Children were closed with appropriate exercises, including the awarding of diplomas to the graduates. Addresses were delivered by Professors W. C. Richardson and A. E. Riess, commending the graduates in befitting terms for their close application in acquiring knowledge. The latter gentleman referred to the fact that by the opening of the fall term, the new college building, corner of Ninth and Madison streets, would be ready for occupancy. Great pains had been taken with its architectural arrangement, there being a lecture-room, a dissecting-room, and a hospital large enough to accommodate fifty patients. The following is a list of those to whom diplomas were awarded: Selma Wilke, Anna Lloyd, F. Begemann, C. S. Harlingue, Mary Hauttmann, Anna Ritmann, Louisa Litzka, Louisa Hagemon, Mary A. Seymour, Emma Miller, A. E. Scott, Jane Fulton, Minna Ruckert, Sarah Boyer, Maria La Fourche, Ellen White, Louisa Groenemon.

### Publications Received.

A Manual of Pharmacodynamics, by Richard Hughes. Part II. London: Henry Turner & Co. \$3.00. The first part of this work has been before you long enough to have been read and quite digested. All, no doubt, are looking anxiously for this second feast of interesting medical literature. The best comment we can make on this part is, that it evidences as much care, research and knowledge as its predecessor. The supplementary, Lecture XLIII., is on "nine or ten drugs." Of some of these medicines, "fresh information has accumulated, others were purposely or by accident, omitted from the alphabetical series, which yet deserve mention."

Micro-Photographs in History, Normal and Pathological. By Carl Seiler, M. D. Philadelphia: J. H. Coates & Co. 60 cts per number; \$6.00 per year. No. 1 contains prospectus; section of skin transversely through the hair bulb; epithelioma of lower lip; pavement epithelium

from a triton, and endothelium from diaphragm of a Guinea-pig; all 80 diameters. Following these plates is a description of each. No. 2 contains elastic connective tissue, 120 diameters; scirrhus of mammary gland, 180 diameters; non-elastic connective tissue, from omentum of a cat, 80 diameters, and connective tissue corpuscles from cornea of a frog, 120 diameters. A description of plates follows. The typography and paper are well chosen.

Transactions of the Illinois Homœopathic Medical Association, at its nineteenth, twentieth and twenty-first sessions, with various papers and documents read during these sessions.

Transactions of the Western Academy of Homœopathy at its first annual session, together with various papers and documents presented during the session.

Catalogue and Price List of Milwaukee Homœopathic Pharmacy.

**About The Value of Food.**—Dr. D. G. Binton, in *The Medical and Surgical Reporter*, says that the secret of all improvement in the human race is the development of conscious aims. Dr. Whewell has shown this strikingly in his *History of Scientific Ideas*. It is endorsed to the fullest by history. The nation which pursues a clearly-seen object is sure to reach it. When, therefore, we indulge in plans for the regeneration of the race, a harmless and even praiseworthy pastime, we must begin with the reformation of ideas.

The idea is the only permanent thing in organism. It is indelible. The primordial cell, which after fruitful intercourse represents the future man, has somehow stored up in it—potentially in it, we say, so as to clothe decently our ignorance—all the thoughts and experiences of both father and mother, even those they themselves have forgotten or never knew. This last seems an extravagance, but it is literally so. Tricks of gesture and expression during sleep, of which the person is himself unaware, have been known to be handed down from generation to generation.

But the wonder does not end here. It but begins. Not only the thoughts and experiences of the immediate parents, but of all ancestors on both sides, are in this microscopical globule, ready at once to spring up, like flowers or weeds, whichever they may be, as condition dictates. Psychologists call this the principle of ancestral or atavistic reversion.

How shall we account for it? The mystery lies in the relation of memory to its correlatives. Every sensation or thought is connected with an impression on the nerve centres. Reduced to its lowest terms such a statement is that to every thought corresponds a motion. Not that the motion is the thought; this is the fallacy of materialism. Nor that the thought causes the motion; this is the absurdity of idealism. But that by the parallel operation in different directions of the same abstract law, the motion corresponds with the thought, is synchronous with it, and of like extent.

The relation of the two is called, by Dr. Thomas Laycock, the *synesis*. His observations on the subject are in the July number of *The Journal of Mental Science*, and he illustrates copiously the connection of the idea and its organic base.

This relation can be modified in various ways, but by none more easily than by nutrition. The practical foundation of culture and virtue is food, good and abundant food. A family half starved or improperly fed for a few generations cannot produce vigorous brains. Whatever vigor they have goes to the reproductive organs. Notice, when you mow your lawn in summer, how tall-grown weeds shorten their stalks so as to blossom beneath your scythe; so wretchedly-fed races are usually prolific. Plato, Cicero, Dante, Shakespeare, Bacon, Newton, Pascal, Gœthe, Napoleon, founded no families. Their brains absorbed their desires or their powers.



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FOR SALE.—A good house and lot and barn, in a beautiful village. A fine practice will be given up to the purchaser, where he will have no Homœopathic rival. Terms very low for cash, or for early payments. Reason for selling, poor health of family. Address, Dr. B., care of this office.

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**THE OFFERS.**—In answer to inquiries we will say that we have secured a few more books and are again able to open those tempting offers.

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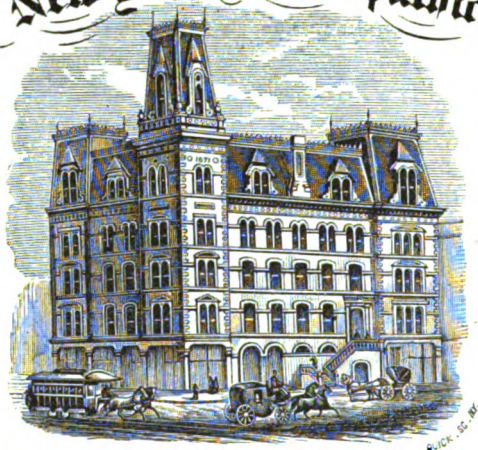
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Materia Medica Department.

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HOW BEST TO STUDY AND APPLY THE MATERIA  
MEDICA.

BY A. A. FAHNESTOCK, M. D., ELKHART, IND.

Read before the Northern Indiana Institute.

By your courtesy and expressed wish, I have prepared a second paper on the subject of *Materia Medica*.\* When last assembled my concluding remarks (necessarily brief,) were devoted to an analysis of the key-note system. I cited one case only, but might many, containing equally glaring deviations from the method of the master, and bristling with the same unsound conclusions, showing clearly, I hope, the futility of attempting to elevate it to the position of a reliable guide to the practice of medicine. Key-notes are valuable under certain circumstances, as for instance when the symptoms are very meagre, and the prescription cannot be based upon physiologico-pathological grounds — the key-note here lifts us out of an exceedingly common and perplexing dilemma, one in which our *Regular* friends would flounder without hope of extrication.

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\*See page 271, Vol. III.

Another method of studying the materia medica may be termed the pathological. The advocates of this view teach us, for instance, that in treating pneumonia, (the same being true in all cases wherein we can accurately determine the pathological condition,) that in order to cure we have to apply such drugs as are known to cause inflammation of the lungs when administered to man and animals in doses sufficient to clearly show their toxic effects. For the elucidation and perfecting of this view, innumerable animals have been poisoned, vivisections and post-mortems made, the microscope appealed to, together with all the appliances of modern scientific investigation, in that it may be reared upon a solid foundation. Cases of poisoning, accidental and intentional, have been culled from the musty pages of ancient literature, many of which were made on criminals while the mania for an universal antidote was the great object of discovery. Toxicologies were searched, the effects of poison noted with great care in order that groups of symptoms might be recognized as similar or identical with some well-known pathological condition. Practice has amply confirmed the views derived from symptoms and the condition of the organs found in the poisoned cadaver; the specific medicine has been found in many cases and the future is bright for the discovery in this direction.

Thus *Aconite* and *Veratrum viride* produce an intense congestion of the lungs. They are adapted to the primary stage of pneumonia — not it alone, but to all organs which they specifically irritate, and in which they cause congestion — the diagnosis between the drugs being determined by the symptoms.

*Bryonia* is assigned the stage of exudation. M. Currie, by administering to a rabbit successively increasing doses, during eight months, until he came to two hundred and fifty drops of the tincture daily, developed in the animal, a firm, pseudo-membranous tube, extending from the larynx to the third ramifications of the bronchial tubes. His prescription for croup is based upon the above experiment. It is a good prescription and will in general act as well as the stereotyped *Aconite*, *Hepar*, and *Spongia*. The experience of most eminent practitioners coincide in assigning *Bryonia* to the exudative stage of all inflammations and diseases to which it is Homeopathic.

*Tartar emetic* and *Phosphorus* are suited to the stage of hepatization, the similarity of the symptoms deciding the choice for one or the other. I have presented a familiar example, one in which practice has amply corroborated the facts elicited by pathogenesis, but about the application of which there is generally much discrepancy of opinion. I have only tried to show the variety of views concerning the proper application of a single drug, and this in its most important aspect.

I select as my example

#### ACONITE,

which grand old Hempel styles the back-bone of the materia medica. There is not a possibility of doubt that the provings of *Aconite*, saying nothing of the cases of poisoning, give us all the indications for its

employment therein. Hempel says, "Wherever there is great heat, full pulse, and great arterial circulation, there *Aconite* is in its place, no matter in what part of the body the disease may originate or be located." This view sets up the assumption that inflammatory fever is to be combatted by *Aconite* under all circumstances, and releases us from all obligation regarding the totality of the symptoms, for Hempel says "*Aconite* attacks inflammation wherever it may be." Following this teaching I saw a Homœopathic physician administering *Aconite* on the sixth day of a severe case of typhoid pneumonia.

Kurtz, *Hygea*, Vol. IV., page 143, says, "All that can be said, as I believe, of the action of *Aconite* is limited to this: That it corresponds to that predominant activity of the arterial circulation, either constitutional or brought on by disease, whose highest development denotes a general inflammatory diathesis. All diseases which arise from this diathesis, or which have united with it, are peculiarly suited to the use of *Aconite*, which seems to have no direct relation with any special organ." Here you make no mistake if you recognize the inflammatory diathesis. The sentence is undoubtedly very learned, I cannot understand it to mean anything in particular only this, it throws the bars wide open for the most unbounded empiricism.

Hughes' says—*Pharmacodynamics*—"The remarkable action of *Aconite* upon the circulation at once gives it a high place among the remedies for the condition known as fever. Experience has confirmed the indication, and has shown that in its own sphere it is quite unrivaled as an antiphlogistic. But it is of great importance to define this sphere lest an indiscriminate use should cause disappointment. Thus *Aconite* has no influence on the blood itself, and has little control over such fevers as depend on a poisoned state of the blood. Its use in gastric typhoid, typhus, and yellow fevers is mere waste of *precious time*, and even in scarlatina, variola, and measles, it will not lower the circulation until the eruption comes out. If, indeed, after this the fever keeps up, it may be most useful."

Does the appearance of the eruption change the state of the poisoned blood? If not, our author says its use is a waste of precious time. I see no force in the argument, unless it is given to induce its general sedative action, which I am sure no intelligent Homœopath would do.

Again *Aconite* will do little for a fever which is symptomatic of an acute local inflammation. When we say after Hahnemann that *Acon.* quickly cures pure "inflammatory fever," we mean before such fever has localized itself so as to develop organic change. Let the morbid impression known as chill be made upon the vascular nerves; let them first contract to produce the cold stage, and then dilate for the hot stage of simple fever, and we have the every-day occurrence for which *Aconite* is the specific remedy; whether the chill or heat be present, the medicine is no less indicated; let the storm of arterial excitement be ever so high, a dose or two will quiet its fury. It is hard to determine just what is meant in this sentence. We are told in the beginning our medicine will do little for a fever which is symptomatic of an acute local inflammation. One would naturally suppose he

means the synocha or inflammatory fever of the ancients, better known by us as *febricula* (in which case it is not the every-day occurrence for which *Aconite* is specific), but he advises it shall not be administered if the fever has localized itself "producing symptoms denoting organic change;" this throws light on the case, and reveals his meaning, viz., the general inflammatory symptoms preceding or accompanying acute local *phlegmasia*. This view is confirmed by what follows. Read Tessin's case of pneumonia and observe how the pulse defied *Aconite*, but went down rapidly when *Bryonia* or *Phosphorus* touched the local mischief. The above is not only very indefinite but contradictory. Now hear what follows: "But it should not be supposed the time for administering *Aconite* has gone by because *individual parts* have begun to show signals of distress." Not only the term "true inflammatory fever" is indefinitely defined, but the time when we are to use *Aconite* is involved in an impenetrable mist of uncertainty. I regard Dr. Hughes as a very perspicuous writer in general, possessing the happy faculty of making his ideas very plain, but in elucidating the application of *Aconite* from a physiologico-pathological stand-point, he is singularly unintelligible. From the above quotations the inference is fairly deducible that *Aconite* is specific in *febricula* *alias* catarrhal fever.

Hempel leaves us less in doubt about the peculiar sphere of *Aconite* than any author with whom I am conversant. "Whether the inflammatory fever be the result of a locally-acting cause, as a violently acting traumatic lesion, or whether it be the result of a local inflammation as in pneumonia, or whether it be *febricula* (true inflammatory fever—*Aconite* produces true inflammatory fever), it may exist with or without local inflammation, it makes no difference in what part this inflammatory process is located, whenever the local disturbance is accompanied by a full, hard, and bounding pulse, dry and hot skin, coated and dry tongue, restlessness, thirst, and if the patient had experienced a more or less marked chill previous to the febrile action, *Aconite* is invariably in its place."

In his estimation the exanthematous fevers form no exception, provided they set in with synochal fever, and he advises its use until the eruption has run its course. This is contrary to the teachings of modern authors. As an exponent of the opposite view I quote Dr. Guernsey, *Materia Medica*, page 3: "The pure and fully developed blood globule in its most perfect type when diseased has a great affinity for it (*Aconite*), hence, in typhus or any other conditions of illness where the blood globules are disorganized, or the the blood is impoverished, *Aconite* is seldom indicated." Most authors claim *Aconite* specifically indicated in catarrhal fever, and in contra-distinction to them I quote Dr. Bæhr, Vol. II., article on Measles: "The preliminary stage of measles, if there is otherwise nothing abnormal, requires either *Acon.* or *Bell.* We prefer the latter if the fever is purely catarrhal." Page 514. Vol. I., in inflammations of special tissues *Acon.* is only indicated until the exudation is completed; while Hartmann recommends its continuance until all inflammatory symptoms have disappeared—gastric,

with him, is a species of catarrhal fever. On page 428 he says, "We cannot well recommend *Aconite* at the commencement of gastric fever, we doubt whether *Aconite* has produced any good effects under these circumstances." Page 173, Vol. II., Bronchitis, "We place *Acon.* at the head of the list, not so much because we consider it as one of the most important remedies, but because it seems to have become more a matter of routine to recommend it for incipient catarrh. \* \* A catarrhal fever is not the province of *Aconite*, and if we should be told that *Aconite* has moderated the fever in so many cases, we suggest that the improvement might likewise have taken place spontaneously without *Aconite*. How many catarrhs commence in the first twenty-four hours with a feeling of anxiety, frequent pulse, and an extraordinary rise of temperature, and yet run their course afterward without any fever. This should not be attributed to the action of *Aconite*—a remittent fever is least adapted to the action of *Aconite*. Where the fever, as is often the case in acute bronchitis, is continuous, the skin dry, and the heat is not mingled with chilly creepings, *Aconite* is in its place."

We will now turn to the symptoms of *Aconite* as they are found in Allen's Encyclopædia. I quote only such as are started, showing them to be pathogenetic and curative: "Chilliness on the slightest motion. Chilliness from being uncovered. Chilliness over the back as before an outbreak of catarrhal fever. Shivers run through him from below upward to the chest. Shivering in the evening, especially in the hands and feet. Fever, chilly feeling, even coldness, over the whole body, especially on legs and knees, with confused head; glowing heat in the face, especially in the red, hot cheeks. Flushings in the face, and cold hands and feet, especially in the evening. At night, thirst, restlessness, rigors, and heat, till morning. Alternation of heat and chill all night. Toward evening, burning heat in the head and face, with redness of the cheeks and out-pressing headache, at the same time rigor in the whole body, and thirst."

The teaching of Dr. Hemple is more in accordance with symptomatology, and are therefore directly opposed to Dr. Baehr in relation to the catarrhal sphere of *Aconite*. We therefore find that speculations and deductions drawn from pathological appearances are deceptive—not always leading to the correct application of drugs. It is proper to closely scrutinize every pathological appearance, and especially when produced by poisonous doses of medicine. We would commit a grave error should we place our whole reliance on this method of studying the materia medica. It is certain there are many lesions which elude the scrutiny of the scalpel, and for which no similar could be found, thereby forcing upon us the barbarous and unscientific practice common to the Allopathic school, instead of pursuing the logical experimental method as laid down by Hahnemann, the greatest of physicians.

The numerical system has been in use since the beginning of our school, and in its early days indispensable for the reason that diagnosis, pathology, and physiology, were almost uncultivated compared to the splendid results attained at the present time, yet strange to say, within

the last decade several volumes, upon different diseases, have been issued advocating this procedure.

There are many cases where the three great lights of medicine mentioned above, would fail to lead us to the correct remedy, and in such cases (where the symptoms are an enigma,) we are of necessity compelled to adopt the numerical method, but to rely upon it solely at the present day would not only betray our lack of appreciation of the vast expansion of medical knowledge, but give our enemies a weapon the severity of whose telling blows would undermine us in the estimation of all enlightened minds.

When we say it is right to use the drug covering the most symptoms, in a given case, it is necessary to qualify it with an *if*, but that *if* may be fatal to the prescription. The drug, to be successful, must be Homeopathic to the condition and to the symptoms also.

Let us take the following case and see if this method, which, in the minds of many good men has been elevated to the dignity of a law, would be of any practical value. Would it not, on the other hand, expose a large degree of ignorance—a lack of common sense, and expose the patient to more serious trouble.

A little girl, aged about two years, had, upon a Saturday in the latter part of June, eaten freely of half-ripened and diseased cherries which she had picked up beneath the trees in her father's yard. During the following night she was sick, vomited a large quantity of cherries, and her ejections, of which she had several, contained a generous supply of the same. Sunday she was as well as usual, but on Monday morning, about 9 A. M., was attacked with convulsions, which commenced by a twitching of the head and extremities, succeeded by rigidity of the whole body, during which it was strongly curved backward; the lower jaw being kept in continual lateral motion; the body and face was very pale, only the vermilion border of the lips showing a slight bluish tinge; the eyeballs were rolled upward in their sockets, the lids when forcibly opened revealing only the sclerotic. These convulsions occurred often as once in two or three hours during the day. There was no appreciable fever at any time. From 7 P. M. to 7 A. M. she slept quietly, though during the daytime convulsions would occur as often as once in two or three hours, asleep or awake. There was some accumulation of flatus in the bowels, every movement of which was followed by a convulsive seizure. She was immersed in lukewarm water when I saw her, the convulsion having about spent its force. The confusion was such that an examination into the antecedent circumstances of the child was impracticable at that time. The symptoms indicated *Nux romica*, and it was immediately given. Quiet being restored I now learned the facts as detailed, and the conviction gained ground that so far as the selection of a remedy was concerned my choice was the proper one. Judging the convulsions to be wholly reflex, caused by irritation of the incident nerves of the intestinal canal, I was not disappointed at a recurrence of the convulsion. Two hours later I recommended a large dose of *Castor oil*, and while in the act of administering it another convulsion occurred,



which the father attributed to the *Oil*. Knowing I was correct in my diagnosis, I nevertheless (I am ashamed to say,) yielded to their desire not to give any more purgative medicine, as they considered the whole proceeding decidedly unhomœopathic. The day wore on; convulsions recurring frequently, despite my dynamically acting *Nux*, until night set in, when she went to sleep and rested quietly till morning. Tuesday morning, about eight o'clock, I left the house a short time, but had hardly reached my office when a messenger gave me the information that the convulsions had returned. My friend and colleague, Dr. Fisher, had in the mean time been requested to meet me in consultation, which he did. In as few words as possible I related the history of the case as detailed to me by the parents—he concurred in my views, that we should remove the cause of irritation, after which the convulsions would cease spontaneously. A firm expression on my part, demanding entire jurisdiction, or an immediate withdrawal from the case, was rewarded by their approval. A large dose of *Castor oil* was now given, followed by fractional doses of *Elatarium* until the bowels began to act freely, just before, or during which, a convulsion invariably occurred. The discharges contained feculent matter, intimately mixed with half-digested cherry-pulp. By evening the dejections were watery, all solid matter having disappeared, a dose of *Opium* was now given, she slept well during the night and awakened the following morning in her usual health, with the exception of the weakness induced by the combined action of the convulsions (forty or fifty) and catharsis.

We shall note the weakness of this method of studying the *materia medica*, in its application to practice in that large class of diseases which, by common consent, are denominated *malarial*. It has been the pleasure of authors advocating this system to claim for it superior efficacy and certainty, combined with great ease of application. Any one undertaking it will soon be disabused—his numerous failures to cure insuring a speedy abandonment of the idea altogether.

We are succeeding better in curing this class of diseases just in proportion as we gain more positive knowledge of the physiological and anatomical range of our remedies, applying them without regard to quantity or quality, being solely by experience.

I treated a case of meningitis a short time since where the following train of symptoms occurred and persisted several days: Great uneasiness, with irritable mood; wants to be taken up and laid down continually; peevish about everything; calls for things, then cries and strikes because they are offered him; one cheek red, the other pale; discharge of thin mucous from the nose; grating the teeth, is cutting four at this time; tongue coated yellow; bowels constipated; irritating, hacking cough at night during sleep; sweat about the head, ceasing when awake. Counsel in this case noticed the numerous *Chamomilla* symptoms—it was given as an intercurrent every three or four hours for *several days*.

*Chamomilla* can do nothing for meningitis, no matter how strongly indicated by the symptoms, because it is not Homœopathic to the

morbid condition. It would control many reflex manifestations having a peripheral origin, but it is useless when the brain itself is the seat of disease, and this is our main objection to a blind adherence to the numerical system.

We have now taken a cursory glance at the different methods of studying the *materia medica*, and find well-grounded objections may be raised, any one of them sufficiently great, to its usefulness. That an implicit reliance on results deduced from their study will not in many cases lead to correct conclusions; that while in many cases no bad results would follow such an erroneous application of drugs, in other cases the consequences would of necessity be lamentable. Nor is this the extent of the disaster, false verifications and misapplications of remedial agents, like musty traditions, cling to medicine through ages, defying repeated effort at eradication — as an illustration of this fact we see the idea still prevailing that *Mercury* promotes the secretions of the liver, notably *bile*.

There is no short cut or royal road by which we can obtain knowledge in this direction; nothing but close application, and a vigilant, scientific interrogation of nature when subjected to attacks of noxious agents, can throw light upon the intricacies surrounding the action of drugs. We cannot pursue the straight and narrow path, our inquiries must be as broad and comprehensive as the realms of natural science.

Acknowledging the fact that "*similia similibus curantur*" is a true law of cure, one capable of universal application, the question how best to study drugs in order that they may be most intelligently applied therewith, is of vital importance to us as Homœopaths. Each and all the methods proposed contain elements of vital importance, nor can we neglect availing ourselves of them, yet with the knowledge afforded by them there are many dark recesses which have never yet received a single scintillation of light. How often do we have to call upon the constitution remedies, or appeal to the genus epidemicus, and when all these fail us, go groping through the darkness like will-o-the-wisps.

In studying a drug we should read all the toxicological records accessible, from which may be learned which organs have suffered most from its influence and the degree in which each has shown signals of distress; the symptoms give us the objective signs by which to judge the manner of its action; the post-mortem records the signs by which the symptoms may receive a physiological explanation. Next study the provings, from which may be obtained those minor and delicate shades of deviation from the normal state, and from which most of the characteristic symptoms are obtained, and from which the starting point of the drug may be localized and traced through its action until it culminates in the pathological appearances made apparent by post-mortem. But after having mastered this part of the science of drug action, we shall know but little unless we are able to give each symptom a physiological expression, and just here we are exceedingly lame, there being hardly a day but we are called upon to prescribe for some symptom, or supposed disease, of whose origin and significance

we know as little about as did Joshua of the science of astronomy. It is customary to accuse the poor bowels and liver of an endless list of sins of omission and commission, and when this fails to satisfy the patient we make him perfectly acquainted with the malady by telling him it is caused by *reflex action*. I have no faith in and little respect for that class of practitioners, who ignore physiology, diagnosis, and pathology, clinging merely to a preponderance of symptoms of whose clinical value they are utterly ignorant. When physiology shall have made us acquainted with all the intricate processes of life, pathology, and diagnosis; to recognize the same in their deviations from the normal state, the science of medicine will have reached a proud position.

With such intelligence we may find that the thousands of ills cured by the *highest potencies of Bed bug, Tincture of Sun and Moon, Dog's milk, Skimmed milk, Sac lac, etc., etc.*, would have recovered just as quickly had they received nothing but a word of encouragement, or listened to a good joke from their *learned* friend.

It may be argued that the ideas above expressed are Utopian, but if the attainments certain to be achieved in the future are as rapid as the advances made during the last half century, the view becomes not only possible but in the highest degree probable. We are only beginning to discern the lines in which we can push our investigations most profitably; only beginning to be conscious of how little we do know of a profession in which our forefathers thought themselves masters, and which in former ages was dedicated to the most destructive forms of empiricism. To-day the manner of interrogating nature as to the workings of her mysterious economy are bounded by the rules of vigorous and exact science; all deductions therefrom must conform to that standard. Facts capable of receiving a truthful explanation take the place of fanciful theory and meaningless speculations. There are no idle hands in the profession—false ideas of therapeutics there are, but the fundamental branches of medical science are receiving new truths day by day. These are being garnered and placed in their proper positions by the only truly liberal school—the Homœopathic. The questions dividing us are of minor importance, and we can well afford to be charitable one to another, leaving to time and systematic observation the solution of our differences.

While we are perfecting our knowledge of drugs and their action on the human system, winning golden opinions throughout the civilized world approving the law governing their application, our opposing friends are working just as zealously in other departments of the vineyard. Each day we become more and more convinced of the want of the knowledge of the natural course of disease. Our opponents in their zeal to crush us, have, in their hospitals, embraced a purely expectant treatment, furnishing the desired information and proclaiming to the world the worse than useless course they have so tenaciously advocated and practiced. In the field of diagnosis no more indefatigable workers can be found or desired. In anatomy, pathology, and chemistry, they are doing us yeoman service. We have no reason for discouragement, and relying upon Him who hath said "that every

thing worketh together for good," let us take courage, devoting our whole time and energies to our art, confident the era will come when medicine will take her position as the noblest of all sciences.

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### LIMAMBA, OR MOUNTAIN DAMSON.

BY JOHN H. HENRY, SELMA, N. Y.

My experience with this most valuable medicine in the treatment of diseases of the digestive organs and mucous membrane in the last three years prompts me to bring before the Homœopathic profession this old remedy, now too much neglected. Cullen, in his *Materia Medica*, page 42, mentions this medicine. He excuses himself for calling attention to it, as it is a species of the genus *Oreassia*, and has very nearly the same qualities. It is nothing but a pure and simple bitter, and the virtue ascribed to it in dysentery has not been confirmed by his experience.

The Edinburg Dispensatory, enlarged and adapted to the *Materia of the United States*, says, on page 355, "It is celebrated in obstinate diarrhœa and dysentery, anorexia, indigestion, hysteria and intermittent fever."

The United States Dispensatory praises its action in diarrhœa and dysentery, but blames Cullen for causing the profession to reject its use.

Griffith's *Medical Botany*, page 128: "*Limamba, or Mountain Damson*, is a native of Jamaica and parts of South America. The bark was long known in Europe before it was ascertained from what plant it was procured. It was first sent from Guayana to Paris under the name of *Limamba*, as an almost infallible remedy in dysentery. In small doses, it is used as a bitter tonic. If given freely, it occasions vomiting and purging, followed by copious perspiration and increase of the urinary discharges."

It was used in epidemic dysentery in France, from 1718 to 1723. It was highly beneficial, and found to be successful when all other remedies failed, "which made it a popular remedy in Europe, not only in dysentery, but in all derangements of the digestive organs, as well as those of the mucous membrane generally, and the highest testimony of its efficacy has been recorded by most eminent medical writers." They all agree in stating that in internal diseases it restores the normal powers of the bowels, allays their spasmodic action, promotes urine and perspiration, removes mental depression, so constantly attending these complaints, disposes to sleep, relieves tormina and tenesmus, and changes the character of the alvine evacuations. Notwithstanding the high character awarded to it in the cure of dysentery and diarrhœa, it is now but little used. It may be given in dyspepsia, and where it is wished to restore the strength."

It is evident that it is too much neglected at present, and its true

remedial powers should be carefully tested by the Homœopathic profession, and let such foolishness as bed-bug symptoms be banished from our *materia medica*. In *Limamba* we have a direct and positive specific remedy in diarrhœa and dysentery, forming a link between *Mercurious*, *Arsenicum*, and *Ipecac*. It is the lost link in the healing chain between the vegetable and mineral kingdom, linking *Arsenicum*, *Limamba*, *Sulphur*, and *Nux vomica* with *Calcaria carb.*, *China* and *Phosphorus* in the treatment of chronic diseases of the stomach and bowels and mucous system.

My zeal in recommending this remedy in diarrhœa, dysentery, and acute and chronic dyspepsia and neuralgia, pains in the stomach and bowels, attended with neuralgia of the spine and extremities, is not too great, when the blessings of grateful patients are bestowed on the physician that cures them of chronic diarrhœa. I have cured cases of five years' standing with *Limamba*, when they were reduced to mere skeletons.

In my hospital of twelve beds, and sometimes as high as twenty, I have proved this remedy by giving it to old and young. Large doses of the infusion, from a pint to a quart in twenty-four hours, in almost all cases producing nausea and vomiting, followed by diarrhœa or dysentery, then constipation and pain in the back and extremities, with feeling of great languor.

I use the medicine in infusion in the treatment of dysentery and diarrhœa.

I prepare a tincture from the bark, procured from a good druggist, using twelve ounces to one quart of the best *Alcohol*. Dose, from one drop or less, to thirty, in water, every hour or two, or twelve to twenty drops in four ounces of water, teaspoonful every hour or two. Much care and caution must be used in getting the bark of the *Limamba*. If you ask the druggist for *Limamba* he will very likely give you *Quassia*, unless you call his attention to the fact. They are not the same medicine. This is why its use has been abandoned in the treatment of diarrhœa and dysentery. I have three times received *Quassia* in its stead when ordering *Limamba*, hence the importance of being very cautious as to what you get and use. In treating chronic diarrhœa or dysentery, I have resorted to large doses of the infusion, two ounces of the bark to a quart of water. Drink all during the day. Use, for three days, a quart a day. If it makes too sick, stop for a day, and begin again. No meat of any kind is allowed when taking the medicine. Three days' use of the remedy generally gives great relief. In two weeks, if not cured, I repeat, and follow it with *Arsenicum*, *China*, *Phosphorus* and *Limamba*, diluted with *Sulphur 12*, and *Calcareo carb. 12*, as indicated by the symptoms.

If these crude suggestions for the use of an old and valuable remedy, which is more strongly indicated by the symptoms as the true Homœopathic remedy in diseases of the alimentary canal, may be the means of inducing some members of the Homœopathic profession to use this remedy, and cure chronic dysentery and diarrhœa for some poor, bed-ridden patient, I will have the satisfaction of feeling that I have

suggested to my brethren of the Homœopathic profession a remedy which will give them the most satisfaction in the treatment and cure of acute and chronic diarrhœa and dysentery.

## TEGENARIA MEDICINALIS.

### THE MEDICINAL SPIDER.

On reading an article by Prof. S. A. Jones, in the *American Observer*, I availed myself of the special knowledge of Rev. Dr. H. C. McCook, of this city, to obtain a description of this creature, whose web possesses such valuable nervine, soporific, antiperiodic, and hemostatic qualities, that our physicians everywhere may recognize and, if indicated, employ it, and not least, make a full proving of it, say by the time Allen's *Materia Medica* reaches letter T.

The following is the letter of the revered gentleman on this interesting subject. He is preparing an elaborate report on the same, which will shortly be presented to the Academy of Natural Sciences.

“The American spider, whose web is used in medical practice, belongs to the

Order.—ARANEÆ.  
 Sub-Order.—TUBITELARLÆ.  
 Family.—AGALENOIDÆ, } THORELL.  
 Sub-Family.—AGALENINÆ, }  
 Genus.—TEGENARIA, Latreille.  
 Species.—MEDICINALIS, Hentz.

The technical name is therefore *Tegenaria medicinalis*. (Hentz.)

The spider is of a bluish-black or leaden color, varying with age and the conditions of habitat as to light. The web is of close texture and is usually placed horizontally (often inclined more or less to the horizon,) in the corners of old buildings, angles of walls, beams, boxes, etc., in cellars. A tubular hiding place, open at both ends, connects with the snare, in the mouth of which the spider generally sits. This tube commonly extends into the opening or angle of the wall; sometimes the web is drawn over the tube like a pouch.

This creature may easily be confounded with another tube-maker (*Agalena nævia*.) whose common habitat is the field, among grasses, shrubs, etc., and in the shrubbery along garden walks and borders, but which sometimes lives in stables and other out-buildings. The difference between the two animals is readily marked, and should you need I shall be glad to add such information as will enable you to distinguish the creatures.

As to the medical properties of the web, I would refer you to Watson's 'Lectures on the Principles and Practice of Physic,' Vol. I., Lecture 42, on 'Agnes and Intermittent Fevers.' Also to Dr. Chapman's 'Elements of Materia Medica and Therapeutics,' Philadelphia, 1825. I regret that I cannot without visiting a library now refer you to the exact pages of these works, but suppose they are both accessible to yourself.

Dr. Chapman used the web (*Tela aranea*.) quite freely, in doses of five grains, repeated every fourth or fifth hour. He says that he thus cured some obstinate intermittents, suspended the paroxysms of hectic, overcame morbid vigilance from excessive nervous mobility,

and quieted irritations of the system from various causes, including protracted coughs and other chronic pectoral affections.

Mr. R. C. Davis, druggist, corner Vine and Sixteenth street, once told me that when he was a lad learning his art, he used to keep watch carefully for spiders webs, so that with less trouble he might compound the prescriptions that came in.

I have intended to secure the analysis of various kinds of webs, i. e., the webs of various species of spiders, to ascertain the exact constituents of each, and the relative (probable) medical virtue. I hope to have this done before long, and shall be glad to communicate the results to yourself or to the faculty through the Academy of Natural Sciences.

The English spider, which corresponds to our *Tegenaria medicinalis* in the medical properties of its snare, is known as *Tegenaria domestica*."

Dr. McCook gives the following additional information :

"The *Tegenaria* may be distinguished from the field-spider, *Agalena nœvia*, not so much by its blue-black color, which the other may simulate when it abides in any dark place, as a barn, but by the diamond-shaped markings on its back. The field-spider has longitudinal brownish bands instead, and is easily found in open fields, and there studied. The *Tegenaria medicinalis* is commonly found in cellars and other dark places. Their spinnerets also differ. The *Tegenaria Persica* is known by its leaf-like pinnate markings, expanding from the median line."

PHILADELPHIA.

J. C. M.

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#### LYCOPODIUM.—FAN-LIKE MOVEMENT.

In the first issue of your April number I observe that, in reference to the well-established indication for the selection of *Lycopodium*, Drs. Hawley and Miller, at a meeting of the Onondaga County Homœopathic Medical Society, stated that they had "repeatedly failed to verify the symptom of fan-like movement of the nostrils in pneumonia and other complaints, given as characteristic of *Lycopodium*. Such cases generally proved fatal." This is a very disheartening statement, and I am sure Drs. Hawley and Miller will not question my courtesy and sincerity when I invite them to place on record, through the same widely-read and useful journal, THE UNITED STATES MEDICAL INVESTIGATOR, the full particulars (as regards the age of the patients and the mode in which the remedy was administered, also, whether any other treatment or remedies had been previously used,) of their unsuccessful cases, so that we, who only desire to separate truth from error in such an important matter, may have the means of gaining more light and knowledge placed before us. I have, in the course of a very large experience, observed the symptom upward of twenty-five years, and it has never deceived me, therefore I feel naturally anxious to know the full details of unsuccessful cases.

I have a few observations to make but will not at present further occupy your valuable space. I may observe, however, that I did not

communicate the case originally to the British Congress but published the particulars which were politely republished in that most excellent journal, the *American Homœopathic Review*, 1863, Vol. IV. I should advise my remarks therein being again read by those who take an interest in the enquiry.

LONDON, England.

D. WILSON.

## World's Homeopathic Convention.

### ADDRESS TO THE WORLD'S HOMŒOPATHIC CONVENTION.

BY CARROLL DUNHAM, M. D., IRVINGTON, N. Y.

LADIES AND GENTLEMEN: The proposition to hold a World's Homœopathic Convention was first made by the American Institute of Homœopathy, in a circular letter issued by its committee of foreign correspondence in 1867. The plan of the present convention was conceived soon after the project of a formal celebration of our National Centennial took definite shape.

Many years must elapse, it is true, before the centennial of Homœopathy, which, in America, has but just celebrated her fiftieth anniversary. Yet certain analogies between the early history of Homœopathy and the event which our countrymen celebrate in Philadelphia this summer, justify the time and place of our assemblage.

The innovation upon accepted theories of society and government involved in the Declaration of Independence by our forefathers, was not more radical than that which was involved in the reform introduced in medical science by Hahnemann.

Notions of prerogative by virtue of birth or of caste; notions of governors as a race distinct from the governed; vested rights, transmitted in corporations from mediæval times; in these things was grounded the opposition to the political reform of our fathers.

Things identical or analogous hindered, and still hinder, the advancement of Homœopathy, as the historical and statistical reports presented to this convention abundantly show.

Reforms are not favored nor furthered by governments and venerable corporations. These institutions are, from the nature of things, conservative and repressive.

Reforms of a practical nature are received first by the people; adopted and cherished by the people; and, if governmental acceptance be necessary, forced on the government by the people.



The history of Homœopathy shows that in countries in which the government is absolute, in which education and the exercise of the liberal professions, and the arts connected therewith, are under the control of self-perpetuating boards or corporations, there our colleagues have found it difficult to obtain freedom to practice, and well nigh impossible to gain liberty to teach.

In proportion as the government, whether of the realm or of corporations, being in a degree representative, stands nearer to the people to whom the reform is a matter of vital interest, do our colleagues enjoy comparative freedom to practice and to teach.

In our own land, where the liberty of the individual is limited only by the liberty of his neighbors, where order is maintained by a government "of the people, for the people, by the people," we practice and teach without hindrance; and the advancement of Homœopathy has been rapid and solid beyond precedent, because the people have so willed it.

The coincidence, then, of this convention and the centennial of our nation, has a significance. It is full of instruction and warning to us, if we would retain what we possess.

It was not to be expected that many of our foreign colleagues should make the long journey necessary to be present with us on this occasion. Some have come, however; and we welcome most heartily our distinguished confreres, already known to us by their works and their fame, who represent the Homœopathists of Europe and South America.

But although comparatively few could be with us in person, our colleagues in every land have responded heartily to our invitation, by reports and scientific papers, which, together with those contributed by our fellow-citizens, will furnish the topics of our discussions.

Moreover, by official and personal letters, they have manifested their good will and sympathy in the inception and work of the convention. Such letters as are addressed to the convention are herewith submitted; and since some of them contain suggestions for action on the part of the convention, I request that they be referred to a committee on correspondence, with instructions to report with recommendations.

Among these communications is one from the venerable widow of the illustrious founder of our school, who now, at an advanced age, impoverished by the calamities of war, extends her greetings to the Homœopathists of the world here represented. In token of her sympathy, she sends to the convention, with an ulterior destination, in the discretion of the president, this bronzed bust of Hahnemann, cast from the marble bust by David D'Anger, and which she affirms to be a perfect likeness of that illustrious man.

Our colleague, Dr. Rubini, of Naples, in a letter to the convention, calls attention to his peculiar views of the treatment of epidemic cholera, which he supports by remarkably favorable statistics. As a mark of respect for the convention, he has sent to the president autograph letters of Hahnemann.

Our colleagues of the United States of Colombia, in South America,

inspired by the energy and prosperity of the American Institute of Homœopathy, have not only revived their National Institute, which, in consequence of political disturbances, had slept for several years, but they have organized in Bogota a Homœopathic school, which they have done us the honor to designate as a "branch of the American Institute of Homœopathy." These institutions request us to enter into intimate scientific relations with them in matters connected with the cultivation of our *materia medica*; and they make suggestions to this convention, which appear in the letters herewith submitted.

Several other societies and individuals send communications, which, if you please, will be reported in detail by the committee.

The historical and statistical reports presented to the convention, and which, though of exceeding interest, are altogether too long to be read during our sessions, comprise the history and statistics of our school in every country of Europe; in India, in South America, where, in Brazil, a national institute and college were established one year before our own; in North and South Africa; in Australia and in New Zealand. We may say, with almost absolute accuracy, that in none of these countries, save Germany, was there fifty-five years ago, a single Homœopathic physician. Now it is safe to say that Germany, France, England and Italy have each about three hundred, Spain and her colonies between five and six hundred, Brazil about two hundred, Russia about one hundred and fifty; and in each of these countries, we are told, the demand for Homœopathic practitioners is so great that, if instruction were free to our colleagues, and no hindrances were placed in the way of students of Homœopathic medicine, the increase in our numbers would be very rapid. Dispensaries and hospitals exist, and are increasing in numbers and patronage. Measures are being set on foot for the education of young physicians in the principles and practice of Homœopathy, and the confidence of the public is won by our practical success.

In our own country, the reports of the several states give an aggregate number of above five thousand Homœopathic physicians. We have many dispensaries and hospitals supported by private charity; seven colleges, exclusively Homœopathic, enjoying equal privileges with any other medical colleges in the country; and two state universities and several state hospitals, in which, despite the opposition of our brothers of the Old School, the people who support these institutions have decreed us places in the faculty and on the staff.

Most schools of medicine have perished with their founders, or a little before them. Thirty-three years have passed since the founder of our school entered into his well-earned rest. Our growth in numbers and influence has been steady, and never so rapid as within the last decade.

The time at my disposal would not permit an analysis of the system which presents so remarkable a history. I crave permission, however, to devote a few moments to some of the relations of Homœopathy to the medical science of Hahnemann's day, and to the medical sciences of our own day.

## RELATION OF HOMŒOPATHY TO MEDICAL SCIENCE.

Homœopathy, in its complete form, was introduced to the public in 1810, by the publication of the *Organon of the Rational Art of Healing*, a work which, it seems to me, has hardly been fully understood or appreciated, even by the majority of Hahnemann's enthusiastic admirers—a work which, far from consigning to the shelves as a classic, venerated but seldom read, and not looked on as authority in practical matters—I should place for frequent perusal, and as a trusted guide, in the hands, not, perhaps, of the student, but of the educated, earnest practitioner.

Condensed in style to the exclusion of every superfluous word, this work is not a system of medical science, but, as its title signifies, a treatise on the practical art of healing, with only so much of theoretical discussion as seemed necessary to make the meaning clear, with only so much allusion to other departments of medical science as seemed necessary to show their insufficiency for the needs of the practical physician, or to show the errors of philosophy and method through which they failed to accomplish the true end and object of all medical sciences, a speedy, safe and pleasant mode of cure.

Should we heed some self-appointed champions of Hahnemann, we might suppose that this illustrious physician denounced all medical science save that which he especially taught, and discouraged its acquisition by his followers.

Were this indeed so, the reproach of our adversaries might have some foundation: that Homœopathy is a system which a layman might practice as well as a doctor. Again, if we listen to these brethren who seem to arrogate a special knowledge of Hahnemann and of Homœopathy, we might suppose that Hahnemann proclaimed his *Organon* and later works to be the alpha and omega of medical science, rendering all other medical knowledge superfluous. Very far is either of these propositions from the truth. Hahnemann as a physician was distinguished by profound learning, and the broadest medical culture of his times. His writings are full of this learning. His extensive reading in every language in which medical men had written, enabled him to make those citations which, in the *Organon*, so irrefutably prove his positions, and in the *Materia Medica* enrich his pathogenesises. The spirit of the medical science of his day permeates his *Organon*. It is not too much to say that without this great fund of medical knowledge he could not have given us the magnificent argument of the *Organon*, nor the practical instrument of the *materia medica*. Now, seeing from the commanding eminence which he occupied, as a master in medicine, how barren of practical good was the medical science of the day, he was not so illogical and unjust as to denounce that which gave him this broad vision, and the benevolent hope that came with it. He did perceive that all the efforts of scientific men had failed to realize what is, after all, the great practical end of all effort in this direction, viz., a true science and successful art of therapeutics. And he perceived and clearly showed that this failure

resulted from an erroneous method of seeking for facts and reasoning from them ; in a word, from misdirected observation and a mistaken philosophy. He proceeded accordingly to use the facts of which his acquaintance with medical science had possessed him, to demonstrate the new science of therapeutics which he unfolded, and to make new observations, in accordance with what he deemed a correct philosophy.

But he never declared the ladder superfluous by which he had climbed, nor denounced the bridge which had carried him safely over his perplexities ! The *Organon* is strictly what its name signifies — an instrument of the rational art of healing — an exposition of therapeutics or that branch of medical science which concerns itself with healing disease by means of drugs, and its author assumed that those who would use it would be men already versed in medical science. In four of the terse and weighty sentences which characterize this book, (paragraph 5 and the note) Hahnemann takes it for granted, “as a matter of course,” that “every sensible physician,” before applying the art of healing which he is unfolding, will first make certain investigations and take certain steps, which investigations and steps really comprehend what we now comprise under the heads of etiology, semiology, diagnosis and hygienic management. I need not say to this learned body that he who can investigate these points satisfactorily, and take these measures judiciously, must be well versed in medical science. With this single assumption that his follower would, as he needs must, be familiar with general medical science, Hahnemann dismissed all considerations of anything save *therapeutics*; and he proceeded to show the errors of this department of medicine as it then existed. He showed that the indications for treatment were based on hypothetical assumption of the essential nature of the disease — a matter which is, of necessity unknown, it being but a modification of the eternal mystery, Life. He showed that the uses of drugs were deduced from hypotheses concerning their intimate action ; and this not on a constant but a variable object, viz., the diseased organism. It was *this unstable foundation of hypotheses in therapeutics* which Hahnemann denounced, and for which he was the first to substitute the “positive philosophy,” based on pure experiment and exact observation, which is now universally accepted in the physical sciences, the therapeutics of the Old School alone excepted.

In the exposition of his new philosophy Hahnemann provided for an investigation of the patient, of which hypothesis should form no part of the foundation, by affirming that, for the practical needs of the healer of the sick, the aggregate of the symptoms constitutes the “principal and only condition to be recognized and removed by his art.” The semiologist may speculate, if he will, on the ulterior cause or the essential nature of some or all of the symptoms, but for the *practical prescriber* the symptoms themselves in their totality furnish the only precise and safe indication for treatment by drugs. He was the first to establish pharmacodynamics as an independent physical science, based on observation of the effects of drugs on a constant object, the healthy human organism. I use the term pharmacodyna-

mics instead of *materia medica*, because this science — the subject of which is the relation of the healthy living organism to whatever substance is capable of modifying it, the extension of which is limited only by the variety of substances capable of modifying the organism, — investigates the properties of all substances that have the power to change function or tissue, independently of any use which has been or may be made of them in the medical art. It properly, therefore, embraces, to use Professor Allen's happy phrase, "every noxious substance;" the word "noxious" meaning — not "*nasty*" as some appear to think, but — "capable of harming or injuring — that is, of modifying — healthy function or tissue." He demonstrated the law of relation between the symptoms of the sick and those produced by drugs on the healthy, by virtue of which law the right remedy might be selected for each case, provided the science of pharmacodynamics have given us a knowledge of the required drug. He proved that the power of drugs to cure disease is not in direct proportion to the quantity of the drug employed, and further, that a certain mode of subdivision of the particles of the drug greatly enhances the power of the preparation to modify morbid functions and tissues.

These are the essential features of the reform in medicine, which in 1810 was represented by Hahnemann. In 1876, this representative body, speaking for thousands of practitioners, and millions of grateful adherents in every quarter of the globe, attests its soundness and vitality.

During this period, our brethren of the Old School have been most diligent in the pursuit of medical science, and we may profitably ask, what relations the departments to which they have especially devoted themselves now hold to the science which alone distinguishes us from them — Therapeutics? This question will be discussed, in various relations, during the sessions of this convention. I crave permission to say, for myself, a few words on one of them. Pathology, which hardly existed as a positive science in Hahnemann's day, has been diligently elaborated by ingenious and exact experimentation, until to-day it holds no mean rank among the positive sciences of observation. Must we denounce it, as Hahnemann did the pathology of his day? Can we not use it? It has been held to be the criterion of a true natural science, that new discoveries, new sciences, extend and enrich it; unite with it in amplifying the horizon of human knowledge and power; but never contradict or supercede it, nor are even indifferent to it. This is an expression of the unity of true science. If, then, our science of therapeutics be not capable of adapting itself to, or dovetailing with, or making subservient to its uses any exact related physical science, is not that fact the condemnation of our therapeutics? Pathology is the science of functions as modified by disease, and pathological anatomy the science of tissues as modified by disease. Using the word symptom in its largest sense, as a modification of function, or tissue, or both, pathology is, therefore, the science of symptoms. It concerns itself with the relations of symptoms to each other, as individuals or classes, with the rank of different symptoms in order of

time and causation, with their origin and evolution, and their relation to tissues, organs or apparatus. To give a few examples, it deals with the relations of the symptoms of the heart and kidney respectively ; of those of glycosuria and functional liver disturbance, or cerebral disorder, or gastric derangement, or dietetic error. This science of symptoms enables us to detect the dependence of symptoms upon material removable causes, such as the symptoms of syncope on a wounded blood-vessel, of intoxication on poisonous ingesta, of various disorders on injudicious modes of life, and leads us to those measures which Hahnemann supposes every "sensible physician" will resort to before he has recourse to therapeutics proper. Finally, it enables us to detect "morbid chronic miasms," as Hahnemann calls them, as the hidden "causes of chronic disease." These are a few examples from a host that might be cited.

Now, pathology, enabling us thus to trace the relations of symptoms to each other, enables us, in the first place, to follow Hahnemann's advice more extensively than was practicable in his own day, and "discover the primary cause of a chronic disease," or "discern the exciting or maintaining cause of the disease, and take measures for its removal," as Hahnemann directed us ; and by the aid of pathology, many cases are now relegated to the domain of hygiene, which were formerly regarded as proper subjects for drug-treatment.

In the second place, pathology, concerning itself with the origin and relations of modifications of functions, that is, with symptoms, enables us to procure from observation of the patient a much more complete picture of the totality of the symptoms than would be possible without its aid ; just as a systematic and intelligent survey of a museum gives us a more complete knowledge of its contents than any routine examination of it would do. Where, for example, the routine observer, getting the symptoms resulting from a diseased kidney, might, from the absence of striking symptoms, fail to interrogate those of the heart, or *vice versa*, and thus fail to get the complete totality of the symptoms, the pathologist is led, by his knowledge of the close relations of these organs in disease, to investigate more closely, with results which greatly assist his selection of the remedy. Or, the routine observer *might* fail to get, in a pleurisy, more symptoms than those of a pleurodynia ; but the pathologist, who knows the semblances and differences in the symptomatology of these affections, will so direct his inquiries as to bring out a totality of symptoms which should not only leave no doubt as to diagnosis, but should also point more clearly to the remedy than the others. So it appears that modern pathology, which has been assumed to stand in direct opposition to the doctrine that for the prescriber the totality of the symptoms represents the disease he is to remove, is really the prescriber's most efficient and indispensable instrument and aid in getting at that very totality of symptoms which he is to remove by a corresponding drug. Used in this way, as an aid in the methodical investigation of the symptoms, both of disease and of remedies, pathology, imperfect as it is, is of inestimable value to the Homœopathist. And, taking this view of the

subject, I do not hesitate to say that the strict Hahnemannian, if, with complete medical culture, he investigate and treat his case in the spirit of Hahnemann's doctrine, is the best and profoundest pathologist.

But if, diverting pathology from this, its legitimate function, the Homeopathist construct by its aid a theory of the essential nature of the disease, and a theory of the essential nature of drug-effects, as that the one or the other depend on a plus or minus of some blood constituent, or on such and such a cell change, or on such and such a structural lesion, and if he draws his indications for treatment from such a theory, he introduces into his therapeutics the same element of *hypothesis* against which Hahnemann protested, and in so doing, he diverges from Homeopathy toward the blind uncertainty of the older therapeutics. Moreover, however well grounded his hypothesis may be — when he prescribes on the basis of a pathological induction, or when he elects to regard one pathological modification of function or tissue as comprising the sum and substance of each and every case in which it is recognized, he necessarily prescribes for a *class*, and is unable to observe that strict individualization which is essential to a sound Homeopathic prescription. This must always be the case. It is especially true in the present imperfect state of pathology, which has no way of accounting for the firm subjective symptoms that are so valuable to the individualizer.

To say more on this point would be to trespass on your patience and on the ground of to-morrow's discussion.

When Hahnemann promulgated his reform, it was received with universal derision by the profession. What is the present attitude of our opponents toward its fundamental propositions?

*First.* That, for the practical physician, the aggregate of the symptoms constitutes the disease. Aitken says: "It is now a received pathological doctrine that disease does not consist in any single state or special existence, but is the *natural expression of a COMBINATION of PHENOMENA arising out of impaired function or altered tissue,*" (1.6). This is equivalent to Hahnemann's proposition.

*Second.* That the only valid source of positive knowledge of the action of drugs is to be found in observations on the healthy organism is now widely conceded, and the physiological laboratories of the Old School issue every year elaborate drug provings, which, though defective in points that we deem essential, are, I think, of great value to us.

*Third.* Touching the law of cure, *similia similibus curantur*, to show the absurdity of which, so much logic and wit have been expended by our opponents, the latest utterance of the Old School is the following, by Dr. L. Brunton, the well-known English physiologist: "The opposite action of large and small doses seems to be the basis of truth on which the doctrine of Homeopathy has been founded. The irrational practice of giving infinitesimal doses has, of course, nothing to do with the principle of Homeopathy, *similia similibus curantur*. The only requisite is that mentioned by Hippocrates when he recommended

*Mandrake* in mania, viz., that the dose be smaller than would be sufficient to produce in a healthy man symptoms similar to those of the disease. \* \* \* But it is not proved that all drugs have an opposite action in large or small doses, and Homœopathy, therefore, cannot be accepted as a universal rule of practice." A great concession, truly!

It appears then, that our opponents have come pretty nearly to our ground, except on the fourth point, that of the infinitesimal dose. Touching this point, their denunciation of us has lost none of its bitterness. They claim to have demonstrated again and again that there is nothing in our potentized preparations. The reasoning of Thompson touching the size of molecules furnishes them with a welcome argument against the possibility of any drug potency existing in even our medium attenuations. And these arguments have strongly influenced many of our own school whose personal experience and observation had not compelled opposite convictions. But let me say that proofs of a *negative* in any matter which can be determined only by experiment, are very fallacious, and a dangerous dependence. I do not despair of seeing, before many years, from some Old School authority, or some non-medical investigator, a demonstration of the medicinal power of Homœopathic potencies; and I warn such of my colleagues as have been influenced by the arguments of our opponents, against the chagrin they will feel when they shall be outflanked on this point; when to unbelieving Homœopaths shall be presented by experimenting Allopaths, a demonstration of the drug-power inherent in Homœopathic attenuations. An incident touching on the history of our *materia medica* is very suggestive in this connection. When the Nestor of Homœopathy, (Dr. Constantine Hering), whose jubilee we celebrated here last March, and whom God spares to gladden our hearts to-day by his presence, undertook those studies of serpent venom which have brought such honor to his name, and such benefit to suffering humanity, he added to the effects observed from swallowing infinitesimal quantities of the venom, the effects produced by large quantities introduced into the system by a snake-bite, regarding the latter as complementary to the former, and both as portions of a graduated scale of homologous effects. But many of our own school could not admit an analogy between the effects of small internal doses and of the bite. The chemists proved that saliva, or gastric juice, or alcohol, render venom innocuous. Finally, it was "proved demonstration," in this city and in India, that serpent venom introduced into the stomach could *not* act. This demonstration of a negative was accepted by many of our own school, by whom the serpent venoms were accordingly discarded as inert. Soon, however, Hermann, the physiologist, giving *Curare* to a rabbit, whose renal arteries were tied, found death occur, and from as small a dose introduced into the stomach as would have proved fatal if introduced beneath the skin. This suggests the idea that the apparent inertness of venom in the stomach results from its slow absorption and rapid elimination, which prevent its reaching the centers on which it acts. And lately Fayrer and Brunton, study-



ing serpent venom under the auspices of the British government, have satisfied themselves, and unequivocally affirm that venom introduced into the stomach affects the system more slowly and gently, and therefore with a greater variety of symptoms, but in essentially the same way, and with a tendency to the same results as when introduced into the blood by a bite. Thus is the negative demonstration overthrown, and the correctness of our veteran colleague's induction most happily established. But in what a position do these facts leave those of our school who, disregarding the provings of trustworthy members of their own school, disregarding; and not willing to verify the *a posteriori* evidence of cures in great numbers, cast out from their materia medica, *Lachesis*, *Crotalus*, and *Naja*, on the negative demonstration of an Old School physiologist! In the same position many will stand, I think, when ingenious experiment on molecular energy shall lead a Tyndall or a Crookes to a demonstration of the power of potentized medicaments. [Applause.]

Such is the position of advanced thinkers of the dominant school touching the cardinal points of the doctrine held by those who are known as Homœopaths, a name which, inasmuch as it still expresses radical differences in scientific belief, and a vital difference to the patient, in the modes of practice which it involves, I, for one, am not disposed to relinquish. When there shall cease to be *fundamental* differences in *faith* and *practice* among medical men, there will be no further occasion for distinctive appellations.

Ladies and gentlemen! From the tiny spark kindled in Hahnemann's little house at Leipsic, Homœopathy has become this great beacon, illuminating every quarter of the earth; from the solitary promulgator of the reform in Germany, her advocates have become the host here represented, and this by virtue of the fact that every physician who investigated and was convinced, exercised his inborn right to liberty of judgment. From her tiny beginnings, in 1810, Homœopathy has come to have to-day, her thousands of practitioners, and her millions of adherents, not so much by virtue of the special cogency of the reasoning by which her claims were supported as through the visible and perceptible effects of her practice upon the sick. This practical argument has a just weight with the people, and in proportion to liberty of thought and action among people and practitioners has been the rapidity of her growth. In this propaganda each practitioner was most efficient in the diligent, faithful, solitary performance of his round of duty. In caring for his business and his own interests, he was most effectually spreading a knowledge of the doctrines he professed.

The present epoch calls us to other labors. The duty of service in public hospitals and charities, from which we have hitherto been exempt, is now falling on us by reason of our numbers. The responsibility of medical instruction has always rested on physicians as experts. In other countries, where the restrictions of governmental boards, and the privileges of corporations so sadly hinder freedom of action on the part of our colleagues, and of opinion on the part of students who

would investigate our method and join us if they had opportunity and dared, it would seem incumbent on our confreres to avail themselves of some way, however provisional and incomplete, to diffuse among the profession and instill into the young a knowledge of the truth we cherish. And it is a satisfaction to believe that the fact of this convention has proved, if not an incentive, yet a great encouragement to such effort in more than one European country. In our own land, where we have long had schools of our own, established by our colleagues and their clients, the people are beginning to call on us for instructors in the universities which they have founded.

We must be prepared to meet these calls and to fulfill all these duties. They require certain qualities in addition to those which suffice for the isolated practitioner; capacity to work with others; patience to bear and forbear; perseverance to labor persistently for what we believe to be right, and submit patiently until the right can be realized; magnanimity to prefer the good of the whole to the triumph of our own; in a word, we need to stimulate *esprit de corps* for *esprit de soi-meme*. Surely Milton was right when he said: "A little generous prudence, a little forbearance of one another, and some grain of charity, might win all our diligences to join and unite in one general and brotherly search after truth."

Nor should this cultivation of a faculty for associated labor be confined by the boundaries of any single nation. The "world is our field;" and this convention shows that we may profitably and effectively unite our efforts with those of our most distant colleagues for the development and advancement of the science of therapeutics.

The remaining sessions of this convention will be devoted to scientific discussion, free, I sincerely hope, from uncharitable reflections on those of our profession who do not believe as we do.

The subjects of discussion include some on which we differ widely, and some of us feel deeply. May I bespeak the largest tolerance for differences of opinion, and the completest freedom of expression. Thus only shall any of us get at truth. For I firmly hold with Milton, that:

"Though all the winds of doctrine were let loose to play upon the earth, so truth be in the field, we do injuriously to misdoubt her strength. Let her and falsehood grapple; who ever knew truth put to the worst in a free and open encounter?" [Loud applause.]

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## SECOND DAY.

PHILADELPHIA, June 27, 1876.

Promptly at 9:00 A. M. the Institute assembled, Dr. Dunham in the chair. The attendance was much larger to-day and the interest and enthusiasm of the assembly betokened a profitable session.

The report of the board of censors was the first thing in order. A partial report was made by Dr. McManus, giving only the names proposed for membership "If any one has any objections to the candi-

dates, now is the time to state them," said the venerable Dr. McM.

The report of the treasurer, deferred from yesterday, was called up. Dr. Kellogg reported the receipts \$7,805, consisting of dues, assessments, donations by states, etc. After paying for Transactions of 1875 and some bills of 1876, there was a balance on hand of \$2,682. Drs. Stevens, of Pennsylvania, Barnes, of California, and Bell, of Maine, were appointed an auditing committee.

The Institute then adjourned.

The World's Convention was then declared in session.

On motion of Dr. Talbot the following persons were made honorary vice-presidents: Dr. Constantine Hering, of Philadelphia, Dr. John F. Gray, of New York, Dr. Richard Hughes, of England, Dr. Clotar Muller, of Germany. They were invited to take seats upon the platform. Their venerable appearance elicited hearty applause.

The following is the list of papers to be discussed to-day :

#### DEPARTMENT OF MATERIA MEDICA.

Historical Sketch of *Materia Medica* as a Science. By Constantine Hering, M. D., Philadelphia.

The Foundations and Boundaries of Modern Therapeutics. By Wm. Sharp, M. D., England.

Medicine as Modified by Homœopathy. By Conrad Wesselhœft, Boston, Mass.

*Hydrocyanic acid*—Its Value in Epilepsy. By Richard Hughes, M. D., England.

Therapeutic Action of *Curare*. By Dr. Paul Pitet, France.

Erythremalysis produced by *Picric acid*. By S. A. Jones, M. D., University of Michigan.

*Arnica*. By Dr. Imbert-Gourbeyre, France.

*Mezereum*. By Dr. A. Gerstel, Austria.

*Apis mellifica*. By Dr. N. Goullon, Jr., Germany.

*Mercury* and Its Preparations. By Dr. E. Huber, Austria.

The Potency and the Dose in Tropical Climates. By Dr. J. J. Navarro, Cuba.

The following were selected as the

#### DEBATERS ON MATERIA MEDICA AND THERAPEUTICS:

Drs. C. Hering, Philadelphia; Richard Hughes, England; Conrad Wesselhœft, Boston; Walter Wesselhœft, Cambridge, Mass.; T. F. Allen, New York; S. A. Jones, Englewood, N. J.; J. P. Dake, Nashville, Tenn.; J. S. Douglas, Milwaukee, Wis.; Wm. E. Payne, Bath, Me.; W. W. Rodman, New Haven, Conn.; Wm. Owens, Cincinnati; H. H. Baxter, Cleveland, O.; S. M. Cate, Salem, Mass.; E. M. Hale, Chicago; A. K. Hills, New York; Theo. Bacmeister, Toulon, Ill.; E. A. Farrington, Philadelphia; E. P. Colby, Malden, Mass.; Charles Neidhard, Philadelphia; Adolph Lippe, Philadelphia; J. M. Kershaw, St. Louis; B. A. Wheeler, Denver, Col.; H. V. Miller, Syracuse, N. Y.; W. H. Burt, Chicago; A. Korndoerfer, Philadelphia; L. M. Kenyon, Buffalo, N. Y.; W. H. Leonard, Minneapolis, Minn.; C. B.

Knerr, Philadelphia; W. A. Hawley, Syracuse, N. Y.; Emil Tietze, Philadelphia; Albert Haupt, Saxony.

Those who were present of the above list met the president and secretary yesterday and arranged the

“PROGRAMME FOR TUESDAY, JUNE 27TH.

The debate will be conducted in the following order:

Drs. A. Korndoerfer, Philadelphia; J. P. Dake, Nashville, Tenn; Richard Hughes, England; Conrad Wesselhoeft, Boston; Adolph Lippe, Philadelphia; Wm. Owens, Cincinnati; T. F. Allen, New York, and S. M. Cate, Salem, Mass., will discuss the papers of Drs. Constantine Hering, Wm. Sharp, C. Wesselhoeft, Richard Hughes, and S. A. Jones.

Dr. E. A. Farrington of Philadelphia, will discuss the paper of Dr. Pitet.

Drs. H. H. Baxter, of Cleveland, and C. B. Knerr, of Philadelphia, will discuss the paper of Dr. Imbert-Gourbeyre.

Dr. L. M. Kenyon, of Buffalo, will discuss the paper of Dr. Gerstel.

Permission will be asked of the convention, on behalf of essayists, if present, to close the discussion of their papers.

The regular debates having closed, general discussion will be in order.”

MATERIA MEDICA AS A SCIENCE.

Dr. A. Korndoerfer presented an abstract of Dr. Hering's paper, which was not yet in type. He divided the history of materia medica into seven periods. 1. Egyptian, in which remedies were tried one after another. 2. Hellenic, when that careful observer Hippocrates flourished. 3. Paracelsan, when began exact observations of the effects of remedies — Paracelsus was the first to put surgery with medicine. 4. Anti-Paracelsan, when broad generalizing took the place of exact observations. 5. Hahnemannian; this included a sketch of the rise and progress of Homœopathy; the great value of *Rhus* and *Bry*. in the war typhus of 1813 gave him his first lay followers. The sixth period was the anti-Hahnemannian, which began about 1835, when he took up his residence in Paris, and arose from men who were not close observers. The present period of materia medica began with the labors of Grauvogl and Hausmann. It was a significant fact that in three widely separated countries editions of the materia medica were being printed, Sircar, of India, Dadea, of Italy, and Allen, of America. In conclusion he urged the motto, *In certis unitas, in dubiis libertas, in omnibus charitas*.

Dr. Dake, of Nashville, took up the subject considered by Dr. Hering, and contended that materia medica was not a science. He went into an extended definition of the subject, and ere he had well begun his time was up. A motion to allow him to go on was lost, so we were denied the privilege of listening to the able arguments. They will no doubt be read with great interest.

## THE FOUNDATIONS AND BOUNDARIES OF MODERN THERAPEUTICS.

### PART I.—RETROSPECTIVE.

[As most of the discussion was directed to the excellent and suggestive paper of Dr. Sharp, we deem it our duty to give our many readers an idea of its drift and scope. It will be seen that it is not as intrinsically loyal as might have been expected at such a time, but is fearless and thoughtful, and gives evidence of an original and inquiring mind—a characteristic peculiar to Homœopathic physicians.—ED.]

MY COSMOPOLITAN BRETHERN: How shall I address you so as to interest alike every nation which you represent? So as to be not more a European than an Asiatic or an American? I think it is possible to do so. Patriotism is a national virtue. Science is cosmopolitan. Medicine is cosmopolitan. Alas! there is neither latitude nor longitude free from the maladies which flesh is heir to. All countries inhabited by man are afflicted with disease and death, and, therefore, all countries need the benevolent help which it may be in the power of medicine to give. Let me then speak to the heart as well as to the understanding of every one who hears me to-day, as if I were his countryman, his neighbor, his friend, his brother.

Next to the distinctions of nationality are the divisions in the medical profession. These are wider and deeper than those which separate nations. Is it possible so to speak as to win the attention of all medical ears? Of those which are proud of their orthodoxy, as well as of those which are ostentatious of their heresies? I would fain hope that it is. The profession of medicine is an honorable, a beneficent calling; and there are in it many hearts which beat high with benevolent purposes. Let such hearts, on whatever side they may be ranged, listen to what I have to say—it is too weighty to be sectarian; it is too true to belong to a party.

The distressing imperfection of therapeutics is confessed by all those who are most competent to judge of it; so that the commending a reformation of it does not place me in antagonism with any of the divisions in my profession. On the contrary, it gives me a claim upon the thoughtful attention of all.

There are also divisions among the Homœopathists whom I am called upon specially to address. These divisions prove that Hahnemann left his work unfinished. He would have been superhuman had he completed it.

Hahnemann opened a new mine, but axes and hammers must resound in it many a day, before all its treasures are brought to light. And further, the materials need to be put into the furnace, that they may be cleared of impurities, and be forged into forms fit for use.

Hahnemann began to dig in the field of experiments in health; but this field must be dug over again many times before a full harvest of fruits can be gathered from it.

Temporary divisions on a subject of such novelty, extent and complexity are inevitable; the only division which should be recognized as permanent among you, is the division of labor. Let it be your endeavor to keep in harmony with each other, and to march on together, step by step, in the investigation and maintenance of medical truth, and it may be confidently expected that all other divisions will gradually disappear.

It may be hoped that the convention we are participating in to-day may make some rough places smooth, and some crooked things straight.

Notwithstanding that a large number of books and tracts have been written and extensively circulated containing explanations, more or less accurate, of the modern system of medicine, there is still much confusion of mind upon the subject, both within and without the medical profession. It cannot but follow that those who are carrying on the design of this reformation must be misunderstood and misappreciated, until the design itself is better known.

And again, those who remain of the first generation of Homœopaths must not be angry if they see a second generation endeavoring to carry on the building of the temple of medicine not exactly after the first model. They must leave this generation to follow its own devices; and we must leave the generations which come after us to do the same. It is a great thing for each of us, if we can hope that we have faithfully served our own generation. The responsibility of serving theirs will devolve upon those who follow us.

Both these considerations constrain me to attempt to place the design of modern therapeutics, as it is at present apprehended, in the simplest and clearest point of view which is possible.

#### EXPERIMENTS WITH MEDICINE ON THE SICK.

Throughout all historic times, medicines—substances which are not food—have been given to the sick as remedies for their ailments.

Until less than a century ago, the properties of these medicines, or their powers of doing good, have been learned only by giving them to the sick. The bodies of the patients themselves have been the laboratory within which experiments have been tried with everything which could be thought to have medicinal virtues. It was natural that this should be the method first adopted. It is wonderful that it should have continued to be the only method—seeing that its success was so doubtful—for thirty centuries or more.

That experiments upon the sick have been thus persevered in through nearly all past time, is so well known, that it may seem superfluous to bring forward any testimony in proof of it. But inasmuch as the concrete is always more impressive than the abstract, and example more forcible than precept, it may be well to detain you a few moments with one witness.

Shortly before Hahnemann's time, that is, in 1753, Dr. George Young, of Edinburgh, published a clever and thoughtful book, containing his experiments with *Opium*. The first section is "of the

methods that have been used to investigate the virtues of *Opium*." It concludes with this paragraph :

"From what has been said we may conclude \* \* \* that the only way of knowing what a medicine will do, in a jaundice, for example, is by giving it to one that has that disease; even this method will be attended with many, and often insuperable difficulties; yet it is not only the best, but almost the only means of discovering the vires medicamentorum. I shall therefore pursue this method in my present enquiry into the virtues and use of *Opium*, by shewing in what cases and circumstances I have found it to do good or harm."

These experiments with *Opium*, in various doses, were made in about forty very different kinds of disease, and upon several cases of each disease. The general result may be anticipated; the cases in which it did harm much exceed in number those in which it did good.

It is interesting to enquire if any cause can be assigned for this surprising perpetuity of experiments on the sick. To me there is an obvious and sufficient cause in another fact which has run parallel with it. This is the unbroken succession of *explanatory hypotheses* which has accompanied all these experiments on the sick.

One of the brightest endowments of the human mind is the imagination, or the faculty of *setting up images* in the mind. One of the most conspicuous faults of our fallen nature is its proneness to fall down and worship the images which our imagination has set up.

The hypotheses or theories which have in this manner been imagined, or set up as images, to explain the action of medicines, and which succeeding generations of physicians have made idols of, have been so powerful in their influence, that they have prevented the eyes of the mind looking round to observe whether the method of experimenting upon the sick is the only possible method or not.

It is true that these images have successively sunk in the quicksands of time, or have been destroyed by the iconoclasts of succeeding generations; but this has always been followed by the setting up of new idols, so that the blinding influence has been continued, and no one has labored with success in any other manner, to learn the healing properties of medicines.

That the action of a drug cannot be learned with accuracy on a sick person, ought to have been evident from the fact that such an experiment is a complex one. The effects of the cause of the malady are necessarily mixed with the effects of the drug, and so mixed that it is generally impossible to separate them. Dr. Young becomes alive to this difficulty, before his experiments are finished. "How many ways," he says, "we may mistake the effects of the disease, or some other causes, not attended to, for the effects of *Opium*, and *vice versa*, it will be easy to conceive." The fault is similar to that of the practice, which has also been universal, of combining several drugs together in the same prescription.

#### EXPERIMENTS WITH MEDICINES ON THE HEALTHY.

Samuel Hahnemann has the distinguished honor of being the first to

undertake in earnest the new method of experiments on the healthy. He did this laboriously; he did it perseveringly.

Whatever changes in the practice of medicine may be brought about in future ages, Hahnemann can never be deprived of the honor of being the first to experiment extensively with medicines in health. With whatever indiscretions he may be charged in his manner of handling the experiments, in the performance of them he was setting an example worthy the imitation of every member of his profession. Whatever mistakes he may have fallen into in the doing of the work, in this new path he was the true pioneer, and as such, he deserves the gratitude of mankind.

A rich harvest was not slow to offer itself to the reaper, as the reward of his unwearied toil in this new field. Among the precious fruits which Hahnemann gathered, were these:

1. The giving of only one medicine at a time.
2. The rule for choosing the remedy, quaintly expressed in the words, *similia similibus curantur*.
3. The use of much smaller doses than had before been given.

The first of these rules is perfect; it needs neither explanation nor comment. It is manifest that any connection which may exist between the effects of a drug on a healthy person, and its effects on a sick person, cannot otherwise be discovered than by giving it alone in both cases.

The second is very obviously much less clear and perfect. It is a glimpse of a grand natural law, but a thoughtful man cannot avoid being conscious that this law is only partially and indistinctly seen. Hahnemann was careful to observe the symptoms produced by medicines when taken in health. He saw that they resembled those of natural disease; and by experiment he found that they acted curatively, when given as remedies for symptoms in disease which were like those which they produced in health. Hence the adoption of the expression, *similia similibus curantur*.

The third rule, that of giving smaller doses than before, he was gradually led to adopt by finding that the ordinary doses, given according to the second rule, often aggravated the ailment instead of curing it. Later in his career, from the unhappy circumstances in which he was placed, he began to use what are called infinitesimal doses; a practice which has imported enormous difficulties into the whole subject; and which has been an almost insurmountable barrier against the progress of his system.

From Hahnemann's experiments with drugs in health, and from his scheme or arrangement of the symptoms of each drug under headings which include all parts or organs of the body, two inferences necessarily follow:

*First.* That he believed that every drug, through its "dynamic power on the vital force," (*Organon of Medicine*, section 16) has a *gen-*



eral action upon all parts of the body. He has enumerated under every heading symptoms produced by each drug.

*Second.* That all symptoms which a drug produces, or may be thought to produce in the provings of it in health, *whatever may have been the dose*, are the similia of symptoms for which the drug may be given as a medicine.

I think there can be no question that these were Hahnemann's views. He was, moreover, a great iconoclast. He broke in pieces all the images which were standing in his time. This was a good work, but, alas! there soon stood up in their places images of his own. He worshiped these images himself, and, like Nebuchadnezzar, he was for putting into a fiery furnace all who would not fall down before them. This fondness for a theory of his own was another great impediment to the general reception of his real discoveries.

This estimate of Hahnemann's work will not satisfy his enthusiastic admirers, any more than his vehement depreciators; but it has been a matter of anxious care to me to give a statement of it which will commend itself to such impartial persons as are sufficiently acquainted with the facts. We are too near his time to be able to anticipate the judgment of history.

#### THE FOUNDATIONS OF MODERN THERAPEUTICS.

I remember the invention of the kaleidoscope by Sir David Brewster. It immediately attracted attention and excited admiration. It is now rarely mentioned except as a toy for children; but I hope its principle is not forgotten. By placing two plane mirrors in a tube, at an angle of sixty degrees, a few small pieces of colored glass in a box at one end of the tube, and the eye at the other end of the tube, geometrical figures of great brilliancy and beauty are seen. By slowly turning the box around, an endless succession of such figures become visible; the same figure never being seen again. By opening the box, the few small pieces of broken glass are seen, instead of the unceasing diversity of figures produced by them.

Hahnemann's scheme, by which he exhibits the symptoms produced by drugs taken in health, arranged under definite headings, is his kaleidoscope. This is a kind of symmetrical arrangement under these definite headings, every new proving produces a new figure, and this in an endless succession. There is great apparent regularity and beauty in each picture, but as the number of them increases indefinitely, and the same figure never can be reproduced, their utility becomes less and less, until it is quite lost in the resulting confusion. Hence it becomes necessary to *look inside the box*—to examine the pathological changes which have been the cause of all this variety of appearances. These are comparatively few in number; they have a fixed seat and a definite character; and they are frequently reproduced.

If we look back upon the early *materia medica* of Hahnemann, and then look upon its present condition, we cannot but be struck with the disorder and ruin into which it is falling. The arrangement of all the

symptoms of a proving, under the uniform topographical headings which Hahnemann adopted, presented at first something like scientific precision. The symptoms manifested by the action of a drug upon the brain, the eye, the nose, the mouth, the throat, etc., could be understood and remembered; and they could be compared without difficulty with those occasioned by another drug upon the same organs. But how different has this become now! The accumulation of symptoms under each head of only a dozen medicines — and there are now hundreds of drugs which have been extensively proved, is such that a clear understanding of them, and a good remembrance of them, are alike impossible.

Moreover, there is not only confusion from the multitude of symptoms; there is still greater confusion from their intricacy and contradiction.

It is clear, therefore, that it is in vain to pursue this path further; another must be sought and found before a scientific foundation for therapeutics can be laid. The seat where the symptoms are manufactured, and the changes which have been made in its condition, must, as far as is possible, be understood. In comparison with the symptoms, the organs in which they originate are few; the altered condition of these organs is also comparatively simple and stable. In this manner, a collection of facts which happen uniformly and invariably under the same circumstances, and which may be a sufficient proof of a general fact or law, may be hopefully looked for. The pieces of glass inside the kaleidoscope must be examined.

If the treatment of diseases by medicines is ever to become a branch of physical science, it must be based upon facts like these. The only solid foundation therapeutics can have, is that of facts which happen with uniformity and invariableness under the same circumstances. If this can be done, Sydenham's hope would be realized, and the method of treating the bodily ailments of man would become "fixed, definite and consummate." Doubtless this is a difficult task, but we are not to be deterred by difficulties. In all our future endeavors, we are never to forget this, that it is only what is fixed and definite which can be reduced to science.

Therefore, before therapeutics can be looked upon with satisfaction as a science, something much more defined than the mere similarity of symptoms must be discovered for its foundation.

In former essays this foundation has been represented as consisting of two general facts:

1. The *local action* of each medicine; that is, its action upon some parts or organs of the body in preference to other parts. To this fact the name of *Organopathy* has been given; and
2. The *contrary action* of different ranges of doses of each drug. To this fact the name of *Antipraxy* has been given.

Resting upon these facts as a foundation, the remedy in each case is a drug which in health acts where the seat of the disease is; which in

larger doses produces in health, effects similar to those of the disease ; and which in the smaller doses produces effects of the opposite kind.

It would betray a want of respect for this assembly were the proofs of the truth of these two general facts to be reproduced from former essays, where they have been given in detail, and it would be impertinent to occupy its time with a description of many cases. But it may again be remarked that example is more influential than precept ; so that, perhaps, it may be permitted me to give a single illustration, as briefly as is consistent with the object for which it is described.

#### CASE.

Miss H., aged eighteen ; tall and stout ; but pale to alabaster whiteness, and leucophlegmatic in temperament ; amiable, fond of long walks and of dancing ; with habitual cheerfulness. She has been suffering for some months from a persistent *cough*, which nothing has relieved ; with *shortness of breath* on slight exertion, such as going up-stairs, or walking on rising ground ; *palpitation of the heart*, particularly in bed ; very considerable *dropsical swelling* of the left leg, ankle, and foot. (The right leg is, I think, generally the first to swell in affections of the liver.) Such was her condition on my first visit, on Dec. 11, 1875. To the patient and her friends, the cough, which seemed incurable, with the dyspnoea, were the alarming parts of the illness, as indicating to them disease of the lungs. To these two symptoms were added, it will be noticed, two more, palpitation, and a leg without shape from anasarca. These were the four prominent symptoms—cough, dyspnoea, palpitation and dropsy—in a young person, debilitated by growing too fast, and by often exerting herself beyond her strength. The stethoscope indicated little pulmonary disease, but there was a distinct bellows sound in the heart's movements, which were tumultuous, rapid and feeble.

On carefully thinking over this case, it appeared to me that the origin of the disturbances, which looked formidable enough, was in the heart—this organ might, indeed, have been affected by sympathy with disease in the lungs or elsewhere—but I did not think so ; to me it was a case of diseased and weakened heart ; the other ailments being results of this. A drop of the first centesimal dilution of the tincture of *Digitalis* three times a day, was prescribed, with rest. This was taken for twelve days, from December 12th to 24th, with daily increasing benefit. Nothing else was given or advised. On December 28th all signs of illness had disappeared. The cough, the dyspnoea, the palpitation, the unnatural sounds of the heart, and the dropsical swelling were gone ; and she declared herself to be feeling as well as she could wish to do.

What remedy the "totality of the symptoms" would have suggested to some of you, I do not know ; but I think we are not acquainted with any other medicine which could have cured this case so rapidly and so perfectly as the *Digitalis* did.

This case explains, better than any words of mine, how the general facts called *Organopathy* and *Antipraxy*—the local action of drugs,

and the contrary action of larger and smaller doses — may be applied in the actual practice of medicine. It is quite certain that *Digitalis* has a direct action upon the heart. Taken in health for a time, in certain larger doses, it would bring about a condition of illness like that of this patient; and taken in health in certain smaller doses, it would do harm in an opposite direction. There can be no reasonable doubt of the truth of all this.

On these two general facts — the local action of all drugs, and the contrary action of the larger and the smaller doses, as on firm and durable foundations, the temple of modern therapeutics may be securely built.

We may, therefore, now proceed to consider

#### THE BOUNDARIES OF THESE FOUNDATIONS.

1. *They are limited to drugs.* This question was investigated with care twenty-two years ago; nothing has appeared since to shake the judgment which was arrived at at that time; but much to confirm it. (Essays on Medicine, tenth edition. Essay VI.) To extend the foundations beyond this boundary is to place them in the condition of a navigable river overflowing its banks; by which its own usefulness is diminished, and the surrounding country is damaged.

Assuredly, the phenomena of light, heat, electricity and magnetism are peculiar to themselves, and are governed by laws of their own; and not by those which regulate the proceedings of such material substances as drugs.

The temptation, no doubt, is great to seek corroborative evidence of the action of medicine from a few experiments with these immaterial agencies, especially with galvanism; but this is spurious help, and it is wiser to reject it. Experiments of an opposite kind may readily be appealed to by opponents, who will not be slow to avail themselves of so fair an advantage.

Let it be remembered that electricity is not a drug; that the effects which it can produce on the living body of a man are very complicated, and very little understood; and, therefore, that it is best not to entangle ourselves with the additional difficulties which any reference to such effects must necessarily bring upon us.

This opportunity may be taken to repeat the protest against experiments on the lower animals. To me it is obvious that such experiments are cruel and unnecessary; and the help sought to be obtained from them is misleading and hurtful. The exceptions to this remark are very few.

Moreover, let it be said once more, that even experiments on the sick are not experiments by which we can discover the laws which govern the action of drugs. These must first be established by experiments on the healthy.

2. *The action must be on the organ or part affected.* This is one of the foundations. It is also one of its limits. It is manifest that whatever does not rest upon this foundation is outside the boundaries of it. In its practical application to the treatment of the sick, it implies that

every part of the body which remains healthy or nearly so, is to be unmolested; and that such remedies as have an action where the principal morbid conditions exist are the only ones which ought to be made use of.

This direct method of treatment is an advantage to the patient beyond all price. To act remedially upon the diseased parts is to cure them in the proper sense of the word. Revulsion and counter-irritation, that is, hoping to do good to one part of the body by making another part ill; is, without doubt, a crooked and lame method of healing.

3. *The medicine given must be one which produces, in health, in the larger doses, a similar disease in the organ.* This is the best form of Hahnemann's Homœopathy. It embraces all that is most worthy of being retained, in his rule of *similia similibus curantur*. When the last mentioned boundary can be observed, and when the organ chiefly affected is ascertained, then inside this boundary all is tolerably clear and intelligible. Outside it, everything must be vague, indefinite and unscientific. It will be long before our actual treatment of the sick can be distinctly confined within this limit: but this is the goal which should be aimed at, and the more entirely our practice is so confined, the more satisfactory and the more successful it will be. This, again, is looking at the pieces of glass inside the kaleidoscope.

4. *The dose given must be the smaller which produces a contrary action.* That a certain range of smaller doses acts in health in a direction opposite to that of the action of larger doses, is a fact only recently brought to light; and it is one which is not yet generally acknowledged. Its discovery opens a new era in modern therapeutics. It is a perfect explanation of the utility of the boundary last spoken of, and of the surprising success of Homœopathic treatment. It answers the question *why?* And it does this without any hypothesis or theory. It also answers the question why Hahnemann was led to the use of the smaller doses, by observing the aggravation caused by the larger ones, when these were given according to his principle.

I am not yet acquainted with any facts which help to explain this contrary action. But neither do I know any which throw the least light upon the reason why drugs act as they do, in any doses, larger or smaller; or why they act at all upon the living human frame. Until such facts are discovered, let these questions remain unanswered. Do not set up an imaginary explanation. Do not act the part of spiders, and spin cobwebs, which deserve only to be swept away.

5. *The medicine must be so given as to produce not topical, but local action.* The distinction between the *topical* and the *local* action of drugs is explained, I hope clearly and satisfactorily, in "Essay XXVIII." (*Monthly Homœopathic Review*, January, 1876, Vol. XX., page 13.)

"It is well known that the *topical* application of some medicines is followed by effects upon the part which it touches, which are very distinct from the effects produced by it on other parts, to which it seems to have been carried by the circulation of the blood, and which

are meant by its *local* action. The effects of a blister made of *Cantharides* upon the skin which it touches, are very different from the effects produced upon the bladder, by the absorption of some of the particles of *Cantharides*. The action on the skin caused by contact is the *topical* action; the action on the bladder, following absorption, is the *local* action."

The topical action of drugs is not included in the laws which are the subjects of this essay; it is not included in Homœopathy. But a practical remark may be permitted here respecting topical applications:

They are of two kinds, or are made use of with two intentions. One is counter irritation; for this purpose, blisters, *Croton* liniments, *Tartar emetic* ointment, moxas, etc., are applied. These, as causing pain, are to be rejected. The other is for the purpose of soothing or allaying pain; as fomentations with warm water, either simple or with decoction of poppy heads, *Chamomile*, etc.; liniments of *Opium*, *Belladonna*, etc.; also applications of *Arnica* or *Bellis* for bruises, *Rhus* for sprains. These are to be retained.

6. *The results are limited by the power of each medicine, and by the measure of life or vital power.* The two parts of this sentence are not identical or synonymous. Together they indicate a subject which has been little labored or examined. And yet the cases in which it calls for attention are of frequent occurrence. Those in which disease is killing the patient, because we know of no remedy which has power to cure it, are, alas! very common; and those in which life is ebbing away, because the remedies which could have cured the disease have not been timely used, are also not rarely met with. I have lately been attending a case of each kind. In one, the disease was of three years' standing when first seen. The medicine given was followed by such good effects as surprised both the patient and his wife; but it was the last fortnight of his life, and he died in spite of the relief, from vital exhaustion, without pain or struggle. In the other there was life enough, but no remedies were known equal to the occasion. On my last visit I told the nurse (a well trained and excellent one) not to give any more medicine, but to do everything else in her power. She did not speak, but her look was one of astonishment. The patient died in two days. The near approach of death is an occasion too solemn for the officiousness of giving doses of drugs, large or small, which can do no good.

#### PART II.—PROSPECTIVE

The subject we now approach is the work of the future. Let us cheerfully remember the work which has been done, but let us also look hopefully forward and endeavor to obtain a clear view of the work which remains to be done; and this with the intention, on the part of each of us, to address ourselves willingly to the immediate and diligent performance of it.

But some will object at once that the confusion and irregularity of the disorders of human life and health practically forbid the attainment

of any certain or precise knowledge respecting them, and prevent the adoption of any fixed rules for the treatment of them. To such persons it seems useless to engage in arduous labors which they think are sure to end in disappointment.

Something must be said in answer to this objection, or what follows will not receive the attention which it deserves. Now there is both a presumption and an experience which suggest a reply.

For God, the Creator and Governor of the universe, is a God of law and order. It may be presumed, therefore, that the disorderly conduct of His creatures, and the confusion of things on earth, are on the surface only; and that, underlying all this, there is a divine method, designed by infinite wisdom, and carried on by Almighty power. It may be presumed further, that this divine government extends even to the derangements of human health, and to the means which may be used to remedy them.

On these presumptions we may hopefully engage in an attempt to discover some of those laws by which medicines, as a department of remedial measures, are governed.

In addition to this presumptive argument, we have now one from experience. The first part of this essay has, I think, distinctly shown that laws governing the action of medicines do exist, and that it is in our power to discover them. We will, therefore, without further hesitation, seriously and zealously pursue our research.

Let me repeat that only what is fixed and definite can be made use of, in the discovery of these laws; and that greater accuracy and invariableness in the record of the effects produced by experiments in health, are required. The first requisite for this is the careful *proving of doses*; and the fixing, as correctly as is possible, each symptom or effect following a given dose of a medicine, *on the organ or part of the body* to which it belongs. These points, with others of importance, deserve to be separately considered.

1. *To attend to the balance. Every dose to have its separate provings. The reports to be kept distinct.* It may be said with clamor that the balance has been used from the beginning; for in all provings, the drug has been taken in a certain dose or weight. This is granted, but it will also be granted on the other side that, hitherto, no sufficient separation of the provings of different doses of the same drug has been made, nor sufficient pains taken to distinguish from each other the effects of different doses, or to establish a comparison between them.

This work of weighing, and keeping separate the experiments made with each weight, remains to be done; and it must be voted by this assembly as urgent.

Think of other branches of physical science, and of the manner in which they have attained their present standing.

Mechanical attraction operates upon matter of any kind at any distance. Astronomy became a science only when men began to *measure* these distances.

Chemical attraction operates upon matter of different kinds, only at

insensible distances and only upon quantities fixed by weight. Chemistry became a science only when men began to *weigh* these quantities.

In like manner drug action takes place according to the different kinds of drugs, and according to the different quantities or weights of each. Therapeutics—the giving of medicines to the sick—will become a science only when physicians begin to note with correctness, not only the drug, but the quantity or *weight* given in each dose. This must be done first in experiments on the healthy.

2. *To gain from these provings more accurate knowledge of the seat of the action, or the organs acted upon.* Nothing would demonstrate more clearly the truth of organopathy, nor render its application in practice more successful than the careful proving of doses. It has been shown in former essays that, with regard to some drugs, different doses have power to act upon different organs of the body; and *Tartar emetic* and *Ozalic acid* were given as examples. It is extremely important to ascertain what number of drugs have a similar power. For anything that is at present known to the contrary, this may be true of all drugs; and even a law with respect to it may be discovered. This would be another step in advance, but let me again repeat that precision and invariableness in the facts observed are necessary for the establishment of a law; and that the element of *weight* is essential in proving the effects of medicines in health.

For example: A certain dose of *Belladonna* will act upon the heart and upon no other organ.

A larger dose will act upon the brain in addition to the heart.

Perhaps a larger one will act upon the throat in addition to the heart and the head.

Perhaps a still larger one will add to these an action on the skin.

If this should be so, then the contrary or antipraxis dose will also vary according to the organ to be acted upon.

These are questions and considerations which nothing can answer, or throw light upon, but very careful provings of doses in health. It is worse than useless to offer conjectures, or to imagine hypotheses about them, except as suggestions for new experiments; as explanations, such imaginings are a form of idolatry—the setting up of images and the falling down and worshipping them. Facts are external to us; the offspring of God's providence. These we use, but regard with coldness. Theories are generated within us; the offspring of our own minds. These we love and cherish as part of ourselves.

3. *To obtain distinct limits to the two ranges of doses of each drug, which act in opposite directions.* It needs to be more strongly impressed upon the minds of many medical men than it has yet been, that the contrary action of the smaller doses of a drug, is its contrary action *in health*; and that this action, as well as that of the larger doses, is a mischief-making action. Though in a much slighter degree, it is an action disturbing to health, it produces disorder. That it proves curative in disease is simply a practical application of the fact; it is not the fact itself.



It is shown in the essay on the action of small doses, (*Essays on Medicine*; tenth edition; Essay XXII.), that the dividing line which separates the two ranges of doses of *Aconite*, in its action upon myself, is somewhere between the fifth and the tenth part of a drop of the pure tincture. That which has been done for *Aconite* is required to be done for all drugs. There will be a difference in the results of the experiments made upon different individuals; but it will be possible, from several separate provings, to draw an average sufficiently near the truth to be of the greatest practical value.

It is not to be expected that a dose will be found which can do nothing, which acts in no direction. A mathematician may ask for this, but the discovery, if it could be made, would be of no use to the physician. A wedge has a stable equilibrium when standing on its base, and a mathematician will tell you it has an unstable equilibrium on which it can stand on its thin edge; but a carpenter will smile at the mathematician when he hears him say this; because he knows quite well that to make it stand upon its thin edge, so that it shall not fall to one side or the other, is as practically impossible as it is practically useless.

4. *To investigate the question of infinitesimal doses.* It may surprise some of you when you are told that I have not yet arrived at the examination of this question. It is true that it presented itself to me in a very practical shape twenty-six years ago; but it soon became evident that there were other important and difficult questions which must first be answered distinctly before I should be competent to enter upon the investigation of this. Were there another quarter of a century for work before me, the hope might be entertained of undertaking it, but as that cannot be, it must be cheerfully handed down to another generation.

It is a question so distinct, and so separate from all previous questions, that the answers to them which have been obtained, however plain and positive, throw no light upon it, nor do they afford any material help towards its solution.

It is a question so delicate that it can be undertaken only by those who can imitate the minute care and singular skill with which Sir Isaac Newton, Dr. Young, Sir John Herschel, and Mr. Crookes have pursued their researches on light.

It is a question so difficult, and so much more complex than the study of light, that if any one shall have the privilege of working out its resolution by the clear exhibition of facts, he will be placed upon the highest pedestal of science, and, doubtless, also upon no mean one of philanthropy.

I venture to think that the work done in these essays has rendered the infinitesimal dose more accessible; but it is evident from the nature of the subjects which are now occupying our attention, under the form of work which still remains to be done, that great obstacles have yet to be removed before it is likely that this perplexing question can be successfully answered.

5. *To study the materia medica of places and climates.* This is a chapter to be added in modern times to the ancient treatise of Hippocrates on "Airs, Waters and Places." I heartily join Dr. Adams in his praise of this book, of which he says :

"Let us be thankful that the destroying hand of time has spared us so valuable a relic of antiquity; and instead of undervaluing our ancient instructor, because he shows himself ignorant of many truths which we are now familiar with, let us be grateful to him for the amount of information which he has supplied us, and for setting us an example which it must be both safe and profitable for us to follow."

All who study this Treatise on "Airs, Waters and Places," will readily understand what the additional chapter on the *materia medica* of places, and climates, should contain. I have long been certain that the plants, if not also the minerals, but probably both, which belong to the place of residence of the inhabitants of each country, are peculiarly fitted to be employed as remedies for the diseases to which these inhabitants are subject; and especially for such maladies as are common or prevalent in the locality.

This is a subject which ought to excite the interest and stir up the industry of the medical men of every place. It should be a disgrace to them to remain in ignorance not only of the peculiarities of the air, water, and aspect or climate of the situation in which they have undertaken to attend the sick, but also of the several medical plants which grow around their path, and of the minerals upon which they tread.

Suffer me, then, to press this subject with affectionate earnestness upon your attention; and give me reason to hope that every one of you will go from this noble convention determined to look around you *at home*; to collect the plants, and particularly those which are most common, and to make provings of them again and again, and separate provings of different doses, until you can use some of them for the commonest sufferings of your own patients.

6. *To discover the limits beyond which each medicine cannot go, in healing power.* This is a subject which I do not remember to have seen noticed by any one. Its investigation would be of great practical value. It is much to be desired that patients should not be advised to continue taking any medicine after it has exhausted its power of doing good.

"If men will *intend* to observe," says Lord Bacon, "they shall find much worthy to observe. Certainly it is not difficult to notice when improvement ceases to follow the taking of a medicine. Its limit of power has been arrived at in that particular case; and if this should be observed in several similar cases, it is not doing the remedy an injustice to conclude that its limit of power has been reached for the disease also.

The practical benefit of such observations as these would be very great. We should not then waste precious time, and incur renewed disappointments, by giving that medicine again, in other similar cases; but we should go in search of some other remedy, of greater power in that disease. Very possibly the next case of the kind which comes

under our care, may be treated much more successfully by a different remedy.

There is a contrary error to this—that of changing the remedy frequently, and often without knowing why. But this is an error fallen into rather by amateur practitioners than by physicians. It is a childish and ignorant mode of proceeding which ought to be entirely avoided by educated and observing medical men.

7. *To diminish, if possible, the number of diseases which are at present incurable, by the discovery of new remedies.* Dr. Matthew Baillie, in one of his lectures, said this: “When I was a young practitioner, I thought I had twenty remedies for every disease; now that I am an old one, I meet with twenty diseases for which I have no remedy at all.” This is very much the experience of every thoughtful physician. It will certainly be ours, if we attend to the precept last given, and take pains to notice the limits of each medicine in its power to do good.

Under such circumstances, it is imperative that we set about, with serious zeal and energy, the search after additional means of cure. At the beginning of this address, the division of labor was referred to. It has its difficulties and its defects, but it is a necessity in medicine. A wide general knowledge of medicine and its collateral branches of science should be aimed at first, by every one intending to practice as a physician; after this, if the science of medicine is to be advanced, each practitioner should select for himself some limited department, some single topic, on which to devote his leisure moments and his best abilities; in the hope of rendering it better known and better understood, if not to his cotemporaries, at any rate, to his successors.

The study of the *materia medica* should be divided between two great schools; one should undertake to render specific and accurate our knowledge of old remedies; the other should labor to give us equally specific and accurate knowledge of new ones.

Gentlemen: Time admonishes me to conclude, and in few words. You are to be congratulated on the vast field of medical research which lies open before you. You will labor in it with industry and self-denial. I pray God to bless your endeavors. For myself, the sentiment which animates me will be best expressed in the words of a medical ancestor:

“I shall esteem it my greatest happiness, should it appear that in this enquiry I have done anything which may tend to promote an art, in the advancement of which, the good of mankind is so nearly concerned.” (A Critical Enquiry into the Present State of Surgery, by Samuel Sharp, F. R. S., and surgeon to Guy’s Hospital. 1751.) Farewell.

#### DISCUSSION.

Dr. Hughes said:

“The point on which I desire to address you, is that raised by my countryman and friend, Dr. Sharp, where he endeavors to account for Homœopathic cures by maintaining that small doses of drugs act in an

opposite direction to that of large ones. I wish I could think, with him, that thus the true explanation has been reached, and our dose more closely interlocked than ever with our principle, by appearing to be the essence of its *modus operandi*. But I cannot. I must think that the doctrine of the opposite action of large and small doses is a hasty induction from insufficient data. I must agree with Dr. Lander Brunton, whose remarks our president quoted yesterday, that if Homœopathy rests upon this basis, it is very far from being a universal system of medicine. The more I study the action of drugs, the less evidence do I find of any really opposite actions exerted by them, save where excessive stimulation is followed by exhaustion; and of this I am not sure whether it is right to speak of it as a continued action of the drug. I am more and more convinced that (with this apparent exception) every drug affects those parts of the organism on which it acts, in one, and only one way, i. e., either as an excitant or as an irritant of substance. The groupings and sequence of the phenomena it causes are often very complex. They may be the product of several factors. But, when enumerated and reduced to their elements, I am continually being satisfied afresh that those elements are simple and uniform, and capable of being stated without any thesis of primary and secondary or opposite, actions. It seems to me that it must be so; that it is simply unthinkable that a medicine should affect the functions it influences in two opposite ways, through some small differences in the quantity in which it is given. This is my objection to Dr. Sharp's explanation of Homœopathic action. Nor is it valid (I conceive) for him to reply—as he has done: 'I care nothing for your theories about the facts; I allege the facts themselves.' But Dr. S. himself is assuming that the facts, that is, the phenomena, reach down to the inner working of the drug, and imply real opposition there also, or they would not account for likes being cured by likes. If I can explain these phenomena another way—in a way which seems much more rational, he must defend his theory of the facts; for it is this which is improved. Of the facts themselves, such as they are, there is no dispute.

“There are other objections to Dr. Sharp's theory—notably that it applies only to those comparatively few cases in which opposition is possible, when the *plus* and *minus* of function alone are concerned. But I would say a few words upon some other explanations of Homœopathic action which have been offered. We all know that of Hahnemann. He supposed that every drug, whether given in health or in disease, produced two series of effects, the secondary being precisely opposite to the primary; that if given in morbid states corresponding to its secondary effects, it acted at first as an antipathic palliative; but then, its own secondary operation supervening, increased the disease, which, if given when a condition answering to its primary effect was present, it caused a temporary aggravation indeed, but then, by its secondary effects, which were opposite to the disease, a considerable amelioration thereof. To this, there seems to me to be an unanswerable objection. In such primary and secondary phenomena, the reaction must be, to



some extent, as the action. Hahnemann himself admits this, when he says of provings e. g. (of that of *Puls.*) that moderate doses only having been used, the symptoms are mainly primary — that is, that little reaction supervenes. Now if this be so, we would only get much benefit from the secondary action of a remedy, at the cost of a considerable primary aggravation, and the reduction of the dose to avoid the latter, would correspondingly diminish the former, whereas the facts are just the other way.

“ Then there is the theory of Fletcher, which has been so ably expounded and maintained by my friends, Drs. Drysdale and Dudgeon. This supposes that all drugs are primarily stimuli, though the secondary depression which follows is the most obvious and lasting phenomenon of their action. It considers, moreover, that inflammation is the typical form of disease; and that here we have a primary contraction and secondary dilatation of the capillaries—the latter being the condition which characterizes the process, and in which we are ordinarily called upon to treat it. Acting, then, upon the rule, *similia similibus*, we are nevertheless really applying a stimulus to the dilated capillaries of the part; and, if our dose is not too large, shall do nothing more than contract these to their healthy standard. I am no more able to accept this explanation than those which have preceded it. I cannot allow that inflammation is the type of all diseases, nor that in inflammation, itself the condition of the capillaries, is the fundamental cause of the powers; still less can I admit that all drugs are primary stimuli. I see nothing stimulant in the action of *Conium* and *Gels.* upon the motor centers, or in that of *Glonoine* or *Amyl nitrate* upon the sympathetic.

Last, there is the doctrine of Dr. Bayes, who thinks that all drugs are nerve paralyzers in large doses, and stimulants in small, and that a paralysis of some element of the nervous supply of a part all diseases depend, so that small doses of a drug which in large quantities would stimulate such phenomena will just raise the part to its true height again. Here also I am unable to accept the hypothesis, either as regards drugs or disease. I can see nothing paralyzing in any dose of *Strychnia*, and moreover, I cannot admit the assumption that all disease and drug action reside, or even begin in the nervous supply of a part.

“ What, then, remains to be advanced, if all these hypotheses are rejected. It seems to me that they all err in supposing that similarity of action is only apparent; and that the deeper workings of a drug must needs be antagonistic to the disease it is to neutralize. I cannot see this. I can quite believe that *similia similibus curantur* may be true of the real, as well as of the phenomenon of remedies, and if you ask me what analogies we have in return for such a process, I point (as others have done before) to those physical forces which have been ascertained to consist in vibration or undulation; and where we have frequent instances of two similar streams of influences, neutralizing one another. I believe that it is in this direction that we must look for the explanation of Homœopathic cure, and that it will lead us to the dose as well as to the principle.

Dr. C. Wesselhoëft followed, with a very carefully prepared paper on the essay of Dr. Sharp. He offered the suggestion on the *modus operandi* of medicines, which might explain the effects of large and small doses, that they are different in degree and not in kind. The action of medicine upon disease might be illustrated in the action of two waves meeting and thus neutralizing each other. The medicines reinforced the endeavor of the organization to return to its normal state. The *action* of the medicine upon disease was not similar, but contrary; the selection, however, was made according to *similia*.

Dr. Adolphus Lippe, the hero of many a contest, took the stand and proceeded to castigate Dr. Sharp for his ignorance of Homœopathy. He did not agree with Dr. Sharp, that *similia* was a partial law, and made some pretty sharp points against him. His remarks were brief, and to the point. He stated that he had another paper, reviewing the article of Dr. Hughes, but the convention refused him time to read it. [He promised it to our readers.] Among other things, Dr. Lippe states that Mr. Sumner died of mortified pride.

Dr. W. Owen was the next debater, and took Dr. Sharp's paper as a text. He concluded Dr. Sharp, in his organopathy idea, had overlooked the nervous system, which bound the body into a unit. Then there was the mind, with its influence over all.

As Dr. Sharp's essay was the first one printed, it seemed the chief one studied, like some student of *materia medica* who never seem to get beyond *Aconite*. It was therefore refreshing to get a change, when Dr. T. F. Allen, of New York, took up the

#### PHYSIOLOGICAL MATERIA MEDICA OF THE OLD SCHOOL.—ITS RELATIONS TO HOMŒOPATHY.

Dr. Allen had not time to prepare a paper, so gave his ideas extempore. It was one of the best speeches made. He said the first experiments made upon man were in 1760. But the difficulty of getting tissue changes, so-called physiological effects, he then began to experiment more largely upon animals. Magendie, of Paris, about 1809, made the largest number of these experiments upon animals.

In the laboratories of the old universities of Europe there are tests made with remedies upon animals. These provings are by detail. In one they push it to see the effect upon the heart, in another, upon the brain, etc. The endeavor was to get the full physiological effects. If these effects are uniform they are retained, if not, they are discarded. This is the scientific test. These experiments are valuable additions to our *materia medica*. They give us data that are valuable. Without them we cannot get at the totality of symptoms. They often become the central effect; e. g., Dr. Hughes was consulted in a case of severe endo-metritis, and he recommended *Arsenicum*, because it was the only drug, thus far, that has caused endo-metritis. The pain could often be controlled, but the disease remained unchecked. In this case, the effect was most satisfactory.

These tissue changes are necessary to complete the totality of symptoms. Have noticed that small doses develop a large number of

nervous symptoms, while large doses develop few nervous symptoms. Both are necessary but a middle ground was his preference.

Dr. Allen's remarks were referred to the publishing committee, and we hope he will elaborate them for the coming volume of proceedings.

Dr. Cate took up Dr. Hughes paper and drew a comparison between epilepsy and the action of *Hydrocyanic acid*. He quoted from Dr. Hammond's work and demonstrated to his satisfaction that the analogies were only symptomatic and not pathological.

#### AN ORIENTAL REPRESENTATIVE.

At this point the appearance of a swarthy, venerable face, in the audience attracted attention.

#### DR. NAYLOR, OF CALCUTTA.

Dr. Talbot introduced to the convention, Dr. G. R. Naylor, of Calcutta, as an inquirer but not yet a convert.

Dr. Dunham welcomed Dr. Naylor to America and the convention.

Dr. Naylor is, in looks, a native of India, about fifty years of age, with a fine intellectual face and head surmounted with gray hair. Like most of his countrymen he is short and thick set. He speaks with a peculiar foreign accent. He thanked the convention for the honor. He said he belonged to the Old School, was a medical officer in the British India service. He reported the condition of Homœopathy in Calcutta as flourishing. Had seen Homœopathy practiced in the dispensary of Dr. Sircar, with whom he was very intimate. Had visited Dr. Sircar's dispensary, he has from eighty to a hundred patients a day. Was favorably impressed with Homœopathy, and as he learned they had large hospitals in this country he had come over to see Homœopathy practiced in them. He would esteem it a very great favor to listen to the deliberations. If convinced of the great practical value of Homœopathy he would perhaps leave the Old School camp for the Homœopathic one. Dr. Naylor's remarks elicited applause, a member remarking, "Dr. Naylor is not far from the kingdom." Dr. N. was one of the most faithful attendants at all of the subsequent sessions, his frequent use of note-book and his close attention to all the speakers proved his deep earnestness. The convention has already begun to bear fruit.

Dr. Farrington was the next speaker. He discussed the paper of M. Pitet, on the Therapeutic Action of *Curare*. He said, *Curare* causes a parietic state of motor nerves and also vaso-motor, therefore to be given when the legs tremble and give way in walking, dyspnoea or difficult breathing from weakness of respiratory motor nerves, as late in phthisis, some cases of emphysema, etc. As it acts on vaso-motor it is useful in eczema in the old, and in scrofulous children. *Chlorine* is a perfect antidote to *Curare*. Dr. Farrington also noticed the paper of Dr. Hughes. He said the provings of *Hydrocyanic acid* had shown no true relations to epilepsy. The surface picture corresponds to the petit mal. If similar only to the spasm, it can only be palliative. Remedies do cure that do not develop spasm. We are thankful

for anything that promises help in the formidable disease, epilepsy.

ON ARNICA, ETC.

Dr. H. H. Baxter, of Cleveland, Ohio, discussed the paper of Dr. Imbert-Gourbeyre, of France. Dr. Baxter said he believed the time would come when we would see apoplexy produced by *Arnica*. He stated it as of no use in extravasation applied locally, but was of great value administered internally. He did not think it of value in effusion.

Dr. C. B. Knerr, of Philadelphia, followed with a most interesting paper, giving chiefly Dr. Hering's views of the learned "Memoir on *Arnica*." He insisted that the root of the plant only should be used, and that the flowers should not be employed. He made the startling statement that a certain fly that infests the flower of this plant is responsible for many of the symptoms attributed to *Arnica*, e. g., erysipelas, tetanus, etc. This was one of the most interesting discussions held. The "Memoir" itself is one of fifty pages, and is an able contribution to the physiological and therapeutical history of *Arnica*. It is also an able reply to Professor Fonsagrives' article on *Arnica* in *Dictionnaire Encyclopedique des Sciences Medicales*.

Dr. Dunham gave an idea of the paper of Dr. Navarro, of Cuba. Contrary to the generally received opinion Dr. Navarro had found the high potencies work as well as with his more northern brethren. He particularly called attention to the value of *Secale* in tetanus.

The article on *Mercury* was not yet printed. It formed 1000 pages of manuscript and, we learned from Dr. Lilienthal, is "a most splendid paper."

The paper on *Mezereum*, by Dr. Gerstel, of Vienna, is an excellent analysis of its effects. The crusta lactea where *Mezereum* is indicated is "where the characteristic itching and bloody scratching are present, and the exudation is serous rather than lymphatic."

The article on *Apis*, by Goullon, is an able, comparative study of its effects with those of *Bell.*, *Ars.*, *Canth.*, *Graphites* and *Thuja*. These are pathological comparisons that will interest the mass of the profession.

The effect of *Picric acid* is "to decrease the number of red blood-corpuscles, owing to their destruction and as marked an increase in the colorless bodies, due to their more rapid production." This action is well elucidated by Dr. Jones in his paper. If we look upon the red corpuscles as undergoing destruction the action of *Picric acid* will not seem so strange. Its value in anæmia, chlorosis, Addison's disease and intermittent hæmaturia, is well pointed out.

This closed the consideration of the papers and on motion the subjects were thrown open for

GENERAL DISCUSSION.

Dr. Clarke, of New Bedford, Mass., said that Dr. Lippe's assertion that Mr. Sumner died of mortified pride was very poor pathology. He then stated that from his own knowledge he believed that he died from the injudicious administration of a hypodermic dose of *Morphine*,



superadded to the effect of a very heavy dinner which he had eaten on the day of his death. He then described the circumstances of Mr. Sumner's death in detail.

The essayists were then called upon to defend their papers.

Dr. Hughes, of England, spoke somewhat further on the action of *Hydrocyanic acid*. He thought it corresponded to a grave case of grand mal. For the petit mal we sadly need a remedy. To Dr. Farrington's objection he would say that it corresponded to those cases that begin with a convulsion without any constitutional symptoms apparent. He stated a case of epilepsy and angina pectoris, and the case made a rapid recovery under the use of *Hydrocyanic acid*. [Applause.]

Dr. —. — What potency?

Dr. Hughes—Not less than three drops of the 1st centesimal, diluted in water.

Dr. Brown, of Binghamton, N. Y., spoke of the virtue of peach-pits in cases of dyspepsia. Have used them for the last seven years. Will report provings at some future time.

The discussion in the department of therapeutics and materia medica was then closed.

An invitation from Hahnemann Medical College to visit that institution and its hospital was extended to the convention. Accepted. A query arose in the minds of some: why were not the sessions held in the college building?

The bureau of registration reported 416 persons in attendance.

The convention then adjourned.

## Therapeutical Department.

### CLINICAL OBSERVATIONS.

#### REPORTS FROM THE FIELD OF PRACTICE.

PHILADELPHIA, July 1.—Dr. Hering reports *Carbo veg.* as the epidemic remedy, meeting the heat rash, the painless aphonia, and the diarrhœa.

Dr. R. R. Gregg, of Buffalo, writes: "I arrived home from California two weeks ago to-day, and am much improved in health from my rest. I will try and furnish you an article, before long, on resorts for invalids."

CHEYENNE, Wyoming Territory, June 24.—Sickness is so scarce an article here, at present, that two of our physicians leave for the Black Hills next week; however, there is an impending epidemic of confine-

ment cases, or more of us would be off to the new Eldorado. More anon.

J. R. BOWMAN.

BALTIMORE, July 11.—Dr. Pomeroy reports: "We have had sixteen consecutive days of the thermometer up in the nineties, and over three weeks above eighty degrees. As I write, the thermometer stands at ninety-six in the coolest locality in the city. 'How is that for high?' As Dr. Hayward remarked in Washington, one can appreciate the suggestion to 'take off your flesh and sit in your bones.'"

AUDUBON, Minn., July 10.—Have been pretty busy. A variety of diseases have been exhibited. Bilious, remittent and typhoid fevers, asthma, etc., have come under my observation, together with obstetrical side dishes, which are remarkably productive in this latitude. Grasshoppers by the million came in yesterday and the result of their visit I think will be felt to some extent.

C. A. LAMPANIUS.

GLENWOOD, Minn., June 16.—The summer so far is cold and damp. Rheumatic fever quite prevalent, *Bry* and *Rhus* high done good work. One case resisted all well exhibited remedies high and low, until a stiff neck drawn to one side suggested *Causticum* which was given, the sixth decimal in water every two hours worked like a charm placing the patient on his feet in less than one week. In January and February, we had diphtheria in a malignant form, which was the first appearance of the disease in this section of country. Remedies used *Merc. iod.* and *Merc. proto.*, *Apis* and *Ars.* in some cardiac complications. In May and June the disease appeared again in a milder form, although the fever was high from the first, and the exudation formed very rapid yet the disease had lost its virulence. *Merc. iod.* and *Phy. con.* being all sufficient to bring patients out and around in a few days.

J. G. WHITEMORE.

SAN FRANCISCO, June 26.—Since May 19th, when the first case of small-pox was reported, to date, 113 cases in all have come to the knowledge of the health office, of these, 30 have died. Of the 113 cases, 65 were transferred to the small-pox hospital; of these 65, nine have died. But *one* of the Chinese has been taken to the hospital. Although a health inspector is especially detailed, assisted by an interpreter, to investigate the Chinese quarters, in all the cases which have been discovered, except in one instance, the patients have been dead. They absolutely deny all knowledge even, of such cases, to the very verge of discovery. There is scarcely a doubt at the health office that the disease, so far as it is contagious, sprang from the Chinese quarters, and there is some evidence to prove that the Chinese steamer preceding the Colorado, (May 18th,) brought a number already sick with the disease, and that they were taken immediately to the Chinese quarters.

The unusually hot weather prevailing the last two or three weeks has produced its legitimate results in an increased number of enteric diseases. A few cases which I have seen were treated with *Ars.*, *Kali b. 30*, etc. *Kali b.* was the remedy par excellence, indicated by the sudden, "gushing" character of the evacuations, and though the lat-

ter occurred as often as every fifteen minutes, (brown, watery, with great pain.) the *Kali b.* usually gave relief in two or three hours.

W. N. GRISWOLD.

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### CONSULTATION CASES.

#### THUJA FOR DR. CORNING'S CASE.

In July 1st number, under cases for consultation, is one case from Dr. G. A. Corning, which paints a picture that I have often been called to look upon and prescribe for. But until within a few years such cases have given me a great amount of trouble and anxiety, because with all my efforts in their behalf, I could not afford them the relief which I felt I ought to. But when I began to think about the cause of these intractable cases, I came to the conclusion that the whole trouble arose from excessive physiological action, which developed a general hyperæsthesia of the ovarian, uterine and abdominal nerves, which if allowed to continue soon passed into the pathological. Then arose the question, what remedy will act upon these organs or membranes, and remove from them and the system generally that dyscrasia which keeps up these abnormalities during menstruation.

After considerable looking over of remedies, I decided to try *Thuja oc.*, and after using it four years in cases both acute and chronic, I can say that it has more than met my expectations. In many cases of ovarian dysmenorrhœa, which have existed for years, its action has been almost magical.

During the stormy symptoms which usually attend the deliverance of the ovum and its passage through the ducts into the cavity of the uterus, I usually give *Thuja oc.* in the 1st dilution, in two or three drop doses, and repeat every hour until the patient is relieved. After the severe symptoms have passed away, I give the same medicine in the 3d or 6th, one dose night and morning (to remove the dyscrasia from the system which causes this excessive physiological action,) until the stormy symptoms again make their appearance, when I drop down to the 1st, and repeat as before. In the first place, a correct diagnosis is of the utmost importance, for, unless the trouble is located in the ovary or ducts, I cannot promise that *Thuja oc.* will prove curative. I seldom am obliged to continue treatment beyond the third month before a cure takes place. I think Dr. Corning, upon close investigation, will find the whole trouble in this patient arises from the ovaries. Consequently, I would advise *Thuja oc.*, in accordance with the above suggestions.

W. H. LOUGEE.

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#### THOSE CASES.

For case on page 36, July 1st number of THE UNITED STATES MEDICAL INVESTIGATOR, I would recommend "Subscriber" to consult the

very able and scientific article of Dr. De Derkey, in May number of *North American Journal of Homœopathy*. For impotence and diminished sexual power, such medicines as *Sulph.*, *Lyc.*, *Phos. acid.*, *Calc. carb.*, *Selen.* and *Cal. seg.*, produce astonishing results, if given in the higher attenuations, and are not repeated too often. The first three named are, without question, the most valuable remedies we have for this condition.

BANGOR, Me.

W. F. SHEPARD.

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PARALYSIS FOLLOWING MALARIAL FEVER. WHAT SHALL I PRESCRIBE ?

Will some of my colleagues please prescribe for the following case :

Marion, aged five years and six months, in September 1873, had a very severe attack of malarial fever, was treated by her father, Dr. Foote, (an Allopath, now deceased) with *Quinine*, *Calomel*, and *Gels.*, fever high, with delirium, and continued about seven days. Next morning after the fever, tried to walk, but could not ; felt too weak to sit up ; by night the entire body, except right arm, paralyzed, but perspiration not affected ; bowels very loose for several days. The right arm remained normal, and regained the use of left one in about three months ; able to sit up in a year, and last fall commenced to use crutches.

I took charge of her case last March ; found spinal curvature lateral, like letter S, which becomes almost straight in a horizontal position, or when raised up by the shoulders from the floor. Hips, knees and ankles very weak, especially the latter ; no control of flexor muscles of the feet, and cold causes pain and cramps in feet and limbs. Her health is good, and is a bright and promising child. I have Kidder's ten-current tip-battery, and apply electricity three times a week, A. D. current, besides such remedies as I thought her case indicated. Two weeks before the fever, fell over backward in her high chair at the table, and hurt her severely for a little while, but produced no apparent injury.

What was the cause of the muscular paralysis, and what remedies and number of potency ?

BRYAN, Texas.

CHAS. H. YOUNG.

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DR. MITCHELL'S CASE.

In the case of Dr. Mitchell, who asks for advice, I would suggest *Hypericum perf.* 30, or 200th if not relieved by the 30th. If this is not sufficient, after being thoroughly tested, I would suggest *Ruta grav.*

UTICA, N. Y.

L. B. WELLS.

I would suggest to friend J. W. Mitchell, of Cairo, to try *Hypericum perf.* for his nervous injury.

NAPOLEON, Ohio.

T. C. HUNTER.

## Medical News.

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**Report of the New York Ophthalmic Hospital for the month ending June 30, 1876:** Number of prescriptions, 2,587; number new patients, 224; number of patients resident in the hospital, 31; average daily attendance, 103; largest daily attendance, 147.

**Pacific Homœopathic Medical Society of the State of California.**—The printed Transactions are now in book form, comprising the doings of the society, during the two years of its existence, and the papers presented. If the secretaries of the different state societies will send me their address, I will forward copies to them in exchange for copies of their own Transactions, or if none are published, one will be sent on the receipt of twenty-five cents in stamps.

10 ELLIS STREET, SAN FRANCISCO, Cal.

G. M. PEASE.

**Homœopathic Globules an Injury to Homœopathy.**—From the time I became an enthusiast of Homœopathy I have been impressed with the idea or opinion that the Homœopathic globules, used as a vehicle in administering medicine in dilution form, were injurious to the cause of Homœopathy. My reasons for making such an assertion are, first, that a great many people are utterly ignorant as to how, or in what manner, the globules are prepared, or medicated. Some have an idea that the globules are made and medicated in the same manner or on the same principle, as sugar-coated pills. That the medicinal substance is inclosed by an outward coating of sugar, or flour and sugar. Second, they cannot see as much virtue in a dose of medicine infinitesimally small, administered in pellet or globule form, as they can if administered in liquid form. Besides, most, if not all Homœopaths, especially in acute and sub-acute diseases, administer medicine in the form of a solution; the solution to be given in teaspoonful doses, as the case may require. Hahnemann, in his *Organon*, says: "Experience has taught me, as it has also, doubtless, the best of my followers, that it is more useful in diseases of any importance, the most acute not excepted, and all the more in the sub-acute, chronic, and the most chronic, to give to the patient the powerful Homœopathic medicinal globule or globules in solution only." The question may arise, why administer the globules in solution? Because experience has taught us that a remedy given in solution acts quicker, has a greater sphere of action than when given in globules. Such being the case, why should we use globules? Experience has taught me that remedies administered in solution and powders satisfy the illiterate or lower class, and, alas! the more enlightened and higher class better, than the administration of medicine in globule form, from the fact they think they are getting more. Those of the lower class, who go more on quantity than quality, can see more virtue in one fat, plump powder than in a dozen vials of mustard-seed globules or pellets. None but firm enthusiasts, or those who are strong in the Homœopathic faith, will have much confidence or faith in the efficacy of a dose consisting of one or two globules. Then, if we can accomplish the same good, and at the same time, popularize Homœopathy, by doing away with globules, let it be done.

QUINCY, IOWA.

D. PITTMAN.

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

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Dr. T. H. Wray, from State Centre to Council Bluffs, Iowa.  
Dr. G. E. Swan, from South Bend, Ind., to Beaver Dam, Wis.  
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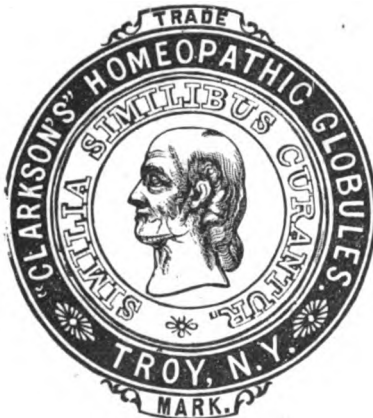
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*New Series, VOL. IV., No. 3. — AUGUST 1, 1876. — Whole No. 171.*

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World's Homeopathic Convention.

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*THE WORLD'S HOMŒOPATHIC CONVENTION.*

THIRD DAY.

PHILADELPHIA, June 28, 1876.

This was the field day of the convention. The bureau of registration reported 455 persons in attendance. This is significant. European physicians may relish *materia medica* above all other sciences, as it no doubt is, but clinical medicine is the popular department in America. At all sessions of the Institute, or other medical gatherings, practical medicine secures the attention.

THE AMERICAN INSTITUTE

met in session at 9 A. M., with Vice-President Franklin in the chair. The board of censors reported three names for membership. There being no other business, the Institute adjourned till to-morrow.

THE WORLD'S CONVENTION

was then declared in session. Dr. Dunham in the chair.

The papers to be discussed are the following, under the

## DEPARTMENT OF CLINICAL MEDICINE:

Eruptive Fevers. By P. P. Wells, M. D., of Brooklyn, N. Y.

Epidemic Influences. By A. W. Woodward, M. D., and T. C. Duncan, M. D., of Chicago.

Genesis of Acute and Chronic Diseases. By Marquez Nunez, Spain.

Diphtheria, Cancrum Oris and Croup. By B. F. Joslin, M. D., of New York.

Diphtheria. By Adolph Lippe, M. D., of Philadelphia.

Intermittent Fever. By Drs. Charge, France, and Panelli and Pompili, Italy.

Latent Pneumonia — *Digitalis*. By Dr. Jousset, France.

Miliary Pneumonia — *Tarantula*. By Homœopathic Medical Society of Madrid, Spain.

Primary Congestion of the Lungs. By J. Meyhoffer, M. D., France.

Cirrhosis of the Liver. By L. Salzer, M. D., British India.

Angina Pectoris — a Symptom. E. B. de Gersdorff, of Boston.

## THE DEBATERS ON CLINICAL MEDICINE

are as follows: Drs. W. H. Holcombe, New Orleans, La.; D. H. Beckwith, Cleveland, O.; L. D. Morse, Memphis, Tenn.; E. B. de Gersdorff, Boston; Adolph Lippe, Philadelphia; H. B. Clarke, New Bedford, Mass. Geo. A. Hall, Chicago; Wm. Butler, Middletown, N. Y.; Egbert Guernsey, New York; J. C. Burgher, Pittsburgh, Pa.; W. P. Wesselhoëft, Boston; L. E. Ober, La Crosse, Wis.; J. Heber Smith, Melrose, Mass.; J. McE. Wetmore, New York; R. F. Baker, Davenport, Iowa; T. S. Verdi, Washington, D. C.; Geo. W. Swazey, Springfield, Mass.; R. N. Foster, Chicago; S. Lillenthal, New York; P. L. Hatch, Minneapolis, Minn.; J. D. Buck, Cincinnati; E. U. Jones, Taunton, Mass.; T. J. Patchen, Fond du Lac, Wis.; H. D. Paine, New York; O. S. Wood, Omaha, Neb.; T. Dwight Stow, Fall River, Mass.; H. C. Bradford, Lewiston, Me.; A. W. Woodward, Chicago; David Thayer, Boston; T. C. Duncan, Chicago; T. L. Brown, Binghamton, N. Y.; W. D. Foster, Hannibal, Mo.; C. W. Prindle, Grand Rapids, Mich.; A. R. Wright, Buffalo, N. Y.; J. C. Morgan, Ann Arbor, Mich.; Sam. Worcester, Burlington, Vt.; G. R. Woolsey, Normal, Ill.; W. H. Watson, Utica, N. Y.; C. S. Fahnestock, LaPorte, Ind.; G. H. Wilson, West Meriden, Conn.; G. W. Crittenden, Janesville, Wis.; Clement Pearson, Washington, D. C.; J. J. Mitchell, Newburg, N. Y.; W. S. Searle, Brooklyn, N. Y.; Wm. M. Mercer, Galveston, Texas; L. Dennis, Newark, N. J.; J. Murray Moore, San Francisco, Cal.; J. A. Terry, New York; W. C. Doane, Syracuse, N. Y.; F. S. Bradford, N. Y.; Clotar Muller, Germany; I. W. Hayward, England; P. P. Wells, Brooklyn, N. Y.; B. F. Joslin, New York.

## ARRANGING THE PROGRAMME.

The proposition for debaters to meet the president and secretary at the close of the session, to arrange for the next day's work, was beautiful in theory, but not in fact. "The debaters on clinical medicine will please meet the president in the room in the rear," cried the secretary to the remnant of the meeting yesterday. A dozen or so of the above chosen ones gathered in the room designated, and without further ceremony, the chairman appealed to Dr. A, B, C, etc., what papers or subject they would discuss. Others were picked up previ-

ously or subsequently, and the whole arranged according to the order of the papers, as near as possible, and in the morning we found the

PROGRAMME FOR WEDNESDAY.

“The debate will be conducted in the following order:

Dr. A. W. Woodward, of Chicago, will discuss the paper of Drs. Woodward and Duncan.

Dr. P. P. Wells, of Brooklyn, N. Y., Dr. H. D. Paine, of New York, Dr. H. N. Guernsey, of Philadelphia, Dr. C. Pearson, of Washington, D. C., Dr. B. F. Joslin, of New York, Dr. J. J. Mitchell, of Newburgh, N. Y., Dr. Albert Haupt, of Germany, Dr. Geo. W. Swazey, of Springfield, Mass., Dr. G. H. Wilson, of West Meriden, Conn., Dr. T. L. Brown, of Binghamton, N. Y., Dr. E. B. de Gersdorff, of Boston, will discuss the papers on diphtheria.

Dr. T. C. Duncan, of Chicago, Ill., will discuss the paper on croup.

Dr. D. H. Beckwith, of Cleveland, O., Dr. L. E. Ober, of La Crosse, Wis., Dr. P. P. Wells, of Brooklyn, N. Y., Dr. A. R. Wright, of Buffalo, N. Y., Dr. J. C. Morgan, of University of Michigan, Dr. G. H. Wilson, of West Meriden, Conn., will discuss the papers on intermittent fever.

Dr. J. C. Burgher, of Pittsburgh, Pa., Dr. Elihu U. Jones, of Taunton, Mass., and Dr. J. W. Hayward, of Liverpool, Eng., will discuss the papers on pneumonia.

Dr. Clotar Muller, of Germany, will discuss the paper on angina pectoris.

Dr. T. Dwight Stow, of Fall River, Mass., Dr. H. B. Clarke, of New Bedford, Mass., will discuss the paper on congestion of the lungs.

Dr. Ira Barrows, of Providence, R. I., will discuss the paper on cirrhosis of the liver.”

The first paper on the list was by Dr. Wells, on eruptive fevers, which was only partially printed, and which is so complete, perhaps, that none of the host of debaters were inclined to attack it.

The paper by Dr. Nunez was not yet published. Dr. Dunham stated that the honorable and astute Marquis ascribed the “genesis of acute and chronic diseases” to diatheses, either inherited or acquired. We shall look for this paper with a great deal of interest, for it seems to modernize Hahnemann’s idea, and will make it, no doubt, more acceptable to the scientific demands of the times.

Dr. Woodward, in discussing epidemic influences, gave an epitome of Sydenham’s views on the changing character of pathology. His paper on the Precession of Disease, which will appear shortly, gives the ideas in full.

As the next twelve debaters turned their whole attention to two short papers, we will give our readers the gist of them, so that they can understand the force of the remarks.

## ON DIPHTHERIA.

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

### HISTORY.

Bretonneau was the first modern writer to give, in 1821, this form of angina the name “Diphtheritis,” because of its essential characteristic, the exudation. He thought to prove that the disease was known to

Homer and Hippocrates, under the name of *Malum Ægyptiacum*; and Aretæus, at the beginning of the second century after Christ, gives a most characteristic description of the *Malum Ægyptiacum*. Forest wrote an account of the breaking out of the disease in Holland, in 1557, spreading thence over the whole continent of Europe, and also appearing in England. According to the various descriptions of the different writers, the disease at times appeared as an epidemic by itself, and again in combination with other diseases; as, for instance, scarlet fever. Virchow tried to show that diphtheria and croup were entirely heterogeneous processes; Buhl was of opinion that the disease in the throat and air passages was not an originally localized affection, but was only the indication of a general infection. Later, Hueter and Oertel simultaneously discovered that the diphtheritic membranes, the adjacent diseased parts, and even the blood, contained in great numbers vegetable organisms, or bacteria, by Oertel called micrococci.

#### ETIOLOGY.

Diphtheria is a general infectious disease, which secondarily makes its first local appearance upon the mucous membranes of the throat and the air passages. The opinion has been held, and is still held, by many eminent men, that the disease begins by an infection, as a local disease, and at an indefinite time becomes general. If this opinion were correct, the effort to conquer the disease, by destroying the diphtheritic product on the mucous membranes, by means of thorough cauterizations, would have been followed by good results. The positive failure, however, to eradicate the disease by this means, is ample proof that such an opinion is erroneous. The local appearance of the disease, consisting in the characteristic diphtheritic deposits upon the mucous membrane of the throat and air passages, is only a manifestation of the general disease. Its origin is due to a miasm; its occurrence is sporadic and epidemic; in certain localities and under favorable conditions it becomes an epidemic disease. It is induced by contact with objects and persons infected with diphtheria. Hence diphtheria is to be considered a miasmatic, contagious disease. The contagion of diphtheria may be carried through the air, or by solid matters to which it has attached itself. The virulence with which the disease attacks various individuals, exposed to the contagion, depends entirely on the susceptibility of the individual.

The disease is most frequently developed in children up to the tenth year of life, seldom attacking prior to the first year; infants, up to the sixth month, are almost free from the susceptibility to the disease. The greatest mortality occurs in the second, third and fourth years. Adults acquire the disease easily, but it does not commonly appear in so severe a form with them as with children.

The vegetable parasites which penetrate the tissues, or appear in the false membranes in the mouth and fauces, or in those of the nose and deeper air passages, have been divided into four genera, with one or more species:

1. *Sphærobacteria* (spherical bacteria) i. e., micrococcus.

2. Microbacteria (rod-like bacteria), bacterium termo; less frequently and only in the mouth and fauces, bacterium lineola.
3. Spirobacteria (corkscrew-shaped bacteria), spirillum tenue, spirillum undula.
4. Unclassified forms:
  - a. Larger cocci, with sprouting cells.
  - b. Cocci with tube-shaped processes, sprouting conidia.
  - c. Cocci with one or two small waving processes.

There can be no diphtheria without micrococci.

#### PERIOD OF INCUBATION.

This is somewhat limited by the amount of the poisonous infecting material itself, and the susceptibility of the individual.

The action of this matter begins as soon as it comes in contact with the tissues. The stage of incubation is generally very short, being from two to three days, seldom lasting as long as the eighth day, and rarely ever till the twelfth day.

#### PATHOLOGY.

The first symptoms are great debility, fever, and the characteristic diphtheritic deposits. These deposits may first show themselves on either of the tonsils, or on the posterior wall of the pharynx, or on the arches of the palate. Sometimes swelling of the cervical and submaxillary glands occur. The progress of the disease is manifested by an increased fetor of the breath; by an extension of the diphtheritic deposits over the buccal cavity, or downward, into the larynx, trachea, and bronchi; by an extension upward through the posterior nares into the nose, or into the eustachian tube and middle ear. The swelling of the cervical and submaxillary glands increases with the development of the disease. Unfavorable symptoms, which may appear while the diphtheritic deposits are spreading, are, diminution of (albuminous) urine or an entire suppression of urinary secretion; great restlessness and the wildest tossing about, followed by heavy stupor, out of which the patient (child) awakens with suffocative attacks. Temperature of the body rises to 103 to 104 degrees Fahrenheit. The fever all the while increases, the pulse becomes smaller and harder, or intermittent, or becomes slower.

If the disease has resulted from severe infection, the patient dies, usually from the fifth to the seventh day, with symptoms of rapid poisoning of the system, from œdema of the lungs, from paralysis of the heart, or from hæmorrhages.

#### TERMINATION IN RECOVERY.

There is a cessation of further formation of diphtheritic deposits, the different false membranes become gradually more sharply bounded, and their edges stand more prominent above the surface of the mucous membrane. At the same time, the swelling of the mucous membrane diminishes; the false membrane separates in small portions from its

base, or peels off in large patches, and the loosened membranes are thrown off by the patient's efforts to cough or clear the throat. The flow of fluids from the mouth ceases, there is diminution of the glandular swellings, the diminished temperature of the body rises again, the expression of the patient's countenance improves, and the eyes become brighter.

#### DIAGNOSIS.

As every form of disease must have some few characteristic symptoms, by which we may discern it from all other forms of disease, in diphtheria we find, as characteristics, the great weakness, the small, hard and frequent pulse, and the diphtheritic effusions, with their peculiar fetid odor.

The accompanying symptoms and variations are just as many as there are various constitutions and various peculiarities of various persons. It is to these characteristic individual symptoms we must look in determining the

#### TREATMENT.

The knowledge that a person is attacked by diphtheria, and that the disease is really present, at once requires us to give directions concerning the general regime to be observed in the case. We should remember the peculiar characteristic condition of the patient, in directing the regimen, the proper application of which will, in some cases, require all our ingenuity. It is well to observe the following rules :

The patient must be kept in bed with some covering, but no more than is agreeable to him, or than the season may require ; he must be kept as tranquil and quiet as possible. He may have as much water or milk to drink as he desires, and if he can take nourishment, it is well for him to have all he wishes. Never force a patient to take food. Food taken against the inclination will not be digested, and is only a hindrance to the recovery. The vital forces, so necessary to combat the disease, become employed in disposing of the substances forced upon the stomach, and which are really lying there, a foreign body, undigested. The most important, and at times, quite a difficult, task, is the ventilation of the sick room. All so-called disinfecting agents, with the exception of charcoal, must be banished from the apartment. The patient requires the freshest obtainable air, and all disinfecting agents, charcoal excepted, communicate their qualities to the air to be inhaled by the sick ; the most dangerous of these agents is carbolic acid. After [the patient has been properly cared for, *our* first duty is to find and collect all his symptoms, both mental and physical, local and concomitant. As Homœopaths we never treat a disease as a disease only, but we treat the patient ; and we regard as leading symptoms such as peculiarly belong to the case in hand. If it be a case of diphtheria, we begin with the mental symptoms, then take up the local affection of this or the other part of the throat, find out the quality and quantity of the secretions and the excretions, especially



the urine — in fact, there can be no better advice given how to examine the sick than we find in Hahnemann's *Organon*, section 84-99. Having obtained a full record of the patient's symptoms, we must endeavor to find a remedy that not merely corresponds with the characteristic symptoms of diphtheria, but that corresponds with the symptoms of the individual patient as we find them. The same range of remedies which were useful one year, may not be of any use another year, during a similar epidemic. This is so because the epidemics continually change their character; are different in different localities, and at different seasons, as well as in different individuals. Recurring combinations of symptoms frequently occur, and when they do reappear, the same remedy may be given. Nor can we forget that, in the course of our observation, cases will occur unlike any previous cases. When we thus meet with a combination of symptoms, not known to have appeared before in an epidemic or in an attack of diphtheria, there is no precedent to guide us. We must, in such circumstances, look to our *materia medica* for aid, and faithfully search for the *similia*. It is now my intention to give such groups of symptoms as clinical observation in the treatment of this dreaded disease has repeatedly confirmed.

*Apis mel*—The first diphtheritic patches generally appear on the arches of the palate and on the uvula. The uvula is oedematous and elongated; the urinary secretions are entirely suppressed, or there is excessive albuminous urine; deglutition is very painful; heat is very unpleasant to the patient. Great restlessness, with an uncontrollable tossing about, and trying to get off the bed. This form is frequently found in combination with scarlet fever.

*Arum triph.*—The discharges from the nose and mouth are very acrid, and excoriate the skin wherever they come in contact with it. The lips become very sore and swollen, and the skin peels off; the patient continually picks at these peelings, trying to pull them off, and thereby makes the lips bleed. Drink is refused on account of the great soreness of the mouth; the breath is very fetid, and the cavity of the mouth is covered with diphtheritic deposits and ulcers. There is very great restlessness, the patient crying, and throwing himself into all sorts of positions.

*Arsenicum alb.*—When the advanced septic form appears. Great fetor from the diphtheritic deposits, and oozing of blood from under the elevated portions of the thickened deposits. Great thirst; inclination to be warmly covered. Restlessness; although very weak, the patient desires to have his position, and even the bed, or room, frequently changed.

*Belladonna*—The patient complains, from the onset, of much dryness in the throat, and great pain on swallowing. The glands of the neck swell at once, the throat looks red, the neck becomes stiff. The patient is very drowsy, his head is hot and painful. Under such circumstances, the disease may be entirely prevented from further development, even though there be diphtheritic cases in the same house.

*Capsicum*—Throat smarts as from Cayenne pepper; diphtheritic

deposits cover a considerable portion of the fauces. There is a sensation of constriction, accompanied by soreness on swallowing.

*Kali bich.*—The patient is in an almost unconscious condition; when aroused from it, or when awaking from apparent sleep he complains most, or feels worse (same as *Lachesis*). He often awakens with a desire to cough, or to hawk up detached portions of the diphtheritic deposit; while making this attempt he throws off tough, ropy, yellow, discolored mucus. The fetor is very great; the deposits cover the throat, uvula, tonsils, and even roof of the mouth, and are of yellow-grayish color. The patient becomes hoarse, indicating the extension of the disease into the larynx and air passages. The tongue is either quite red, or is covered with a thick, yellow substance. The (right) parotid gland is much smaller, and upon deglutition, the pain shoots up to the ear and down the neck of the affected side.

*Kali bich.* will correspond to the form of disease in which the vegetable parasite found in the diphtheritic deposit resembles the spirobacteria.

*Lachesis*—The diphtheritic deposits first show themselves on the left tonsil, from there extending to the right side, and then spreading further. The neck is stiff, or the external throat sore and quite tender to the touch. The patient coughs, and feels worse, when awakening from sleep; expectoration very difficult and scanty. Great loquacity, is only kept in check by the hoarseness.

*Lycopodium*—The diphtheritic deposits begin on the right tonsil, and from there extend further. Swelling of all the glands of the neck; perfect stupor; diminished secretion of urine. Grinding of teeth as well during the heavy stupor as when fully awake.

*Mercurius iod.*—The diphtheritic deposits begin on the arches of the palate; glands of the neck swell very rapidly; there is a general condition of œdema of the throat and neck.

*Nitric acid*—Much pain when swallowing; stoppage of the nose, with discharge of acrid fluid and hoarseness.

There may be cases in which *Phytolacca* or *Mercurius cyan.*, or *Lac. caninum*, or *Sulphur*, or *Hepar* or *Bromine*, or *Natrum mur.*, or *Carbolic acid*, or almost any remedy may be indicated.

After finding the similar remedy, the question arises of how to apply it properly, in a way to insure success? If we are governed by the well established principles belonging to our school, we shall, of course, administer but one remedy at a time; and this remedy, the most similar, in a dose just sufficient to cure, in the minimum dose. Never repeat the dose, or give another remedy, till the effect of the dose administered has been exhausted. It must be left to the individual judgment and opinion of the practitioner what dose is best suited for each individual case, whether it is best to give but a single dose, or to dissolve the dose in water and administer it comparatively often. So must it be left to the individual judgment of the practitioner whether to give a low or a high, or the highest potencies in a given case; and his judgments and opinions must be based on the known principles belonging to our school, and on his own experience.

## ON DIPHTHERIA.

BY B. F. JOSLIN, M. D., NEW YORK.

Diphtheria has prevailed as an epidemic in the United States about sixteen or seventeen years. It has been supposed by some that the disease was always endemic in this country; but my own impression is, that it is, with us, a *new* rather than an *old* disease. A similar difference of opinion existed when cholera visited this country in 1832; it was then affirmed by many that the disease was merely an aggravation of cholera morbus, but it was, I think, soon decided by the profession generally that the epidemic cholera was a new disease, of Eastern origin. Since its first visit to this country it has become acclimated here and has become endemic. So with diphtheria. Starting from the south of France, where it had been known for many years, it visited England, where the physicians carefully watched the disease and described its characteristics. I am willing to state that, as I read these reports of the English physicians, which I saw mainly in Braithwaite, I did not recognize a disease with which I was familiar, though I then had been actively engaged in a general practice for a number of years. Again, when the disease finally reached New York, I clearly saw the correctness of the descriptions of the English physicians, and followed their instructions regarding the necessity of a recumbent position and a stimulating diet. I had certainly never witnessed such peculiar nervous prostration following any sore throat, previous to the visit of diphtheria. As is well known, the disease prevailed in Albany before it did in New York City, taking a course quite different from that of cholera in its visitations. An eminent colleague of ours, then practicing in Albany, informs me that the physicians were much surprised at the disease, and, in at least one instance, mistook a large patch of false membrane for an abscess, and attempting to open it, found it of cartilaginous hardness. It is evident that these intelligent physicians had not been previously familiar with the disease. I think it may reasonably be inferred from these statements that diphtheria, for all practical purposes, on its visit of sixteen or seventeen years since, was a new disease.

I need hardly describe a disease so familiar to the profession. The onset is usually sudden, the patient being usually attacked with severe splitting headache and high fever, which symptoms are usually of short duration, passing off in twenty-four or thirty-six hours. The throat is frequently not complained of as the seat of trouble for a day or more. In many instances the throat, when inquired after, is stated by the patient not to be affected; but is, notwithstanding, found on investigation to be swollen, red, and with commencing patches. A very characteristic symptom is a swelling of a lymphatic gland near the angle of the jaw, evidently arising from irritation by matter taken up by the lymphatics from diphtheritic exudation. The patches may be small, and so situated behind the tonsils as to be easily overlooked; or the whole surface of tonsils, uvula, pharynx may be covered so as to present a uniform white or grayish appearance, and the false mem-

brane may extend to the nares or to the larynx and trachea; in the latter case, constituting the rapidly fatal diphtheritic croup. The membrane may continue only a day, or it may remain two or three weeks. When it extends to larynx and trachea, hoarseness is common and a husky cough. The symptoms to watch most closely are those connected with the respiratory function. The disease is so rapid in its progress, yet so passive in its character, that the patient may be in imminent danger before the serious nature of the disease is suspected. The peculiar effect of the subtle poison of diphtheria on the nervous system is the most important, as well as the most characteristic, of its results. The febrile symptoms rapidly pass off — the pulse going down from, perhaps, 120 or 140 to 70 or 60, or lower; I have known it as low as 40. The pulse becomes *irregular* as well as slow, and it is evident that scarcely sufficient nervous force is supplied to the heart to keep it in motion. The great danger is from paralysis of the heart. It is for this class of symptoms that the English physicians strongly urge the employment of stimulants, and insist upon the recumbent posture as the only safe one. I have followed their advice and have never had cause to regret it. I must acknowledge that my professional influence has been tasked to the utmost to enforce these requirements, and much anxiety caused when patients could not be induced to take the advice. It is obvious that, with great irregularity and hesitation in the heart's action, any exertion which puts additional stress upon that organ may overpower it, and produce fatal syncope. This has repeatedly occurred; and the very common statement of a fatal case is that the child was doing pretty well, but was taken up, or sat up, and shortly died. Stimulants given frequently and in considerable quantities are necessary in such cases; the most nicely adjusted prescriptions will fail without their use.

I usually give milk punch and beef tea alternately, a gill each, every alternate hour or two.

Of the medicines usually administered, *Kali bich.* is, in the large proportion of cases, the most specifically indicated. I have used the 1st, 2d, and 3d triturations, usually dissolved in water, a dose every two hours. Under this remedy the patches usually clear off the throat in two or three days. Obstinate cases occasionally occur which last longer. *Merc. protiod.* has a high reputation, and in many cases, especially those with considerable glandular swellings in the neck, serves us well. Of *Merc. deutiod.* also, I have a favorable opinion. At the onset, I usually give *Belladonna* until severe headache and febrile symptoms abate.

*Lachesis* is relied upon by many in our school, and no doubt is useful in some cases.

*Chlorate of Potash*, which seems to be much thought of by our Old School friends, I have used only in certain cases attended with offensive effluvia. When this symptom is relieved, I discontinue its use, believing it to be much less specific than the *Bichromate of Potash*, *Protoïdide of Mercury*, and some other medicines.

The application of warmth is said to relieve the severe pains in the

back and other parts which often introduce the diphtheria. *Carbolic acid*, in attenuation, has been used with alleged success.

It cannot be too fully impressed on the minds of physicians attending cases of diphtheria, to carefully note at each visit the state of the pulse; its frequency, and more particularly, its force and regularity. I am well satisfied that valuable lives have been lost by inattention in this matter. Be prepared to advise the use or an increase of stimulants when any lack of force or any irregularity is observed. And above all, insist upon the recumbent posture, for reasons already given. Although I supposed these points in treatment were largely, if not almost universally, conceded, I do not find them insisted upon with as much emphasis as I would desire.

Paralysis is said by Meigs and Pepper to exist in at least a fourth of the cases. It may come on suddenly, though a gradual advent is more usual. A peculiar tone of voice is left in many instances, occasioned by a paralysis of the vocal organs.

It has seemed to me that a paralysis of the pneumogastric nerve might account for the irregularity in the heart's action; the loss of all desire for, and even excessive repugnance to, food; as well as the paralysis of the throat observed in some cases.

#### DISCUSSION.

Dr. P. P. Wells—Did not believe diphtheria a local disease, and there is no special treatment for it. It is sometimes difficult to get at special symptoms, then we must treat it upon general indications. Dr. Lippe in his paper has well given the indications for the chief remedies. Remembered a case which was exhausted and prostrate. He would sleep short naps, waking each time with the exclamation, "Oh! I am so much better!" Gave one dose of *Nux*, and it was enough. That patient, gentleman, was our worthy president, Dr. Dunham. On the point of feeding and giving stimulants, I agree with the paper. Never force food where there is no appetite for it, but if the dread is to swallow then I give it.

On intermittent fever I would say a few words, calling attention to *Menyanthes*, a valuable remedy when the *chill* is *partial*, e. g., the child has cold nose and extremities for a few minutes followed by fever and sweat. One dose will cure. If there are any more paroxysms they will grow lighter and lighter till they cease. One case, panting breath, half of legs cold, *Meny.* 200 cured.

Dr. N. R. Morse asked: What stimulants apart from food would you give?

Dr. Wells, in his abrupt way, replied, "Milk punch." [Laughter.]

Dr. H. D. Paine was the next speaker. He read a carefully prepared paper on diphtheria and croup. He made no distinction in croup, and agreed with the paper. He thought diphtheria a new disease. On the question of etiology he did not think it due to micrococci. He thought more attention should be given to the sanitary side of the question. Before he had finished reading, his time was up.

Dr. C. Pearson, of Washington, was the next speaker. In the cases

of diphtheritic croup, as cited in the paper of Dr. Joslin, he would expect the result from the treatment given. Did not think stimulants of value. The pulse in this disease was of no significance. Diphtheria he deemed a blood disease, and believed that *Sulphur* was as near a specific for it as was possible to find. The treatment given in the paper referred to was very Eclectic.

In pneumonia he looked upon the sputa as a reliable guide. In nine out of ten cases he would undertake to treat them without seeing them if he could only see the sputa twice a day. In this disease he prefers his remedies in the 200th attenuation.

In the paper on Intermittent Fever, by Dr. Charge, of France, more attention should be given to the characteristics and less to the generalities of the remedies. In the other paper he found nothing new. Many years ago he learned that no remedy was Homœopathic to a case when *it had to be* given for its primary effects. Potentiation he believed to be the Keystone of the Homœopathic arch.

Dr. J. J. Mitchell, of New York, took up the germ theory of diphtheria. He did not think it would sustain examination; for many of the spores, fungi, etc., could not be found or seen outside of a certain laboratory. In New York they had last winter sixty or seventy deaths a week. He questioned the reports of cures of four hundred cases without the loss of a case. Have a virulent poison to deal with, that will carry off some cases in spite of the best efforts. He did not think the micrococci explained the cause of the disease.

Dr. G. W. Swazey took strong grounds against local treatment, especially caustics. Thought bacteria would thrive under cautery. Did not think the disease progressed by contagion. He agreed with Hahnemann's idea of disease, that it is due to deranged vital force. The remarks of Dr. Wells on the food question he concurred in. Always let his patients abstain from food till the system craves it. He spoke highly of the value of *Kali* in the disease.

Dr. Bacon, who is up in histology, went into the subject of the fungoid origin of diphtheria, which is just now creating so much attention among physicians of the other wing of the body medical. He described at length the various bacteria assigned as causing this disease, and called attention to the fact that they were not confined to diphtheria alone, consequently they could not be *the* cause.

Dr. G. H. Wilson, of New Meriden, Conn., had treated two hundred and twenty-five cases of diphtheria, with only eleven deaths. On the etiology of the disease he advanced the idea that there was a connection between the appearance and spread of diphtheria and the general use of kerosene oil. In his town he had prepared a map of the place, locating the deaths from diphtheria. We understood him that in seventy-eight per cent. of the houses, oil was used for illuminating purposes. He had traced a similarity between the symptoms of petroleum and diphtheria. This is a subject that deserves thought. How some cases occurred where gas or candles only are used, would be an interesting query. He urged the matter upon the attention of the profession.

Dr. T. L. Brown took the stand, and contended for a material cause for diphtheria. Everything was material. Something must come in contact with the system to give rise to diphtheria. If material and in the air, could be destroyed in the air. Urged attention to diet and the condition of the skin in warding off disease. He urged his views with great earnestness, point and force.

#### ON CROUP.

Dr. T. C. Duncan, of Chicago, said: I wish to offer a few remarks on the essay of my friend Dr. Joslin.

In 1807, Napoleon I. (on the death of his nephew, crown prince of Holland,) offered a prize for the best essay on croup. Although eighty-three essays were sent in, all presented the melancholy fact that none knew of a remedy for this dire disease. With us it is different. Perhaps in no disease has Homœopathy won such laurels as in the treatment of croup. While this is so let us not conclude that all croupal coughs belong to one disease only, as was believed many years ago, and reiterated in this paper. The question was settled long ago by MM. Bretonneau and Guersant, that there are two distinct diseases that are included under that very indefinite term, croup, viz., stridulous laryngitis, and pseudo-membraneous laryngitis.

I find this division accepted by Continental writers, viz: Bouchut, Hartmann, Vogel, Testes, Bartz and Rillett, Stiener, etc.; but disputed by the English authors, West, Tanner, etc.; but is reaffirmed by American writers: Condie, Meigs and Pepper, Smith, Guernsey, etc. The reason for this I will try to explain by and by.

When appointed, some years ago, to lecture on diseases of children in Hahnemann Medical College, Chicago, this subject was solved to my satisfaction. In Chicago, at least, we met two distinct diseases under the term, croup.

The first may or may not be preceded by a febrile condition, but the child wakes suddenly with a loud, sonorous cough. The voice may be hoarse at night and natural at times and especially in the day. The throat is slightly congested. The worst attack is the first one, the first night.

The second disease is preceded by a catarrhal fever. The child grows more hoarse toward night and continues to have, *during the day*, a harsh, rough cough. The evening aggravations continue till the voice, which at first became gradually hoarse, finally becomes whispering and indistinct. The throat is very much congested. The character of the first is abrupt, spasmodic; while the character of the latter is insidious and persistent. The former never developed into the latter. The first is usually present in spare, nervous children; while the latter is usually met in fleshy, phlegmatic, hydrogenoid children. This is the reason, I think, in moist, healthy England, they see so much of the pseudo-membraneous disease as to ignore another croupal disease. The same may be true of New York. I have never met studulous laryngitis in fleshy children, nor the membranous disease in spare, nervous children.

I have trained my patients to recognize the abrupt, frightful spasmodic laryngitis, so that I now seldom see a case—a dose of *Aconite* and a wet pack to the throat (cold or hot,) usually obviates all further medication. I have cautioned them against the use of *Syrup of Ipecac* and other emetics, and thus avoid a severe case of capillary bronchitis which that drug is almost sure to set up.

I have given all my families strict injunctions, however, not to neglect an insidious croupal cough, and to notify me at once, especially if the children are of the lymphatic temperament. An emetic given to a case of incipient membranous laryngitis simply precipitates the disease and adds to its gravity. This is one of the reasons, doubtless, why it is so fatal in Old School hands. In membranous laryngitis we have not so much to deal with tracheal, bronchial and laryngeal inflammation as an obstruction of the absorbents that pour out lymph instead of absorbing it. Here *Hepar sulph.* is the first remedy; rarely is *Aconite* indicated. Following *Hepar*, if the diseased condition progresses, I know of no remedy that is indicated so often as *Kali*, (*Kali c.*, *bich.*, or *permang.*) according to the constitution and symptoms of the patient. Other remedies may be indicated.

The mortality in both of these diseases is very small. I have not lost a case of either.

Diphtheritic croup, however, is not a distinct disease, but simply means an extension of the diphtheritic inflammation into the respiratory tract. I think it also means approaching paralysis of the pneumo-gastric—a more profound attack than when paralysis of the glosso-pharyngeal follows, which occurs, in some cases, about one-quarter of those attacked.

Have seen two cases of diphtheria with a croupal complication, both were scrofulous, so-called, (in other words, there was serious derangement of the lymphatic system). Diphtheria is the cholera of the respiratory system, and like that disease the cause is not fungoid but atmospheric. Like cholera, it is an electro-negative disease. Diphtheria affects most severely electro-negative persons, and is most amenable to electro-positive remedies.

I wish to make one reference to spasm of the glottis, which I believe is not a local disease at all, but is a neurotic. It seems to be an epidemic disease. During the past winter I met many cases, but I had not seen a case since 1873. This fact (if it is a fact,) would seem to place it (according to the paper on epidemic influence,) in the hydrogenoid epidemic constitution. The chief remedy indicated in 1873, and also in 1876, was *Cuprum*.

In this connection I would suggest a new field of inquiry, i. e.: The relation between obstruction of liver and hyperactivity of the salivary glands with follicular exudation. Dry, clear, acid weather seems to stimulate the liver, this followed abruptly by damp, alkaline weather, retards the liver's action, and is manifest by the follicular pharyngeal derangement. Whether it is due to the arrested activity of the salivary glands or the poisoning of the system by bile, reabsorbed, is a subject worthy of study.



Dr. A. Haupt, of Germany, followed, giving the various views of the German authors on the etiology of this disease. He thought it due to bacteria. On the treatment he had nothing new to offer. The language seemed to trouble him, and his remarks were therefore brief.

Dr. de Gersdorff, of Boston, was the next speaker. He speaks with such a German accent that it was quite impossible to understand his remarks, so as to do them anything like justice. His chief argument was against the fungoid character of this disease.

Dr. Joslin closed the debate on diphtheria, replying briefly but concisely. He reiterated the great importance of rest in the management of cases of diphtheria. Many deaths due to paralysis of heart from action. Food must be given. Cited a case of ulcer of stomach when fed by beef pulp. Would lay great stress on quiet in cases of diphtheria. Instanced a slight case that dropped dead from insisting on keeping up. The cases that occurred in the Five-Points House of Industry illustrated where tracheotomy was admissible. As to filth causing this disease, did not think it was affected by it. In New York the disease prevailed up-town before it did in the filthy section about the Five-Points.

This was a most interesting discussion. But was it not singular that in a convention of this kind, so much attention should be given to the subject of etiology, and so little to remedy indications? Was it not recognizing the fact that "prevention is better than cure?" To prevent a disease, we must first understand its etiology. The doctor cures, while the physician prevents also.

#### ON INTERMITTENT FEVER.

Dr. D. H. Beckwith took the stand, and discussed the subject of intermittent fever, giving the habitat of the disease, and its essential nature. Its character was the same, wherever found. The remedies were well given in the papers.

Dr. L. E. Ober, of La Crosse, Wis., was the next speaker. He had lived for years in malarious regions, and was familiar with intermittent fever. He had noticed the disease prevailed only when there was a drying up of the water on low grounds, exposing much decaying vegetable matter, or when much new ground was turned over. It prevailed most to the windward of evaporating swamps, pools, etc. The settlers had noticed this, and selected a residence to the leeward of such places. The Eucalyptus were being cultivated now in warm sections, and it was found that they absorbed much water and vegetable matter. Thought that was their value, and not in their aroma, which was supposed to neutralize the malarial poison. Had found that the disease would respond to the high attenuations. Laid stress upon the water used by the people.

Dr. J. C. Morgan said that he had heard much about malarial poison, just as if such a thing existed. Why assume its existence, when it had not been demonstrated? He thought more attention should be given to the vapors arising from marshy regions. These

have a chilling effect upon the system, affecting it through the skin. Cited instances in the late war where soldiers were exposed to the vapors one night, three hundred cases on the sick list next day, with intermittent fever. Simple case *Gels.* would generally relieve, especially if there was coldness of hands and feet. If the chill began between the shoulders, *Capsicum* was the remedy. He was proceeding to give the definite and reliable characteristics of the remedies, when the gavel announced his time had expired.

#### PNEUMONIA.

Dr. J. W. Hayward, of Liverpool, was the next speaker, and took up the subject of pneumonia. He stated that most of those who practice Homœopathically in England were Old School converts, and were very much pleased when they got hold of a case where they could select the remedy for the physical signs, as they could for pneumonia. He was pleased to say that the treatment of this disease was as certain as our knowledge of the disease itself. He believed no case treated before the stage of gray hepatization ought to die. This disease was very common in Great Britain, and it was one they were very familiar with. He thought we had remedies that would cure nine hundred and ninety-nine cases out of a thousand. *Aconite* would arrest the disease in twenty-four hours, in its simple form, in the first stage. *Bryonia* would arrest in a week a mild attack of simple pneumonia. He proceeded to point out the special sphere, according to his observations, of *Gels.*, *Bapt.*, *Tart. em.*, *Cactus*, etc. As their pneumonias are not unfrequently complicated with typhoid symptoms, therefore *Bapt.* was to be thought of. He thought *Cactus* had a place in pneumonia, aside from its direct action on the heart, as would be seen on consulting its pathogenesis.

It was interesting to note the general analytical knowledge of the remedies, possessed by our European friends.

#### LATENT PNEUMONIA.

Dr. E. U. Jones, of Taunton, Mass., discussed the paper of M. Jousset, on latent pneumonia in the aged. He thought it was frequently overlooked. In those cases where the temperature ran high the case was a grave one. He spoke highly of the value of *Cactus* in these insidious cases. The value of *Digitalis* was well illustrated in the paper.

Dr. S. Lillenthal, of New York, was the next speaker, and he dwelt chiefly upon the remedies indicated. After making clear some of the diagnostic points, he drew attention to the fact that *Terebinth* was a direct antidote to *Phos.*, and therefore should receive attention in this disease. He spoke of the value of *Tart. em.* in the last stages when death was inevitable. In last stages of phthisis it would enable the patient to die easy.

Dr. Clotar Muller, of Germany, was the next debater. His remarks were general. He laid great stress on the importance of a correct diagnosis. He did not think we should place much stress, as Homœ-

opaths, upon local measures. While similia was the only indication for the choice of the remedy, still there was a link in the chain we could not yet explain. He would illustrate it by the common observation in Germany, "It will rain because the swallows fly low." It was found they flew low to catch the flies driven low by the atmospheric pressure. Like cures like, but we should understand the why, i. e., get at the third link in the chain of facts. His remarks were listened to with wrapt attention and hearty applause.

Dr. T. Dwight Stow, of Fall River, discussed the paper of Meyhoffer, on

#### PRIMARY CONGESTION OF THE LUNGS.

He laid great stress upon the diagnosis of this state of the lungs and just began to give the indications for the remedies when the time was up.

The subjects were then thrown open for general discussion.

Dr. Morse thought if seen early, diphtheria could be cured. Should be hopeful. Spoke of the value of *Baptisia* in this disease last winter while the disease prevailed in Salem, Mass., (which is situated on the Atlantic shore). Spoke of the value of *Alcohol* applied to the throat in spray. It was important to feed patients and keep them very quiet. In croup he thought there was no danger. Believed that *Kali bich.*, if persisted in, would cure any case. Used from crude to 200th. Thought the chief difference between membranous croup and diphtheria was that croup developed upwards, while diphtheria went down. Spoke of the value of moist, warm temperature in croup. Should be kept at eighty degrees — not lower.

On motion, the convention adjourned. The heat has been almost intolerable in the room, and many could remain but a short time. "Oh for a cool retreat," seemed the perspiring sigh of all present.

[TO BE CONTINUED.]

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### THE STATISTICAL REPORTS.

The scientific papers, representing as they do almost every country on the globe, convey a very imperfect knowledge of what the results of this convention will be. There will be one volume entirely given up to historical and statistical reports of the progress of Homeopathy in the various countries, kingdoms and states. Many of these are well written and are ready for the press, others are in a very imperfect condition. Through the courtesy of the chairman we were allowed to examine these and we can assure our readers that they are the most interesting reading, and will make a volume that will be in great demand by laymen as well as by physicians.

It is a fortunate thing for the future of our cause that this convention was held as it was, for in a few years the living historians of Homeopathy would have passed away, leaving little data to prepare

such an accurate account of the wonderful progress of this new system throughout the world, as will be found in this volume. The following will give a little idea of what may be expected :

#### HISTORY OF HOMŒOPATHY IN GERMANY

during the years from 1794—the date of one of Hahnemann's first papers, when he announced the principles of Homœopathy—to 1875, with five statistical supplements and one critical retrospect of German medical legislation, by Gustus Puhlman, M. D., assistants of the Homœopathic Institute in Leipsic. By order of the Central Society of Homœopathic physicians of Germany.

The historical part is divided into two, dating before and after 1835. The first part of this gives a more complete and careful history of the developement of Homœopathy than any yet published. We have also a history of the early adherents of Homœopathy, also the history of the literature of Homœopathy. It will interest our readers to know the position our German friends take on the potency question. They hold, "first, that a certain class of remedies are more efficacious when given in a low, than in a too high attenuation; second, that another class of medicines show no effect whatever when given in a crude state, and that a separation of the molecules are necessary to furnish to the organism, by means of these substances, a greater number of points of contact. In neither case has the limit been settled. Therefore every physician may use the entire scale of potencies according to his discretion." Isopathy, for many years, was a subject of severe contention, but has now dropped out of sight. They have a chair of Physiological Materia Medica in the University of Munich, at present filled by Prof. J. Buchner. Dr. H. Goullon is in the governmental service as president of the medical commission in the Grand Duchy of Weimar. It is said that Grauvogl, Bæhr, Kafka, Herschell, and Muller, are the leading German physicians. There are about thirty different works on domestic medicine, in Germany. In this paper, Lutze is termed a Homœopathic magic-physician. It seems there is a great deal of lay practice and Lutze was a lay prescriber. There are no restriction in Germany to *any one* practicing medicine. In Berlin, nearly every pharmacy has a Homœopathic department. There are many Homœopathic societies composed in part of laymen. There are three medical journals published, and seven popular journals. The number of physicians in Germany in 1834, was 88; in 1844, there were 147; in 1860, there were 264; and December, 1873, there were 298. Of hospitals, they have two in Berlin; two at Coethen; one at Dresden; one at Gotha, an insane asylum; one at Haldesheim, a nursery; one at Hursum, Lauban, (convent hospital); one at Munich—the latter has treated during eighteen years, 2,731 patients, with a mortality of only 4.2 per cent—one at Magd: burgh; one at Pauen, (three beds). The most of the above have dispensaries. The poly-clinic of Leipsic is the largest and is attended by Clotar Muller. There are ten distinctly Homœopathic pharmacies, and many united with Allopathic institutions.

Although one can practice without a diploma, still he must have an examination, viz: 1. He must demonstrate a bone, muscle, and nerve, off hand. 2. A histological and physiological problem must be discussed orally. 3. A post-mortem made and minutes thereof dictated; a preparation must also be demonstrated with the microscope. 4. Two surgical cases must be treated eight days; submitting his diagnosis, treatment, etc., to the examiners. Must also operate on the cadaver, apply bandages, give a discourse upon some surgical subject. 5. Must treat a case of eye disease, giving history, tests, etc. 6. Must examine two patients and give written examinations thereof after eight days treatment, giving doses and art of prescribing. 7. In obstetrics and gynecology he must pass an equally severe test. If he passes he is given a licence to practice as a physician. To give prescriptions in Prussia, a rigid examination must be passed in botany, zoology, and pharmacy. The obstructions to the progress of Homœopathy in Germany are many, but in spite of all, the number of Homœopathic physicians increases yearly, and the system grows in the confidence of the people.

Appended is a history of the Homœopathic dispensary of Leipsic, by Clotar Muller. This gives the history of the first Homœopathic hospital founded by the Central Union of Germany, of which Dr. Moritz Muller was the first president. It was established in 1829, at the celebration of the fiftieth anniversary of the medical graduation of Samuel Hahnemann. This is a very interesting document and taken together will be read with great interest by all our readers when printed.

#### HISTORY OF HOMŒOPATHY IN AUSTRIA,

prepared for the Homœopathic Congress of all Nations, by Dr. E. Huber, of Vienna.

In 1817, Homœopathy crossed the German border into Austria. It was in 1827, during the prevalence of severe intermittent fever in Hungary, that the system received its greatest impetus. Dr. Marenzella gave a surgeon some *Nux* and *Ipecac* to try. The result was such a marvel, that it came to the knowledge of Emperor St. Francis I., who commanded Dr. Marenzella to commence clinical experiments in the St. Joseph Medico-Chirurgical Academy; 1,828 alternate patients were selected. The result was a favorable impression upon the emperor. Chiba, in 1836, gave it another impetus. The history of Homœopathy in Austria reads like a novel. The physicians number about two hundred. They have eight hospitals, three in Vienna, and five in the provincial towns. One has 350 beds, another 84. The oldest was founded in 1832, during the cholera invasion. The literature of Austria makes an interesting chapter, and seems to have been gathered with much difficulty. The legislative restrictions that have hampered Homœopathic progress will be read with profit by all our readers. This history gives the working of the Vienna Provers Union, and is very valuable indeed.

#### THE HISTORY OF HOMŒOPATHY IN RUSSIA

was prepared by Dr. Bojanus.

Homœopathy was introduced into Russia in 1823. Dr. Adam, of St. Petersburg, was the first to practice it. Dr. Stegernann introduced it into the provinces of the eastern sea. Clinical Prof. Sahmer was induced to experiment with it, and he published a work in 1825 "On the Present Position of Homœopathy in Regard to the Pre-existing Science of Healing." Dr. Biglow, physician to wife of the grand duke Constantine, was the next noted convert. Here we read the interesting story of Allopathic intolerance and attempt to prevent the spread of Homœopathy. The system comes to imperial notice and a trial is made which having to pass through the medical council is nicely manipulated and the credit of success given to hygiene. Finally the central Homœopathic pharmacy was established legally and the cause spreads. The emperor was in favor of the new system and induced many physicians to study it, and never went into the country without his Homœopathic case of medicine. The common people now have their book and case in great numbers. There are about fifty physicians in Russia. The struggle the new system had, and is now having to undergo, is very interesting reading and will stir the blood of the veterans in our ranks.

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## Therapeutical Department.

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### CLINICAL OBSERVATIONS.

#### REPORTS FROM THE FIELD OF PRACTICE.

DELPHI, Ind., July 25.—The health is extremely good down here, with the exception of some cholera morbus, calling for *Colocynth* and *Arsenicum alb.*

W. T. KNAPP.

CHICAGO, July 24.—Some days of hot weather with increased atmospheric pressure (low barometer) has given us some ugly cases of cholera infantum and many cases of vertigo. For the first, *Arsenic* was the chief remedy. In one case where there was audible rattling of drink down the œsophagus—a grave symptom and a strong indication for *Laurocerasus* (*Hydrocyanic acid*), (Bell on Diarrhœa)—*Arsen.* proved curative. The vertigo cases were significant of impending typhoid. In fact one neglected case has already developed into typhoid. Think we shall see much more typhoid this year than for the last two years. Had several cases of diarrhœa due to suppressed or repercussed urticaria. This eruption has been worse than for several years. When it gets very severe that, or something else, induces a fever, and then the next thing is a severe diarrhœa. Now we are called upon to cure the diarrhœa. *Cham.* has been an excellent remedy in controlling the

diarrhœa and bringing out the urticaria again. Acting on the hint of Dr. Hering, found *Carbo veg.* did take hold of these cases nicely unless there was a teething complication, when *Bell.* or *Cham.* worked to a charm.

T. C. D.

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## CONSULTATION CASES.

### MY HEPATIC CASE

Reported in THE UNITED STATES MEDICAL INVESTIGATOR, page 155, August, 1875, brought a goodly number of letters and nearly all advised *Chelidon. maj.* Prof. J. C. Morgan advised *Sulph.* 200 or *Chel.* 200. Not having the *Chel.* I gave that potency of *Sulph.*, with much apparent benefit. Becoming tired of slow progress, gave *China* 3x, according to advice and *method* of Dr. Thayer, of Boston. Has been taking it since last February and is improving slowly. The peculiar working, or trembling, is still often felt, and other symptoms are present, so to-day I gave him three doses of *Chel.* 200, and wait.

LEXINGTON, Mich.

A. F. RANDALL.

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### INDURATION OF LIVER.

"*Medicus*" has a case of induration of the liver consequent upon repeated attacks of intermittent fever. These conditions are often met with here, and have succeeded best in their cure by using *Carbolate of Iodine*. I have never had any proving of this preparation to go by, but came to use it on account of being placed just as "*Medicus*" is, at the row-end in regard to remedies. I compared the pathogenesis of *Iodine* and *Carbolic acid*, (vide *Jahr Symptomen Codex*, by Hempel, and *Hale's New Remedies*, last edition,) and concluded that by combining the two and forming a new preparation I might be able to get the combined effects of the remedies. Well, I made a saturated *Tincture of Iodine* and added *Carbolic acid* as long as it would be taken up by the menstrum, this I potentized on the decimal scale as high as the 4th and 6th; with the 6th decimal I medicated some pellets, No. 30, and gave six three times a day in alternation with 1x dilution of *Myrica cerifera*, five drops at a dose. The effect was magical, the hard tumified liver began to soften, the bowels became regular, the skin commenced clearing up, the troublesome cough disappeared, the distended abdomen assumed its natural size and shape, the spleen became natural, and my patient's health was soon restored. Since then I have no more such trouble. I would advise "*Medicus*" to try it on his patient. If he cannot get the preparation of *Carbolate of Iodine*, I will send him some of it if he will correspond with me.

ATLANTA, Ga.

F. F. TABER.

*THERAPEUTIC HINTS.*

Diarrhœa, with tenesmus; stools mucous, watery; belching, tastes like rotten eggs; backache. *Arnica* 30, cured.

Baby, five months, crusta lactea, worse on face; diarrhœa *yellow and stringy*. *Sulph. acid* 200, cured quickly. A brother treated with *Sulph. Rhus*, etc., with external applications, by a so-called Homœopath, was sick six months.

PHILADELPHIA.

E. A. FARRINGTON.

*THE DIFFICULTY OF ATTENUATION.*

The article of Dr. J. B. Braun, on page 489, recalls some of my own experience. In my classification, *Aconite* is a centric drug; and *Arsenic* excentric. To give a centric, low, alternately with an excentric, high, I long ago concluded to be bad practice, whatever defence may be made of alternation in general. I should certainly look for aggravation, by over-stimulation in the centric nerve-sphere—as actually happened in Dr. Braun's case. *Aconite* low, is a centric stimulus, directly; *Arsenic*, high, the same, indirectly, or sympathetically; low, the contrary, hence antidotal, as the case proves.

PHILADELPHIA, Pa.

J. C. MORGAN.

*CASES FROM PRACTICE.*

Your reports from the field of practice are very instructive and profitable. The following may be of interest:

*METRITIS.*

Mrs. B., of Syracuse, N. Y., called at my office, April 21, to seek relief from a painful malady—chronic metritis. She complained of severe pains in lumbar region, shooting out to thighs; bearing down pains in abdomen; frequent, painful and scanty micturition, sometimes bloody; loss of appetite; constipation; great nervous irritability; low spirited, etc.

Prescribed *Nux v.* 30 and *Cantharis* 30, in alternation. She declares that after the second dose her pains ceased, and she now considers herself cured—has not felt so well for years. She had been treated heroically by many “regulars,” and had grown worse instead of better.

This is only one of the many victories Homœopathy is gaining in our time.

*SCIATICA.*

Another case. A gentleman treated three months, by a skillful Allopath, for sciatica with no beneficial results, became disgusted and



wished me to prescribe, although he said he had no faith in our system.

Gave him *Rhus tox.* 30, and in a few days considered himself cured. He is now convinced that Homœopathy is not a humbug. "The world is moving."

AMSTERDAM, N. Y.

O. E. PRATT.

### *LATENT PNEUMONIA IN THE AGED.—DIGITALIS.*

BY P. JOUSSET, M. D., PARIS, PHYSICIAN TO THE HOSPITAL SAINT-JACQUES.

Octogenarians and those who, without having reached the age of eighty, are prematurely decrepit, frequently die of pneumonia. In particular cases the disease is the more dangerous from the fact that it generally makes its appearance without appreciable cause, and is not accompanied by any of the ordinary symptoms; during the first four days, at least, it is scarcely distinguishable except by the high temperature which always accompanies pneumonias.

The onset is sudden and is marked by a chill with vomiting; the fever continues with redness of one of the cheeks; dry tongue, dark red urine without deposit. The patient neither coughs nor expectorates, and the stitch in the side is either absent or very obscure; the dyspnœa is in proportion to the height of the temperature.

Auscultation doubtless furnishes valuable indications but they have not the clearness of those we observe in the pneumonia of adults; but let us add that very often old people object to a careful and minute examination of the lungs. The comparative dulness and obscurity of the respiratory sounds and some moist rales are often the only palpable signs during the first days. The disease thus instituted progresses according to the usual type.

Sometimes we observe an abatement of the fever on the fourth day, but it is from that time that the patient suffers frequent attacks of coughing with viscous and more or less bloody expectoration; we rarely fail to hear also a blowing sound and crepitant rales.

After the fifth day, the nights become more disturbed, the patient has hallucinations and delirium which disappear when his attention is occupied. We have never noticed in this variety of pneumonia the continued delirium, which characterizes metastatic meningitis of adults.

The temperature and dyspnœa increase during the last days, and death generally comes quite peacefully at the end of the first or in the course of the second week. Almost always with these patients, we notice toward the end of the first week an irregularity of the pulse which, in my estimation, is very significant as influencing the prognosis and treatment. But here it is necessary to make an explanation; in a certain number of old people the pulse is habitually irregular, and this irregularity which most physicians erroneously consider as normal in old people is always the sign of a lesion of the heart or of the aorta,

and in these patients the habitual irregularity of pulse disappears during the febrile stage of pneumonia and it reappears when the temperature diminishes.

In other words, the return of the habitual irregularity of pulse is a favorable sign in certain cases, except in those of which we shall now speak. If the irregularity of the pulse, after having disappeared at the beginning of the disease, reappears without any amelioration of all the symptoms, and is greater than is habitual, this irregularity is a very unfavorable sign. With the exception of such cases as are enumerated above, the irregularity of the pulse in the course of pneumonia is an exceedingly unfavorable sign and announces a speedy dissolution; the disappearance of this irregularity is, on the contrary, an excellent sign, and an almost certain presage of recovery.

The therapeutic indication which we have deduced from several cases of irregularity of the pulse in pneumonia is the necessity for the use of *Digitalis*. In a very recent case we have had the happiest effects from this drug.

Madame C., aged eighty-one years, a lady unusually lively and active for her age, is subject to bronchitis and even to pneumonia. To avoid these diseases, she passes most of her winters in Italy. This patient does not present any symptoms of cardiac disease. Having returned to Paris in the beginning of May, she suffered from the cold weather which we had at that time, and neglected to observe the customary hygienic precautions which her great age demanded. The 27th of May she was attacked by violent fever, a chill and vomiting; the pulse was regular, under one hundred pulsations per minute; the respiration quickened; the left cheek red; the tongue coated, and urine red; the patient was greatly disturbed and uneasy, complaining of headache, and with a vague pain in left side of chest. Cough and expectoration were absolutely wanting. The respiratory murmur was obscure on the left side, and on deep inspiration fine rales were heard, which had the character of the crepitant rale. I prescribed *Bryonia* 12, some soup, and a spoonful each of brandy and coffee in a glass of sweetened water, for drink.

The patient remained in this state until the fifth day. *Bryonia* and, a little later, *Phos.* 12, were totally without effect. From the fifth day the condition was more serious; the fever increased, the pulse became irregular and unequal, the tongue dry; the urine diminished in quantity and became very red and contained bile; at the same time the white of the eyes became jaundiced. Hallucinations and incoherence as soon as the patient falls asleep. The patient now coughs from time to time, and expectorates very bloody, viscous sputa. Finally auscultation reveals a blowing sound in the apex, and some irregular crepitant rales in the middle of the left lung. The nights are very much disturbed, and toward morning the patient has much difficulty in breathing, and is threatened with syncope. *Arsenic* 6 caused no amelioration of this condition and, on the seventh day, in view of the danger from the continuance of this state, and of the permanent irregularity of the pulse, I prescribed *Digitalis* 6, two drops in two hundred

grammes of water, a teaspoonful every two hours. The effect produced by this remedy was very rapid; the syncope did not reappear, and at the end of twenty-four hours there were scarcely any irregularities of the pulse, the intervals between them growing longer and longer. I alternated *Digitalis* by day, with *Bryonia* at night; sleep and appetite returned; the temperature diminished very much, the jaundice disappeared, and I discontinued the use of *Digitalis* on the tenth day. I still gave *Bryonia*, and the patient was completely convalescent on the fourteenth day of the disease.

From this experience I deduce the conclusion that pneumonia of old people is not entirely beyond the reach of art, even in the latent form; and that *Digitalis*, when it is indicated by the state of the heart and of the pulse, is much preferable to *Bryonia* and *Phosphorus*.

Let me add that, in this particular form of the disease *Phos.* and *Bry.* which constitute the classic treatment of true pneumonia, seem to me very unreliable remedies; and it is to aid the practitioner in difficult cases that we publish the preceding observation.

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#### “THE POTENCY QUESTION.”

Dr. Whitman is very unfortunate, in his article under the above heading, in the June 15th number of THE UNITED STATES MEDICAL INVESTIGATOR, when he cites the facts that Stevenson did not make the most perfect steam engine (locomotive?) nor Fulton the most perfect steamboat, and attempts to draw an argument therefrom, to retard the only truly scientific progress of Homœopathy. Of course the men named did not give us the best articles in their departments, and why? Simply because they attempted to, and did retain, external agencies, “adjuncts,” (just as do our Eclectic-Homœopathists to-day, in the treatment of the sick,) to aid the application of a principle which is perfect in itself, and infinitely more perfect in its workings, when made to do the whole, than when loaded down and hampered by external aids.

It is only necessary in this connection to cite the facts that the first steam engine was made so as to require a man or boy to attend the steam-cock and turn off steam when the piston was raised, while the descent of the latter was left to the weight of the atmosphere, and its power obtained in that way.

Either man or boy would have a mighty lively time nowadays attending the steam-cocks of a locomotive running forty to fifty miles an hour. The progress of a train might possibly reach one to two miles an hour, with their help, in that way, as against the high speed actually attained without it; and this is exactly the way the mongrels are endeavoring to load down Homœopathy and retard its progress, by lugging in every extraneous hindrance, however old, or however long discarded by thinking men, or however new, absurd and injurious to their patients, and retarding their recovery; thus believing all their

pretensions, thinking thereby to avert the ridicule of their Allopathic brethren, but getting credit for dishonesty that is tainting our whole school through and through, instead of standing up and making a manly fight for the *truth*, and convincing others by their own earnestness and *consistency*.

Hahnemann did not perfect Homœopathy, simply because he could not, even with all his great ability, in the short time allotted to human life; but he discovered the principle and its application, and left both to us in all their purity. And further progress is only to be attained by adhering strictly to the *principle*, which is the governing or motive power, and depending upon this to do all the work in its department, just as the mechanic now depends upon the force of steam to do all it is capable of. As well try to help along a locomotive by hitching an ox or a mule team ahead of it, as to try to aid the action of the rightly chosen remedy under the law *similia*, by any so-called adjuvants whatever, except to insure the requisite hygienic surroundings. That physician who calls in his false aids in the treatment of the sick, will as surely find himself and patient wrecked on the track as would the engineer who should insanely try to hurry on his train by coupling an ox team to the head of his locomotive, then let on full steam. The writer of this could cite not a few terrible wrecks which he has seen brought about by some of his professional brethren within the last year, simply because they could not appreciate the fact that Nature does all her work through refined agencies, under specific laws.

Dr. W. ought to understand, if he does not, that *all* progress, it matters not in what department, has been made by refining and *re-refining* the methods of the application of the principle governing each department. He is defied to prove the contrary. It has been so with the steam engine; it was so with the electric telegraph, until they were compelled to make an instrument a hundred times more delicate for use by the ocean cables than was before known; and it has been so with all other true progress. Then why not so when dealing with the principle of life, which is so infinitely more subtle than any of the mere physical forces with which we have to deal in the mechanical world?

PROGRESS.

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### ON HUGHES' PHARMACOYNAMICS.

#### REPLY TO DR. SHERMAN'S NOTICE.

DEAR INVESTIGATOR: In your issue of May 1st, 1876, I notice an article, intended, I suppose, for a criticism on the recent issue of the third edition of Dr. Hughes' work on Pharmacodynamics, which I think, out of justice, not only to Dr. Hughes, but the English language, deserves comment. The article in question, it seems to me, consists of a very little just praise, and a great deal of what would be consummate pedantry if the statements contained therein were only correct.

Permit me to notice, through the columns of your admirable journal, a few of his would-be criticisms :

The spelling of words ending in *ize* or (*ise*) is by no means a settled point, either letter being used almost indiscriminately. If anything may be accorded to seniority, *s* certainly has the precedence, it being the older letter of the two, as may be seen by referring to "Language and the Study of Language," by Professor Whitney, of Yale, pp. 465 and 265; but still better, let me call to the gentleman's notice the following extract from "The Queen's English," by Dean Alford, than whom there is no better authority :

"How are we to decide between *s* and *z* in such words as *anathematiz(s)e*, *cauteriz(s)e*, *criticis(z)e*, *deodoriz(s)e*, *dogmatiz(s)e*, *fraterniz(s)e*, and the rest? Many of these are derived from Greek verbs ending in *izo*; but more from the French verbs ending in *iser*. It does not seem easy to come to a decision. Usage varies, but has not pronounced persistently in any case. It seems natural to write *anathematize* with the *z*, but *criticise* with the *s*. I remember hearing the late Dr. Donaldson give his opinion that they all ought to be written with *s*. In the present state of our English usage, the question seems an open one." (The Queen's English, p. 39, section 49).

Another point to be borne in mind in this connection is, that the book in question is an *English* publication, and not an American reprint, and in the above class of words, English usage gives more preference to the *s* than is customary among us.

"*Creosote* is incorrectly spelled *kreasote*; and *ceratitis*, "keratitis." The author probably labors under the impression that the Greek *kappa* corresponds to the English *k*, and that the nominative case is just as good a place to find the root as the genitive case."

I think it *very* probable that Dr. Hughes does labor under the impression that the Greek *kappa* corresponds to the English *k*, for the very simple reason *that it does*; (see Lophodes', Crosby's, and Kuhner's Greek Grammars, and Webster's Unabridged Dictionary.) but that he does *not* labor under the impression of which he is accused in the latter part of the above quotation, is very evident *from his method of spelling the words in question*. True, the words are respectively derived from *to kreas*, gen. *keros* and *to keras*, gen. *keros*, but any school-boy of average ability who has been through the three declensions in any respectable Greek grammar, knows that *krews* is a contraction for *krea-os*, and *keros* a contraction for *keratos*, and if we look for the root in the normal way, by cutting off the ending of the genitive singular, we get in the one case *krea*, and in the other *kerat*, so that on the ground of derivation, Dr. Hughes is certainly correct in his method of spelling.

For "*Bronchi*," "*Bronchiae*," "*Bronchia*," see "Dunglison," p. 149, and "Webster," p. 167.

"Passing on to greater errors, I observe that our author persistently calls *Kali bromatum Kali bromidum*, and *Kali cyanatum Kali cyanidum*."

He certainly does call them so, *most persistently*, and the only ground on which I can account for his so doing is, that he knew perfectly what he was talking about, and what he *was* talking about was,

*Bromide of potassium, and not bromate; Cyanide of potassium, and not Cyanate.*

If our critic (?) will search any of our recent text-books on chemistry, he will find there is a vast difference between *bromidum* and *bromatum*, *cyanidum* and *cyanatum*, *sulphidum* and *sulphatum*, et. al. No doubt *carbon bi-sulphidum* would have been more strictly correct than *carbon sulphidum*, but what "*carbon sulphuratus*" is, no chemistry at my command is able to inform me.

I will not try your patience further, only to hint that I am unconscious of any such pharmaceutical preparation as the "*mother tincture*" of *Arsenic*, and to suggest to our friend that it would be very proper for him to do a little something in the *loin-girding* and *strength-summoning* business, before he attempts to "air" his learning at the expense of one whom all must acknowledge to be among the foremost minds of the medical world of to-day.

I write the above in by no means a hypercritical spirit, but through a sense of justice. The article in question has now remained unchallenged nearly two months, which might lead our transatlantic friends to think that it received the sanction of the American profession. That it does receive such sanction I cannot believe.

WEST MEDFORD, Mass.

JOHN L. COFFIN.

## HOW TO CURE AGUE.

### HINTS FOR BEGINNERS.

I have nothing new to offer for the benefit of those "long in the way," but doubtless there are many young practitioners who would like to know a more excellent way of curing ague than by the old routine of *Quinine*, and its kindred preparations.

"To do good, and to communicate, forget not."

I would simply call attention to literature that we already have.

I would first state that I have tried the *Quinine* treatment, given *Chinoidine Salicine, Sulphate of Cinchonidia*, etc. At first thought it to be first-rate, but now I can see plainly that many of my *Quinine* triumphs were sadly mismanaged cases, e. g. :

CASE I. J. P., had been prostrated for three weeks; regular paroxysm of chill, heat and sweat. Treated *secundem artem*. Got right up, and soon was able to work. Gained many patients from this case, but it was not *cured*, as various persistent troubles plainly showed.

CASE II. W. S., case much like the preceding. *Quinine* triumphant again. No bad symptoms for six months, but ague frequently thereafter for eighteen months. Cured at last with a few doses of *Nat. m. 6*.

Now these two cases gained me more patients than any other ague cases that I have had since I commenced practice, and yet *Quinine cured neither*.

My wife had chronic ague eleven years ; ague which was cured in the good old way ; but she has had a yearly return ever since. Last spring, chill at noon to 1 o'clock, P. M. Was cured promptly by *Ars.* 5x.

CASE III. W. D., had ague for a long time, five or six years ago. *Quinine*. Symptoms of ague every time he gets cold. Prescribed *Ars.* recently for chills, and I learn that he is improving.

CASE IV. H. B., had ague three years ago. Was treated with *Quinine*, and has a yearly return of good-for-nothing feelings, which last all summer.

I have used *Quinine*, *persistently*, but I can call to mind but few cases in which it has acted satisfactorily, and in some of these I think it was the indicated remedy ; in the others I give credit to the *vis medicatrix nature*.

In THE UNITED STATES MEDICAL INVESTIGATOR, Vol. II. page 195, I find an article from the pen of G. R. Parsons, which is good :

" If there is any one thing in the list of curable diseases which has proved a *bete noir*, it is intermittents. And why ? We believe it is simply because the practitioner is too busy, too lazy, or too ignorant to find the simillimum. \* \* \* The subscriber has always lived in eastern Illinois, a section of country noted for this class of fevers, and have seen more *Quinine*, *Arsenic*, and ague specifics used, than would stock a wholesale drug store, and as the result of this promiscuous and general prescribing, we can show more people to the square mile who are suffering from erysipelas, deafness, impaired vision, seminal weakness, leucorrhœa, and general enervation, than in any other section of country in America. \* \* \* When but a tyro I was taught by my preceptor (and I shall always thank him for it), that our system of medicine depended upon a thorough analysis of the malady treated, and its drug simillimum. With this method of practice, the writer has failed to cure but *two* cases out of more than one hundred treated. If the case is recent, and there is no definite paroxysm, we give *Ipecac*, which, so far, has not failed to bring out the characteristic points to be sought, or permanently cured at once. [See similar remarks by Jahr, *Forty Years' Practice*.—A. F. R.] If the case is well marked, we take *Raue*, (see pages 534-560) and just as carefully select the remedy as if we had never seen a case of ague previously, and paying special attention to the sweat and thirst symptoms, and also to the time of day or night when the paroxysm comes on. In the treatment of chronic cases, we prescribe (according to the same authority,) for the conditions or symptoms as first presented, no attention whatever being paid to the paroxysms at the time of applying for relief. \* \* \* I find that the potency has but little to do in recent cases ; but am satisfied that the higher potencies are best for the chronic forms. Won't some of our doctors try according to *Raue's Practice*, and report ?"

On page 321, of the same volume of THE UNITED STATES MEDICAL INVESTIGATOR, are some extremely interesting remarks by Dr. E. C. Price, to which I would refer the inquirer. After relating how he was successful when dealing with intermittents of a very mild type, treating them Homœopathically, but often failed in a more malarious climate, he says :

“I now rely more on the *time* of the chill and place of beginning than anything else. I believe if the paroxysm (either chill or fever) comes at a certain hour every day, and you can find a remedy corresponding to that time, it is worth all the other symptoms together; in fact I would be willing, in the majority of cases, to prescribe on that one symptom alone.”

He has picked up a *time* table, and here it is :

3 A. M. *Thuja*. (Certain.)

9 A. M. *Natr. m.*

10 A. M. *Petrol.*; *Polypor.*

10:30 A. M. *Lobelia*.

10 A. M. to 3 P. M.; 5 P. M. to 6 P. M.; 6 to 8 P. M.; 7 to 8 P. M. *Sulph.*

11 A. M. *Ipec.*; *Opium*.

11 to 12 M. *Kali carb.*

10 A. M. Fever but no chill, tertain. *Gels.*

Noon. *Lobelia inf.*

1 to 2 P. M.; 10 A. M.; 3 to 6 P. M. *Ars.*

“I have found *Ars.* very certain when the paroxysm comes between 12 and 1, the nearer 1 the better. My table says 1 to 2 P. M.”

3 to 4 P. M. *Apis.*; *Lach.*

6 to 7 P. M.; 8 P. M. *Hepar.*

7 P. M. *Bovista.*; *Petr.*; *Rhus tox.*

5 P. M. *Sarrac. purp.*

3 to 5:30 P. M. or 6 P. M.; 6:30 to 9 P. M. *Cedron.*

5 to 6 P. M. *Phos.*

6 P. M. *Arg. nit.*

6 to 12 P. M. *Lachnan.*

6 A. M. Nightly chilliness. *Nux. vom.*

Chill till late in afternoon or evening, (apt to postpone or antopone).

*Ignatia.*

Evening paroxysm; lasts all night. *Lyc.*; *Pals.*; *Rhus tox.*

Chilliness mostly in the evening, and often only on the right side.

*Bryonia.*

Early in morning or afternoon, with thirst before chill. *Arn.* After noon, *Ant. c.*; night, *Ant. tart.*; toward evening, *Kali c.*

Evening, *Acon.*; *Anac.*; *Cap.*; *Carbo v.*; *Gels.*; *Merc.*

Afternoon, or every other day at noon. *Ars.*

At all periods. *Ars.*; *Bry.*; *Sulph.*

At all periods except afternoon, *Bell.*

At all periods except night *China.*

At all periods except morning and night, *Verat.*

Early in the morning, *Verat.* (Verified.)

At all periods except morning, *Cina.*; *Nux.*; *Puls.*; *Rhus.*; *Sponge.*

Regular paroxysm, *Chin.*; *Sul.*

Chilliness every day at precisely the same hour, *Diad.*; *Gels.*; *Diad.* has no heat nor sweat following.

Chilliness and drowsy from 4 to 8 P. M., with thirst. *Kali. hyd.*

Chilliness with colic every evening, *Led.*

Chill began at 7 P. M., followed by cold sweat and cold feet. *Petr.*

Headache and chill worse at 3 A. M. and 3 P. M. *Thuja.*

Chill at 4 P. M., lasting two hours, with intense thirst, followed by burning heat, throbbing of the carotids, etc., full, bounding pulse, (much like *Bell.*) *Arn.*

Heavy chill early in the morning, one day, light one about noon next day. *Eup. perf.*

#### BENNINGHAUSEN'S INDICATIONS.

Hour, returning at the same. *Ant. crud.*, *Apis.*, *Bovist.*, *Cact. grand.*, *China.*, *Sulph.*, *Cina.*, *Conium.*, *Diadem.*, *Gelsem.*, *Graphit.*, *Helleb.*,



*Hepar.*, *Kali carb.*, *Lycop.*, *Magn. mur.*, *Phosphor.*, *Sabad.*, *Spigel.*,  
*Stann.*, *Staphis.*, *Thuja.*

7 A. M. *Podophyl.*

7 to 9 A. M. *Eup. perf.*

10 A. M. *Stann.*

10 to 11 A. M. *Arsen.*, *Nat.*, *mur.*

11 A. M. and 11 P. M. *Cact. grand.*

12 noon. *Elaps.*

Noon to 2 P. M. *Lachesis*

2 P. M. *Calc. carb.*

3 P. M., toward. *Ang.*, *Apis*, *Conium.*, *Staphis.*, *Thuja.*

4 and 8 P. M., between. *Bovist.*, *Graphit.*, *Helleb.*, *Hepar.*, *Lycop.*,  
*Magn. mur.*, *Natr. sulph.*

9 P. M. to 10 A. M., *Magn. sulph.*

Different times of the day, *Eup. purp.*

Every fourteen days, returning. *Arsen.*, *Calc. carb.*, *Cinchon.*, *Puls.*

Yearly return. *Arsen.*, *Carb. veg.*, *Laches.*, *Sulphur.*:"

J. G. M. gives us 4 P. M. *Canth.* with thirst only during chill, drink seldom, but in large quantities; prostration.

If, in addition to the foregoing, we get and use Korndaefer's Bœnninghausen, or even, for a beginner, Douglas on Intermittents, we will be satisfied to let *Quinine* alone, except when it is the simillium.

Now if any one can give better assistance, let him do it, and I will gladly acknowledge it.

LEXINGTON, Mich.

A. F. RANDALL.

P. S.—In a notice of Bœnninghausen on Intermittent Fevers, after telling us that it was designed as only a part of a work on intermittents, the editor expresses a wish that Prof. J. C. Morgan would give us a full and exhaustive treatise on the subject. Cannot he or some one be prevailed on to write such a work? A. F. R.

### A FOOD VS. A DRUG DIET.

Probably the mass of physicians do not appreciate the importance of regulating the diet of their patients. Most of us are so engaged with the medicine problem that we think very little of the food problem; but the latter is as much a part of our business as the former, and should not be left to our patients or their attendants.

The human body is composed of fourteen different substances, and the object of food is to replace those substances as they wear out. If we know what the various constituent substances of the human body are we can easily construct a diet. In arranging a diet those substances alone should be selected that take the place of worn out and cast away tissue and thus repair the waste of the body; nothing should be included that does not thus nourish the body. Do tea, coffee, and the various alcoholic beverages, pepper, cinnamon, nutmeg, cloves, ginger and other spices nourish the body? Do they replace any of the tissues as they wear away? No. Then as they are not articles of food they ought not to be used as such. For the same reason tobacco ought

not to be used. They are drugs, every one of them, and like all other drugs ought to be used only by the intelligent physician in the treatment of the sick. People have no business to eat and drink drugs. But people do almost universally eat a drug diet, and as a consequence they are almost universally drug sick. There are but very few people who are in a state of *perfect* health. They all have their complaints, headache, stomach ache, or some other ache, and will as long as they continue to eat a drug, or an otherwise imperfect diet.

Aside from constitutional disease most diseases are caused by an improper diet; all diseases are aggravated by it and many are perpetuation to a drug and otherwise bad diet; and such a diet is not only sufficient to continue complaints it produces, but also to antidote our remedies. Then in almost all our chronic cases we have so much of the scrofulous we need a good food diet to give us a better nutrition as an indispensable help to treatment. In all cases a drug diet will interfere with our remedies, complicate and prolong our cases and often defeat us entirely. I tell my patients to use nothing in the preparation of their food, or as a condiment, but chloride of sodium, soda, sugar and syrup, and vinegar; and for flavoring, nothing but lemon, or the extracts of some other fruits. And with those few things food can be made palatable enough for an epicure. But to strike out tea and coffee—"thats the rub," but it can be done and no one but the grocer will be the worse for it, and the patient will certainly be better for it. Water is good; milk is excellent. If a patient must have something warm that looks like coffee tell him to make wheat coffee, he ought not to like any thing so well, because he ought not to drink much of anything while eating. Then comes bread. No one ought to eat white bread, it is an impoverished diet. All ought to eat brown bread because it contains all the nourishing constituents of the grain. But few women know how to make brown bread. I have to tell some one every day. I will tell you so that you can tell, for if you will be successful above the majority of your fellows you will have to go with your patients down into their kitchens. One cup sour milk, one cup each graham flour and corn meal, one quarter cup syrup, one teaspoonful soda and a little salt. Steam an hour, then bake till brown. Every body likes this bread. The sweating should gradually be left out. A little corn bread occasionally is good. And our patients (and everybody else) ought to eat more fruit and less meat. A pretty little bit of practice with those troubled with constipation is to give a tablespoonful of wheat bran three times a day in a glass of sweated water, or milk and water.

Now I suggest that the doctors all around banish drugs from their tables as I have done from mine, then they will be more earnest in recommending a pure food diet to their patients. Example is wonderfully potent, and when combined with precept will carry a point. Then it may be incidentally whispered that to quit eating a drug diet will very materially diminish the expense of living, and that is no small matter these hard times.

DE LAVAN, Ill.

T. M. TRIPLETT.

## Children's Diseases.

### ON MEMBRANEOUS CROUP.

BY F. T. WHITMAN, M. D., BELVIDERE, ILL.

Our object in writing this article is not to give a learned effort on the etiology and pathology of this much-dreaded disease, for that has already been well done by far abler and more experienced pens than ours; but solely for the purpose of drawing the minds of the profession toward one remedy that, it seems to us, does not receive so great consideration as its merit demands. I refer to *Kali permang.* We are well aware that a large proportion of the cases reported in our journals as membranous croup are not truly such, and that in this manner, many remedies acquire a reputation in the treatment of this scourge of childhood that are utterly worthless.

Many practitioners with a limited country ride report more cases in a single year than our most eminent practitioners, with an extensive city practice, see in a score of years. I have never seen but one case of membranous croup, and one case of diphtheric croup, and in each of these cases, the *Permanganate of Potash* served me so good a turn that I feel constrained to place the fact in print, claiming no originality at all in the matter of using it. Professor Allen, formerly of Chicago, has furnished a very thorough proving of this drug. The case of diphtheritic croup to which I have referred, occurred in the case of a hearty, rugged boy, five years old, of a bilious temperament, who was not particularly subject to croup. His diphtheria progressed favorably, under the use of *Bell.* and *Merc. iod.*, until one night, after the membrane had entirely disappeared, he caught a severe cold, and the harsh, metallic cough, the rapid, wing-pulse, the labored breathing, told too surely that the croup had supervened upon the original lesion. The usual remedies, *Kali bich.*, *Spong.*, *Iodine*, etc., were faithfully tried, the latter by inhalation as well as by the stomach, but still the membrane spread farther and farther, until by the third day, it covered not only the tonsils and larynx, but also the pharynx, and the terrible suffering for breath showed conclusively that the smaller bronchial tubes had also been invaded. The situation was critical, and every symptom pointed to an early and fatal termination. At this stage of the disease, a small crystal of *Kali permang.*, about the size of a grain of wheat, was dissolved in one-half glass of water, and a teaspoonful given once an hour. *Bromine* was also given by inhalations in this case. The case gradually but surely progressed on this treatment. To show the persistency of this case, I will say that twice after the

membrane had nearly disappeared, it returned with renewed vigor. During the whole treatment, as a matter of course, all the nourishment that the stomach could stand, was given, such as milk, beef tea, wine whey, etc., etc. The *Potash* was given six or seven days, making the duration of treatment eleven days.

The second case I have mentioned occurred in a delicate girl, four years old, sanguine temperament, scrofulous diathesis, and much subject to spasmodic croup. Not being certain, at my first visit, which form of the disease I had to treat, I gave *Aconite* and *Spongia*. The next day, however, the diagnosis was clear, and I immediately put her upon *Kali. permang.*, as in the former case, and inhalations of steam. As before, the improvement was gradual but sure, and in seven days, the patient was discharged.

What makes this last case of more interest is the fact that after the croup began to subside, and the membranes to be coughed up, as they were in large shreds and casts of bronchi, a scarlatinal rash broke out. This latter was not unusual in its appearance or treatment. I have not gone into details in the enumeration of symptoms accompanying these two cases, because in all cases of true croup the symptoms do not vary greatly. Suffice it to say that they were both extremely severe cases.

I believe that in malignant diphtheria, and in malignant scarlatina, where the great amount of poison in the blood seems to overwhelm the nerve centres and demand relief speedily or not at all, the *Permanganate of Potash* will be found a remedy of unrivalled excellence. So far as my experience goes, it is far superior in these affections, to *Kali bich.* I by no means mean to assert that it will cure every case, but it seems to me a remedy that has even cured a few cases deserves mention. Let us have the experience of others with it.

I have never used it above the 2x trit.

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#### EUPHRASIA IN MEASLES.

MY DEAR DUNCAN: Quite a number of years ago I tried to prove *Euphrasia*. It happened to be during an epidemic of measles, and on the second or third day of the proving, I supposed that I was in the first stage of measles. The symptoms, however, quickly ceased — too soon if it had been real measles. After all symptoms had disappeared, I took more *Euphrasia*, with the result of another attack like the first. At the time there were several severe cases of measles in children, and some in the first hours of that disease. The little ones looked and acted just as I felt. I had my *Euphrasia* in my pocket, and so I put a few drops in one-third of a glass of water and gave one teaspoonful, which was ordered repeated in two hours, and in the same intervals, until my next visit. All were relieved before my next call. Those on whom it was hard for the eruption to come out, were covered in the morning. Without exception they were relieved. All through that

epidemic I gave nothing but one prescription of *Euphrasia*. No other medicine seemed necessary. There were no sequelæ. Ever since, whenever we have had measles, this has been my prescription, with the same success. Whether we have always had *Euphrasia*-measles, or whether measles always finds its remedy in *Euphrasia*, I do not know. I am sorry to say that I have become so lazy that when any one comes in my office and says "Measles" to me, I go for my *Euphrasia*, and send the messenger home, and that is generally the last I hear of him. Of course I expect in measles, as in other diseases (or cases) to treat the condition, but somehow I never have any condition to treat after using *Euphrasia* a few times. After twenty-five or thirty years, I cannot now recall a case where I had any trouble with measles. Before giving *Euphrasia* I had trouble enough, and I can recollect one case, at least, where the cough led to consumption (probably bronchial) and in time the patient died. Weak eyes and cough were my usual troubles after measles.

The *Euphrasia* I used was originally the one-tenth, but as it got low in the phial, I filled it again with alcohol, so that at this time I do not know what strength (or weakness) it is. I have used the same phial for nearly thirty years.

By the way, we have just had an epidemic of measles, which reminded me, together with seeing you at Philadelphia, that it was time I sent you a few words.

AUBURN, N. Y.

C. W. BOYCE.

#### SEASON HINTS ON DISEASES OF CHILDREN.

Old Dr. Williamson used to counsel the young M. D.'s to give close attention to all their children-cases in early summer. Sage advice, for if a case of diarrhœa threatens to be at all persistent in the early summer, the chances are that the child will succumb first.

The effect of the first burst of hot weather tends to enlarge the liver, which obstructs the portal circulation, and a more or less severe diarrhœa follows. The liver and lungs seem to be complements of each other; when æration goes on, the liver is small; when oxygenation is tardy, from heat, or moisture, or both, the liver is found to take on increased size; hence the bilious diarrhœas, cholera morbus, and bilious fevers in early summer.

This congestion of liver, with the attendant portal obstruction, produces more gastric and intestinal mucus than is needed. The former contains much muriatic acid, which changes the bile green, hence the green stools in cholera infantum.

The bursts of hot, moist weather, which we have had already, tend to give us more than our usual amount of these biliary complications this season.

The effect of heat upon the liver in causing hepatic and intestinal troubles, has received much attention from English physicians who

have resided in India, e. g., Drs. Johnson, Moseley, Thomas, also by M. Billiard, of Paris, Drs. Dewees, Eberle, Stewart, etc., of America.

One of the chief remedies indicated this year is *Podophyllum*. Where there is a tendency to a bilious fever, complicated with gastric irritation, no remedy seems to work so well as *Baptisia*. There is a tendency to stupor in the adult, and to convulsions in children.

*Nux.* and *Bry.* do not seem so well indicated, the atmosphere being too moist. The conditions of system are due to obstruction, and not to exhaustion, hence *Gels.* and *Rhus.* would be thought of before *Phos.*

Singular *Merc.* does not seem to work well. There is, without doubt, too much alkalinity (moisture) of system for it to work satisfactorily. The obstruction is not glandular but systemic.

We will likely see some severe and persistent enteric cases this season.

CHICAGO, June.

T. C. D.

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## Book Department.

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THE THERAPEUTICS OF TUBERCULOSIS, OR PULMONARY CONSUMPTION. By WM. H. BURT, M. D., etc., etc. New York and Philadelphia: Boericke & Tafel. London: Henry Turner & Co.; 1876; 8vo.; pp. 230.

The plan of this monograph is set forth in its Introduction as follows:

“In perusing the works of various authors who have written elaborately upon the pathology and treatment of this dreaded disease, the writer’s attention was directed to the catalogue of *distinct characteristic symptoms* of pulmonary tuberculosis, each of which presented itself as a subject for profitable study. Impressed with this idea, we have divided pulmonary tuberculosis into twelve of its most prominent characteristic symptoms, and given a plenary treatment of each symptom by itself, believing that in so doing it would greatly aid the practitioner in successfully combating its fatal ravages. They are the following:

- |  |                  |
|--|------------------|
| 1. General atonic condition of the body. | 7. Hectic fever  |
| 2. Emaciation.                           | 8. Night sweats. |
| 3. Debility.                             | 9. Aphthæ.       |
| 4. Hæmoptysis.                           | 10. Diarrhœa.    |
| 5. Cough.                                | 11. Pain.        |
| 6. Asthma.                               | 12. Bed-sores.”  |

This plan is therefore the exact reverse of that adopted by Dr. John Epps in his work on the Treatment and Nature of Consumption. The discussion of the pathology of tuberculosis has been omitted by Dr. Burt, but “the remedies have been so fully written, that not only the

general indications are complete, but a *Characteristic Materia Medica* has been produced that forms a marked feature of the work, and, we believe, will be prized by the profession as invaluable."

The "Medical Treatment" proper opens with a curious list of the number of remedies prescribed for phthisis by various authors. Bæhr recommends 40; Hitchman, 48; Jahr, 33; Raue, 26; Marcy and Hunt, 35; Epps, 37; Hastings, 19; Ruddock, 28; Richard Hughes, 17; Charge, 42; and Kafka, 54 in all. In each of these cases the remedies are named and this section closes with observations such as the following:

"A careful study of the above remedies used by the Homœopathic school, reveals the fact, that the real curative agents in consumption have for their starting point, or centre of action, the ganglionic nervous system, the cerebro-spinal remedies being only given for incidental symptoms, and not depended upon as the true curative agents by any of our school. This is strong evidence that the great sympathetic, or vegetative nervous system, is the great receptacle for that fearful destroyer, tuberculosis. Now if this disease has for its grand centre of action and starting point the ganglionic nervous system, we at once get a true idea of the class of remedies that should be given to arrest it, their grand centre of action must be on the *same tissues*. This gives us a large number of well-tried remedies that will really cure this frightful destroyer. Of course, every remedy in the materia medica will be more or less useful for incidental symptoms, but the *grand curative ones* must be those having a *specific action* upon the *great vegetative nervous system*."

This is almost the only bit of theory contained in the book, unless it has been unwittingly interwoven with the text of some of the remedies.

The instructions under the head of the first symptom, the *general atonic condition of the body*, concern the special hygienic directions for gymnastic exercise, the use of breathing tubes, and the health-lift. Bathing is mentioned and advised, and a single sentence is given to climate, but nothing is said of riding on horseback or in rough vehicles, or of the good effects of a sea-voyage, in many cases.

For the *emaciation and debility* the most useful remedies are *Calc. carb.*, *Arsenicum*, *Iodium*, *Iodide of polish*, *Phosphorus*, *Silicea*, *China*, *Ferrum*, *Stannum*, *Sulphur*, *Kali carb.*, *Lycopodium*, *Zinc*, *Cod Liver oil*, the health-lift, and a nutritious diet.

These remedies are taken up separately, and the characteristic, pathogenetic, and clinical indications are given as concisely as possible. Eleven pages are devoted to *Cod liver oil*, and half as many more to *Koumiss*.

For *hæmoptysis* and *pneumorrhagia* the principal remedies are *Acon.*, *Veratrum viride*, *Hamamelis*, *Millefolium*, *Ipecacuanha*, *Phosphorus*, *Ferrum*, *Arnica*, *China*, *Belladonna*, *Pulsatilla*, *Crocus*, *Trillium*, *Sanguinaria*, and *Sulphur*.

No mention is made of *Erechthites*, neither of *Nitric acid*; and, although the diet is treated of under this head, the acid drinks are likewise overlooked.

Hirschel's notes concerning a *cough* are copied, and then follows an

arrangement of remedies for those coughs which are: 1. Predominantly dry. 2. Predominantly moist. 3. Affecting the larynx and trachea. 4. Affecting the bronchi and lungs. 5. Affecting the stomach and intestinal canal. 6. From cerebro-spinal irritation. 7. From ovario-uterine irritation. 8. From the heart and large blood-vessels, and from influenza, pertussis, croup, etc. Then we have remedies for asthmatic cough, for morning, evening and night cough, and for after midnight (shall we not say *next-morning?*) cough. In all, ninety pages are given to the best means and methods to allay and cure this troublesome symptom, no matter how peculiar or persistent it may be. It would really seem as if the author had run the whole gamut of possibilities in this direction, and gathered up all the indications that are likely to present themselves in these cases.

The sixth symptom, *asthma*, (dyspnœa?) is divided into the acute and chronic, and its discussion is decidedly clinical. It occupies about forty pages. The remaining symptoms are treated in a similar way by our author, who has been at infinite pains with this part of his subject.

The book closes with an essay on the spirometer.

This volume has several merits; it is not too large; it gives the characteristic and clinical indications side by side, so that they are easily found; it leaves the question of dose and the repetition to the good sense and experience of the practitioner; it does not set forth any fraudulent claims for this or that "specific;" and, what is indispensable in a work on this fatal malady, it adds a list of valuable and merciful expedients to make the poor victim as comfortable as possible. It is very appropriately dedicated to Dr. Meyhoffer, of Nice.

R. L.

**SURGICAL DISEASES CURABLE WITHOUT CUTTING.** By DR. RICHARD EPPS. 12 mo.; pp. 95; 1875. London: Franklin Epps.

This is the captivating title of a little book which looks as if it might contain the condensed experience of one who had something valuable to say, and was able and willing to say it without spreading it over a ream of paper.

When we took it up, we said mentally, with a sort of metaphorical "smack of the lips," "Ah, here is some of the solid extract of wisdom and experience!" for we imagined we were to be told how to cure surgical diseases by virtue of "the properly selected Homœopathic remedy."

Glancing over the "Preliminary Observations," we observe how much more at home our author seems in French or Latin than in the vernacular. Each sentence is plentifully sprinkled with such expressions as "*naviete*," "*Anglice*," "*caeteris paribus*," "*ex-gravitation*," "*par par enthesè*," which have evidently been inadvertently let slip, "purely from force of habit you know." Turning the page, we are gravely introduced to the lithotrite, with a full page engraving of the instrument, and we are informed that "stone in the bladder is no



longer 'cut' for in all cases, as formerly." He proceeds to say that "as I am writing a work on 'Stone and Lithotrite,' I do not intend to describe the operation of lithotritry in this place. If the reader wishes to learn how safely and almost painlessly, stone in the bladder may be removed by lithotritry without cutting, he cannot do better than read the report of a case, lately published, in which I successfully performed lithotritry last autumn."

As a specimen of refreshing innocence and modesty, that is truly incomparable, especially when we remember that it was written in the year 1875. We sympathize with Sir Henry Thompson in the fiery impatience with which he must await the forthcoming "work." We pass on over *three pages* devoted to this subject, to learn that he has cured nævus with pressure and nitric acid, one case by the former, and two by the latter method. Two cases of "wen on the scalp" are related. One suppurated and discharged its contents, which, we are informed, was the effect of *Silicea* 12, 30 and 200. The other was aspirated and injected with *glycerine* and *carbolic acid*. "This was successful in bringing about a cure," but how long it required, or how much the doctor's bill was, we are not informed, but we know he aspirated the cyst at least four times. Comparing this with the method of treatment "by the knife," (enucleation) which requires about five minutes, and an expense of perhaps as many dollars, we are not specially impressed with the advantage of the author's method, viewed from the *patient's* standpoint.

One case of nasal polypus was cured by *Teucr. m. v.*, and one of nasal cyst by *Sang. c.*

We are next regaled with the details of a case in which the patient who had, ten months before coming under the doctor's care, suffered an unrecognized fracture of the cranium, was allowed to suffer the formation of a large abscess and its spontaneous rupture, as well as the destruction of the integuments by suppuration, during a period of *a year and a half*, until he was able to pull out a sequestrum two inches wide, through the gap thus formed. This is truly a *magnificent* example of surgical treatment "without cutting," and the author is entitled to all the credit (?) which his treatment deserves. Five months later he is still pulling out pieces of bone, remarking: "Meanwhile, the patient is as well—indeed better—as can be expected. Fortunately she has a famous appetite—indeed takes an enormous deal of nourishment, which she needs, for the purulent discharge is very great."

The next section of the work is occupied in describing the aspirator, and how abscesses may be evacuated by it, and especially how "breach abscess" may be prevented from producing fistula. This application of the aspirator is doubtless of value in certain cases, but in many others, the "game" would hardly be "worth the candle."

The volume closes with the report of the case of stone cured by crushing, which is referred to, (we suppose) in the commencement.

On the whole, although the book contains nothing new or of interest to the profession, it will doubtless subserve the purpose for which it was evidently written, viz., a local advertisement.

A. G. B.

**MEDICAL THERMOMETRY AND HUMAN TEMPERATURE.** By E. SEGUIN, M. D. New York: Wm. Wood & Co. Chicago: W. B. Keen, Cooke & Co. \$3.50.

The thermometer is an instrument that all take a deep interest in just now. The people watch its "up-risings" with anxiety. They feel a relief when they read that since the temperature at Bagdad, Turkey, has scored 105 degrees in the shade, the plague has ceased its ravages; still the thought of living in a fevered region of temperature in America is not very cooling. How the human body can endure for days a temperature of 90, 96, 100, 103, up even to 105 degrees (the supposed fatal figure in fever,) and not become correspondingly heated is one of the strangely wise provisions of our Creator. With an average high temperature of body, 98 degrees, we can endure either extremes for a short time. It may be interesting to study the effects of heat, as we are all forced to do just now. Wagner says, page 56:

"During the prolonged action of an elevated temperature, the skin first becomes warm, moist, and later covered with profuse sweat; the respirations become quicker, the pulse is smaller and accelerated. Later the subjective feeling of heat becomes more and more severe and more disagreeable, the skin becomes dry, and headache supervenes. With peculiar symptoms death then ensues, (sun-stroke, or heat-stroke, so-called)."

Profuse sweat is then a symptom of approaching danger.

While the study of the effects of the extreme temperature is so interesting and absorbing to the mass of humanity, the study of the thermometry of the body should be doubly so to the physician. We must know the normal or physiological temperature, and the fluctuations caused by age, sex, food, drink, sleep, etc. Here this book gives a wonderful fund of information. Here we learn that crying and wakefulness both increase the temperature, so that a crying, restless, teething, diarrhoeic child is much sicker than one that sleeps well. Inaction lowers the temperature. Whether the child is sick or well can be accurately ascertained by the thermometer—a fact we can demonstrate to the mother.

The value of this instrument is enhanced when we come to study the course of temperature in febrile diseases, e. g., typhoid, typhus, relapsing and the eruptive fevers. Its value in surgical fevers and the puerperal state is very great. It has a place in determining the gravity and course of croup, diphtheria, pneumonia, meningitis, rheumatism, yellow fever, and especially in pulmonary consumption. It has a significance even in mechanical diseases. The rapid fall of temperature in cholera is noteworthy, for when it sinks 14 degrees the patient rarely survives.

The value of a knowledge of the temperature in diseases of the nervous system has long been recognized. Here the hints are well stated. In disorders of the blood and secretions the temperature is affected and should be ascertained, as the changes are significant. In diseases of the aged as well as those of infancy, the temperature is of diagnostic value.

The author details at length the merits of the thermometer, how, when, and where to use it. The value of a physiological over a weather thermometer are great. The former has the normal temperature marked 0, and degrees marked above and below. The value of a surface thermometer and a clinical thermoscope in thermography are given. The value of the educated hand as a thermometer in watching a child's head is well given. "Account must be taken of the topographical anomalies and apply interrogative pressure over parts suspected of being in an abnormal state, e. g., the parietal sutures during dentition; the superior fontanelle in the first and second summer, or as long as it is bulging by day, depressed by night, and pulsating part of the time; at the temples during the committing of lessons to memory, and at the base of the brain when there is a tuberculous diathesis."

The doctrine of crises is illustrated, the mathematics of disease demonstrated, the therapeutics of disease outlined, according to *contraria*. Great stress is laid on medical mathematics. The last chapter treats on social prognostications. In the appendix is given several valuable experiments and observations on temperature of man and animals.

The work is written by an aged physician, well skilled in diagnosis, and is full of practical hints on many diseases. It is written in the highest scientific style and is one of the most valuable books on diagnosis we possess. The volume is a credit to both author and publisher.

**A MANUAL OF GENERAL PATHOLOGY.** By E. WAGNER, M. D., Professor of General Pathology and Pathological Anatomy in the University of Leipsic. From the sixth German edition. 8vo.; pp. 728; \$5.00. New York: Wm. Wood & Co. Chicago: W. B. Keen, Cooke & Co.

We hear a good deal of talk about pathology and much laudation of this department, and not a little boasting of pathological knowledge, but we question if all of those who talk glibly on this "science of symptoms" are, after all, well up in it.

Here is a work that is abreast of the times on this branch. Dr. Seguin, editor and one of the translators, remarks:

"No book in the English language gives such a thorough resume of the elements of medicine, and in none is the matter so arranged as to be available for both student and the practitioner. This edition is much improved, many references to publications in 1872 have been inserted; in many chapters the work is fully up to date. This elaboration is perhaps most evident in the sections on the theories on fever, where knowledge which could only be obtained by laborious work in a large city library is condensed within the compass of a few pages."

The contents of this excellent work are arranged as follows: Part first treats of "general nosology;" part second, "general etiology" (this is very interesting); part third takes up "general pathological anatomy and physiology," including local disturbances of the circulation, inflammation, general disturbances of nutrition, which include degenerations, new formations, cancer, cysts, etc.—this part consists

of three hundred and sixty-nine pages of closely printed matter; part fourth goes over the whole field of the pathology of the blood, including eighteen different subjects.

This outline gives, we know, a very feeble idea of the nature or value of the work. It is printed in fine type and has much parenthetical explanatory and illustrative matter in finer type, and certainly contains *twice* the matter of ordinary works of its size. Like this journal, it is *multum in parvo*, and we unhesitatingly recommend it to all our readers. The typography of the work reflects great credit upon the publishers.

#### THE CHOLERA EPIDEMIC OF 1873 IN THE UNITED STATES.

This is a large volume of over 1000 pages, printed by order of congress. We find first an extensive, careful, and detailed account of the epidemic from all parts of the country where it prevailed. Accompanying each report is a map of the locality where the cases occurred. Following these is a full meteorological record from December, 1872 to November, 1873. The second part of the book is made up of a history of the travels of Asiatic cholera in Asia, Europe, and North America.

This is the most careful and elaborate history we have seen, and is mainly prepared by friend J. C. Peters. The volume closes with the bibliography of cholera, by John S. Billings, M. D., the efficient librarian of the medical library of the surgeon general's office. The value of this vast collection of medical books is here very apparent. Extensive references are given to all the books and periodicals bearing on this subject. The history, statistics, causes, prevention, theories of infection and contagion, hygiene and methods of prevention, pathology, sequelæ, cases and treatment, general and special. Here we find six columns of references to Homœopathic literature. The whole makes a most valuable addition to our literature on cholera.

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## Medical News.

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**Foods for Infants.**—Will you please give us your experience or observations?

**The American Journal of Microscopy and Popular Science** is a new and worthy publication. Terms 50 cents a year. Handicraft Publication Company, New York. J. G. Langguth, optician, Chicago, is the western agent. We commend this journal to all lovers of microscopy.

**That New Work on Children's Diseases** we desire to make complete and satisfactory to all. To that end we desire all the literature on this branch we can possibly possess. Our readers will therefore

confer a special favor on us if they will drop us a postal card stating :

1. What works on diseases of children you possess.
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67 Washington St., CHICAGO. T. C. DUNCAN.

**The Claim of Homœopathy to A Place Among the Sciences**, is a valuable lecture by Prof. J. C. Morgan, M. D. It was his introductory to the course in the new Homœopathic Medical College of the University of Michigan, Ann Arbor. Some contend that therapeutics is only an art. Dr. Morgan assumes it is a science, and illustrates drug action by "undulatory vibration." "Similar waves, not parallel, meeting in their progress from distinct sources interfere, and neutralize each other." Thus, he reasons, acts the Homœopathic remedy upon disease. Homœopathy is "the law of wave interference by similarity."

**Diseased Milk.**—In the milk of cows affected by the foot and mouth disease, there is a marked tendency of the fat-globules to aggregate. The latter are also much larger than in healthy milk, and in advanced stages of the disease rise to the surface, not as cream, but as pure butter-fat. The film enveloping the particles of fat presents a glairy, mucus-like appearance, and is intensely refractive. It is only necessary to agitate a thoroughly affected sample of the milk for a few minutes in order to obtain from a pint of milk a lump of butter weighing an ounce or more.—*Popular Science Monthly*.

**A Central Homœopathic Free Dispensary** has recently been organized in Chicago, at the south-west corner Michigan avenue and Van Buren street, open daily, (except Sundays,) from 10 to 12 A. M., and from 1:30 to 4 P. M. The following are the staff: Diseases of the eye and ear, Prof. Woodyatt, Mondays and Wednesdays at 1:30 P. M. Skin diseases, Prof. Kippax, Mondays at 3 P. M. Surgical diseases, Prof. Adams, (tumors, diseases of blood vessels, bowels, urinary organs, wounds, venereal, etc.), Tuesdays at 11 A. M. Surgical diseases of women, Prof. Danforth, Thursdays at 11 A. M. General medical diseases, Prof. Mitchell, Thursdays at 2 P. M. Medical diseases of women and children, Prof. Streeter, Fridays at 11 A. M. Surgery, Prof. Beebe, (deformities, fractures, dislocations, amputations, diseases of the bones and joints Saturdays at 11 A. M. Members of the profession are invited to send such cases as are proper for dispensary practice, and are assured that they will be paid careful attention.

**Sad Loss by Fire.**—Dr. P. S. Duff writes: "At the World's Convention and great Centennial exposition, all was in the highest, grand, worthy and joyful. But oh! sad fate awaited my return! My old home with all its contents were in ashes. My diploma and a pair of pants, at a risk, were saved by sister. I found relics of surgical instruments, bottles, and books. Oh! my books, a lifetime of savings, and nearly twenty years accumulation of medical works! Of the latter I had all the best; also, ten years MEDICAL INVESTIGATOR, bound; four years *North American Journal of Homœopathy*, bound; ten years *Observer*, bound; ten years *Ohio Medical and Surgical Reporter*, bound; all the numbers of the *Advance*; valuable papers and gleanings; notes in practice; all accounts and due bills; and not a scratch of my life left, only what I brought with me from Philadelphia. My hard-earned valuables all were here concentrated to be laid waste by the fire fiend. Now their black chars in mourning mocks me. To my publishing brothers particularly, patrons, and my colleagues and ex-professor teachers, I will hold in grateful recollection for any literary contributions they may send. I am cleaned out; \$2,500 to \$3000 worth of professional supplies are a dead loss. No insurance." [Chicago sympathizes with our brother.—ED.]

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**FOR EXCHANGE.**—Hull's *Jahr, Symptomatology, Repertory, and Grudresse der Physiologie, Pathologie and Homoeopathic Therapie*, by Dr. Von Grauvogl, cost \$6, for Allen's *Materia Medica*, Vols. I. and II. Address W., care this office.

**REMOVALS.**

Dr. J. G. Achenbach, from Chicago to Burlington, Wis.

Dr. J. Martine Kershaw, has removed his office to Washington Avenue Hotel, corner Fourteenth and St. Charles streets, St. Louis.

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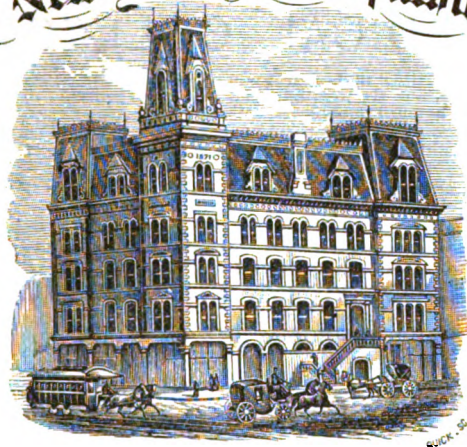
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New Series, VOL. IV., No. 4. — AUGUST 15, 1876. — Whole No. 172.

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Therapeutical Department.

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CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

PHILADELPHIA, July 29.—Cooler weather. Some bowel complaints in children; chopped, green, sour stools; *Argentum nit.* 200, cures.

J. C. MORGAN.

ALFRED CENTRE, July 30.—A few cases of measles, a little disturbance of bowels, and a few chronic cases are all that we can boast of just now.

H. C. COON.

NEWARK, Ohio, July 28.—The weather has been very warm here, as elsewhere, and not much sickness until very lately, we are having some cases of dysentery and cholera morbus.

H. L. SOOK.

NEW YORK, Aug. 2.—Not cholera infantum, but prostration of vital power, was what killed so many children and so many aged persons during the heated term, otherwise our city never was so healthy and business among the better classes is nearly stagnant, as everybody is out of town, whether they can afford it or not. *Gels.* is a grand rem-

edy for that prostration, and even when febrile symptoms develop, it aids in restoring the balance. S. LILIENHTAL.

SAN FRANCISCO, July 23.—Thirty-six cases of variola were reported at the health office last week, bringing the whole number reported since May 18th, up to 266. The deaths number 64; or over 24 per cent mortality. The cases reported last week show a decrease as to numbers, but, it is said, the recent cases are of a more malignant type, and it may be that the present *decrease* of numbers is but the forerunner of a more *violent outbreak*. Cases in private practice are, for obvious reasons, not frequently mentioned. For the few which I have seen the common remedies *Tart.*, *Thuja*, *Variolin*, *Hyd.*, etc., were successfully used. For one case, where the throat was violently attacked, *Merc. c.* internally, and *Hyd.*, gargle, did well. W. N. GRISWOLD.

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### CLINICAL NOTES.

BY E. M. HALE, M. D.

#### SALICYLIC ACID IN CATARRH OF THE BLADDER.

A woman aged thirty, had been troubled for several months with very painful dysuria, with *aching* in the bladder, soreness in the hypogastrium, and great pain in the sacrum and hips on walking. The urine was very offensive, high colored, of high specific gravity, and contained a large percentage of muco-purulent deposit—nearly one-twentieth—ropy and shreddy. Microscopic examination showed pus, blood, and abundant bladder epithelium. Learning that she had been in the habit of washing out the bladder by means of warm water, I ordered her to use an enema every six hours, of *Salicylic acid*, five grains to four ounces of water. (The acid was first dissolved in *Glycerine*). To my astonishment, on the fifth day she reported herself *cured*. This painful and usually obstinate disease was wholly removed in five days, with no relapse—now two months.

I had formerly given her *Canth.* and *Borosma*, with but little benefit.

#### GALIUM IN EPITHELIOMA.

When Dr. Clifton, of England, was on a visit to Chicago, he informed me that he had cured several cases of undoubted epithelioma of the tongue by the topical use of equal parts of tincture *Galium* and *Glycerine*, applied several times daily. The case of so-called "cancer of the tongue," cured by this remedy, reported in *New Remedies*, may have been of this nature.

#### PHYTOLACCA IN FATTY TUMORS.

The same physician said he had succeeded in dispersing several fatty tumors by the use of a lotion of equal parts of tincture of *Phytolacca* berries and *Glycerine*. The tincture of the root did not appear to act as well, nor did *some* specimens of the tinctures of the berries.

I believe that in many cases of diseases of the glands, rheumatism, and diseases of the skin, the berries are superior to the root.

#### GALVANISM IN THE VOMITING OF PREGNANCY.

In a conversation with Dr. M. Graham, of Momence, Ill., a physician who is gaining an excellent reputation in the scientific use of galvanism, he informed me that he had used this agent with complete success in vomiting, and narrated the cure of a delicate woman who, in her former pregnancies, had vomited for months, until her life was almost despaired of. In this instance, she commenced as usual, about the seventh week, and was unable to keep the slightest quantity of food or beverage on the stomach. Five daily applications of the induced current, the positive pole at the lower cervical—the negative on the pit of the stomach, completely arrested it, so that she could eat moderately from the first application.

Two months after, an attack of vomiting from over-exertion was arrested in two days. This agent is certainly worthy a trial in all our obstinate cases of this affection.

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#### THE SPREAD OF THE PLAGUE.

“What about that terrible ‘*Plague*’ which, according to your prophetic prescience, was surely coming to spread its dark wing over our land.”

CLEVELAND, Ohio.

J. C. SANDERS.

[We herewith give the latest advices. You know that “coming events cast their shadows before,” therefore you may expect premonitory symptoms. If these are apparent anywhere they will be in our typhoids. We hope, for the sake of humanity, that we will be spared “the terrible plague” and its attendant evils.—Ed.]

#### THE CHARACTER OF THE PLAGUE AT BAGDAD.

Dr. E. D. Dickson, physician to the British Embassy at Constantinople, writing to the *Times*, says: “With regard to the true character of the outbreak at Bagdad, Hillah, and in other parts of Mesopotamia, I beg to say that it was the real plague, and not marsh fever, which broke out near Hillah last winter, attacked that town, and subsequently Bagdad and other places along the Euphrates and Tigris, as far south as Koot-el-Amara; and that from thence it is said to have spread into Persia, owing to the free intercourse kept up with that kingdom. On the other hand, communications having been interrupted, as far as possible, by quarantine and ‘*cordons sanitaires*,’ the malady has not extended in Turkey itself beyond the limits of the Mesopotamian boundaries.

The symptoms observed are those of true plague—a malignant fever, accompanied by glandular swellings; a scourge which has hap-

pily disappeared from Europe, and which, it was supposed, had died out also in Turkey; but, as one of the prominent features of this malady is that of spreading by contagion, and as it is very difficult to watch and restrain the wild tribes that inhabit the extensive territories of Asiatic Turkey, it is impossible to foretell how far it might extend itself hereafter; and, unless our government take the utmost precautions, it might even break out in India. Another characteristic of the plague has now, however, shown itself, and promises to afford a respite for a season, viz., on the rise of the temperature above 104 degrees of Fahrenheit, in the beginning of June, the attacks and deaths from it have rapidly diminished, and will, no doubt, entirely cease during the great heat of the summer. The registered attacks from it at Bagdad, on a population under 60,000, have been as follows: During the month of March, attacks, 298; deaths, 137; during the month of April, attacks, 1,855; deaths, 1,111; during the month of May, attacks, 2,099; deaths, 1,222. As to the improvement in the public health there, attributed to the Pasha having drained the marshes in that country, a double error is committed in making use of such language. for, as I have already said, the epidemic is not malarial fever, but the true bubonic pestilence, and the idea that the Pasha of Bagdad could drain, with the wretched means at his command, the extensive marshes of Mesopotamia—some of which absorb the whole volume of the waters of the river Euphrates—is simply ridiculous.”

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### TREATMENT ON ASIATIC CHOLERA.

#### A NEW DISCOVERY.

[The following, going the rounds of the papers, should receive attention by the Homeopathic profession, and its baneful influence counteracted. The people should understand that the treatment pointed out by Hahnemann is as reliable as it was forty-five years ago, viz: Prophylactic *Sulphur*; first stage *Camphor*; cramps *Cuprum*; advanced stages *Arsenicum*; collapse *Veratrum*. Cholera is prevailing on the lower Euphrates and may travel westward and the mass of the people should know that Homœopathy recognised its spasmodic element years ago, and moreover has successful remedies for all phases of the disease.—ED.]

Asiatic cholera is so well known to be such a terribly fatal disease, that any plan of treatment that gives promise of success must excite general interest. A method has lately been introduced by Surgeon Major A. R. Hall, of the army medical department, which, it is hoped, will lessen the mortality caused by the fearful malady. It consists in putting sedatives under the skin, by means of a small syringe, (hypo-

dermic injection,) instead of giving stimulants by the stomach. Surgeon Major Hall, has served nearly twelve years in Bengal, and has suffered from the disease himself. In most accounts of the state of the patient in the cold stage, or collapse of cholera, the heart is described as being very weak, and the whole nervous system much exhausted. Stimulants have, therefore, almost always been administered; but experience has shown that they do more harm than good.

Surgeon Major Hall observed, in his own case, while his skin was blue and cold, and when he could not feel the pulse at his wrist, that his heart was beating more forcibly than usual. He therefore concluded that the want of pulse at the wrist could not depend upon want of power in the heart.

A study of the works of a distinguished physiologist, Dr. Brown-Sequard, with some observations of his own, suggested the idea that the whole nervous system is intensely irritated instead of being exhausted, and that the heart and all the arteries in the body are in a state of spasmodic contraction. The muscular walls of the heart, therefore, work violently, and squeeze the cavities, so that the whole organ is smaller than it ought to be; but it cannot dilate as usual, and so cannot receive much blood to pump to the wrist.

Surgeon Major Hall looks upon the vomiting and purging as of secondary importance, but directs especial attention to the spasmodic condition of the heart and lungs. The frequent vomiting generally causes anything that is given by the mouth to be immediately rejected; as it occurred to him that as the nervous system appear to want soothing instead of stimulating, powerful sedatives, if put under the skin, would prove beneficial. A solution of *Chloral hydrate* (which has a very depressing action on the heart,) was employed in twenty cases where the patients were either in collapse or approaching it, and eighteen of these recovered. They were natives of Bengal. It is probable that, among Europeans, in several cases, more powerful depressants may be required; and Surgeon Major Hall recommends the employment of solution of *Prussic acid*, *Calabar bean*, *Bromide of potassium*, and other sedatives. *Opium* (which is not really a sedative, but a stimulating narcotic,) and all *Alcoholic* stimulants are to be avoided, and nothing given to the patient to drink, in collapse, except cold water, of which he may have as much as he likes.

It is to be hoped that this sedative treatment may have an extended trial, and that before long we may have further favorable reports concerning it.—*Chambers' Journal*.

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## HOW TO STUDY AND APPLY THE MATERIA MEDICA.

Dr. Fahnestock, in your July 15th number, presents two cases illustrating the insufficiency of strict Homœopathy, as he thinks, in certain cases. (Pages 68-69.)

CASE I. Convulsions from eating crude cherries; treated with *Nux vom.*, (probably low,) in vain — then (Allopathically) treated by cathartics — whereby, the case was not cured, but recovered.

CASE II. Meningitis, *Cham.* failed to cure. (Probably given low.)

Now, in both these cases, it was not strict Homœopathy, but the doctor, who failed in the attempt to apply it. He did not give the *simillimum* in either case, if my experience has taught me anything. The curative remedy for the first, if not for both the cases, would have been *Gels.* not too low.

All such irritations of the mucous surfaces, of recent origin, are wonderfully amenable to that remedy; and by it, nature is enabled to deal quietly and effectively with intruding enemies. In Hale's *New Remedies* will be found some clinical hints sustaining this view, and in Allen's *Materia Medica*, Vol. IV., will be read one of the marked symptoms of this case: Symptom 197 — "His lower jaw began wagging sideways; he had no control over it." Also — a sort of jerking of the whole left side on falling asleep — a disposition to squint. Much clinical observation gives *Gels.* a high place in spasmodic troubles. Let it be still further tested in such cases as this — and then see if Homœopaths are shut up to the thread bare methods of the Old School. In this instance, it is apparent, I think, that the *Nux v.* was hurtful, because unsuitable — and not merely inert. For instance it causes spasms worse from being touched (as when giving the *Castor oil.*) In the second case, I find symptoms which also may indicate *Gels.* but I should perhaps, with a few more questions to the mother, have been led to prefer *Aconite*; especially for the restlessness, (not "wanting to be carried,") uneasiness; one red cheek; grating teeth; yellow tongue; constipation, etc.

But nobody knows what else was given, for *Cham.* was used as an "intercurrent!"

Now, either *Cham.* was the one *simillimum*, or it was no remedy at all for the case; and it was an abuse to give it. If indicated, it is good for meningitis. In the absence of positive information, I surmise, from the symptoms, that the child was suffering from frequent and low doses of *Aconite*; and *Sac. lac.* would have been the right prescription.

*Gelsemium* meningitis has sudden, shrill cries on waking — frantic spells, from pain, traceable to dental irritation; fear of falling; pulsating fontanelle; red, or sometimes sickly, face.

Dr. Fahnestock with a *sang froid* quite notable, in view of the testimony of others, also relegates the whole list of malarial diseases to a treatment as non-Homœopathic as that of his first case, if I comprehend him. His colleague, Dr. Fisher, could surely do better, or, has he been won over by Dr. Fahnestock's logic, and are his admirable cures of malarial diseases by high potencies forgotten?

Questions of this kind may now divide us; but, whilst not hindering our charity, they should not be considered inevitable or trivial. No one is doing his whole duty to Homœopathy who is content with any-



thing less than the highest attainments in it, according to the strictest methods of its application. And nothing is more absurd than the self-complacency of one, who, professing to be a Homœopath, disposes of those methods by a supercilious wave of his royal hand. This, I do not think Dr. F. intends to do.

J. C. M.

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### *INTERMITTENT FEVER IN ITALY.*

BY DR. CAV. FRANCESCO PANELLI, NAPLES.

[The following is a portion of one of the papers discussed at the convention, and its appearance here will aid to elucidate the remarks made on page 125.]

The Italian peninsula, with its numerous marshes and pools of shallow water, is more subject to intermittent fever than any other country; and more especially in localities where there are stagnant waters, or in those subject to periodic inundations.

With the approach of summer and a burning sun, evaporation of these waters takes place, producing the miasms which are the cause of so many diseases, but especially of intermittent fever. There are regions, like the banks of the Po, in upper Italy, or the neighborhood of certain lakes, like that of Agnano (recently drained by government), Fucine (likewise in process of drainage, a commendable work initiated by Prince Torlonia at Rome), as well as the Roman Campagna, and other places, where the greater part of the population bear the imprint of marsh miasms. In these districts, intermittent fever prevails epidemically in the summer months, and gastric, rheumatic and even nervous diseases, often present an intermittent type. Moreover, the infection attacks the majority of the inhabitants, but especially the working classes and country people, among whom, more than among those in easy circumstances, there is a deficiency of nutritious food. The stranger traveling through these districts is, for the most part, guaranteed against the fever by observing a nutritious and rather stimulating diet, carefully avoiding night air. It may be said, in general, that in these districts, all carry within themselves the germs of intermittent fever. A person of robust temperament, and also leading a regular life, resists the infection; so that, even if attacked by the fever, he recovers easily, while the field-laborer, condemned to exhausting toil, as well as to privations of every kind, suffers horribly from this disease.

Much has recently been said and written of the introduction of a tree — the *Eucalyptus globulus* — by means of which the air of marshy regions may be improved. According to the observations of competent men, it appears that the plant absorbs much humidity, and thus removes the primary cause of the production of malaria; it is, therefore, the better adapted to purify the air of these regions. In various situations where this plant has been introduced for some other object

it has been observed that, although previously intermittent fever prevailed almost permanently, after a few years it entirely disappeared.

In this relation I recall the many learned observations of the celebrated Professor Pettenkofer, in Munich, (Bayaria,) where epidemics of typhus fever are very frequent. He found a strict relation between the rise and fall of the water in shallow pools and the augmentation and diminution of the epidemic. The consequences to health of the culture of rice on a large scale are universally known. Intermittent fever permanently prevails. I wish here to mention still another cause, namely, the maceration of hemp.

If we must really admit that the evaporation of stagnant water is the primary cause of a species of fermentation of all the vegetable and animal substances which come in contact there, this is more fully illustrated in the maceration of hemp; and this operation is consequently a much more pernicious source of febrile emanations, and usually produces a true epidemic.

When, in the time of great military maneuvers, the troops encamped on soil damp by nature or full of moisture from prolonged rains, disease and intermittent fever prevailed. As the maneuvers always took place in the summer, all the conditions were naturally favorable to its development.

With this short preface on the cause of intermittent fever, I pass to the practical side—that is, to the cure. Here I will first speak of the Allopathic method, since the Homœopathic school, notwithstanding its recent rapid progress, is still in the minority. Afterward I will add my own cures and observations.

The panacea against intermittent fever is always *Quinine*, which is administered in large quantities, and in different forms, whether *sulphate*, *bi-sulphate*, *citrate*, *arsenite*, etc., accompanied by a strengthening diet. In many cases this treatment succeeds well, especially when the patient is in condition to leave the infected country and to place himself in another locality. But when the patient, remaining in the country, continues to be exposed to the same infection, after a short interval the relapse appears, and the attacks, at first mild and infrequent, increase in intensity and frequency. The doses of *Quinine* are then doubled, trebled, so that many patients consume twenty or thirty grains of this drug to free themselves from the fever. If the cure is accompanied by a nutritious dietetic regimen, it is frequently crowned with complete success; in other cases, the drug, taken in such quantities, and after having neutralized all the morbid symptoms, begins, little by little, to display its own symptoms—that is to say, physiological and no longer dynamic—to form, by slow steps, a true medicinal disease.

In a locality on the shore of the Adriatic, whither I was called by an illustrious gentleman, I saw the peasants consume extraordinary quantities of *Quinine*, either as a curative or a preservative. Every inhabitant was provided with this drug, and every drink of water was accompanied by some small bits (each bit equal to about four and a half centigrammes) of it. Symptoms of intermittent fever appeared

in the faces of most of the people, or perhaps, of abuse of *Quinine*. When a physician is called to a case of intermittent fever, his prescription of *Quinine* is so stereotyped that even the laity take it, without any difference, except in the dose and the form. If I may rely upon the statement made to me by an honest merchant, who was representative of a first-class *Quinine* factory, I may calculate that Italy consumes not less than ten or twelve thousand kilogrammes of *Quinine* a year.

Certain substitutes for *Quinine* have recently come into use. Among these I mention only the *tincture of Eucalyptus globulus*, which is said to possess great febrifuge qualities. Nevertheless, in general, it has not yielded great results, and I cannot speak of it from the Homœopathic point of view, inasmuch as there exists, up to the present moment, no well-elaborated pathogenesis.

As to my own observations, I may say that during my long medical practice I have had charge of numerous cases of intermittent fever, of different forms. Although the climate of Naples may be considered among the best, yet in recent years an increase of typhoid and intermittent fevers has been observed. Several learned professors, guardians of the public health, have labored to discover the cause of these miasms, but it cannot be said that their efforts have led to a definitive result. Some attribute the principal cause to the neighborhood (about three or four kilometres,) of lake Agnano, where, moreover, in the summer months, it is the custom to macerate hemp. That this idea may have had, in times past, some show of reason, is demonstrated by the unexpected circumstance that the epidemic of intermittent fever, which was habitual in the neighborhood of the lakes during the summer months, always redoubled its vigor when a large quantity of hemp was in process of maceration. But now that this lake is being drained, these miasms, in case they still develop themselves, may have an influence on villagers in the vicinity, but hardly on the city of Naples. Others attribute the cause to the bad arrangements for the sewerage of water closets. I agree with this last opinion, and believe that the emanations from subterranean sewers, in which many putrefying substances accumulate and remain, whether from lack of water or from the too slight fall of the pipes, produce many infectious miasms. But these miasms, according to my observation, are rather a cause of typhus infection, while intermittent fever is produced by preference where moisture is directly subjected to the solar rays.

Cases of intermittent fever, as they generally appear, manifest themselves with headache, sometimes insufferable, severe chills, followed by warmth, general weakness, face yellow, gastric disturbance. The *Sulphate of Quinine* in the 1st trituration, which I generally use in these cases, has given most satisfactory results. I administer this drug in doses of from five to twenty-five centigrammes, from two to six times a day, according to the severity of the disease. After twenty-four hours the paroxysms almost always delay one or more hours; in some light cases they entirely cease. In rare cases I have been obliged to increase the remedy until it reached fifteen centi-

grammes every hour, and even in these severe cases, the result was always happy. I have used crude *Quinine* only a few times, but, instead of better results, I have several times had occasion to observe a decided aggravation, with diarrhoea and roaring in the ears; all symptoms of the physiological action of *Quinine*, which I was obliged to promptly combat with alternate doses of *Arsenic* and *Carbo. veg.* When the predominating symptoms are sweat, great thirst, excessive debility, emaciation; especially when the patient, having had intermittent fever several times, had been treated with large doses of *Sulphate of Quinine*. I use *Ars.*, 6th dilution, in drop-doses, two to four times a day. If I see a person in this last condition (no rare thing,) who clearly manifests symptoms of poverty of blood, whether from too frequent blood-letting or from having suffered from some debilitating disease, I alternate *Ars.* with *Carbo. veg.* In some cases *Phosphoric acid* 3, has proved of great service. The *Quinine* diarrhoea almost always yields to *Ipecacuanha* when *Arsenic* has produced no result.

A few months since, a Frenchman, about thirty-five years old, presented himself at my clinic; he had been living for some time in one of our provinces infested by intermittent fever, and after having been attacked by it was treated with large doses of *Sulphate of Quinine*. His condition was really deplorable; face yellow, with dull eyes, extreme emaciation, so great weakness that he was scarcely able to stand on his feet, moreover an insatiable thirst; such were the predominant symptoms of this walking corpse. *Ars.* 6th dilution, three doses a day, worked the usual miracle of restoring him in less than fifteen days, to perfect health.

In all cases of intermittent fever I prescribe for my patients a nutritious, strengthening diet, with small doses of strong wine in the interval. The frequency of the dose and the dose itself, are regulated by the disease; the more frequently and vehemently the paroxysms show themselves, the stronger and more frequent should be the doses of medicine. Change of air in very obstinate cases is a sovereign remedy, so that, where it is practicable, we should have recourse to it in the beginning. Beside the above remedies, I have sometimes used *Helianthus annuus*, *Cedron*, *Arnica*, *Linum*, etc., with doubtful results. I ought also to add that a great number of diseases, like gastric fever, rheumatism, even diseases of a nervous character, take on, not infrequently, an intermittent type, so that, after having vainly exhausted the remedies directly indicated, the disease yields, as by enchantment, to a few doses of a febrifuge remedy. It seems, finally, that in many localities, and in predisposed individuals, the germs of intermittent fever form a kind of latent infection, ready to manifest itself on the first occasion. If, bursting forth, it shows itself in its proper form, we know at least what enemy we have to combat, but if, complicated with other diseases, it works under other forms, it follows that the physician, even the most skillful, treats it in ignorance, and often mistakes the cure, to the damage of the patient. I come now to the following conclusions:

I. Intermittent fever, having its sources in emanations from stagnant waters and marshes in the summer season, may be effectively combatted; either by draining the water and drying up shallow lakes and marshes, where practicable, as has already been done with Lake Fucine and Lake Agnano, and as the Italian government, under the initiative of the most illustrious General Garibaldi, is about to do in the Roman Campagna; or by making plantations on an immense scale, of the *Eucalyptus globulus*. Under the new impulse felt by both private citizens and the government of Italy, it is to be hoped that the problem of drainage may be solved within a few years.

II. Although it may be truly acknowledged that among all febrifuge remedies, *Quinine* occupies the first position, nevertheless its prudent and moderate use ought to be recommended. When we consider the terrible effects of the immoderate use of this drug, besides the great number of invalids who suffer from these effects, and not from intermittent fever, properly speaking, we comprehend the truth of this assertion.

I readily understand that Allopathic physicians who shall read this sketch will call me a charlatan, but my Homœopathic colleagues will confirm what I have said on this subject, and my own observations, made during more than twenty years of laborious and extended practice, strengthen me in my conclusions.

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### CLINICAL USES OF MERCURIUS JODATUS.

BY W. JAMES BLAKELY, A. M., M. D., ERIE, PA.

I wish to direct your attention to some of the clinical uses of this, too seldom used, remedy, as well as to present a few verifications of the proving, which I made about nine years ago. Among all the reports of cases in our journals, we rarely find any which have been treated by it, and yet, in its sphere—and it has by no means a limited one—it is as important as any remedy in the *materia medica*.

In quoting from the proving, I have been able to mention only a few of the symptoms, and will present only a limited number of illustrative cases; but, did time permit, I might furnish verifications of almost the entire pathogenesis.

#### UNDER THE SYMPTOMS OF THE THROAT, WE FIND:

Sore throat, with pain when swallowing the saliva.

Slight pain in the right tonsil, with sensation as if it were swollen, with pain when swallowing.

Pain, and swelling of the right tonsil.

Sensation as of a lump in the throat.

Pharynx, tonsils and uvula, are red and congested.

The posterior wall of the pharynx is red, irritated and inflamed, and dotted with patches of mucus, and small spots which look ulcerated.

· Mucus in the throat and on the left tonsil, which he constantly tries to hawk up.

Burning in the throat.

For several days the throat has felt as if it were swollen.

Dryness of the mouth and throat.

Sore throat, with difficulty in swallowing, and with frequent empty swallowings.

Burning in the throat, with pain when swallowing.

The mucous patches on the tonsils and walls of the pharynx are easily detached.

#### UNDER THE SYMPTOMS OF THE TONGUE :

Tongue coated yellowish white.

Tongue slightly coated at the back part.

Tongue thickly coated yellowish white.

On rising in the morning the tongue is covered with a thick, dirty-yellow coating.

Tongue is coated bright yellow ; tip and edges red.

The coating on the tongue is always at the back part, the front of the tongue, with tip and edges, being red.

Tongue thickly coated with a yellowish fur.

Tongue retained, through the entire proving, a thick, dirty-yellow coating.

#### UNDER APPETITE AND THIRST :

Desire for acids and things sour.

Occasionally there was thirst for sour or acid drinks.

#### UNDER EARS :

Sudden, sharp pain in the external meatus of the right ear.

Sharp, intermittent boring in the internal meatus of the right ear.

Boring pain in the internal meatus of the right ear.

Stinging pain in the left ear.

#### UNDER FACE WE FIND :

Dull, bruised pain in the right molar bone, radiating into the forehead and right side of the head.

Soreness of all the bones of the face.

Soreness of the entire face, especially of the bones of the face, with dull frontal headache.

Dull soreness of the entire right side of the face, especially of the right half of the inferior maxillary bone.

#### CLINICAL CASES.

• CASE I. Mrs. A., diphtheria. Membrane on *right* tonsil. *Throat congested and inflamed. Characteristic coating on tongue. Merc. jod. 100, in water, spoonful every two hours. Cured in three days.*

• CASE II. Miss A. J., diphtheria. Membrane on both tonsils, the *right* first attacked ; *membrane easily detached ; severe pain when swal-*

lowing; characteristic coating on tongue. Had been treated for a number of days by another Homœopath, with *Bell.*, *Merc. sol.*, *Hydrastis*, and *Phytolacca*, used simultaneously, the last as a wash, and was steadily getting worse. *Merc. jod.* 30, in water, every two hours, produced very decided amelioration by the next morning, and in a few days the patient was well.

CASE III. Girl, aged nine. Scarlatina anginosa. After *Bell.* 200 had removed the delirium, throat completely closed; tonsils immensely swollen and covered with mucus; tongue thickly coated yellow; complete inability to swallow. *Merc. jod.* 30, a powder every two hours for one day, produced immediate relief. On subsequent days the 200th was administered, and the case rapidly recovered.

CASE IV. Miss A. F., aged seventeen. Tonsillitis. Stiffness of jaws, with inability to open her mouth; altered voice; right side of throat and right tonsil swollen and inflamed; soreness in the right ear, and over the right side of the head and face; the soreness in the right ear, and inflammation of right tonsil afterward attacked the left ear and left tonsil; enlarged cervical glands; sensation of a lump in the right side of the throat; pain when swallowing; burning in the throat; desire for sour things; hawking, as if mucus were in the throat; tongue coated yellow at the base, clean in front. *Merc. jod.* 12, every four hours, cured in a few days.

CASE V. B. P., aged thirty-five. Sore throat; to which he has been subject for many years, and which usually appears after he has exposed himself to a draft of air while perspiring; pain only in the right side of the throat; difficulty in swallowing; pain in the right ear, extending into the throat; soreness of the right side of the face; tonsils slightly swollen; pain in the right ear when swallowing. *Merc. jod.* 6, one prescription, cured.

CASE VI. Cora D., aged four. Scarlatina. After *Bell.* 100,000 had considerably ameliorated the general condition, there was threatened ulceration of the right side of the throat, which was averted by *Merc. jod.* 30, in water, a teaspoonful every two hours.

#### UNDER GENERALITIES (WHOLE BODY,)

we have the following symptoms:

Tired, wearied feeling in all the limbs.

Heaviness of the limbs, with laziness and drowsiness.

Excessively tired feeling of the whole body, especially of the limbs, with indisposition to do anything, and desire to lie down, with dull aching in the forehead and bones of the face.

Wearied feeling in all the limbs.

CASE VII. A. B., aged twenty-six. Soreness, with heaviness of all the limbs, with dull frontal headache, and soreness of the bones of the face; soreness, with lameness, of the hands and fingers; heaviness of the whole body, with soreness as if he had been beaten. *Merc. jod.* 6, one dose, cured.

## UNDER LOWER LIMBS WE HAVE :

While in bed at night, a severe, wearying pain in the anterior and external surfaces of the left thigh.

Tearing pain along the anterior surface of the right thigh and leg, from the hip to the middle third of the leg ; relieved by pressure and motion ; worse when at rest.

The pain in the thigh was reproduced by shaking the limb, and was then accompanied by tingling on the right and left legs, feet and toes, as if they were going to sleep

Cramp-like pain on the left side of the sole of the left foot, with numbness of the left leg.

Heavy, laming pains in the calves of both legs, with pain in the left knee-joint.

## UNDER TIMES OF DAY :

Aggravation in the evening, and at night, while in bed.

Worse in the evening, at night, until 1 A. M. ; in the morning, before rising, and for a short time after rising.

## UNDER TOUCH AND MOTION :

Active motion (walking or riding) *always relieves.*

Passive motion (moving the part while sitting or lying) *always aggravates.*

CASE VIII. Mrs. G., aged sixty-seven. For a long time has had severe, cramp-like pains in both lower limbs ; worse in the *right* limb, and especially in the right thigh. affecting, also, the knees, feet and toes ; pains appear *only during rest*, and are *always relieved by active motion* ; *passive motion increases the pains* ; they appear *every night while in bed*, and in the day time, *while lying down* ; *they never appear during active motion*. Permanent relief was obtained by using *Merc. jod.* 12, a powder every four hours, for four days.

## UNDER HEART WE HAVE :

Slight, stitching pain at the heart.

Sudden, spasmodic action of the heart (she thought it had jumped out of its place.)

Sharp pain about the heart.

Sudden, but lasting pain in the left side, about the heart. taking away her breath.

Rather sharp pain at the heart.

Slight pain in the heart when yawning.

CASE IX. Miss L. P., aged seventeen. Angina pectoris. Agonizing, piercing pains in the heart ; the attacks lasted longer than usual, and her screams were fearful. She writhed about the bed, clasping and wringing her hands — there was no loss of consciousness. Many remedies were tried unavailingly, until *Merc. jod.* 12 was given, which produced speedy amelioration and a permanent cure. The patient informed me lately (after eight years,) that she had never had a return of the disease, nor a symptom of it.



## UNDER SKIN :

We find many symptoms of itchiness, in various forms, all worse at night, and especially while in bed.

CASE X. Child. Crusta lactea. *Rhus*. 30, *Sep.* 30, and *Sulph.* 30, had afforded no relief. On account of the intolerable itching at night, I finally gave *Merc. iod.* 12, a powder morning and evening, with immediate relief and permanent cure. The itching was relieved at once.

CASE XI. Child, aged two years. Scabies sicca. An obstinate case, which several remedies had failed to relieve. The mother complained that she obtained no rest at night, the child being too restless from the constant itching. *Merc. iod.* 6, promptly relieved the itching, and removed the disease.

## UNDER ABDOMEN AND UNDER HYPOCHONDRIA.

we find many cutting, cramp-like, colic pains, too numerous to note here, and which are, in part, illustrated by

CASE XII. M. L., aged twenty-eight. Severe, cutting, cramp-like pains in both hypochondria; much worse in the right; extending into the back; feeling of excessive weariness in the lower limbs; they scarcely support the body; teeth feel elongated; moderate heat of the skin; tongue coated bright yellow at the base, clean in front; much thirst, but entire want of appetite; pains are not constant, but disappear and reappear at intervals. I prescribed *Merc. iod.* 6, a dose every two hours; the first dose was taken at 4 P. M., and at every succeeding dose the pains were intensified, until 3 A. M., when they suddenly ceased; he had a copious discharge of bright-red urine, and a stool in which a large quantity of bile was mixed. On the next day he told me he had passed a quart of pure bile, at a subsequent movement. He was able on the second day to work at his trade.

During the course of the proving, as may be observed in the pathogenesis, the pains were principally dull, boring, aching; it is also to be noticed that very many pains are in the bones; also that they were worse at night; the symptoms of the skin, eruptions, etc., are very prominent; and, in fine, a very good picture of secondary syphilis can be obtained from this proving. The clinical use of the remedy, in this disease, is well illustrated by

CASE XIII. W. L. D., aged twenty-two. Secondary syphilis. Has been under Allopathic treatment for a year and a half, without benefit. Copper-colored eruption on the forehead; ulceration of, and ulcerated spots upon, the tongue and pharynx; pain in the stomach (which he could not accurately describe,) and loss of appetite; bright yellow coating on the back part of the tongue, tip and edges red. *Merc. iod.* 40,000, a dose, at first, every four hours, afterwards three times a day. Cured in four weeks. The gastric symptoms were the first to disappear.

As I have said already, I have been able, from fear of trespassing too much upon your time, to present to you verifications of but a limited

portion of the pathogenesis of this remedy, but this is sufficient to show you its value as a remedial agent. There are few remedies whose characteristics are more positive, and few which will respond more speedily and satisfactorily, when it is the simillimum, than will the *Mercurius jodatus flavus*.

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## Materia Medica Department.

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### CONCERNING THE EFFECTS OF ARGENTUM NITRICUM ON THE NERVOUS SYSTEM.

BY H. B. FELLOWS, M. D., CHICAGO.

Read before the Western Academy of Homœopathy.

In studying the action of *Arg. nit.* on the nervous system, we shall, of necessity, have to notice some facts not usually classed as nervous phenomena. Yet it is to the effects it produces on the nervous system especially, that we shall pay particular attention. Its action in detail will first be considered, and then its general action and application.

The state of mind found under *Arg. nit.* is of two types. The first is one of irritability, with derangement of certain of the perceptive faculties, especially those which refer to time, motion, and ability to do; the second is one of apathy, even extending to imbecility.

The first state of mind is characterized by a crowd of impulses, to act, to move, to be busy; but there is no distinct purpose shown in the action. It is a state of unrest, prompting to continual motion, and giving the appearance of hurry and discontent to all the actions. The mind is not clear, being confused and irresolute. The fear of not succeeding prevents any definite object from being undertaken; there is a feeling of being much affected, both bodily and mentally. An anxiety exists which causes the person to walk rapidly. An irritated and anxious mood comes on in the morning, after rising, accompanied by great nervousness and tremulousness. A false perception as to time may be present, the person constantly fearing he may be too late, or that one or two hours have passed, when only a short time has gone. A similar false perception as to motion may also exist, a very slow walk will be thought a fast gait.

The opposite state of apathy may be present. Here the mind has not that well being and restfulness, the true balance of health, but a lack of purpose, a want of motive, a tendency toward, or an actual imbecility. There is dullness of sense, absence of thought, even inability to think; there is extreme difficulty in conceiving an idea, or in

finding words for it, and a consequent faltering of speech. These mental states will be accompanied by symptoms of the head: Heat and fullness, and confused feeling. Vertigo is a prominent symptom under *Arg. nit.*, and is undoubtedly an intensified condition of the confused feeling caused by a hyperæmic condition of the brain.

The vertigo comes on in the morning, with a feeling as if whirling in a circle, and causing the person to sit down, lest he should fall, and is accompanied by headache. There is also vertigo and buzzing in the ears, and *general debility of the limbs, and trembling*. The giddiness of the head is sometimes accompanied by drowsiness, or the dizziness may appear before falling asleep.

The more painful sensations which *Arg. nit.* produces in the head may affect any part of it. We would call especial attention to the following symptoms, which, if not actually painful, must, at least, be very disagreeable: sensation in the head as if an epileptic fit was approaching. We find the pains recorded as headache; fullness and heat; pain in the head; the head appears to have enlarged, or the part affected seems enlarged; drawing in streaks or bands over the surface of the brain, apparently in the membranes or the sinuses. (*Jach.* has drawing, like strings, from the eyes, back through the head; *Sang.* like electric flashes or rays from the occiput forward); pressing, digging pain, accompanied by chilliness; boring in left frontal eminence, stitches and pulsations.

Although the pains in the head may be in any part, yet it shows a preference for certain localities, as the frontal eminence. It often affects one hemisphere, as the following symptoms show; digging and tumultuous raging in the right hemisphere of the brain, until he lost his senses; if the pain abates in the forehead, it increases in the right side of the head, and toward the occiput, where it extends down the nape of the neck; the pain increases during motion, and vertigo accompanies it to such an extent that he walks to the left instead of walking straight. Digging, cutting motion through the left hemisphere of the brain, extending from the occiput to the frontal protuberance, recurring frequently, and increasing and decreasing rapidly. These symptoms show the aggravation of the pain and vertigo by motion, the disposition to change locality, and the rapid increase and decrease of the pain. These points suggest a comparison with *Bell.*, *Sang.* and *Sil.* The headache often comes on in the morning when awaking, and may be aggravated by strong and even agreeable odors. It is relieved by binding something *tightly* around the head. *Sil.* has amelioration from wrapping something *warm* around the head. *Menyanthes* produces a headache, which is relieved by pressing the hand firmly upon the parts; but the headache returns immediately the pressure is removed. Many symptoms in the proving of *Arg. nit.* point to a hyperæmic condition of the brain. While the circulation of the brain is much affected, the phenomena attending the derangement are quite different from those produced by *Bell.*, *Opium*, *Stram.*, etc.

There are some important eye symptoms which demand our atten-

tion, and which will aid us in understanding the action of *Arg. nit.* The ophthalmia of this drug is attended with intense pains, which abate in the cool, open air. The canthi are as red as blood; the caruncula lachrymalis is swollen; it stands out of the corner of the eye, like a piece of red flesh; clusters of intensely red vessels extend from the inner canthus to the cornea; the conjunctiva is puckered and interstitially distended; and increased secretion of tears and gum. Before the sight may appear spots, and bodies in the shape of serpents move before the vision. Vanishing of sight when reading or writing. This sudden loss of vision is often a symptom of a suffering brain; one overwrought and exhausted.

The whizzing, feeling of obstruction, etc., in the ears, occur in connection with head symptoms, and will seem to complete certain brain groups.

The symptoms which are to be referred to the spine and spinal nerves, are such as show a lack of power and regularity of action. The pains in the back are mostly confined to the lower half of it. There is a pain in the small of the back, relieved when standing and walking. The lumbar region feels weary and bruised, with heaviness and drawing in the loins, accompanied with great debility and weariness, and trembling of the limbs, as after a fatiguing journey. A stiffness, heaviness and paralytic pain, beginning in the sacrum, extends down through the pelvis and hips. Chorea-like movement of the limbs, even during sleep, show an easily excited state of the nervous centers. This is, however, only one phase of the action of *Arg. nit.* on the spinal nerves. There is also a paralytic heaviness and debility of the lower limbs, as after excessive fatigue. Rigidity in the calves, with great debility and exhaustion, scarcely permitting the walking across the room.

The debility affects, more or less, the whole body, causing a tremulous sensation and trembling tremors of the limbs.

A peculiar sensation, as if the body, and especially the head and face expanded, or as if the bones of the skull separated, is a concomitant of many of the conditions which occur under the influence of this drug.

Of the symptoms of the mucous membrane, those of the digestive organs are the most prominent and important. The appetite is depraved. An irresistible desire for sugar appears. Violent belching accompanies most of the gastric derangements. A sensation is felt in the stomach, accompanied by yawning, as if it would burst; wind presses upward, but the œsophagus feels spasmodically closed. With this is an ineffectual effort to ructate, with excessive strangulation, pressing pain in the stomach, faintish nausea, confluence of water in the mouth, and inability to stir; the paroxysm ceases after a quarter of an hour, amidst frequent and violent belching of wind.

The stomach and bowels will be distended, and there will be much emission of flatulence.

Colic accompanies the evacuations, which are a greenish, very fetid mucus, and attended by the emission of much noisy flatulence. The

diarrhœa has a characteristic look, like spinach flakes. Retching and vomiting may be present. These symptoms may come from, and be aggravated by, the excessive use of sugar.

An increased quantity of pale yellow urine, taken in connection with the post-mortem appearance found in the fourth ventricle, fully justified Hahnemann in recommending it in certain cases of diabetes.

A consideration of the above symptoms justifies the placing of *Arg. nit.* among the remedies that will be found useful in profound disturbances of the nervous system. It does not correspond to the same class of brain diseases that *Bell.*, *Stram.*, etc., do, but with a class where the system has been more slowly undermined. It affects deeply the nutrition of the nerves, probably through the medium of the ganglions of the sympathetic system.

This appears more probable from the fact that the retarded digestion, with its violent and spasmodic belchings, so frequently appear as concomitants with the other conditions.

Time does not permit more than a bare mention of some of the nervous derangements in which this remedy will be found useful. In convulsions, even epileptiform, when a presentiment of a coming spasm is present, with great restlessness, and sense of exhaustion of the body.

In certain conditions of the brain and cord, probably sclerotic in their tendency, with great weakness and trembling of the extremities.

Grauvogl recommends it in the advanced stage of hydrocephalus and locomotor ataxia.

In cholera infantum, with the peculiar diarrhœa described, it has done good service, and may sometimes save the little patient when the nervous system is about to succumb.

I have also met certain cases of cardialgia in pregnancy, to which this was the Homœopathic remedy.

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### *HYDROCYANIC ACID—ITS VALUE IN EPILEPSY.*

BY RICHARD HUGHES, L. R. C. P., ETC., BRIGHTON, ENGLAND.

[To get the force of the comments of Dr. Lippe, it is necessary for us to give the paper of Dr. Hughes, in full.—ED].

Having been honored by a request that I would read a paper at the World's Homœopathic Convention, I have chosen as my subject a medicine which seems to me to have hardly received the attention it deserves, and an application of it which, if established as successful, will take rank among the prerogative instances of the truth that *similia similibus curantur*.

I have said that *Hydrocyanic acid* has hardly received, among those practising Homœopathically, the attention it deserves. "*Magis venenum, magis remedium,*" is obviously the first rough statement of

the Homœopathic principle, and nowhere is its axiomatic force so habitually recognized as in the school of Hahnemann. Yet this potent poison, whose effects are so well known, whose *modus operandi* has been so thoroughly studied, takes no place in our *materia medica* corresponding with that which it holds in toxicology. Nor can its exception to the general rule be justified by the allegation that we have no knowledge of the minute details and characteristics of its action. It has not, indeed, been proved by Hahnemann, or by any of his disciples. But it has undergone this process at the hands of one whose results Hahnemann was always glad to incorporate with his own; I mean Professor Joerg. In that most valuable collection of provings of his, which, I think, ought long ago to have been translated for the benefit of English-speaking members of the only school which can appreciate and utilize it aright; in his *Materialien zu einer künftigen Heilmittellehre, durch Versuche der arzneien an gesunden Menschen gewonnen und gesammelt von*, published in 1825, he has given us the results of experiments on nine persons with the acid itself, and on nineteen with the distilled waters of the two natural substances which contain it most largely—the bitter almond and the cherry laurel. Of the latter plant, moreover, we have a pathogenesis in the *Arzneimittellehre* of Hartlaub and Trinks. From these materials we have full opportunity of learning what *Hydrocyanic acid* can do to the healthy body, and hence how it can best be used for the help of the sick.

Neither can our neglect of the drug be warranted by lack of evidence of its medicinal value, and this, mainly, of the very kind we desiderate. Bitter almonds have been in repute since the days of Dioscorides and Galen. The *Aqua laurocerasi* was largely employed, some eighty years ago, and was held in such esteem that it would pretty certainly be now in use but that the potent ingredient it contains has taken its place. The acid itself, since—by the labors of Gay-Lussac, Vauquelin and Scheele—it has been discovered, isolated and prepared for use, has taken no mean place among the therapeutic agents employed in the Old School. Although the expectations entertained by Brera, Magendie and Granville, that it would prove a “contra-stimulant,” and be curative in fever, inflammation and phthisis, have not been sustained, it is still accounted a trustworthy remedy in certain affections of the digestive and respiratory and circulatory organs. These are all of a spasmodic character—gastrodynia, vomiting, whooping-cough, angina pectoris; and if there is any one feature more marked than another in poisoning by *Prussic acid*, it is the spasm which is excited. Beside this general Homœopathicity, we have, in respect of its most important use, viz., as a remedy for gastric pain and vomiting, this testimony of one of its warmest advocates, the late Dr. Elliotson: “An overdose,” he writes, “will in every person occasion nausea, vomiting, and pain and tightness at the præcordia. Even applied externally, it has caused nausea, vomiting, vertigo and syncope. It appears, therefore,” he concludes, “to act specifically upon the stomach.” It is evident that here, as often elsewhere, “specifically” means Homœopathically.

There is, moreover, about the curative action of *Hydrocyanic acid*, that *contingent* character which belongs to the truest Homœopathic medication. It will not cure every case of any typical form of disease; in some it will succeed brilliantly, in others it will fail entirely. Thus Pereira writes of it in *gastrodynia*: "The beneficial effects of *Hydrocyanic acid*, in some instances of the disease, are most astonishing; while in others, it totally fails. In all the cases in which I have tried it, I have obtained either perfect success or complete failure; I have met with no cases of partial relief." And in whooping-cough, Dr. West says that "it sometimes exerts an almost magical influence, diminishing the frequency and severity of the paroxysms almost immediately; while in other cases, it seems to effect little or nothing." Our explanation of such different results is, that where it succeeds, it is the true similar to the case; where it fails, it is not; and we seek by our provings to be able to determine, *a priori* when it should be given, and when withheld. If it acted merely as a "sedative," it ought to benefit all cases, more or less.

Now Homœopathy does two things with the medicines she finds in use. Having ascertained their physiological action, she first examines in the light thereof, the curative applications hitherto made of them, with the view of ascertaining how far these belong to her sphere; and then using the rule *Similia similibus* as her guide, she seeks to extend further their employment after the same manner. The result of following this course with *Hydrocyanic acid* has been, that its uses as an "anti-spasmodic" in gastric, respiratory and cardiac affections, must be claimed for our method, and should be adopted by us. But we may not stop here. The general tonic spasm it excites should lead us to find a place for it in the treatment of tetanus; in one case of which, of the traumatic form, it proved evidently curative in the hands of our colleague, Dr. George Moore. The "spasmodic oppression of respiration," noted from it by all toxicologists, induced Dr. Russell to give it when this condition supervened in a cholera patient, with great and speedy relief. I myself have frequently employed the acid with benefit in spasmodic asthma. But the disease, which its poisonous effects seem to me to resemble more closely than any other, is *epilepsy*; and to this point I desire to direct your special attention.

#### A CASE OF POISONING BY THE DRUG.

Communicated to *The Lancet* by Dr Letheby:

"A girl aged twenty-two years, swallowed by mistake a dose of *Prussic acid*, equivalent to a little less than a grain of the pure poison. At the time when this was taken she was sitting in a chair; but she instantly jumped up, ran for a short distance, holding up her arms, and gasping, as it were, for breath; she then fell, became insensible, and was violently convulsed, the muscles of her face undergoing great distortion, her limbs becoming spasmodically extended, and her head drawn down upon her shoulders. In this state she was removed to her bed, and was seen directly afterward by Mr. Watson, who found her lying on her back, with the body drawn a little forward; the limbs fixed and extended in tetanic spasm; the whole face swollen, turgid

and almost purple from congestion; the jaws clenched: the mouth covered with foam; the eyes half closed, but prominent and glistening; with their pupils widely dilated, and quite insensible to the stimulus of light. She was breathing slowly, with deep, prolonged inspirations, and uttering a low, moaning noise. The pulse at her wrist could not be felt, although the heart still continued to beat with a feeble, fluttering effort.

"The symptoms so closely resembled an epileptic fit that the medical men who were called in supposed at first that the patient was laboring under such an attack; but soon discovered that she was suffering from the action of *Hydrocyanic acid*, they instantly adopted means for her recovery, but without the least avail, for the breathing became slower and slower, the limbs at this time remaining fixed and immovable; and she died in from fifteen to twenty minutes after the ingestion of the poison.

"The post-mortem appearances in this case were as usual in cases of poisoning in *Hydrocyanic acid*. The cerebral vessels, both upon the surface and in the substance of the brain, full of black, fluid blood; the lungs highly congested, but free from tubercle, or other disease; the cavities of the heart full of black, uncoagulated blood."

You will notice that the patient was at first supposed by the medical attendants to be in an epileptic fit; and the mistake was surely a very natural one. The similarity between the two conditions is noticed by most writers on toxicology and *materia medica*. Pereira's fourth class of "cerebro-spinants" consists of "epileptifacients," and is headed by *Hydrocyanic acid* and the substances containing it. Of them he writes: "The sudden loss of sensation and consciousness, with violent convulsions, which are the characteristic effects of this order of drugs, constitute also the essential symptoms of an epileptic paroxysm."

Christison says: "Epilepsy resembles closely the symptoms caused by *Prussic acid*;" and again, "the acid induces coma and convulsions, especially of the muscles of respiration, constituting phenomena not unlike those which characterize some varieties of the epileptic paroxysm." Taylor says of epilepsy: "This disease, in some of its symptoms, resembles poisoning by *Prussic acid* alone."

Nor do I see any reason to dispute the correctness of the comparison. The sequence of events in a typical case of epilepsy is this: The patient suddenly falls, unconscious, with pale face, dilated pupils, and tonic spasm of some of the muscles, especially those of respiration. After a while the face becomes turgid and dark, and therewith general clonic convulsions set in. As these pass off, the patient gradually regains consciousness, but remains dull, headache and sleepy for some time afterward. These phenomena are explained in the following manner: The central and primary seat of epilepsy is the medulla oblongata, which in all cases of the kind, is in an irritable and somewhat hyperæmic condition. The first step in the paroxysm is an explosive discharge of nerve-force from this center, which, falling on the sympathetic nerves of the head, dilates the pupils and cuts off the supply of blood to the brain and face, and also through the laryngeal nerves, interrupts the respiration. This arrest of breathing leads to the clonic convulsions of the second stage, which are those of asphyxia,



and are, as Dr. Russell Reynolds says, in direct proportion to its perfection and continuance. The epiphenomena are those of shock to the brain, combined, probably, with its temporary poisoning by carbonized blood.

That *Hydrocyanic acid* produces this chain of effects is almost sufficiently proved by the single case before us, but the evidence derived therefrom is much strengthened by the perusal of a few other narratives of the kind, such as those which Dr. Madden and myself have collected in the twentieth volume of the *British Journal of Homœopathy*. Of the spasmodic arrest of breathing caused by the poison, and the asphyxia consequent thereon, I have already spoken. But we may with advantage notice the state of the eyes. They were "prominent and glistening, with their pupils widely dilated, and quite insensible to the stimulus of light." This appearance is of such frequent occurrence in poisoning by *Prussic acid*, that Dr. Paris considered it as alone supplying decisive evidence thereof. It is, moreover, the precise condition induced by galvanizing the cervical sympathetic. Since, then, we have evidence—both phenomenal and physiological—of the presence of two of the factors of the first stage of epilepsy in poisoning by the acid, we may infer that the third—the loss of consciousness—is similarly induced in both; and may conclude with Pereira, that "the condition of the brain in poisoning by this drug, is probably identical with that which occurs during an epileptic paroxysm." The only divergence appears in the feature of the second stage, where in epilepsy the convulsions are clonic, while in poisoning by *Hydrocyanic acid* they are always tonic. But this is easily explained. The whole epileptic paroxysm starts from the medulla oblongata, so that only the muscles animated by this center are thrown into tonic spasm, while those of the body generally are left free, to be acted upon after the special manner of asphyxia. But in *Prussic acid* poisoning the entire length of the cord is (as Wedemeyer has ascertained,) similarly affected, so that a tetanic condition is induced throughout the body. The asphyxia is there, capable of inducing its clonic convulsions; but the exalted polarity of the whole medulla spinalis compels the spasms to tonic persistence.

I hold it as established, then, that *Hydrocyanic acid* is exquisitely Homœopathic to the epileptic paroxysm, that its effects as closely and truly resemble that disorder as those of *Strychnia* resemble tetanus. Upon our principle, then, it should be remedial in certain cases and forms of the disease; and, could we establish the fact of such remedial activity, we should have a most potent argument to allege in support of the validity of our method. Let us enquire what facts of the kind we possess.

It was hardly to be expected that Old School therapeutics should make much use of *Prussic acid* in epilepsy. Nevertheless, some experience of the kind is on record. Hartlaub and Trinks, in the preface to their proving of *Laurocerasus* mention that Gremmler found it diminish the frequency and severity of the paroxysms, though he could not effect a radical cure with it; and that Remer praises it in the

epileptic convulsions of pregnant women. They also refer to a cure of epilepsy by cherry-laurel water, communicated by one Mueller to *Hufeland's Journal*. I find that the patient here was a woman of twenty-two, who had had the fits for seven years, often twice a day. *Aqua laurocerasi* was prescribed, in doses increasing from twenty to eighty drops daily. By the time that four ounces had been taken, the patient was quite cured. Frank, in the first volume of his *Magazine* (p. 320), relates three of Gremmler's cases, which seem to warrant a more favorable account than that given of them by Hartlaub and Trinks; and also one from Koehler, in which a complete cure was effected. In his fourth volume he cites a narrative from the *Bulletin* of the French Academy of Medicine, which tells how an epileptic dog, being delivered over to be poisoned, instead of being destroyed by the *Prussic acid* given him with this intent, lost his fits and became quite healthy.

#### EXPERIENCE WITH HYDROCYANIC ACID.

In Homœopathic literature I know of no record of the treatment of epilepsy by this drug. Baertl, in the exhaustive collection of cases of the disease which he communicated to the *Vierteljahrschrift*, in 1863, (translated in the *British Journal of Homœopathy*.) finds no place for *Hydrocyanic acid*. He mentions, indeed, some favorable results from *Ferrum hydrocyanicum*; but this compound seems to have none of the active properties of the acid. I can only, therefore, speak from my own experience with the medicine.

In 1860, my dear friend Dr. Madden and myself, then practising together, carried on some studies in the materia medica in the light of modern physiology; and amongst other medicines, worked at *Hydrocyanic acid*. We were so struck with that Homœopathicity to epilepsy which I have now claimed for it that we proceeded to use it largely in the treatment of the disease. Our results at first were encouraging, and we hoped to be able to communicate many instances of cure from its administration. But in all, save recent cases, the fits soon returned. We thought that Dr. Russell had noted a fatal weakness in the medicine when he pointed out the evanescent character of its action, and we supposed that thus our fleeting successes were explained.

Save, then, in recent epilepsies—as from fright—I made little use of *Hydrocyanic acid* until last year. Having then to lecture on the drug at the London Homœopathic Hospital, the fresh and more extended survey of the facts which I made led me to think that I had been hasty in abandoning it as an anti-epileptic. I thought it likely that some part of our failure had arisen from not giving the medicine strong enough or long enough, and that thus the evanescence of its effects might obtain compensation. I altered my plan accordingly. It is too early yet to speak of results; but I am greatly encouraged by what I have seen, and hope, ere long, to be able to communicate several solid and lasting cures effected by the drug. It is my practice now to give from five drops of the 3d decimal attenuation to three

drops of the 1st centesimal four times a day. I may mention that by the British Homœopathic Pharmacopœia these dilutions are so prepared as to represent by their numbers the proportion of the pure acid they contain.

My object, however, in bringing this subject before the convention was not so much to relate what has already been done, as to indicate a direction in which further success is possible and desirable. Our treatment of epilepsy is not so perfect that we can neglect so promising an addition to our remedies for it. We are liable, moreover, to be challenged by our opponents if our law fails us in so obvious an instance of its applicability. And they can do so with the greater confidence, as they are themselves now exulting in the possession of an anti-epileptic which rarely fails them. I allude to the *Bromide of Potassium*. We justly allege that this remedy is but a palliative, and that epilepsy is only suspended during its use by the continuous poisoning of the system which it induces. But to make good our objections to the adoption of their practice, we ought to be able to do better with our Homœopathic curatives than they do with their anti-pathic palliatives. It is in the hope that *Hydrocyanic acid* will aid us in this task that I have advanced its claims to notice on the present occasion.

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“HYDROCYANIC ACID.—ITS VALUE IN EPILEPSY.”

REVIEWED BY DR. AD. LIPPE, PHILADELPHIA.

That paper presents views entirely new to Homœopathy, both as a science and as an art, and are borrowed from the predominating school ordinarily called Allopathy. The paper belongs to the same class we are in the habit of reading in so-called Homœopathic journals — and the attempt to make the two schools so diametrically opposed one to another, synonyms is here again attempted.

Our learned colleague tells us :

“Now Homœopathy does two things with the medicines she finds in use. Having ascertained their physiological action, she first examines in the light thereof [which should surely read, Egyptian darkness.] the curative applications hitherto made of them, with the view of ascertaining how far these belong to her sphere; and then using the rule ‘*similia similibus*’ as her guide, she seeks to extend further their employment after the same manner.”

Now Homœopathy as taught by Hahnemann, and to this day followed and practiced by his disciples, does *neither*. When we undertake to ascertain for therapeutic uses the physiological action of drugs, we assert impliedly that physiology is an exact science, and that disease consists of sick physiology. And though we find the Allopathic school make these assertions boldly, we are not bound to follow them any more to-day, than 100 years ago. And while Homœopathy never can reject, and never did reject, what new lights were held out by the pro-

gressive knowledge in the collateral branches of the medical science; and while for the same reason a knowledge of the physiological action of drugs, provided such knowledge can reliably be obtained, will never be rejected, we, as a school, have done neither of the two things our learned colleague says we have done, and should keep on doing. We have the best of precedents to show us the proper course to be pursued if we find a medicine in use by the common school of medicine and desire to make applicable for curative purposes under our law of cure. Not only have we a precedent, but our very existence as a school, the very origin of that marvelous system of medicine, is the result of the inquiry Hahnemann made into the action of *Cinchona off.* which he found in use, and which Cullen described as the great febrifuge. Did Hahnemann ascertain, first the physiological action of *Cinchona off.*, and then examine in the light thereof the curative application hitherto made of the drug? Hahnemann did the simplest thing; he took the drug himself, and marked what changes and alterations were by it produced in his condition and feelings—he marked down *all* these altered feelings, bodily and mental. When he had so proved the drug, he was enabled to apply it under the law of the similars, which was to him revealed, just then—he found by careful comparison of the cases cured—*accidentally*, by *Cinchona off.*, that in these very cases the condition of the sick was similar to the altered sensations *he* experienced when proving the drug. Hahnemann then gave us the characteristic symptoms of *Cinchona off.*; and they are guiding his followers to this day—they were true then, they are true now, and unless these characteristic symptoms are present in the sick, *Cinchona* will never cure.

Hahnemann and his followers proved more drugs, obtained more characteristic symptoms of each drug, and cured accordingly.

To study materia medica with a view to finding the physiological action of each drug, and to cut down materia medica as it is, sift it, set aside all such symptoms as do not indicate a physiological change, would be the creation of a caricature. How can we possibly account for the changed mental condition by the light physiological? And what a caricature would Homœopathy be; what an ill-success would follow its application to therapeutics, if we were to set aside the most important of all symptoms—the mental symptoms!

Dr. Hughes evidently forgets that we have discarded the materialism of the common school of medicine, which has prevailed for fifteen hundred years; *he* discards the great teachings of a Hippocrates in whose writings there is more wisdom than in *all* the new discoveries, which upon intelligent examination prove but mock science. Hippocrates was the *last* learned man who told the world that diseases are of Divine and supernatural origin, and Hahnemann told us fifteen hundred years later that the origin of disease is of a dynamic origin. The physiological school *pretends* to know where and how physiology sickens—to base the therapeutics on such guesswork is worse than ordinary folly. The physiological action of drugs can not guide us in finding a curative remedy for the sick if we treat him as Homœopath-

icians, for the simplest of all reasons — we do not treat sick physiology but sick individuals.

May I be permitted to illustrate the position by a case from practice :

A lady, thirty-six years old, single, was taken sick with pneumonia last February. On the third evening of her sickness I found the following condition : Auscultation and percussion revealed inflammation of the lungs in general, and hepatization of the right lower tube, where she had felt the first pain. Had a consultation of physicians been called, say a Regular, (maximum dose,) an Eclectic, a Hydropathist, and an Electrician, they would have *agreed* on the pathology and physiological condition of the sick — taking into consideration a very hot skin ; much thirst ; a red tongue ; quick breathing, 36 ; a quick, hard pulse, over 120 ; the picture of a sick physiology would be perfected — and as there are a host of medicines causing very similar conditions, *which* was the truly curative remedy for the sick ? Was it *Phos.*, or *Tart. em.*, or *Mercury*, or *Bryonia*, or *Ithus*, or which ? To me, the so-far-revealed symptoms belonging, strictly speaking, to the pathology of the case revealed *nothing of an indication for a remedy*, so, as becomes a Homœopathician, I now collected all the other observable symptoms not strictly belonging to the pathology of the case. The patient was sitting up in bed in a very excited condition ; her face was very red — dark red ; circumscribed redness of both cheeks. For hours she had been occupied with declamations from Schiller, Goethe, Shakespere, Lamartine, with violent gesticulations and a panting breathing as she labored on ; her eyes were shining, fairly glistening. When interrupted and interrogated about her condition or pains, she declared herself well. These *mental* symptoms and the reflex of the mental condition manifesting itself in the countenance did indicate but *one* of all the known medicines — this was *Lachnanthes tinctoria*. A few globules of the 74,000th potency (Fincke) were dissolved in four ounces of water, and a teaspoonful was ordered to be given every hour till this violent mental condition was improved. After the third teaspoonful she laid down, slumbered, perspired profusely, and the skin became cooler. I found her so on the following morning ; she was more conscious of pain, but still had a muttering delirium ; countenance changed, less red, eyes closed. A dose of *Hyoscyamus* 100,000 (Fincke) was now ordered, and by the next day all the terrible symptoms of typhoid pneumonia had disappeared. It was now a less alarming case and a few doses of the carefully selected remedies — *Phos.* and *Kali carb.* — eventually restored her to health.

Will any of our colleagues who erroneously rely on a physiological *materia medica*, illustrate their mode of finding the curative remedy in such a case ? Let such illustration be a relation of their treatment of an *actual case*, cured according to their interpretation of Homœopathy, thereby giving testimony in favor of our friend Dr. Hughes' proposition to return to the materialism of the physiological school.

By no possible sophistry ; by no ever so plausible an argument, can the teachings of Hahnemann be perverted and in its stead the school

he founded be delivered over to a sort of Eclecticism—the treatment of forms of diseases and their physiological causes by quasi Homœopathic remedies. The school Dr. Hughes desires to establish will evaporate, there is no success to be obtained by such perversions, want of success will kill it.

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*ABOUT YERBO SANTAS.—BEAR WEED.*

In June 15th number of THE UNITED STATES MEDICAL INVESTIGATOR, I noticed an article by J. H. Bundy, of California, taken from *The Eclectic Medical Journal*, on Yerbo Santos, commonly known there by the Mexicans and Spaniards as “Yerba Santa,” but more generally known by the whites as Bear weed. Having lived in California eleven years, I became acquainted with the plant and some of its uses. The plant belongs to the family Leguminosæ. It attains a height of from two to four feet, has a glabrous or smooth stalk and cylindrical; the leaves are petiolate and oblong, very sticky, owing to the resin they contain. The upper surface of the leaf has a dark green appearance; the under surface has a white or silvery appearance. The plant is found most abundant in the mountains, along mining ditches, and on the banks of rivers and creeks. The leaf is the part used for medicine. It is used by the Spaniards, and also by other classes, for ague, catarrh, pulmonary diseases, dyspepsia, and gonorrhœa; for the latter it is used with good results.

QUINCY, Iowa.

D. PITTMAN.

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## World's Homeopathic Convention.

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### *THE WORLD'S HOMŒOPATHIC CONVENTION.*

#### FOURTH DAY.

PHILADELPHIA, June 29, 1876.

To-day was hot. It was a bloody surgical field-day in the convention. There was not, however, such a rally as on the previous day. There were more off to see the exposition. Possibly the soiree at Dr. Fellger's last night made some tardy. A meeting of the Inter Collegiate committees (see future report,) at 8:30 had an effect upon the audience so that it was rather slim when called to order, by the president, at 9 A. M.

The Institute session was a brief one. The board of censors made a

partial report. The committee on correspondence was called on for a report.

#### LETTERS OF REGRETS.

Dr. Talbot, chairman, read extracts from a large number of letters. The first was from Madam Hahnemann; one from Kafka, of Germany. The Homœopathic society of Paris sent a communication including a letter from the president. Dr. Rubini sent a voluminous statistical report emphasizing the value of *Camphor* in cholera. He was not able to endure a sea voyage or would be present.

This partial report was received with great enthusiasm. The interest was at concert pitch when pointing to the colossal bronze bust of our illustrious Hahnemann, the committee recommended the adoption of the following

#### RESOLUTIONS OF THANKSGIVING :

*Resolved.* That the the World's Homœopathic Convention, assembled in Philadelphia in 1876, tender to Madame Hahnemann most hearty and cordial thanks for her thoughtful and generous gift of the bust of her illustrious husband, the friend of Homœopathy, that advanced medical science which has spread to every part of the habitable globe, as testified to by the representatives and communications of this convention.

*Resolved.* That, while regretting the necessity that a life so valuable should terminate, yet we have abundant cause for thankfulness that it was so prolonged as to enable him, in a measure, to complete his work and see the fruition of his labors.

*Resolved.* That we extend the warmest gratitude to Madame Hahnemann, who did so much to make the last years of her illustrious husband comfortable and happy, and we rejoice that she has been spared, and hope that she may long live to witness the wide-spread growth of the medical system which he founded, and which has given to the world increased life and freedom from suffering.

Adopted amid loud applause.

The regular business of the convention was then taken up.

#### THE DEPARTMENT OF SURGERY

promised us the following :

Varicose Veins and Hæmorrhoids. By John C. Minor, M. D., of New York.

Homœopathic Therapeutics of Gunshot Wounds, Etc. By E. C. Franklin, M. D., of St. Louis, Mo.

Inflammation of the Conjunctiva. By Geo. S. Norton, M. D., of New York.

Ophthalmic Therapeutics. By W. H. Woodyatt, M. D., of Chicago.

Uro-Lithiasis. By Dr. Bojanus, of Russia. (Illustrated by 72 Vesical Calculi, removed by the author).

Acute Diseases of the Middle Ear. By T. P. Wilson, M. D., Cincinnati, Ohio.

Chronic Diseases of the Middle Ear. By W. H. Woodyatt, M. D., Chicago.

Therapeutics of Benign Tumors. By A. G. Beebe, M. D., Chicago.  
 Syphilis. By J. H. McClelland, M. D., Pittsburgh, Pa.  
 Influence of Homœopathy on Surgery. By W. T. Helmuth, M. D.,  
 New York.

These papers were to be discussed by our ablest surgeons whose brilliant operations and remarkable cures have given them a world wide reputation.

#### THE DEBATERS ON SURGERY

are as follows: Drs. W. T. Helmuth, New York; A. C. Clifton, England; J. H. McClelland, Pittsburgh, Pa.; E. C. Franklin, St. Louis, Mo.; I. T. Talbot, Boston; A. G. Beebe, Chicago; J. G. Gilchrist, Detroit, Mich.; J. C. Minor, New York; W. H. Woodyatt, Chicago; Geo. S. Norton, New York; T. P. Wilson, Cincinnati; H. C. Houghton, New York; H. C. Angell, Boston; S. R. Beckwith, Cincinnati; M. Macfarlan, Philadelphia; J. B. Bell, Augusta, Me.; S. S. Lungren, Toledo, Ohio; L. H. Willard, Allegheny, Pa.; H. F. Biggar, Cleveland, Ohio; E. Carleton, Jr., New York; M. B. Campbell, Joliet, Ill.; C. G. Higbee, St. Paul, Minn.; F. E. Doughty, New York; H. C. Brigham, Montpelier, Vt.; W. H. Burr, Lincoln, Neb.; C. Th. Liebold, New York; F. W. Payne, Boston; W. N. Phillips, Cleveland, Ohio; B. W. James, Philadelphia; W. L. Breyfogle, Louisville, Ky.; N. Schneider, Cleveland, Ohio; Chas. M. Thomas, Philadelphia.

Unfortunately many of the above were not present and the papers were printed so late that the absentees could not send their remarks so we found the following as the

#### PROGRAMME FOR THURSDAY.

The debate will be conducted in the following order:

Dr. S. R. Beckwith, of Cincinnati, Ohio, Dr. L. H. Willard, of Allegheny, Pa., Dr. A. Clifton, of England, Dr. H. F. Biggar, of Cleveland, Ohio, will discuss the paper on syphilis.

Dr. W. T. Helmuth, of New York, Dr. I. T. Talbot, of Boston, Mass., Dr. J. H. McClelland, of Pittsburgh, Pa., Dr. B. W. James, of Philadelphia, Pa., will discuss the papers on tumors.

Dr. E. C. Franklin, of St. Louis, Mo., Dr. Jas. B. Bell, of Augusta, Me., will discuss the paper entitled, The Influence of Homœopathy on Surgery.

Dr. T. P. Wilson, of Cincinnati, Ohio, Dr. C. M. Thomas, of Philadelphia, Dr. G. S. Norton, of New York, will discuss the paper on conjunctivitis.

Dr. W. L. Breyfogle, of Louisville, Ky., will discuss the paper on ophthalmic therapeutics.

Dr. W. H. Woodyatt, of Chicago, Dr. H. C. Houghton, of New York, will discuss the paper on chronic diseases of the middle ear.

Dr. J. A. Campbell, of St. Louis, Mo., Dr. W. A. Philips, of Cleveland, Ohio, will discuss the paper on acute diseases of the middle ear.



## HOMŒOPATHIC TREATMENT OF SYPHILIS.

BY J. H. MCCLELLAND, M. D., PITTSBURGH, PA.

[Whether the treatment of syphilis is one of the most universally acknowledged demonstrations of the law, and therefore to be selected on an occasion like the present as the surgical subject above all others, it is difficult to say. But it is a fact that a large part of the discussion was directed to the following paper.]

The requirements of my appointment confine me to a consideration of the treatment of syphilis, and that only in accordance with the principles and practice of Homœopathy; but fortunately, this restriction will not deprive us of the very best methods and means of combating this much dreaded disorder.

While, as Homœopaths, we do not doubt the curability of this affection, *per se*, as do some excellent Old School authorities, nevertheless, it is proper not to be over sanguine in regard to the rapid and complete eradication of the disease in all cases. It is well to realize the true character of true syphilis; to have in mind that the chancroid or soft chancre, however it resemble the true indurated chancre, is merely a local sore, and is not followed by constitutional symptoms, except as the absorption of its degenerated pus may produce certain non-specific effects on the system. Hence the cure of such an ulcer, by whatever means, really amounts to nothing. We should recognize that the development of true syphilis from the indurated (Hunterian) chancre, with its periods of latency and activity, is exceedingly deceptive. For one may administer a remedy to a given case, and, in the course of two or three weeks witness with satisfaction the disappearance of the chancre, and regard it as cured. If the case pass from his observation, he remains of this opinion; but it is probable that, in the course of six weeks or six months, the symmetrical manifestations of secondary syphilis appear. These may, in turn, disappear in a few months, and the practitioner may feel sure of having cured his case; but this very case, in one, two or twenty years, may develop unmistakable evidences of tertiary sequelæ. I refer to this because all of this may occur with treatment, and it has occurred, just as I have described, without any treatment whatever. It behooves us, therefore, not only to exercise caution in affirming a cure, but to use the greatest circumspection in the choice of a remedy into whose keeping, as it were, we commit the well-being of such patients.

If it be a question as to whether a chancre shall be cauterized (I speak of the hard chancre, with which we have to do in this paper), I would suggest as not only theoretically correct, but as having the sanction of many able syphilographers, that, as the chancre is entirely analogous to the vaccine vesicle, its destruction would bear the same relation to the development of secondary symptoms as a similar disposal of the vaccine vesicle would to the impression that had been made upon the system by vaccination. It is clearly immaterial, as to

subsequent developments, whether the chancre be cauterized or not. On the one hand, it may change an unhealthy ulcer into a healthy, healing one (and perhaps prevent the absorption of some vitiated pus), while on the other, it takes away one of the means of judging of the effects of medication. On the whole, I think it preferable not to molest the chancre, save as necessary to cleanliness.

Regarding syphilis as a zymotic disease—a true exanthematic fever—many have questioned the advantage to be derived from any treatment of the primary sore whatever, or that any treatment would modify the secondary manifestations which develop in due course. Homœopaths will, however, look upon such reasoning as fallacious, and contrary to experience. Good practice and sound judgment will require the administration of the specific remedy without delay.

#### THE REMEDIES.

With singular unanimity, all schools—and times—have fixed upon one drug as the great *anti-syphiliticum*.

In the light of Homœopathy this is no wonder. It is not by chance or arbitrary selection that *Mercury* occupies this position; but by virtue of its specific relation to the complaint; by virtue of its being one of the few known medicines having the inherent power of inducing—in all their phases—conditions similar to those produced in the human body by the syphilitic virus.

It is properly objected that no one medicine suits all cases of a so-called disease. In the *Mercurius*, fortunately, we possess a drug having the central quality necessary to a correspondence with the essential nature of syphilis, differing in its various preparations just enough to satisfy our inexorable law, which demands a correspondence also in the minute differences which characterize individual cases.

It is this variety in unity, possessed in so remarkable a degree by this drug, which renders it suitable for so large a proportion of cases; but, in a given case of syphilis, as in any other disease, should it occur that another drug presents, in its pathogenesis, a greater similarity, it should be preferred, and would doubtless effect the cure.

In view of the above, the great efforts of the syphilographer will be directed to the task of individualizing the various preparations of *Mercury*. This done, the main difficulties in the treatment of syphilis will have been overcome.

#### THE DOSE.

In no disease, and with no drug, is the question of dose more important. The majority of our school prefer the lowest triturations of *Mercury*, and, as compared with the doses hitherto employed by the Old School, the amount used cannot be called large. I venture the opinion, however, that many cases, treated even by our school, are injured and rendered more protracted by excessive medication. Nor will this appear improbable when it is remembered that repeated doses as small as the thirty-second of a grain of the bichloride are known to have produced mercurialization. We must consider, further, that by

our process of trituration, this mineral acquires an activity not possessed by the cruder preparations, which, in large measure, pass out of the system without exerting any effect.

It is not difficult to understand that repeated doses of the 1st and 2d triturations, when the system is peculiarly obnoxious to their influence, may exert a very pernicious effect. The similarity in the effect of *Mercury* to that of syphilis is so great that we, as well as the Old School, might readily confound drug symptoms with those manifested in the natural course of the disease.

My experience leads me to conclude that *Mercury* should seldom or never be used lower than the 3d trituration, and further, that the primary, and some of the secondary symptoms have yielded more promptly to this preparation than any other. I would not be understood as doubting the efficiency of the higher preparations, for I have had excellent results from the 12th and 30th (especially with *Merc. cor.* and *Cinnabaris*), and even higher; and I have been assured by some most reliable observers that the high potencies have proved perfectly satisfactory in their hands.

#### INDICATIONS FOR MERCURIUS.

The following are some of the indications for the different preparations of *Mercury*, and I trust the discussion will bring out more clearly and accurately the distinctive indications for this drug, as applied to syphilitic diseases. Nor would we exclude other drugs, which have been found curative in this affection, from a thorough consideration at this time.

*Mercurius sol.* (generally preferred to the *vivus*.) This preparation seems accurately adapted to the Hunterian chancre, as well as to the developments which follow. Thus we find: "Chancre with indurated base and margin; induration of the inguinal glands. Excessive languor, with fever and sweat — which ushers in the secondary symptoms. Erythematous and papular eruptions, ulcers in the throat, etc., all of a milder type. The throat, at first dry and itching, becomes filled with excessive secretion; the fauces and tonsils are inflamed, swollen and ulcerous. Mucous tubercles; small, itching pimples, which ulcerate and become encrusted. *Rupia*, with violent itching, becoming worse in bed. Excoriated spots, which bleed easily. Syphilides, maculæ, and, as further developments, unhealthy, brownish skin, with hard swellings (*gummata*); pains in the bones, with restlessness, worse at night. Exostoses, caries and necrosis. Emaciation, with slow, hectic fever — *cachexia syphilitica*. Swelling and induration of the liver."

*Mercurius cor. sub.*—This more active preparation of *Mercury* corresponds to a similarly acting syphilitic virus. The chancres are more inflamed and painful. The ulcers have a lardaceous bottom, and secrete a thin, ichorous pus. The bubonic symptoms are more acute, and the secondary manifestations more prompt than usual in making their appearance. It is particularly useful in iritis, together with

affections of the conjunctivæ, accompanied by acrid discharges, soft, flat condylomata or mucous tubercles.

I have never found it advantageous to continue, for any length of time, the use of the *sublimite* (or *precip. rub.*) in the 3d trituration finding it better, after the first week, to employ the 6th, 12th or 30th.

The administration of the *sublimite* by hypodermic injection is, perhaps, worthy of our attention. Dewin, it seems, first systematically practised this method, and sums up the results as most favorable. He used about one-sixth of a grain in solution daily, and found that "induration of the tissue, and frequent unhealthy, sloughing ulcers" were produced. Bartholon and others reduced the dose to 1-48th of a grain, and obtained much better results. (This goes to prove what has been said about the 1st and 2d triturations.) The method is to add one grain of the sublimite to an ounce of distilled water, and inject ten drops once a day or thrice a week. The back is the most suitable point. My friends, Drs. Willard, Burgher, Hoffman, and Childs, report having tried this method in some obstinate cases of secondary syphilis, with remarkable success.

*Mercurius protoid.*—The yellow *iodide* seems best indicated in painless chancres, and where the glandular system is largely implicated. The inguinal glands are swollen quite large, although not much disposed to suppurate. When the throat becomes affected, the tonsils are very large, and the secretions not profuse, but rather tenacious. It is, perhaps, the best preparation when the testicles are involved. For the secondary eruptions and many of the sequelæ, it is often better suited than either of the preceding.

*Mercurius bin.*—The red *iodide* is indicated when the chancre and bubo are particularly indolent, the other symptoms corresponding very closely to the preceding.

*Mercurius dulc.*—The *chloride* deserves more attention than it, perhaps, receives. I have used it in much the same class of cases as the *solubilis*, and especially when the eyes and ears are implicated. The roseola is bright red. It acts well in many cases of infantile syphilis, when the symptoms are less violent than those which require the *bi-chloride*.

*Mercurius prec. sub.*—The red precipitate is called for when the chancre and bubo show a disposition to become phagedenic, and the various ulcerative processes become destructive. Care should be taken not to continue the lower triturations too long.

*Cinnabaris.*—This is one of the most useful of the mercurial preparations, particularly of the secondary and tertiary forms of syphilis. It is in those cases when there is what might be called a "sulphur sub-stratum," that this happy union of *Sulphur* and *Mercury* is most curative. Chancres with hard base in scrofulous individuals. The middle of the chancre becomes raised and fungoid. Indurated bubo, iritis, with pains in the supraorbital region, commencing at the inner angle and passing around to the temple. It is suited to almost the whole range of syphilodermata, from the humble maculæ to the flourishing condylomata. Circular ulcerations in the skin, mouth and

throat. Disorganization of the tonsils. It will be found indicated in many cases of syphilis in scrofulous infants and children.

#### OTHER MEDICINES.

The plan I have frequently pursued with benefit in the use of *Mercury* and other medicines, is as follows :

I usually commence the treatment of the primary symptoms with the 3d triturations ; as improvement sets in I go to the 12th or 30th. In some cases no secondary symptoms appear. But usually they appear in due time, generally of a mild character. Upon the appearance of these secondary symptoms, if no other medicine is particularly called for, I give *Nitric acid* 6 or 30, and continue as long as any improvement is perceptible. When this ceases I make a careful selection of one of the *Mercuries*, or perhaps the *Iodide of Potassium*. If the former, generally in the middle or higher potencies ; if the latter, usually low.

*Nitric acid*.—This medicine not only holds an antidotal relation to the effects of *Mercury*, but, by its pathogenesis, would indicate a relation to the specific disease itself. It is by no means the only antidote to *Mercury*, for we have witnessed the excellent effects of such medicines as *Kali hydriod.*, *Hepar*, *Lach.*, *Carbo veg.*, *Arum*, *Asaf.*, etc., but its similarity to *Mercury*, in many particulars, renders it the medicine oftentimes needed.

It is indicated in chancre with raised edges and disposition to bleed easily and profusely. Pale, flabby, and prominent granulations. Ulcers incline to spread in circumference rather than in depth, and exhibit a tendency to fungous growth. Discharge various and corrosive ; pains as of splinters. Buboës threaten to suppurate. Coppery and violet colored spots on the skin ; squamæ, rupia, mucous tubercles, condylomata. Pains, drawing, pressing and, as if from splinters, particularly in the bones of the head. Strong-smelling perspiration and urine. *Nitric acid* has been used in the lowest potencies by most practitioners, but I have also found it very efficient in the high potencies.

*Kali iod.*—Is also indicated after the abuse of *Mercury*, but the fact that many patients, after the use of this medicine, break out in a roseolous or papulous eruption, together with other symptoms produced in the provings, would lead us to conclude that independent of its relation to *Mercury*, it may have a specific relation to some of the secondary and tertiary forms of syphilis. It is indicated where the bubo, in some scrofulous patients, becomes very hard, with a curdy, offensive discharge, if suppurating. Thickening of the spermatic cord. Ulcerations of the nose, mouth, throat, etc., with a corrosive, burning discharge. Lancinating pains in the throat. Often required in the secondary and tertiary forms of syphilis after the too free use of *Merc.* The system much depressed ; effusions of serum into the cellular tissues ; threatening abscess. In induration of the liver it will often procure rapid resolution. The lower preparations of this drug (five grains to the ounce of water, one teaspoonful three times a day.) have

generally acted best, although I have known much benefit to accrue from the 30th dilution.

*Thuja*.—This remedy has always been recognized as the chief reliance in syphilitic (Hahnemann). It is curative in the condylomatous excrescences which appear on the penis, vulva, and around the anus. The inguinal glands are painful; drawing pains extending to the knee. Purulent pimplea. Brown or red mottled spots with itching. Red nodosities on the temples. *Rupia*. Condylomata in various parts of the body. After iritis, tubercles or warty excrescences on the iris.

*Kali bich.*—I cannot but think that this drug would prove curative in many cases of deep syphilitic ulceration. It has been found most useful in syphilitic laryngitis, with hoarseness, dry, hacking cough and tenacious sputa.

*Arum met.*—Syphilis with mercurial cachexia. Most valuable secondary and tertiary forms. Preferable to *Nitric acid* in mercurial iritis, ulcers of the nose and mouth with fetid discharge. Necrosis of the nasal bones. Nodosities, especially of the cranial bones. It is worthy of remark, as mentioned by Hutchinson in Reynolds' System of Medicine, page 746, that "in associations with nodes on the skull various symptoms of mental disturbance show themselves. \* \* \* \* They not infrequently result in attempts at suicide."

*Asafoetida*.—Affections of the long bones, attended with severe nocturnal pains. I remember one case of a lady, aged forty-five, in whom both tibiæ were bowed out with the bone swelling; extreme nocturnal pains, preventing sleep for weeks. Had taken *Mercury* by inunction, and *Iodide of potash* (which always produced an eruption over the face and body). Had recently taken *Bromide of potash*, 100 grains in the course of a single night, with little or no sleep. *Asafoetida* 30 very soon relieved the pains and produced sleep. The nodosities of the tibiæ also disappeared in two or three weeks.

*Carbo veg.*—In cachexia syphilitica, *Carbo veg.* is required for the extreme prostration, with impairment of digestion, acidity of the stomach, and great flatulence. Suppuration of the bubo; the parts are livid or mottled. General or partial falling off of the hair, with furfuracious desquamation. Yellow skin; shooting pains in the liver and spleen, and palpitation of the heart.

*Carbo animalis*.—Is well indicated for bubo which is becoming phagenic.

I mention the following remedies which have been found efficient in syphilis and the mercurial cachexia, with which it is so frequently complicated, namely, *Lach.*, *Hepar*, *Phy.*, *Still.*, *Coral.*, *Sulph.*, *Lyc.*, *Badiag.*, *Petrol.*, *Corydalis*, *Ars.*, *Ars. iod.*, *Iris*, *Hydras.*, *Clem.*, *Sars.*, *Mez.*, *Iod.*, *Staph.*, *Plat.*, *Arg. nit.*, *Fluor. ac.*, *Pod.*, etc.

#### DISCUSSION ON SYPHILIS.

Dr. S. R. Beckwith, was the first speaker and led off grandly in his captivating style. He believed there was no remedy for syphilis like *Mercury*. He did not agree with the paper that soft chancre was insignificant. There might be germs of true syphilis and we may have

secondary symptoms. Believed we should deal with all as if true syphilis.

Dr. L. H. Willard contended that syphilis was a zymotic disease. Instead of giving *Merc.* 3, he would go higher. He thought the lymphatic system was the one first attacked.

Dr. A. C. Clifton said that in the dispensary with which he was connected they treated perhaps one hundred fifty cases a year. One-half were chancroid and were treated simply by cleanliness. The true chancre they treated with more care. The internal treatment was regulated by the character of the ulcer. The indications were very well given in the paper. He proceeded to give his indications in the secondary and tertiary stages. The indications for *Nitric acid* were well given in Allen's *Materia Medica*. Dr. C. will no doubt give our readers these indications.

Dr. H. F. Biggar went in for vigorous treatment. He uses escharotics. His preference was for the *Chloride of zinc*. Sometimes sprinkled crude *Merc.* upon the ulcer; as this drug was Homœopathic to it he did not limit the dose. Concerning *Iodide of Potassium* he thought there was a way to give it. He gave *Merc.* for three weeks then rest a week. *Iodide of Potassium* would not cure, but was a good remedy to rest upon.

At this point, on motion, there were allowed

#### FIVE MINUTE SPEECHES.

Dr. Helmuth was called for. He believed in the plurality of the virus. If the glands are affected (and you would have to feel right carefully to be positive, sometimes,) it is chancroid. He believed in cauterizing at once. His preference was for the *Carb. sulph.* paste.

Dr. Verroni brought up Stricker's idea of the appearance of the syphilitic corpuscle, that it looked like a white blood corpuscle. In pus the syphilitic germ is dead. He believed in the duality theory.

Dr. J. W. Hayward took ground on the unity side. Like small-pox, you may have a slight case. He thought the supposed duality was dependent more upon the constitutions of the patients. He would not allow a sore to exist without a local application. He of course also gave constitutional treatment. The chief remedies were *Merc.* and *Iodide of Potassium*.

#### HIGH POTENCIES IN SYPHILIS.

Dr. Helmuth again took the stand and said what he wanted most to hear discussed was how, not only to arrest, but to rid the system completely. Would like to hear from those who used the high potencies exclusively in this disease. He confessed to but little faith or experience in the high dilutions in the treatment of syphilis.

Dr. Hughes was not a high potency exponent. On the subject of the Homœopathicity of *Merc.* to syphilis, he thought there was a question. In the pathogenesis of *Merc. sol.* we do not find such a symptom as given in the paper, viz., "chancre, with induration." This is one of those clinical symptoms. If *Merc.* is not Homœopathic to syphilis it is anti-

pathic, and we develop its primary action to get results. There are secondary effects to which it is Homœopathic.

Dr. E. A. Farrington took the stand as an exponent of high potencies. He was up among the stars. Has seen good effects from high potencies. *Merc. iod.* 1000 has and will cure when indicated. *Merc. iod.* will produce symptoms similar. *Merc. cor.* 500, has produced and cured deep burrowing ulcer.

Dr. Macfarlan, formerly Professor of Clinical Surgery in Hahnemann Medical College of Philadelphia, was called to the stand and put through the most severe examination. The whole audience was intensely excited. He gave his experience at length. Gave *Merc. jod.* in case of true chancre, which he carefully described, and noted the areola to change first, grow less and finally disappear without any secondary symptoms. Gave this remedy till it produced papula all over the body. The sores had indurated base and edges.

A Member — Do you use local applications?

Dr. M. — No, nothing except cleanliness.

Another Member — What potencies do you use?

Dr. M. — I use Fincke's

His time was up, but on motion the time was extended by an unanimous vote.

Dr. —. — Have you used *Syphilidum* 1000?

Dr. M. — Have used it, but with no satisfactory results.

Dr. —. — Have you used any other potency but Fincke's?

Mr. M. — Have used Dunham's and Tafel's, but like Fincke's. They seem to act better and quicker.

Dr. —. — How long have you used high potencies?

Dr. M. — Had charge of the clinic nine years. Used Dunham's 200th first, then Tafel's 500th. In private practice prefer Fincke's, they seem most active. [Cheers.]

These seemed the honest statements of an earnest man. The conviction was very generally received that the Homœopathic remedy would cure even in a high potency.

Dr. Beckwith said that the experience of Dr. Macfarlan must be taken as evidence. His case was without doubt one of soft chancre. We must also take the bulk of evidence which seemed to be toward this disease being a local one and self-limited. Our Philadelphia doctors may be able to cure ague here when it is mild with high potencies, but he did not believe that all combined could cure it with high potencies in the Wabash valley. [Laughter.]

Dr. Helmuth said that Record, in his last work, laid great stress upon the indurations of the glands as diagnostic of soft chancre.

Dr. McClelland was called upon to close the discussion. He reiterated his belief in the duality of syphilis. He believed that local applications would not arrest the absorption of the virus. He believed we had to deal with a constitutional disease an hour or two after infection. There was a period of incubation. The constitutional effects of chancroid differed from those of chancre. *Merc.* was quite Homœopathic to soft chancre.



Thus closed one of the most spicy and interesting discussions held, perhaps because it was impromptu.

#### DISCUSSION ON TUMORS.

Dr. W. Tod Helmuth opened the discussion on tumors. He gave the history of the various classifications finally was adopted the two grand classifications, benign and malignant tumors. Homœopathic medicine will cure, but not all cases. *Conium*, *Calc. c.*, and *Staph.* have cured fibroids. *Phos.* had cured a tumor of the breast in four months. If tumors grow rapidly they should be cut out. Recurrent fibroids seem to belong between the two classes. Malignant tumors are supposed to be all cancerous. Cases have been recorded where cancer has been cured, but the diagnosis has not been so given that we could decide as to the variety. True scirrhus has been cured by *Calc. c.*, *Conium*, and *Iodide of Arsenicum* 30, trit. Cured one case himself with the latter remedy, but had not been able since to hit the remedy.

Dr. I. T. Talbot was the next speaker. He said: How little we know of tumors. Take so simple a thing as a wart, and how limited is our knowledge. Cures have been made with Homœopathic remedies. One remark of Dr. Beebe struck him with force and that was, that he had been able to find, in our literature, so few recorded cases cured; "undoubtedly there are many more unrecorded," says he. If this convention does no other good than call out many of these unrecorded cases, much good will be done. Think it the duty of all to record cases of tumors. *Conium* he had found to lessen the pains in cancer. Great relief has been afforded in the early stages by *Asteras rubeus*. Local application of *Calendula* has been of great service. Attention should be given to mental influences. Had known of cases rendered fatal by great grief.

Dr. McClelland said he found little to encourage in the use of remedies in Homœopathic literature. He stated that he had found *Calc. c.* 30, trituration, most useful in fibroids.

Dr. Bushrod W. James spoke of the difficulties surgeons encountered in cases received when too far gone to render medication safe. Many thought to palliate by medicines, but we should remember that the Homœopathic remedy is curative and not palliative. He spoke of the effect of different regions upon wounds. In Mobile wounds healed rapidly. Hoped the time would come when there would be hospitals on Mt. Washington and other high sanitary points.

Dr. S. S. Lungren, of Toledo, related a case of ovarian tumor cured by remedies. [The doctor will no doubt give us this case in detail.]

Five minute speeches were then indulged.

Dr. Knickerbocker, of Watertown, N. Y., gave the history of a case of enchoridroma. The subject was a little boy. The disease began at the index finger, which enlarged to four times its natural size. He was under Allopathic treatment, who believed that excision was the remedy. The finger was removed. Soon another had the same history. The toe became affected, when he was called. He gave *Silicea* 70,000, Fincke, three times a day. In one week the disease was

arrested, and the size of the toe is nearly, if not quite, normal. He believed the fingers might have been saved also. [This was so interesting a case, and being confirmatory of Grauvogl's experience as given in THE UNITED STATES MEDICAL INVESTIGATOR, (page 000, Vol. III.,) that we hope our friend Dr. Knickerbocker will report it in detail for the benefit of all.]

Dr. Varroni spoke on the diagnostic side of the question. He corrected Dr. Helmuth's classification of tumors, putting sarcoma with cancer, among the malignant. The former invaded the system by the blood vessels, while the latter was conveyed by the lymphatics.

Dr. Donovan spoke of an ovarian tumor, fibroid, in which *Bell.* and *Merc.* had been of service. *Apis* 30, we understood him to say, had cured it.

Dr. Helmuth then gave the substance of Dr. Bojanus' paper, and exhibited some of the seventy-two specimens of calculi sent to the convention by the learned Russian physician. The examination of these nearly broke up the meeting.

#### EYE AND EAR DISEASES.

Dr. T. P. Wilson did not think the ophthalmists should beg pardon for the small amount of curative remedies that are developed. We have done well. Heard some one say we have eight hundred beds in New York. In our ranks we have five thousand Homœopathic physicians, who have charge of about a million beds, and he hoped the observations made on these branches would be duly reported. The few cannot collect the necessary experience, we want the help of the many. He believed the report was correct that catarrhal conjunctivitis would get well of itself. But this was not true of the other varieties.

Dr. G. S. Norton discussed the subject of conjunctivitis. He referred to the action of the Homœopathic remedy, not only as relieving pain, but its action tends toward cure. Spoke of the value of *Bell. Arnica*, etc. When we found the true remedy the result was very remarkable. He closed by advising a more close study of the *materia medica*.

Dr. W. A. Philips wished to make one point. Inflammation of the middle ear is most severe in scarlet fever. Every physician should have a speculum and ear mirror and inspect the ears of their scarlet fever patients every twelve hours. The pus should be let out when there is any bulging of the drum head. Many of the supposed brain symptoms were due to the trouble in the middle ear. The first notice, usually, of any trouble with the ear is the appearance of pus, having ruptured the drum head. It was better to let the pus out early.

The other members on the programme failed to report, and the convention stood adjourned.

An excursion to Cape May was tendered and accepted by the convention.

In the afternoon an interesting open session was held on obstetrics and diseases of women. A report of this will appear shortly.

“The Influence of Homœopathy upon Surgery” is a valuable paper in which Dr. Helmuth shows, by selecting cancer and ovarian tumors, that cures in a radical and satisfactory manner have been made by Homœopathic treatment. He gives a large number of cases of surgical diseases cured by remedies.

[TO BE CONTINUED.]

## Obstetrical Department.

### ANÆSTHESIA IN MIDWIFERY.

BY E. N. HARPEL, M. D., SHENANDOAH, PA.

Abundant evidence has, of late, been adduced, and is daily accumulating, in proof of the inhalation of *Sulphuric ether* being capable, in the generality of individuals, of producing a more or less perfect degree of insensibility to the pains of the most severe surgical operations. But whilst this agent has been used by all surgeons in the practice of surgery, I am not aware that any one practitioner has thus far ventured to test its general applicability to the practice of midwifery. I am induced, therefore, to hope that the few following hurried and imperfect notes relative to its employment in obstetric cases may not, at the present time, prove uninteresting to the members of the Berks and Schuylkill County Homœopathic Medical Society. In all cases that I have used *Ether*, also those which I have read of, they go to point out one important result, viz., the uterine contractions continued as regular in their occurrence and duration after the state of anæsthesia had been induced as before the inhalation began. The emotion of fear has appeared to me to suspend, in several nervous patients, the recurrence of the first pains after the *Ether* was applied, and its employment commenced, but this effect speedily passed off, and, as yet, I know of no instance in which the pains were diminished in intensity or frequency after the patient was fully under the influence of the *Ether*. Indeed, in some cases, the pains became increased as the consciousness of the patient became diminished; owing, no doubt, to the fact that the fear of the brain affected the mind so as, in a great measure, to suspend the pain partially, and as soon as that fear disappeared, the pains had free scope.

One case I had, when I was called to see the woman at 7 P. M., after having been in labor between thirty and forty hours. Scarcely any decided uterine contraction could be said to take place. The os uteri was well opened, but the head was still high in the pelvis, and when I saw her, at 3 A. M. the following morning, eight hours after I had seen

her the first time, little or no advance whatever had been made, and the case was becoming an anxious one. She was made to inhale equal parts of *Sulphuric ether* and *Tincture of ergot*. In the course of a few minutes, a series of powerful uterine contractions supervened, and the child was born within one-half of an hour from the commencement of inhalation. The mother subsequently declared that she recollected nothing at all of her delivery except the removal of the placenta. In this case, was the re-excitement of strong pains the result of the action of the *Sulphuric ether*, or of *Ergot*, or of both? Or, was it simple, but very strange coincidence? More facts than I possess are necessary to decide such a question.

A more extensive and careful series of investigations than I have yet been able to institute, may, perhaps, show that in some constitutions, and under some circumstances or degrees of intensity, the process of etherization may possibly interfere with the uterine contractibility, particularly in the early stages of labor. At the same time, various analogies would lead us to expect that, as I have hitherto found, the action of the uterus would go on uninterruptedly when the psychical influence of the mind and purely cerebral functions were suspended, as in the more complete states of anæsthesia. At all events, if we may judge from the analogous experiments of Volkman, Bidden, Kolliker and Simpson, upon the simple contractions and rhythmic reflex action of the heart, intestines, etc., the emotive nervous powers of the uterus belong to the ganglionic and to the spinal system, and are not in any necessary dependence upon the brain or mind. Indeed, Ollivier and Nasse have published cases of perfect paraplegia, notwithstanding which, the act of parturition in the human female proceeded regularly on its course, and without conscious pain.

In one case, (Ollivier's) the cord was compressed and destroyed from the first to the fourth dorsal vertebra, by a collection of acephalocysts, and in another instance, (Nasse) complete paralysis had followed a fracture of the third and fourth cervical vertebræ. Of course, such lesions necessarily prevented the brain exerting any influence upon the uterus or its contractions. Ceseaux mentions a fact still more in point, because the analogy with the operation of anæsthetics is still stronger, or indeed, identical. "A woman," says he, "was brought to the Hotel Dieu, at Amiens, in a comatose state, in consequence of her taking spirituous liquors since the commencement of labor. She was delivered in the natural manner, in this state; the sleep continued for some time after the delivery. The woman, on awaking, was much surprised at finding her delivery completed; congratulating herself on having made so happy a delivery, and declared she would make use of it if she had again occasion."

In obstetric, as in surgical practice, the degree of insensibility produced by anæsthesia and its accompanying phenomena differ much. In some, a state of total apathy and insensibility seems to be produced, others move about and complain, more or less loudly, during the uterine contractions; though afterward, when restored to conscious-

ness, they have no recollection of any suffering whatever, or, indeed, of anything that occurred during the action of the *Ether*. Others remain quite aware and conscious of what is going on around them, and watch the recurrence of the uterine contractions, but feel indifferent to their effects, and not in any degree distressed by their presence, and in another class, again, is merely more or less diminished and obtunded, without being perfectly annulled.

A careful collection of cautious and accurate observations will, no doubt, be required before the inhalation of *Sulphuric ether* is adopted to any great extent, in the practice of midwifery. It will be necessary to ascertain its precise effects, both upon the action of the uterus and the assistant abdominal muscles; its influence, if any, upon the child; whether it gives a tendency to hæmorrhage or other complications; the contra indications peculiar to its use; the most certain modes of exhibiting, and the length of time it may be employed. And on the other hand, I have the strongest assurance and conviction that I have seen no small amount of maternal suffering and agony saved by its application. And here, as in surgery, its utility is certainly not confined to the mere suspension and abrogation of conscious pain, great as by itself, such a boon would doubtless be. But in modifying and obliterating the state of conscious pain, the nervous shock otherwise liable to be produced by such pain, particularly whenever it is extreme and intensely waited for and endured, is saved to the constitution, and thus an escape gained for many evil consequences that are too apt to follow in its train.

Granting that experience will yet be able to prove its safety and efficacy in modifying the pains of labor, will the state of etherization ever come to be generally employed with the simple object of alleviating the pains of natural parturition? Or, as the problem is not unfrequently put, should we be justified in using it for such a purpose?

In conclusion, let us consider this point for a moment. Custom and prejudice, and, perhaps, the idea of its inevitable necessity, make both the profession and our patients look upon the amount and intensity of pain encountered in common cases of natural labor as far less worthy of consideration than in reality it is. Viewed apart, and in an isolated light, the degree of actual pain usually endured during common labor, is as great, if not greater, than that attendant upon most surgical operations. I allude particularly to the excessive pain and anguish which, in nine cases out of ten, accompanies the passage of the child's head through the outlet of the pelvis and external parts.

Dr. Merriman, speaking of natural labor in its last stages, observes: "The pulse gradually increases in quickness and force; the skin grows hot; the face becomes intensely red; drops of sweat stand upon the forehead, and a perspiration, sometimes profuse, breaks out all over the body; frequently violent tremblings accompany the last pain, and at the moment the head passes into the world, the extremity of suffering seems to be beyond endurance."

Or, take the picture of the suffering of the mother in the last stage of natural labor, as portrayed by the most faithful of living observers,

Professor Naegele, of Heidelberg. "The pains," he observes, "of this stage, are still more severe, painful and enduring; return after a short interval, and take a far greater effect upon the patient than those of the previous stage. Their severity increases so much more from the additional sufferings arising from the continually increasing distension of the external parts. They convulse the whole frame, and have been called the *doiores conquassantes*, which means the shaking or trembling pains. The bearing-down becomes more continued, and there is, not unfrequently, vomiting. The patient quivers and trembles all over. The face is flushed, and, with the rest of the body, is bathed in perspiration. Her looks are staring and wild. Her features alter so much that they can scarcely be recognized. Her impatience rises to its maximum, and loud crying and wailing, and frequently, expressions which, with sensible and high principled women, border close upon insanity. Everything denotes the violent manner in which both body and mind are affected."

And now, shall we ever be justified in using *Ether* to mitigate the pains of natural labor? Now, if experience betimes, goes fully to prove to us its safety, which anæsthesia may, under proper precautions and management, be employed in the course of parturition; then, looking at the facts of the case and considering the actual amount of pain usually endured, I believe that the question will be quite changed in its character. For, instead of determining in relation whether we shall be "justified" in using this agent under the circumstances named, it will become, on the other hand, necessary to determine whether on any grounds, moral or medical, a professional man could deem himself "justified" in withholding, and *not* using any such safe means as we at present presuppose this to be, provided he had the power by it to relieve the pangs and anguish of the last stage of natural labor, and thus counteracting what Velpeau describes as, "these piercing cries, that agitation so lively, these excessive efforts, these inexpressible agonies, and these pains, apparently intolerable, which accompany the termination of natural parturition in the human mother."

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#### OBSTETRICAL NOTES.

I. HOW MAY WE HELP THE MOTHER? To stand by and tell a patient woman to bear down at every pain is not helping much. We all know that in the first stage of labor bearing down does little good. The difficulty chiefly is in keeping her from bearing down. Now, I have found that if some one holds her hands, another steadies the knees, and perhaps another has a hand to the back, combined we will control, in a measure, voluntary effort and dilatation goes steadily and quietly on.

But an objection is raised. Sometimes the patient is so nervous that she cannot bear to be touched. In such cases I have found a rigid os

and hasten to quiet this peripheral erethism by the appropriate remedy and holding a hand, or soothing the anxious brow, and thus anticipate convulsions, which are usually preceded by just this terrible nervousness.

When expulsive pains set in then we aid all we can by steadying her knees and making tractions with arms.

II. DOES CHANGE OF POSITION OF MOTHER AFFECT THE POSITION OF THE CHILD? It is my observation that the position of the mother does affect the presenting part.

III. HOW CAN YOU AID THE PAINS BY THE STRONG FORCE OF WILL? Upon this point I expect misconception. "Do you mesmerize?" Does every person you meet mesmerize you? In this sick room the physician's will is law, all are in a submissive mood. We have more *control* of affairs at such times than we imagine. How often we hear the expression, "This is new business to me, doctor, and I will do just as you say." When you say bear down, she will bear down; when you say rest now, she rests or tries to. When you are hopeful she is usually all pluck, and *vice versa*; when you are cool she attends strictly to business. You get uneasy and she gets nervous and the pains work irregular. If we take the helm the delivery is usually easy and all right. If we let things drift we must not be surprised if obstructions are met.

A boat and a child may get stuck but in the majority of cases the fault is with pilot and doctor.

I write not against the use of forceps, but in favor of more brains in the management of labor.

T. C. D.

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### OBSTETRICAL QUERIES.

#### EARLY ESCAPE OF WATERS WITHOUT LABOR.

I have had cases in which there was, apparently, an escape of the liquor amnii several days before labor came on; in one case it was seventeen days before. It has been suggested that it was only in appearances and that it must be a collection of fluid outside the amnion, as they asserted, a rupture of the membranes would immediately bring on uterine contractions and labor. Will some one tell the younger members what they know about these cases? Do not remember to have seen anything on paper about these cases except in THE UNITED STATES MEDICAL INVESTIGATOR, 1874, page 314.

#### INTRO-UTERINE INJECTIONS.

Would also inquire if any approve of injections of cool water into uterus immediately after delivery?

In several cases I have tried it and patients all did well.

LEXINGTON, Mich.

A. F. RANDALL.

## Anatomical Department.

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### *SPECIAL HISTOLOGY.*

MICRO-PHOTOGRAPHS IN HISTOLOGY, NORMAL AND PATHOLOGICAL.  
By CARL SEILER, M. D., in conjunction with J. GIBBONS HUNT,  
M. D., and JOSEPH G. RICHARDSON, M. D. Philadelphia: J. H.  
Coates & Co., 822 Chestnut street. Published monthly; pp. 16; price  
60 cents per number; \$6 per annum.

No. 3, of this unique publication, has reached us. This is an enterprise that deserves more than a passing notice. It is intended to replace the microscope for those who are not able to make the observations. It is better than that even, for many may see a histological specimen with the microscope and not be able to name it positively, while here we have it both labeled and described in detail.

Thus far we have a dozen valuable plates, viz: 1. Section of skin transversely through the hair bulbs. 2. Epithelioma of lower lip. 3. Pavement epithelium from a tritron. 4. Endothelium from diaphragm of a Guinea-pig. 5. Elastic connective tissue. 6. Scirrhus of mammary glands. 7. Non-elastic connective tissue from omentum of a cat. 8. Connective tissue corpuscles. 9. Longitudinal section of femur of human fetus five months old. 10. Enchondroma, from the thigh. 11. Hyaline cartilage from thyroid cartilage. 12. Transverse section of dry bone.

Outside of the Army Medical Museum, we do not know of a more valuable collection.

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### ANOTHER OPINION.

[ Since the above was written we have received the following from a critical histologist: ]

Sometime ago we received the prospectus of a publication under the above title and looked forward to the appearance of the work itself with no little interest, especially as Drs. Hunt and Richardson were associated with Dr. Seiler in its preparation. It has been our opinion for a long time that the proper method of demonstrating histology, and more particularly those structures regarding which differences of opinion were held, was the application of photography. This we think has been amply demonstrated by the admirable work of many microscopists, and in this country especially by that of Dr. J. J. Woodward, of the Army Medical Museum.

The negative obtained by the photographic process is an exact repro-



duction of the image formed by the object glass, and cannot be warped to suit theories. A necessity for this sort of illustration is seen in the fact that in the time ordinarily given in medical colleges for instruction in this branch, the student rarely acquires the power of distinguishing, in the field of the microscope itself, between the different forms of the simple tissues, while photographs, such as can be produced, are, with slight explanation, readily made intelligible to persons having only the barest ideas of histology. This we have seen repeatedly, and therefore awaited patiently the appearance of the micro-photographs which, according to the prospectus, were "intended to replace the microscope, as far as is possible, for those physicians who have neither opportunity nor leisure to make observations with the instrument for themselves, and also to furnish microscopists, for comparison, correct representations of typical specimens in the domain of normal and pathological histology."

The two first numbers of the work have come to hand, and in making a comparison between the work and the promises of the prospectus we are sorry to see that the standard set up by the latter is by no means realized in the former. In most of the plates before us the objects were certainly not properly "focussed," and focussing should not be very difficult with the low powers used.

The process used for printing does not, in our estimation, equal the ordinary silver print, although the prospectus states that it "ensures more sharpness and distinctness, \* \* \* and is preferable for other reasons."

In the first two plates (sections of skin, healthy and epitheliomatous,) the only point shown is that in the pathological specimen the place of the connective tissue of the first specimen is occupied by a new formation, the details of the plate being too indistinct to show what the neoplasm consists of. A good photograph which would closely define one or two of the characteristic "cell depots" and surrounding tissue would give, in our opinion, a much more practical idea of epithelioma than is conveyed by the plate. In Plate III. (Pavement Epithelium,) we fail to recognise, clearly, any constituent of the cells, the specimen having been so much out of focus that we have a representation which might be a photograph of a charcoal drawing of the object. Endothelium, we know, is difficult of preparation, but for Plate IV. (Endothelium from diaphragm of a Guinea-pig,) a much better specimen might have been selected, say from one of the large blood vessels, as the specimen given as "typical" is almost entirely destitute of any appearance which could be pointed out to a class of students as cellular. Plate V. purports to represent elastic connective tissue, but is so shadowy as to remind us of the spurious lines obtained often in attempts at the resolution of Nobert's bands. The accompanying text says, "the photograph shows such a featureless tissue about as well as it is seen under most microscopes." We believe we have seen elastic connective tissue well defined in several microscopes, but there is no doubt that the plate thoroughly illustrates the "featurelessness" and thereby rather puts the identity of the specimen in question. Plate

VI. (Scirrhus of mammary gland, 180 diameters,) shows that as the magnification is increased much less is seen (by this method). We hold fully with the text that, "In a specimen of scirrhus it is as important to demonstrate clearly the connective tissue fibers as it is to detect the cellular elements," but unfortunately the platé fails to show either in anything like a satisfactory manner. A statement is made in the text that "in true scirrhus, as the plate shows, no isolated cell could be differentiated, optically, from a pus cell." While this statement may be true regarding the cells found in what Rindfleisch calls the "developmental zone" in the more mature parts of the growth, or in the "zone of the acme" of the same authority, the cells are described and figured as distinctly of the mature epithelial type. "As the plate shows," optical differentiation of any of its elements would be very difficult. With Plates VII. and VIII. the doctor has been more fortunate than in the preceding ones; non-elastic connective tissue being fairly represented in number VII., and connective tissue cells of the cornea rather dimly in number VIII. We notice in the text a rather awkwardly-sounding new word, "*interfibular*," and the use of *areola* for *areolæ*. While the printing of the work is well done, and the description of the plates concisely and clearly written, we cannot but regret the shortcomings of the plates themselves as typical illustrations or substitutes for the microscope and specimen. We should welcome with great pleasure the appearance of such a set of plates as we know could be produced and fully equal the assurances of the prospectus, and hope that in the succeeding numbers Dr. Seiler and his collaborators will enable us to do so.

CHICAGO.

CHARLES ADAMS.

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## Medical News.

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**Dr. T. S. Verdi**, of Washington, D. C., has been elected president of the board of health of that city.

**A. C. Cowperthwait, M. D.**, of Nebraska City, has had the degree of Doctor of Philosophy conferred upon him by the Central University of Iowa. Dr. Cowperthwait is one of the rising men in our ranks.

**Report of the New York Ophthalmic Hospital for the month ending July 31, 1876:** Number of prescriptions, 2,024; number new patients, 259; number of patients resident in the hospital, 25; average daily attendance, 81; largest daily attendance, 123.

**Effects of Leap Year.**—Out of eighteen cases of confinement I have attended since the 1st of March, fifteen of the products were girls, and three, boys. Can only account for it on account of this being *Leap Year*; so the women have it all their own way.

**Notice.**— We have had so many inquiries of late, about advertising places for sale, etc., etc., that we have concluded to devote one page (if necessary more,) for the use of all who wish to insert short notices. Terms on that page will be for five lines or less, twenty-five cents, each insertion, each additional line five cents. Six words make a line. These terms are so very low that we think it will meet the approval of all who may wish to advertise.

#### Removals.

Dr. D. L. Deyoe, from Chicago to Louisiana, Mo.  
 Dr. J. T. Rosevear, from Rockford, Ill., to Dubuque, Iowa.  
 Dr. J. S. Wright, from Beardstown, Ill., to Evansville, Ind.  
 Dr. H. H. Way, from Annawan, Ill., to Colorado Springs, Col.  
 Dr. J. T. G. Emery, from Springvale, Me., to Tuftonborough, N. H.

**Homœopathic Medical Society of the State of New York.**—The Twenty-fifth semi-annual meeting will be held in Buffalo, on Tuesday, Oct. 10, 1876. A most interesting meeting may be expected, as valuable professional papers will be presented. Delegates from sister societies are *earnestly* and *cordially* invited to be present. We sincerely hope that our western societies will send delegates to meet our brethren of the Empire State, especially when they come almost to your very door to hold their meeting. To those who can make it convenient to be present, we can assure an enjoyable occasion.

ALFRED K. HILLS, M. D., Recording Secretary.

#### Died.

In Wellsville, Alleghany county, N. Y., May 5, 1876, Dr. Hylen Doty, aged 58 years. He had been in poor health for a number of years, and his final sickness and death seemed to have been the result of a general wearing-out of the physical organization, hastened by over-work in his profession. He had resided in Wellsville about a year and a half, and had by his consistent Christian life, and his marked success as a physician, won the confidence of the community, who mourn his loss, and deeply sympathize with his wife and two daughters in their affliction. He was the founder of the first Homœopathic asylum for treatment of the insane, in the world; which was established at Margets-ville, N. Y.

**Transactions of the Twenty-eighth Session of the American Institute of Homœopathy**, held in Put-in-Bay, June 15, 16, 17 and 18, 1875. This volume is not quite as large as some of its predecessors. The Institute has reached that stage, like a prosperous journal, when its dignity and means will not allow it to publish all the papers sent in, "read and referred." But the strangest part of it is, that the discussions should have been omitted. Was it because they were so fully given in THE UNITED STATES MEDICAL INVESTIGATOR? Possibly because some one's corns were touched. Notwithstanding, the volume is a creditable one. The materia medica part is a valuable addition to our knowledge of *Septia*. The papers on diabetes and Bright's disease give us about all we can know, at present, of those diseases. The therapeutic part is especially fine; Goullon's famous prize essay on diabetes is incorporated here. The report on obstetrics here includes the third stage of labor, reflex gastric derangements, mental influence, and *Puls.* in mal-presentations. The report on surgery includes dislocations and fractures of the lower extremities; also compound dislocations, and an able paper on concussion and compression. The report on psychological medicine is a scanty one, of only two papers. Ophthalmology is an eye full. Gynæcology is represented by one paper. Pædology has three papers on scarlet fever, and one on cholera infantum. The reports on sanitary science, climatology and hygiene, are interesting, and close the volume.

# The United States Medical Investigator,

A SEMI-MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

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

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

DUNCAN BROS., Publishers.

67 Washington St., Chicago, August 15, 1876.

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THE  
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MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

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*New Series*, VOL. IV., No. 5.—SEPTEMBER 1, 1876.—*Whole No.* 173.

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Therapeutical Department.

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CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

CHICAGO, Aug. 20.—This seems a year of follicular inflammation. In the winter we met many cases of follicular inflammation of the pharynx, larynx, and bronchi; now we are meeting follicular dermatitis (heat rash), follicular oraltitis (thrush), f. enteritis (intestinal catarrh), and f. colitis (dysentery). The choice of remedies lies chiefly between *Merc.*, *Sulph.*, and *Arsenicum*.  
T. C. D.

MEMPHIS, Tenn., Aug. 3.—Malarial fevers are prevailing here occasioned, doubtless, by the recent cool weather. Gastric disturbance seems to be a prominent feature in a majority of cases. I find *Cinchona*, *Nux vom.*, *Ipecac*, *Arsenicum* and *Pulsatilla* oftener indicated than other remedies. Where the fever is high, *Veratrum viride* comes in play. Last month and the month before we had many cases of dysentery here.  
LUCIUS D. MORSE.

NEBRASKA CITY, Aug. 16.—There is but little sickness, but like some others, I can report a harvest of "Centennial celebrations."

Cholera infantum seems to demand *Pod.* in every instance, and so far I have had no occasion to use any other remedy. The grasshoppers are again devastating the state, though they have not yet reached this point. "May the good Lord deliver us!" as we have already had them two successive years, and are pretty well exhausted.

A. C. COWPERTHWAIT.

WATSEKA, Ill., Aug. 17.—We are having a peculiar kind of an epidemic sore throat, something like diphtheria, commencing with fever, but not much prostration first. Ocular examination reveals a congested condition of the tonsils, uvula and fauces, with patches of exudation of whitish-gray color on the fauces (seldom on tonsils and tonsils seldom swollen,) extending to larynx and trachea; breathing difficult; can swallow food or liquid without much trouble. When the patches increase they form a pseudo membrane which is thrown off in pieces from the size of a pea to one inch square, one-eighth of an inch thick. There is not much fever, the breath seems pure, and there is not the aching of bones as in true diphtheria at the commencement; very little cough in some, and others have a croupy cough. Those that recover from it are well in a few days; those that die, die from strangulation or paralysis of lungs. It is making clean work of it, not a child from one to fifteen has escaped it as far as it has gone. All that have died (several,) have been under Allopathic or Eclectic treatment, not one under mine. The remedies are *Camphor, Ars., Kuli bich.,* and *Lachesis*. Would like to have diagnosis and treatment if anything can be made from my statement of it. Have given it as clear as I can. It has commenced at one side of the town and is coming this way. All the doctors differ as to diagnosis and pathology.

C. R. BRISTOL.

[Should call it pseudo membranous laryngitis, although its epidemic character is something rather unusual at the present time. For outline of treatment see page 124, August 1st number, UNITED STATES MEDICAL INVESTIGATOR.—ED.]

SAN FRANCISCO, Aug. 5.—Small-pox still on the increase. Last week nearly one hundred cases were reported, and since then from fifteen to twenty per day have been reported at the health office. Vaccination is being vigorously prosecuted; though for a day or two, the early part of the week, the supply of matter had been virtually exhausted, and the work was delayed. Within a day or two, quasi-dictorial powers have been conferred upon the health office. The city has been districted and physicians appointed in the different districts to give especial attention to *free* vaccination. This was done at first, for a week or more, but was discontinued, the necessity for it having then apparently disappeared. Isolated cases are beginning to be reported from Los Angeles, Stockton, Sacramento, Portland, Oakland, and other interior towns. In some instances the parties were known to have been exposed while in the city. In cases like this it is a very nice point to decide whether any wide-spread condition of the atmos-

phere, or the well known *contagious* character of the disease, has led to its dissemination over all portions of the city and to most of the leading towns of the interior. I incline to the *belief* that *both* influences have *combined* in producing the result. There can be no doubt about the influence of contagion. The influence of an epidemic condition of the atmosphere in spreading the disease rests on more shadowy grounds; and I incline to admit such influence more upon the conditions which *preceded* than those which *accompany* the present prevalence of the disease. Bovine virus has been used almost exclusively, as long as it could be obtained, and then the first and second transmissions (as little remote as possible) have been taken, as the best, for the time being, that could be done. A strong aversion seems to have arisen in the minds of the masses, and among thinking physicians, against virus which has been transmitted through the human system, and to meet this aversion, unusual efforts have been made to procure virus direct from the cow. To an unexpected degree, these efforts have been successful. Physicians treating cases are little inclined to mention them, hence little is known of the relative success of the two systems of treatment. In fact, a large portion of cases go to the hospital, and are there treated Allopathically; mortality from 20 to 25 per cent.

W. N. GRISWOLD.

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### CONSULTATION CASES.

#### CASE OF BILIARY CALCULI.

I send you report of a case of biliary calculi which has caused me a great deal of anxiety and I fear, some harm. I premise with the statement that the list of symptoms, although imperfect, is as full as the nature of the case will allow. Although I have never been permitted to examine the dejections my diagnosis has been confirmed by the highest Allopathic authority here.

March 2d.—Mrs. M., aged thirty-seven, light clear complexion and hair—nervous temperament—irritable, taken suddenly with violent tearing pain in region of gall bladder, extending to back and left shoulder. Great anguish and restlessness; nausea followed by vomiting of bilious matter, smelling very sour; tongue and pulse normal. Gave *Ars. 3*, and in one hour the pain left as suddenly as it came, leaving her constipated and unable to lie on either side for two or three days. Constipation yielded to *Nux 3*. Since that time she has had fifteen such paroxysms varying only in intensity and lasting from two to eighteen hours. One of which caused inflammation of left lobe of liver which terminated in resolution. All of the attacks have left her jaundiced and constipated except the first.

I have tried *Ars. 3* and 30, *Acon.*, *Nux.*, *Chel. maj.*, *Sulph.*, *China*, *Kali carb.*, and several others, but received no benefit from any but *Ars 3*, which seemed to quiet the excessive nervous excitement, but nothing more.

During the last two paroxysms I have used hypodermic injections of *Morphia* which relieved the suffering, although not good Homœopathy.

Will some good brother give me the remedy and potency that will cure ?

PERU, Ind.

O. C. EVANS.

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DOCTOR TABER ON THE LIVER.

In the last number of the current volume, on page 131, the gentleman referred to in my caption, presents us with a most astonishing article; one that would be astounding if similar ones were not becoming altogether too common. I wish here, and feel confident very many will say "amen," to protest, in the strongest manner against the future admission of such Homœopathic (?) abortions. I do not pretend to say that the specimen of poly-pharmacy given us did not cure his case or cases of indurated liver. But do not see what such a report has to do in a journal devoted to Homœopathy.

The pages of Eclectic, yes, of Allopathic journals are filled with just such reports and presumptions, and with equally flattering successes. These journals are open to the gentleman, and are the proper place to print such antedeluvian therapeutics. It is an insult to the Homœopathic profession to tell us we cannot cure such cases, when we all know better; to tell us first diagnose the case, then give "my preparation" of *Iodine*, *Carbolic acid*, and *Myrica* to cure. Which one of these three remedies produced a cure; can the doctor tell? If neither is indicated *singly*, neither will cure when mixed together. If his prescription cures Homœopathically, good bye to the Homœopathy that has connected old medicine. If it does not cure according to that law, it is outrageous to print such a report in one of our journals. The doctor may be an old man, but he is evidently young in Homœopathy, and had better "tarry in Jericho" a little longer before attempting to teach therapeutics to *Homœopathic* practitioners. Now I "would advise 'Medicus,'" to give no such witches' broth as that to his patients, but search for the similar remedy.

DETROIT, Mich.

J. G. GILCHRIST.

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*BINIODIDE VS. IODIDE OF MERCURY.*

I have been asked to explain why I prefer *Protiodide* to *Biniodide* of *Mercury*. The greater reason is this: If a physician is inclined to give it low, and often so as to produce loose discharges from the bowels, the *Biniodide* is pretty sure to produce pain, at times severe, which I have never known the *Protiodide* to do; but this can be avoided by giving it higher. We should have replied earlier but have been pretty busy, having some cases to treat of diarrhœa, croup and croupy colds, measles, scarlet fever, diphtheria, small-pox, etc. One



child with confluent small-pox, aged sixteen months, made rapid recovery on *Actea racemosa* 3, at the first of the disease, then *Vaccinin* 200 later. Every other child affected was treated Old School and died.

We have had a *thaw*. The thermometer has been playing "ninety and nine" and "Old (one) hundred" from 10 A. M. to 2 or 3 P. M. for quite a while, and during the heat we feel like singing "Swing low sweet chariot," and when the cool east wind comes up we are often tempted to hitch up a trotter or two and join the one thousand or more teams on Ocean street, and visit Swampscott or Nahant.

LYNN, Mass.

A. M. CUSHING.

### THE PROCESSION OF DISEASES.

BY A. W. WOODWARD, M. D., CHICAGO.

Presented to the Western Academy of Homœopathy.

In 1660, Dr. Thomas Sydenham, of London, England, published his observations on acute diseases. *The Works of Sydenham*, Ed. 1848, two volumes. These have been considered so valuable, that, by common consent, he is now called the father of English medicine.

Thomas Sydenham, "the English Hippocrates," was the chief physician in London from 1660 to 1670.

The grand contribution made by Sydenham to the art of medicine, was this. He proved that the true mode of cure was the direct one, by specifics, and that all the indirect ones, by "revulsives" and "anodynes," were precarious and mischievous. Thus he stood midway between Hippocrates and Hahnemann; one hand he stretches to the ancient Greek, and the other he holds out to the modern German. And so he is a link in the apostolic succession of the living church of medicine.—*J. Rutherford Russell, M. D.*

Believing that something might be learned of profit to us in these days, from these old-time records, I have made a brief synopsis, which I hope may prove as suggestive to others as it has been to myself:

In 1661, autumnal intermittents were epidemic and very fatal, sweeping off whole families. The intervals between chills were scarce defined. The tongue soon became black and dry. Extreme prostration came rapidly, with acute mania, and often death in the second or third paroxysm; if less violent, the fever lingered for months.

Following the ague, in the winter, there was a continued fever, with the same characteristics—mania, wakefulness, prostration and black tongue. Beside these, constant retching, and vomiting during first week; afterward, exhausting diarrhoeas and hæmorrhage, with suppression of urine. In favorable cases, *critical sweats* terminated the case.

This fever continued until 1665, varying in its prevalence; in summer giving place to intermittents, and in winter returning. Both the

agues and the continued fever were liable to leave behind them heart diseases, dropsies and indurated spleens. The immediate sequelæ were madness, quinsies or diarrhœas.

During this time, the only intercurrent epidemic was a small-pox, in which the vesicles pitted, and the greatest danger was on the eighth day, when a critical sweat would prove rapidly fatal.

The treatment during these years, was chiefly emetics of *antimony* in the first stage, rigid diet, no cordials, bleeding rarely useful, neither was *Peruvian bark*.

In 1664, intermittents and the above mentioned fever, began to decline in frequency and severity.

Early in 1665, there suddenly appeared pleuro-pneumonias, pleurisies and quinsies, of a highly inflammatory character; they rapidly proved fatal. At the same time, an epidemic of continued fever appeared, which was wholly different from the fever that had prevailed during the past four years. The constitutional symptoms were alike in all cases, whether the subject had pneumonias or continued fever. They differed from the former fever in leaving more intense headaches, and the vomiting and diarrhœa were even more severe and uncontrollable. While these symptoms could be guarded against by emetics in those cases, they were now aggravated by them. The skin was hot and dry, perspiration could not be produced except by bleeding, which, if copious, was effective.

As the year advanced, the plague broke out, with its full train of special symptoms, carbuncles, buboes, etc. This pestilence increased from day to day, and in September reached its height, when it destroyed about eight thousand lives within one week, although two-thirds of the inhabitants had fled. From this time, it began to disappear, ending with the frosts.

The fever that had preceded it, continued, however, through the winter, and the next year, also, though growing gradually less frequent.

The symptoms of plague were as follows:

Chills and rigors, followed by violent vomiting, and a boring pain in the region of the stomach. A burning fever soon followed, continuing without intermission, until death brought relief, or else buboes, or parotid abscesses appeared. In extreme cases, the patient was struck down in the streets, becoming at once insensible, when crimson blotches would be the only forerunner of the quickly coming end. In other cases, tumors appeared without any preliminary sickness.

This disease was highly inflammatory, the blood drawn presented all the appearances of that belonging to pleurisy and rheumatism, having the "buffy coat," etc. The free use of stimulants as a preventive was highly injurious, and seemed to insure its coming, rather than its avoidance. Sweating measures were of no benefit, at first, only as they followed repeated and copious bleedings to the point of fainting, would they serve, and then the patient was safe, the vomiting was arrested, consciousness returned, and on a liquid diet, health was restored.

In the spring of 1667, small-pox, which had been absent some two years, again began to return, became epidemic in the fall, and disappeared when winter set in, to reappear in the spring. Thus it repeated its coming and going, until August, 1669, when it finally left, giving place to dysentery.

When this epidemic of small-pox began, a new form of fever presented itself. With the exception of the eruption and the symptoms caused thereby, it was not unlike small-pox. It continued quite as long as did the variola — seeming to be substitutive; prevailing worse during the winter months, and subsiding when the small-pox returned.

The small-pox of these years was typical and remarkably unvarying; it was unlike, in many important particulars, not only the epidemic of 1663, but also of those that followed in subsequent visitations. At this time it set in with rigors and intense heat, with severe pains in the head and back, great nausea, and extreme tenderness of the stomach to pressure, *profuse sweats*, stupor and *drowsiness*. The pustules appeared on the fourth day, and developed without umbilicating; neither did they rise above the surface until maturation, when they became only slightly raised; on the eleventh day they ripened, and the inflammation began to subside. This form never left a permanent scar, unless the case was confluent.

In the confluent type, there was less sweating, but, instead, a colliquative diarrhœa set in with the eruption on the third day. The eruption looked more like erysipelas or measles than variola. On the eighth day the skin began to shrivel, but did not peel until the twentieth day. No pitting at first appeared, but a bran-like scurf seemed to corrode the flesh afterward. Accompanying this disease there occurred both salivation and diarrhœa, from the second to the eleventh days. The eighth and eleventh days respectively, according to the type, were the fatal days. Treatment, rigid gruel diet, cooling drinks, no stimulants, no bleeding, save as the brain was involved. Remedy, chiefly *Laudanum*.

The continued fever which occurred during this time, began with the same pain and tenderness over the stomach, headache, heat and petechiæ soon follows. No thirst. Tongue as in health; sometimes white, rarely dry, never black. From the beginning, profuse sweats, without relief. If badly managed, these symptoms seemed to have no end, continuing seven or eight weeks without a crisis. Ptyalism and diarrhœa were nature's means of cure.

Treatment, moderate bleeding and enemas. Cathartics or astringents proved rapidly fatal.

During the summer of 1669, a new disease — diarrhœa — gradually became more frequent, and proved a precursor of the dysentery which followed the next year. This disease had been absent eight years.

The epidemic constitution of 1669, 1670, 1671 and 1672 could be foreseen the previous year. At the beginning of 1669, cholera morbus and gripes without stools, as well as dysentery, began to set in sharply. Cholera morbus was never before so prevalent. It subsided in August, but the dry gripes and dysentery continued into the winter. The

cholera morbus which prevailed at this time was attended by excessive vomiting, pain, flatulence and fainting; scant, difficult and straining stools; heat and restlessness, or cramps and cold extremities. This often proved fatal in twenty-four hours. The dry cholera was characterized by excessive flatulence, from both above and below, with little vomiting or purging. The pains were intolerable; continued retching finally produced ileus.

Dysentery was, however, the most prominent epidemic, and the most fatal. Its peculiarities now were a dry, black tongue, speedy collapse, with stupor. If the patient rallied under a moderate bleeding, and free enemas, perspirations marked the improvement; then followed a fever, which was typical, and could be traced, not only in this, but all other diseases prevailing at this time. Sweatings, which had been copious in former years, were now rare and scant. Headache worse; tongue no longer moist and pale, but dry, covered with a thick fur. This fever rarely subsided with ptyalism, as the other did; while there was now complaints of aphthæ. There was also great disposition to flatulence and diarrhœa, and pains in muscular system and joints. Toward the end of an attack, great danger existed of quinsies gastritis and hepatitis. Stupor and bland delirium was at this time substituted for the frenzy and mania of the former type.

Treatment, moderate bleedings and repeated large enemas. The cholera morbus and dry cholera at this time yielded better to copious and repeated draughts and injections of weak chicken tea, than to any medicinal agents.

During this period, measles and small-pox prevailed extensively in the winters.

The measles were attended by a dysenteric diarrhœa, and showed increased fever as the eruption came out. Coughs and pneumonias were unusually bad, and were not governed by the degree of eruption.

The small-pox was anomalous in this, the eruption was present in two or three days, and the pustules were smaller and more angry, often black. The vesicular stage rarely occurred; the eruption became pustular at once. The skin looked as if burned. If a pustule was broken, the flesh beneath was black and mortified. As the pustules ripened, the face looked as if covered with soot. In this form, the dangerous time was from the fourteenth to the seventeenth day; in the former type, it was on the eleventh day. All cases were apt to be attended by dysentery. The best treatment was chiefly *Hartshorn* water, well sweetened.

In July, 1673, a decided change in the disease forms began to be observed. A new fever made its appearance, that might be termed *comatose fever*. There still remained a few cases of the old small-pox and dysentery, while this new disease came first as a strange measles. They rarely appeared on the face or neck, and were not followed by desquamation. This gave way, in the spring, to a black small-pox, which had not prevailed since the beginning of the last epidemic, three years before. This type was best treated by weak *Sulphuric acid*. In the fall the true epidemic fever appeared, with colds and catarrhs,

which prostrated thousands. These symptoms affected the head and lungs, instead of the throat and bowels, as formerly, and were attended by a highly inflammatory fever, excessive pains in the head and back; insensibility and extreme stupor, that lasted for weeks. Slight sweats at the beginning only. Tongue unchanged, normal in color and moisture; in severe cases, yellowish brown; thirst extreme. Most of these symptoms could be traced in the special epidemics that occurred during this time, especially the coma. In treatment, it was found that bleedings were dangerous; cathartics did no good. Refrigerants and enemas failed in serious cases. Fly blisters to the neck was the main reliance. Opiates for the cough or pain were not admissible, as they increased the fever.

January 1, 1676, still produced some cases in which profound coma was present; but indications of a return of dysentery now appeared. Measles, with diarrhoea, prevailed extensively, and catarrhs of the air passages were common during the winter. Cholera morbus put in an appearance very early in the spring, with extraordinary fluxes.

During 1677, Sydenham was ill, and took no notes. 1678 exhibited a constitution favorable to intermittents, as they were again epidemic. For fourteen years they had been nearly banished from London. The cases now began as well-developed ague, with distinct intervals and perfect order of sequence. Chill, heat, and sweat, each complete. They continued thus for three paroxysms, and then became more continuous; finally, scarce any remission could be noticed. Cerebral congestion was the last scene before death.

In 1679, this fever was still more prevalent, and vast numbers died with it. The treatment, *par excellence*, of this ague, was *Peruvian bark*. It was all-sufficient, if taken at the right time; though it met with great opposition, being yet new among the people. Blood-letting was sure death.

In November of this year, a new epidemic of spasmodic coughs swept over the city. It was much like pertussis, yet distinct. It attacked those who had formerly suffered with that disease, indiscriminately with the rest. If mismanaged, a pneumonia soon occurred. The best treatment was free venesection and purges, three days in succession. They conquered it at once. In case of pneumonia, a blister on the neck was needful besides. Pectoral syrups did no good, neither did *Peruvian bark*; its time of usefulness was past.

This cough and pneumonia continued through 1680, and at the beginning of 1681. Intermittents returned, and prevailed uninterruptedly, until 1685, when they gradually declined. During this period, intercurrent epidemics came and went, giving place to agues when the summer returned. Principal among these was variola, with cerebro-spinal symptoms. Deaths in all diseases at this time, came most frequently with coma, convulsions and hæmaturia.

In February, 1685, a new fever, unlike any seen the past eight years, put in an appearance, and continued until 1690. Chills and flushes, pains in head, neck, fauces, and joints; pulse normal; some cough;

fever gradually rises, and is remittent; is attended by muttering delirium. Over-heating induced petechiæ and miliary eruptions. Tongue, dry, brown stripe in center, with white fur on edges; perspirations; easy about the head. As the disease progresses, the pulse rises, and toward the end, was tumultuous and very rapid. In favorable cases, a profuse critical sweat preceded recovery. Fatal results were anticipated by jerking spasms. Treatment, moderate bleeding at first, followed by blisters and cathartics. *Peruvian bark* and *Opium* were also given, with little good, though this was a remittent fever.

The conclusions derived by Dr. Sydenham from his experiences were:

1st. That the prevalence of lesser or intercurrent epidemics was not governed by any discoverable cause. They came and went, owing to some occult reason. He, however, did discover that each and every variety was modified by the prevailing epidemic constitution.

2d. That intermittents spread themselves as epidemics more often than any other disease form. They yielded only to the inflammatory diathesis when the blood was rich in fibrin. The fundamental or epidemic constitution underlying ague, he termed depuratory (typhoid ?) fever.

3d. That what is understood by the term malignant, as applied to any disease, is a temporary condition, induced either by a collapse, or is owing to an excessively high temperature of the body. In the first case, bleedings rally life's forces, and in the second, sweating treatment sometimes, but not often; more frequently, abstraction of heat is necessary, by various cooling methods, occasionally, by bleeding also.

The relation of the lesser epidemics to the various epidemic constitutions is in part illustrated by this chart, taken from his work. The stationary forms correspond to what we would call diathesis:

Continued	{	Stationary	{	<i>Depuratory</i> <i>Pestilential</i> <i>Inflammatory</i> <i>Dysenteric</i>
		Intercurrent	{	<i>Variola</i> <i>Measles</i> <i>Scarlatina</i> <i>Pleurisy</i> <i>Rheumatism</i> <i>Erysipelas</i> <i>Quinsies</i>
Intermittent			{	<i>Quotidian</i> <i>Tertians</i> <i>Quartans</i>
COMBINATIONS.				
Impossible and incompatible			{	<i>Depuratory</i> <i>Pestilential</i> <i>Inflammatory</i> <i>Dysenteric</i>

Compatible	{ Depuratory Agues, Epidemic Intercurrents sporadic
Compatible	{ Inflammatory Small-pox epidemic Pestis vera sporadic Intercurrents sporadic
Compatible	{ Pestilential Pestis vera epidemic Intercurrents sporadic

### CIRRHOSIS OF THE LIVER.

BY L. SALZER, M. D., CALCUTTA, INDIA.

[India forwards to the World's Convention the following interesting paper, which will be read with profit by all of our readers, and especially by those in tropical regions or in tropical weather.]

The hepatic disorder which is to form the subject of the present paper, essentially consists in inflammation and hypertrophy of Glisson's capsule, and of the connective tissue of the liver generally. In the early stage of the disease the organ is enlarged, and can hardly be distinguished from a liver in a state of active congestion. As the disease advances, however, the liver is reduced in size, particularly the left lobe. This ultimate shrinking is owing to a proliferation of the connective tissue, in consequence of which, both the branches of the portal vein and of the hepatic duct are obstructed, thus leading to the destruction of the secreting cells of the liver.

The disorders accompanying this pathological state are manifold. Owing to the obstruction of the portal circulation we find: Enlargement of the spleen; later, ascites; still later, œdema of the lower extremities, dilated abdominal veins, and sometimes vomiting of blood, and bloody stools. Meanwhile, there is more or less jaundice; digestion is greatly impaired, causing emaciation and loss of strength. Meteorism is almost a constant symptom, leading often to difficulty of breathing before ascites has set in.

*The chief cause* of cirrhotic degeneration of the liver is the abuse of spirituous liquors. As other causes have been assigned:

1. Malaria, or such climatic influences, the prolonged exposure to which may lead, either primarily, or through a preceding recurrence of febrile attacks, especially of the intermittent type, to a morbid state known as malarial cachexia.
2. High temperature, or a prolonged sojourn in hot climates, even when not infected with malaria; and finally—
3. The immoderate use of irritant substances, particularly spices, such as *Capsicum*.

Each of the above-mentioned agents is known to be capable of producing primarily a state of active, and, when allowed to act for a long time, secondarily, a state of passive hyperæmia of the liver, with all signs of obstruction in the portal region. There is, however, as far as I know, no evidence to show that either high temperature or *Capsicum* alone, that is, unaided by the pernicious habit of *Alcohol* drinking, has ever produced a genuine case of cirrhosis of the liver. Our provings of *Capsicum* show no signs of ascites, of œdema, or even of enlarged spleen. Otherwise is the case with malaria. Men under the influence of this agent may be found to exhibit all the symptoms pertaining to this hepatic disorder, and even the physical signs, capable of demonstration by percussion. Yet, even under such circumstances, a reduced liver is rare, the rule being that liver and spleen preserve their enlarged form to the last.

*The diagnosis*, although easy enough in the advanced stage, is difficult in the first stage of the disease. Professor Borelly, of Naples, has lately drawn attention to the fact, said to have been found by him in many cases, that the enlargement of the liver, taking place during the first period of this disease, does not produce, as in other swellings of the liver, the dull sound on percussion, heard low down in the right hypochondrium and epigastrium, but the liver rather enlarges upward, so that the absolutely dull sound begins on the fourth or even third rib of the right side, whereas the lower edge of the liver hardly passes the arch of the ribs. As far, however, as my observations are concerned, I must say they do not corroborate Professor Borelly's statement. In the second stage, it is true enough that the hepatic dullness decreases from below, upward, owing, no doubt, to the almost constant meteorism, and to the ascites often joining it. But, as to the pretended diagnostic sign of the first stage, it is certainly not the rule in India. Dr. Morehead makes, also, in this respect, statements which directly go against those of Professor Borelly. He says, (*Resarches on Diseases in India*. London, 1870. p. 421 :) "The exudation in the early stages, before organization, contraction and lobular atrophy, have taken place, may cause enlargement of the liver and its extension below the margin of the ribs." I shall only add, here, that in explanation of Professor Borelly's observation, it has been said that the high stand of the enlarged liver is chiefly owing to the softening of the hepatic part of the diaphragm, caused by the extension of the inflammation from the serous covering of the liver to the diaphragm.

*The prognosis* in this hepatic disorder must necessarily depend upon the stage in which the disease comes under treatment. Favorable in the first stage, the prognosis is unfavorable in the second stage of the disease. "Much good might probably be effected," says Dr. Ward, "in the earlier stages of cirrhosis, if the disease could then be brought under continuous treatment, and the victims of it could be induced to exercise the self-denial necessary to the arrest of the mischief. *Mercurial* preparations, etc., might induce the absorption of the lymph effused, while it is yet in an organized state. Or, supposing a portion



of liver to be irreparably damaged, further extension of disease might be prevented by strict abstinence from spirituous drinks, by bland, nourishing food, and by remedies calculated to improve the tone of the stomach, and to keep up healthy action of the unimpaired secreting structure of the liver."—(On some Affections of the Liver and Intestinal Canal, by Stephen H. Ward, M. D., Physician to the Seamen's Hospital, etc. London, 1872.) From these remarks it will be seen that recovery, even when the second stage of granulation has set in, is by no means a physiological impossibility. Let us also remember that the liver, in its natural state, is in many men larger than is absolutely necessary. According to Frerichs, the relative weight of this organ in the adult may vary from one-twenty-fourth to one-fortieth of the body; so that, could we only succeed in arresting early enough the progressive shrinkage, there may yet be left sufficient liver for the requirements of a well-regulated mode of life; and this even, without the aid of remedies, as suggested by the just-quoted author, "calculated to keep up healthy action of the unimpaired secreting structure of the liver."

*The treatment*, when conducted on Homœopathic principles, might at first sight appear to labor under the disadvantage of being deficient in such therapeutic means as are calculated to promote the absorption of the effused lymph. Experience, however, has taught us that we need not be anxious about organized inflammatory products; that we may moreover fairly trust, for their ultimate removal, to the natural function of the absorbent vessels, provided we can manage to arrest the inflammatory process itself.

*Intermittent Fever in India.*—As malarial fevers have been assigned as one of the causes of the hepatic disorder under discussion, it will not be out of place to state here briefly the practice I have pursued, during a stay of more than seven years in India, with regard to the treatment of intermittent fevers. I divide these cases into two great classes—the one, namely, purely intermittent; the other, complicated intermittent fevers. It is in the intermittent type, pure and simple, that *Quinine* is the remedy, *par excellence*. No massive doses need be given in such cases; the 6th trituration has often proved sufficient. But I never had occasion to go beyond the 1st decimal trituration, of which I order two or three grains every two, four, six or eight hours, during the intermission. In complicated cases, that is, cases accompanied by distinctly congestive symptoms of other organs than liver or spleen, or cases where gastric or general catarrhal symptoms prevail during and extend beyond, the pyrexia, such remedies as *China*, *Arsenic*, *Ipecacuanha*, *Nux vom.*, etc., may either succeed in arresting the attack altogether, or they at least will pave the way for the suitable administration of *Quinine*.

*Malarial Cirrhosis and Alcohol.*—The first remedy which suggests itself to the mind of a physician, when called to treat a case of malarial cirrhosis of the liver, is *Alcohol*. The similarity of action between *Alcohol* and malaria on the liver, should, after what has been said on the subject, hardly need any further illustration. And if we choose

to understand, as most pathological writers do, by a cirrhotic liver, any shrunken, hob-nailed liver, of yellowish-brown appearance when cut into, then there is, in fact, scarcely a difference between the liver of a gin-drinker and that of a malarious-fever patient. We have seen above, that the analogy holds good, even to all the symptoms characteristic of this disease. Let us, however, examine, side by side, both the mode of action and the ultimate destructive results of the malarial poison on the one hand, and the alcoholic poison on the other. As to the former, we know, from the researches of Virchow, Frerichs, and many others, that the blood undergoes a pigment degeneration, in consequence of which, the minute tissue elements contain black coloring matter. Such pigment is seen to accumulate in the minute capillaries of the brain, attaching to the point of division of the small vessels, and sometimes associated with the comatose and apoplectic forms of intermittent fever. Such pigment is also seen in the minute hepatic vessels (Frerichs,) where it ultimately gives rise to atrophy of the parenchyma of the liver. (Aitken). And, with regard to the liver in particular: Pigmentary degeneration of the liver is only to be recognized at a post-mortem examination, as the result of melanæmia. It is seen in cases of severe or pernicious remittent, intermittent, or malarious fevers. It is due to the accumulation of pigment matter in the vascular apparatus of the gland, especially in the capillary network of the portal and hepatic veins; and the minute branches of the hepatic artery also contain quantities of black coloring matter. In cases where the liver is so affected, similar melanic matter is generally found in the spleen, kidneys and brain; while the blood itself may be seen to contain dark granular masses or nucleated pigment-cells, with black granules in their interior. The spleen seems to be the seat of formation of melanotic matter (Frerichs.) The effects upon the system of this degeneration, are mainly due to the destruction of blood corpuscles with which it is associated, and tending to a condition like chlorosis. There is extensive capillary stagnation, which gives rise to obstruction of the circulation of the blood in the roots of the portal veins, and exhausting hæmorrhages of an intermittent kind are apt to occur from the gastro-intestinal mucus membrane. Profuse diarrhœa, vomiting, and serous effusions, are also common occurrences. (Aitken.) While, then, the malarial poison is essentially a blood poison, and causes structural disease in, and eventually ultimate reduction of, the liver, by a deposition of melanotic pigment; the alcoholic poison effects similar destructive results in the hepatic organ, by its local inflammatory action, with subsequent cellular proliferation.

I have just before me the German edition of Ziemssen's Special Pathology and Therapeutics. Dr. Herz, in his description of the pathological anatomy of malarious fevers and malarial cachexia, (Vol. II., p. 574,) says: "Besides the anæmic coloration of skin, the œdema, the dropsical effusions in serous cavities, the atrophy of the muscular and adipose tissues, etc., it is the change of the liver, spleen, kidneys, and the heart, which deserves mention." And, after describing the

hypertrophy, and the occasionally following atrophy of the spleen, he continues: "In the liver, similar changes are to be found. Here, also, we find large and massive indurations, which, by the presence of pigment assume a chocolate color. In rare cases the liver is reduced, and has a *certain similarity* with a cirrhotic liver."

When we come, therefore, to read in standard works of medicine, even so lately published as 1872, that cirrhosis of the liver may be caused by malarial fevers (Aitken,) we shall do well to keep in mind that, histologically, and even anatomically, malarial cirrhosis essentially differs from the granulated liver of the gin-drinker, and that their relation to each other does not go beyond a certain similarity. Little can, therefore, be expected, on Homœopathic grounds, from the therapeutic effects of *Alcohol*, in any case of advanced malarial cachexia, either with regard to the condition of the patient in general, or to the structural changes of the liver in particular.

But in the incipient stages of malarial cachexia, *Alcohol* deserves a fair place as a remedy. When we have succeeded in arresting the periodic febrile attacks, and yet the enlarged state of the spleen and liver distinctly tells us that our patient is yet far from being cured; then *Alcohol* will often do in a comparatively short time what no other remedy can do. The drug need not be given in large doses. Ten drops of rectified *Alcohol*, mixed with a proportionate quantity of distilled water, taken two or three times daily, half an hour before each meal, are quite sufficient. In the case of children, three to five drops, used in the same manner, will often be found to meet the case. I need hardly say that this method of treatment is only adapted to individuals not habitually addicted to the use of alcoholic liquors.

One remark more about the habits of the *Alcohol*-drinker. Amongst the three prominent causes which (beside malarial fevers) are liable to produce active congestion of the liver, are, as we have seen before, high temperature, *Alcohol*, and spices. Now, if we look to the general habits of the gin-drinkers, we find, amongst others (Allen's Encyclopædia, article *Alcohol*): "Desire for pepper, mustard, and other heating articles." It would, then, appear that the gin-drinker instinctively craves after what is the best Homœopathic antidote to the alcoholic poison. On the other hand, we find here in India a population of about 250,000,000, consuming all sorts of spices, to such an extent that, when I first tried their national dish — curry and rice — I felt a burning of my lips for hours afterward. Being, in consequence of climatic influence (high temperature and malaria), naturally liable to the same hepatic congestion as the gin-drinker, we find them, as a matter of custom, resorting to the same Homœopathic antidote.

*Arsenic*.—From what has been said about the nature of hepatic degeneration in some cases of advanced malarial infection, it will be seen that any therapeutic attempt solely directed toward the restoration of the diseased liver must be of no avail so long as we neglect the fundamental disorder out of which the hepatic degeneration arose. Our hope can only lie in the administration of such remedies as have proved themselves to be useful in malarial cachexia.

*Arsenic*, however, our great remedy in chronic cachexia of malarial origin, will fail us in such of the cases as are seriously complicated with hepatic disorders. Dr. Baehr, in his *Therapeutics*, has already remarked that, suitable as *Arsenic* is in all forms of dropsy, its curative results are most doubtful if we have only ascites to contend with. *China* is another remedy of great promise, but unfortunately, impotent in these cases; most likely because the patients had been over-drugged long before by this valuable therapeutic agent.

*Argentum nit.*—There is only one drug which has done me valuable service in this grave pathological complication, and this is *Argentum nit.* We owe an intimate knowledge of the range of action of this salt to Dr. v. Grauvogl. For the present purpose I shall, however, content myself with quoting a short resume from Dr. Hughes' *Pharmacodynamics*: "Dr. Bogolowsky, of Moscow, has recently experimented with it largely in rabbits, to ascertain its deeper and more chronic effect. From these it appears that the salt has a direct and primary influence on the red corpuscles of the blood, causing their coloring matter to escape into the plasma, and so leading, at first, to ecchymosis and effusions, and later, to interference with oxidation, and ultimate chlorosis. As a result of the deficient nutrition (so he thinks) there occurs catarrh of the mucous membranes generally, and degeneration—rather of a granular than a fatty kind—of the renal and hepatic cells, and of the muscles, including the heart. There is also found universal venous blood-stasis." This description of the drug's action, compared with what has been said before about the pathological changes occurring under the influence of malaria, will convince every one of the great toxicological analogy between these two agents. It would be out of place, here, to enter into their respective symptomatology; I shall, however, mention one symptom here as especially relating to our subject. It is amongst the generalities of *Argentum nit.*, and runs as follows: "Cachexia, emaciation, affection of the liver, dropsy." (Allen's *Encyclopædia*.)

*Argentum nit.* is no anti-periodic, like *Quinine* or *Arsenic*. Its great remedial function lies within the sphere of confirmed malarial cachexia. So long as there are distinct periodic accessions, its administration would simply be waste of time. But when we have to deal more with the progressive ravages left by the periodic febrile attacks than with the latter themselves, then *Argentum nit.* will take a worthy place near *Arsenicum alb.* or, better yet, after *Arsenicum alb.*; for, in the measure as the last-mentioned drug loses its therapeutic hold, the *Nitrate of silver* will be found to be so much the more Homœopathically indicated.

#### PHOSPHORUS IN GENUINE CIRRHOSIS.

*Phosphorus*.—Returning to the genuine cirrhosis of the liver, as caused by *Alcohol*, I would give the first rank to *Phosphorus*, as its appropriate remedy. From Dr. Wegner's experiments on rabbits, (Virchow, *Archiv.*, V. p. 4,) we know that, amongst the chronic influences of *Phosphorus* on the organism, when administered in suitable

doses, is its prominent effect on the digestive apparatus. "The interstitial connective tissue of the liver and of the stomach becomes irritated, there arise chronic indurative gastritis, and chronic interstitial hepatitis, with icterus and atrophy of the hepatic substance; the last link of the chain is atrophy of the liver, either the smooth or the lobulated variety, or else the classical granular atrophy—the so-called cirrhosis." *Phosphorus* has beside, like *Nux vomica*, our famous alcoholic antidote, that peculiar nervous irritability, or, moreover, irritable weakness, so common in people while addicted to ardent drinks, and even long after they have given up the pernicious habit. I am almost inclined here to give some cases of undoubted cirrhosis, in order to show the great curative power of *Phosphorus* in this otherwise most unmanageable disorder; but then I were in duty bound to give also, side by side, some other cases where it did not arrest the progress of the granular degeneration. We must remember that a specific, in the true meaning of the word, for this hepatic disorder, is, at the present stage of our knowledge at least, out of the question. In the first stage, when all the pathological preparations are silently made for the subsequent degeneration, our present diagnostics are insufficient to give us the proper warning at the proper time. On the other hand, when the diagnosis is clear enough, a certain amount of organic destruction has already taken place, which may often render all prospects of a tolerable recovery a matter of physiological impossibility. The value of our specifics in such cases, even when most properly selected, will, therefore, always be far from absolute. True, so it is in all cases, and under all circumstances; for our law of cure, however great its claim to universality may be, is, after all, necessarily limited and subordinate to the great governing law, inorganic nature—which is ultimate death. But nowhere as in organic diseases, are the causes which are at work to defeat our curative law, so palpable to our human eyes. Taking the very disorder under discussion as an example, we can clearly see the great difficulty physiology opposes to our curative attempt. With the reduction of the hepatic volume, more blood must proportionally pass, within a given time, through the impaired portion of liver than was the case in the individual concerned, when in good health. But this very increase of flow of blood predisposes to inflammation, and has, in fact, brought the patient to what he now is. It is therefore erroneous to think that, by stopping his *Alcohol* and feeding him with bland food, we have entirely removed all causes of further disturbance. These causes, far from being entirely removed, are, as we have seen, continually at work. When, then, we see that a man, in spite of all his moderation, has been for months going from bad to worse, and that after he began to take *Phosphorus*, he began gradually to rally, we may fairly ascribe the improvement, to the curative action of the drug administered. And such is what I have seen, in a few cases. In some of them, cirrhosis of the liver had been diagnosed, not only by myself, but by other medical men attending before me.

*Mercury*.—The decided action *Mercury* exerts on the liver makes it

necessary to mention this drug in connection with the disorder under consideration. In the stage of enlargement, *Mercury* is, no doubt, one of the most important remedies. But then, this is just the stage about which we are not certain whether it is the first stage of granular degeneration at all. In order to be able to speak of the usefulness of a drug in cirrhosis of the liver, we must know what the drug can do in the second, unmistakable stage of the disease. And here my experience with regard to *Mercury* is totally negative; nor is it, after all, to be wondered at that a drug, so eminently endowed with the power of destroying the fibrin of the blood, should have so little Homœopathic relation to the morbid state, essentially fibrinous in its inflammatory character. It is generally stated that cirrhosis of the liver and hepatic abscesses do not occur together. "This is," says Dr. Morehead, "doubtless correct of European countries, but it is not so of India, where the co-existence of the affections is not very unusual." If ever *Mercury* should find a place in the treatment of the cirrhosis of the liver, it would, no doubt, be in complicated cases of the nature just described. I can, however, not say that this drug has done much good in the few cases which came under my observation. Nor has any other remedy done more.

*Mercury destroying fibrin.*—I would say here a few words, in passing, about the fibrin-destroying quality of *Mercury* in the human body, which has so long been a puzzling fact. Dr. Headland ascribes it to "some inscrutable chemical power, whose agency we know nothing of." Viewed, however, in the light of recent physiological researches, I believe that the influence of *Mercury* upon the diminution of fibrin is merely a consequence of the hepatic irritation the drug is known to produce. Lehmann and Bernhard have shown that, while portal blood contains much fibrin, blood from the hepatic vein contains little or none. Brown-Sequard (*Journal de Physiologie*, Vol. I., p. 304,) has calculated that no less a quantity than 2,690 grammes or about 86½ ounces of fibrin is daily lost to the blood in its passage through the digestive organs and the liver. It is then most likely that the fibrin-destroying quality of *Mercury* is owing, not to its direct chemical effect upon the blood, but to its effect upon the liver, the natural destroyer of fibrin. In speaking of *Mercury* as a liver-irritant, I have not forgotten Professor Bennett's experiments with this drug on dogs, which resulted in a diminution of the bile-secreting faculty of the liver. I believe, however, that due attention has not been paid to the dose-question in the experiments alluded to. In moderate doses, *Mercury* no doubt stimulates the function of the liver.

*Hepar* more related to the inflammatory process prevailing in genuine cirrhosis of the liver is the physiological action of *Hepar sulph*. Our provings show moreover that the portal system is deeply affected by this drug. Dr. Bayes, of England, speaks highly in its favor in cases of chronic engorgement of the liver; and this is just what necessarily happens in a chirrhotic liver. I have, as a rule, found this drug the more useful, the more there was reasonable ground to suspect that the case is one of incipient cirrhosis. In the second stage,

*Hepar sulph.* will go a long way in the symptomatic treatment which is often so urgently called for in this disorder ; but it has under my hands just as little arrested the fatal progress of the disease as *Nux vom.*, *China*, *Lycopodium*, *Calcarea carb.*, *Arsenic*, and many others.

*Hydrocotyle*.— I close with a drug of which, I am sorry to say, we have no provings, or almost none, but which I consider should not be left unmentioned in connection with interstitial inflammation and cellular proliferation, no matter where such a morbid state may make its appearance. I allude here to *Hydrocotyle asiat.* a remedy, the great curative power of which I have long since learned to appreciate in such disorders. *Hydrocotyle asiat.* has for a long time, and deservedly, enjoyed a high reputation in elephantiasis. Now if we enquire into the pathology of that disease, we learn (Morehead, op. cit.) that an exudation of liquor sanguinis takes place into the interstices of the affected structure and the lymph becomes formed into fibrous tissue of low organization ; the subcutaneous areolar tissue is either hypertrophied or it has a semi-liquid glutinous matter deposited in its areolæ. Now, the first of the two above mentioned pathological alternatives is just the exact counterpart of what happens in cirrhotic degeneration of the liver. If we further enquire about the causes of elephantiasis, we learn from the same author that " it would seem to be related to particular localities ; to be most common in damp, low situations, near to the sea, in warm climates. It has also been supposed the use of fermented toddy (an intoxicating native beverage) is favorable to its production, just as wine and beer are to that of gout " (Morehead), and, it may be added with much more appropriateness, just as *Alcohol* to cirrhotic degeneration of the liver or to acne rosacea, an affection which, not unlike elephantiasis and cirrhosis of the liver, consists in hypertrophy and induration of the connective tissue in the region of the nose and the face in general. In fact, hypertrophy and induration of the connective tissue, in organs varying according to constitutional and climatic conditions, seem to be one of the specialties of *Alcoholic* liquors ; and it is in this speciality that *Hydrocotyle asiat.* shows its great curative power. When we remember the importance of the areolar tissue in the animal economy ; that nutrition by imbibition is to a large extent carried on through the medium of its cells ; that it is intimately interwoven with almost every part of our body ; that it is in fact, the house we live in — then shall we be able to realize to ourselves the value of a drug which has so decided an action on this tissue.

I wish I could close these remarks with a thorough-going proving of *Hydrocotyle asiat.* ; this is a task, however, which I must, under the present circumstances, leave to others. I have used this drug in dilutions from 1st to 6th decimal.

[Allen's Encyclopædia of Materia Medica, Vol. IV., page 625, gives one hundred and eighty-seven symptoms of *Hydrocotyle* — an outline of its action.]

## Society Proceedings.

### *THE SOCIETY OF HOMŒOPATHIC PHYSICIANS OF IOWA*

Held its Sixth annual session in Burlington, May 24th, in the office of Drs. Virgin and Parsons.

There were present, E. A. Guilbert, M. D., of Dubuque; A. H. Van Voorhees, M. D., of Bedford; G. N. Seidlitz, M. D., of Keokuk; Geo. E. Ehinger, M. D., of Keokuk; P. H. Worley, M. D., of Davenport; Mrs. Clara Yeomans, M. D., of Clinton; E. H. King, M. D., of Clinton; H. P. Button, M. D., of Iowa City; J. A. Lucy, M. D., of Oskaloosa; E. H. Wilson, M. D., of Osceola; S. B. Olney, M. D., of Ft. Dodge; F. B. Home, M. D., of Keota; W. T. Virgin, M. D., of Burlington; G. H. Patchen, M. D., of Burlington; W. H. Parsons, M. D., of Burlington; S. E. Nixon, M. D., of Burlington; L. Hubbard, M. D., of Mount Pleasant; H. W. Roberts, M. D., of Ottumwa; Isaac Fellows, M. D., of Fairfield; Thos. Shaver, M. D., of Burlington, and Dr. L. B. Hitchcock, of Clinton county.

The president, E. A. Guilbert, M. D., called the society to order at 10 A. M. The secretary, Dr. Holt, of Marshalltown, was not present, nor had he forwarded the papers of the society.

The president called upon Dr. G. H. Patchen to act as temporary secretary. The president then read his address. He presented an elaborate plea for a more complete organization of the profession of the state. Made some suggestions with regard to organization of district medical societies, and remarked upon new duties to be devolved upon the committee on legislation. He also gave a succinct history of the controversy which ended last winter in the establishment, by the legislature, of two chairs of Homœopathic medicine in the State University.

At the close of the address, on motion of Dr. Virgin, a vote of thanks was given Dr. Guilbert for his efforts in securing the recognition of Homœopathy in the university. The board of censors presented their report—recommending that the following gentlemen be admitted to membership in the society:

H. W. Roberts, M. D., of Ottumwa; W. H. Parsons, M. D., of Burlington; S. E. Nixon, M. D., of Burlington; S. B. Parsons, M. D., Ft. Madison; Emlen Lewis, M. D., Oskaloosa; L. Hubbard, M. D., Mt. Pleasant; Isaac Fellows, M. D., Fairfield; F. B. Home, M. D., Keota; J. A. Lucy, M. D., Oskaloosa. Also Mr. H. C. G. Luyties to honorary membership. The report was adopted.



Drs. Seidlitz, Virgin, E. H. King, Button, and Lucy, were appointed a committee to consider and report upon the recommendations in the president's address.

Thos. Shaver, M. D., of Burlington, was elected secretary. Drs. J. Harts Miller, of Abingdon, Geo. W. Foote, and J. R. Pollock, of Galesburg, Ill., delegates from the Military Tract Society, were present, and were invited to participate in the deliberations of the society.

Adjourned until 2 P. M.

Awaiting the report of the committee on president's address, Drs. Van Voorhees, Button and Ehinger, engaged the attention of the society by remarks upon the character and qualifications of the men whom the society should recommend for appointment to professorships in the State University. All agreed that they should be men who would honor the medical profession, and who could win and retain the esteem of the general public.

Mrs. Dr. Yeomans presented a uterine supporter, and called the attention of members to its excellencies, and showed wherein it differed from Shannon's and McIntosh's supporters. The doctor also reported a case of uterine disease, tumor on the posterior lip; its removal by Van Buren's Tourniquet, and recovery of the patient.

The committee on president's address presented the following report:

Your committee recommend that the committee on legislation be continued, with discretionary power in all matters pertaining to the State University.

Your committee also recommend that the society select by ballot for appointment to chairs in the university, from the following named gentlemen, to-wit: For the chair of practice, E. A. Guilbert, M. D., of Dubuque, and P. H. Worley, M. D., of Davenport. For the chair of materia medica, W. H. Parsons, M. D., of Burlington, and J. A. Lucy, M. D., of Oskaloosa.

The report was adopted, and the society proceeded to ballot for the candidates named. On the first ballot, Dr. Guilbert received seventeen votes, and Dr. Worley one vote. On motion of Dr. Seidlitz, the nomination of Dr. Guilbert was made unanimous.

An informal ballot was taken for the chair of materia medica; Dr. Parsons receiving ten votes, Dr. Worley three votes, and Dr. Lucy two votes.

On the first formal ballot, Dr. Parsons received twelve votes, Dr. Lucy four votes, and Dr. Worley one vote. On motion of Dr. Lucy, the nomination of Dr. Parsons was declared unanimous.

On motion of Dr. Seidlitz, it was ordered that a certified copy of this action of the society be sent to the board of regents of the State University, under the seal of this society.

The committee on legislation was instructed to be present at the meeting of the board of regents in June, and present the recommendations of the society.

The society then elected the following officers:

**PRESIDENT.**—Dr. G. N. Seidlitz, Keokuk.

**FIRST VICE-PRESIDENT.**—Dr. J. A. Lucy, Oskaloosa.

**SECOND VICE-PRESIDENT.**—Dr. Clara Yeomans, Clinton.

**SECRETARY.**—Dr. Thos. Shaver, Burlington.

**TREASURER.**—Dr. W. T. Virgin, Burlington.

Dr. Lucy invited the society to meet in Oskaloosa.

Dr. Seidlitz extended an invitation to meet in Keokuk. On motion, it was agreed to meet in Oskaloosa.

Drs. Virgin, Patchen and Lewis, were appointed delegates to the Western Academy of Homœopathy, to meet June 6th, in Galesburg.

Drs. Seidlitz, Lucy and Cogswell were selected to represent the society in the American Institute of Homœopathy, and the World's Homœopathic Convention, at Philadelphia.

Mrs. Dr. Yeomans offered a resolution condemning the practice of prescribing alcoholic stimulants. After some discussion, the resolution was laid upon the table.

The treasurer was ordered to pay to Dr. Guilbert \$34.10, expense at Des Moines, on behalf of the society.

It was ordered that the proceedings be published in **THE UNITED STATES MEDICAL INVESTIGATOR**. A vote of thanks was tendered the physicians of Burlington for their kindness and courtesy.

The following appointments were made by the president :

**BUREAU OF MATERIA MEDICA.**—Drs. J. A. Lucy, Oskaloosa ; H. P. Button, Iowa City ; M. R. Waggoner, De Witt ; S. B. Parsons, Ft. Madison ; F. B. Home, Keota.

**DISEASES OF WOMEN AND CHILDREN.**—Drs. G. H. Patchen, Burlington ; L. Hubbard, Mt. Pleasant ; Mrs. C. Yeomans, Clinton ; Mrs. M. W. Porter, Davenport ; Mrs. P. H. Harris, Grinnell.

**SURGERY.**—Drs. W. T. Virgin, Burlington ; G. H. Blair, Fairfield ; C. H. Cogswell, Clinton ; R. F. Baker, Davenport ; S. B. Olney, Ft. Dodge.

**MEDICAL EDUCATION.**—Drs. Geo. E. Ehinger, Keokuk ; A. H. Van Voorhees, Bedford ; E. H. Wilson, Osceola.

**ANATOMY, PHYSIOLOGY AND HYGIENE.**—Drs. W. H. Dickinson, Des Moines ; Emlen Lewis, Oskaloosa ; I. Fellows, Fairfield ; S. E. Nixon, Burlington ; S. B. Olney, Ft. Dodge.

**CLINICAL MEDICINE.**—Drs. P. H. Worley, Davenport ; H. W. Roberts, Ottumwa ; L. Hubbard, Mt. Pleasant ; E. Brewer, Independence ; P. A. Austin, Muscatine.

**MEDICAL ELECTRICITY.**—Drs. C. H. Cogswell, Clinton ; E. Jackson, Epworth ; M. R. Waggoner, De Witt ; L. Bryant, Waverly.

**COMMITTEE ON LEGISLATION.**—Drs. E. A. Guilbert, Dubuque ; W. H. Dickinson, Des Moines ; G. H. Blair, Fairfield.

ORATOR.—Geo. E. Ehinger, Keokuk; alternate, Geo. H. Patchen, Burlington.

BOARD OF CENSORS.—Drs. E. A. Guilbert, Dubuque; S. B. Olney, Ft. Dodge; E. Cartwright, Decorah; G. H. Patchen, Burlington; W. H. Dickinson, Des Moines.

The society then adjourned, to meet in Oskaloosa on the last Wednesday in May, 1877. THOS. SHAVER, Secretary.

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### THE NORTHWESTERN IOWA HOMŒOPATHIC MEDICAL SOCIETY

Convened in Dubuque, Iowa, June 24, 1876. The president, Dr. J. B. Bell, of Cedar Rapids, called the meeting to order at 10 o'clock. Dr. S. Mills Fowler was appointed secretary *pro tem*.

President Bell then delivered his address on "Climatic and Other Influences in Pulmonary Phthisis." He claims that a light, porous subsoil, where drainage is good and a dry surface secured, is the first consideration in selecting a place as a resort for those afflicted with this disease. This paper was very generally discussed and endorsed.

Dr. R. L. Hill, of Dubuque, then gave, by request, an account of the scarlet fever epidemic which prevailed here during the winter and spring. The disease, he said, had been very malignant from the first appearance, and the pro rata of deaths had been great. *Bell.*, *Bry.*, *Rhus tox.*, *Merc.*, *Camphor*, and *Sul.*, were the remedies most used. He was more than ever satisfied that *Bell.* was a prophylactic, but that it was useless lower than the 30th. This did not tally with the experience of others as they had always used it lower, and many who were exposed had escaped.

Dr. Davis, of Lansing, then opened a

#### DISCUSSION ON INTERMITTENT FEVER.

He depended on high potencies in the treatment, and cured nine-tenths of his cases with them. He always selected the remedy in accordance with its *characteristics*, and gave it with confidence. The time of the chill was of first consideration in the choosing of remedies. Related several cases treated in this manner. The principal remedies were *Ars.*, *Chin.*, *Nat. mur.*, and *Ipecac*.

Dr. Green, of Manchester, was pleased with Dr. Davis' statements, and wished he could say as much.

Dr. Cogswell, of Clinton, thought that he managed to cure as large a proportion of his cases as Dr. Davis did, but he wouldn't tell how.

Dr. Green claimed that, except Dr. Davis, there was not a gentleman present that would be willing to commit himself on the treatment of this disease.

Dr. Hill, of Dubuque, was of the opinion that in ague the liver was generally diseased.

Dr. Davis thought not, though there was often a functional derangement of that organ.

Dr. Fowler was of the opinion that the hepatic derangement was the effect and not the cause, induced by rigors and spasmodic action of the whole muscular system, forcing the blood from the periphery, causing internal congestion. The liver and portal systems suffering in consequence, giving rise to those morbid manifestations.

#### EFFECTS OF LIME-WATER.

Dr. Davis then related some cases of chronic disease, induced by the habitual use of lime-water from wells and springs. These patients had come to him relating a series of symptoms in which *Calc.* was pre-eminently indicated; he gave *Calc.* in high and low potency without benefit. This led him to study the cases more closely. He prescribed rain water in place of the other, and was pleased with the result.

In the afternoon, Drs. R. L. Hill, E. R. Jackson, R. S. Gee, of Dubuque; S. W. Green, of Manchester; W. A. Mellen, of Independence, and Dr. Jackson, of Epworth, were elected members.

Dr. Parsons, of Burlington, was elected an honorary member.

#### ON SCARLET FEVER EPIDEMIC.

By request, Dr. E. A. Guilbert, of Dubuque, gave an exhaustive and minute history of the late scarlet fever epidemic in Dubuque, detailing the many and anomalous characteristics it presented. One peculiarity he mentioned, that others had not, in regard to the pulse of all cases which terminated fatally; a pulse exceedingly variable, occasionally intermittent, bounding along full and frequent for a few seconds, then becoming thready, wiry, communicating that characteristic thrill indicative of tumultuous heart action. In all cases where this was detected, the patient died.

Dr. Davis verified this statement. During an epidemic that visited his place, some two years since, he was enabled, in every case, to decide the fate of the patient by this same peculiar pulse. (I must refer your readers to a copy of our Proceedings, which will be out soon, in which this report will appear, and will well repay study, as it contains very much valuable information relative to this disease.)

#### THE STATE UNIVERSITY PROFESSORS.

Dr. Davis then offered the following resolution, which was unanimously adopted:

*Resolved*, That we hereby heartily endorse the action of our state society in recommending Dr. E. A. Guilbert, of Dubuque, for the chair of practice, and Dr. W. H. Parsons, of Burlington, for the chair of materia medica, in the Homœopathic department of the State University.

Dr. Fowler, of Dubuque, then presented the

#### REPORT OF THE BUREAU OF SURGERY.

He called the attention of the society to the great need of surgeons in the Homœopathic school. It was much to our discredit that the popu-

lar mind had become so imbued with the idea that there were no Homœopathic surgeons. He recommended the adoption and support of it as a specialty by more members of the profession. Dr. Fowler also reported an interesting case of pyæmic septicæmia with typhus, following amputation, and highly commended the internal administration of *Carbolic acid* in such cases.

Dr. Green, of Manchester, gave us something good in electro-therapeutics. The formation of different kinds of batteries, their comparative merits, direction of currents, electro-motive force, manner of application, etc.

#### OFFICERS ELECTED :

PRESIDENT.—Dr. J. W. Davis, of Lansing.

FIRST VICE-PRESIDENT.—Dr. C. H. Cogswell, of Clinton.

SECOND VICE-PRESIDENT.—Dr. J. A. Burt, of Waterloo.

RECORDING SECRETARY.—Dr. W. A. Mellen, of Independence.

CORRESPONDING SECRETARY AND TREASURER.—Dr. S. Mills Fowler, of Dubuque.

CENSORS.—Dr. Crippin, of Waterloo; Dr. Green, of Manchester, and Dr. Jackson, of Epworth.

Dr. Davis took the chair and returned his thanks to the society in a happy style. He loved Homœopathy for what it had done for him and his. He referred to Dr. E. A. Guilbert in terms of praise, as a "friend in need" during the darker days of his transition from the old to the new faith. He thanked God that his eyes had been brought to behold the light of a true medical science. He felt to bless the illustrious Hahnemann, by whose genius this light of pure medicine had been shed upon the world. He was striving to be pure himself, and the purer his practice, the purer and more brilliant was the success which attended his labors.

By invitation of Dr. Cogswell, Clinton was selected as the next place of meeting.

Dr. Fowler was appointed orator for the occasion; Dr. Mellen, alternate. Dr. Cogswell, committee of arrangements.

#### A SOCIAL EVENING.

In the evening, the members and friends, to a goodly number, assembled at the Universalist Church to hear the annual address by the eminent professor and orator, E. A. Guilbert, M. D. This was a retrospective view of Homœopathy during the past half century. Fifty years ago it was represented by *one* poor, lonely physician in the city of New York, whereas now, there are over five thousand practicing physicians, with colleges, journals, hospitals, etc. He dwelt tenderly upon the circumstance which transpired in his own family that led him first to investigate our system of medicine; heroically on the trials, afflictions and persecutions of the *illustrious founder*, and defi-

antly upon the sneerings, opprobiums, and billingsgate of Old School wiseacres of the present.

After the address, the members and a few invited guests were tendered a banquet at the residence of Dr. E. A. Guilbert. As host and hostess, Dr. Guilbert and his good wife have no superiors and few equals, who, with their fair and accomplished daughters, made the occasion one of pleasure that will never be forgotten by those who were the recipients of their hospitality. As all good things end so did this.

The next meeting of the society will be held in Clinton on the second Tuesday in December, 1876. S. MILLS FOWLER, Secy.

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### THE MINNESOTA STATE HOMŒOPATHIC INSTITUTE.

The Tenth annual session of the Minnesota State Homœopathic Institute convened in the city of St. Paul, on the afternoon of May 16, A. D. 1876.

The Institute was called to order, Vice-President D. H. Roberts, M. D., of Owatonna, presiding.

After an opening prayer by T. N. Berlin, M. D., of Farmington, the minutes of the preceding session were read and approved. Then followed some miscellaneous business among which the subject of publishing the proceedings of the institute in pamphlet form was introduced and discussed at considerable length. A committee of three was appointed to investigate the subject and report at the next session.

Dr. Gates, of Menomonee, Wis., was then introduced to the Institute and read quite a lengthy article on the Law of Cure. The paper called forth a long and spirited argument, occupying the entire afternoon, after which the Institute adjourned to meet in the evening.

The evening session was devoted exclusively to reports of cases from practice, being both highly interesting and instructive.

#### SECOND DAY.

-At 9 o'clock A. M. the meeting was again called to order by the chairman.

Quite a spirited discussion arose over the question as to the admission into the Institute, of others than graduates of some accredited medical college, resulting in the decision not to admit such.

Application for admission were then received and G. H. Hawes, M. D., of Hastings, and A. L. Mahaffey, M. D., of Minneapolis, were duly made members of the Institute. Then followed reports from the different bureaus and committees.

H. Wedelstaedt, M. D., of St. Paul, read an instructive paper on Scarlet Fever.

Dr. Wedelstaedt was then called to the chair while Vice-president Roberts, of Owatonna, presented to the Institute a paper from the Bureau of Diseases of Women. The doctor, in comparing the surgical

with the therapeutical treatment of this class of diseases, thought that the latter was too often neglected by physicians in general, and that the speculum and sound, with local treatment, were too often unnecessarily resorted to—however, not wishing to convey the idea but that at times they were indispensable, etc.

A. E. Higbee, M. D., of St. Paul, differing with the reader, thought that the real cause of most of these diseases might be traced to the *pelvic organs* and that therefore the speculum and digital examinations were positively necessary to the successful treatment; also thought that palliatives applied locally were highly beneficial.

J. T. Alley, M. D., of St. Paul, thought local treatment indispensable, but, that physicians should guard against its abuse; formerly used *Glycerin* as a vehicle for local treatment but has since found more satisfaction in sugar of milk—first thoroughly cleanse the os and then apply the medicated powder, dry.

W. H. Leonard, M. D., of Minneapolis, thought that the proper internal remedy was of first consideration, the local treatment being secondary.

The Institute then adjourned to meet again at 1:30 o'clock P. M.

#### AFTERNOON SESSION.

At the appointed hour each member was in his place.

Reports were listened to from the bureaus of Diseases of Children, Diseases of Eye and Ear, Diseases of Urinary Organs, Contagion, Microscopy and Climatology; after which came the election of officers for the ensuing term, resulting as follows:

PRESIDENT.—D. H. Roberts, M. D., of Owatonna

FIRST VICE-PRESIDENT.—J. M. Saunders, M. D., of Dodge Center.

SECOND VICE-PRESIDENT.—T. N. Berlin, M. D., of Farmington.

SECRETARY AND TREASURER.—E. H. Grannis, M. D., of Chatfield.

CORRESPONDING SECRETARY.—J. T. Alley, M. D., of St. Paul.

CENSORS.—W. H. Leonard, M. D., Minneapolis; D. M. Goodwin, M. D., Minneapolis; P. L. Hatch, M. D., Minneapolis.

W. H. Leonard, M. D., of Minneapolis, and J. T. Alley, M. D., of St. Paul, were elected delegates to the American Institute.

The President elect then appointed, for the ensuing year, the following

#### BUREAUS AND COMMITTEES:

MATERIA MEDICA.—Chas. Weigiman, M. D., Minneapolis and W. H. Leonard, M. D., Minneapolis.

CLINICAL MEDICINE.—P. L. Hatch, M. D., Minneapolis; E. H. Grannis, M. D., Chatfield; T. N. Berlin, M. D., Farmington; C. S. Weber, M. D., St. Cloud, and C. C. Richter, M. D., Hastings.

SURGERY.—C. G. Higbee, M. D., St. Paul and C. H. Wagoner, M. D., Spring Valley.

OBSTETRICS.—A. E. Higbee, M. D., St. Paul, and D. M. Goodwin, M. D., Minneapolis.

DISEASES OF WOMEN.—Z. B. Nichols, M. D., Faribault, and R. Whitman, M. D., Anoka.

DISEASES OF CHILDREN.—J. T. Alley, M. D., St. Paul; J. N. Wheat, M. D., Austin; A. S. Dornberg, M. D., Mankato; F. L. Richter, M. D., Minneapolis, and J. M. Saunderson, M. D., Dodge Center.

DISEASES OF EYE AND EAR.—J. Nelson, M. D., Minneapolis.

DISEASES OF URINARY ORGANS.—C. E. May, M. D., Minneapolis; T. C. Schell, M. D., St. Paul, and G. H. Hawes, M. D., Hastings.

CONTAGION.—A. L. Dornberg, M. D., Mankato; H. Wedelstaedt, M. D., St. Paul, and D. F. Brooks, M. D., Minneiska.

CLIMATOLOGY.—W. H. Leonard, M. D., Minneapolis.

FEVERS.—T. A. Pierce, M. D., Winona; E. Walthers, M. D., St. Paul, and D. Silliman, M. D., Hudson, Wis.

PSYCHOLOGICAL MEDICINE.—C. D. Williams, M. D., St. Paul, and W. H. Leonard, M. D., Minneapolis.

EXECUTIVE COMMITTEE.—D. M. Goodwin, M. D., Minneapolis, and J. T. Alley, M. D., St. Paul.

PUBLISHING COMMITTEE.—W. H. Leonard, M. D., Minneapolis, and A. E. Higbee, M. D., St. Paul.

Adjourned to meet at Minneapolis on the second Tuesday in May A. D., 1877.

E. H. GRANNIS Secretary.

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### VERMONT HOMŒOPATHIC MEDICAL SOCIETY.

The Twenty-sixth annual session of the Vermont Homœopathic Medical Society was held at the State House, in Montpelier, on Wednesday, June 7th, at 9 o'clock A. M.. The meeting was called to order by the president, C. H. Chamberlain, M. D., of Barre, and the records of the last meeting were read and approved.

The following gentlemen, recommended by the board of censors, were elected to membership: Albert Colvin, M. D., of Burlington; Melvin D. Smith, M. D., of Addison; Henry Tucker, M. D., of Brattleboro, and H. E. Dykeman, M. D., of Northfield.

Dr. H. W. Hamilton reported a case in jurisprudence where it was alleged that death resulted from non-ligature of the cord; the prosecution claiming felonious intent on the part of the parent, no physician having been called in. A discussion followed as to the necessity of ligating the cord. Drs. Hamilton, Woodhouse, Tucker, Waugh and Jones participating; also whether the fact that the lungs



of a newly born child floated in water, should be accepted as positive that the child was born alive.

An interesting and extensive report from the bureau of obstetrics and diseases of women, was presented by Drs. Sparhawk, Jones and Worcester, followed by a discussion of uterine hæmorrhage and its treatment.

Dr. Hamilton called the attention of the society to the death of one of its members, Miss Jennie A. Rich, M. D., of Richville. The secretary read a report of her last illness, kindly furnished by Dr. Mary E. Bond, of New York. Dr. Rich was attacked with diphtheria while in the practice of her profession, and died after a very brief illness.

Drs. Charles Woodhouse and S. Worcester reported the following, which was unanimously adopted :

*Resolved*, That this society deeply regret the removal from its midst by death, of Jennie A. Rich, M. D., of Richville, Vt., whereby we, its members, are deprived of one of our most respected associates; the community of a devoted, useful and well educated physician, and her family of an affectionate, faithful and brilliant member.

*Resolved*, That a copy of these resolutions be spread upon the records of the society, and a copy sent to her family with the assurance of our heartfelt sympathy in this time of their great bereavement.

Dr. J. H. Jones presented a revised copy of the constitution and by-laws and the same were duly adopted.

Dr. Hamilton offered the following :

*Resolved*, That it shall be considered unprofessional for any member of this society, to admit a student to study medicine in his office, unless the said student shall have received a proper preliminary education.

And it was so voted.

Dr. Worcester, of Burlington, stated that efforts would be made before the legislature to establish a state board of health, and probably to regulate the practice of medicine; but that while this society was in favor of any measures for the promotion of sanitary science, and raising the standard of medical education, it was decidedly opposed to giving any medical sect exclusive jurisdiction over the public health, or giving any medical body, however numerous or respectable, the right to say who should practice medicine.

Drs. Worcester, Woodhouse, Jones, G. E. Sparhawk and Horton were appointed a committee on legislation and instructed to act in conjunction with similar committees appointed by other state societies and the American Institute.

Interesting papers were presented by Dr. C. B. Currier, on *Salicylic acid*, and by Dr. Worcester, on The Physiological Properties of *Conium maculatum*.

Dr. J. H. Jones reported several cases of chorea cured by the application of *Ether* spray to the spine.

The following were elected officers for the ensuing year :

PRESIDENT.— A. E. Horton, M. D., of East Poultney.

VICE-PRESIDENT.—H. W. Hamilton, M. D., of Brandon.

SECRETARY.—Samuel Worcester, M. D., of Burlington.

TREASURER.—Albert Colvin, M. D., of Burlington.

CENSORS.—J. M. Van Deusen, M. D., M. W. Hill, M. D., and M. D. Smith, M. D.

AUDITORS.—C. H. Chamberlain, M. D., and T. R. Waugh, M. D.

The following bureaux were then appointed :

MATERIA MEDICA, PHARMACY AND PROVINGS.—Drs. S. H. Sparhawk, Henry Tucker, M. D. Smith.

OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN.—Drs. G. E. Sparhawk, H. W. Hamilton, H. E. Dykeman.

CLINICAL MEDICINE.—Drs. J. H. Jones, T. R. Waugh, C. H. Chamberlain.

SURGERY.—Drs. G. W. Colton, A. Colvin, H. C. Brigham.

HIGH POTENCIES.—Drs. M. W. Hill, A. A. Arthur, J. M. Van Deusen.

PSYCHOLOGICAL DISEASES AND MEDICAL JURISPRUDENCE.—Drs. S. Worcester, Charles Woodhouse, James Haylett.

The society then adjourned.

S. WORCESTER, Secy.

#### NORTH MISSOURI VALLEY HOMŒOPATHIC MEDICAL ASSOCIATION

Met at Hamburg, Iowa, June 1, 1876, and was represented by physicians from southwestern Iowa, northwestern Missouri, and east Nebraska.

We temporarily organized by calling Dr. A. C. Cowperthwait, of Nebraska City, to the chair.

Dr. C. R. Henderson, of Watson, Mo., was chosen secretary.

A permanent organization was then effected, under the name of the North Missouri Valley Homœopathic Medical Association.

A constitution was adopted, and the following officers and committees appointed :

PRESIDENT.—Dr. A. S. Kridler, of Red Oak, Iowa.

VICE-PRESIDENTS.—Drs. J. F. Froin, of Adel, Iowa, and T. H. Bragg, Hamburg, Iowa.

SECRETARY.—Dr. C. R. Henderson, of Watson, Mo.

TREASURER.—Dr. A. W. Smith, of Nebraska City, Neb.

BOARD OF CENSORS.—Drs. A. C. Cowperthwait, of Nebraska City, Neb.; W. D. Stillman, of Council Bluffs, Iowa; and Westover, of St. Joe, Mo.

**EXECUTIVE COMMITTEE.**—Drs. C. R. Henderson, of Watson, Mo. ; T. H. Bragg, of Hamburg, Iowa ; and A. S. Kridler, of Red Oak, Iowa.

**COMMITTEE ON FINANCES.**—Drs. O. S. Wood, of Omaha, Neb. ; T. S. Andrews, of Creston, Iowa ; Jno. Callen, of Oregon, Mo.

**LEGISLATIVE COMMITTEE.**—Drs. G. W. Hall, of St. Joseph, Mo. ; W. D. Stillman, of Council Bluffs, Iowa ; and A. C. Cowperthwait, of Nebraska City, Neb.

#### BUREAU OF MEDICINE.

**MATERIA MEDICA.**—Drs. A. C. Cowperthwait, of Nebraska City, Neb. ; Bradley, of St. Joe, Mo. ; and Wilder, of Atlantic, Iowa.

**OBSTETRICS.**—Drs. T. H. Bragg, of Hamburg, Iowa ; M. Pincerton, of Taber, Iowa ; and Macomber, of Atlantic, Iowa.

**SURGERY.**—Drs. Westover, of St. Joe, Mo. ; J. Cleever, of Malvern, Iowa, and Worley, of Omaha, Nebraska.

**CLINICAL MEDICINE.**—Drs. J. F. Froin, of Adel, Iowa, A. Eddy, of Riverton, Iowa, and J. W. Jones, of Clarinda, Iowa.

**HYGIENE.**—Dr. A. M. Smith, of Nebraska City, Neb. ; J. A. Callen, of Oregon, Mo., and Goodrich, of Esics, Iowa.

From the general interest taken in this meeting, we feel that there is a bright and prosperous future before us. Our meetings are annual and semi-annual. Our annual meetings will be held at Hamburg, Iowa, on the fourth Tuesday in June, of each year ; our semi-annual meetings at such places as may be decided upon at each annual meeting.

The first semi-annual meeting will be held at Council Bluffs, Iowa, on the fourth Tuesday in December, 1876.

There being no more business before the society, the meeting adjourned, in the best of feeling, and extending a cordial invitation to all co-laborers to be at our future meetings.

C. R. HENDERSON, Secretary.

### THE NORTHERN INDIANA HOMŒOPATHIC INSTITUTE

Met in the city of LaPorte, May 2, 1876. Dr. Whippy in the chair. O. W. Catron was appointed secretary *pro. tem.* Minutes read and approved.

Dr. C. S. Fahnestock presented a case of prolapsus ani of two years' standing in a child of four years of age, and gave a history of the case, saying that in the commencement, the child showed symptoms of worms, but none were ever expelled by medicine. No remedial means calculated to relieve the prolapsus had been used.

Dr. Whippy believed worms a frequent cause of prolapsus ani, and

when *Vermifuge* failed to expel them, advised the use of *Cina*. Would replace immediately, use a T bandage, and apply electricity.

Dr. Veitz would follow same treatment, and had seen equally as bad cases cured in that way.

Dr. C. S. Fahnestock detailed the treatment. Relied most on posterial treatment, with internal exhibition of *Podophyllum*. The doctor then read a paper on the Diseases of Young Children, which was voted to be published. A general discussion followed.

Dr. A. A. Fannestock read his continued paper on *Materia Medica*, which was ordered published. [See page 59.]

Dr. Veitz read a paper on Different Breech Presentations, which elicited a general discussion from all the members present.

The committees on special subjects were appointed, as follows :

ON DIAGNOSIS.—Dr. W. H. Thomas.

TREATMENT OF DISEASES OF CHILDREN BY HYGIENE.—Dr. C. S. Fahnestock.

The following gentlemen were elected members of the Institute :

Drs. T. Brown, Michigan City ; W. O. Caltron, LaPorte ; D. Tyne, Tyner City, and M. Krider, Goshen.

Adjourned, to meet in the city of Goshen, Ind., Tuesday, Aug. 1, 1876.

W. H. N. THOMAS, Secretary.

### MICHIGAN HOMŒOPATHIC MEDICAL SOCIETY.

The Seventh annual meeting of the Michigan Homœopathic Medical Society, was held in Detroit, May 16th and 17th, 1876. The meeting was called to order by the president, Dr. A. I. Sawyer, of Monroe.

The opening prayer was followed with an address of welcome by Dr. Charles Hastings of the Detroit Institute. He alluded briefly to the progress of Homœopathy since its introduction into the state, thirty years ago, and deplored the bigoted and interested opposition which it had ever been called upon to meet. Reference was also made to the perfect harmony which had always characterized the meetings of the society, in contradistinction to the recent meeting of the State Medical Society (Allopathic) at Ann Arbor.

Delegates from the Michigan Institute, Drs. W. M. Bailey, of Lansing, and C. J. Corry, of Grand Ledge, were present for the purpose of perfecting the proposed consolidation of the two societies.

Dr. E. R. Ellis and F. X. Spranger were admitted as delegates from the Detroit Homœopathic Institute to the State Society.

The following committees were appointed by the president :

MEDICAL BUREAUS.—Drs. J. G. Gilchrist, B. B. House, E. L. Roberts.

AUDITING.—Drs. F. A. Rockwith, C. Hastings, W. D. Clark.

The treasurer's report showed a balance due to the treasurer from the society, of \$45.85.

Dr. Gilchrist presented the following, which had been adopted by the Detroit Institute :

**WHEREAS**, The recent meeting in Ann Arbor, of the Michigan State Medical Society, was characterized by a spirit of intolerance, egotism, and bigotry, which is fast becoming a distinguishing feature of all Allopathic representative bodies ; and

**WHEREAS**, The Homœopathic school of medicine honestly believes that the percentage of mortality and number of day's sickness, are smaller than under any other form of practice, and that the Allopathic school as honestly believe this statement to be untrue, and the whole theory of *similia* to be false ; and

**WHEREAS**, The board of regents of the University, the legislature, the press, and the public generally, have uniformly discountenanced and condemned the unfair and hostile attitude which the members of the Allopathic faculty have always assumed toward Homœopathy ; and

**WHEREAS**, The members of the Homœopathic school of medicine fully realize that the individuals and corporate bodies referred to, base their opposition to the action of the various Old School societies upon a love of justice rather than a championship of Homœopathy, or any other particular medical doctrine.

*Resolved*, That this society return their sincere thanks to the legislature, board of regents of the University, the press, and all others who are arrayed against medical bigotry and assumption.

*Resolved*, That this society assure the board of regents that they have our hearty and united support in their efforts to maintain Homœopathy in the University of Michigan.

*Resolved*, That we respectfully ask the board of regents to give the Homœopathic fraternity facilities for comparing results in the treatment of the sick by the two schools of medicine, by the establishment of a hospital dispensary, or public clinic, both in medicine and surgery, believing that the honest men of both bodies desire such a comparison and conclusive test, for the purpose of definitely settling the serious questions now in dispute.

The preamble and resolutions were unanimously adopted.

Drs. F. X. Spranger, H. B. Drake, A. R. Elblin, of Detroit ; E. C. Fuller, of Pontiac ; Harvey Gilbert, of Bay City ; C. C. Miller, of Detroit ; A. H. Thompson, of Lapeer ; B. S. Knapp, of Shiawassee county ; B. H. Lawson, of Brighton, and J. W. Converse, of Wayne, were elected members.

Dr. E. L. Roberts, of Marshall, offered a comparative statement of three years' Homœopathic and Allopathic treatment at the Michigan state prison, from which it was shown that the number of deaths, number of day's labor lost, and cost of hospital stores, was nearly one-half less under Homœopathic treatment than under the Old School practice. [See page 517, Vol. III.] The paper closed with a resolution instructing the officers of the society to appeal to the authorities controlling the state prison, and request the re-appointment of Dr. Tuttle or some other efficient Homœopathic physician. Adopted.

Drs. W. D. Calvert, and W. H. Gibson, of Jackson, and L. W. Jones,

of Brooklyn, of the Jackson County Homœopathic Society, were received as delegates.

The committee on consolidation with the Michigan Institute reported a plan for such consolidation by which the Michigan Institute was to surrender its charter and books to the State Society, which was to receive all the members of the Institute who shall pay the dues to the next semi-annual meeting of the State Society, and sign the constitution.

The consolidation was warmly urged by Dr. Correy, of Grand Ledge, and Dr. W. M. Bailey, of Lansing, and upon the vote being taken, the proposition was adopted.

#### ANNUAL ADDRESS.

Dr. Sawyer, the president, then delivered his annual address. After alluding to the progress of Homœopathy for the past five or six years, and the late disputes in the State Medical Society, the speaker alleged that the ranks of the Allopathic profession were no longer a unit, and many of its members were embracing Homœopathy. The contentions which have been going on for so long have at last been settled by the people taking the matter into their own hands, and settling it to suit themselves. The doctor stated the absolute necessity for a larger appropriation from the state for the purpose of erecting another building at Ann Arbor, and the maintenance of a permanent hospital ward for the practice of Homœopathy in connection with the university. He deplored the present low salaries allowed by the regents to Homœopathic professors, and expressed the hope that something might soon be done to increase them. Since the consolidation of the State Society and the Michigan Institute, the president felt confident that the Michigan society would soon be the strongest state organization in the country.

At the conclusion, a vote of thanks was given the president for his address.

A committee, to report at the semi-annual meeting in May, was appointed to receive the books and papers of the Michigan Institute, as follows: Drs. W. J. Calvert, of Jackson; Chas. Hastings, of Detroit; L. M. Jones, of Brooklyn.

On motion of Dr. F. A. Rockwith, the hospitality of the society was extended to the members of the Michigan Institute, and they were requested to participate in the meetings.

The society then proceeded to elect officers, with the following result:

**PRESIDENT.**—A. I. Sawyer, M. D., of Monroe.

**FIRST VICE-PRESIDENT.**—W. J. Calvert, M. D., of Jackson.

**SECOND VICE-PRESIDENT.**—Amos Walker, M. D., of Pontiac.

**SECRETARY AND TREASURER.**—I. N. Eldridge, M. D., of Flint.

**CORRESPONDING SECRETARY.**—J. G. Gilchrist, M. D., of Detroit.

Drs. R. B. House, L. M. Jones, and F. Woodruff, were appointed a

committee to examine the bill of Messrs. Lawrence and Sawyer, for legal services, and the meeting adjourned until evening.

EVENING SESSION.

The evening session having been called to order, it was voted that all members in arrear for dues should pay up in full by the last day of June next.

The committee on bureaus reported the following for the ensuing year, together with the chairman for each bureau :

MATERIA MEDICA.—S. A. Jones, M. D., of Ann Arbor.

THEORY AND PRACTICE.—J. C. Morgan, M. D., of Ann Arbor.

SURGERY.—A. I. Sawyer, M. D. of Monroe.

OPHTHALMOLOGY.—Harvey Gilbert, M. D., of Bay City.

GYNÆCOLOGY.—I. N. Eldridge, M. D., of Flint.

OBSTETRICS.—E. R. Ellis, M. D., of Detroit.

PÆDOLOGY.—F. Woodruff, M. D., of Detroit.

PATHOLOGY.—J. G. Gilchrist, M. D., of Detroit.

MICROSCOPY AND HISTOLOGY.—F. A. Rockwith, M. D., of Saginaw.

Dr. Z. W. Shepard, of Quincy, and Dr. O. G. Read, of Compton, were admitted as licentiates.

On motion, Dr. Calvert's paper on Pecuniary Compensation to Physicians was made the special order for this morning at 11 o'clock.

Dr. E. R. Ellis, of Detroit, read a paper giving a history of the formation of the Detroit Homœopathic Institute.

A resolution was offered by Dr. Charles Hastings, of Detroit, directing the secretary to advertise the Homœopathic College at Ann Arbor.

Dr. Ellis thought this would be a misappropriation of the funds of the institution.

The president stated that he had received a letter from President Angell, urging the advertising of the school, and that it should be begun at an early date.

The matter was finally referred to the secretary of the university.

Dr. F. A. Rockwith, of East Saginaw, then read a paper entitled, *Commentary Annotation upon Plumbum*.

Dr. J. G. Gilchrist, followed with a paper, by Dr. J. C. Morgan, on Animal Parasites, in which several new experiments in the treatment of tape-worm were described.

Dr. Rockwith, under the head of surgery, read a paper on Chronic Diseases of the Bladder.

The remainder of the evening was occupied with hearing reports from the various bureaus. The society then adjourned.

SECOND DAY.

The society reassembled at 9 o'clock A. M., when a letter of fraternal greeting from the Kent County Homœopathic Society was read.

Drs. J. J. Whitfield, H. A. Whitfield, C. M. Prindle, F. N. Bingham, J. D. Craig, A. H. Botsford, and C. S. Mosely, were made members, and Prof. C. J. Hemple an honorary member.

Drs. Chas. Hastings, F. Woodruff and J. G. Gilchrist were appointed a committee to revise the constitution.

Dr. W. J. Calvert, of Jackson, then read his paper on Pecuniary Compensation of Physicians, and presented a form of association among physicians for the collection of their fees. The fee bill was referred to Drs. F. A. Rockwith, A. H. Thompson and C. C. Miller.

A paper by Dr. G. H. Palmer, of St. Clair, on the same subject, was referred to the same committee.

A resolution passed by the Homœopathic Institute of Detroit, inviting the American Institute of Homœopathy to hold its next meeting in Detroit in 1877, was adopted.

A paper on The Ophthalmoscope, by Dr. Harvey Gilbert, was referred, as was another on Sanitary Science, from Dr. Chas. Hastings, of Detroit; and still another, by Dr. Palmer, upon the Use of Forceps.

#### AFTERNOON SESSION.

Dr. DeForest Hunt, of Grand Rapids, read a paper on *Atropine Cerebro-spinal Meningitis*, which lead to some discussion.

Dr. E. R. Ellis invited the society to spend the evening at his residence, which was accepted.

Drs. M. J. Spranger and W. M. Bailey were elected members of the society.

A resolution was offered by Dr. Chas. Hastings, of Detroit, endorsing the Homœopathic school at Ann Arbor, and recommending it to students as an excellent place to study, which met with considerable objection, but after a debate of over an hour it was adopted.

A resolution of thanks for Dr. Ellis' invitation to the delegates to spend the evening at his house was passed.

Ann Arbor was decided upon as the place for holding the semi-annual meeting.

Dr. DeForest Hunt offered a resolution authorizing the holding of the next annual meeting at Grand Rapids. Adopted. Whereupon the president appointed the following executive committee: Drs. DeForest Hunt, A. H. Botsford, and J. D. Craig, all of Grand Rapids.

The following physicians were elected delegates to the World's Homœopathic Convention: F. Woodruff, of Detroit, I. N. Eldridge, of Flint, A. I. Sawyer, of Monroe, W. J. Calvert, of Jackson, and J. G. Gilchrist, of Detroit. The delegation was instructed to urge the American Institute of Homœopathy to hold its next annual meeting in Detroit.

The president read a letter from Philadelphia, detailing a plan of proceedings for the World's Convention, and asking its approval by the society, and such approval was granted.

A resolution, offered by Dr. E. R. Ellis, deprecating personalities among members of the society, and endorsing Dr. Hale, of Chicago, was laid on the table. The society then adjourned.



**THE NEBRASKA STATE HOMŒOPATHIC MEDICAL  
ASSOCIATION**

Assembled in the office of Dr. O. S. Wood, president, in Omaha, Neb., May 16, 1876. Quite a large number of physicians from this state and Iowa were present.

T. Howard Bragg, M. D., of Hamburg, Iowa; H. C. Jessen, M. D., and H. A. Worley, M. D., of Omaha, Neb., were elected members.

The following resolution was unanimously adopted :

*Resolved*, That this association favor the organization of the Missouri Valley Homœopathic Association, in accordance with a recent call issued from Hamburg, Iowa, and pledge ourselves, as an association, and as individual members, to give the enterprise our hearty support.

At the afternoon session, the president delivered his annual address, after which, the following officers were elected for the ensuing year :

**PRESIDENT.**—A. C. Cowperthwait, M. D., of Nebraska City, Neb.

**VICE-PRESIDENTS.**—H. C. Jessen, M. D., of Omaha, Neb.; T. Howard Bragg, M. D., of Hamburg, Iowa.

**SECRETARY.**—H. A. Worley, M. D., of Omaha, Neb.

**PROVISIONAL SECRETARY.**—L. J. Bumstead, M. D., of Lincoln, Neb.

**TREASURER.**—O. S. Wood, M. D., of Omaha, Neb.

**BOARD OF CENSORS.**—Drs. Stillman, Knowles, Worley, Bragg, and Walker.

After the transaction of miscellaneous business, the following bureaus made their reports :

Obstetrics, materia medica, clinical medicine, surgery, and hygiene,

Dr. A. C. Cowperthwait read a paper, entitled, "Schusslerism vs. Homœopathy." This was followed by Dr. Knowles, with papers on Materia Medica and Hygiene; Dr. Stillman, on Sciatica, and Dr. Walker, on Syphilis. These papers elicited lengthy and interesting discussions.

Dr. H. C. Jessen exhibited to the association a series of one hundred and forty-four remedies on eight cards, so arranged, in chart-form, that, at a glance, one can see the remedies, and the parts upon which they act. After careful examination of the charts by the members present, the following resolution was unanimously adopted :

*Resolved*, That we highly compliment Dr. Jessen upon his successful and concise arrangement of these Homœopathic remedies, and, feeling that it will meet a want long felt, it is highly desirable that these be published, and we earnestly recommend these charts to the Homœopathic profession.

Drs. Wood and Cowperthwait were elected delegates to the World's Homœopathic Convention, held at Philadelphia, June 25, 1876.

Dr. Cowperthwait, with Dr. Stillman as alternate, was elected del-

egate to the Western Academy of Homœopathy, held at Galesburg, Ill., June 6, 1876.

The following committees and bureaus were appointed for the ensuing year :

EXECUTIVE.— Drs. Walker, Bumstead, and Curley.

FINANCE.— Drs. Stillman, Bragg, and Smith.

PUBLICATION.— Drs. Worley, Wood, and Knowles.

LEGISLATIVE.— Drs. Wood, Jessen, and Bumstead.

BUREAU OF OBSTETRICS.— Drs. Wood, Wright, and Curley.

CLINICAL MEDICINE.— Drs. Knowles, Bumstead, and Lewis.

SURGERY.— Drs. Walker, Worley, and Bragg.

HYGIENE.— Drs. Smith and Hurlburt.

Moved and carried, that the thanks of this association be given the doctors of Omaha for their kind hospitality.

Adjourned to meet in May, 1877. H. A. WORLEY, Secretary.

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## Hospital Department.

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### *A CLINICAL LECTURE.—IRITIS, ETC.*

BY C. H. VILAS, A. M., M. D., PROFESSOR OF DISEASES OF THE EYE AND EAR IN HAHNEMANN MEDICAL COLLEGE AND HOSPITAL, CHICAGO.

We have presented for our consideration a number of interesting and instructive cases from which to select. The cases of staphyloma, strabismus and pterygia require operative interference, and will be passed for the present inasmuch as they will suffer no harm from a slight delay, and after presenting to your notice this case of wound of the eye-ball and lids that you may note its condition and progress, we will avail ourselves of the cases present to study the various forms of iritis, and as far as time permits, its results and complications.

This young lad (case No. 1551,) aged thirteen years, newsboy, tells us that last Wednesday evening about dusk, ignorant of what was going on, he passed between two boys throwing stones at one another. Unfortunately one of these flying stones hit him on the eye. He at once went to a physician, who, as his mother says, for pecuniary reasons declined to treat him, and uncertain what to do, he did nothing until Friday evening, when hearing of our clinic he came to the hospital and was treated by the house surgeon. The lids and parts about the eye

were by him found to be badly bruised and greatly swollen and discolored, so that it was impossible for him to open the eye. A solution of *Arnica* tincture and cold water was ordered to be applied and he was told to come to the hospital daily. He went home but did not return until to-day, five days after the injury.

He complains none of dread of light (photophobia,) pain or lachrymation, though the two latter have at times troubled him since this injury.

On separating the lids of the right eye we see in the outer superior quadrant of the cornea a tumor about the size and shape of a common bean, the result of a contused linear wound in the sclera and cornea, extending from the sclero-corneal junction about one and one half lines into the sclera and about one half a line into the cornea, the conjunctiva not ruptured but owing to the pressure from behind bulging outwards. Into this tumor is prolapsed a portion of the iris and aqueous humor, the whole forming a watery tumor readily yielding under slight pressure. The pupil is greatly altered in shape by the prolapse of the iris, and somewhat dilated. The intra-ocular tension is diminished, there is no prolapse of the vitreous and no pain on pressure in the ciliary region.

Calling to our aid oblique illumination and the ophthalmoscope, we find that there is blood between the outer and middle plates of the cornea; that there is none in the anterior chamber; and from the appearance of the wound we see that the cornea proper (or middle plate) owing doubtless to its well known strength, has sustained no injury from the blow, the blood between the plates entering from without; that the outer plate has in spots been denuded of its epithelial covering; that the lens is uninjured and in its proper position; that there is no extravasation of blood into the vitreous; no detachment of the retina, and so far as can be seen no other injury to the internal parts of the eye. Rightly estimating the condition of the parts involved, we should expect to find as we do, that though reduced his sight is still good; it is quite impossible however owing to his variable statements to accurately measure it by the test-types. His left eye is uninjured and vision normal.

At first sight this wound may seem to you of but slight import, but on carefully reflecting on its position and nature I think you will agree with me in not only regarding it as of great danger to the integrity of the injured eye but also to the sound one, and as regards its peculiar nature an accident of rare occurrence.

Wounds of the cornea show a tendency to heal readily, not so those of the sclera. Were this a wound only of the cornea, little apprehension as to the integrity of the eye would be felt; were it of the sclera in another part, we might put in a suture and hope for a good result. But there is super-added a grave danger in that the wound lies in the ciliary region, a wound of which region is fraught not only with danger to the injured eye, but through sympathetic irritation to the uninjured. Hence it would not be safe to attempt to close this portion of the sclera with a suture.

The question of enucleating an injured eye to preserve the sound one, and especially when there is still vision present in the injured, is one of serious import, and one on which our authorities have long contended. There is no question which will arise in your practice on which you need to have firmer convictions, none on which indecision or error will bring more rapid and terrible punishment. You should be familiar with the literature on the subject, carefully weigh in your minds the arguments for and against as they relate to individual cases, form your opinion and execute it with firmness and decision.

I shall not dwell on the various arguments, nor enter into the pathology of the subject; these will be fully considered in the didactic course; but advise you that when in a case of threatened or possible sympathetic irritation you can have the immediate superintendence of a patient so that you can note the first approach of this insidious trouble, or when he is of sufficient intelligence to appreciate its nature and danger, which you should fully explain to him, you may allow the injured eye to remain if there is still vision present; but where the reverse is the case and all sight in the injured eye is lost, the danger of entire loss of sight by the presence of an irritable eye should outweigh any considerations of cosmetic effect, and the injured eye be at once removed. Thus will he be at once relieved of the great danger of blindness and a sound eye assured him. I cannot dismiss temporarily the subject however without warning you that risks are run, varying in degree, in permitting the injured eye to remain; and it will be your duty to be constantly on the alert that none of the premonitory symptoms, however slight, of this insidious trouble escape you. Should they do so and your case become one of sympathetic ophthalmitis, the destruction of the previously sound eye will almost invariably be the result.

We shall then in this case put in the eye a few drops of a solution of *Calabar bean* (four grains to the ounce,) in the hope that by the contraction of the pupil the iris will be dragged into position, and apply a compress bandage. We can hardly expect much from the *Calabar* solution, it rarely accomplishes this purpose, but in the compress we have a great power, the nature and use of which will be fully explained hereafter.

The patient will now be taken away but will be returned again as often as may be necessary for you to note the results of the treatment.

We will now give our attention to the cases of iritis which we have before us, fully considering the distinctive forms of this malady which it will well repay you to remember. The various complications which ensue from neglected or badly treated cases are not only highly injurious to, but often destructive of, the integrity of the globe, and frequently result in entire loss of sight.

No time of life is exempt from it. It attacks the aged and infant alike, and reported cases lead us to infer that even the fœtus is not exempt. The majority of cases, however, occur during the period of middle life.

There are many features common to all forms of ititis which will be

presented now before discriminating between the various forms, as in whole or in part they will be found associated with the characteristic forms. All of these as well as the distinctive and characteristic differences between each form, I will point out to you on these cases now before us that you may see as well as hear of them, the only way you can become familiar with disease.

In all forms of iritis, then, we notice

#### 1.— CHANGES IN THE COLOR AND TEXTURE OF THE IRIS.

These alterations appear prominently on comparing the diseased with the healthy eye, should it be fortunate enough to escape. In the cases before us all are of one eye only, affording an excellent opportunity to note the varying hues. The brilliant lustre of the iris is wanting, its fibrous structure looks indistinct, blurred and muddy, and its color is markedly changed. This color, which will appear of different hues according to the stage of the inflammation and the fancy of the examiner, is due partly to the hyperæmia of the iris and partly to the turbidity of the aqueous humor.

#### 2.— THE ZONE OF VESSELS.

In speaking of the anatomy of the eye some days since, you will remember your attention was called to the arrangement of the conjunctival and subconjunctival vessels which form the sclerotic zone of vessels, in turn forming the so-called "arthritic ring." This ring was for a long time supposed to be diagnostic of rheumatic iritis; hence its name. But, as was explained to you, we now know it to be owing simply to the beveled manner in which the cornea is (as it were) set into the sclera.

We have, then, in all these cases, surrounding the cornea, a zone of bright-red congested sub-conjunctival vessels, varying greatly in intensity, and generally with the degree of inflammation. This may not always be evident, a deeply chemosed conjunctiva sometimes covering it. Nor will it always be bright-red, sometimes assuming a blue or brownish color; the latter formerly erroneously considered symptomatic of syphilitic iritis. The true cause of this latter color is not known, however; the others are due to the predominance of arterial or venous blood. Not unfrequently the lids, especially the upper, become swollen and red, but seldom require any special treatment.

#### 3.— CHANGES IN THE MOBILITY AND FORM OF THE PUPIL ALWAYS ACCOMPANY THE VARIOUS FORMS.

The pupil becomes sluggish, and generally is contracted, owing to the effusion which has taken place into the stroma of the iris, hindering the action of its fibres, and causing it to appear swollen, as it really is. Even a strong mydriatic may fail to dilate it, as in case No. 1601, (boy, aged twelve years,) in which case an *Atropine* solution of four grains to the ounce was used, owing not only to the causes pointed out, but to threads of the newly-formed tissue tying it down or together by spider-like webs.

**4.—PAIN IS NEARLY ALWAYS PRESENT SOME TIME IN THE COURSE OF THE INFLAMMATION, BUT VARIABLE IN DEGREE.**

It may readily be excited by pressure on the eye-ball, and will be referred to by the patient in proportion to its severity. Sometimes it is excruciating, extending over the space traversed by the branches of the fifth nerve and involving this space in an agonizing pain, while again it will be so feeble as barely to elicit mention; but in nearly all cases intermittent, of increased severity toward evening, aggravated or intense during the night, passing away toward morning.

In this connection, you should bear in mind that in cases of severe pain, constitutional symptoms may appear, as diminished appetite, vomiting, feverishness, etc., rendering it not unlikely that the disease will be mistaken for a severe bilious attack.

**5.—INTOLERANCE (OR DREAD) OF LIGHT (PHOTOPHOBIA) AND LACHRYMATION ARE ALSO ACCOMPANIMENTS OF IRITIS.**

Like the pain, they may be very light, or exceedingly painful and annoying. Thus, case No. 1552 (man, aged twenty-six years), experiences little of either, while case No. 1601 suffers severely from both. The presence of the former in a marked degree, however, always leads us to suspect the ciliary body is implicated, a grave matter.

**6.—VISION IS ALSO ALWAYS DECREASED, BUT VARIABLE IN DEGREE, AND SHOULD BE ACCURATELY TESTED AT THE BEGINNING OF THIS TROUBLE.**

This loss may be due to various causes, but generally at first, may be attributed to the turbidity of the aqueous humor, and changes in the posterior elastic plate of the cornea.

These symptoms, then, constitute those which are always in greater or less degree, present in cases of iritis. You will remember that in speaking of the anatomy of this tissue, your attention was called to its intimate connection with the ciliary body and choroid, of which it may be considered the anterior portion, the whole forming the uveal tract. From this you will readily see that an inflammation of the iris can, and often does, extend to the structures composing this tract, forming cases of irido-cyclitis and irido-choroiditis. Remembering, then, that the tension of the globe remains normal in a case of common iritis, but not in the serous form, it then being increased, and that there should be no pain on pressure in the ciliary region, nor contraction in the field of vision more than would be due to contraction of the pupil (which contraction, moreover, would be regular, and not of a glaucomatous nature,) should these symptoms be present, or there be any great loss of vision, the pupil not being closed, we may rightly suspect that the disease has extended to the ciliary body or choroid. If such be the case, we also notice that the accommodation is affected, and that the vitreous becomes implicated, diffuse opacities often appearing in it. Atrophy is a frequent sequence to these troubles.

We may now glance at the distinctive forms, which for convenience, we divide into three, the common or plastic, the serous and the

parenchymatous. All of these may be acute or chronic, and will vary greatly in duration—from a few days to several months. But these distinctions are of little value, inasmuch as a chronic form frequently becomes temporarily acute, and subsides again to its old course, and an acute iritis becomes chronic with no very apparent line of demarcation.

The characteristic feature of the first is, that the new formations, the so-called neo-plastic elements which are formed in the substance and on the surface of the iris, rapidly form into little membranous bands (*synechiæ*.) tying down the iris to the lens capsule, and binding together the contractile tissue of the iris itself. The accompanying symptoms are often but slight in intensity. By carefully examining these cases, you will so readily recognize it that further description seems unnecessary.

The characteristic feature of the second form is the hyper-secretion of the aqueous humor, which is diffusely cloudy, and often filled with little shreds floating about in it. There are no *synechiæ* in this form, markedly distinguishing it from the others. It is an insidious trouble, and steals on so quietly as often to have long existed before discovered. The symptoms of acute iritis are seldom well marked. The iris loses but little of its color, the pupil is often dilated instead of contracted, the anterior chamber deepened, the cornea seeming bulged forward, and the iris pushed backward. The tension is increased—often markedly so—and the disease shows a great tendency to extend backward and involve the deeper structures, as has been mentioned. *Per contra*, it is also an accompaniment of the diseases of these deeper parts. Sympathetic ophthalmitis, also, sometimes appears in this form.

The characteristic feature of the third form is the formation of well-marked nodular beads on the surface of the iris. Variable in size, they may be so large as to touch the cornea, or of only sufficient size to give the iris a mottled appearance. They are usually of a reddish brown color at first, but change into a yellowish one, and, as has been remarked, look often like little collections of pus. These may either be absorbed or suppurate; frequently they form anterior adhesions (*synechiæ*) requiring operative interference to detach them; if they suppurate, the pus, gravitating to the bottom, forms what is known as an hypopion. In none of these cases, however, have we an instance of this latter trouble.

The plastic exudation in this form is into the parenchyma of the iris—hence its name—and into the pupillary space, along its circular edge and the posterior surface of the iris, whence result extensive attachments (posterior *synechiæ*) to the anterior capsule of the lens. Often, too, the exudation nodules on the pupillary edge attach themselves to the capsule, and forming a circular band of adhesion (circular *synechiæ*.) totally exclude the pupil. A similar course of inflammation in the ciliary body and choroid may accompany this trouble.

These, then, are the characteristic features of the various forms. But we must not expect always to see them so distinctly marked.

Man's artificial boundaries are not those of nature ; she refuses to be hedged in by them, and we cannot in set terms express her many pathological deviations.

There are also other forms given by authors, but it is believed the ones given you afford the best heads under which to classify. Thus, we have rheumatic iritis, but it presents no special characteristics ; is generally of the simple (or plastic) form, though often running a protracted course, and of varying intensity. Gonorrhœal iritis is another form, but presents no characteristics. Some surgeons speak of syphilitic iritis, but it has no characteristic, and its peculiar cause can only be justly inferred by the existence of constitutional syphilis, plainly shown by its characteristic symptoms and localizations. Thus, in case No. 1604 (woman, aged twenty-eight years,) we shall undoubtedly be right in attributing iritis to syphilis, because she has, in a marked degree, the characteristic symptoms of this prevalent malady. It may assume any one of the three forms given, though more frequently parenchymatous. In such cases we should expect to see the gummy nodules well defined.

#### THE CAUSES

are almost innumerable, as the changes of temperature, sharp winds blowing directly on an already inflamed eye ; mechanical injuries of all kinds, directly or indirectly affecting the iris ; rough manipulations in the use of instruments during operations ; rheumatism, syphilis, etc. In one of the cases before you, the cause is not given ; in the others, and with one exception doubtless rightly, it is attributed to taking cold.

#### THE PROGNOSIS

of each form will vary with its individual dangers. In a case of simple, uncomplicated iritis, a favorable termination under proper treatment, may be looked for ; but if adhesions have already formed, and cannot be broken through by the energetic use of mydriatics, the case is much less favorable. The adhesions will frequently lead to repeated attacks of inflammation, which will too often terminate in occlusion (or closure) of the pupil, forming the so-called false cataract : failing in this, the constant pulling irritates and produces changes in the internal parts of the globe, leading to degenerative changes involving loss of sight. The parenchymatous is the most dangerous of the three forms ; when of syphilitic origin, its danger is additionally increased. But as the time allotted me is rapidly passing away, I shall hasten on to an outline of the

#### LOCAL TREATMENT.

This will consist in perfect rest for both eyes, the shutting out of bright light, and protection from injurious changes of temperature. These you will best accomplish in all serious cases, by keeping your patient in bed in a darkened room until the active symptoms are over. Where this is impracticable, and the patient must go about, as in the cases before you, a pad and light bandage to the affected eye to pre-



vent movements of the lids, as well as to shut out light, and a shade or blue glass to the sound eye, will be your next best plan. The second point requiring your attention, will be to secure a full dilatation of the pupil by *Atropine*. A full consideration of the uses of this agent, its dangers and antidotes, will be presented hereafter, or those who feel disposed to examine the subject now, will find in an article on "*Atropine in Eye Diseases*," which I had the honor to submit to the Western Academy of Homœopathy at its last session, a comprehensive summing-up of them. I unhesitatingly instruct you that it is a vital point in the treatment to make such use of *Atropine* as will accomplish and maintain full dilatation when attainable. It will not do to temporize with weak solutions. From four to six grains of the pure neutral *Sulphate of Atropia* to the ounce of distilled water is the strength generally required. Of this, carefully everting the lid as you see me do, put in the conjunctival sac a drop or two every hour (or half-hour,) until the pupil is dilated. In some cases it will require perseverance to accomplish this; in rare cases, owing to the increased tension and congestion of the iris, it will not act until these are relieved.

For one moment I must dwell on a seemingly minor point. If you expect to gain the best effects of *Atropine*, you must apply it yourself in the beginning certainly—better afterward. It will not do to entrust it to the friends of the patient. The failure in case No. 1601, by an Old-School physician, is largely attributable to the neglect of this simple requirement, and in consequence four months have been frittered away. The pupil failed to respond, his friends were alarmed for fear he would be poisoned. Yet you see, under repeated instillations of an eight grain to the ounce solution, the pupil is dilated, the patient says he is easier than he has been for weeks, has had a good night's rest, and is delighted at the prospect of recovery.

In concluding this point, allow me to read to you the energetic remarks of Mr. Carter, an eminent English surgeon. He says:

"It is much to be wished that all persons, who may by any possibility be tempted to prescribe for eye disease without knowing anything about it, would at least lay to heart the cardinal truth that a solution of *Atropine*, although it may fail to do good, will in many cases be very serviceable, and can scarcely ever do any harm. Astringents, on the other hand, although highly conducive to the cure of conjunctival affections, may be productive of irreparable mischief when either the cornea or the iris is inflamed. A commencing iritis treated by a *Nitrate of silver* lotion, is apt to be stimulated into a state of intensity which is hardly ever seen under any other circumstances."

The regulation of the

#### DIET, AND THE HYGIENIC MANAGEMENT,

in many cases, will play an important part. On this head, only general rules can be laid down, and those are such only as good sense and a keen appreciation of disease supplies. If the inflammation be acute, the patient full-blooded and robust, it will at once be evident he will not require that amount of food and strengthening treatment that one does who is run down and feeble; much more likely is it that his customary food may with advantage be changed, or greatly lessened.

Such instruction, however, belongs to the principles of medicine, and will be treated by the chair of practice, and I leave this important branch by quoting from Mr. Macnamara, who has embraced the subject in the following admirable sentence :

“ It is impossible to lay down absolute rules on these matters which shall be applicable to all cases ; nothing but observation and experience can guide us to a right conclusion ; and as one man’s powers differ from those of another in appreciating these circumstances, so will the one differ from the other in his success in practice.”

These general points attained, you should remember, also, that as the causes and constitutional symptoms of iritis are numerous and vague, so in proportion as you are diligent in seeking the true similar remedy, will your success be gratifying. While it may be that a simple case will go on to recovery under general treatment only, you will quickly find that in the various complications enough will be presented for you to seek the *materia medica* and toil over it with a lonely vigil. This it will be my pleasure to assist you in ; but, as the time allotted is now consumed, a consideration of the therapeutics must be postponed. Having seen the characteristic forms, you will be able, with the aid of the cases which will then be presented, to appreciate the various deviations and pathological conditions to be fully discussed hereafter.

At our next clinic we will consider the results and complications of iritis, explain the operations sometimes necessary, and then enter on a careful study of the therapeutics.

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## Pharmaceutical Department.

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### PHARMACEUTICAL TERMINOLOGY.

BY T. F. ALLEN, M. D. NEW YORK.

Noticing that in the last number of your journal, confusion in regard to the proper terminology of our pharmaceutical preparations is becoming confounded, I beg to offer some observations on the subject to which I have given careful attention — I shall confine myself to our chemical preparations.

The Latin names of our simples are so well known that it is unnecessary to refer to them.

The general termination required to form an adjective is -atus, or -atum, as for example :

Oxygen : Latin, oxygenium ; adjective, oxygen-i(s)atum, or perhaps, also, oxygen-atum.

Chlorine : Latin, Chlorum ; adjective, Chloratum.

So when two elements combine, the first element is considered to be -ated by the second, for example :

Calcium combines with (is -ated by) Bromine, properly expressed by *Calcium Brom-atum*, (*Bromidum* or *Brominatum* are examples of HOG-LATIN, and are *entirely indefensible*.)

Potash combines with Chlorine, properly expressed by Kali (or Kali-um) *Chloratum*.

Potash combines with Chloric acid, expressed by *Kali Chloricum*.

Potash combines with Hydrochloric acid, expressed by *Kali muriaticum* (or hydro-chloricum, or chloro- hydricum).

These latter examples lead to the proper terminology of the acids and their salts.

The higher acids (termination -ic,) are expressed by the adjective termination -icum, for example :

Acetic acid and Potash, *Kali aceticum*.

Hydro-bromic acid and Lime, *Calcium bromicum* (or Hydro-bromicum).

Nitric acid and Mercury, *Mercurius nitricus*, or *Hydrargyrum nitricum*.

The lower acids (-ous) are expressed by the termination -osum, thus, Sulphuric acid is *Acidum sulfuricum*; Sulphurous acid is *Acidum sulfurosum*.

The salts from the higher acids are expressed, as are the acids, by -icum, as given above: Kali aceticum, Kali sulphuricum, etc.; from the lower acids by -osum, as Kali sulfurosum.

Let us examine a few of the more commonly used preparations. The group of elements comprising Chlorine, Bromine, Iodine and Fluorene: (expressed in Latin by Chlorum, Bromum, Iodum, improperly Iodium, and Fluorum,) combine directly with other elements to form salts, and also with hydrogen to form hydrogen salts, as follows :

Calcium Iodatum, Iodide of Lime.

Calcium Iodicum, Iodate of Lime.

Calcium Chloratum, Chloride of Lime.

Calcium Chloricum, Chlorate of Lime.

Calcium Chlorosum, Chlorite of Lime.

Calcium Fluoratum, Fluoride of Lime.

Acidum Fluoricum, Fluoric acid, or Hydrogenium Fluoratum.

Sulphur is in Latin, Sulfur. Its acids and salts are expressed by Sulfuricum and Sulfurosum.

Mercury is expressed by Mercurius, or Hydrogenium. (NOTE.—Whenever a term has become sanctioned by ancient usage it should be retained, as Kali, Mercurius, etc.) Compounds of Mercury may be expressed as follows :

Mercurius mitis, or Mercurius chloratus, or Calomel.

Mercurius corrosivus, or Mercurius bi-chloratus, or Corrosive sublimate.

Mercurius Iodatus or Proto-iodatus.

Mercurius Bin-iodatus.

Mercurius oxygen-atus or oxygenis-atus (red precipitate, also written Mercurius precipitatus ruber).

Mercurius nitricus.

Mercurius sulfuricus, Sulphate of Mercury.

Mercurius sulfuratus, Sulphide of Mercury.

Etc., etc.

The general principles here given, with examples, form a *scientific* basis for a proper nomenclature; it is in accord with the most recent revision of the subject, and is, I believe, strictly classical.

I earnestly beg the profession *not* to write "*hog* Latin, better write English entirely. Chlorides, Bromides, Iodides, etc., are *never Latinized* by *Chloridum*, *Bromidum*, *Iodidum*, etc. In this our Dispensatories are woefully in error and should not be followed.

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## Medical News.

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**Dr. Irving Truman** takes the place of Dr. Doty, deceased, in Wells-ville, N. Y.

**Died.**—Dr. J. A. Vincent, of Springfield, Ill., mourns the loss of his only daughter. She was at Philadelphia with her father, was attacked with typhoid in a severe form, and died July 20th. Our readers sympathize with the bereaved parents.

### Removals.

Dr. Wm. Fuller, from Pella to Indianola, Iowa.

Dr. V. Fell, from Tallahassee to Jacksonville, Fla.

Dr. T. F. Pomeroy, from Baltimore, Md., to Chicago.

Dr. Jay O. Spinning, from Mason to Litchfield, Mich.

Dr. G. F. Roberts, from Lacon, Ill., to Waterloo, Iowa.

Dr. Alex. M. Cheek, from Metropolis City, Ill., to Nashville, Tenn.

**Notice.**—We have had so many inquiries of late, about advertising places for sale, etc., etc., that we have concluded to devote one page (if necessary more,) for the use of all who wish to insert short notices. Terms on that page will be for five lines or less, twenty-five cents, each insertion, each additional line five cents. Six words make a line. These terms are so very low that we think it will meet the approval of all who may wish to advertise.

**Homœopathic Medical Society of the State of New York.**—The Twenty-fifth semi-annual meeting will be held in Buffalo, on Tuesday, Oct. 10, 1876. A most interesting meeting may be expected, as valuable professional papers will be presented. Delegates from sister societies are *earnestly* and *cordially* invited to be present. We sincerely hope that our western societies will send delegates to meet our brethren of the Empire State, especially when they come almost to your very door to hold their meeting. To those who can make it convenient to be present, we can assure an enjoyable occasion.

ALFRED K. HILLS, M. D., Recording Secretary.

**New York Transactions, Vol. II., New Series,** is now ready for delivery, and will be sent, *post paid*, upon receipt of \$2, by Messrs. Weed, Parsons & Co., Albany.

**Room For More.**—There is room for more Homœopathic physicians in the west. Some of the best country towns in Kansas and Missouri are without a Homœopathic physician. To our physicians who are looking for a good opening we would respectfully call their attention to the following locations: Missouri—Independence, Wellsville, Cameron, Weston, Harrisonville, Pleasant Hill. Arkansas—Fort Smith. Kansas—Paola, Garnett, Spring Hill, Junction City, Abilene.

**Homœopathy in Hungary.**—By an order of the Hungarian Parliament, creating two Homœopathic professorships in the University of Peth, and ratified by both the Imperial and Hungarian governments, the Homœopathic physicians are now permanently represented in that university. The success thus gained, excited determined opposition to the maintenance of the chairs, and an attempt was about to be made a few weeks ago to induce the Diet to withhold the annual grant. Whereupon an address was circulated among the members, showing the comparative results of treatment in Homœopathic and Allopathic hospital-wards, analyzing the claims of the dominant school, and expounding the principles of Homœopathic therapeutics. In consequence of the distribution of the address, a profound impression was produced in the Diet, a meeting of the opponents was called, at which it was wisely concluded to abandon opposition, and in the debate on the budget, the requisite sums were voted for the Homœopathic chairs.—*Hom. World.*

**A Complete Work.**—It seems the general desire that the coming work on Diseases of Infancy and Childhood should be complete and up to date in all of its departments. The following is a sample of the expressions being received:

DEAR DOCTOR DUNCAN: By all means give us a *complete work on Diseases of Children*. It is something greatly needed in our practice, so I am heartily glad so able a person as yourself has undertaken the task. I shall patiently await its publication.

SHENANDOAH, Pa.

E. N. HARPEL.

If others feel differently, let us hear from them. An author or editor is a servant of the public and should be instructed. We want to make the work satisfactory to all, and therefore are in earnest when we ask for an expression of opinion. Let us hear from *you*.

Yours fraternally,

67 Washington street, CHICAGO.

T. C. DUNCAN.

**A Card.**—The premature announcement of our names as members of the faculty of Hahnemann Medical College makes a brief explanation necessary. When, by the withdrawal of some disreputable members of the recent faculty of the college, it was made possible for us to be again connected with it, we were invited by the board of trustees to resume our old chairs. We consented to do so upon certain conditions which were deemed for the best interest of the school and for the protection of individual rights. The conditions named by us were unanimously adopted by the board of trustees, and we were announced as members of the faculty. Upon further consultation, the board of trustees reconsidered their action and decided not to accept the conditions referred to, and our names were accordingly dropped. We beg to assure our friends in the profession that we ever have desired, and do still desire, the prosperity and permanence of the Hahnemann Medical College, and have always been ready to labor for these objects when we could do so without a sacrifice of self-respect.

G. D. BEIBE.  
N. F. COOKE.

# The United States Medical Investigator,

A SEMI-MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

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

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

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

DUNCAN BROS., Publishers.

67 Washington St., Chicago, September 1, 1876.

## FOR SALE.

**FOR SALE**—Headaches, Their Cause and Treatment. By Dr. Shuldham. Price, \$1. Address T., this office.

**FOR SALE—CHEAP**—Complete Repository of the *Materia Medica*, by Jahr, large volume, good condition, \$5.00, will exchange for other works. Address D., care U. S. Medical Investigator.

**FOR SALE—CHEAP** A fine practice in a town in coal regions of Pennsylvania of 9000 inhabitants, and in an area four miles of 20,000, with no rival. For terms apply to H., this office.

**FOR SALE**—Fine Opportunity to get a valuable practice without any bonus. Will sell a practice in a city of 16,000 population, of between \$3000 and \$4000 a year, together with office, parlor and bed room furniture, for actual value of furniture, or about \$500. Address C., care U. S. Medical Investigator.

**FOR SALE**—A good house and lot and barn, in a beautiful village. A fine practice will be given up to the purchaser, where he will have no Homœopathic rival. Terms very low for cash, or for early payments. Reason for selling, poor health of family. Address, Dr. B., care of this office.

**FOR SALE**—A Good Opening—A physician, wishing to discontinue general practice and devote his time exclusively to the eye and ear, offers his property, consisting of house and lot office adjoining house, and barn, for sale to a successor for the following: Valuation of property, six thousand dollars; two thousand to be paid down, and the balance in yearly payments of one thousand. Will remain to introduce successor. Personal property, such as office furniture, carpets in house, stoves, and horse and buggy, would be sold. Population of city, 25,000. The practice will average between \$6000 and \$8000 cash, a year. This is a splendid opening for a good Homœopath. For further particulars, address M., this office.

## BOOKS, JOURNALS, ETC.

**TWO PHYSICIANS**—When you think of buying any books or subscribing for any journals, write to us and ascertain at what prices we can furnish them to you, before you buy.

## WANTED.

**WANTED**—I want one, and if possible, two volumes of Grauvogel's Text-Book. Address, stating price, etc., this office.

**WANTED**—A practice near New York. A physician, who desires to locate in a pleasant town not further than an hour's ride by railroad from New York City, will pay a fair bonus for a practice of \$3000 or upward. Address A. J., care U. S. Medical Investigator.

**WANTED**—February number, 1876. Send with price to this office.

**WANTED**—January 1st number, 1876; 25c. will be paid. Send to B., care this office.

**WANTED**—Nos. 4, 5 and 7, Vol. VII., 1870, *MEDICAL INVESTIGATOR*; 25c each will be paid. Address, A., care this office.

**WANTED**—Bayes' Applied Homœopathy. State condition and price. Address S., this office.

## RARE OFFERS.

**\$7.** will secure Gilchrist's Surgical Diseases (\$3 50), and this journal for one year. (If book is to be sent by mail, 25c should be added for postage.)

**\$10.** will secure Ludlam's Diseases of Women (\$7 00), and this journal for one year. (If book is to be sent by mail, 50c. should be added for postage.)

**\$8.25** will secure Hoynes' *Materia Medica Cards* (\$5 00), and this journal for one year.

**\$6.50** will secure Shipman's Family Guide (\$2 00), and this journal for one year.

**\$9.** will secure Volumes I. and II. (\$5.00 the year 1875), and the year 1876 of this journal.

**BIND YOUR JOURNALS**—We can supply Emerson's Binder, stamped with name suited for this journal, for 40 cents; without backs, 20 cents. Keep the numbers all together for ready reference.

THE  
UNITED STATES  
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

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New Series, VOL. IV., No. 4.—SEPTEMBER 15, 1876.—Whole No. 176.

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Therapeutical Department.

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CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

BANGOR, Me., Aug. 31.—We are moving along quite slowly here — but moderate show of sickness, nothing is particularly prevalent.

W. GALLUPE.

CLEVELAND, Ohio, Aug. 22.—Our city is remarkably healthy. No uniform type of disease. No two cases in any way in correspondence.

J. C. SANDERS.

PERU, Ind., Sept. 4.—Remittents and intermittents more than usually plentiful. *Bry.* seems to meet two-thirds of the first; the latter *Quinia*, *Nat. mur.*, *Nux*, *Bry.*, and *Ars.*

O. C. EVANS.

PRINCETON, Ill., Sept. 4.—Nothing very remarkable or peculiar about the diseases in this vicinity at present, except that we are not having our usual number of remittent cases so far.

W. C. ANTHONY.

SUN PRAIRIE, Aug. 23.—Very cool nights, alternating with very warm days, of late, have brought us a number of cases of rheumatism,

also of dysentery; *Acon.* for the former, and *Merc. cor.* for the latter, are effectual. We have had a pretty healthy summer.

H. E. BOARDMAN.

ADEL, Iowa, Sept. 5.—We have had quite a severe form of cholera infantum the last month which called for different remedies, *Puls.*, *Ars. alb.*, *Pod.*, *Merc.*, *Bov.*, *Aconite* and other medicines. We are having now gastric and typhoid fevers; the latter of a very severe type; *Ars. a.* and *Bry.* in some cases, and in others *Rhus t.*, *Puls.*, *Bapt.* and *Bell.*

J. F. IRVIN.

SIAM, Iowa, Aug. 28.—The most of the sickness here this summer is among children. Cholera infantum seems to be the most prevalent, but yields readily to such remedies as *Pod.*, *Bell.*, *Cham.*, and *Ipecac.* *Ascaris lumbricoides* have demanded our attention very often; *Bell.*, *Spig.*, *Merc.* and *Cina* are oft-nest indicated. We have an occasional case of hepatitis and enteritis. Success to THE INVESTIGATOR.

J. P. RHOADS.

MARSHALL, Mich., Aug. 31.—Weather hot; last week one or two cool nights, followed by a number of cases of cholera morbus, and one case of cholera. Chills and fever prevailing to some extent. I have had more cases of hay fever to prescribe for this season than usual. The cases were all typical of *Ars.*, which relieves almost as by magic. Dose, 3x, one grain every three to six hours. *Verat.* 3 and *Ars.* 3 have served me successfully in the cholera morbus and similar cases. *Pod.* 3x in diarrhœa of children teething, with watery, yellow stools; *Merc.* *viv.* 3x when green and slimy, with much tenesmus and straining.

E. L. ROBERTS.

WATSEKA, Ill., Sept. 6.—Those cases referred to in my last are decreasing since the cool weather came. The *Merc. bijodatus* was just the thing. Was of great benefit to every case, and controlled most of them alone; used the 6th. They grew lighter toward the last, or else the *Merc. bijod.* was a specific. We are having a great many cases of cholera infantum, some very severe, of which *Pod.* does not help but very few, where last year it was indicated in most every case. This year *Camphor* takes the lead, *Ipecac.*, *Calc. c.*, *Nat. mur.* are all or most all that are required. We are having quite a number of intermittents now, *Nux v.*, *Ars. alb.*, and *Nat. mur.* are all that are required to effect a cure. My patients seldom have a chill after commencing treatment. Many thanks for the advice in our epidemic.

C. R. BRISTOL.

## CONSULTATION CASES.

### INTERMITTENT FEVER.

What is the remedy for this case of intermittent fever?

Mrs. A., aged thirty-five years; temperament, nervo-bilious, partaking of lymphatic; dark, large eyes; intelligent; calm, even disposition. Naturally strong constitution, though debilitated from uterine



disease, having three premature confinements in twelve years, with phlegmasia of both legs. The first chill, three years ago, was in the morning and lasted an hour and a half, followed by fever three days; after this she had them with varying severity and varying intervals for two years, when they changed to every third day, all this time was treated with *Quinine* and other Allopathic drugs. Last spring, in April, she came under my care. At this time she was completely anæmic; face yellow, covered with spots; shrunken hands, icy cold; tired with the least exertion; feet œdematous, painful when warmed; no pain in either side, but much in back and limbs; digestive organs good; there was shortness of breath, and pain through upper part of sternum to back. There was severe, long-lasting chill commencing at 4 P. M., attended with thirst, but worse from drinking and from being near the fire; cramps in fingers and toes, which were blue; weakness, to fainting; severe pain in back and head; hoarseness, but no cough; short, slight fever, but long, profuse sweat all night.

I gave *Nux v. 3*, followed by *Lyc. 30* (with some other remedies for uterine disease, which was cured in two months and remains so,) which relieved her of chills, in a short time to come back again in another form, which were again stopped with *Gels.* but came back with short chill, high fever, throbbing carotids, injected eyes, severe headache and sleepiness, little sweat. With *Bell.* and packs they were again stopped, with health and strength much improved every way.

From over-exertion, I think, they have again returned, and although I have given several remedies, remains not cured. They frequently change in character from one chill to another. At the present time the chill comes on from 2 to 4 P. M., every third day; better near the fire, and drinking does not increase the chill; the fever is about as long as the chill, attended with severe headache through the eyes, which are injected and feel burning hot, through temples to the vertex and back of the neck; sleeps during fever; sweat all night and feels exhausted all day after. I would say the paroxysms are preceded and succeeded by pain and heaviness in the knees, and bad feeling in the head. There is considerable hoarseness at times. There is this peculiarity now, she will sit in a room without a fire and not feel cold when others are so. Another thing, before the chill her hands are cold to me, but when she feels cold they will be hot. There are no cramps. Thirst only during the chill. After the paroxysm her head is sore. The aprexia has been free from symptoms of late. S.

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#### ADVICE WANTED.

C. M., aged thirty-five, began in summer of 1872, to feel tired and lifeless, without any particular pain, eight months after he says he had a small swelling appear upon the left side just below the ribs, which was very hard, but without any pain or tenderness. This swelling continued to increase until nearly the whole abdomen was involved, and about this time he began to have dizzy sensations, or a feeling as

if he would fall if he moved. In August, 1873, he was taken with violent pains in locality where this swelling first appeared, and for two or three months had no rest, day or night. About this time he took a great deal of physic, and passed large quantities of dead, offensive matter; after this the bowels were very loose, and continue so up to the present time. The swelling remains permanent—is about the same size as when he was taken with those severe pains.

In October, 1874, he was taken with a severe chill when riding out one windy morning, and was confined to his bed, more or less, until the next spring. During this time he began to have sore mouth and nostrils, with a discharge of blood and matter from his head. This continues in a less degree up to the present time. The cartilage of his nose is eaten away and left a sore and easily-bleeding surface.

Last September he was treated by a physician by means of surface sores, upon his limbs and feet, which had no effect except to itch and bleed freely whenever they were disturbed.

At present he is suffering from despondency, is easily tired, his abdomen feels very heavy, and there is a feeling of soreness over his whole body.

He has been treated by an Allopathic physician for the last two years, and who has finally told him he could do nothing more for him.

I have given him *Sulph.* 200, four pellets, morning and night. Will some of my colleagues advise me what to do.

UNIONVILLE, Conn.

CHAS. L. BEACH.

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#### A CASE FOR COUNSEL.

Man, forty-one years old, five feet nine inches high, weight one hundred and fifty pounds, good constitution, light hair, complexion fair; before blindness, bluish-gray eyes; dominant temperament, nervous-sanguine. When in his twentieth year he lost his right eye by a violent attack of neuralgia, the seat of which seemed to be the right temple. About eight months afterward, the left eye followed suit from the same cause. During the prevalence of the neuralgic spasms, which lasted in each case about six days before causing blindness, the patient's eyes were very highly inflamed. The ultimate effect of the neuralgic attacks was to produce a very profound opacity of the cornea of both eyes. The patient remained blind nearly two years, and then, without the aid of medicine or surgery, he regained and enjoyed partial sight of the right eye until May 11, 1867; and then, by another very violent neuralgic attack, the patient was made blind in about eight hours, and remains in the same condition.

In October, 1871, the patient visited an oculist and submitted to a prospective operation on the right eye, by which was discovered a slight opacity of the crystalline humor, a very profound opacity of the cornea, which seemed to be caused by a thorough effusion of lymph between all the different plates of the cornea. The operation also revealed an entire closing of the pupil and a very close adhesion of the iris to the anterior surface of the crystalline lens.

The oculist operated for an artificial pupil, and in doing so he cut away about five-twelfths of the diameter of the iris, and also broke up its adhesion to the crystalline lens. After the operation the patient was put on a short and light course of Allopathic *Mercurial* treatment for the purpose of preventing proliferative action on the part of the iris, thereby preventing the closing of the newly made pupil. Ever since the operation a large amount of light has been transmitted to the posterior chamber of the eye, but the amount of light received by the eye is not sufficient to enable the patient to perceive colors, and can only see the glimpse of a moving object when passing between him and a strong light.

Perhaps it may be well enough to state that the patient's general health has been, and is yet, good, although he has been troubled with a burning tetter of the scalp for more than seventeen years, which chiefly affects the crown of the head and is gradually causing baldness of the crown. The patient's blindness is not in any sense referable to syphilis or kindred affections, although it may be proper to say the patient is yet an unmarried man. I will further state that the patient does not, and never did, indulge in the use of ardent spirits to any extent whatever.

From the time the patient's eye was operated upon until the present very little has been done with the view of his restoration to vision, but as he feels strongly inclined to hope and believe, that something may or can be found within the wide range of Homœopathic medicine that may be instrumental in his recovery to sight, and as the writer also feels a lively interest in the case, and as he does not profess to be well versed in ocular treatment he, earnestly and politely requests that some one or more of the intelligent contributors to the columns of THE UNITED STATES MEDICAL INVESTIGATOR, will furnish him with suggestions with reference as to the proper treatment of the case.

PRINCETON, Ky.

J. M. LESTER.

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#### PRESCRIBE FOR SANGUINEOUS LEUCORRHOEA.

Will my colleagues please prescribe for the following case and symptoms: Mrs. Hattie P., aged thirty. Nervo-bilious temperament, married, mother of one child, now eleven years old. Has had leucorrhœa of year's standing, consisting of bloody mucous. Menstruates regularly, but the intra-menstrual period is marked by this *continual* discharge. Mind depressed, at times sad, and again irritable; general weakness, especially at night; no sexual desire whatever; palpitation of the heart; often awakens in the night very cold, followed by *profuse* sweat; lower extremities feverish, pain in the abdomen and sides; muddy yellow complexion; *deep* itching of the uvula; straining when vomiting, followed by pain when done; bowels regular. Patient *strictly* hygienic. I give the symptoms about in the patient's own language. As she lives at a distance, I cannot give more detailed symptoms. My last prescription was *Sulphur* 81,000. None, or but

little, perceptible benefit. I might add, the lady is scrofulous, that is, when young, had a scrofulous affection of the scalp, and was cured by some application. I should like to hear from my colleagues regarding this case. The leucorrhœal discharge is *serous*, and indicates some destructive process going on, either in the uterus, or elsewhere.

Please prescribe remedy and attenuation.

CHARLESTON, Ill.

G. B. SARCHET.

#### THE SOMEWHAT SINGULAR CASE.

I am obliged to Drs. Bumstead and Squier, who have responded to my inquiries. But two or three things have been overlooked, especially by Dr. Bumstead. Firstly, pus had been discharged from the meatus, with simultaneous subsidence of the pain, which did not return. Secondly, the case was a singular one, from the very fact of *brain* complication, notwithstanding said discharge and subsidence of pain. Thirdly, in making the inquiries, my purpose was, not to be informed concerning the A B C of aural surgery, although trephancing the mastoid process does not belong to modern aural surgery at all. At least, eminent surgeons oppose it. Certainly no operation was required under the circumstances. The case was singular, also, from the paucity of symptoms. I gave, as ought to have been supposed, all the symptoms. Therefore, all reference to paralysis (excepting so far as affecting respiration) and *caries* was wide of the mark. The patient was in good health for months before this attack — ear and all. The question remains, What did he die of? Anybody could tell after a post-mortem. As to there being too little time for formation of abscess on the brain, we know that pus forms there more quickly than elsewhere, and a week was sufficient time. And this, I doubt not, was the cause of death.

The only post-mortem revelation is, that my friend of the "thirty-six years' experience" did not fail to inform the family that I did not give strong enough medicine. He urged stimulants and *Quinine*, yet has "Homœopathic Physician" painted on his sign.

Moral.—When called in consultation, steal a march on the family physician.

VIRGINIA, Nev.

E. STEVENSON.

#### WHAT WILL CURE ?

Will you allow a subscriber to your valuable journal, to ask for assistance in a case which has well nigh driven me to the wall.

Mrs. —, aged twenty-nine, mother of three children, of good health usually, dark hair, well developed body, active, etc. Her last babe weighing ten pounds, was born on the first day of April last. Labor natural as to time, presentation, etc., not particularly tedious nor too

rapid. Yet she told me she had not one *expulsive* pain. Everything went well for one month. Her recovery was better than with either of the former labors.

On the first of May she began to have pains in the bladder and urethra, from this began urinating more frequently, the pains increasing rapidly so that very soon they were very severe in external of urethra accompanied with stinging and burning. Now there is no pain here but at neck of bladder, which is intensely drawing or *constricting*, which can be distinctly felt by digital pressure just after urinating. Sometimes there are most severe stitching pains beginning sometimes in vulva and sometimes farther up, and shoot upward the whole length of vagina. The urine has much decreased and the last few drops are always very high colored, even bloody. There are flakes of mucous, tough, and shreddy, grayish or brown at times, then resembling a blood clot. She sometimes urinates every ten minutes, then again ten or twelve times in twenty-four hours. She was taken with a severe chill which lasted about three hours. For about ten weeks she has also had great tenesmus and griping in lower bowels, with frequent discharges of slime and mucous. Also there has been soreness of tongue, along sides and underneath, appearing like abrasions, intensely inflamed. When the mouth is better the urinary troubles seem worse. I have given *Apis*, *Ars.* 3x and 24x, *Canth.* 3x and 6x, *Terebinthina* 3x, *Equiæstum hyemale* tincture and 1x, from three to ten days each. *China* seemed to relieve most. Am now giving *Apis* 12x.

Who can help me? Whoever volunteers please give the attenuation and dose.

CARROLLTON, Mo.

L. J. INGERSOLL.

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## REGISTRATION OF PREVAILING DISEASES

For the week ending July 8, 1876.

### METEOROLOGY.

Observations taken at Dudley Observatory, Albany, N. Y. Twenty-one observations; three daily; 8 A. M., 5 and 11 P. M., by the signal service department:

Barometer.— Highest, 30,066; lowest, 29,695; mean, 29,883.

Thermometer.— Highest, 91; lowest, 66; mean, 75.7.

Relative humidity.— Maximum, 90; minimum, 42; mean, 69.1.

Direction of the wind.— Calm, 12; west, 4; south, 4; northwest, 1-21.

Velocity of the wind.— Scale 0 to 100; none, 12; once, 2; once, 4; once, 7; once, 8; twice, 9; twice, 13; once, 14-21.

State of weather.— Clear, 7; fair, 5; cloudy, 7; rain, 1; hazy, 1-21.

Rain-fall — 1 inches.

## PREVAILING DISEASES.

Bronchitis.—Few cases, mild type, in the counties of Albany, Saratoga, Columbia, Washington and Warren.

Cholera infantum.—Few mild cases in Albany, Saratoga, Greene, Columbia and Washington counties; many severe cases in Saratoga, Washington and Warren counties.

Cholera morbus.—Few mild cases in Columbia, Washington and Warren counties; many severe cases in Saratoga county.

Croup.—None.

Diphtheria.—Few mild cases in Greene and Columbia counties; many severe cases in Saratoga county.

Diarrhoea.—Many mild cases in Greene, Columbia, Washington and Warren counties; many severe cases in Albany, Saratoga, Schoharie, Columbia and Warren counties.

Dysentery.—Few mild cases in Albany, Saratoga, Washington and Warren counties; a few severe cases in Greene and Columbia counties.

Influenza.—Few mild cases in Saratoga, Greene and Warren counties; many mild cases in Columbia and Washington counties.

Pneumonia.—Few mild cases in Saratoga and Greene counties.

Rheumatism.—Few mild cases in Albany, Schoharie, Columbia and Warren; a few severe cases in Albany, Greene and Washington counties.

Scarlatina.—Few mild cases in Schoharie; many mild cases in Warren counties.

Small-pox.—None reported.

Typhoid fever.—Few mild cases in Greene, Columbia and Warren counties.

Whooping cough.—Many cases, both mild and severe, in Saratoga county.

Bilious fever.—Many severe cases in Washington county.

Erysipelas.—Few severe cases in Schoharie county.

Roseola.—Many mild cases in Columbia county.

## SUMMARY.

The special peculiarities of the atmosphere during the week were (1) a high degree of temperature; (2) great dryness of the atmosphere; (3) very slight movement of the wind; (4) a fall of only half an inch of rain. During this atmospheric condition, diseases of the throat and air passages have prevailed to an unusual extent, although not of a severe type. Diseases of this class are indicated by the presence of bronchitis in five of the seven counties from which reports have been received; influenza in five, diphtheria in three, pneumonia in two, and whooping-cough in one. Diseases of the digestive organs are reported in each of the seven counties, they are, however, of a more than usually mild type.

## "HOW TO CURE AGUE."

"To do good and to communicate forget not." Under the head of "How to Cure Ague," and "Hints to Beginners," we find the above very excellent motto, which we accept and ask for further information on the same subject. According to the "time table" which the doctor has given us, will he have the kindness to inform us the remedy which will cure (and the dose,) the following case that occurred in my practice during the present month :

Patient aged forty; temperate, uses no stimulants, tea, coffee, tobacco, or *Quinine*; tertian intermittent. First paroxysm preceded for two days by great weariness; patient has to "drag around;" great heaviness in the morning on awakening from sleep; requires a forced effort to get out of bed. Two days before the attack had rheumatic lameness in left shoulder, could hardly get the hand to the head.

Aug. 2.—Weariness and languor increased; 2 P. M., high fever, which lasts all night; throbbing in the blood-vessels; headache; great aching in the bones, as if from a severe cold, no sweat following; loss of appetite, bitter taste, constipation. Prescribed *Acon.* 3, every hour during the fever. During apyrexia, weakness, no disposition to mental or physical labor, much salivation, eructations of tasteless gas. There having been no chill, no further medicine was given.

Aug. 4.—Chill at 10 A. M., lasting twenty minutes, commencing in the feet; nausea and vomiting; thirst; shivering, chattering of the teeth; short chill, followed by very high and long-lasting fever (nine hours); thirst the first half of the fever, with dryness of the mouth and constant desire for small drinks of cold water; great heat of the abdomen and chest which the patient desired to have constantly covered with towels wrung out of warm water, laid on the chest and abdomen, covered with dry flannel; great heat of the face and breath; loud eructations of tasteless gas. During fever constant desire to change position, rolling from side to side of the bed. Apyrexia distinct, no appetite except for liquid food, broth, etc. *Natrum. m.* 30, one dose, and *Natrum. m.* 200, one dose.

Aug. 6.—Paroxysm preceded by restless, sleepless night; headache in morning, bitter taste in the mouth, no appetite; chill at 9:30 A. M., lasting half an hour; constant collection of thick, frothy saliva; nausea and vomiting, relieved by drinking hot water; dark, but otherwise natural stool during the chill; fever continued about nine hours. As the fever and chill were some *lighter* no medicine was given during the succeeding apyrexia. Considerable sweat after this paroxysm, of a feverish smell.

Aug. 8.—Paroxysm preceded by a restless, sleepless night; constant rolling from side to side in bed; headache and sore feeling about the head; thirst, dry mouth and tongue the latter part of the night; no appetite; chill at 7 A. M., lasting twenty minutes; great nausea, vomiting of green and yellow bile, which relieves somewhat the aching and chilliness; drinking hot water relieves the vomiting and chilli-

ness. All the stages accompanied by loud flatulent eructations. During the first half of the fever great thirst for cold drinks, and some vomiting, which disappeared the last half of the fever. During fever great weakness and prostration, not able to sit up a minute; frequent desire but scanty discharge of urine; during the fever, loquacity; no sleep night or day from thoughts constantly crowding on the mind. Fever lasted twelve hours, during which *Eupatorium perf.* 1st dilution, two drops in teaspoonful of water, every hour, till the fever abated; then followed sour-smelling sweat.

Will Dr. Randall have the kindness to inform "new beginners" what remedy is indicated? I would add that in this locality that a large number of intermittents are of the anticipating or postponing type, and coming at irregular hours. What use can we make of this "time table" in such cases. I rely very much on Bœnninghausen's repertory as an aid in selecting the remedy, but not more upon the "time table" than upon other characteristic symptoms.

MUNCIE, Ind.

E. BECKWITH.

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### IN MALARIA, HIGH OR LOW?

In the June 1st number of THE UNITED STATES MEDICAL INVESTIGATOR, Dr. A. M. Piersons, in speaking of the efficiency of dynamized medicines in the treatment of malarial diseases, as compared with crude *Quinia*, lays down the rule that "a broken chill is sure to return, one cured by a specific, never." Also he states that his part of the battle is "against the use of *Quinine* in bulk." The reason for this particular tilt against *Quinine*, among a class of our physicians, has ever remained a mystery to us. By these repeated attacks, we may be led to infer that later investigations have demonstrated the fact that *Cinchona* and its alkaloid does not possess the anti-malarial virtues which it has heretofore been accredited with. Is there any reliable record of observations proving that the symptoms produced by *Quinine* are not similar to those attributed to the influence of marsh miasm? If not, what is there improper in its employment in these diseases? Is there anything about it that smacks of polypharmacy? Does not Homœopathic usage require the administration of a sufficient dose of any given remedy to produce an impression exactly parallel to that of the disease? Does not intense malarial influence react as a virulent poison upon the nerve centers? Does the doctor claim to be able to antidote poisonous doses with anything which is not "in bulk?"

Can we expect to rescue a patient from the effects of excessive *Opium* poisoning, by either *Coffea* or *Belladonna* 100? Will *Nat. mur.* 1000 antidote *Argent. nit.* in poisonous dose?

The doctor says: "I hold that *Quinine* crude, does sometimes, especially in primary attacks of ague, break the chill, and thus allow the natural powers to recuperate." Can we claim more than this for



any species of medication? Is it not finally *Nature* that is the curative agent, rather than the remedy?

We have no war to make upon the higher dilutions, when properly indicated. If, however, we attempt to soar aloft continually, and under all circumstances, we shall deprive our patients and ourselves of the advantages to be undoubtedly derived from the employment of crude preparations, when really demanded.

By the way, doctor, do you claim to be able, with any specifics, to cure a chill, so that it will never return? If this aphorism will stand the rough touch of experience, you have fallen upon a bonanza.

We have in this section the pure article of concentrated marsh malaria. Thousands are anxious to be cured. The field is white for the harvest. If your faith is sufficient, come down, prepared for active duty. "There is millions in it."

MEMPHIS, Tenn.

S. J. QUINBY.

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#### QUININE AND POTENCY AGAIN.

From some unaccountable cause, my last article on potency, be it good or bad, found its way into the waste basket. It was not written to provoke further dispute, but the nature of Drs. McNeil and Pierson's last attack on me, demanded I should, to do justice to myself, answer; and now that I've just read a short but able, article, over Dr. Whitman's signature, I am prompted to make another effort. Dr. P. cleverly informed me I was an Allopath, and to go to their ranks at once. If you will remember, a portion of this discussion in regard to potency was incited by my candor, in simply acknowledging to the profession that I was mistaken in the treatment of ague. The small amount of literature I give the profession, from time to time, I aim to stamp with the impress of truth, and what I preach, I practice. The doctor's bump of approbation is grievously very large, and more than once has compelled its owner to write something, no matter what, truthful or otherwise, merely to see their names in print. And the doctor in Indiana who gives nothing but the 200th of *China* to cure ague (Report of Indiana Institute of Homœopathy,) since gave a lady patient *Quinine* in four-grain doses, and grain *Podoph.* pills—sugar-coated at that. I have proof for this. And because I gave, or give, *Quinine* in recent ague, and when indicated too, I am called an Allopath, had better go where I belong, etc. We have a *genus epidemicus*, and why not a *genus remedium* as well? One of Homœopathy's greatest beauties is to point out from the symptoms, the remedy, as did our great master point out the remedies for cholera, long before he had seen a case, *Camphor*, *Capsicum*, *Arsenic*, etc.

I have no pet remedies—not, as the printer put it, I have my pet remedies—I never know what remedy I am going to give, till I see my patients. My scale of potency ranges from the mother tincture, or crude salt, up in the realms of potency, as high as the most vivid, and

most spiritualized high dilutionist can fancy, and that is pretty high, you know. I go as high as the 40,000th, *very* often the 200th, and nearly always the 30th, unless it is a recent case of ague, having *Quinine* for a *similia*; and then, thank God, through the aid of His divine law, I know enough not to tamper with the 200th of *China*. Just now *Eup.* in any potency, cures many of the intermittents common in this locality.

I have said before, that the dose, potency, dilution, infinitesimal, has *nothing* whatever to do with the law *similia*. I can give a cart-load of medicine, and yet practice the *purest* Homœopathy; yet we Homœopaths contend that it is better to give the remedy in a dilution.

My aim is, not to cause further discussion, but if possible, to more closely unite the two factions, high and low dilutionists. In unity there is strength, and our greatest foes are they of our own household. We stand, to-day, a science, never having had an equal; and so certain and positive in its results, as to debar, or preclude, all possibility of a better, only as we improve on what we have. The law, in its operation, is as unailing as night and morning, and if we fail, it is from causes which lie within us, and not the law. Let us be men, in the *broadest* acceptation of the term, not biased, and having no hobbies, remembering the text, that it is best, neither to eat meat, or drink wine, etc., whereby our brother stumbleth.

CHARLESTON, Ill.

G. B. SARCHET.

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### EXPERIENCE AMONG POTENCIES.

The following experience among the potencies may interest some of your readers:

Mrs. Y., had suffered from sciatica for six months. *Tearing* pains in front and exterior surfaces of right thigh when standing; much worse when sitting down. Complete freedom from pain when lying down. Frequently the pain would be in the right heel alone. Says she is growing worse. The pathogenesis of *Amm. mur.* gives a perfect picture of this case, but no benefit was derived from either the 200th nor 3d of that remedy. *Phy.* 200, was of no avail. *Phy.* 2x was followed by a decided improvement, within a week after first commencing it, and patient continues to gain, and now considers herself nearly well.

The key-note in this case, I believe to have been the *pain in the heel*. I have found *Phy.* curative in other cases having this symptom.

In two instances, tumors on the inside of the lower eye-lid (in one case the left eye, in the other the right,) have disappeared soon after a single dose of *Marum v. t.*, 200.

Hughes says that he has seen *Ruta grav.* disperse a ganglionic swelling (bursitis?) upon the wrist. *A ganglionic swelling, as large as a chestnut, developed itself upon the right wrist* of a lady to whom I was giving *Ruta* 3d, four times a day, for rheumatism of the lower extremi-

ties. This occurred within a week after commencing the *Ruta*. *Rheumatism disappeared as the ganglion developed*, and the latter disappeared soon after the patient ceased to take *Ruta*.

Mrs. Q., has had rheumatism for two weeks. Is getting worse. Pains aching, drawing, accompanied with numbness. Began in right hand, extended to all the limbs. Very stiff in the morning, when she first begins to move. Must change her position frequently, though at the cost of much pain. Worse after midnight. *Rhus tox.* 200, one dose. Cured in six days.

Mrs. M., had cracks, chaps and soreness between the fingers of left hand. *Oozing of sticky moisture, deformed and thickened nails*, on same hand. *Graph.* 200, at different intervals during the past two years, did no good. *Graph.*, 3d trituration, cured in two weeks.

Mrs. B., ague. Has had four paroxysms. Stages distinct and well marked. Chills occur in forenoon, varying from 8 to 11 o'clock. Thirst before and during fever. *Vomiting between chill and fever. Hunger immediately after fever.* *Eup. purp.* 200, every four hours. No paroxysms after first dose.

Mrs. D., headache for years. Generally brought on by over-work or excitement. Always preceded by intense *flushing* and *heat* of neck and face, with *sensation of swelling of neck*. Fullness and throbbing in head. Sensation as if blood were being sent in waves to the head. Aggravated from bright light, noise, talking of others, slamming of doors, etc. *Glon.* 200 did no good. *Amyl. nit.* 2, would aggravate every time. 5th would relieve promptly, and if taken when the face began to flush, would abort the attack entirely.

Mrs. S., has been troubled for a week with an *eruption along the margin of the hair*, from middle of forehead to right ear. An intensely inflamed belt, one inch in width, extremely painful. Eruption seems to consist of numerous closely-set papillæ, on a highly inflamed base. Spreading, *ulcerating sore on left cheek.* *Nat. mur.* 200, three doses, cured both eruption and sore within one week.

Mrs. T., pregnant. Neuralgia, right side. Pain begins in lower jaw, extends upward and backward, to ear and temple. Severe pain in ear. Hot feeling around the eye. Teeth feel too long. Pain, burning, aching. Soreness of parts after pain abates. Pain occurs whenever she lies down. Ceases when she sits up (reflex). *Spig.* 200 was followed by entire relief. I hardly expected aid from the *Spig.* when I gave it, and still doubt that it cured; for Lippe gives to *Spig.* a preference for the left side, and the aggravation does not occur in its pathogenesis.

If any of the above were cures, they may have been so upon purely *physiologico-pathological* grounds, but the remedy chosen was selected by the *key-note system*, which Dr. Fahnstock denounces so strongly in the *third* sentence of his article (July 15th number, 1876,) and lauds so highly in the *fourth*. There is the faintest smell of an inconsistency somewhere between the two sentences, but perhaps the doctor can tell

us *how* a system, "bristling with unsound conclusions, and containing glaring deviations from the method of the master," can "lift us out of an exceedingly common and perplexing dilemma, one in which our regular friends would flounder about without hope of extrication."

What is the import of an *one-sided coating* of the tongue? I have seen it only as it accompanied hepatic disorder. I have found no benefit whatever from the remedies I can find having that symptom, *Daph. ind.*, *Lob.*, *Rhus. tox.*

UNION SPRINGS, N. Y.

O. W. SMITH.

### TYPHUS AND TYPHOID FEVER.

FROM DR. MASSY'S PRACTICAL NOTES ON NEW REMEDIES, ETC.

The "New Nomenclature of Diseases" recognizes the following forms of fever: (1) *typhus*, (2) *enteric*, (3) *relapsing*, and (4) *simple continued* fever. These forms are further classified: *Typhus fever*—a continued fever, characterized by great prostration, and a general dusky, mottled rash, without specific lesion of the bowels. *Enteric fever*—synonym. *Typhoid fever* (definition)—a continued fever, characterized by the presence of rose-colored spots, chiefly on the abdomen, and a tendency to diarrhœa, with specific lesion of the bowels. (Called by the French, "*gastro-enterite*," gastro-enteritic fever.) *Relapsing fever* (definition)—a continued fever of short duration, characterized by an absence of eruption, and an abrupt relapse, occurring after an interval of about a week. *Enteric* fever, occurring in a child, is often named *infantile remittent* fever.

An experienced practitioner of the *new school* should be consulted in the early stages of febrile symptoms, which do not yield to the ordinary domestic remedies. We must, however, not omit naming a few of the medicines which require study: *Baptisia*, *Cimicifuga*, *Gelsemium*, *Leptandrin*, *Podophyllum*, and *Veratrum viride*. *Baptisia* exerts a marked influence on the blood and vascular system, the nerves of sensation, and on the intestinal lesions common to typhoid, and other low types of fevers—colonial fever.

Sir William Jenner gave one symptom, characteristic of typhoid fever, and not of typhus; the desire of the patient to get out of bed.

Dr. Blake, of Birmingham, has given *Rhus* the same place in typhus that *Baptisia* holds in typhoid fever. *Arsenicum* bears relative symptoms.

Dr. Murray Moore's practice is, to use *Rhus* in cases of typhus fever, and *Arsenic* in enteric fevers. He used *Baptisia* in every case where he could diagnose the disease to be enteric-typhus.

Dr. Hering, speaking from recent experience, recommends *Arum triphyllum* in typhus and other nervous fevers, when there are the following symptoms: Picking the ends of fingers; picking the lips till they bleed; great restlessness—the patient tossing about, and wanting to escape; unconsciousness; suppression of urine.

## TYPHOID FEVER.

*Baptisia tinctoria* is now in great repute in the early stages of typhoid fever (*gastro-enteric.*) One special symptom which it possesses is of great value, viz., that of producing a profuse perspiration. An interesting case is before my memory :

A young married lady had an attack of mumps, and during the height of the glandular swelling, had a chill, for which she took *Aconite* and *Bell.* On seeing her, on the third day after the chill, I gave *Mercurius* ("New Remedy," *Phytolacca*, which may be alternated with *Gelseminum*;) next day the glands were greatly reduced in size, but wandering delirium had set in during the night. Patient could not bear the slightest noise, or movement of the head or neck without intense pain in the occipital and spinal region, for which I prescribed *Veratrum viride*.

Fifth day. Distressing head symptoms continue urgent; intolerance of light and sound; hot, burning skin; rapid pulse. Prescribed *Baptisia* tinct., six drops in a tumbler of water; one table-spoonful every hour.

Sixth day. Patient bathed in a profuse perspiration—literally steaming within the sheets—although there had been no increase of bed covering, or temperature of the room. Prescription: a bath at 98 degrees Fah., and a complete change of linen was ordered (with the due precautions which should be urged on the attendant nurse to have all the preliminary preparations ready before the patient is disturbed; for baths not quickly and cautiously given are often injurious.) Continue *Baptisia*.

Seventh day. Felt great comfort after the bath; had a better night; head symptoms relieved; expression cheerful.

Eighth day. Continues to progress; repeat the bath.

Ninth day. Febrile symptoms subsiding. To-day, for the first time, the bowels have acted naturally, and without giving any trouble. The husband, who was a stranger to the reformed practice of letting them rest, so long as there were no intestinal symptoms to demand interference, was rather surprised at the happy result; for he had suggested an Old School purgative, with the Old School view of relieving the head-symptoms. Having explained the vulgarity of this practice, and the wisdom of keeping both mind and body at rest, he became satisfied to abide the issue, which happily terminated in a good recovery, with a diminished stage of convalescence.

Dr. Bayes, who is always early in the field of progressive medical literature, has published a very instructive pamphlet on the merits of *Baptisia* in typhoid fever. He had seen patients who, having loathed food, had, almost immediately after taking *Baptisia*, relished it. Ten drops of the matrix tincture, well mixed in a pint of pure water, a teaspoonful every fifteen or twenty minutes. Dr. Bayes suggests:

"Administering a dose of from five to sixty drops of the infusion or decoction every quarter of an hour, until the skin is reddened, and until perspiration breaks out freely on the forehead. As soon as the

perspiration becomes general and profuse, sponge the whole body with tepid water. How long it would be safe to continue this course of medicine, must depend on circumstances; in the cases reported, the crisis came on in from an hour to an hour and a half. When the crisis appears, the medicine is to be given only in very small doses, and at long intervals, or is to be omitted altogether. The effects of this mode of administering the *Baptisia* should be carefully watched by the physician in charge.

As to the power of the tincture of *Baptisia* to arrest the fever more gradually, by stimulating the organic, spinal and cerebral nervous systems, and by its antiseptic action. This is to be accomplished by giving from one to five drop doses of the strong tincture in water, more or less frequently, according to the severity of the symptoms, and it is said to induce a gentle subsidence of all severe symptoms, and to restore healthy functional activity.

As to the power of the diluted tincture, with the same indications as above. In this case, give from three to five drops, every one, two, or three hours."

Dr. Henry Madden has given us his experience with *Baptisia* during an epidemic of enteric fever in Australia :

#### " BAPTISIA IN ENTERIC FEVER.

"I have had repeated opportunities of testing the virtues of this drug in the peculiar form of fever which occurs in this climate. The fever is an adynamic gastric, or enteric fever, with many resemblances to the Edinburgh relapsing fever; like it, relapses are very frequent, and the disease is often prolonged, in consequence. As regards the sphere of *Baptisia*, I have hitherto found it most useful in the early stage; but later in the course of the disease, its effects are much less striking. Again, when the enteric condition is complicated with head-symptoms—a combination by no means rare as the result of *brain-fog*—I do not find *Baptisia* so useful; whereas, in the same condition, caused by exposure to the sun, it proves thoroughly satisfactory, as in the following cases :

G. G., aged six, had recently recovered from pertussis, when, on Nov. 11, 1865, he played about all day in the hot sun, and was seized in the evening with violent headache and vomiting, considerable fever, quick pulse, and somewhat dilated pupils. I gave *Gelsemium* 6, every two hours.

November 12.—High fever and delirium during the night; this morning he is conscious, but the tongue has become foul and yellow; the fever continues, with occasional vomiting, and all the symptoms indicate the commencement of a regular attack of gastro-enteric fever. *Baptisia* 1x, was ordered, every two hours, and by the 16th, i. e., in four days, the boy was quite convalescent.

I have known so many cases of this sort, which, under Allopathic treatment, have dragged out a weary length of many weeks, that I feel well satisfied with the curative action of the *Baptisia*.

At the end of the summer of 1864-5, viz., from March to May, gastric fever was very prevalent at Brighton, a suburb of Melbourne, and I treated several cases with *Baptisia*. All those whom I saw from the commencement, recovered rapidly."—See the *British Journal of Homeopathy* for 1866, p. 302.

*Eurothera biennis* tinct., 5 mimims, may be given every two hours, in the exhaustive *watery diarrhœa* of typhoid ulceration of Peyer's glands; profound stupor, even to coma.

We set more value on the results of our English cases with the new remedies than from foreign practice, for this reason, that locality, as well as the individual temperament of races from birth, differ.

One very hopeless case of gastric fever, of a typhoid type, made a charming recovery at Bath, under the care of Dr. Samuel Morgan, in consultation with Dr. Bayes. Dr. Richard Hughes, of Brighton; Mr. Harmer Smith, of Blackheath, and the late Mr. Freeman, of Kendall, have spoken well of *Baptisia*. The latter treated fifty-seven cases of typhoid fever in 1865. He concludes in these words:

“The earlier cases in the series were treated with *Rhus*—the results were quite satisfactory; but the provings of *Baptisia* having attracted the writer’s notice, it was given in a few cases, and removed so much of the distress of the fever, the delirium, the headache, the lassitude, the pain in the back and limbs, that it seemed desirable to substitute it for *Rhus*.”

Dr. Hughes considered *Baptisia*, when administered in the early stage of typhoid fever, would break it up; later, it would modify the disease; and in all stages it would have some beneficial influence.

Mr. Smith related a case in which *Baptisia* appeared at once to set aside that morbid irritability of the nervous system which prevented sleep, thus acting like a narcotic, without its unpleasant concomitants. *Baptisia*, like *Arsenicum*, is antiseptic, and relieves depression of the vital powers, checking the tendency of fevers from passing into a low type.

Dr. Ober had used *Baptisia* for the last fifteen years, in the fevers in the west of America, which were more or less complicated with malarious influence. In those cases, he controlled the first stage by *Baptisia*, and did not let it develop. When this stage had passed, he then selected the next remedy most adapted to the case (*Rhus*). In the second stage, his uniform practice had been to give the higher attenuation, and he preferred the 200th or 2000th potencies to the strong tinctures.

*Rhus* 3 relieves the diarrhoea, pain in right shoulder, and liver congestion of enteric fever, or that of the (paludal) marshy type.

Dr. G. Wicks, of Ashford, Kent, reports one hundred and seventy-one cases of typhoid fever cured with *Sulphurous acid*. “From two twenty drops every four hours, until the patient complains of tasting, smelling or feeling like *Sulphur*, or lucifer matches.”

*Muriatic acid* may be consulted when there is chilliness, with thirst, diarrhoea, violent cutting, with pinching in the abdomen, oppression across the chest, aching pain in the small of the back.

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## CENTRIC VS. ECCENTRIC DRUGS.

### SHALL WE USE A DOUBLE REMEDY ?

In the issue of August 1st of this journal, on page 132, Dr. J. C. Morgan attempts to give a brief explanation of a clinical case of mine, which I had reported on page 489 (Vol. III.), of THE UNITED STATES MEDICAL INVESTIGATOR, in a manner that throws no satisfactory light on the subject at all, at least not to my mind and way of reason-

ing. He states that *Aconite* is a *centric* drug and *Arsenic* an *eccentric* one, and concludes it to be bad practice giving *centric*, low, alternately with an *eccentric*, high, whatever defense may be made of alternation in general, etc., From his short theory, he would positively infer, as I understand, that both medicines given in such a combination would have an antidotal effect to one another, hence neutralizing and destroying their mutual action. Now I wish to know by what authority that theory has been advanced, and by what arguments it has been substantiated. Is this a dogma generally adopted by our Homœopathic profession, or is it more and merely an individual view? *Aconite* was indicated by the acute and intense inflammatory fever, the case being not only scarlet fever, but also an acute nephritis of the most intense sort, and *Arsenic* was indicated by the retention, or rather non-secretion, of urine, caused by the most severe inflammatory affection of the kidneys, and threatening uræmia in consequence thereof. *Aconite* alone would surely not have been sufficient in this very case, and *Arsenic* alone either; or are there cases enough on record in our literature, which go to prove that one medicine alone was perfectly sufficient to control a high graded dangerous case like this? *Aconite* and *Arsenic* are to my knowledge no antidotes by themselves, and even if they were such, they might be employed simultaneously if both were indicated by the group of symptoms. So, for instance, we use *Arsenic* and *Verat. alb.* in alternation in severe cases of cholera, if the symptoms require both substances, although they are antidotes to each other.

The doctrine of double remedy is a very important one, and ought to be by far more observed and discussed than it is done by us in general. The late and celebrated Dr. Arthur Lutze, of Coethen, acquired his world-wide reputation from the splendid success attending his most skillful application of double remedies in a host of clinical cases. He had to superintend over a hundred letters a day on the average. No physician since the memory of mankind ever had a larger number of patrons, and it may be doubtful if any ever enjoyed such astonishing patronage. The overwork, night and day, of his brain from his enormous practice exhausted his vital energy prematurely, and he succumbed to his gigantic labors not a long time ago. Would he ever have been so successful without his favorite rule of the double remedy? I for one doubt it very much. And why, I would ask further, are *Aconite, low*, and *Arsenic, high*, contra-indicated in my case, as both are simultaneously indicated by the symptoms? By what practical experiments has it been evidently shown that *Aconite, low*, and *Arsenic, high*, never ought to be administered together, *id est* in alternation, even if the morbid symptoms should warrant their employment, and success attend their use in *low* attenuations, as the very favorable result would evidently demonstrate in the very case in question?

But aside from this therapeutical point of view, there is also another question involved in this concern — that is a question of *logic*. There are at least *three* things possible in reasoning in this instance :

*First.* The use of *Aconite, low*, and *Arsenic, high*, may have been



improper, though the rule is, as I presume, not firmly established yet by an indispensable array of facts.

*Second.* The high dilution of *Arsenic* (200th) may have been inaccurately prepared, as it happens sometimes, and from this reason alone, containing no substance of *Arsenic at all*, have been quite inert.

*Third.* The 200th dilution of *Arsenic* may have been too weak altogether for checking the course of this most malignant case of acute nephritis, thus containing too small an amount of molecules of *Arsenic* for controlling the same. Or is it just as efficient and safe to administer in *acute* and *severe* affections a *high* potency, as it is to give a low one, for instance one not above the 6th?

The majority of Homœopathic physicians of our age are, I suppose, in favor of the low potency theory in acute cases. The manner of thus drawing a *positive* inference from but *one* premise, when at least *three* such possible premises have to be considered in a concrete case, is surely in conflict with the rules of *logic*, and therefore the conclusion arrived at *per se* without the least scientific value.

MILWAUKEE, Wis.

J. B. BRAUN.

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## Pharmaceutical Department.

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### PHARMACODYNAMICS, NOMENCLATURE, ETC.

A correspondent, (see page 136, Vol. IV.), in reply to my criticism on Dr. Hughes' Pharmacodynamics, exhibits a zeal which is not according to knowledge.

In regard to the spelling of the termination *ize* or *ise*, the rule followed by the authorities, and by good writers in England as well as in America, Dean Alford included, is to use *ize* when the word comes directly from the Greek, and to use *ise* when the word comes from the French. In words of doubtful or double pedigree the spelling is unsettled. My criticism was in reference to the first class of these words.

If our standard English dictionaries are not sufficient authority for the correct spelling of *Creosote*, we may consult the Greek lexicons. There are in Greek fourteen roots, beginning with consonants which, with their numerous derivatives, are joined to *Creas* (κρεας) to form compound words. In every case *o* (omega or omicron) is the second vowel of the compound word, e. g., *Creothece*, (κρεωθηκη) a place for keeping meat; *Creostathme* (κρεωσταθμη), butchers' scales; *Creocaccabus* (κρεωκακκαβος), hash. Shall a tyro in the third declension teach Greek to Herodotus, Xenophon, and Aristotle?

*Creo* (κρεω), the uncontracted root, is used before a consonant; *Creat* (κρεατ), not *Crea*, the contracted form, is used in some English-formed compound words, before a vowel, e. g., Pancreas, Pancreatine. The following illustrations show the rule for transferring the Greek *Cappa* (καππα) into Latin and English :

Cantharis, Conium, Aconite, Actea, Lycopodium, Apocynum, Colocynth, Cannabis, Caulophyllum, Lycopus, Cedron.

Cardiac, Catheter, Cathartic, Clinic, Cauterize, Pancreas, Pharmaceutist, Cephalic, Gynæcology, Apothecary.

Hypocrite, Catastrophe, Critic, Deacon, Cosmic, Episcopal, Microscope, Crystal, Cynic, Logic, Academy, Scandal.

Socrates, Cæsar, Corinth, Cleopatra, Centaur, Cilicia.

I am glad our friend took sufficient interest in the question of nomenclature to keep it open; for there are several writers who are doing discredit to the standing of Homœopathy among scientific men, by their careless habit of perverting chemical terms. Thorough ventilation of the subject will do good.

The Homœopathic *materia medica* was put in form when the articles treated therein were called by their Latin names throughout the scientific world. These names are still in use among German chemists. English writers on chemistry have formed an artificial nomenclature, consisting, to a great extent, of English names with Latin terminations. Within the last ten years the English names have been modified to accommodate discoveries and theories, and the artificial Latin nomenclature has undergone a corresponding change.

A few illustrations will make the matter clearer :

Latin, - - - - -	<i>Kali carbonicum.</i>
Old English, - - - - -	Carbonate of Potash,
New English, - - - - -	Potassium Carbonate,
Old Latinized English, - - - - -	Potassæ Carbonas,
New Latinized English, - - - - -	Potassii Carbonas.
Latin, - - - - -	<i>Natrum sulfurosum,</i>
Old English, - - - - -	Sulphite of Soda,
New English, - - - - -	Sodium Sulphite,
Old Latinized English, - - - - -	Sodæ Sulphis,
New Latinized English, - - - - -	Sodii Sulphis.
Latin, - - - - -	<i>Mercurius iodatus,</i>
Old English, - - - - -	Iodide of Mercury,
New English, - - - - -	Mercurous Iodide,
Latinized English, - - - - -	Hydrargyri Iodidum.
Latin, - - - - -	<i>Zincum oxydatum,</i>
Old English, - - - - -	Oxide of Zinc,
New English, - - - - -	Zinc Oxide,
Latinized English, - - - - -	Zinci Oxidum.

In the present unsettled state of chemical nomenclature, our authorities in *materia medica* do wisely in retaining the old names. The Latin is cosmopolitan and fixed; the English is local and unstable.

The error which I noticed in my criticism, consists in using a name

(as "Kali Bromidum,") half Latin, half English, and destitute of grammatical structure.

It is true that "there is a vast difference between *bromatum* and Bromidum," etc., but the distinction is vastly different from what our "would-be critic" supposes it to be.

*Bromatum* is a Latin adjective, agreeing in gender, number, and case, with a substantive, preceeding. *Bromidum* is a Latinized English substantive, neuter gender, nominative case, connected with a substantive preceding in the genitive case. Hence, although *Kali bromatum* is the same as Potassii Bromidum, the component parts of the names may not be jumbled together, promiscuously. Our "would-be critic" may here be reminded of his simplicity in supposing that *bromatum* means Bromate.

It is doubtless true that the modern text-books on chemistry do not contain the name "*Carbo sulfuratus*;" it is likewise true that those works do not use the more familiar Latin names, *Carbo vegetabilis*, *Natrum muriaticum* and *Kali hydriodicum*. Since we have not yet adopted the nomenclature of our modern text-books, we cannot consistently use it in part.

The gentleman is "unconscious" of any such pharmaceutical preparation as mother tincture of *Arsenic*. This is a preparation which is in use by a large number of physicians. The strength is one in one hundred; the solvent, *Alcohol*. The aqueous solution is inferior in that it often freezes in transportation and breaks packages, and in that it cannot be used to medicate pellets until run up to the 4th decimal dilution.

In conclusion, the merits of Dr. Hughes' work are too highly appreciated by the American medical profession, to suffer by the criticism I have made, or to be greatly enhanced by the latrant defense of an edentate *kritik*.

"Cuando me desaprobaba  
La Mona, llegué a dudar  
Mas ya que el Cerdo me alaba  
Muy mal debo de bailar."

MILWAUKEE, Wis.

LEWIS SHERMAN.

## PHARMACEUTICAL FACTS.

### THE MOTHER TINCTURE OF ARSENICUM.—K VS. C.

There is a "mother tincture" of *Arsenic*, if we may call a solution in water by that pharmaceutical name, which, correctly used, means the alcoholic extract from dry parts of plants, in the proportions prescribed by Hahnemann. When Hahnemann introduced the *Arsenicum* in his *materia medica*, in the second volume of the *Arzneimittellehre*, his advice (on page 67.) was, to boil this oxide in a common medicine-bottle, over a lamp, until dissolved, and mix it with equal parts of

*Alcohol*, so that every drop contains exactly 1-1000, and make from this the further dilutions. Hahnemann's first experiments on the healthy, with metals, had been only with such as he could dissolve; hence he used the soluble acetates of iron, copper, lime, manganese, etc.

It was much later, 1815, when Hahnemann invented his triturations with milk-sugar, and prepared the gold silver, and tin leaf used in trade, *Sulphur*, *Bismuth*, etc.

In the second edition of his *Arzneimittellehre*, 1824, Hahnemann gives the same advice, to prepare *Arsen.*, on page 79. But in the third edition, 1833, he gives, on page 52, in his most careful way, a very minute description how to triturate it, like the other metals. He did it because, according to his strict method, he wanted conformity; for the same reason, he finally advised giving all our drugs in the 30th centesimal. Some of his shallow followers, who never comprehended him, called this arbitrary dictation. W. Schwabe, in his *Pharmacopœa*, mentions both solution and trituration, and as he substitutes a solution of one to one hundred, his "mother tincture" would be ten times stronger.

If we wish to designate Hahnemann's original solution, it would be more correct to say, "original solution," than "mother tincture."

#### TO SUBSTITUTE THE C FOR THE GREEK K,

cannot be called a blunder, but it is pedantic. The Romans did it because they had no letter K, and it was done in the middle ages, when Latin was the language of the learned. Even the Arabian *Kali* we find spelled *Cali* in old books. Since this has been banished, by mutual agreement, consistency commands us to do the same in other languages.

As the English language has a K, identical with that of the Arabian, and other Oriental tongues, identical with the German K, why imitate the inefficiency of the Latin alphabet?

If Dana says, in his unsurpassed *Universalogy* (page 32), Greek into Latin or *English*, C for K, we disagree only with his "or." Why should what the Germans do, and what the French do, and the Russians do, be forbidden to the English?

See C. Hering's *Analytical Therapeutics*, Vol. I., p. 55.

But it is a blunder, and that of a "school-boy," to spell the word *Kreasot*. Only one who has learned no more Greek than to be able to use a dictionary, without really having mastered the language, can draw such a conclusion as to say: *Kreas*, *Kreatos*, the meat; and *sozeo*, to preserve; if combined, must be *Kreasot*. For this very reason, it must be *Kreasot*, as every Greek scholar knows, and Reichenbach, the discoverer of the *Kreasot*, and his Vienna advisers knew.

See *Analytical Therapeutics*, page 66, and H. Gross' *Comparative Materia Medica*, *Calcarea* compared with *Kreasot*.

PHILADELPHIA.

C. HERING.

## Hospital Department.

### A CLINIC ON THE DISEASES OF WOMEN.

BY R. LUDLAM, M. D., PROFESSOR OF THE MEDICAL AND SURGICAL DISEASES OF WOMEN IN THE HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF CHICAGO.

Reported by H. W. Roby, Phonographic Reporter.

At his clinic, in the Hahnemann Hospital, on Wednesday, August 29, 1876, Professor Ludlam said that he should select from among the more than *thirty* women who were in the ante-room, awaiting treatment, only those cases that would be most interesting and profitable to the class.

#### PHLEBITIS AS A SEQUEL OF ABORTION.

CASE 1620.—Six years ago, this woman had an accidental abortion, at the fourth month. She was very ill, and suffered from metro-phlebitis, from which she came near dying. As the intra-pelvic symptoms improved, the veins of both legs became inflamed, and she was a great sufferer. Finally she convalesced, and was compelled to go to work, and then, for three years, she ran the sewing-machine every day, from daylight until dark, and oftentimes at night. Since the abortion, the menses have never reappeared. She now complains of swelling of both legs, and the right knee, as you observe, is very large; pains in the lumbar region; "the hips feel as if on rubber hinges;" the feet swell badly, and sometimes go to sleep, the left being the worst; the veins are enlarged, varicose, blue and tender. She suffers most in damp weather. The only relief she has ever found has been from an occasional resort at the hands of a midwife, to wet-cupping on the legs.

She came here four weeks ago, in a wretched condition. Now she is much improved, and as you witness, very hopeful.

My prescription was *Hamamelis* 3, a dose every four hours. The very first night, she slept better than she had done for months, and this happy effect continues. And all her other symptoms are improved. The menses have not, however, been restored, and, as she has passed her fortieth year, it is possible they may not return. Thinking to hasten the cure, we gave her *Pulsatilla* for one week, but it had no effect, and the first remedy was resumed, and will be continued this morning.

#### SUB-ACUTE OVARITIS.

CASE 1680.—Mrs. —, has had pain for several years in the left ovarian region, which is aggravated in advance of the menses (when they do appear) and which is very much relieved directly the flow sets in. This pain induces a sort of uterine tenesmus, which she says. "is like

labor-pains," and which subsides with the coming on of the discharge. But menstruation is irregular, being sometimes suppressed for five or six months. When it fails, she has the ovarian pains regularly each month, and, in addition, a headache, which is periodical each day, like the "sun headache." The ovarian pain sometimes shifts temporarily to the right side. The left ovary is tender and swollen.

Here is a manifest interruption of ovulation, in consequence of a morbid congestion and inflammation of the ovary. In health, a normal supply of blood is just as requisite for the ripening and extrusion of the ovule, as a part of the menstrual process, as it is to the gastric mucous membrane, for the proper secretion of the gastric juice, in aid of digestion. If the ovary is congested and inflamed, its function will be impaired or suspended. If you had gastritis, you would not take food, and could not digest it if you did take it. This amenorrhœa, like the local pain, with its peculiar periodical aggravation, and its characteristic relief by the menstrual discharge, is only a symptom and result of the ovaritis. She will take *Lilium tig.* 3, a dose every night, and *Belladonna* 3, one dose morning and noon.

#### GRAVES' DISEASE WITH AMENORRHŒA.

CASE 1684.—Miss —, aged twenty-seven, presents the triple symptoms of Graves' disease. The eye-balls project most remarkably; the thyroid gland is greatly enlarged; and the functional disturbance of the heart is very marked. She has been ill for four years, during which period she has sometimes had amenorrhœa. When she came here, four weeks ago, she had not been "unwell" for more than six months. She is anæmic, and very feeble. There is no dropsy of the extremities.

This is a rare case. Either of these co-existent diseases would interest us, but, combined in one person, we cannot pass them by without comment. I have frequently shown you examples of a medium-sized goitre, incident to puberty, to pregnancy, and to menstrual irregularities, and told you how to treat it. But whenever you find an enlarged thyroid gland, with protrusion of the eye-balls (which is more than the full, fish-eye of very talkative people,) you may be almost certain that the patient has some cardiac symptoms, and, if it occurs in a woman, some menstrual symptoms also. In which case, you will not fail to enquire for them.

When she was here, a month ago, I prescribed *Spongia* in the 3d decimal trituration, to be taken thrice daily. And, what may seem very strange to you, but just as I predicted, in one week her menses returned. The other symptoms were also very much relieved. I think the prognosis very doubtful in her case, for it is possible that the amenorrhœa in such a patient as this may resemble that which is incident to the last stage of phthisis pulmonalis; in which case, although it may be temporarily relieved, it is yet a bad sign. She will continue the *Spongia*, but in the 6th dilution.

#### POST-PUERPERAL OVARITIS.

CASE 1628.—Mrs. —. miscarried at three and a half months, two months ago. After the ovum had escaped, the placenta or *debris* did

not come away for fourteen days, during which time she had a constant, and sometimes, a very alarming hæmorrhage. Nothing that the doctor gave checked the flow. Finally, it was arrested by a tampon, but returned when that was removed. When she came here, three weeks ago, she had a passive hæmorrhage, with occasional labor-like pains, which caused her to pass some strings and shreds with the uterine flow. *Sabina* 3, was given, and in a few hours the flow was under control. No more bits of membrane escaped. The next week, she reported herself well, excepting a pain in the left ovary, extending into the left lumbar region, and when she walked, into the corresponding thigh. Now she feels the premonitory symptoms of a return of the menstrual period, weight and dragging in the loins, etc., and yesterday, some more shreds came away. The flow is only slightly tinged with blood.

There is, perhaps, no one clinical indication more certain and valuable than that for *Sabina*, when, after labor or miscarriage, there is hæmorrhage, with the passage of strips and shreds of the uterine mucous membrane, and cramp-like labor pains. Those of you who observed this woman's condition three weeks ago, and noted the prompt relief that followed the use of this remedy, can never forget it. Following this relief, there were the manifest signs of an underlying ovaritis, which had, very likely, been the cause of the miscarriage, and of the persistent hæmorrhage, with the painful moulting of the uterine mucous membrane. That this mischievous cause is still at work, we have evidence, in the disposition to labor-like pains, and a slight exfoliation again, in advance of the next catamenial period. Our patient was not well, therefore, when she stopped flowing, and, indeed, is not well yet.

This is not a membranous dysmenorrhœa, for the bits of membrane which are detached and expelled, are thin and transparent, like the skin from the inside of an egg-shell, and not thick, tough and opaque, like a diphtheritic cast. Give her *Caulophyllin* 3, once in two hours, and let her keep off her feet, and as quiet as possible, until the catamenial flow has ceased. If the flow is excessive, she may have a few doses of the *Sabina* again. This is a type of the cases which, through neglect or improper treatment, so often develop into endometritis with exfoliation. They are easily cured, if you begin early.

#### TARDY AND INTERMITTENT MENSTRUATION.

CASE 1690.—Miss —, aged twenty-eight, has swelling of the hands and feet, a bruised feeling in the back and sides, in the morning; pain in the back and lumbar region; anorexia and cough. The expectoration is free, like the white of an egg, and glutinous, and usually raised without very much cough. The menses are often irregular. The intervals may be prolonged to five or six weeks, and when the flow comes, it is very apt to stop for a few hours, or a day, and then return. The cough especially, is very much increased when the time for the regular period has arrived, without the flow appearing promptly, and also when it is temporarily arrested. When the flow is due, and does not begin, she has pain in the back, as if it were being forcibly dis-jointed in the lumbar region. Then she has to go to bed, and must lie on her face. A month ago she had a severe hæmorrhage from her bowels, which continued about two days.

This form of irregular menstruation is significant. Either a general

dyscrasia, a morbid state of the blood, or a local disease in some part of the generative apparatus, or in some of the organs which are in close sympathy with it, must have produced the trouble. The evident amelioration and aggravation of the pectoral and uterine symptoms, in this case, points out the key to their cause and cure. For it is not more true that there is a very decided sympathy between the pelvic and the thoracic organs in health, than that in disease the same sympathy exists. And there are remedies, the indications for which, we shall find in a perversion of this sympathy, as shown by the symptoms of each individual case. This time, it is *Phosphorus*, which our patient may take every four hours, in the 6th dilution.

#### MAMMARY ABSCESS.

CASE 1695.— This woman's baby is two and a half months old, and, as you see, it is healthy. For two weeks she has had a very marked tenderness at the apex of the left breast, about the nipple, and has thought, and been told, that she was going to have a "gathered breast." The flow of milk is as free from that gland as from the other, but the act of nursing hurts her prodigiously. Has had no chill, or other general symptoms. Eats well, and sleeps pretty well. Has had several other children, but experienced no trouble of this kind before.

You will observe that the breast looks healthy, excepting at the areola, and around the nipple, and that two red streaks run across the gland, toward the axilla. The gland itself is soft, and not sensitive, when I press it; but in the vicinity of the nipple, it is exquisitely tender. The swelling and redness are circumscribed, and very superficial. Now, in such a case as this, the inflammation is located in the cellular tissue around the nipple, and is not glandular at all. It might, but it has not become so; and, therefore, it would be wrong to treat it as if it were located in the gland. Cases of this kind are not to be resolved away by any of the usual expedients of rubbing, stimulation, and internal medication. They must, and will, suppurate, sooner or later. If it was strictly glandular, *Phytolacca* or *Phosphorus*, or the usual remedies, might be of service; but, even if they were appropriate, this case has gone too far to hope that any internal remedy would abort the process of suppuration. The best thing now is, to apply a poultice of slippery elm, or better still, of soft-boiled carrots, and give her *Belladonna* 3, every two hours, for the local cellulitis. As soon as it has discharged, like a boil, she will be well again. If it was neglected, this case would almost certainly develop into a burrowing abscess of the gland.

#### THE CLIMACTERIC PRECIPITATED BY GRIEF.

CASE 1693.— Mrs. —, aged forty-two, has pain in the præcordial region, and the left arm is weaker than the right. She has also a frontal headache, with indistinctness of vision, and occasional attacks of vertigo. Her youngest child is seven years old. For two years after he was weaned, she menstruated regularly. Then an older child was ill for a long time, and finally died. Her anxiety and grief caused the flow to stop suddenly and entirely, so that for four years she has not had her periods. She sometimes has symptoms which lead her to



suppose that they are coming, but she is invariably disappointed. At these times especially, she has some bloating of the abdomen, and also of the hands and feet.

My object in showing you this patient is to illustrate what I believe is quite a common occurrence, *id est*, that the usual causes of amenorrhœa may induce, or hasten, the "change of life." And, naturally enough, if this crisis is precipitated, its contingencies are multiplied. But for the special cause, which, in her case, was a sad one, this poor woman might have reached and passed the natural limit of menstrual life without any mishap. But, coming on the eve of the menopause, its mischievous effects are shown in the winding-up and cessation of this important function, before the general organism has been notified, or could adapt itself to the change.

The prophylaxis of the climacteric is quite as important as the prophylaxis of puberty. Indeed, I think that at least one-half of the diseases which are incident to the "turn of life," as it is called, are preventible by the proper use of hygienic and medicinal means, addressed to the regulation of the menstrual function, until it has ceased in a natural way.

What to prescribe for such a case as this is much less difficult than to settle the prognosis. For we cannot be certain that, at the present age, any remedy will restore the flow, and give back the three or four years of the child-bearing period, to which she was entitled. But, in so far as relieving her present condition is concerned, and possibly in preventing her from having some serious organic disease, (I have not examined her heart,) we may make her well again. She will take *Ignatia* 3, four times daily.

#### CHLORO-ANÆMIA.

CASE 1646.—Mrs. E., aged twenty-six, has been ill for one year, during which time she has been nursing her child. Pains in the stomach and between the shoulders. Has no appetite in the morning. Headache, leucorrhœa, and bloating of the stomach and bowels. The flow of milk is irregular, scanty, and it is of a pale-blue color. Three months ago she had her menses, but they have occurred only this once since her child was born.

This case is properly one of chloro-anæmia. You will observe the general characteristics of chlorosis. The anæmia which complicates the condition is evidenced by the leucorrhœa, and the altered quality of the milk. Her pulse is regular, but weak and feeble. The pale tongue, and the white, doughy complexion, indicate a deficiency of the red corpuscles, and a generally impoverished state of the system. Her nutrition is not adequate to the demands of her own organism, to say nothing of the baby's claims upon her, and so she is becoming more weak and wretched each day.

The first indication is, to wean the child, and the second is, to give her a remedy for the more prominent symptoms. That remedy is *Calcareæ phos.* 3, which, in her case, may be repeated once in four hours.

**CASE FROM THE SURGICAL CLINIQUE**

AT THE CENTRAL DISPENSARY OF THE CHICAGO HOMOEOPATHIC COLLEGE. SERVICE OF PROFESSOR A. G. BEEBE.

**CASE 1.**—Annie Riordan, aged three years and three months, received a fall at the age of ten months, striking, it is supposed, upon the right hip and side, but exactly in what position, is not definitely known. She received no special attention, and nothing was thought of the accident at the time. She did not commence walking until the age of eighteen months, and was then noticed to walk imperfectly and “limp,” but did not seem to suffer pain in doing so. She has continued to use her legs since, but does not show any evidence of recovering from the lameness, nor does she grow worse.

Upon being stripped and made to walk, the most notable appearance is the dropping of that side of the pelvis, or of shortening of the right extremity; the gluteal fold being rather higher than the other, and the buttock quite as prominent. She shows no evidence of pain or discomfort in walking, and the hip joint is fully extended.

Upon examining the joint in the recumbent position, there is found free motion in all directions, without pain or muscular resistance; but in making flexion and extension in certain positions, very marked crackling or sub-crepitant sounds are heard and felt. The upper end of the shaft of the femur is found displaced upward and backward, but moving freely in all directions, to the extent of an inch or more, and, by proper manipulation, as for reduction of the hip, can be brought down to its normal position, but not kept there. Upon rotating the shaft of the femur upon its axis, the head and neck of the bone are found to be absent; a globular projection is discerned upon the anterior aspect of the bone, between the two trochanters, but nearer the trochanter minor. The shortening is found to be one inch. The diagnosis must, therefore, lie between (1) fracture of the neck of the femur, (2) separation of the epiphysis of the head of this bone, (3) dislocation of the hip at the time of the accident, or (4) congenital dislocation. In favor of the first, we have the muffled crepitus when the neck is brought opposite the socket, and the absence of the head from its proper place upon the bone; but, on the other hand, we have no record of such an accident occurring at this age, or, indeed, during childhood. Some authors admit the possibility of separation of the epiphysis, while others deny it. Holmes asserting that “The upper epiphysis is so small, and lies so completely within the hip joint, that its disjunction is unknown, except, perhaps, in the fœtus.” Dislocation of the hip, if it occurred at the time of the accident, would have been quite likely to attract some attention from inversion and fixation of the extremity; and, although we should anticipate some absorption of the head and neck, following an unreduced luxation, it would hardly have gone to this extent in less than two and a half years. The same remark would even apply to a case of congenital dislocation (though the time, in that case, would be a little longer,) unless we suppose this to have been the result of malformation of the head of the bone. This view would

indeed seem to be somewhat favored by the prominence noted at the upper portion of the shaft.

This accident, however, is exceedingly rare, as occurring upon one side only, and in males. Of twenty-six cases observed by Dupuytren, in the course of twenty years, twenty-two were in females, and of the entire number, but two or three were unilateral. Of twenty-one, treated by Brodhurst, sixteen were females, and in but two of the boys was it single. Judging from these figures, the cases of single congenital dislocation of the hip in male children must be very rare; probably not more than seven or eight per cent. of all cases. It is not easy, moreover, to account for the crepitus upon this hypothesis, and, upon the whole, we are forced to fall back upon the theory of fracture of the neck as the most plausible, notwithstanding the weight of authority against us; as this easily explains all the phenomena of the case, while none of the others mentioned, does so.

As to the abnormal protuberance noticed, we may suppose it to be the result of increased activity of the periosteum, resulting in an exostosis, from pressure and friction against the dorsure of the ilium; the bones being especially sensitive to such influences at this early period of development.

This case, examined so long a time after the lesion took place, can hardly be said to establish anything *positively*, though it, at least, makes it probable that fracture of the neck of the femur may occur in infancy, even; an accident which has been considered by the best authorities as quite out of the question, or, at least, unknown.

Whatever view is taken of the diagnosis, the case is certainly an interesting one for study.

The treatment advised, was to compensate for the shortening by a cork sole, and thus "even up" the pelvis, and obviate, to a large extent, the lameness, and avoid spinal deviation, which might otherwise result.

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### *CASE FROM THE CENTRAL DISPENSARY OF THE CHICAGO HOMŒOPATHIC COLLEGE.*

BY W. H. WOODYATT, M. D., PROFESSOR OF OPHTHALMOLOGY AND  
OTOLOGY.

#### CHOROIDO-IRITIS.

CASE 1.—J., aged thirty-one, Pole. Six weeks before his first visit to me noticed that the sight of his right eye had become suddenly dim. He knew of no cause likely to produce it unless it was over-marching in drilling for campaign work. He complained of no pain or photophobia, and there was no external redness that he or his friends could detect. Commenced treatment with his family physician. Case diagnosed as "amaurosis." Three weeks later slight redness of the

conjunctiva was noticed around the cornea, when the internal treatment he had received was supplemented by a local application of astringent character. The eye grew steadily worse, so that when first seen he presented the following symptoms :

#### OBJECTIVE.

Upper lid red and drooping, due partly to repeated applications of wet cloths externally. Conjunctiva bulbi densely injected around the cornea, shading off toward the reflexial fold, deep red in color, involving the vessels of the conjunctiva and sclerotic. Cornea slightly steamy throughout, with four distinctly punctated points at the middle upper quadrant. Aqueous humor turbid. Iris discolored and its trabeculae dimmed by infiltration. Pupil slightly dilated from drops previously used, and after the instillation of two drops of a four grain solution of *Atrophine* several points of adhesion to the anterior capsule of the lens were visible. Vitreous very hazy and occupied by a number of floating opacities. The fundus could not be made out with the ophthalmoscope. Tongue white and pasty.

#### SUBJECTIVE.

Ciliary neuralgia, slight photophobia and lachrymation, and occasional light-flashes before the eyes. The pain was worst between 4 and 7 A. M. Vision was clearest with eccentric fixation. Looking straight ahead he could count fingers at nine feet; turning the head sidewise, vision 20-50.

#### TREATMENT.

Two drops of a four grain solution of *Atrophine* were instilled twice daily and a protective bandage applied. Internally *Nux vom.* 3x, every two hours for thirty-six hours, to neutralize the effect of previous Allopathic dosing; after that *Merc. iod.* 3x, every three hours for four days and then four times daily until dismissed. Length of treatment sixteen days.

#### RESULT.

Breaking down and absorption of synechiæ, absorption of effusion into the vitreous humor, and restoration of vision to 20-30 with direct or concentric fixation. Perfect vision (20-20) will in all probability be the final result.

#### REMARKS.

When this patient first observed the dimness of sight a careful examination would probably have discovered that the anterior ciliary veins were enlarged; that the lustre of the iris was diminished; that the pupil was slightly sluggish in its movements. The ophthalmoscope might have revealed a haziness of the vitreous humor sufficient to account for the dimness, or part of the obscuration may have been caused by an impairment of the sentient power of the retina.

The name to be applied to the condition as it first appeared should probably be choroiditis; because the intensity of the inflammatory action was manifested in the choroid, but with a clear understanding

as to the meaning of the terms it might be called irido-cyclo-choroiditis, or simply iritis. The uveal tract is a continuous membrane formed by the choroid, ciliary body, and iris. An inflammation of any one of these parts affects the others to a greater or less degree invariably, and herein lies the warrant for the different names. The entire tract has a common blood supply, and the iris and ciliary body a common nerve supply. It is doubtful if the choroid has nerves.

The appearance of the ciliary redness during the third week was indicative of increased vascular action within the globe. The ciliary body at that time had become involved to a greater degree. From the fact that an astringent wash was applied to the conjunctiva it would seem as if the injection was regarded as an external inflammation—a serious mistake to occur at that juncture. The disease was aggravated by the treatment and spread forward, becoming intensified in the iris and now embracing the cornea.

When it is remembered that the basement membrane of the posterior elastic layer of the cornea sends posterior fibres to form the anterior pillar of the iris, and middle fibres to the ciliary muscle, as well as anterior fibres to the sclerotic, the reason of the corneitis will be very plain. The close anatomical relation existing between the uveal tract and the cornea makes the latter tissue liable to involvement whenever either iris, ciliary body or choroid are inflamed.

The case is of value to us as a school because it serves to illustrate the favorable action of *Merc. iod.* in this always serious form of disease. We require clinical experience to demonstrate the reliability of our remedies and to exhibit the full scope of their action, and this is especially true of internal diseases of the eye. *Arsenic*, *Kali mur.*, *Kali hyd.*, *Silicea*, *Thuja*, and *Hydrate of Chloral*, are other remedies of value for affections of the uveal tract. Special indications for their use will be given at another time.

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### ANEURISM IN THE ABDOMEN.

BY H. P. COLE, M. D., PROF. OF ANATOMY IN THE HAHNEMANN MEDICAL COLLEGE AND HOSPITAL, CHICAGO.

Some days ago Mr. J. Rains called at my office, stating that he had been sent to me by physicians who said, I would like to see and examine him.

This is the interesting case of aneurism that has been about the city showing himself to the Homœopathic physicians. On examining him I was reminded of a similar case that was in the Vienna hospital, and as I saw the post-mortem of that case, I will describe the condition that it may be compared with this one, which will probably soon be a subject for the pathologists who will be able to give us a correct diagnosis.

By special request I was allowed to visit all the patients in the

surgical wards of the Vienna hospital, and examine all cases that came for admission, with Dr. Edward Albert, first assistant in the first surgical clinic under Prof. Dumreicher.

As we were on our daily round one morning Dr. Albert stopped just before reaching one of the beds and said, "Dr. Cole here is a very interesting case. We don't know what it is." On approaching the bed I saw a man of small figure and features lying on his right side. His face was pale and thin, and had that anxious expression which is so often seen in these immense hospitals, where the mortality record is large. Although he was covered, I noticed a decided prominence just below his shoulders and on watching that prominence I noticed it increase and diminish in size at regular intervals about sixty-five times a minute. The patient kept the left arm in such a position that it would not rest upon this tumor, or even very near it. As Dr. Albert turned down the clothes, he said, "We cannot say just what this is. It is either a large vascular tumor or an aneurism." It was indeed a tumor. The man could not have been more than five feet six or eight inches high when standing, but his whole abdomen and lower part of the thorax looked much like that of a fat alderman. I could not measure his circumference as he could not be moved on account of the severity of the pain. He hardly moved a muscle or drew a full breath. The tumor was smooth and even and occupied the entire abdominal cavity, and at each pulsation of the heart, expanded uniformly in every direction.

I think I can safely say that although this man had a much smaller frame, and would in good health weigh about one hundred and thirty pounds he would at the time I saw him measure fully one third more than Mr. Rains who is a man of large frame. The integument covering the abdomen was stretched until it looked glossy and thin, and seemed ready to burst. The most careful manipulation seemed to cause great pain.

As I came upon the case so suddenly I had no stethoscope with which to listen to the tumor, and I could not accomplish much with my ear, as I could not move the patient. I therefore resolved to wait a day and examine him when I came again.

I never saw him alive again and so missed the auscultation. Hearing of his death, I went at once to Dr. Kundradt—the assistant of Professor Rokitsansky—who makes all the post-mortem examinations for the hospital and with whom I was taking a course on pathological anatomy, and asked him if he had made the examination of that case of aneurism. He said he had, and would describe it at the next lecture.

The condition was as follows: On opening the abdomen he came at once upon a large sack which filled almost the entire abdominal cavity as it was then distended other organs being crowded off into some out of the way corner, and much distorted by pressure. The wall of the sack was smooth and thin, and on opening it a large quantity of dark blood was discovered. On turning this out and following down the wall of the sack a number of pouches or prolonga-

tions were found extending into the pelvis and between the different organs. These contained large clots of blood and some dark blood, and broken down blood clots. This cyst wall seemed to be composed of the entire serous investment of the abdomen, but it was very much thickened and made to serve the purpose of an aneurismal sack.

No special entrance or outlet to this cavity could be found, but on examining the aorta after the sack and its contents were removed from the abdomen, two holes were found in the posterior wall of the artery just above the division into the common illiacs. These holes were about two inches apart, one having a diameter of one inch, and the other of an inch and a half. The larger being above the other. The bodies of the vertebræ lying directly behind these openings were partly, and in some places almost entirely worn away by the pressure of what must one day have been an aneurismal pouch, or aneurismal pouches projecting from the posterior wall of the artery, or by the flowing of the blood in and out through these openings.

The opinion of Dr. Kundt was that at first there were two ordinary aneurisms where these openings were found, which gradually enlarged, crowding their way into the posterior wall of the abdomen forming adhesions with the peritoneum, and the original sack becoming finally obliterated, the peritoneum became its lodgment.

A parallel of this case has never been seen in Vienna, and it caused quite an excitement among the pathologists.

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*DO THE ELECTRICAL CURRENTS, AS USUALLY  
APPLIED TO THE LIVING BODY, AFFECT  
THE SPINAL CORD?*

BY N. B. DELAMATER, M. D., CHICAGO, SPECIAL LECTURER ON  
ELECTRO-THERAPEUTICS, IN THE CHICAGO HOMŒOPATHIC  
COLLEGE.

Having had my attention called to this subject (which I have been accustomed to consider as settled beyond all dispute, long since,) by some recent denials as to the possibility of passing the galvanic current through the spinal cord, I take occasion to present the facts, as they appear to me, and what I have observed in experience with this agent, in treating difficulties of the spinal cord.

It is claimed that the electrical current affects the cord immediately, by stimulating through the medium of peripheral nerves, or by reflex action. This theory probably arises from experience with the small electro-magnetic machines, such as are made and for sale at all instrument establishments; the current derived from them is eminently one of almost exclusive intensity, the quantity being generated from two to eight inches' surface of zinc, and the fluid or acid used, one of intensity of action, making a strong current, according to the popular idea that the sensations of the patient are the test of strength.

The intensity of these machines is so great that they overcome the resistance to the skin and pass directly over its surface, even when dry. And they consequently affect none but the most superficial nerves of the back, directly.

But the experience of those who use the quantity current, or the primary galvanic current, seems to be very different. A current generated by from forty to two hundred inches of zinc surface, and an exciting fluid of low intensity in action, with a coil containing small resistance, will guarantee a current, which, while it does not seem to have the same strength when taken in the hands, still, in use for spinal cases, works very differently. The primary or galvanic current generated by a series of cells, each containing the same amount of electro-motive force as the single, all running the intensity machine, while it has comparatively no sensation, it has a very decided action on the spinal cord. These currents, having not sufficient intensity to overcome the resistance of the dry skin, must find a channel for travel of less resistance, and the bones of the vertebral column, and the cord itself, furnishes this, consequently this is their route. That they do take this course, is attested by abundant experiment and clinical experience of nearly all the best authors on this subject.

Althaus, as far back as 1870, says :

“I am led to believe that static electricity, electro-magnetism, and magneto-electricity only act on the nerves of the skin of the back, and not on the substance of the cord, but that the continuous current has a decided action on the latter.”

M. Erb says that the bones of the vertebral column offer less resistance to the current than those of the skull, and that, being spongy, containing considerable water, and the several bones being separated from one another by large and numerous lacunæ, fitted up with blood vessels, nerves, and connective tissues, along which the current may easily pass, there can be no doubt of their affecting the cord direct.

In support of this theory, M. Erb experimented on dead bodies, by removing the bodies of several of the vertebræ, and the dura mater, so as to lay open the cord, the parts being dried as carefully as possible, the nerve of an isolated frog's leg was then placed on the cord, and the two poles of a constant current battery placed on the surface of the skin, one at the upper, and the other at the lower extremity of the spinal column. Contractions took place in the frog's leg on either opening or closing the circuit; showing that the current actually passed through the cord.

Althaus says :

“Experiments on the living man have shown that it is possible, by applying the two electrodes of a somewhat powerful, constant current to the spine, to produce contractions of muscles which are animated by nerves situated far below the points where the electrodes are applied.”

S. Rosenthal, in 1862 says :

“The central organs of the nervous system are as accessible through



their bony coverings, to the electrical current, as the other organs, lying at similar depths."

Meyer says :

"There is no doubt that we can, by means of a constant current, even of tolerable strength, effect through their bony coverings, the brain and spinal marrow."

Beard and Rockwell, in 1875, say :

"The spine may be electrized by placing one electrode at the occiput, and the other at the coccyx ; one of the electrodes may be kept in situ, while the other is slowly passed up and down the entire length of the cord. The current may be localized in any part of the spine that may be required, by giving the electrodes the proper position."

Hammond, in many places, recommends the use of the galvanic current directly to the spine, claiming that it increases or diminishes the calibre of the blood vessels of the cord, according to the direction of the current.

Many others might be cited, but space will not permit.

In my own practice I have often seen nausea produced by even mild currents to the back, directly over the spine.

When the current is too strong, I get symptoms in distant parts of the body, exactly analogous to those known to be produced by the pathological condition in the spine, which the current in the direction used is claimed to produce.

And when treating, for instance, a case of well-marked spinal congestion, where the diagnosis is undoubted, I have frequently seen the most positive evidence of the congestion being reduced, even during my application, and when simply placing the negative electrode at the lower, and the positive at the upper extremity of the spinal column, and at no other points on the body, I have seen like results in other conditions, and as well marked.

We get the peculiar taste by simply applying the galvanic current to the upper portion of the spinal cord.

In addition to these therapeutic tests, I have made quite a number of experiments on healthy subjects, with special reference to this point, and am fully convinced that there can be no doubt as to the spinal cord in the living subject being directly affected by a large quantity of faradic or a galvanic current.

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### PLASTIC DRESSINGS.

PLASTIC DRESSINGS IN FRACTURES OF THE LOWER EXTREMITIES, by D. W. Yandell, M. D., of Louisville, is the title of a pamphlet which we have received. The best time to dress a fracture he affirms is "on the spot, if you can." He also states that, "A limb timely put np in the plastic apparatus will not swell."

## World's Homeopathic Convention.

### THE WORLD'S HOMŒOPATHIC CONVENTION.

#### FIFTH DAY.

PHILADELPHIA, June 30, 1876.

This fifth session, or obstetrical day, began with more than usual bustle, for to-day the new officers were to be "brought forth." There was not apparent so much "meddlesome midwifery" as had been noticed on previous occasions of this kind.

#### THE ELECTION OF PRESIDENT.

The Institute opened with President Dunham, in the chair, and by his side stood Vice-President Franklin, flushed, evidently, anxiously watching the faces of the voters.

"Nominations will now be in order for President of the Institute for the ensuing year," is scarcely uttered by the chairman till the names of Dr. S. R. Beckwith, of Cincinnati; Dr. E. C. Franklin, of St. Louis; Dr. T. S. Verdi, of Washington, are announced.

Dr. B. was the defeated candidate a year ago, and it was expected by some that he would surely be the coming man.

Drs. J. J. Youlin, N. R. Morse, and J. C. Guernsey, were appointed tellers.

The result of the vote was as follows:

Whole vote.....	91
Necessary to choice.....	46
Dr. Beckwith.....	23
Dr. Franklin.....	45
Dr. Verdi.....	23

Dr. Verdi withdrew in favor of Dr. Franklin. The second ballot was:

Whole vote.....	108
Dr. Franklin.....	81
Dr. Beckwith.....	25

On motion of Dr. Beckwith, the election of Dr. Franklin was made unanimous.

On motion of Dr. Talbot, a committee of five were appointed to consider the place of meeting, and report at the close of the election.

It was suggested by Dr. Kellogg that they be composed of western men.

Drs. Talbot, of Boston; Valentine, of St. Louis; Jenney, of Kansas City; Smith, of Chicago, and Dake, of Nashville, were appointed.

In reply to a call for a speech, Dr. Franklin thanked the Institute for the honor conferred upon him. He pledged himself to co-operate with the members in the advancement of the Institute, and the cause we all represent. He would endeavor to discharge his duties to the best of his abilities. [Applause.]

#### THE ELECTION OF VICE-PRESIDENT

was next in order. Drs. T. S. Verdi, of Washington; T. P. Wilson, of Cincinnati; and J. H. Woodbury, of Boston, were nominated.

On the first ballot, it stood:

Whole number of votes.....	128
Dr. Verdi.....	58
Dr. Wilson.....	55
Dr. Woodbury.....	14

Dr. Woodbury withdrew his name, and the second ballot stood, out of 148 votes:

Dr. Wilson.....	75
Dr. Verdi.....	73

On motion, Dr. Wilson's election was made unanimous.

On motion of Dr. Beckwith, a committee of five was appointed to nominate a board of censors.

#### OTHER OFFICERS.

Dr. E. M. Kellogg, of New York, was unanimously elected treasurer.

For general secretary, the nominations were, Dr. T. C. Duncan, of Chicago, and Dr. R. J. McClatchey, of Philadelphia. The vote stood:

Whole number of votes cast.....	133
Dr. Duncan.....	24
Dr. McClatchey.....	109

On motion, Dr. McClatchey's election was declared unanimous.

For provisional secretary, Drs. J. C. Guernsey, of Philadelphia; T. C. Duncan, of Chicago; J. H. McClelland, of Pittsburg, and C. P. Alling, of Dunkirk.

Drs. Duncan and McClelland withdrew their names, and the vote stood:

Dr. Alling.....	17
Dr. Guernsey.....	104

Dr. J. C. Guernsey, (son of Professor H. N. Guernsey, of Philadelphia.) was declared elected, and on motion, it was made unanimous.

The committee on Board of Censors, reported the names of Dr. F. R. McManus, of Baltimore; Dr. N. R. Morse, of Salem, Mass.; Dr. J. C. Burgher, of Pittsburg; Dr. R. B. Rush, of Salem, Ohio, and Dr. G. A. Hall, of Chicago. They were unanimously elected.

#### THE PLACE OF NEXT MEETING.

The chairman of the committee on location reported the following places: Detroit, Lake Chataqua, Long Branch, Indianapolis, and St.

Paul. They advised not to take an eastern place. A strong point in favor of Lake Chatauqua was, that it was cool, and fare only \$2 50 per day. Detroit was objected to on account of inefficient hotel accommodations. St. Paul was too far away. Indianapolis did not give a loud enough call. A western member took the floor in favor of a western place; citing the fact that since 1870, the Institute had not met west. In 1871, the Institute met in Philadelphia; 1872, Washington; 1873, Cleveland; 1874, Niagara Falls; 1875, Put-in-Bay; 1876, Philadelphia. He thought the best interests of the Institute would be conserved by meeting west of Ohio next year. He favored Indianapolis, because it was central to Chicago, Detroit, Cleveland, Cincinnati, St. Louis, and many other large western cities.

His remarks were endorsed by President Dunham.

When the vote was taken, the choice fell upon Lake Chatauqua, which is a small lake in the western part of the state of New York. It has been the central point for Sabbath-school assemblies, and will, no doubt, do the Institute good to meet there. The time was left with the executive committee.

In conversation with one of the committee, why they all seemed to favor Lake Chatauqua, he said: "Why, you know the Western Academy meets in Indianapolis next year, and we did not want the Institute to come west and interfere with it!"

#### HONORARY MEMBERS.

The names of the following physicians, who were nominated at the last annual meeting, were called up by the president, and they were unanimously elected honorary members of the Institute: Dr. Adolphus Gerstel, Vienna, Austria; Dr. von Grauvogl, Nuremberg, Germany; Dr. J. P. Joussett, Paris, France; Dr. Clotar Muller, Leipsic, Germany; Dr. R. E. Dudgeon, London, England.

The Institute then adjourned, and the World's Convention opened.

#### DEPARTMENT OF OBSTETRICS AND GYNÆCOLOGY.

The following are the papers to be discussed:

- Puerperal Fever. By J. H. Woodbury, M. D., of Boston.
- Puerperal Eclampsia. By T. G. Comstock, M. D., of St. Louis, Mo.
- Diseases incident to Pregnancy. By H. N. Guernsey, M. D., of Philadelphia, and J. C. Saunders, M. D., of Cleveland, Ohio.
- Neurotic Element. By B. H. Cheney, M. D., of New Haven, Conn.
- Hysteria. By Dr. Davidson, of Italy.
- Metorrhagic Chlorosis. By Dr. A. Claude, of France.
- Membraneous Dysmenorrhœa. By R. Ludlam, M. D., of Chicago.

The following were selected as the able

#### DEBATERS ON OBSTETRICS AND GYNÆCOLOGY.

Drs. R. Ludlam, Chicago; T. G. Comstock, St. Louis, Mo.; B. H. Cheney, New Haven, Conn.; O. P. Baer, Richmond, Ind.; H. N. Guernsey, Philadelphia; J. C. Saunders, Cleveland, Ohio; J. H. Woodbury, Boston; Henry Minton, Brooklyn, N. Y.; W. H. Hunt,

Covington, Ky.; A. R. Thomas, Philadelphia; P. G. Valentine, St. Louis, Mo.; Robt. McMurray, New York; T. C. Bradford, Cincinnati, Ohio; S. P. Hedges, Chicago; O. B. Gause, Philadelphia; J. T. Alley, St. Paul, Minn.; S. P. Burdick, New York; J. H. Gallinger, Concord, N. H.; W. C. Barker, Waukegan, Ill.; Mary J. S. Blake, Boston; G. W. Barnes, San Diego, Cal.; T. Y. Kinne, Paterson, N. J.; G. N. Seidlitz, Keokuk, Iowa; Mercy B. Jackson, Boston; Rush Winslow, Appleton, Wis.; F. H. Krebs, Boston; Ed. D. L. Parker, Stansted, Vt.; W. N. Guernsey, New York; F. L. Vincent, Troy, N. Y.; F. H. Orme, Atlanta, Ga.; Emma Scott, New York; Wm. Von Gottschalk, Providence, R. I.; E. Hasbrouck, Brooklyn, N. Y.; C. A. Bacon, New York; F. B. Mandeville, Newark, N. J.; W. O. McDonald, New York; W. H. Lougee, Lawrence, Mass.; Thomas Moore, Philadelphia; A. C. Cowperthwaite, Nebraska City, Neb.; L. L. Danforth, New York.

This department was in the hands of Dr. R. Ludlam, and was ably managed. The following was arranged yesterday, and given to us as the

“ PROGRAMME FOR FRIDAY.

The debate will be conducted in the following order :

Drs. S. P. Burdick, of New York; O. P. Baer, of Richmond, Ind.; R. Ludlam, of Chicago; A. C. Bacon, of New York. will discuss the paper on Puerperal Fever.

Drs. J. H. Gallinger, of Concord, N. H., and Henry Minton, of Brooklyn, N. Y., will discuss the paper on Diseases Incident to Pregnancy.

Drs. H. N. Guernsey, and O. B. Gause, of Philadelphia, will discuss the paper on Hysteria.

Dr. J. H. Woodbury, of Boston, will discuss the paper on the Neurotic Element.

Dr. Richard Hughes, of Brighton, England, will discuss the paper on Menorrhagic Chlorosis.

Drs. O. B. Gause, of Philadelphia; T. Y. Kinne, of Paterson, N. J., and F. H. Krebs, of Boston, will discuss the paper on Membranous Dysmenorrhœa.”

DISCUSSION ON PUERPERAL FEVER.

Dr. Burdick first enquired, what is puerperal fever? He thought it septicæmia, and developed by a specific poison. Through an abrasion, the parturient woman might be inoculated by foul hands, or foul discharges, etc. The manifestations were chiefly confined to the cellular tissue. The remedies were those selected for blood poisons, such as *Lachesis*, *Crotalus*, *Secale*, etc.

Dr. Baer claimed to be a practical man; had large experience. Took exceptions to the paper, and especially to the therapeutics. He then gave the indications he had found reliable in *Aconite*, *Gels.*, *Verat. vir.*, *Puls.*, *Bell.*, *Bry.*, *Nux* and *Rhus*.

*Aconite*, he thought, was not praised too highly. It has a general inflammatory condition; headache all over. Bed seems turning round. Is restless and anxious.

*Gels.* is a remedy of merit. Has great sensitiveness to the light; face flushed; stupor; rouses easily, but drops to sleep again. Dullness of hearing. Cramp-like pain, extending down the limbs.

In *Veratrum vir.*, the patient's system seems shocked. The attack is sudden. There is great oppression of the chest.

*Pulsatilla* is a great favorite with him. The *Puls.* attacks are ushered in slowly, they creep on slowly and steadily. The lochia and milk become suppressed. Patient worse at night; has much backache. The pulse is small, and the flesh has a soft, flabby feel.

*Bell.* in cases that are talkative. The chill, heat, and sweat, are mixed, and appear first on one part of the body, and again in another. They are angular. Sluggish in thoughts. Rash, heat troubles. Wants to get up. Disposed to scold. Hysterical cry and laugh.

*Merc. sol.*, patient is drenched in sweat, especially at night. Sore all over. Countenance dirty and wan. Great pressure in rectum.

*Bry.*, patient has a high fever all over; dull headache; great thirst; worse on motion.

*Nux vom.*, patient has constipation. with painful urination. Sexual orgasm. Craves sour drinks.

The *Rhus* patient is apathetic, dull and listless.

Dr. Baer's time had expired, and his interesting remarks were abruptly terminated.

Dr. R. Ludlam was the next speaker. He said that since presenting his report on the *Diagnosis and Prognosis of Puerperal Fever* to the American Institute, two years ago, his views concerning the nature of this disease had materially changed. At present, he did not believe in the existence of a distinct fever which was incident to the lying-in state. The varying nature of epidemics of the so-called puerperal fever; its numerous causes, and its lack of a specific and characteristic clinical history, and anatomical lesion, are so many arguments against the possibility of its existence. It is time to stop talking about puerperal fever, and address ourselves to the study of the puerperal condition and its contingencies. The fact is, that we are all in the same boat with my friend, Dr. Swazey, who, in our debate on this subject, two years ago, said that "Somehow, he had never been called upon to treat a case of this disease."

Dr. Ludlam spoke at length of the value of the clinical thermometer as an index to the actual state of the patient during the first fortnight after delivery. It sounds the first alarm, and is much more reliable than the pulse, or any other guide. In his private practice, the temperature is taken and recorded at every visit; and in his department of the Hahnemann Hospital, is taken morning and evening regularly, from the birth of the child until the woman is about again. The contingencies being chiefly *septic*, and the facility of absorption or inoculation, through the laceration of the soft parts during labor being so remarkable, it is of the greatest importance to recognize the incipient signs of blood-poisoning. This can only be done by the thermometer, and when the temperature runs up from 102 to 106 degrees Fahrenheit, the first indication is, to bring it down as quickly as possible. For this

purpose, there is nothing to compare with *Alcohol* and *Quinine*, the former being given in milk punch made with whiskey, or in a "sling" of plain whiskey and water, and the latter in the dose of one grain each hour, until from six to ten or more grains are taken. The whiskey antidotes the poison, just as it does in case of snake-bite; and the *Quinine* arrests the too rapid oxidation of the tissues, and lowers the temperature, just as it does after ovariotomy. When this condition is controlled, and the patient is rid of the terrible emergency, the time has arrived for the proper use of our attenuated remedies. In this connection, we should not forget the great range of use and the utility of *Veratrum viride*, in the 2d and 6th dilutions.

Dr. Bacon discussed the etiological side of the question. He said that those who insisted on the germ theory of this disease were not able to show the germs outside their own laboratory.

#### DISEASES INCIDENT TO PREGNANCY.

Dr. Gallinger took the stand in opposition to many of the statements in the paper on Diseases Incident to Pregnancy. He thought it absurd to claim that Homœopathy was a universal law. Did not think it infallible and proceeded to criticise the cases detailed. In threatened abortion he believed rest would relieve without *Arsenic*, and some would abort anyway. In the relief of after-pains, he thought more credit should be given to nature. As to varicose veins, he did not think they could be cured during pregnancy. The speech created a sensation and Dr. Guernsey was called on to reply.

Dr. Guernsey claimed it hardly worth while to defend his paper. He thought no one acquainted with the *Organon* would make such a criticism. In spite of the views of the critic, he had cured varicose veins during pregnancy. Pathology might lead one to question the curability of varicose veins, but the genius of Homœopathy taught otherwise.

#### HYSTERIA.

As to the extensive paper on hysteria, thought the pathology given was like most of the pathology given in Allopathic works. Believed hysteria could be cured. *Chloroform*, as advised in this paper, would never cure it. He paid no attention to the paroxysms, but treated the case as a totality. Had found the remedies frequently indicated were *Aps* and *Kali carb*. When he found sticking, pricking pains, great tympanites, with restlessness, gave *Kali carb*. 4000.

Dr. O. B. Gause followed with a learned essay on hysteria. Believed hysteria an acquired disease in an emotional nature. These persons were not taught self-control, self-abnegation, in childhood. Cited a case subject to membranous dysmenorrhœa and ovular abortion. Husband had skin disease. Has gone two and a half months. Expects she will abort if she has another attack of hysteria. These cases are exceedingly difficult to get on to full term. Dr. Gause expressed a great deal of interest in Dr. Ludlam's essay on the repercussion of skin disease as a cause of this form of dysmenorrhœa, and believed that this theory of its origin would help us to cure some knotty cases that hitherto have resisted treatment.

## MENORRHAGIC CHLORISES.

Dr. R. Hughes, of England, spoke on menorrhagic chlorosis. The case given in the paper he did not consider true chlorosis but was menorrhagia with anæmia. *Hamamelis* he had found a most excellent remedy in such cases. In bleeding piles also found it an excellent remedy. He said that by a process of exosmosis Homœopathic knowledge was leaking into Allopathy. He truly hoped they would give due credit.

Dr. Kinne cited a case of membranous dysmenorrhœa in which *Phos.* had proved of excellent service.

Dr. Ludlam made a few remarks, and the convention then adjourned.

[TO BE CONTINUED.]

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## Children's Diseases.

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### SOME OBSERVATIONS ON THRUSH, OR ORAL CATARRH.

THRUSH, MUGUET, FROG, SPRUCE, SOOR, BLANDET, STOMATITIS, VESICULOSA OR CREMOSA, ETC., ETC.

This disease is often confounded with aphthæ. Thrush affects the mucous membrane of the oral cavity and is attended by a general redness of the mouth and a prominence of the papillæ. It is the early baby's sore mouth. The cause is chiefly acidity.

Aphthæ is a deeper and more circumscribed inflammation. The ulcer looks like a small slip pea sunk into the mucous membrane. This disease is usually met during dentition. The cause of this form of sore mouth is chiefly a general derangement of the digestive apparatus.

Thrush was supposed to be a pseudo membranous disease, but it is now concluded to be, not so much a *deposit* on the mucous membrane, as an *exfoliation* of the superficial epithelium into curdy masses. This exfoliation has been found to consist of epithelium and a vegetable fungus by Robin, styled *oidium albicans*. Smith (Diseases of Children,) in two cases, found it to be the penicillium glaucum, or common vegetable mould.

Having had several cases recently, I have made a careful examination of the recent exfoliation, and am satisfied that the fungus is an after-growth, and appears in the folds of the decaying epithelium as bacteria appear in decomposing mucus or urine, because it is decaying.

The causes of this disease is not local but seems due to a general derangement of the digestive system. The season is a remote cause, it seems to me. During the winter we had follicul r pharyngitis, laryngitis and bronchitis, and now we meet gastric catarrh, as well as



catarrh of the intestinal and buccal mucous membrane. Some of the cases in which the mouth was early effected wound up by dysentery, in this instance it being follicular inflammation of the rectal mucous membrane. The heat rash we now meet is without doubt follicular dermatitis.

In the Foundlings' Home, where many cases of thrush (muguet) are met, we found *Merc. sol.* 3x, trit., generally to afford prompt relief. Knowing this fact, and for the sake of learning the history of the disease and the value of various remedies, I concluded to experiment a little on the many cases met recently in private practice, where all were fully under the best of control.

The history of all the cases, were about as follows :

Child covered with heat-rash (*erythema papulosum solare*), then feverish (from the eruption, I suppose), constipated; then have diarrhœa with suppression of the eruption. In some cases of suppression the thrush did not appear. *Sulph. ac.* cured. The next development was thrush, then the derangement of the stomach and bowels. The dysenteric symptom were not the last phase, but a diarrhœa and the re-appearance of the follicular dermatitis. The remedy that cured the rash, or constipation, or diarrhœa, or thrush promptly, of course cut off the rest of the trouble and saved the child and attendants days of much distress.

One child was given, for the thrush, *Sulph. ac.* 30, with prompt relief. Hartmann, who uses *Sulph. ac.* "one or two drops (of the clear acid) in an ounce or an ounce and a half of water," says he has "derived more satisfaction from the use of *Acidium sulphuricum* than from any other remedy."

In one case I thought I would try the Antipathic plan, i. e., give an alkali to antidote the acidity incident to this disease. Gave *Kali hydr.*, tincture, three drops every two hours. In a few days the mouth was all clean, but within the week the child returned with a dysenteric-diarrhœa. This was promptly arrested with *Merc. cor.* 6. *Borax* and honey had been used before I saw the case.

Another case of thrush developed while under the influence of *Merc. bijod.* given for follicular tonsilitis. *Arsenicum* arrested the thrush, with a characteristic gastric symptom, but a dysenteric-diarrhœa broke out in a few days, which *Merc. cor.* nipped in the bud. The remedy must be selected for each case.

Where thrush is developed during entero-colitis, I look upon it only as a symptom, which, however, always suggests *Merc.* Here thrush is a grave complication, in other words it tells the sad story of a denuded mucous membrane from mouth to anus. When that stage is reached there is usually very little absorption and death draws near.

Thrush that develops during the first few days of infancy, is a grave affair, as it seriously interferes with the nutrition of the little one. The connection between this and the suppression of the *erythema papulosum* (red gum), demands more attention than it has received. The development of the red gum depends upon the constitution of

the child and the wrappings. If kept too warm, erythema papulosum (red gum) is very sure to appear, causing itching, feverish restlessness, and finally digestive disorder, with or without thrush. Sometimes the thrush is the only manifestation of a defective constitution or management or both. Here, *Sulph.* is a valuable remedy. Scrubbing an erythematous skin with soap, or oral cavity with a rag, is a species of barbarity that should not be tolerated. These inflamed surfaces should be kindly treated.

Should like to have the experience of others with thrush.

T. C. D.

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### NEAVE'S FARINACEOUS FOOD FOR INFANTS.

In Dr. Ruddock's works we find this food extolled above all others met in the English market, and we were not a little thankful when we learned that our friend, J. O. Noxon, of Brooklyn, was the agent for the United States. We decided to give it a trial, and report at our earliest convenience.

The first case that presented itself was a child of a hydrogenoid Swede, at the Chicago Foundlings' Home. The child was about eight months old, of fair complexion, light hair, blue eyes, and fair skin, which was becoming a dirty yellow from inanition. The lips were dry and shrunken, and the margins of the eyes were also becoming sore from lack of nourishment. The child had been plump, but was becoming flabby under the use of Horlick's Food, Ridge's Food, oatmeal, milk, etc. The child lacked red-blood coloring matter, and not fibrin, which these foods supply, especially Horlick's.

Oatmeal and Neave's Food was given, according to the directions. The effect was marked and permanent for good. The child has used fourteen boxes, and is thriving every day. The food has been used in other cases, with good effect in this class of children. When the child is of dark complexion, spare, with ruddy mucous membrane, it has not given so good satisfaction. It will, no doubt, be found that when the child's constitution corresponds to the English type of babyhood, it will then agree best. To supplement the mother's milk, Dr. Ruddock commends it highly.

In composition, it seems to stand nearly related to Ridge's Farinaceous Food, and I judge the alkaline element used in it is also soda, while Horlick uses potash. We have not been able to see the formulæ for the preparation of this food—a courtesy which the profession should certainly be honored with. Ridge's Food and Horlick's Food we know the composition of, and can aid their action, when necessary, by a little change. It is, no doubt, the experience of all, that circumstances arise in which the food must be modified, and if we do not know its composition, the alternative of changing to Horlick's, or some other well-known food, is usually adopted. If our friend Noxon can give us information on this point, he will confer a favor.

We are satisfied that there are cases where the mother should not nurse the child, (from stomatitis materna, *Iodism*, and other causes,) and we should know the *best* food for that child. Neave's Food is, without doubt, a valuable addition to our list of available foods for infants. D.

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### ON FOOD FOR INFANTS.

"Foods for infants—will you please give us your experience or observations?" is a query in the August 1st number of THE UNITED STATES MEDICAL INVESTIGATOR.

My experience, as an infant, need not be given, for tradition avers that in all respects I acted well *my* part—but my observation is, that all the "prepared foods" are much inferior to milk for infants from birth to ten months of age, and that milk should form a considerable portion of the diet until the eye-teeth are cut, which is usually about the eighteenth or twentieth month.

Breast-milk being the natural diet, is, of course, the best, but as so few women nurse their children nowadays, pure cow's milk, sweetened a little, and diluted according to age of child, or the Swiss condensed milk, are the best substitutes. The following formula approaches the nearest to breast-milk, and I have known the mixture to be retained by infantile stomachs that would reject any other form of nourishment. "Children cry for it," and wax fat and hearty under it.

Cow's milk should, at first, be mixed with half its bulk of soft, pure, tepid water, in each pint of which has been suspended a drachm of sugar of milk, and two grains of *Phosphate of Lime*, finely powdered. If the milk has been partially skimmed, as is often the case in cities, then a good table-spoonful of cream should be added. If it has not been skimmed, a couple of teaspoonfuls of cream is sufficient.

This formula is taken from Chamber's excellent work, recently published, entitled, "A Manual of Diet in Health and Disease."

He deprecates premature weaning, and says its consequences are disastrous, although insidious. The child may present the picture of health externally, the muscles firm and elastic, but the bones do not grow in proportion. Hence a sure and certain cause of *rachitis*.

M. Guerin found by careful observation and experiment that rachitis was the result of premature weaning. Young puppies and pigs developed a "rickety" softening of the bones by being early removed from the mother and fed—the puppies on meat, and the pigs on vegetables—before the natural time.

May not the *Phosphorus of lime*, in the foregoing formula, be an important ingredient in the diet of infants brought up on the bottle, especially those who inherit a strumous diathesis?

BANGOR, Me.

W. F. SHEPHERD.

[What would you give if the stomach would retain anything, but the bowels would retain nothing?]

## Medical News.

**The Pennsylvania Homœopathic Medical Society** meet Sept. 27th and 28th.

**Vaccine Virus.**—We would call attention to the circular of Dixon & Dorris, who are Homœopathic physicians and reliable men. Our readers can depend on them.

**Dr. C. N. Dorion**, of Chicago, sailed from New York, for Paris, on Saturday, September 9th. Quite a number of his colleagues assembled at Dr. R. Ludlam's to bid him *bon-voyage*. He promised to remember our readers.

**F. A. Rockwith, M. D.**, of E. Saginaw, Mich., has been appointed to the chair of Uterine Therapeutics in the Michigan University. This is another good appointment. The Homœopathic department of this university is certainly well manned.

**Report of the New York Ophthalmic Hospital** for the month ending Aug. 31, 1876: Number of prescriptions, 2,458; number new patients, 351; number of patients resident in the hospital, 22; average daily attendance, 91; largest daily attendance, 134.

### Removals.

Dr. W. S. Simpson, from Kellogg to Villisca, Iowa.

Dr. T. C. Hunter, from Napoleon, Ohio, to Wabash, Ind.

Dr. H. W. Osbone, from Cleveland, Ohio, to Mineral Point, Wis.

Dr. Frank Duncan, from Chicago to Osage, Iowa, where he goes into partnership with Dr. Montgomery.

**Michigan Homœopathic Department.**—J. G. Gilchrist, M. D., of Detroit, (author of Surgical Diseases,) has been appointed Professor of Surgical Therapeutics in the Homœopathic College of the Michigan University. Dr. Gilchrist has made the treatment of surgical diseases by Homœopathic remedies a special study for years, and will fill the place with credit.

**Notice.**—We have had so many inquiries of late, about advertising places for sale, etc., etc., that we have concluded to devote one page (if necessary more,) for the use of all who wish to insert short notices. Terms on that page will be for five lines or less, twenty-five cents, each insertion, each additional line five cents. Six words make a line. These terms are so very low that we think it will meet the approval of all who may wish to advertise.

**Correspondence.**—MR. EDITOR: Being almost daily in the receipt of letters asking if I really intend to deliver my course of lectures, as indicated in the current announcement of the old Hahnemann Medical College, of this city, I beg to answer them through your pages. I shall deliver a full and a fresh course on the Medical and Surgical Diseases of Women, in that college, during the coming winter, if it takes half of my time, and if I never see New York or London again. Yours, at work,

CHICAGO, Sept. 15, 1876.

R. LUDLAM.

**Homœopathic Medical Society of the State of New York.**—The Twenty-fifth semi-annual meeting will be held in Buffalo, on Tuesday,

Oct. 10. 1876. A most interesting meeting may be expected, as valuable professional papers will be presented. Delegates from sister societies are *earnestly* and *cordially* invited to be present. We sincerely hope that our western societies will send delegates to meet our brethren of the Empire State, especially when they come almost to your very door to hold their meeting. To those who can make it convenient to be present, we can assure an enjoyable occasion.

ALFRED K. HILLS, M. D., Recording Secretary.

**Campfield's Physicians' Memorandum and Account Book.**—Price, \$1. The arrangement of this convenient little book is as follows:

Month.	Date.	Name.	Visits. Office Prescriptions.	Dr.	Cr.	Remarks.

There are 200 pages or 100 leaves, and room for the accounts of 2,300 persons. Many a physician could collect many a dollar he now never gets which he might were he prepared to tell parties how their account stands when they ask for it. We have often wished for just such a book. Some physicians use an ordinary blank book for this purpose. A friend who has much to do with collecting, devised this convenient account book, which just fills the niche. Physicians with large practice, keeping a day-book, ledger and cash-book, will find this convenient to keep the run of their accounts which may or may not be in the hands of a collector. For one in moderate practice it would answer for all the above books. For the object intended it will prove invaluable to all who will use it during the next three months.

**The Status in the Michigan University.**—Sometime since I received the enclosed communication from a person qualified to speak of the subject of the University of Michigan. Since the late action of the Rush Medical College toward the university, I consider it eminently proper that this enclosed note should be published in THE UNITED STATES MEDICAL INVESTIGATOR, to give it a wide circulation among those who know of the efforts of the American Medical Association to disturb the peaceful working of the Michigan University.

BUFFALO.

A. R. WRIGHT.

MY DEAR DOCTOR: In accordance with my promise, I send you the points of interest concerning the Homœopathic College of Michigan University. As is well known, the United States government donated to the state of Michigan large tracts of land for university purposes—now yielding a revenue of about \$30,000 per annum—on condition that the university should always remain under the control of the state legislature. The state has, by its legislature, given vast sums to its further support and that body in 1855, ordered that their should always be at least one professor of Homœopathy in the medical department. Similar laws have been repeatedly passed and the needed appropriations sometimes made contingent on the compliance of the board of regents.

On bringing the case to the supreme court, this body consisting of four judges, two of whom were professors in the law department, and remained silent on that account—the other two favoring the Homœopathic claims—a majority failing to declare for Homœopathy, these laws successively fell dead. A proposition to found a Homœopathic

college in connection with the university at some other place than Ann Arbor, also failed, on the ground of illegality.

No one seems to have thought of appealing to the courts of the United States—and the friends of Homœopathy magnanimously refrained from interference with the support of the institution by retaliatory legislation, when it was repeatedly in their power so to do.

Meantime, by a constitutional amendment, the control of the university was vested in the board of regents—who therefore resisted the acts of the legislature on that ground. No test being made of this point in any United States court, it proved effective.

But this controversy having lasted twenty years, at last thoroughly roused all parties and classes of the people to the right of the tax-payers to govern, above all boards. The case was thoroughly ripe—and at the same time conciliatory councils began to prevail. Hence, during the session of the legislature, 1874-75, a new law was passed, giving existence to a Homœopathic College within the University, with a distinct organization, a distinct matriculation list, a distinct diploma, and, so far as the Homœopathic branches are concerned, a separate faculty. Instruction in all other branches is obtained by the Homœopathic matriculants attending the lectures of the other (the Old School) college, or department.

To obviate the mixing of Allopathic and Homœopathic professor's signatures on diplomas, a new order was made, applicable to all the departments of the University—literary, scientific, and technical—viz., that no professor should sign diplomas, but *all* diplomas be attested by the president and secretary only.

Twenty-four students, including two ladies, matriculated in the Homœopathic College of the University for 1875-76. Separate lectures were given to the ladies. Of the whole number, none were sufficiently advanced to present themselves for graduation; but the influence of the faculty was thrown in favor of a very high standard of attainment, and they all resolved on the full three years' course. Therefore, there were no graduates this year—a unique, and certainly a most creditable record for the first session of a medical college; and as well, honorable to those who thus voluntarily postponed their own candidacy for professional honors. One of these, already holding a degree as Bachelor of Science, was the pioneer among these most praiseworthy students, in thus declaring for full knowledge, rather than premature graduation. From which, we may readily estimate the slander of *The Louisville Medical News*, that these "sneaked away from the ordeal of examination by scientific professors." (Allopathic.) Until Louisville purges herself of her flagrant doctorfacture, it ill becomes her to throw dirt at more honorable men. For, as all may know, a student can there, by two lecture-courses within nine months, be magically transformed from a farm-laborer into a physician!

In every respect, the session of 1875-76 was a success. By resolutions adopted by the class, they unanimously announced their purpose to return next winter, and to induce others to do so. The Dean is pressed with correspondence on the subject, and the tokens are excellent for a large increase in the number of students. Drs. F. A. Rockwith and J. G. Gilchrist, have been appointed *lecturers* on Homœopathic therapeutics of obstetrics, and of surgery and ophthalmology; so that a good Homœopathic course may be fully relied on.

Examinations will be held under the protection of the Homœopathic faculty—possibly *by* them alone—although, as a matter of policy, I do not think well of this last, which some might think rather on the "sneaking" order.

Socially and scientifically, Homœopathy stands erect in Ann Arbor; the acknowledged peer of the older school. All she now needs is, the hearty support of our own profession! Very truly yours,

MICHIGAN.

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Therapeutical Department.

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CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

OSAGE, Iowa, Sept. 11.—Our wells are bored through lime-stone from forty to fifty feet. I find *Erigeron* well indicated in many of the cases of bowel troubles. F. DUNCAN.

GOSHEN, N. Y. Sept. 5.—Is quite healthy now, whooping-cough is having a "great run" with us. *Ambra-gris*, *Coral rub.* or *Cham.* are indicated most often. Now and then we have a case of cholera infantum, or diarrhœa. Nothing serious. A. M. WOODRUFF.

SAVANNAH, Ga., Sept. 15.—Yellow fever is prevailing quite severely. Twenty-seven interments were reported to-day. Over one-half of the colored population are depending upon the charity of the whites, and the destitution is increasing. LATER.—The epidemic is spreading.

MENOMONIE Wis., Sept. 7.—We have been having a run of cholera morbus and dysentery, for which *Bry.*, *Acon.*, *Merc. cor.* and *Bell.* seemed to do best. Now we are having typhoid fever, *Bapt.* seems to

do best, but *Bry.*, *Lyc.* and *Rhus* have been used with success. We have had and are having a few cases of diphtheria. *Acon.*, *Bell.*, *Kali bich.*, *Merc. cyan.* and *Merc. chloro-iodide.*, are the remedies used most.

W. R. CHURCHILL.

BALTIMORE, Md., Sept. 15.—A case of death from yellow fever is reported here. The scene of death is in the vicinity of the wharves, where large numbers of families of sailors reside in extreme poverty. An examination by the board of health showed that fifteen persons were already infected, and three of the number had died this evening, and several others sent to the quarantine hospital. The line of steamers between Baltimore and Savannah has been discontinued. People are frightened and many are leaving.

JACKSONVILLE, Fla., Sept. 8.—We have been blessed with an alarming state of health this summer, and in fact this place, as well as the greater portion of the state, is remarkably free from the usual summer troubles which prevail in the north. Cholera infantum, cholera morbus, and kindred diseases are almost unknown. I have not had a case, and have heard of none. We have bilious fever, but of a mild character, and generally easily controlled. I find *Gels.* a reliable remedy. It grows here in abundance. During 1875 there were but 84 deaths among residents, which for a population of 12,000 is a remarkably small proportion; the same will hold good for previous years.

*Yellow fever* is prevailing in Savannah, but we are protected by strict quarantine both by sea and land, and there is hardly a possibility of ever being troubled. It originated from local causes, and is of a mild character. The whole southern coast has been remarkably healthy this year, and is not in a condition to invite an epidemic.

H. R. STOUT.

DENVER, Sept. 8.—We have had whooping-cough with us for some months. Most cases are free from serious symptoms. *Kali carb.* 200 has more frequently been of service than any one remedy, though a great variety have been of service. When *Kali carb.* 200 acts at all, it usually modifies the cough within three or four days. A few cases of convulsions have occurred during the progress of the disease, only in very young subjects, however. *Opium*, 3d decimal, has in every case promptly relieved the convulsions, and in most has been sufficient for the cure of all remaining symptoms. The indication for the *Opium* being the extreme blueness of face and hands, reminding one of fatal poisoning by the drug. There have been a few mild cases of dysentery within the last month, *Merc. cor.* 6 has relieved promptly a majority of my cases, though *Merc. sol.*, *Aloes* and *Baptisia* have been used with good results.

A little typhoid fever, just enough to remind us that it is possible in our climate, has shown itself. All of my cases have readily yielded within the first few days. A few have been protracted into the third and one, into the fourth week. Critical days are not well marked in a large proportion of the cases we call typhoid fever, some may deny the name typhoid to such, but they have all the other symptoms necessary



to complete the picture. Some cases have undoubtedly yielded on other than critical days.

Why will not the electrical conditions so very different from any thing away from the mountains, make marked changes in the periodicity of disease ?

B. A. WHEELER.

## REGISTRATION OF PREVAILING DISEASES

For the week ending July 15, 1876.

### METEOROLOGY.

Observations taken at the Dudley Observatory, Ablany, N. Y.—Twenty-one observations; three daily; 8 A. M., 5 and 11 P. M., by the signal service department.

Barometer.—Highest, 30,778; mean, 29,913.

Thermometer.—Highest, 93; lowest, 65; mean, 78.7.

Relative Humidity.—Maximum, 90; minimum, 38; mean, 69.5.

Direction of the wind.—Calm, 10; south, 4; northwest, 3; west, 2; north, 1; none, 1—21.

Velocity of the wind.—Scale, 0 to 100; none, 11; twice, 1; once, 4; three times, 3; once, 4; twice, 8; once, 12—21.

State of the Weather.—Clear, 3; fair, 14; cloudy, 2; hazy, 1; rain, 1—21.

Rain fall, 2.64 inches.

### PREVAILING DISEASES.

Bronchitis.—Few mild cases in Albany and Columbia counties; many severe cases are reported in Washington county.

Diphtheria.—Few mild cases in Albany, Greene and Columbia counties; a few severe cases in Saratoga and Washington counties.

Influenza.—Few mild cases in Albany, Columbia and Washington counties; a few severe cases in Greene county.

Pneumonia.—Few mild cases in Albany and Columbia counties; a few severe cases in Greene county.

Quinsy.—Few mild cases in Warren county.

Whooping cough.—Many mild cases in Albany county, (reported by one observer only); few mild cases in Saratoga county; few severe cases in Columbia county.

Cholera infantum.—Few mild cases in Albany, Greene, Columbia and Warren counties; many mild cases in Washington county; few severe cases in Columbia and Washington counties; many severe cases in Greene and Warren counties.

Cholera morbus.—Few mild cases in Albany, Saratoga, Columbia, Washington and Warren counties; a few severe cases in Greene county.

Diarrhœa.—Few mild cases in Albany, Saratoga, Columbia and Warren counties; many mild cases in Albany, Greene and Washing-

ton counties; many severe cases in Schoharie, Columbia, Washington and Warren counties.

Dysentery.— Few mild cases in Albany, Saratoga, Greene, Columbia, Washington and Warren counties; many mild cases in Washington county; few severe cases in Albany and Columbia counties.

Bilious fever.— Many mild cases in Washington county.

Scarlet fever.— Few mild cases in Warren county.

Typhoid fever.— Few mild cases in Columbia and Washington counties.

Rheumatism.— Few mild cases in Albany, Columbia and Saratoga counties; few severe cases in Albany and Washington counties.

Roseola.— Few mild cases in Columbia county; many severe cases in Albany county.

#### SUMMARY.

The special peculiarities of the atmosphere during the week were same as the previous week. 1. A high degree of temperature. 2. great dryness of the atmosphere, notwithstanding a fall of five times as much rain as during the previous week. 3. Very slight movement of the wind. 4. A fall of rather above the average amount of rain.

During this atmospheric condition, cases of diseases of the air passages have diminished in numbers and intensity. The only new disease of this class reported is quinsy, a few mild cases having been observed in Warren county.

Diseases of the digestive organ have slightly increased in numbers and severity.

Extract from the proceedings of the Albany County Medical Society :

“Dr. Waldo spoke of the importance of establishing a system of recording and publicly announcing the presence and location of several of the more frequent acute diseases. He said, ‘It is well known that a thorough system of meteorological observations is established throughout the entire country, and carried on by the signal service bureau at Washington. Atmospheric changes taking place in all parts of the country are clearly indicated by this organisation with remarkable foresight. It is also well known that many of the more violent and fatal diseases prevailing at certain seasons of the year appear in connection with, if not as a direct result of, certain peculiar conditions of the atmosphere. It follows that the announcement of the prevalence of the more frequent acute and epidemic diseases throughout the country, would prove of very great advantage. 1. By promptly furnishing reliable information concerning the presence and extent of epidemic zymotic diseases, giving timely warning of their approach, thereby allaying needless alarm, and enabling those who may be peculiarly susceptible to avoid unnecessary exposure. 2. Affording opportunity to those who make these diseases a special study, the better to determine their causes, and the laws which govern them, to more accurately announce their probable approach, duration and intensity, and furnish information regarding precautionary measures to be adopted for escaping their influence.’”

## CONSULTATION CASES.

## CASE FOR ADVICE.

Mr. R., aged fifty, dark hair, blue eyes, of rather stout build, sanguine temperament. For some time had suffered from regurgitation of food, accompanied by mouths full of froth. This trouble was so severe that it would awaken him from sleep and he would be obliged to get up in order to empty his mouth, and thus avoid choking. At times there was a dull pain — or more properly an ache — just about the centre of the sternum, extending over, perhaps, four inches.

Last winter these symptoms disappeared and after a week or two the regurgitation of food recommenced accompanied by *inability to swallow after the fifth or sixth mouthfull*. At first, the process of deglutition is as perfect and easy as ever, but after eating a short time he is obliged to stop. Has lost many pounds of flesh, and now is quite discouraged. There is no pain, no constipation, no headache. Have given all the symptoms that can be detected. Tongue clean. With *strict* examination, failed to detect anything abnormal, no soreness.

Will some brother doctor give opinion as to nature of disease and treatment? May add that *Arg. nit.* 30, *Nux vom.* 30 and 200, *Plumbum* 30 and 200, *Calc. carb.* 200, and other remedies, did no good. *Phumb. ac.* seemed to help for a time, but not permanently.

GOSHEN, N. Y.

A. M. WOODRUFF.

## REPLY TO DR. O. C. EVANS.

In THE UNITED STATES MEDICAL INVESTIGATOR of Sept. 1, 1876, I notice an article on "Biliary Calculi," in which is asked, "Will some good brother give me the remedy and potency that will cure?"

In reply I would refer to the "Transactions of the American Institute of Homœopathy," of 1872, Art. XL., on the "Radical Cure of Colic from Gallstone, etc., by David Thayer, M.D.," also, to the publications of the Massachusetts Homœopathic Medical Society, Vol. II., pages 441-474-500. In these, and several other publications, you will be able to find the remedy for the radical cure of biliary calculi. It is now nearly twenty-two years since I discovered that *China* is the *certain, sure and infallible* remedy for the radical and permanent cure of gallstone colic.

In that long period of time I have treated hundreds of cases, from various parts of the continent, from the Atlantic to the Pacific, and from Canada to New Orleans; and in not one single case has there ever been any failure of a radical cure. Though this discovery was made known to physicians of the Homœopathic school nearly twenty years ago, I find many like yourself who have never heard of it.

But *China*, nor any other *specific*, will prevent the pains caused by the passage of a calculus through a duct of the gall-bladder, any more than *Puls.*, *Gels.*, *Secale*, or any other medicament, having a specific

relation to the uterus, could be reasonably expected to prevent the pains of labor.

*China* has a specific relation to the gall-bladder, and its action is often so rapid that, in less than sixty seconds of time after a dose of the 200th potency has been deposited on the tongue of a gallstone subject, a sense of pain has been felt in the region of the the gall-bladder in numerous instances, and I know of nothing more helpful than *China* in the discharge of the *corpus delicti*.

In the severest cases the vital depression becomes so great from mere suffering that death may be averted by an anæsthetic carefully administered in the form of *Ether* by inhalation, or a dilution of a drachm or two of a liquid extract of *Opium* in two ounces of water, giving a teaspoonful once in ten or fifteen minutes, till the patient experiences some relief.

I have reason to believe that the action of *China* 200 is not materially interfered with by this introduction of an anæsthetic.

As this greatest of specifics, *China*, does not relieve the agony of gallstone colic, it must appear to every humane practitioner, not only justifiable to resort to an expedient to relieve suffering, but highly culpable not to do so, especially when experience teaches that it can be done without any sensible interference with the process of the cure.

I regret that I have not the leisure to assure and reassure you, by the narrating of many cases cured, of the very wonderful efforts of *China* in the 3d, 6th and 200th potency to radically cure gall-stone disease.

BOSTON.

DAVID THAYER.

#### NITRITE OF AMYL VS. CHLOROFORM.

In a case of amputation of a toe the other day I assisted Dr. Johnson. We administered *Chloroform* until the eye was perfectly set. After the operation I let the patient inhale *Nit. amyl* not over one-half minute, in that time the patient was entirely from under the influence of the *Chloroform*. How is that for *Amyl*?

ADEL, Iowa.

J. F. IRVIN.

#### ACONITE IN COUP DE SOLEIL.

Was called in haste to see Mrs. T., the messenger saying, "her hands and arms are all drawn up and we don't know what ails her." Found her suffering from sun stroke with "such a queer feeling all over;" forearms numb, with spasmodic drawing of the muscles to the elbows; head congested, dizzy and very hot; face flushed and covered with great drops of perspiration; fear of death. Administered the third dilution of *Aconite*, fifteen minutes apart, for two doses, then once an hour. Cured in twenty-four hours.

L. I.

*CASE OF TAPE WORM.*

Mr. C., of this place, has been in ill health for four or five years, no special disease, but a general feeling of exhaustion. Not long since passed a few links of tape-worm. Gave pumpkin seeds, two ounces pulverized in cream, sweetened with loaf sugar, for supper, and two table-spoonfuls of boiled *Castor oil* for breakfast. In two hours the gentleman brought into my office a fine specimen measuring about twenty-five feet.

It is worthy of note that when the joints came they were alive, but the worm itself was dead.

It is right to say that Mr. C. is altogether a different man since the expulsion of the worm, and is rapidly recovering his health.

MENDOTA.

J. A. HOFFMAN.

*APIS IN DIPHTHERIA.*

In the various discussions on diphtheria, I seldom see *Apis* recommended as a remedial agent. In my short experience I have found it invaluable in all sore throats of a diphtheritic nature, as well as in genuine diphtheria. I was just led to its use by the recommendation of Jahr, in his *Forty Years Practice*, where he says: "Since I have become acquainted with *Apis*, I prefer this remedy to any other, and accomplish my purpose with it better than with any other medicine." My first trial of it was in a typical *Apis* case, throat  $\alpha$ -demateous, especially uvula, which was very much swollen and elongated, quite filling the chink of the glottis, dark-red, and tonsils covered *with* diphtheritic patches. *Apis* 6, dissolved in water, made a wonderful change in this case in twenty-four hours. The uvula had already nearly regained its natural size, the false membrane had decreased, and the patient expressed herself as feeling very much better.

This case corresponded, both in the throat and general symptoms, closely to *Apis*. But I have since learned to use the drug whenever the following symptoms present themselves:

Chilly sensation or a decided chill followed by a hot fever; face flushed; pulse weak and rapid; violent headache with aching all over, especially in the extremities. Upon examining the throat, of which little complaint is made at this time, slight swelling and redness will be noticed with two or three white spots. Patient is very restless. *Apis*, at this stage, has invariably checked the whole trouble, in my practice, and on my next visit I generally hear it said, "Doctor, that medicine acted like a charm."

The above are the symptoms of a commencing bad attack. In lighter cases, when the throat is complained of, and, upon examining, white patches are seen, I unhesitatingly give *Apis*, and have yet to meet with a case where the result was not satisfactory.

From the similarity of membranous croup to diphtheria I was led to exhibit *Apis* in a very bad case of that malady, with fine effect.

I ordinarily use the 6th centesimal dilution, sometimes 30th, in water, teaspoonful every hour. The watery solution I find much more prompt in its action than dry powders.

BORDENTOWN, N. J.

L. D. TEBB.

### WHICH IS THE MORE SCIENTIFIC?

Only a few weeks ago, as I was standing in a drug store in this village, a man stepped in and handed the druggist a prescription to fill out, saying he would call again soon. The druggist who employed me as his family physician, handed me the prescription to read. It was recently written, and it directed the compounding of *fourteen* different ingredients in one small bottle. Such was the prescription for a sick woman, by a *regular* M. D., in this year of our Lord 1876.

A few days ago, I read the following in the *Missionary Herald*, from a missionary in Africa :

“The medicine man had come in with all the contents of his laboratory, expecting to cure, if possible, and obtain a fat cow for his services. Such a quantity of nonsensical remedies, I never saw before. Half a dozen leathern bags were emptied of their contents, consisting of the bones, teeth, and hair of wild animals, the bark of trees, roots, and herbs, of various kinds, bits of alligator’s skin, horns and hoofs of the wild buffalo, leopard’s whiskers, pieces of quartz, mica, red clay, etc., etc. Cutting off from *each* of these things a small particle, a compound was made, to which was to be added some beef cut out of *various parts* of a young ox, which has been slaughtered for the purpose. According to the *Zulu way of thinking*, the greater the *variety* of medicine, the stronger the probability of some one of them reaching the disease.”

Comment is unnecessary.

SUN PRAIRIE, Wis.

H. E. BOARDMAN.

### A CASE TO INVESTIGATE.

As your journal is an INVESTIGATOR, I will give you a case to investigate. It is peculiar, and not understood, perhaps, by any human being, (perhaps there is no case that is) :

Dr. John Rockwell, aged thirty-nine years, in active business as a physician, temperate in habits, was taken down to his bed after about two week’s complaining of lameness and a tired feeling. His sickness was called inflammatory rheumatism. His limbs swelled and pained him so he could not walk much. April 10, 1876, was the day he gave out. He was an Allopath, or as they say, a “regular.” Married three years. Two or three physicians of his school were called within the first week. *Calomel* was ordered, followed by *Oil*, daily, for about a week, with some other incidental accompaniments.

Second week, *Quinine* three times a day and best brandy three times. He got so he could walk around the room, eat beef soup and a little steak, toast, etc.; walked out doors, with slippers on, and up town forty rods, to a drug store, and being exhausted somewhat, took a small drink of brandy; went home and was soon taken worse, with severe pain in head and back. *Morphia* made him crazy, and he hallooed and swore terribly, although not a noisy man when well. (I ought to say here that some say he could never drink without it making him crazy). His brothers are a little noted for liking good liquor, and often get what some call too much. (May have been maternal).

Third week, *Morphia* not doing any good, *Chloral* was given to quiet him, which had the desired effect, after forty-eight hours. Then he had what was called typhoid fever; the sinking spell was called a turn in the fever, stimulants were used and he appeared better. Was called better by the best physicians of their school, and said to have no fever — out of danger. Thermometer said no fever, and nothing but nursing wanted to perfect a cure. His mind did not get right. He knew his acquaintances and introduced them often to others, but he could not carry on any conversation. He imagined many things; thought he had been delivered of a child when he used a bed-pan; sometimes evacuated in the bed, and accused his friends of doing it. (The most of these symptoms occurred to others who had a similar run of fever, which I treated about this time and which I called cerebro-spinal meningitis). He was constantly watched to keep him on the bed. Slept by the use of *Chloral*.

At least ten Allopathic physicians saw him. Some called his disease delirium tremens, as he was afraid of many things and very suspicious, jealous of his wife if any one spoke to her. Was called crazy by some. Wasted away to a skeleton. His diet, for three months at least, was a quart of milk in the morning, with the white of four eggs, sugar and whisky sauce, which he took through the day, and the same at night — I mean another batch for night — some beef tea and toast, but very little. Called better by his physicians, but failed steadily though not rapidly. A dose of *Oil* once or twice a week; always appearing worse after a sinking spell. Reporter said he might not live through the night. In all, he lived seventeen weeks and one day, after he first gave up.

I learn that post-mortem revealed hardening of the brain, some clots and about two table-spoonfuls of water in the brain; the front part of brain nearly natural; other organs of the body, normal. What was it? What done it? Medicine? Diet? Or disease epidemicus? Or both? Or neither?

Infants brains are soft; milk is the diet the first year, under which they harden up; whisky keeps and hardens animal substance; white of eggs are of an exceedingly contracting nature. Would not this diet alone harden any brain to some extent, and much more a sensitive one?

I have given the foregoing as it came to me, from a reliable source, as the case progressed. He was sick within thirty feet of my door

three months, and was then moved to get out of the noise of the Fourth of July, saying when being borne along on a litter, that he guessed they were going to bury him, and they might do it before the sermon or after, as they pleased. Thus went an Allopathic doctor in a jury of his peers—nobody to blame, of course.

TROY, Pa.

S. W. SHEPARD.

## ACONITE AND BELLADONNA IN SPINAL DISEASES.

BY F. F. DE DERKY, M. D., MOBILE, ALA.

Dr. Bæhr, in his Therapeutics of Spinal Diseases, says, that he does not believe in the curative effects of either *Acon.* or *Bell.* He calls their use a waste of time. To vindicate the employment of either under appropriate circumstances, we have but to turn to the pathogenesis of them.

### UNDER ACONITUM NAP., WE FIND :

Pain as if the flesh were separated in the nape of the neck, with feeling as if the neck would not support the head, and the head would on that account fall downward; on moving the head, shooting in the nape; stiff feeling in the nape of the neck in the evenings; stiff feeling in the nape, with chilly hands and feet; drawings in the muscles of throat and neck; pressive pain in the left side of the cervical vertebræ; bruised pain between the shoulders; crawling pain in the spine, as if from bugs; creeping, as of insects, over the back, arms and thighs; stiffness of the back; shootings in the back; coldness along the vertebral column; violent, shooting, digging pain in the whole left side of the spine to the small of the back, increased by inspiration, so as to bring tears into the eyes; burning, gnawing pains near the right side of the spine; pain in the loins; pressive pain in the small of the back; momentary sticking and drawing in the small of the back; violent tearing pain in the small of the back, aggravated by pressure; painful stiffness in the small of the back and hip joint, as if paralytic, on movement; numb sensation in the small of the back, extending into the legs; shooting and creeping in the small of the back; tensive, pressive pain in the lumbar and sacral region, noticed on stepping; pain, as if bruised, in the last lumbar vertebra at its junction with the sacrum; the back feels as if beaten; pain, as if from a bruise, from the loins through the back into the nape of the neck; cutting pain, extending from the spine over the left hip around to the abdomen, in a circle; soreness of the spinal marrow, felt only on pressing with the finger; trembling and tingling in the limbs, accompanied by shooting pains; convulsive trembling of the limbs; he was unable to keep himself upright and was attacked by convulsions, the upper and lower extremities were drawn inward, the fists clenched and the thumbs doubled into the palms, so that he could not open the hands; weariness of the limbs, especially of the legs, with constant sleepiness and



ill-humor; numbness in the tips of the fingers and toes; crawling in upper and lower limbs; numbness in arms and hands; a numbing like paralysis of the left arm and thigh, so that he can scarcely move the hand; palms of hands quite insensible; creeping pain in the fingers; pain in the ankles, with despairing thoughts and contemplation of death; sensation in the ankles as if they were tightly tied with a ligature. in the morning; excessive restlessness and tossing about; extreme sense of nervousness; remarkably sensitive to the least draught of cold air; numbness and tingling over the whole body; very fine stinging or stinging-burning pains in many parts, as if seated in the skin, sometimes combined with sense of heaviness, numbness or swelling.

In perusing attentively these symptoms, we cannot fail to perceive that many, nay, most of them, are in intimate relation with the spinal marrow, and therefore, it seems to me, there cannot be a reasonable doubt that *Acon.* acts to an extent on the spinal column and marrow throughout their whole length. In the beginning of the affection, whether caused by a cold, traumatic or other influence, we turn naturally to it, especially if we observe a great restlessness, tossing about and fear of death, together with the vascular excitement, dry hot skin, etc., so characteristic of *Acon.* In spinal irritation or neuralgia, with its various appearances, depending frequently on vascular irregularities, it is of great benefit, as both our own and Allopathic experiences testify. The hyperæmia of the spinal marrow is speedily allayed by its internal use alone.

#### LOOKING TO BELLADONNA

we find the following symptoms:

Externally on the neck, pressive pain, on bending the head backward and on touching it; painful stiffness in the small of the back, after sitting almost impossible to rise; in the spinal column, from without inward, stitches as from a knife; pain, as from overlifting, between the shoulder blades; violent drawing between the shoulder-blades, down the spinal column, evenings; painful stiffness in the neck, even unto the shoulder blades, especially by turning the head; sensible pulsation of the blood-vessels of the neck; intense cramp-like pain in the small of the back and the os coccyx, can only sit for a short time; gnawing in the spinal column and cough; stitching and gnawing pain in the spinal column; arms are heavy, as if paralyzed, numb and painful; painful twitching spasms and convulsions in the arms and hands; paralysis and paralysis of the legs and feet; staggering walk when rising in the morning, the legs refuse their service; cramps in the arms, convulsive movements and trembling, jerkings, turning inward and stretching; sensation of stiffness in the hands and fingers; tingling in the feet, tension in the soles of the feet, also in the joints by walking in the open air; spasms and convulsions in the limbs or of the whole body, renewed by the least contact, or from the glare of light, with shrinking and loss of consciousness, with delirium, with laughing, with turning of the eyes, with stretching out of the limbs or

contortion of the muscles; tetanus; opisthotonus or pleurosthotonus of the left side; epileptic convulsions; hysteric convulsions; St. Vitus dance; before the convulsions, running in the muscles as of a mouse, tingling in the limbs, with the sensation of tumefaction and numbness; after the convulsions, oppression of the chest, as from a heavy load; great restlessness in the limbs, compelling to constantly move them and change their position; trembling of the limbs, with convulsive jerks; jactitation and jumping of the muscles; everything seems too heavy and draws downward; paralysis, one side, right or left; very sensitive to cold air, takes cold easily; cold limbs with hot head.

It scarcely needs to be mentioned that I do not mean to say that either *Acon.* or *Bell.* should be considered specifics in spinal diseases, as both stand in secondary relation only to the medulla spinalis. However, we shall find either to do us good service where individually indicated according to the above symptoms.

These two remedies should not be used, however, in alternation or conjunction, the way they are so frequently employed. They should be selected with regard to their individuality, and then given alone. The application of either cold or warmth, according to personal preference, liking of the patient or which would do most good, need not be discarded, can, however, be dispensed with.

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#### POISONING BY BERRIES OF THE *ATROPA BELLADONNA*.

In the latter part of the summer of 186—, some half a dozen children were poisoned by eating the berries of the above plant. Three among them presented marked symptoms of poisoning by this drug. One of the latter showed the following effects:

He was a lad four years of age, and ate the berries about twenty minutes before 3 P. M. At 3 o'clock he was sleepy, and lay down. About ten minutes later, he had marked twitching and jerking of the hands, and slightly, of the lower limbs. He would partially awaken, and then instantly fall asleep again. The nervous tremors continued all the time, and rather increased. The above symptoms continued for about an hour and twenty minutes from the time of taking the drug, when an emetic of *Sulphate of zinc* was administered. This produced a rather copious watery discharge from the stomach, with a few fragments of the *Atropa* berries. Then an entirely new set of symptoms supervened.

The child was wakeful, and made passes as if picking up things, and would appear to pour them from hand to hand. He would run against things backward, sideways and forward; then he would whirl on one foot, and again run against things as before.

In the midst of these movements he presented an *episode*, by throw-

ing up his hands and asking a blessing, by then calling for bread, and appearing to think he had it, taking up his apron and biting a piece off, and chewing it. He immediately followed this by talking of his father and mother, who were at a distance. Again, he would throw things at persons around him, catching up anything that was within his reach.

The above was the most marked case of poisoning among these children. The others presented far less demonstrations, their delirium being of a much more painful order. The effects had sensibly diminished by the next morning, and had entirely disappeared on the second day.

All of the cases named, and especially the most marked one, go to show the varied, and very nearly opposite symptoms which the *Belladonna* poisoning may occasion; such variations and modifications as do not as yet fully come within the province of our pathological knowledge.

The primary effects of *Belladonna* are to produce active congestion and incipient inflammation of the brain, if we may be allowed to so express it. But how this condition and its sequence should produce such varied expressions we cannot as yet say. To do that same, would require us to give the nature, order and sum of the pathological changes concerned, and at the same time, not neglect to note the particular condition of the individual when the poison was received.

Another case that more recently came under my observation, will illustrate this point :

A healthy child, female, aged two years, by the inadvertence of the mother, drank about a fourth of a glass of water in which some four drops of the tincture of *Belladonna* had been placed.

In about one and a half hours the face of the child was covered with spots the size of a silver quarter, and larger. These spots were of a bright red color, and a little elevated and puffy, similar to nettle rash. These gradually coalesced, and in about two hours, covered the face, and front of the neck. Around the spots was a white border: also around the mouth. What was particularly observable in this case, was a great deal of exhilaration or flow of spirits; a marked stimulation of the brain. The child did everything in a hurry, and saw the bright side, rather than the dark one, of what was observed. The *Belladonna* was taken about 4 o'clock, P. M. The greatest amount of excitement or stimulation showed itself between 7 and 8 o'clock in the evening, and it was fully 11 o'clock at night before she could be quieted so as to fall into a disturbed sleep. I should have stated what, however, would be anticipated, that the lower limbs were inclined to be very cold, and it was with considerable difficulty that they were kept partially warm.

These cases are of no particular interest in a medical or pathogenetic way, but in a pathological; and this in the course of inquiry rather than of demonstration.

The question is, how can so varied and apparently almost opposite

effects be occasioned by essentially the same poison? We can, as a matter of course, only account for it in the varied or special conditions, susceptibilities and constitutional tendencies of the different individuals. When we keep these in view, we are able to harmonize the otherwise seeming contradiction and confusion.

CHICAGO.

D. A. COLTON.

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### ABOUT *TRICHINA SPIRALIS*.

BY HIRAM HUGHES, M. D., SAVONA, N. Y.

Read before the Southern Tier Homœopathic Association of New York.

*Trichina spiralis* so rarely comes under the observation of the practicing physician for treatment, that when it does present itself, it is of absorbing interest, not merely to the medical profession, but to the community at large; and from the fact that I reside in the locality (Savona, N. Y.) where the conceded trichinos pork was distributed by Mr. Richard Freeman, which is generally believed to have produced the death of his daughter, Miss Adella Freeman, and also of Mrs. Furgeson, of Savona, and Mrs. David Hood, of Painted Post, a sister of Mrs. Furgeson, and serious results to a number of other persons, it appears to be in place that I, as a member, impart to the Southern Tier Homœopathic Association, such facts relative thereto as I have succeeded in eliciting, and that have come under my own observation. It is a satisfaction to the association that the president, Dr. Wm. S. Purdy, was the first to diagnose trichinæ spiralis, in the persons of Mrs. David Hood, and daughter, from symptoms alone, without the aid of a proper instrument to confirm the diagnosis, which gave rise to the all-important question of "Trichina or no Trichina?" being brought to the notice of the public through the local press.

Specimens of the ham have been examined by Dr. Updegraff, of Elmira; Geo. W. Morehouse, Esq., editor of the *Wayland Press*, and a special microscopist, and Dr. Lattemore, of Rochester, all of whom pronounce the specimens examined to be "filled with trichinæ." The positive testimony of these able experts, with carefully prepared specimens, and relatively perfect instruments, puts the question beyond a doubt, and fully confirms the diagnosis. The porker from which emanated the mischief was of the feminine gender, five years old, white in color, small-boned, and compactly built, and weighed, when slaughtered, three hundred pounds. Mr. Freeman bought her, slaughtered, on the 17th day of February last past, and retained one ham and shoulder for family use, and sold the balance of the carcass in small parcels, to various persons. I am informed that when about one year old, she became ill, and much emaciated, and, as the then owner expresses it, "was crazy, ran round in a circle, and would not eat, and her hair fell off;" but she recruited, and became apparently

healthy, when he sold her ; after which, she had four litters of healthy offspring, throve well, and was kept for her maternal qualities. She was well fattened on corn and corn meal, and slops from the house, milk inclusive. It is denied by her several owners that she was ever known to have fed on carrion or slaughter-house offal ; but, during the last two years of her existence, a part of the time, rats were abundant about the pen in which she was kept, on a plank floor.

I have a list of fifty-six persons, who partook of the meat at various times. Three of them, all females, have died, and are already named. Beside these, eleven have been seriously ill, but recovered ; two males and nine females. In addition to the above, seven persons have had trichinos symptoms, but did not become seriously ill ; one male and six females.

To recapitulate : Of the fifty-six persons comprising the list, twenty-one have been more or less affected, or nearly thirty-seven per cent. of the whole number who have eaten of the meat. Of the eleven more serious cases, seven of them have been treated in whole, or in part, by myself. Their premonitory symptoms were, lassitude, and pain in the stomach and bowels, followed by diarrhoea, excepting two, who were constipated. As the disease progressed, soreness, and pains in the eye-balls, face more or less bloated, rigidity of the muscles, prehensile and locomotive power much interfered with, or entirely lost ; cramps ; severe pains, shifting suddenly from place to place, but not constant, as to intensity ; occasionally a miliary rash, and in all the subjects, a prickling or boring sensation, sometimes in this part, and sometimes in that, especially of the feet, when pressed upon, and each side of the spinal column, and in the muscles of the lower limbs. In some patients, the scalp, nose, jaws, neck and tongue, did not escape. The sensation is represented as if being pierced by thousands of needles. There is fever, deliriousness, palpitation of the heart, thirst, fetid breath, and perspiration, like unto spoiled meat ; hacking cough, at first dry, then followed by an expectoration of a glary mucus, resembling the white of an egg, but not abundant ; an indescribable restlessness, and, eventually, prostration, when dropsy ensues, either local or general, in the majority of cases.

#### CONVALESCENCE TARDY.

Now, what is the remedy ? Can the parent entozoon or its progeny, be destroyed in the alimentary canal, before migrating to its enlodgement in the muscles ? To this important enquiry, I will not answer yea or nay. I judge only inferentially in the premises. Two drugs have been of seeming utility, *Spigelia athelmia*, and *Conium maculatum*.

#### ILLUSTRATIVE CASES.

CASES I AND II.—Mrs. B. and daughter, had eaten of the tenderloin from the hog in question ; been complaining for some ten days, and mostly confined to the bed with the characteristic symptoms. Pain and disturbance of bowels ; pain in eyes ; muscles semi-rigid ; hacking cough, etc. *Iryonia*, *Aconite* and *Bell.* failed to give relief. *Spigelia*

3d, eight grains in one-half tumbler of water, teaspoonful every two hours, relieved all the urgent symptoms, from the commencement of its exhibition, with no return; but œdema of lower limbs and face ensued, especially with the mother, which subsided gradually, and in about eight weeks, wholly left. Has at times, since, sycotic pains and renal disturbance.

CASE III.—Adella Freeman, distressed and disturbed bowels; eye-balls sore; face and ankles swollen; limbs, both upper and lower, rigid and flexed, without ability to move them; pain in eyes, in region of the heart, and in the lower limbs; spine rigid; deglutition difficult; skin dry; cough; pulse 110; thirst. *Aconite*, *Veratrum viride*, *Bryonia* and *Hyoscyamus*, were given, under which she became worse; when *Spigelia* 3d, eight grains to one-half tumbler of water, alternated with *Conium maculatum*, ten grains to half tumbler of water, one teaspoonful every hour, was relieved measurably of pain after the third dose, and relief complete in six hours. Rested well. In twenty-four hours, could use all of her limbs, œdema had mostly disappeared. Sat up in a chair; was cheerful. Gave one dose of *Sulphur*, she was scrofulous. Ordered all medication discontinued for the night, if she rested, otherwise *Conium* every four hours. Perspired exceedingly during the night; was prostrate in the morning; delirium and nervous chill. Prescribed *Arsenicum* and *Conium* 4, five grains to one-half tumbler of water; alternate every two hours. Some amendment during the day. Nurses mistook directions, and used every exertion to produce sweating during the night. Morning, delirious and prostrate; condition about the same as previous morning. At noon, more calm; facial expression improved; when she was taken out of my hands, and came under the care of two Allopathic physicians, by direction of her father, as he preferred that practice. She lived thirty-six hours.

CASE IV—Mrs. H., had eaten of the ham at various times, rarely cooked, for some two weeks. Had pain in the bowels, and lassitude, when she again partook freely of it, in its raw state. In about ten days, was quite ill; called in an Allopath, who sprinkled a white powder on a piece of buttered bread. She ate it. He left three pills, to physic it off. She became worse. He stepped out, and I took charge of the case. I found gastric disturbance, burning of the stomach, and nausea, but no emesis; hæmorrhoidal proctalgia; chills; frontal headache; coryza; nearly suppressed urine; erythemata between the shoulders, and along the spine; face œdematous, smooth, and shining; muscles rigid; rheumatoid pains; thirst and fever, and a pricking sensation, as though suddenly pierced with thousands of needles, that changed rapidly from one place to another; now in the coat of the tongue; now in the jaws; now in the spine, arms, legs or feet. She appeared literally infested in every part. *Spigelia* and *Conium* measurably relieved the pricking, or formication (if it can be so called) and muscular pains, but the gastric disturbance increased. *Ipecac* now took the place of the *Spigelia*, to antidote the effects of the white powder, which it did handsomely, but the pricking returned.

On the fourth day, *Spigelia* and *Conium* were resumed, and gave relief, and were eventually followed up by *Arsenicum*, and such other remedies as were indicated, from time to time. About the twelfth day, anasarca ensued, and lasted about thirty days. I treated the case nineteen days, and it was the nineteenth day after she ate the last piece of ham, raw, that medical aid was called in. She convalesced satisfactorily, but at this present writing, her lower limbs are less agile than before she was sick. Her general health is quite restored.

I had forgotten to say that a lotion of *Spigelia*, applied locally, twice a day, to the nape of the neck and lower limbs, removed the cramps and soreness in a short time.

Of the seven persons who partook of the meat, followed by the premonitory symptoms of invasion only, to all of them were prescribed *Spigelia* and *Conium maculatum*, or *Spigelia* alone.

Among the number is Mr. Richard Freeman, who distributed the pork, reserving one ham and shoulder, which were mostly consumed by himself, his mother-in-law, Mrs. Gillett, and his daughter Adella (deceased).

The *Spigelia* and *Conium* relieved him of pain in the bowels, diarrhœa, and concomitant symptoms, in about four days. Improvement was apparent in the morning, after three doses had been taken in the evening. Mrs. Gillett was relieved by *Spigelia* singly. The four others were relieved by the same remedy. In the absence of trichinæ spiralis, the head and heart symptoms, and rheumatoid pains, evidently point to *Spigelia* as Homœopathically indicated, and when, in addition, we have a parasite to deal with that produces these symptoms, it appears to be the more emphatically demanded for its anthelmintic properties also; as it may, possibly, destroy the young trichinæ spiralis in the alimentary canal, if not the parent entozoon when once liberated from its cyst in the human stomach. The peculiar signs of distress manifested by the muscular system, likewise point to *Conium maculatum* as the remedy for these muscular pains, and the results of its exhibition in the above cases, go far to confirm the impression. The two drugs have worked harmoniously together in my hands, and what may be the value of each relatively, if at all, for the destruction of the parasite, is probably more a question for the future than for the present; but that they do very markedly relieve the sufferings of the patient affected with trichinæ spiralis, experience most abundantly demonstrates.

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#### SEASON HINTS.

If our readers, in various parts of the country, will observe the remedy for the early fall colds, influenza, laryngitis, etc., we will have the key to the winter epidemic constitution. Study closely these avants-couriers. Forewarned is forearmed. *Arum try.* has worked nicely in hay fever, and deserves attention now. The fitful weather suggests fitful *Belladonna*.

## Gynæcological Department.

### ON THE ALL-SUFFICIENCY OF CONSTITUTIONAL TREATMENT IN THE SPECIAL DISEASES OF WOMEN.\*

BY THOMAS SKINNER, M. D., OF LIVERPOOL, ENGLAND.

"Our object is, to correctly advise, not to carp; to improve, not to wound; to think of remedies for the diseases of mankind; not to obstruct their cure.—*Anon.*

I am well aware that in selecting the above subject for a thesis, I am treading, not only upon debatable ground, but upon ground which has become a second nature to many minds—minds adorned with every Christian virtue, and who are as sincere in their views of what is the right pathology and practice, as I am of my own.

From time immemorial, "local doctoring," or the tendency in physicians and surgeons to treat diseases by means applied to the seat of pain or discomfort, has been paramount; and, so far as my reading and experience go, no physician has ever succeeded in suggesting and developing a system of medicine which was at all capable of success, founded upon constitutional treatment alone, until creation gave birth to Samuel Hahnemann. However much we may differ among ourselves, one thing is certain, we all reverence and respect, and follow, or feign to be guided by, his teaching in most matters referring to our medical faith and practice. Hahnemann discarded from his own practice all local medication, and he even expresses his regret for having once resorted to galvanism, in a case of paralysis, where it seemed indicated. He did away with, and objected to, baths, every form of counter-irritation, purgation, and all methods of forcing nature, without distinction of disease. Uterine and ovarian disease were no exception. And mark the result of his practice! In this world, "success is everything," and if it had not been for the marvelous and unprecedented success of Hahnemann, I should never have crossed the Atlantic, to meet you here this evening; nor would one of us have espoused his remarkable discoveries. If Hahnemann obtained such glorious victories over disease and suffering, with comparatively few provings, and a scanty materia medica, there must be a screw loose somewhere among his would-be followers, who, with a thousand-fold the provings, and an equally extended materia medica, find they cannot obtain the same, or anything like his success, even although they think they have greatly improved upon his system, by introducing mechanical, chemical and medical appliances to every come-at-able

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\*Read before the Hahnemann Academy of Medicine of New York, June 21, 1876.



surface of the body, on the principle of "doing somewhat," or of making the patient believe that something is being done for them—for really and truly, this is all that it amounts to. But I wish I could add that this is all. The good effect is *nil*, as a rule, even although it seems to do a temporary good; as any apparent good is in general followed by permanent evil, and the patients ultimately become a prey to the doctors! These are strong words, I am aware, and as I might be misunderstood, I may explain that I do not mean that the doctor makes a prey of his patient—by no means! What I mean is, that by the local means which are adopted, and by which, sometimes, temporary relief or palliation (often purely accidental,) is afforded, the platform of the mischief is changed, or rendered more interior, and consequently more difficult of removal, and the patient passes into that unenviable, that pitiable condition of chronic ovarian or uterine disease, which gets better and worse, and better and worse, to the end of the chapter; in fact, she becomes the typical woman in the gospel, who had "suffered many things of many physicians, and had spent all that she had, and was nothing better, but rather grew worse." I think it necessary to state here, that I am fully aware that local measures have assisted, and have effected cures; but such cases are exceptional, and have generally arisen from acute causes. The risk of danger, even in such cases, had better be avoided by adopting constitutional treatment alone.

From generals, let us pass to particulars. Let us look into the matter of uterine displacements, than which, there is no class of complaints that have furnished more food for doctors, for difference of opinion, difference of treatment, and varieties of theory among gynecologists. It is just possible that in this distinguished assembly I may stand alone in this matter, but, having counted the cost, and being perfectly satisfied in my own mind that my convictions are substantially founded in truth, I am prepared to stand alone. Well then, long before I joined the Homœopathic body, I had strong misgivings about the teachings of the various schools in regard to the pathology and management of uterine displacements; and what first opened my eyes was, that numbers of cases came to me as a specialist in uterine affections, complaining of being no better, but rather worse. They told me that their medical adviser had informed them that they had "falling, or bearing-down of the womb," for which he had inserted a pessary of some kind or other, the prevailing fashion being a Hodge's pessary. In nine cases out of ten, I found no necessity for any pessary, as there was no displacement whatever. The patient, as a rule, was suffering from chronic inflammation or irritation of the vagina, with a morbid sensation, as of a foreign body in the passage; or a feeling of bearing-down, without the slightest prolapsus or procidentia. Scores of such cases have consulted me, both in private and in dispensary practice, and in the great majority of such cases (I put it as nine in ten.) I have removed the pessary at once, and by medical means of a strictly constitutional character, I have, even as an Allopathic physician, been enabled to afford great relief, if not cure. Th: t

is, I removed the constitutional conditions giving rise to the chronic inflammation or irritation, or hyperæsthetic state of the genito-urinary organs, by such medicines as the salts of *Potassium*, *Magnesium*, *Ferrum*, *Arsenicum*, and the mineral acids; aided by regulating the bowels, by means of *Camphor* and *Henbane*, by *Belladonna* or *Atropine*, or by *Strychnine*. This is what I call advanced Allopathy, as taught by my late most distinguished master, Sir James Simpson, of Edinburgh, to whose memory be all honor. Having succeeded so well in the management of such cases Allopathically, although I am now quite satisfied that I was then curing my cases by the law of *similia*, only I did not know it, and if I had thought it, most likely I would not have owned it; I repeat, having succeeded so well Homœopathically, as an Allopath, you may imagine my astonishment when I found such cases yield in a twentieth part of the time to the action of *similia*, when practised according to the Organon of Hahnemann, and in potencies never below thirty, the first impression on my mind was as if I was surrounded by a sphere of magic. But it was a sphere which sometimes failed me. The further I advanced, however, the harder I studied, and the more I individualized my cases, the fewer were my failures.

#### MY FIRST CASE OF THE KIND

was so instructive and so brilliant, I shall venture to give the facts from memory :

Mrs. W., age twenty-five, consulted me at the Liverpool Lying-in Hospital Dispensary. Married, and has had two children; the last was born fifteen months before I first saw her, from which time she has suffered from profuse yellow leucorrhœa, with violent pruritis vulvæ, worse at night. She has, at the same time, great bearing-down of the womb; perfectly incapacitating her from standing or walking, or doing her household duties, such as ironing or washing. Add to these symptoms the most violent chronic headaches, of a throbbing and tensive character, and arising from the least worry or fatigue, with habitual constipation, and you have her picture. She came to the dispensary (before my resignation) chiefly on account of the falling down of the womb, and she apologized for troubling me, because she "could not afford to pay for medical advice, more than she had already done." She informed me that an accoucheuse had attended her in her confinement, fifteen months ago, but that, since then, she had been under the care of two Allopathic general practitioners, naming them; and they are most excellent men, in very extensive practice, of the best orthodox type. They told her that "she was suffering from the effects of the ignorance and malpractice of the accoucheuse, and that it would be a long time before she would be well." They also told her that she was suffering from ulceration and falling-down of the womb. The treatment to which the poor woman was subjected was a vaginal examination, once or twice a week, for upward of one year; which examination was always attended with much pain. She told me that at every such examination, they burned her with what they called "lunar caustic," and which was

always followed by extreme pain in the womb and back, and an increase of the vaginal discharge for a day or two. At the end of the year, she was no better, but if anything, worse. They then changed the treatment to astringent vaginal injections, which, fortunately for her, failed to check the leucorrhœa. Lastly, they introduced a Hodge's pessary, on the principle of doing something, I presume, but the vaginal mucous membrane was in such an irritable state, they were forced to remove it, and they then left the poor young woman, to grin and abide, as they had *now* "done their very best."

On making a digital and specular examination, I found greatly increased vascularity and hyperæsthesia of the vulva and vagina; the same state of the os uteri, and the usual flow of mucus characteristic of uterine catarrh. I did not find either ulceration or prolapsus, nor any displacement of any kind. The perineum was perfect, and I could see no reason to blame the accoucheuse for malpractice, and I told the patient so. I further told her that she would be very soon quite well without any local treatment whatsoever. The key-note to the cure was as follows:

*Heat and pressure on vertex, throbbing and tensive headaches, more or less constant, and worse before the menses; worried by trifles, and memory impaired. Flushing of the face; faintly spells without a cause; sinking, empty, exhausted craving for food; always worse at eleven o'clock in the forenoon; intense icy coldness of the feet; worse when the head is bad. Sulphur, one millionth potency (Boericke,) in one dose of five pellets, cured permanently, every symptom; constipation, leucorrhœa, and sensation of prolapsus included, and without repetition.*

If this had been a solitary case it might have been put down as a coincidence, but as I have seen many such, cured by *Sulphur* and other antipsorics, I am constrained to believe it was a *bona fide* cure.

Be that as it may the above case, of fifteen months' duration, and which was only aggravated and confirmed by local measures, by the *nimia diligentia medici*, was permanently cured within seven days, by taking the millionth of *Sulphur* in a single dose, dry, on the tongue; and I have great pleasure and satisfaction in stating that she has remained well ever since.

#### TO RETURN TO THE SUBJECT OF DISPLACEMENTS.

I have held views of my own in regard to them, different from the great mass of gynæcologists, and I trust you will bear with me while I attempt to place them before you. For at least twenty, if not twenty-five years, I have next to ignored displacements of the uterus as a prime factor of diseased action, as a generator of symptoms. I have always looked upon the uterus, its flexions, versions and displacements, as infinitely more sinned against than sinning. It is now twenty-two years since a very interesting conversation took place between Dr. Graham Weir, Dr. Keiller, of Edinburgh, and myself, in Sir James Simpson's ward, in the Royal Infirmary, at Edinburgh. Speaking of mechanical treatment, Dr. Weir said: "The time was,

when it was thought to be a *sine qua non* that every case of prolapsus, retroversion or flexion, anteversion and lateral version, had to be rectified by some mechanical prop or support." He (Dr. Weir,) "would take on hand to say that if every second married woman met with in the streets was examined, some form or other of pessary would be found; from Simpson's impaler, downwards." You may think these statements overdrawn, but it is my firm belief that this was no exaggeration on the part of Dr. Graham Weir, a man who always took the measure of every word before he gave utterance to it. Some further remarks of his are indelibly impressed on my mind. He said: "Dr. Skinner, I am perfectly satisfied that no woman ever knows or dreams that her womb is really displaced until her medical adviser by accident or otherwise stumbles upon it, and then woe betide her, as from that moment she may say farewell to all her peace of mind and body." It does not matter what she complains of, from her big toe upward; the displacement is certain to be blamed as the *fons et origo mali*, and must be rectified, and so, on it goes, until the end of the chapter; the termination frequently being a loss of confidence in the faculty and in medicine.

On further questioning Dr. Weir, I found that his idea, as regards treatment, was very much like my own: "Never mind the displacement; treat the constitutional conditions and local inflammatory action associated with, or giving rise to it, and the displacement will disappear; and if it does not, the patient will feel quite as well as if it had never been, and in course of time, from conception, or during gestation, it is certain to disappear, and, it may be, permanently." I have verified this repeatedly, long before I adopted Homœopathy, and if I mistake not, many gynæcologists, including Simpson himself, in his later years, Dr. Matthews Duncan, and Dr. Graham Weir, have long been of opinion that in the great majority of displacements of the uterus, the best course is to ignore the malposition, and treat the constitutional causes originating and confirming the same; such as habitual constipation, with straining at stool, dysuria, tendency to miscarriage, menorrhagia and leucorrhœa, and deranged conditions of the enervation of the mucous surfaces of the chylopoetic and genito-urinary organs. It is in accordance with my experience, that if this can be accomplished by the hands of Allopathists, by Homœopathy it is a matter of *cito, tuto, et jucunde*; and that too, without the slightest mechanical *redressement*, except in *recent* cases of retroversis uteri, arising from mechanical, or other causes.

If any one will study the uterus, in every condition and age of life, it will be found that the organ has no fixed position, but, on the contrary, with one exception, it is the most mobile of all the viscera. It moves upward, and downward, with every inspiration and expiration; it is forced downward during defecation, and frequently it is retroverted when there is much tenesmus or straining at stool, and which is facilitated by over-distension of the bladder. It is thrown backward and downward during the filling of the bladder, and it is anteverted by the accumulation of fœces and flatulence in the lower bowels; by

tumors and the like; lateral version being induced by lying on either side, and by inflammatory and other effusions into either broad ligament. Lastly, during the virgin state, and the first four months of pregnancy, it is a pelvic organ, whilst during the subsequent months of gestation, it is an abdominal organ.

It is very evident that an organ so freely mobile, and having so wide a range of action, chiefly of a passive character, accommodating itself to the ever varying conditions of the pelvic and abdominal viscera and their contents, including its own states, must be allowed considerable latitude, whilst judging of its malpositions. If it is not always an easy matter to determine when it is in its *wrong* place, it is still more difficult to determine that the malposition is the real cause, the *fons et origo mali* of the patient's sufferings. The proof of this being that Sir James Simpson, in the later years of his practice, Dr. Graham Weir, Dr. Matthews Duncan, and others, including myself, found out, years ago, that by removing the causal or concomitant conditions; the constipation, the dysuria, the congestion, inflammatory and neuralgic states of the pelvic and abdominal viscera, and ignoring altogether the displacement, is the wisest, the only justifiable and sound practice.

If this is true as regards the management of displacements of the uterus by Allopathy, it ought to be incomparably so when they are treated by the only scientific law of cure, namely, *similia similibus curantur*.

#### DISEASES OF THE OS.

I come now to the only other branch of the diseases of women, which I purpose touching upon, and that is, diseases of the mouth and neck of the womb, more or less necessitating the use of the *speculum vaginae*. The os and cervix uteri are subject to a variety of diseased conditions, which may be considered as peculiar to these parts. They are subject, above all things, to catarrhal inflammation; to congestion, with swelling and induration; to eruptions of various kinds; to derangements of secretion; to morbid growths, such as mucous and fibroid polypi, cauliflower excrescence, scirrhus and canceroid degeneration; and, "last, though not least," to "ulceration," which latter term "covers a multitude of sins." Now, if any one will scan their eyes over this list of diseases, they will find that there is not a single Homœopathic disease in the list. There is not one of them which will give the true follower of Hahnemann an indication as to how it should be treated by the law of *similia*, simply because they are all objective symptoms, or the effects, the morbid products of diseased action, which are mistaken for the cause; the disease, the morbid force. There is only one true and philosophic mode of cure, and that is, to remove, modify, or neutralize the morbid force which originally induced and sustains the chronic action, when the diseased action must lessen, or cease to be. Only in so far as we succeed in effecting this, can we be entitled to consider ourselves scientific physicians, and not mere (to coin a word) palliationists, or cobblers.

In the management of this class of uterine disease there has crept

into the profession an abuse—I speak my mind boldly and fearlessly, come what may—and this abuse lies in using the speculum as a means of treatment instead of as a means of aiding diagnosis only. The speculum, as its name implies, was invented, and is intended for viewing, for throwing light upon diseased objective conditions, which are necessarily hidden from our ken, and it has thrown a vast amount of light upon these diseases. For instance, it is impossible to tell the difference between benign and malignant, or syphilitic ulceration, without, and if the man who thinks he can do so by his touch, has an eye in his middle and fore-finger, which I have not. In such cases, the color, vascularity, the appearance of the edges, depth and extent of the ulceration, the character of the slough, and of the secretion of the ulceration, as also of the surrounding parts, are all revealed to us by means of the speculum only. Again, granular inflammation of the os and characteristic eruptions and fungoid conditions, can only be diagnosed by the aid of the speculum.

Granted, that the speculum is of great use in obstinate or severe cases of chronic uterine disease, and even in some few cases of acute disease, it comes to be a grave question, and this question must be answered by each and every physician, for himself or herself: Is it consistent with the Homœopathy of Hahnemann to apply caustics, astringents and sedatives, or any medicated substance, locally, to the os and cervix uteri?

I am fully aware of the extreme delicacy of the subject, and of the necessity there is for treating it as liberally as it will admit of; and in replying for myself, I have no hesitation in stating that I sincerely thank my God for enabling me hitherto, since I adopted the doctrine and practice of Hahnemann, to treat and cure all such cases of uterine disease with the remedy corresponding to the constitutional and local psoric, syphilitic or sycotic symptoms of the patient, without the slightest local medication of any kind whatsoever. I have for not less than twenty years been in the habit of using local medication, by means of the speculum. Since I have adopted Hahnemann's system of medicine, I have purposely avoided all local measures, except cleanliness. In carcinoma uteri I use injections of *Tar water*, as a deodorant, and in vaginitis, vaginismus, and other hyperæsthetic conditions, I use injections of water, as warm as it can be borne. And in many cases, I advise the use of the bidet, by way of cleanliness, and as a sanitary measure.

In every form of discharge from the uterus or vagina, cancer excepted, I deprecate the use of injections of every kind, or the use of astringent or dessicating powders, as dangerous in the extreme, and as anti-Hahnemannian. All such discharges arise from constitutional causes, even when seemingly excited by external causes; and unless the interior causes are met, the platform of the mischief is changed from an exterior to an interior plane of the system, and the most serious diseases are frequently induced, and even death itself. The deceiving part, both to the physician and the patient, is, that the change does not necessarily follow immediately upon the local application.

Now, it is a fact which cannot be gainsaid, that I have had, during the last two years, innumerable cases of leucorrhœa, of every conceivable character, of menorrhagia of the very worst kind, associated, in some cases, with immense fibroid tumors of the uterus (and every one must know how unmanageable such cases are, by local means.) Some few of the cases of leucorrhœa have been accompanied with ulceration of the os uteri, and the majority of the worst forms without. In three cases, the discharge was running down to the heels of the patient, and in all, they were not only relieved, but permanently cured, so far as I know, by a very few doses of the remedy corresponding to the respective case; the principal remedies being *Sulphur*, *Calcareæ*, *Graphites*, *Alumina*, *Arsenicum*, *Sepia*, and a few others, chiefly anti-psoric. In cases of leucorrhœa, associated with ulceration and condylomata, *Mercurius*, *Lachesis*, *Nux vomica*, and the anti-sycotics, such as *Nitric acid* and *Thuja*. In syphilitic ulceration, the two latter, *Nitric acid*, and *Thuja*, with *Mercurius* and *Lachesis*, have hitherto been always sufficient.

In all my practice, I use little or no local measures, and as regards the speculum, I have only used it as a means of verifying my diagnosis, and I can conscientiously state that during the past two years I have not used the speculum, except for diagnostic purposes, more than thirty times; and I have done so more to gratify the extreme prejudices of my patients and to learn the effects of my constitutional treatment upon local lesions, than for any purpose in the treatment of the disease.

I sincerely believe it to be within the bounds of possibility to conduct a practice as an obstetric physician without the use of the speculum, except as a means of diagnosis, and that I have succeeded in doing so to the entire satisfaction of myself and patients, there can be no doubt whatever.

I believe that I am among the first to have taken up this position, or who have declared it. This being so, I am not so vain as to imagine that gynæcologists, to a man or to a woman, will adopt it all at once. No; I fully expect there will be a hard fight over it. I simply give you the facts; the responsibility of accepting or rejecting them lies with the recipient, and not with me. The *speculum vaginae*, as a means of treatment, has been a mine of gold to many in the past. My practice during the last two years shows very clearly that this is a false, an unnecessary, and, what is more, a hurtful practice; however lucrative to physicians. The bad effects of the practice would fill a goodly volume, and it is just possible that the physicians who practice it may be ignorant of the bad effects, as I, myself, was, and as patients certainly are, and are, therefore, to be excused. I am aware that some gynæcologists excuse the use of local measures, and the use of the speculum to apply them, on the ground that they use the same medicine locally which they give constitutionally. To say the most in favor of this practice, is to say that it is quite unnecessary, and that it is hurtful, in that it affords an excuse for greater abuses.

Why, let me ask, should the diseases of the womb and ovaries be the

only class of diseases not amenable to constitutional treatment by means of our system? All diseases of the head, of the throat and chest, of the mammæ, of the stomach and chylopoietic viscera, of the abdomen, as also of the upper and lower extremities, even gout itself, and ingrowing of the toe-nail, are perfectly amenable to constitutional treatment alone. There is not a region of the body, nor a curable disease, that I know of, that cannot be reached by Homœopathic constitutional treatment alone; and why, I again ask, are the pelvic diseases of the female the only exception? Simply because very few gynæcologists have ever tried it as they ought to; and the great majority have no faith in it. This lazy argument will no longer protect the individual so practising; public opinion will become too hot for any such. It is a mere question of time, because I have proved it in my own practice; and Dr. Guernsey, of Philadelphia, and others, in theirs, that constitutional treatment is not only all-sufficient in uterine disease, but infinitely superior as regards the cure of the patient, and the expense and unnecessary suffering to which they are frequently subjected by those who adopt local treatment, to say nothing of unnecessarily outraging the moral sense and womanly feelings of the patient.

Take another speciality, diseases of the eye. It is a great, an acknowledged fact, that the most distinguished Homœopathic oculists have for long discarded *Collyria*, ointments, and all local medication, in ophthalmic diseases. What little of ophthalmic practice I do, I never use local medication, because I find constitutional treatment all-sufficient, especially in that hydra-headed bugbear of Allopathy, strumous ophthalmia.

In conclusion, what is the remedy, the only remedy for the present unhappy state of matters? I believe I have the honor of addressing the Hahnemannian Academy of Medicine, which, I am informed, is the oldest Homœopathic association in the world, and I am very proud of being one of its honorary members. I glory, I revel, in the name of Hahnemann. At one time I cordially hated the very sound of his name, I now make amends by reverencing, by respecting, and by honoring it. I love to laud him to the skies, as the prophet and seer of medicine. In consequence, I am now jealous of his fair fame and name, and I acknowledge no other form or system of Homœopathy but that of Hahnemann. Since I entered the lists of Homœopathy, it has truly distressed me to find that there are various sects and denominations of Homœopathists, all claiming, like the endless sects of Christianity, to be disciples and followers of the master. Now, it is not possible for all of them to be true; there must be some falsity somewhere; there must be a loose screw somewhere. This screw must be found out, and it must be screwed home, before the Homœopathy of the master can shine in all its beauty and glory as a star of the first magnitude, and in the highest heaven.

From all that I can learn, there are comparatively few Homœopaths who have attained to a faith in the possibility of treating displacements, chronic inflammation of the uterus, and other morbid conditions of the pelvic viscera, without mechanical aid or local med-



ication, by means of *Allopathic* props, caustics, astringents, sedatives, and the like. The more is the pity, as it is quite evident to me, that if we are ever to triumph, and put under the Old School of medicine, we never can succeed in doing so by *fighting them with their own weapons*; and if we are to conquer, there is certainly no royal road to fortune or success. Every man and every woman among us must be true to themselves, and must rely upon themselves; we must agree to throw off all manner of laziness and all prejudices, all ideas of making Homœopathy easy of acquirement; we must throw aside all seeming to be followers of the master, and embrace the truth, the system in all its fulness, and in all sincerity of heart; we must all of us learn to *treat the patient, and not the displacement of the womb; the woman, and not the inflammation, or the ulcerated uterus*; we must learn to recognize the psoric, syphilitic or sycotic miasms which are at the bottom of all chronic disease. *We must get, above all things, the marvelous Organon of Hahnemann by heart, and be everlastingly studying the materia medica.* We must be less taken up with new-fangled remedies, until we have learned to appreciate the full value and applicability of the anti-psorics, such as *Sulphur, Calcarea, Arsenic*, etc., and the *materia medica* from such as *Aconite, Belladonna, Bryonia, Nux*, etc. These are the class of medicines which, if carefully studied and applied, will make more solid and permanent cures than those of more recent discovery, and why? Because the same inspiration which led Hahnemann to discover the only law of cure, also directed him in the selection of the first and best remedies. Some may doubt this. I only offer the explanation suggestively, for what it is worth, and I may add, that in my own practice, I have had greater success in the treatment of the chronic diseases of women with Hahnemann's anti-psorics, than with all other medicines known to us; the four most important being, *Sulphur, Calcarea, Sepia* and *Arsenicum*.

One word, as regards the use of intra-uterine stem pessaries, or "impalers," redressors, and the like, to be worn for the cure of retroversion, etc. I beg to be spared expressing adjectively my utter abhorrence of the evils of such practice, a practice in which I have had an ample field of observation, and which I have ceased to follow for nearly twenty years, with the best results. To make matters short, I beg to state, that if others beside myself, having a very large experience as gynæcologists, have failed to see the necessity and the great advantage of doing away with mechanical aid and local medication in the treatment of the various displacements and diseases of the uterus, it is their bounden duty, if they love their species, and their God, to look this matter fairly in the face. If they desire to do unto others as they would be done by, without regard to pelf or favor, they must confess that to argue against facts is a hopeless task; they had better yield at once, with a good grace, as they can no longer say that constitutional treatment alone is insufficient, when more than one of themselves have proved it *au fait accompli*.

It does not matter what the local mischief may be, or where in the female economy diseased action may have located itself; I hold that

the Organon of Hahnemann and our existing materia medica provide ample rules and means for the successful treatment of every curable disease amenable to the practice of medicine, without local medication of any kind; and if I, a middle-aged but bigoted Allopath, a mere convert of yesterday, to Homœopathy, have realized this in so short a time, there is less excuse for those who have had a life-study of the works of Hahnemann. I have said that there is no royal road to this knowledge, to this triumph of mind over matter. It will come to those only who earnestly strive with all their heart and soul, and by the sweat of their brain, to get a right conception of the spirit and true meaning of Hahnemann's inspired works. This healing knowledge can only come, will only come, to those who are not too lazy, and who are not ashamed to take down notes of every case, before the patient, and who are not afraid to turn up their repertories and materia medica at the *bedside* of their patients. Away with all that foolish attempt to imitate empty-headed Allopathy; a system of medicine so grossly material and empirical that any one might carry the whole materia medica and its applicability in their head. This cannot be done by Hahnemann's system. Allen's Cyclopædia and Hering's Analytical Therapeutics are not quite so easily disposed of.

Lastly, let us follow the admirable advice of the master; let us, in every case, however simple, note down all the symptoms complained of by the patient. By cross-examination, let us sift every symptom and condition, as to time and circumstance; and when we have adjusted the focus and photographed the patient in our mental camera; when we have acquired a full and correct image of the disease before us, from the totality of the symptoms, then, and not till then, let us select those most characteristic, especially the mental, moral and head symptoms, and give the most perfectly corresponding remedy, in a high-power, and *no one need fear the result!*

For characteristic symptoms and key-notes, which are only guides to the materia medica, and which were never intended to supersede the careful study of it, in each individual case, I can confidently advise frequent reference to a gold-mine of them, to be found in that monumental tablet, erected for all time, by the untiring genius and persevering industry of Professor Guernsey, of Philadelphia. I mean the second edition of his *Obstetrics*.

By this process of probing, of individualizing, of making a separate study of each case; giving a preference to the subjective over the objective symptoms, the mental over the corporeal, it cannot be otherwise; we must rise above the local, the merely material and mechanical in medicine, and we shall find, as our just reward, to the great comfort of our patients, and the mortal chagrin of Allopathy, that the problem has been solved in favor of the all-sufficiency of constitutional treatment. We shall have raised Homœopathy and ourselves out of the mire and filth of materialism, into the glorious liberty of the children of light.

NOTE.—As it is very evident, from the discussion which ensued on

the reading of this paper, that the writer's meaning has been misunderstood, he begs to append the following note : It was supposed by one speaker that he (Dr. S.) ignored objective symptoms. This is a very grave mistake, and would be tantamount to saying that the objective symptoms are not to be taken into consideration as a part of "the totality of the symptoms," which, as far as we know, and as first pointed out by Hahnemann, "is all that we do know of the disease." What he (the writer) objects to is, that many Homœopathic physicians make the objective and local symptoms the chief, and, frequently, the *only* indication for the selection of the remedy ; whereas, he holds such symptoms to occupy a secondary place in the selection of the remedy. If there are no leading characteristic subjective symptoms, such as mental, moral, head or constitutional, then, by all means, select according to the objective symptoms.

Others who took part in the discussion, seem to have forgotten that all local or external disease arises from constitutional miasmatic conditions, and were it not for the existence of these same internal conditions, no local disease could, by any chance, happen ; no, not even a wart, a figwart, or a common cold.

When my next paper appears, "On the Dangers of Local Treatment," this law and rule of practice will be clearly developed.

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## Society Proceedings.

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### HAHNEMANN ACADEMY OF MEDICINE.

#### AN REMARKABLE MEETING.

The regular meeting of the Hahnemann Academy of Medicine, of New York, was held at the Ophthalmic Hospital, June 21, 1876. The president, Dr. Alfred K. Hills, in the chair.

There were present, Drs. John F. Gray, Egbert Guernsey, Samuel Lilienthal, L. Hallock, Baner, T. F. Allen, S. P. Burdick, Chas. A. Bacon, A. C. Throop, S. Swan, Emma Scott, Alice H. Burdick, Berg-haus, Finch, Schley, Wm. Fleming, Wm. White, Sarah J. White, Laura Fleming, P. J. Wait, A. K. Piersons, Thompson, J. Robie Wood, St. Clair Smith, Wildes, Boynton, Dwight Hunt, C. S. Norton, Donovan, Gross, Mellman, Carleton, Tiffany, M. F. Mann, Mary H. Everett, Arcularius, Flagg, of Yonkers, Thos. Skinner, Richard Hughes, Arthur C. Clifton, and J. W. Hayward, of England, with other guests.

#### INTRODUCTION.

The president introduced Dr. Skinner, and the other guests, in the following remarks :

As the executive officer of the oldest medical society of our school now in existence, and one bearing the name of the master, it gives me profound pleasure to welcome to, and invite to participation in, the deliberations of the Hahnemann Academy of Medicine, upon this occasion, our guests from abroad, many of whom are already our correspondents. The names of some of these are as familiar to us as "household words," and their contributions to our literature are upon the shelves of each member of this society.

Our worthy colleague and corresponding member, Thos. Skinner, M. D., of Liverpool, late of the Old School, and whose acceptance of the doctrine of Hahnemann is *an event* in the history of Homœopathy, is with us, and has kindly consented to read a paper on this occasion.

Dr. Skinner responded to the introduction, and read an "Essay on the All-Sufficiency of Constitutional Treatment in the Special Diseases of Women." [See page 320.]

After the reading of the paper, the president invited members and guests to participate in the discussion which would follow, adding: "I am happy to express the pleasure we shall all feel to hear from Dr. John F. Gray, one of the originators of this society, and whose name stands first upon its roll of membership.

Dr. Gray said his feeling was in full accord with the sentiment of the paper, and had he been so fortunate as to have heard it earlier in his medical career, he thought his practice, also, would have been more in accordance therewith.

Dr. Egbert Guernsey, being called upon by the president, said he had been intensely interested in hearing the paper, and would be glad if he could be successful with only constitutional treatment; but he was frank to confess that he had been obliged to resort to local means in a large majority of his cases.

Dr. Baner, being called upon, did not respond.

Dr. Hallock said, I am intensely interested in, and gratified with, the paper. My own *best* experience is in accordance with its advice. I think constitutional cures are the more *permanent* ones. I was impressed with the question, asked by a lady, within the past two months: "Did you ever know any one *cured* by local treatment?" My best results have always been with constitutional treatment; the local is often useful as a help.

Dr. Burdick — I have never listened to any paper which so perfectly met my views as the one just read. My observations for many years upon this subject, have led me to conclusions similar to Dr. Skinner's. I would ask the same question as Dr. Hallock's patient: "Did local treatment ever cure?" I have seen the same patient, under local treatment, going month after month, year after year, still always sick with leucorrhœa, prolapsus, anteversion, etc., all of which are constitutional complaints, that under proper constitutional treatment, would be relieved in a short time. My *best* cures have always been by purely constitutional means. When I am lazy, to bridge over the case, I am apt to whip the devil around the stump, but he always has the best of it on the other side. I had a patient about thirty years of

age, who, from first menstruation, had suffered excruciating pain at every period. She went south, to teach, but was unable, for several months, to pursue her duties, on account of pain, nausea, etc. I made no examination, but took careful note of her symptoms, which presented a perfect picture of *China*, which I gave in the 200th potency. She has had scarcely any suffering since, and is in better health than for the past six years. She says, "Doctor, I feel perfectly well." As her mother and sister were similarly affected, I considered her condition to be of constitutional origin. None, or at least, very few men, would treat vesical troubles with local applications, or apply caustics to bronchial or mucous surfaces, and if these can be treated without, why not uterine affections?

The president said: Having heard the views of several in the affirmative of the question, we should like to hear from the *other* side. I will call upon Dr. Throop for his views upon this subject.

Dr. Throop—I feel honored to be called upon, but am not, however, aware that I favor, to any great extent, topical treatment. I am not yet ready to abandon such experience as I have had with it, and, like Dr. Guernsey, think it often necessary. If *Tur water*, *Carbolic acid*, etc., are useful as local applications, then why not the other remedies? If we can use part of our remedies in such a manner, then why not all? Again, if I admit the application of certain remedies, viz., *Arnica*, *Ihus* and *Calendula*, to ulcerations upon the surface of the body, to be useful, I do not see why they are not as applicable to the vagina as to the throat and nasal passages, or as our oculists apply them in ophthalmic cases. I think both hot and cold applications are very important, both in the internal viscera, and also to many parts of the external body. I give place to none in reverence for Hahnemann, but we should not stop with his experience; and I still think there are new mines of knowledge to be opened for our help. I have no hesitation in believing the cases reported correct in every respect. When asked, are any cases cured by local applications? I say, unhesitatingly yes, and most assuredly, often shortened. I heartily endorse many points in the paper.

Dr. Hallock—One point I consider very forcible. The necessity to prescribe with great care, according to the mental and moral conditions.

Dr. Donovan—I agree with Dr. Hallock, that few are cured by local applications, and that the best results follow constitutional treatment. One class of cases are dangerous, and connected with vital derangement, as ovarian and catarrhal troubles; another where local treatment is necessary, as sycosis; cases of specific character, as primary syphilis; in which it is exceedingly unwise to rely upon constitutional treatment. In purulent ophthalmia of infants, I use *Arg. nit.* externally, to stop the disease from spreading; local treatment seems necessary in these cases. In imperfect involution of the uterus, mechanical supports seem necessary.

Dr. Burdick—Within the past fifteen years, I have not used in ophthalmia neonatorum any topical applications except milk and warm

water, and in no instance have I had cause to regret my course of treatment. Within the past two months, I have had a *very aggravated* case, where, from the slightest pressure upon the lid, the discharge would pour out over the cheeks, and this case was perfectly cured at the end of ten days.

Dr. Lilienthal—I think that cleanliness in ophthalmia is very important. I was called in consultation, where a child had been affected for three weeks with an aggravated form of it, and had been prescribed for by one of our best Homœopathic physicians. I advised thoroughly cleansing carefully under both lids frequently during the day, with a camel's-hair brush and weak *Chamomile* tea, and the case was soon cured.

Dr. Wood—New converts are enthusiastic. One man, somewhat of a charlatan, used one grain of *Calomel* twice each week, with *great* success; another claims equal success with the local application of *Belladonna* ointment. We are apt to be very enthusiastic if we know a drug, and are confident it will cure. Unfortunately, the largest number of cures by those who use local applications are only apparent ones. The clinical assistant of a noted physician in this city, who makes uterine diseases a specialty, said he did not know of a *single cure*, and thought it impossible to cure uterine disease. Unless we can claim the same brilliant results at the end of ten years' practice as in our first enthusiasm, our cures are not much to be depended upon.

Dr. Emma Scott, in response to the president's desire to hear from some of the ladies, said: I have been in dispensary practice nearly five years, and we have a large number of uterine diseases to treat. We have never expended one dollar for pessaries. I often have cases coming from other physicians, and I rely much upon inducing a due regard for cleanliness; and *very often* we find cases that must be treated locally. I am in the habit of applying the same remedy both internally and topically, through the medium of *Glycerin*, and we could not get along without local applications.

Dr. Clara C. Plimpton—I am also connected with the dispensary of which Dr. Scott speaks, but my experience is somewhat different from hers. I have *very rarely* occasion to make local applications, and, more than that, find the majority of cases do not even need local examination; the subjective symptoms, together with the history of the cases, being sufficient to indicate the constitutional remedy.

Dr. Sarah J. White—I do not use any topical application, except electricity, and I combine that with the indicated Homœopathic remedy, given internally, finding many cases benefited where medicine alone seemed insufficient to complete the cure.

The president said: We shall be pleased to hear from our "foreign guests."

Dr. Hayward, of England, responded: I think, in the ardor of youth, we are apt to speak very emphatically of our father and mother. Even the true followers of Hahnemann are apt to look from their own stand-point. There are many sects in Homœopathic practice, and I think it unbecoming one only two years a Homœopath, to speak as if

teaching. We should be very particular in the preparation of our remedies, as to their purity. I am not sure that Dr. Skinner's millionth potencies were accurately prepared. All knowledge did not die with Hahnemann, and there are some professors of Homœopathy in this day. One cures with the millionth dilution; some, especially in purulent ophthalmia, applaud caustics. Again, others *Sulphur* internally and externally. Dr. Burdick's last case was cured in ten days, and I, poor physician as I am, can do better than that; for mine seldom last over three days, I think combined local and internal treatment best.

Dr. Clifton, of England, said: It is about twenty-six years ago to-day, since I heard a similar discussion in Old England, in which Dr. Madden advocated both topical and general treatment. Dr. David Wilson came down upon him with a heavy hand, advocating constitutional treatment and high dilutions. I thought the medical millennium had come, and for about nine years used the 30th and 200th potencies, and one dose. My success was better than with Allopathic treatment, but gradually I used the 6th, and now the 3d, and my success is better now than before. I keep a record of every case, and study them as well as I can; curing more without than with, topical applications. My enthusiasm is as great as Dr. Skinner's, I believe, but my practice must be different, for I find some cases in which constitutional treatment is *not* "all-sufficient."

Dr. Hughes, of England—I would like to state, in regard to the authority quoted by Dr. Clifton, lest it have too much weight, that Dr. Madden, about three years after the discussion alluded to, published an article, in which he stated that, although his practice seemed so successful while employing topical means, he had found, when following the subsequent history of patients, that it had been productive of more harm than good, for by such means of cure the general health had been impaired. I would ask Dr. Clifton if he has watched subsequent symptoms after local applications. I sympathize with Dr. Skinner entirely, as to the importance of constitutional symptoms, but does he regard objective symptoms valueless, and the speculum only to be used as an instrument of observation? (See Dr. Skinner's paper.) I believe, in most cases, when we have obtained the totality of symptoms, we shall find some organic affection at the foundation. All cases may be divided into two classes, either inherited or incurred, and we should attach importance to the symptoms according to these conditions. A person, becoming chilled while menstruating, may induce thereby congestion of the womb, which, if untreated, may cause vertex headache, nausea, etc., and I think, in treating such a patient, we shall be more Hahnemannian if we think of it upon a pathological basis; using such remedies as are applicable to congestion; as *Secale*, *Belladonna*, etc., than if we confine ourselves to the headache and nausea. We are all followers of one master, and up to a certain point, all agree.

Dr. Skinner replied briefly to some of the points called up, saying: There is no statement more true than, "When doctors differ, patients

suffer ;” but the remarkable feature in the discussion of this evening is, that *all* the patients get well under *all* the modes of treatment, and what more could we ask, and who can do better than to cure all his patients? I expected much discussion and sharp caiticism, but allow me to thank you for your courteous attention to, and kind discussion of, my paper. Dr. Donovan spoke of using a pessary for tenesmus-vesical. I should remove the cause of the tenesmus by internal treatment, and think, in the case mentioned, there are two chances to one that *Alumina* would be the remedy. He also spoke of warts, condylomata, etc. I think the local applications, in such cases, are often followed by bad results. All local diseases have a constitutional origin, and for syctic growths, should think of *Thuja, Calc.*, etc. Dr. Wood thinks I cure by enthusiasm. If that is so, I would recommend him to give a dose of enthusiasm to all his patients, and all the other physicians to put some in their pellets. I wish Dr. Clifton would send all his incurable cases to me. Dr. Hayward doubted the preparation of the millionth dilution. I assure him that they were prepared by Boericke, on strictly Hahnemannian principles, with the greatest accuracy, and I farther assert that I owe my life and present health to *Sulphur* 1,000,000th, and that, after the best Allopathic treatment, and extended travels, had failed to help me. If twenty-seven years of Allopathic, and two of Homœopathic practice, does not entitle me to a right to speak, I do not know what can.

The meeting was then adjourned to September 27th.

CLARA C. PLIMPTON, M. D., Rec. Secy.

#### HUDSON RIVER HOMŒOPATHIC MEDICAL SOCIETY.

At a meeting of the Hudson River Homœopathic Medical Society held at the office of Dr. Carpenter, at Troy, N. Y., September 4th, the following officers were elected :

PRESIDENT.—Dr. L. B. Waldo.

VICE-PRESIDENT.—Dr. H. M. Paine.

SECRETARY AND TREASURER.—Dr. H. L. Waldo.

CENSORS.—Drs. Coburn, Carpenter and Holmes.

Dr. Coburn was elected delegate to the American Institute; Dr. Carpenter to the Northern Medical Society.

The following chairmen of the committees were appointed :

SURGERY.—Dr. W. E. Milbank.

MATERIA MEDICA.—Dr. E. B. Holmes.

CLIMATAL AGUE.—Dr. H. M. Paine.

GYNÆCOLOGY.—Dr. L. B. Waldo.

OBSTETRICS.—Dr. C. H. Carpenter.

CONTAGIOUS DISEASES.—Dr. H. P. Van Duzen.



DISEASES OF CHILDREN.—Dr. H. L. Waldo.

EYE AND EAR.—Dr. Bendell.

CLINICAL MEDICINE.—Dr. E. S. Coburn.

Remarkable cases in obstetric practice were related and discussed. Fever and diphtheria were discussed at length.

Dr. Carpenter reported an unusual case of diphtheria, with great enlargement of the thyroid gland and swelling of the neck and tongue.

Dr. Coburn exhibited a very interesting case of skin disease which had been before the society before, and which was now very much improved.

Dr. Paine read a long and well prepared report on prevailing diseases during the last two weeks, in connection with the report of the weather as taken at Dudley Observatory, by the signal service department, which was listened to with great interest and which called out a warm debate, lasting until a late hour.

The following classification of diseases was adopted, to be reported on for the next year :

CONTAGIOUS.

Cerebro-spinal meningitis, diphtheria, measles, scarlet fever, small-pox, typhus fever, typhoid fever, whooping cough.

NON-CONTAGIOUS RESPIRATORY ORGANS.

Acute catarrh, influenza, hay fever, sore throat, tonsillitis, laryngitis, trachitis, croup, bronchitis, pneumonia, pleurisy.

DIGESTIVE ORGANS.

Cholera infantum, cholera morbus, diarrhœa, dysentery.

SKIN DISEASES.

Boils, erysipelas, urticaria.

FEVERS.

Bilious fever, remittent fever, intermitten fever.

OTHER DISEASES.

Rheumatism, sciatica, inflammation of brain, inflammation of liver, inflammation of kidneys, peritonitis; hæmorrhage, nose; hæmorrhage, lungs; hæmorrhage, bowels; whitlow; neuralgia, head; neuralgia, face; neuralgia, chest.

The society then adjourned to meet at the office of Dr. Coburn, the first Tuesday in October.

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*NEW HAMPSHIRE HOMŒOPATHIC MEDICAL SOCIETY.*

The Twenty-fourth annual session of the above named society was held in this city, the chair being occupied by the president, Dr. J. H. Gallinger, of Concord.

After reading the records, and the transaction of some preliminary business, the annual address of the president was given; his subject being, "Liberality of Opinion the Duty of Every Medical Man."

The following gentlemen were elected to membership: Drs. B. G. Carleton, of Littleton; Wm. S. Collins, of London; T. Rogers, of Plymouth; W. C. Welsh, Jr., of Manchester, and Francis A. Gile, of Manchester.

Reports were next received from the bureaux of clinical medicine, epidemics, surgery, obstetrics and gynæcology, the reading of which was followed by discussions, participated in by many of the members.

Dr. W. H. Lougee, of Lawrence, delegate from the Massachusetts Homœopathic Medical Society, briefly addressed the society, after which an adjournment was had to dinner, which was served at the Phoenix hotel.

Upon reassembling, the following officers were chosen:

PRESIDENT.—Dr. J. H. Gallinger, of Concord.

VICE PRESIDENT.—Dr. L. T. Weeks, of Laconia.

SECRETARY AND TREASURER.—Dr. J. C. Moore, of Lake Village.

CENSORS.—Drs. T. E. Sanger, of Littleton; D. F. Moore, of Lake Village; D. L. Jones, of Lancaster; J. H. Gallinger, of Concord, and W. C. Welsh, Jr., of Manchester.

COUNSELORS.—Drs. C. S. Collins, of Nashua, and A. D. Smith, of Manchester.

Delegates were likewise chosen to the American Institute and several state societies, and committees for the ensuing year named.

The treasurer's report was read and adopted, from which it appeared that the finances of the society are in a very healthy state.

After a profitable conference meeting of an hour, during which numerous clinical cases were presented and discussed, the society adjourned, to meet on the last Wednesday of May, 1877.

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#### *THE ROCHESTER HOMŒOPATHIC MEDICAL SOCIETY.*

The Rochester Homœopathic Medical Society was organized as a city society, May 4, 1876, and legally chartered, August 3, 1876, with a membership of eleven, and other names before the board of censors. There is great interest manifested in these meetings, which are interspersed with original papers, clinical reports, debates upon the same, and social intercourse; proving that the Homœopathic physicians of this city are determined to keep up with the times, and to stand at the head of the profession in this section.

The present officers of the society are:

PRESIDENT.—Dr. R. A. Adams.

VICE-PRESIDENT.—Dr. A. E. Pinkham.

SECRETARY.—Dr. C. W. Baker.

TREASURER.—Dr. G. F. Hurd.

LIBRARIAN.—Dr. F. D. W. Bates.

CENSORS.—DRS. J. A. BIEGLER, W. P. FOWLER, A. B. CARR.

The next regular monthly meeting occurs on the evening of Sept. 13, 1876.

All communications should be addressed to Dr. C. W. Baker, 87 Plymouth avenue, secretary of the society.

## World's Homeopathic Convention.

### THE WORLD'S HOMŒOPATHIC CONVENTION.

#### SIXTH OR LAST DAY.

PHILADELPHIA, July 1, 1876.

Like all things of earth the World's Homœopathic Convention has come to an end. There was a meagre attendance compared with the clinical and surgical day.

The session opened with President Carroll Dunham in the chair.

The first business was the final

#### REPORT OF THE COMMITTEE ON CORRESPONDENCE.

Among which, of most interest, was a letter from the president of the Columbia Homœopathic Society, Joaquin Calvo, M. D., in which he urged the holding of a World's Homœopathic Convention every five years.

The committee on correspondence reported the following :

*Resolved*, That the success which has attended this World's Homœopathic Convention, alike bringing together in pleasant personal relations physicians from different parts of the world who have a common interest in the advancement of a science which benefits a common humanity, and developing and publishing new and valuable facts and information pertaining to that science, and in gathering statistics of the position and progress of Homœopathy throughout the world, fully justifies the recommendation that another and a similar convention should be held at some future time.

*Resolved*, That the executive officers, together with the honorary vice-presidents of the first World's Homœopathic Convention, held in Philadelphia, in 1876, be, and hereby are, appointed an executive committee, with power to consult, and enter into correspondence with the Homœopathic physicians or societies of the various countries, and to determine a suitable time and place for holding a second World's Homœopathic Convention, at some time within five years; and to assist in all preliminary arrangements, until such time as executive officers shall have been appointed by some suitable body of Homœopathic physicians of the country in which the said convention is to be held.

The report of the committee, including the resolutions, was received and adopted.

#### INTERNATIONAL PHARMACOPŒIA.

Dr. Lewis Sherman, of Milwaukee, urged the preparation of an International pharmacopœia.

Dr. Hughes, of England, seconded the idea, and hoped it would be carried out. He stated that in the British Pharmacopœia, great care is taken to give the strength of *Alcohol*, etc.

Dr. Dunham, as chairman of the committee on pharmacopœia in the American Institute, stated that part of this work was completed, and was only delayed by sickness of the chemical member. Great care had been taken to make it strictly international. They had corresponded with foreign countries for this very purpose. The matter was referred to a committee, to report at the next World's Convention. To the committee of the American Institute on this subject, the names of Drury, of England; Schwabe, of Leipsic; Catellar, of Paris, and Cagliano, of Naples, were added.

#### HAHNEMANN PUBLISHING SOCIETY.

Dr. J. W. Hayward, of Liverpool, secretary of the Hahnemann Publishing Society, presented the interests of this society, which, as some of the readers of THE UNITED STATES MEDICAL INVESTIGATOR know, is a mutual publication organization. Each member subscribes a guinea (\$5 75) a year, and the money goes to pay for the publication of any work the committee on publication may decide upon. They are now engaged in publishing the Hahnemann *Materia Medica* in royal quarto volumes, together with the most complete repertory we have seen.

He would be glad to receive the names of any one as member. They especially desired workers on the *materia medica*. They have more money than workers. Dr. Hayward secured a few names, and we are sure many American physicians would aid in this noble work, if they were more familiar with the Hahnemann Publishing Society.

[We will be glad to forward any names, etc.—ED].

On motion, Dr. Jenney, of Kansas City, was asked to read his paper on "Gun-Shot Wounds." This paper, and the paper by Dr. Lungren, of Toledo, Ohio, on "Silver Wire Sutures in the Cæsarian Section," were referred to the committee on publication.

The following additional resolution was offered by the committee on correspondence, and seconded by Dr. Hughes, of England :

*Resolved*, That the World's Homœopathic Convention, assembled at Philadelphia, tender to its president, Carroll Dunham, M. D., the warmest thanks and sincerest regards for the great and efficient labor he has performed, in organizing and arranging the work of this convention; in conducting the difficult and extensive correspondence required; in the uniform courtesy and kindness he has exercised toward all connected with the convention, and in the able and impartial manner in which he has presided over all the deliberations and sessions of the convention, and that we recognize in his labors the

principal cause of the remarkable harmony, good feeling, and success of this convention.

The resolution was received with applause, and adopted by a rising vote.

Dr. Dunham, being called on for a speech, returned his thanks to the convention. The success of the convention he thought not due to the labors of one man, but to one on one side, and a host on the other. Although there had been much hard work, yet this was forgotten in the hearty co-operation on all sides. He trusted that this was but the precursor of many others.

On motion of Dr. McManus, the convention then adjourned, *sine die*.

#### THE AMERICAN INSTITUTE

then held its closing session. The auditing committee reported the treasurer's accounts correct. The report was adopted.

The president stated that there was an error in the minutes of last year. Dr. Wesselhoeft, of Boston, was chairman of the bureau of *matéria medica*, instead of Dr. Allen, as the report has it.

The final report of the board of censors was made, and the seventy-nine persons recommended, were elected to membership. The chairman, Dr. McManus, stated that nearly all were graduates of 1876, 1875, and 1874. He believed that there should be a rule which would prevent any one from joining the Institute until they had been in active practice three or five years.

#### THE NUMBER PRESENT.

The bureau of registration, etc., reported the attendance as follows : Monday, 216 ; Tuesday, 416 ; Wednesday, 455 ; Thursday, 426 ; Friday, 400.

The chairman of the committee, Dr. H. M. Smith, who made the report, stated that the attendance from this country had not been what it should have been. Very few of the societies had sent delegates ; less than fifty ; only two or three colleges had sent delegates, and only one or two journals. (THE UNITED STATES MEDICAL INVESTIGATOR was properly represented.) There had been about five hundred of the profession present, and about as many visitors.

The reception committee had no report. Its duties were largely absorbed by the committee on registration. We do think, if this committee had been favored with an opportunity to properly receive and introduce the various delegations to the individual members, it would have enhanced the interest of the occasion. Tuesday evening, the committee or president should have held a levee for this purpose.

The committee on legislation had no report.

#### HONORARY AND CORRESPONDING MEMBERS.

Dr. I. T. Talbot proposed the following nominations for honorary members of the American Institute of Homœopathy, to be voted on next year, as provided by the constitution :

J. J. Drysdale, M. D., Liverpool, England ; Richard Hughes, M. D.,

Brighton, England; Marquês Munez, M. D., Madrid, Spain; J. Kafka, M. D., Prague, Bohemia; A. Charge, M. D., Tamaris-sur-le-Seine, France.

For election as corresponding members, to be voted on at this session, as provided by the constitution :

J. W. Hayward, M. D. Liverpool, England; A. C. Clifton, M. D., Northampton, England; Albert Haupt, M. D., Chemnitz, Germany; E. Huber, M. D., Austria; H. Goullon, Jr., M. D., Weimar, Germany; Jose Alexandre, Millo Moraes, Rio de Janeiro, Brazil; Joaquin Calvo, M. D., Bogota; E. E. Na, De Columbia; C. Bojanus, M. D., Moscow, Russia; A. Claude, M. D., Paris, France. They were elected.

#### AN INSULT RESENTED.

Dr. Campbell, of St. Louis, stated that yesterday he had visited the Medical Department of the Exposition, nevertheless, because he was a Homœopath, he was not allowed to go beyond the ante-room. Dr. Campbell added that he had visited many of the hospitals of England and Europe, and had always been received with courtesy. This was the first time he had been insultingly treated.

Dr. Morse said that he had visited this building last Saturday. He had announced himself simply as a "physician," and he was taken in, introduced to others, and treated with great cordiality. He left them to find out, if they chose, that he was a Homœopath.

Dr. T. P. Wilson, of Cincinnati, offered the following resolution :

WHEREAS, The Medical Department of the Centennial Exposition has seen fit, through its attendants, to refuse admission to two or more of the members of this body, on the ground of their being Homœopathic physicians, therefore

*Resolved*, That the American Institute of Homœopathy is called upon to declare the action of the Medical Department of the Centennial Exposition unworthy the spirit of the age, and a gratuitous insult, to the large body of medical men whom we represent, and calculated only to bring a blush of shame to the face of every honorable minded man and woman in this nation.

He followed this resolution with a scathing speech.

An animated discussion followed as to what disposition should be made of the resolutions. Drs. Smith, of Chicago; Dake, of Nashville; Talbot, of Boston, and Campbell, participated.

Dr. James, of Philadelphia, explained that there were two hospitals at the grounds, one the government hospital, and the other, the one under the direction of the Centennial Commission. It had been suggested to him that the Homœopathic practice should be represented in this last department, and he had applied to General Hawley, and to Director-General Goshorn about it. They both stated that they should have been happy to have done as he requested, if he had applied in time, but the matter had passed beyond their control; the department had been given to Dr. Pepper, a physician of the Old School.

The discussion, which became very warm and animated, finally ter-

minated in the adoption of the following resolution, as a substitute for the preceding :

**WHEREAS**, Some of our members have been refused admittance to the Medical Department of the World's Exposition, on account of not being Allopathists :

*Resolved*, That a committee of three of our members, residing in Philadelphia, be appointed to ascertain if such discrimination is authoritatively made, and if such be the case, to enter the protest of this body with the commissioners, and to make such publication of the facts as in their judgment may be advisable.

The chair appointed Drs. Bushrod W. James, R. J. McClatchey, and Pemberton Dudley, as the committee.

We learned, subsequently, that the authorities were sorry that anything of the kind had occurred. That they wished to treat all in a gentlemanly manner.

#### THE MICHIGAN UNIVERSITY.

Dr. Morgan, of Michigan, stated that Homœopathy was already acknowledged by the legislature of his state. A chair of Homœopathy existed in the University of Michigan, and it was merely a question of outside support whether this shall not be the nucleus of the firm establishment of the Homœopathic practice in the state. The diplomas of all were to be signed simply by the president and secretary. They had twenty-four students last year, and they all took the three years' course after seeing what an immense field was covered by Homœopathy.

Dr. Dake inquired if they had preliminary examinations.

Dr. Morgan stated that they had. He added that they had been courteously received by all. "All felt we were there by right; that the fight was over." [Cheers.]

After votes of thanks passed, to the retiring officers, to the executive committee, to the trustees of the church, to the press, to the railroad authorities, for the invitation to Cape May, the Institute adjourned, to meet at Chatauqua Lake, N. Y., in June, 1877.

Thus closed the first World's Homœopathic Convention; one long to be remembered by those in attendance. All will, no doubt, secure a copy of the transactions, as soon as published. This will be a monument to Homœopathy and should be properly appreciated by the profession, for its influence will be felt "down the ages."

We have given our readers as full a report of the convention as was in our power. We discharged our duty to the best of our abilities, under the circumstances. To sit, day after day, in a sultry room, during that memorable heated-term, perspiring at every pore, required much ice-water, and all the fortitude and self-denial of a self-sacrificing editor. Knowing that the eyes of our many absent readers were upon us, in earnest expectation, we noted many incidental and accidental sayings and doings during our tour, which will be recorded in subsequent issues. Therefore, although the report proper is closed, yet, as we have something more to chronicle, we close, as usual, with

[TO BE CONTINUED.]

## Materia Medica Department.

### *AN APPEAL TO THE HOMŒOPATHIC PROFESSION TO AID IN COMPLETING OUR MATERIA MEDICA.*

BY E. W. BERRIDGE, M. D., OF LONDON, ENGLAND.

Read before the Hahnemann Academy of Medicine of New York, by the Secretary.

DEAR COLLEAGUES: I must first thank you for the honor you have conferred upon me by electing me corresponding member of the Hahnemann Academy of Medicine of New York. I need scarcely say that to be enrolled with so many of the *true* followers of Hahnemann, is a source of great pleasure to me, and that I shall be proud to accept your invitation to contribute papers, to be read before your society. I do not think I can do better than commence by laying before you a plan for perfecting more fully our materia medica, for you to discuss, and, I trust, carry out.

Our materia medica is the foundation of our system of healing; and the firmer, deeper and broader it is, the more secure, elevated and widespreading will be the superstructure of cured cases which we shall be able to raise upon it.

In order, therefore, to lay our foundations thus surely, all possible sources of materia medica must be examined. The work, however, is enormous, and should, therefore, be commenced at once; for, though it may be too late to be used, save in part, by our esteemed colleague, Dr. Allen, we must never forget that Dr. Hering has in manuscript the accumulations of a life-time; and, even if he does not himself see it published, yet, assuredly it will be published hereafter, by his successors, and it will be the best monument that could be erected to his memory.

The sources of materia medica which should be examined, are: 1. Homœopathic journals. 2. Homœopathic standard works. 3. Allopathic journals. 4. Allopathic ancient standard works. 5. Allopathic modern journals. 6. Scientific (chemical and philosophical) journals. 7. Travels. 8. Daily and weekly public newspapers.

It would be too much to expect any one to examine the past public papers on the chance of finding some case of poisoning, though such do appear in them, at times; but I would here suggest to all that they preserve all such notices which appear, and, if possible, obtain further information thereon. The same remarks apply to travels.

All the other sources should be examined carefully. It is impossible however, for one man to do the work; and I will now state exactly what works I have examined, how I examined them, and what I



extracted from them, showing, thereby, what remains to be done by others.

I. I have examined all the medical and scientific journals within my reach, which are in the English language; also the old Allopathic standard works, many of which are scarce. The modern Allopathic text-books, e. g., Pereira's *Materia Medica*, Christison on Poisons, etc., I have for the present omitted. My time is necessarily limited, and I have, therefore, thought it best to omit, for the present, those works which can be easily obtained by any one. The Homœopathic works (of both classes) I have not yet examined; and those in foreign languages I must leave to those who can read them more fluently than myself. I have access to several large libraries in London, beside some private ones. In these I believe I can obtain access to all the British literature, besides some published in the United States. I will give, below, a list of the latter, so as not to waste time by doing the same work twice over.

II. In examining these works, we must not trust to the index, which is often imperfect. I have, therefore, examined these works doubly; I have examined the text, *page by page*, but as the eye or brain *may* become fatigued in this work, and *may* overlook a reference, I have afterward referred to the index, from beginning to end, and wherever a medicine is mentioned, I have referred again to the text, to see if I have omitted it. Let me add that pathogenetic symptoms are not always recorded under the heading of "poisoning." We may find a paper on the curative effect of some drug, in which, incidentally, some pathogenetic action thereof is mentioned incidentally; or in a paper on coma we may find some *Opium* symptom; or in a lecture on colic, a case of poisoning by lead, or radishes; or in a treatise on the blood, the effect of snake-poisons. All this I have experienced, and it shows the importance of *thorough* work.

III. I have extracted from these sources the cases of *all* substances which produce a pathogenetic action, including experiments on animals, and *post-mortem* appearances. I have here included some cases which by many might have been omitted. Thus:

1. I have extracted all cases of poisoning by corrosive agents, e. g., mineral acids. *Ammonia*, *Chloride of zinc*, etc. Doubtless, many of the symptoms thus produced are purely the result of chemical action, and the constitutional symptoms may sometimes arise, more from the shock to the system, thus produced, than from any dynamic action; nevertheless, there may be useful symptoms therein, and at any rate, such a selection will prove useful in medical jurisprudence.

2. I have added the effects of the imponderabilia, magnetism, galvanism, electricity, rays of sun and moon, etc.; for the experiments of Dr. Swan, and others, have proved, without doubt, that these forces possess powerful pathogenetic and curative properties, and can be used according to our law of *similia*.

3. I have collected all symptoms caused by certain articles of food, e. g., mussels, fish, crabs, various kinds of meat, etc.

4. I have added all cases of disease communicated by inoculation from the lower animals, e. g., vaccine (from the cow,) hydrophobia, and glanders.

5. I have also added symptoms from decomposing animal matter.

The index to my researches is now being published in the *Monthly Homœopathic Review*; but I have still very much in manuscript to be added, besides some errata, and many addenda to what is already given there.

In the *British Journal of Homœopathy* I am publishing the cases themselves. I think that it would be best to complete the index first; that the compiler of materia medica may know where to refer for cases of poisoning, and to copy out the cases themselves afterward, if there is time.

In examining the Homœopathic works, the same course shall be pursued, save that, in addition, all clinical cases or symptoms cured by one remedy at a time, should be noted. Those cured with alternated or combined remedies may be omitted, as they are of no use, and belong to Eclecticism, and not to Homœopathy.

Let us, then, set to work *at once*, and if my plan finds favor with the profession, let it be copied into *all* our journals, throughout the world, and the whole profession be appealed to for aid. The work can be done more easily; but if we wait many years, it will so accumulate that men will shrink back, appalled by the magnitude of the task.

Above all, if done at all, let it be done *thoroughly and well*; for all imperfect work tends to hinder more perfect work being done; and let those who copy out the cases themselves, while they omit any unnecessary verbiage, of which some medical writers are so fond, yet carefully preserve the *ipsissima verba* with which the symptoms are described. The profession will find in the *Monthly Homœopathic Review* the names of the American journals I have indexed. Besides these, I have access to the following:

1. *Boston Medical and Surgical Journal*. (All, except a few numbers).
2. *American Journal of Medical Sciences*. (All.)
3. *Transactions of American Medical Association*. Volumes, 1-13.
4. *Pennsylvania Hospital Reports*. Volume 1.
5. *Journal of Psychological Medicine*. Volume 1.
6. *American Journal of Dental Science*. First series, volumes, 1-10; second series, volumes 1-4.
7. *American Journal of Arts and Sciences*. First series, volumes 1-40; second series, volumes 1-49.
8. *New York Journal of Medicine*. New series, volumes 5, 7, 14-6; third series, volumes 1-8.
9. *New York Medical Journal*. (All).
10. *North America Medico-Chirurgical Review*. Volumes 2-5.
11. *North American Medical and Surgical Journal*. Volumes 2-9 (except numbers 1 and 2, of volume 2).
12. *Philadelphia Journal of Medical and Physical Sciences*. Vols. 1-14.
13. *New York Medical and Physical Journal*. New series, vols. 1-2.
14. *American Medical Recorder*. Volumes 1-8.

In the course of my researches, I also noted down the names of many journals to which I had no access. I here give a list of their

initial titles: British-American, American, Southern, Cincinnati, Transylvania, Canada, Iowa, Buffalo, New South Wales, New Orleans, New York, St. Louis, New Jersey, New Hampshire, Georgia, Savannah, Nashville, Maine, Ohio, Peninsular, Jamaica, Massachusetts, Atlanta, Montreal, Western, College, Eastern, Virginia, Berkshire, (U. S.) Columbus, Maryland, San Francisco, Pacific, Chicago, St. Joseph, Cleveland, Belmont, Richmond, Melbourne, New Haven, Illinois, Boston, Northwest, New England, New Zealand, Australian, Baltimore, Pennsylvania, Dominica, and Charleston.

Those who will refer, in the catalogue of libraries, to these headings, as well as to "Journals," "Academies," and "Transactions," will find something to their (and the profession's) advantage.

I trust that before the close of this meeting, at which I should desire to be present, in body as well as in spirit, every member of our society will undoubtedly examine some journal, and will speedily report progress.

[We heartily commend this work, undertaken by Dr. Berridge. We thought when in the surgeon-general's library, Washington, D. C., what a splendid place to prosecute this kind of work! — ED.]

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## Medical News.

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**That "Free" Offer should not be overlooked.**

**Removal.**—Dr. Samuel A. Jones, from Englewood, N. J., to Ann Arbor, Mich.

**The Foundlings' Home Pharmacy** is another candidate for professional favor. When we remember that Dr. Shipman established the first pharmacy in Chicago, we see he is no novice in the pharmaceutical line. All who know him will vouch for his scrupulous honesty.

**The Speculum**, (thumb and finger), it will be seen has been improved by Dr. Higbee. The flange is wider, and the upper blade is bent so that it is self-retaining, while at the same time the cervix is drawn forward. We thought it the best before and it must now be about perfect. His new pessaries are unique.

**Married.**

W. R. Churchill, M. D., of Menomonie, Wis., was married to Miss Carrie E. Pomeroy, of Hazleton, Ill., Aug. 31, 1876, by the Rev. W. W. Wheaton, at Durand, Wis.

In San Francisco, September 9th, by Rev. T. K. Noble, Dr. O. S. Cummings, of Honolulu, Sandwich Islands, and Maria F. Eckley, of San Francisco.

[Our readers tender their congratulations to the happy couples].

**Query.**—If it is a proper thing to do, I would like to have it answered through THE INVESTIGATOR. What standing the female graduates of the Chicago, Cleveland or Boston Homœopathic schools have with the medical fraternity generally. Are they considered as holding an inferior position, and do Homœopathic physicians generally refuse to consult with them?  
S. NICHOLS.

**Hahnemann Hospital Dispensary.**—The report of the board of managers of the Hahnemann Hospital was presented September 2d, at the regular monthly meeting. The number of prescriptions made at the dispensary for the last month was as follows: In Dr. Hawkes' department (medical,) 164; Dr. Hall's (surgical and diseases of children,) 211; Dr. Hoyne's (skin and venereal diseases,) 90; Dr. R. Ludlam's (diseases of women,) 240; Dr. Vilas' (diseases of eye and ear,) 70; total, 775.  
T. R. GROW, House Physician. ■

**Our British Visitor,** Dr. Clifton, writes: "We had a splendid run home by water, six and a half days—found all well here—and did well during my absence—now very busy. Shall furnish a letter to *The Homœopathic World* for October, of my visit in America. After I left you (Chicago,) was at Niagara, three days; Montreal, one day; Quebec, one day; Boston, four days; Newport, one day; New York, one day; and at all the places well received, and delighted with what I saw. If you can send me any reports of any hospitals, Allopathic or Homœopathic, in Chicago, please do so. I want to know, cost per bed, and whether alcoholic drinks are allowed, and if so, to what extent, in order to bring the subject forward here. Yours truly,

NORTHAMPTON, Eng., Aug. 19.

A. C. CLIFTON.

**Medical Fun.**—I thought it might possibly amuse some of your readers if I should send you a few questions and answers. At a meeting of our board of examiners, under the new medical law, a man presented himself, who claimed to have been sixteen years in practice, but who had no diploma. His examination was begun with written questions, and I will give you a few of them, and his answers, *verbatim et literatim*. It is needless to say he did not pass.

**Question.**—What kind of a muscle is the sartorius, and where is it located?

**Answer.**—Musculus are numerous all over every limbs they are located in every part of the body and are numerous in every limb.

**Q.**—Where is the deltoid muscle, and what is its shape?

**A.**—Elbow musculæ are situated in the elbows the muscles run the whole length limbs.

**Q.**—Where is the gluteus maximus muscle?

**A.**—The glutinous mus are what we call the fine muscle of stomach and other organs and other organs termed glutinous.

**Q.**—What is Potts' disease of the spine? Give its varieties and pathology.

**A.**—Thers a disease turmed Pot diseas it is Called by some a Blood disease have in not seen many cases I use the specifics according to It symptoms.

**Q.**—What is spina bifida, and when does it occur?

**A.**—this spina Disease the spine of the back becomes Crooked in cases that I sea in this country It seems to grow on some persons.

**Q.**—Is there such a thing as false peritonitis? If so, how would you diagnose it from the true?

**A.**—they are Disease Called piritonites it is very painfull their can be no such as Disease a false one.

These will do for samples. This man says he has lately been converted to Homœopathy. What a shining light he is likely to make on our side of the medical world!

SAN FRANCISCO, Aug., 20.

G. M. PEASE.

# The United States Medical Investigator,

A SEMI-MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

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

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

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

DUNCAN BROS., Publishers.

67 Washington St., Chicago, October 1, 1876.

## FOR SALE.

**FOR SALE**—Forty-five one-dram vials (liquid) of the principal Boericke & Tafel's 200th potencies. Price, \$4. Address V., this office.

**FOR SALE—CHEAP**—Complete Repertory of the *Materia Medica*, by Jahr, large volume, good condition, \$5.00, will exchange for other works. Address D., care U. S. Medical Investigator.

**FOR SALE—CHEAP**—A fine practice in a town in coal regions of Pennsylvania of 9000 inhabitants, and in an area four miles of 20,000, with no rival. For terms apply to H., this office.

**FOR SALE—A Good Opening**—A physician, wishing to discontinue general practice and devote his time exclusively to the eye and ear, offers his property, consisting of house and lot office adjoining house, and barn, for sale to a successor for the following: Valuation of property, six thousand dollars; two thousand to be paid down, and the balance in yearly payments of one thousand. Will remain to introduce successor. Personal property, such as office furniture, carpets in house, stoves, and horse and buggy, would be sold. Population of city, 25,000. The practice will average between \$5000 and \$6000 cash, a year. This is a splendid opening for a good Homeopath. Address M., this office.

## BOOKS, JOURNALS, ETC.

**TO PHYSICIANS**—When you think of buying any books or subscribing for any journals, write to us and ascertain at what prices we can furnish them to you, before you buy.

## ORDER THE GENUINE.

"LIFE AND DEATH."  
Just the picture for a doctor's office. Both press and public pronounce it the greatest optical wonder of the age. A Mystery of Art. The *Dublin Clinic* says of it: "A great work of art has reached London. It represents *Life* in its most enjoyable and enchanting aspect, but upon viewing it from a distance you see *Death* in its most terrible and sickening form. Every physician should have this picture." Wishing to place this superb picture in every physician's office, we will send a copy to any member of the profession at the reduced price, 75c. Order it now. 50,000 sold in Europe. Can be had only of the Gen. Agents for U. S., SCHAFER & CO., Youngstown, O., Box 1006.

## WANTED.

**WANTED**—A lady graduate of a Homeopathic medical college, who has had considerable experience in eastern hospitals of both schools, would like position in Hospital or Cure. Address H. E. M., this office.

**WANTED**—February number, 1870. Send with price to this office.

**WANTED**—January 1st number, 1876; 25c. will be paid. Send to B., care this office.

**WANTED**—Bayer's Applied Homeopathy. State condition and price. Address S., this office.

## RARE OFFERS.

\$7. will secure Gilchrist's Surgical Diseases (\$3 50), and this journal for one year. (If book is to be sent by mail, 16c should be added for postage.)

\$10. will secure Ludlam's Diseases of Women (\$7 00), and this journal for one year. (If book is to be sent by mail, 26c. should be added for postage.)

\$8.25 will secure Hoyme's *Materia Medica Cards* (\$5 00), and this journal for one year.

\$6.50 will secure Shipman's *Family Guide* (\$2 00), and this journal for one year.

\$9. will secure Volumes I. and II. (\$5. the year 1875), and the year 1876 of this journal.

## SANITARIUM.

**SANITARIUM**—The mountainous country of southwestern Texas is now acknowledged to be the most healthy resort in the world. Travelers, tourists and invalids declare the scenery beautiful beyond description. Early in October I will open, near the head of the Guadalupe river, sixty-five miles north-west from San Antonio, a "*Sanitarium*" for the reception of "*Consumptives*" and others needing a change of climate. Correspondence solicited. Address, G. R. PARSONS, M.D., Kerrville, Kerr county, Texas.

**AN INVALID** desiring to pass the winter in Colorado, can find a home and medical care in the family of a Homeopathic physician, by addressing Dr. Marix, Denver, Col.

# FOUNDLINGS' HOME

## Homeopathic Pharmacy

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Various interests of the Home having required that a Homœopathic Pharmacy should be connected with the Institution, I take this method of announcing that the Pharmacy is now open. Those in need of Homœopathic Medicines, in large or small quantity, may rely upon being served with promptness and fidelity. None but the purest and most approved preparations will be sold. The Pharmacy, for the present, at least, will be under my own personal supervision, and everything sent from it will be sent with my guarantee. Those sending orders from abroad may rely upon having them properly filled, and at the very lowest rates.

**Any Books, Foreign or Domestic,**  
**Medical Journals,**  
**Pocket, Buggy, or Family Cases,**  
**Surgical Instruments and Appliances,**  
**Vials, Corks, Pellets, Labels,**  
**Tinctures, Triturations,**  
**Sugar of Milk,**  
**Homœopathic Alcohol,**

In fine, everything needed in the practice of Homœopathy may be ordered through this Pharmacy. Orders should be addressed to

**Chicago Foundlings' Home,**

72 South Wood Street, Chicago.

**GEO. E. SHIPMAN, M. D.**

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### DEPOT FOR

**Neave's Food,** (Recommended by Dr. Ruddock.) kept in stock by us. Price, per 1 lb can, 50 cents. *Try it!*

**Carr's Pessary,** *Adjustable.* Price, \$2.

**Dixon & Dorris' Virus** continually in stock.

**Page's Pills,** Old and Reliable.

**Hughes' Pharmacodynamics,** Volumes I. and II.

**Hale's Improved Pocket Forceps,** (obstetric). Price, \$7. Mailed on receipt of price.

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THE  
UNITED STATES  
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

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New Series, VOL. IV., No. 6.—OCTOBER 15, 1876.—Whole No. 178.

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Therapeutical Department.

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CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

KEOTA, Iowa, Oct. 8.—Diphtheria is raging here at this time in its most malignant form, with many deaths. Homœopathy successful so far by use of *Bell.*, *Merc. iod.*, *Kali chloricum*, *Kali bichloricum*, etc.

F. B. HOME.

NEW YORK, Oct. 8.—New York, with its million of inhabitants, never enjoyed better health than it does this fall. There are some cases of typhoid reported, but of our own inhabitants we can only note some influenza and a tendency to diarrhœtic complaints.

S. LILIENTHAL.

POTTSTOWN, Pa., Sept. 29.—This place has been alarmingly healthy this summer; very little sickness of any kind, even among children. A few cases of cholera morbus invariably yielded to *Verat.*; and cholera infantum chiefly to *Pod.* The ordinary summer diarrhœas incident to teething children, disappeared promptly, under the use of *Sec.* Reme-

dies used in the 30th and 200th. There are a few cases of typhoid fever now: I have but one case, which is not yet convalescent, and I can't say much about it.

L. HOOPES.

MEMPHIS, Tenn., Sept. 16.—There is nothing specially new in this field. Malarial fevers prevail as usual, and are, if anything, more than ordinary obstinate. I find *Ars.*, *Nux v.*, *Ipecac.*, *Puls.*, *Beeberine*, *Fer-rum*, *Gels.*, *Verat.* and *Quinia* to act with their wonted efficacy. We have thus far escaped yellow fever this fall, and I am glad to say there is no prospect of a visit from this terrible scourge. THE UNITED STATES MEDICAL INVESTIGATOR is the spiciest and most varied of all our journals—always on time and up to date in everything. I could hardly get along without it.

L. D. MORSE.

LINCOLN, Neb., Sept. 22.—My chief work during the summer has been with children, in diarrhœa, for which *Pod.* has been used most, though a few cases called for *China* and *Apis*; later, for a few weeks past, the weather being wet and cool, dysentery has prevailed both among children and adults, indeed I have had more of this to treat than during all my previous experience here, five years. *Merc. sol.* and *Merc. cor.* have been indicated principally, though in several cases *Colocynth* was markedly called for, having the saffron-yellow color, frothy, and sometimes mucous, with blood. My appeal for counsel in Vol. III., page 382, on case of gallstones was very promptly responded to by several private letters, and I beg leave to acknowledge the kindness of these gentlemen through THE UNITED STATES MEDICAL INVESTIGATOR. Three of these letters suggested *China*, low, which I finally concluded to use; my patient has seemed to improve and thus far has escaped with one slight paroxysm. *Berberis v.*, as suggested by Dr. Angell, did not seem to cover my case so thoroughly as *China*.

L. J. BUMSTEAD.

WASHINGTON, Sept. 19.—I have seen very little typhoid fever since I came to this city. There is, at present, a kind of masked ague along the river here. One family, near the eastern branch, have recently been nearly annihilated by it and the doctors; but in general, the city is healthy. There is much less sickness now than in June. Then the annual destruction of infants occurred; but there is no use talking about remedies or medicines. Omnipotence could scarcely save them, fed and cared for as many of them are. I am well satisfied that the germ of cholera infantum in most, if not in all, formidable cases, is some weeks and months before the disease manifests itself; by improper nourishment, either from carelessness and diet on the part of the mother, if the child nurse, or from condensed or cow's milk, when it does not nurse. I have lately become very much and favorably impressed with the action of *Tarantula* 200, and upward, in diarrhœa, with extremely painful, thin, brown stools, night and day. I have not yet got all the indications, but am satisfied it will, in time, be found to be one of the best medicines in our materia medica for a number of ailments.

C. PEARSON.



## CONSULTATION CASES.

## DR. INGALL'S CASE.

Dr. Ingall's will find the remedy in *Petroleum* 5 or 30th, potency, once or twice a day, the effect of the dose to govern its repetition.

## CASE OF INTERMITTENT.

The case of intermittent of "S." calls for *Arsenicum alb.* very high, dose in morning for two days, then suspend the medicine and await the result for several days.

MEDICUS.

## REPLY TO DR. A. M. WOODRUFF.

Dr. A. M. Woodruff, of Goshen, N. Y., will find upon careful study of his case, reported on page 307 of THE UNITED STATES MEDICAL INVESTIGATOR, for Oct. 1, 1876, that the disease is located in the spinal cord and cerebellum. The cause of the regurgitation is in the pneumogastric nerve. His patient needs rest from all that tends to debilitate—an oatmeal diet with plenty of milk and beef and outdoor exercise. The remedies to select from are, *Rhus* 3 to 6, *Cimicifuga* 1, *Nux*, tinct., on pellets, *Phos.* 3, *Phos. acid* 2 with aqua distilled; perhaps *Bell.*, low, might be studied also. Single remedy and time.

BRIGHTON, Mich.

B. H. LAWSON.

## APIS MELLIFICA IN INTERMITTENTS.

BY T. J. MERRYMAN, M. D., ALEDO, ILL.

Read before the Illinois Homœopathic Medical Association.

In presenting an article under this heading, I do not propose to make it exhaustive in any respect; but merely report a case, and make some remarks upon my experience with it in others.

CASE I. Sept. 16, 1875, I was called to see my mother, who had had four paroxysms of tertian intermittent fever; the first one occurring in the afternoon, and each succeeding paroxysm occurring earlier, and with increased severity, until the one of that day, which had commenced at 8 o'clock A. M., and continued with *great violence* for five hours, accompanied all the time with severe nausea and vomiting.

Fearing another paroxysm might prove more than she, in her age and infirmities, could endure, I set my wits at work to cure her in the shortest possible time.

The symptoms, all of which I cannot now enumerate in their minutia, led me to select between two following remedies: *Eupatorium perfol.* and *Apis mellifica*. But there being none of the severe bone-pains of the former, I decided upon *Apis*.

Finding the vial in my case unfortunately empty, and being eighteen miles from my office, I was for a short time at a loss to know what to do; but remembering father's bee-hives, I prepared myself with a tumbler containing a little sugar, in which I captured a half dozen bees, and after shaking the glass, so as to provoke the bees to deposit their poison in the sugar, I let them go, dissolving the contents of the glass in half a glass of water, stirring thoroughly, and ordered teaspoonful doses every two hours.

Visiting her again on the eighteenth, about two hours after the chill would probably have returned, I found her comfortable, with no indications of a returning paroxysm. My gratification is more easily imagined than described, not only for the successful prescription but in seeing my mother rescued from what I considered such imminent danger.

In the latter part of 1872, intermittents were, in this locality, exceedingly numerous and violent; many cases presenting congestive or typhoid symptoms. In some of the most severe cases then, as well as since, I have found *Apis* a valuable remedy. It has proven itself to be valuable in cases of long standing, as well as in violent and acute attacks.

The paroxysms often commence in the afternoon, and sometimes each succeeding one, will be earlier in the day, and more violent.

The chill is frequently the most prominent feature, and sometimes accompanied by vomiting, or headache.

During the fever, the patient often sleeps, or is delirious.

In my opinion, this remedy most resembles *Eupatorium*, but lacks the severe bone-pains of that remedy. In several cases materially benefited by that remedy, *Apis* has completed the cure.

When the therapeutic indications and characteristic symptoms of this remedy are thoroughly understood, I doubt not it will stand prominent among the remedies for intermittent fever.

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## ON AGUE.

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

The discussion of intermittent fever and the treatment, has elicited expressions of opinion from many sources, and I would add my mite to the fund for the general information, and, perhaps, edification of the profession.

My first eight years of practice were passed in a decidedly malarious region, and being brought up in the faith of strict and pure Homœopathy, I could only rely upon the correctness of the law of cure, and the maxims laid down by Hahnemann, to guide me in the treatment of this disease. At the risk of being thought egotistical, I will say here, that I have never been compelled to resort to modes of suppression or palliation, by the use of any crude drugs. This obliged me to individ-

ualize every case, and thus study it. If any one wants to meet with success in the treatment of that trouble, there requires as much individualizing in ague as in any other ill to which flesh is heir; for in this, as in the other diseases, idiosyncracies of the patient point to the remedy. It has been my experience, that most often the characteristic symptoms indicating the remedy are found during the period of the *chill*, for that is the time of the depression of the vital forces, and there the peculiar characteristic symptoms make their appearance. I do not know if this has been observed by others, but in my mind, it deserves some attention.

The mental symptoms, when strongly marked, will give the clue to the remedy. The thirst is an important condition. If present before, during, or after, the chill, or any particular period of the paroxysm. The relations which the cold and the heat and the perspiration bear the one to the other, and the manner in which they are developed.

There are many symptoms which belong to the disease naturally, and these will be found pretty constant in every case, but we must look to the marked deviations from the natural progress to ascertain what belongs to the individual who is ill, and distinguishes that case from any other, just as the individuality of the person distinguishes him from every other person. This found, then apply the remedy corresponding.

These differences are found in many directions.

The time of day, if the paroxysm is pretty regular in its appearance the symptoms during the chill; thirst; concomitant symptoms not belonging to the natural history of the disease, and the particular conditions existing during the apyrexia.

I will illustrate some of the above points by two cases. The first was an old lady of fourscore, who was threatened with a low form of nervous fever, but under treatment, developed only an intermittent. On close study of the case, I could find but one symptom wherein her case differed naturally from that of the ordinary type of ague, and it belonged solely to her. This symptom was rheumatic pains in the knees during the chill, and *Helleborus* was the only remedy which we know has that symptom, under those conditions, and one dose of Fincke's preparation cured her. This happened four years ago, and to this date there has been no relapse.

The other case I shall mention, was of a lady who bothered me for a week, for I could not obtain any characteristic indications from her. She had the paroxysm as we find it naturally developed without any striking peculiarities. On one visit, I happened to see her during the fever, and found her calling for *hot* tea; this somewhat surprised me as it is usual and natural for persons during a fever heat to call for cooling drinks. On inquiry I found that if she attempted to drink any thing cold during the fever it produced violent vomiting. The remedy was very plain, and *Lycopodium* 100,000 (Fincke), finished that case at once, with no return to date. The *Lyc.* was given some four or five years ago.

There is no royal road in the treatment of disease, we must work and

study and individualize. We must know what is the natural course of the disease, and then we can distinguish those strange characteristic symptoms, which Hahnemann has told us, point to the curative remedy; and experience corroborates Hahnemann. To suppress disease by massive drug doses, is not curing any more than the administration of narcotics produces sleep. To cure we must individualize, not generalize.

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#### OUT OF MALARIA.—AN ANSWER.

The changes which are daily rung upon the word "malaria" are somewhat appalling, and remind one of what Dr. Raue says of dyspepsia. "Thus it would read: I am malarious; thou art malarious; he is malarious; we are, you are, they are malarious." It is a significant fact that those who are not *afraid* (?) to use *Quinine* are those who talk malaria most. The Old School, from the time of Galen, down, acknowledged their inability to successfully cope with it. If, then, we are to succeed, we cannot hope to do so by copying their errors. Can the effects of malaria be *cured*? Were I the only one who has pretended to cure intermittent fever, I might feel diffident about expressing myself in the affirmative. But I am thankful for plenty of company. In short, very much that I know about *curing* the "ague" has come from those who have repeatedly told the profession, through the journals, how to cure it. Some of our good fellows have grown weary in so oft repeating it, because some one is sure to reply, and say, "You can't." Hence it becomes a question of veracity.

Now, as Dr. S. J. Quinby has asked, in the September 15th number of THE UNITED STATES MEDICAL INVESTIGATOR, a great many questions, of me, personally, I will try to give answer. And yet, I do not quite understand why he singles me out from so many better able than I am, to give him the required information. Nor are the questions over new, and for the answers, I shall make no claim to originality. If then I may be permitted to answer for "a class of our physicians," the reason for "the particular tilt against *Quinine*" is this: As far as I am able to learn, all physicians who give it crude, and from one to eighty grains per day, give it *for ague, for malaria, for intermittent fever, and for—everything*. They give it to Tom, Dick and Harry, and their wives and children. I will ask, does malaria in Memphis affect every person alike? And are all their symptoms exactly similar to the known pathogenesis of *Quinine*? If, year by year, every person in Memphis be affected alike by malaria, and require a *substantial* dose of anti-malaria, we may reasonably conclude that colds will produce precisely the same conditions in each individual in said city, and that there should be some anti-colds remedy, like *Bryonia* or *Phosphorus*, which should be given to each and every individual. Or, in an epidemic of typhoid, an anti-typhoid should be given to all the afflicted

ones, without regard for symptoms. This certainly is Homœopathy made easy. If my patient have intermittent fever, does it make a particle of difference whether said patient became sick from marsh miasm, or from living over a wet cellar? The "tilt," then, against *Quinine* in bulk, or otherwise, is mainly because it is pitched into every sick person's stomach, by the "other class of our physicians," whenever and wherever there is the faintest infinitesimal smell of malaria. Why! I know a physician who prescribed it for a young Miss. for membranous croup, *because* she had spent her vacation within fifty miles of a swamp. She died, however.

The doctor says: "By these repeated attacks, we may be led to infer that later investigations have demonstrated the fact that *Cinchona* and its alkaloid does (?) not possess the anti-malarial virtues which it (?) has heretofore been accredited with." That medicine is only anti-malarial which exactly corresponds, in its pathogenesis, to the effects of the malaria upon the *individual*. Breaking a chill and *curing* it, are widely different things.

He asks. "Is there any reliable record of observations proving that the symptoms produced by *Quinine* are not similar to those attributed to the influence of marsh miasm?" The same can be said of many other remedies.

Again he asks, "Is there anything about it that smacks of polypharmacy?" No! it smacks of something else. "Does not Homœopathic usage require the administration of a sufficient dose of any given remedy to produce an impression exactly parallel to that of the disease?" No. "Does not intense malarial influence react as a virulent poison upon the nerve centers?" What if it does? "Does the doctor claim to be able to antidote poisonous doses with anything which is not in bulk?" The effect—yes, "Can we expect to rescue a patient from the effects of excessive *Opium* poisoning by either *Coffea* or *Belladonna* 1000? Will *Natrum mur.* 1000 antidote *Argent. nit.*, in poisonous dose?" Yes; when indicated. But you will rescue your patient much more quickly by giving the *antidote* of the effect of the poison, in a very much higher potency than the 1000th.

Do I understand Dr. Quinby as comparing marsh miasm with an excessive dose of *Opium* in the stomach? This looks like it. And why, then, does *he* not use the stomach-pump in every case of intermittent?

Again he asks, "Is it not finally *Nature* that is the curative agent, rather than the remedy?" If so, why bother the patient with massive doses of *Quinine*?

The doctor further says he "has no war to make upon the higher dilutions, when properly indicated." Who, let me ask, has used them when improperly indicated? And is there any more danger of using *them* when improperly indicated, than there is the low? Will the doctor please tell *us* when the crude preparations are "really demanded?"

Finally he asks, "Do you claim to be able, with any specifics, to cure a chill, so that it will *never* return?" I do—but never mind the bonanza. "If your faith (?) is sufficient, come down, prepared for

active duty." Come down where? To Memphis? Having plenty to do, I had rather stay here. From high potencies? I have been *down* longer than *up*.

NEW YORK.

A. M. PIERSONS.

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### MEDICINE AND HOMŒOPATHY IN MEXICO.

DEAR INVESTIGATOR: It hardly seems possible that I am so far out of reach of the "office bell." I even hear it now as I lie awake o' nights. It comes mingling with the rushing of the "wild sea waves." But it is *such* a relief to get away from labor after years of unremitting professional toil. Properly, I ought not to write you, I suppose until I have arrived "across the water" and noted something that would interest my professional friends.

#### MEDICAL EDUCATION IN MEXICO.

While visiting the Centennial exposition in Philadelphia, I happened to receive some information which may interest your readers. I chanced to make the acquaintance of Dr. Plutures Orndar, professor in the University of San Luis Potosi, in Mexico. He is secretary of the Mexican department in the exposition, a young man, not over thirty, speaks English very well, and is a man of very superior attainments. He is specially interested in obtaining information relating to the educational facilities of the United States and intends visiting Chicago, and other western cities, sometime this year. He had many questions to ask about the status of medical education here, and expressed his surprise that it had attained to no higher standard. He was acquainted with the fact, which I could not dispute, that a man can go from the field or shop and become a "doctor" in two years. I did not tell him that the facts were even worse—that some of our colleges grant a diploma after six months attendance—on "two courses of lectures in one winter."

Contrast this with the rigid requirements exacted of students in Mexico. Before a man can practice medicine in Mexico, he must, if a native, enter upon a course of study and college life lasting twelve years! Six years must be devoted to "preliminary study," after which he must enter a college or university and study six years before he can graduate! What would our American students say to that? I imagine we should have fewer doctors, and perhaps better ones. I admit that this plan is "going to far the other way," but after all it has its redeeming traits. For instance, all the Mexican institutions of learning are free, or mostly so; they are supported by the government. This does away with one great objection which American students have to a long course of study, viz., heavy tuition fees. But the American student is in such a hurry to "commence life" that he could

not wait twelve years, even if he was supported by government all that time.

I will add that a professorship in a Mexican college is quite a different affair from one here. He is paid by the state and he must lecture during his hour, even if only one student is on hand, and if none appear he must sit out his hour, in study or contemplation !

#### HOMŒOPATHY IN MEXICO.

Dr. Orndar, was quite interested in the condition of Homœopathy in the United States. He had heard of our struggles and our successes and knew the number of our colleges and the number of Homœopathic practitioners. He gave me some interesting notes relating to the condition of Homœopathy in Mexico.

It appears that a few years ago, several German Homœopaths came to Mexico and commenced to practice. As usual, the Allopaths made war on them and tried to prevent their examination by the government board. This obliged the Homœopaths to publish statements of their case in the public press and in pamphlets. These attracted the attention of the government advisers, who finally decided that if the Homœopaths could pass the examinations usually required they should have full rights and privileges. After this, Homœopathy "advanced rapidly in favor, until" said Dr. O., "it receives the patronage of the best population of the Mexican cities."

#### AT SEA.

I would say to my medical friends who desire to cross the Atlantic and choose the White Star Line, to go in the *Britannia*. It is by far the cleanest and fastest boat of the line. Our voyage has been a pleasant one, thus far. We have several notables on board, viz., Don Carlos, Duke of Madrid (a fine looking young fellow), Marquis Pona de Leon, and the Viscountess Montreal, also a high Japanese government official and his family.

#### ABOUT DR. INMAN.

The surgeon of the boat, Dr. Richetts, gave me some information relative to Dr. Thomas Inman, of England. I had intended to call on him, but learned with regret that he had retired from the active duties of his profession, and was now living in Bath. Many American physicians will remember his brilliant works, principally his "Theory of a New Practice of Medicine," which did more than anything else, except the influence of Homœopathy, to moderate and harmonize the Allopathic practice in England and America. He claimed that disease was cured, not by depressing agents, but by those which hold up and sustain. His other work, "On Myalgia," was a most exhaustive and practical work, which I have always held in high estimation. Dr. Inman is a brother of the Inman of the "Inman Line of steamers," and owing to the dulness of business during the last few years, he has unfortunately lost very largely as a stockholder in that line.

E. M. H.

## CENTRICS AND ECCENTRICS.

ACONITE IS CENTRIC, ARSENICUM IS ECCENTRIC.

Dr. J. B. Braun's somewhat tart reply to a paragraph of mine (containing merely my *opinion*, which, with others, he sought in a previous number,) really entitles him to my thanks; thanks for a ripple on the stagnant pool of medical indifference! For this is the first distinct reference I have met, to views of classification, etc., which I have for sixteen years endeavored to secure attention to; beginning with the original folio edition of THE MEDICAL INVESTIGATOR, 1860, in an article on toothache. And here and elsewhere, often since; notably, at the American Institute, at St. Louis, in 1867, and in the Transactions of the New York State Society for 1868.

The ambiguous response, to be traced in the subsequent classifications of Drs. Burt and Lord, I do not wish to speak of, except to say that their having later date, along with certain resemblances to mine, whilst not at all filling its place, laid some sort of literary obligation upon the authors, which, I suppose they do not recognize, and of which I have heretofore said nothing, and am willing to waive, as busy men care little for questions of priority.

Now, my paragraph is the result of much experience; and I refer Dr. Braun, and others, to my article of 1868 for the logic of it; with the remark that it was his duty to know of its existence, as a part of the *accepted* transactions of our greatest state society, and to have studied it before criticising the logic of an *opinion* which he had himself solicited.

If he can find flaws therein, I will dispassionately discuss them. I shall be glad to have the subject ventilated. In my own practice, it is my daily help, and I often wonder how any one can practice Homœopathy contentedly without it.

Dr. Braun's logical "point" now is, that I have given only one of three possibilities; viz., the first in his order, that *Aconite*, low, and *Arsenic*, high, are improper associates. His second possibility is, that his arsenical preparations contained "no *Arsenic* at all." But in his first article he said he gave *Arsenic*. This is Dr. Braun against Dr. Braun. If his first report be *true*, he has disposed himself of the second possibility.

His third possibility is, that if any *Arsenic* were present, the 200th could not do anything in a case so acute. Herein, he takes issue with our best men, Hering, Lippe, Guernsey, Bœnninghausen, Dunham, and many more, whose *opinion* is good, as against Dr. Braun's.

I have just written an article relating a really terrible case of choleraic dysentery, which got well promptly under *Arsenicum* 200. I cannot, therefore, see any force in his third possibility. His second, also, is *nil*; hence my own view. His first possibility is the only possible one.

The opinion in my former paragraph being thus, on his own statement, established, I will turn to his other points:



## I.—ACONITE A CENTRIC DRUG.

The conclusion that *Aconite* is a centric drug, and *Arsenicum* eccentric, is based on the common principles of diagnosis, coupled with a long and careful observation of their use in diseases, and the study of their pathogenesis. It is probably sufficient to affirm that the first has its prime action in the vaso-motor, and other portions of the great sympathetic. The same may be said of many drugs, among which, *Aconite* and *Veratrum viride* stand intimately related. Negatively, the former, at least, is not of the class of visceral irritants or simple acrids (all of which cause vaso-motor effects,) whilst *Arsenic* is so. Hence its action (*Aconite*) being not *directly* irritant on the visceral tissues, its marked effects on viscera must be indirect, sympathetic in a very intimate way; and as its *neurotic* action is also powerful, and as it is an admitted neurotic drug, diagnostics require that the visceral action be by the medium of the nerves; and, lastly, as its inflammatory effects, and its curative sphere, are both in the same cycle with the phenomena following division or irritation of the ganglia, the central nerve of the great sympathetic, it is a fair diagnostic inference that the prime action of *Aconite* is in the sphere of the centers; the ganglia of the great sympathetic nerve. Add to this the fact that the phenomena of the action of brain and spinal cord, and of drugs known to localize their influence therein, is so utterly different (as *Opium* and *Nux vom.*) that, indeed, the action of *Aconite* on the nervous system is almost unique; that experiments on animals have, at least, failed to show any direct cerebro-spinal effects, we are forced to infer that the other great division of the nervous system receives the brunt of its action, viz., the great sympathetic. The few experiments made on animals and criminals, although imperfect, do not militate against this, and go far to justify the conclusion.

## II.—ARSENICUM ECCENTRIC.

On the other hand, *Arsenic*, however it find its way into the circulating blood, *directly* irritates various peripheral or eccentric tissues, e. g., the stomach; hence, diagnostically, is an eccentric irritant. The gastric irritation is primary; nervous symptoms ensue; whereas, in the action of *Aconite*, the nervous symptoms take the lead; the irritant follow.

The influence of both may be referred to the same nerves; *Aconite*-action advancing from the ganglionic centers to the periphery; *Arsenic*-action from the periphery to the ganglionic center. Hence their similitude, and hence, also, their difference.

Now, as drug-effects are, directly or indirectly, largely vaso-motor, and as large doses cause local hyperæmia primarily, in their original sphere of action, so we find that small doses cause (so to speak,) a relative anæmia of the same sphere, illustrating "the opposite effect of large and small doses." (Dr. Sharp claims this idea, but it was in print in 1868, as above, and even in 1860, if not before).

A close observer may readily diagnose in acute diseases, the over-nourishment of tissues at one end of a set of nerve-fibres, with a

plus state of blood-supply included, to be attended by lessened nourishment at the other end; including a minus of blood supply. The plus end hangs out a plenty of flags, i. e., symptoms; and reflex symptoms are then hung out, as it were, from the other end. This relation of plus and minus, and order of time, tells which is the prime sphere of the irritation, and which the remote; and this, alike for irritation of drugs and all other causes. Still more remote sympathies are awakened later.

Again, high potencies create, at first, at least, a minus in the sphere of their prime action; the "relative anæmia" aforesaid; the "opposite of large doses." This, in the case of *Arsenic*, is peripheric—"eccentric." The necessary corollary is, the corresponding plus at the other end of the same nerves, which is eccentric—call it centric hyperæmia, centric irritation, or what you will.

Again, *Aconite*, in (comparatively) large doses, i. e., low potencies, in a sensitive person, may readily cause centric irritation directly, since that is its prime sphere. Now, add the two drug-actions, and the amount of centric irritation may transcend all ordinary limits, amounting to functional paralysis; and in consequence, a wide-spread vaso-motor paralysis in the periphery, with the gravest symptoms, local and general, augurs the threatened dissolution.

By changing the false prescription, the physician acquires the reputation of skillfully curing a hopeless case. How often has this happened to each of us! But what have we learned by such a case, if we never asked for the why? Dr. Braun is entitled to credit, in that he raised the very pregnant question—why?

Many cases, published in our journals, have a flood of light shed upon them by the application of the foregoing diagnostic principles. I will not say theories; for diagnostics are one thing, theories are another.

One more point Dr. Braun has raised. The propriety of mixing or alternating remedies at all. This is not germane to my own main position, presented above; and I do not wish to attend to any other issue at present. Some of the other contributors to THE UNITED STATES MEDICAL INVESTIGATOR will doubtless take it up, as Dr. B. has given the advocates of the single remedy a very good text.

PHILADELPHIA.

J. C. MORGAN.

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### SEASON HINTS.

Earache (right side), toothache, prosoptalgia and vomiting have ushered in many cases, due to exposure to season changes; for which *Bell.* has been the chief remedy. Coughs due to laryngeal inflammation have also needed *Bell.* chiefly; when attended with tickling and rawness down the trachea and aggravated by talking, *Lachesis*; if pneumonic, *Bry.*

T. C. D.

## Surgical Department.

### A REPORT ON SUBMUCOUS UTERINE FIBROIDS.

BY W. DANFORTH, M. D., CHICAGO, ILL., CLINICAL PROFESSOR OF SURGERY.

Read before the Illinois Homœopathic Medical Association, May, 16, 1876.

MR. PRESIDENT AND GENTLEMEN OF THE ILLINOIS HOMŒOPATHIC ASSOCIATION: As chairman of your committee on surgery, I have been led to the discussion of this subject, by reason of having recently had some clinical experience which may be of interest to those present, and more so because I feel, and doubt not others share that feeling, anxious to possess all the practical information on this subject which the varied experience of the large membership of this society may afford.

I have no hesitation in confessing that I have been, and still am, more perplexed to know how to treat intra-uterine fibroids than any other abnormal condition met with in gynæcological practice; the more so as, day by day, I behold my patient sinking under the steady and increasing drain of hæmorrhage, which if it be stayed a little by *Ergot*, or other remedy, only breaks forth more alarmingly when the tumor has obtained more considerable dimensions, defying not only the medical but the surgical arm of the profession.

Fortunately these tumors are not met with before puberty, and very rarely before the thirtieth year, but after that period they occur with increasing frequency, so that, at, or certainly after, the climactic, fully forty per cent of female uteri contain these growths. An abnormality, then, of so wide a range, presenting such stubborn, uncompromising difficulties of cure, defying both time and treatment, and terminating so frequently in death, does and should challenge our earnest enquiry and best-directed efforts at removal.

We meet with three varieties of uterine fibroid:

1. The subserous, or extra-mural, growing within the abdomen, from the outer wall of uterus, and covered by peritoneum.
2. The intra-mural, or that which develops within the walls of uterus. Sometimes called interstitial, and
3. The submucous, or intra-uterine, springing from the inner surface of uterine walls, and covered by mucous membrane.

It is of this last variety that I speak, to-day; *first*, because the time allotted me is insufficient to admit of the full consideration of the

varieties named; and, *second*, because the submucous is the one most frequently met with in practice, and the one which recent experience affords me matter of greatest interest to the society. Clinically speaking, there are three varieties of the submucous fibroid to consider:

*First*, that which springs from the cervix, and grows upon a stalk, or pedicle; commonly known as the fibrous polypus. *Second*, that which grows within the cavity, from a root, or pedicle, known as the pediculated intra uterine fibroid. And, *third*, the intra-uterine fibroid, growing from the inner uterine wall, as a sessile, non-pediculated tumor, frequently attached to four-fifths of the inner surface. These growths, histologically considered, are identical. All submucous fibroids only differing in the manner of their attachment to the uterine walls.

The first variety, the fibroid polypus, is easily diagnosed and treated; it can be twisted from its root, or severed by the wire ecrasure, and no considerable hæmorrhage or inflammation is to be feared afterward.

The second variety is more serious and difficult of removal, involving the necessity of dilatation of the cervix (a difficult, and sometimes a fatal procedure,) before we can effect its dislodgement.

The third variety is most serious of all, growing, broad-based, from four-fifths of the inner surface, folding the mucous membrane upon its outer side, into a canal-like space, on the anterior or posterior of the uterus; unfortunately, *not* susceptible of expulsion by contractile uterine efforts, and never yet known to have been absorbed, it remains and enlarges (more or less rapidly,) from month to month, and year to year, giving rise to frequent, fearful, and sometimes fatal hæmorrhages.

We said the first variety (polypus) was readily amenable to treatment. That the second variety, pediculated, intra-uterine fibroid, more dangerous than the first, was, nevertheless, within reach of the ecrasure; and we may remark, in passing, that this variety is sometimes expelled by uterine contractions. More especially so if it has been subjected to more or less surgical interference, which may provoke inflammatory action enough to interrupt its nutrition; thereby stimulating uterine contractions, which, in many instances, have expelled the abnormality, and so wrought a cure; this species of cure applying only to such growths as are attached by a slender pedicle, which may be ruptured, and the growth cast off. If, however, the pedicle is at all broad and firmly attached, then, nothing short of full dilatation and the ecrasure will effect its dislodgement. It is in the treatment of this variety of tumor that amateurs have won renown, and established the impression in some minds that intra-uterine fibroids can be easily removed by a few bold and well-timed thrusts. But when the operator, be he amateur or professor, comes to treat

#### AN INTRA-UTERINE FIBROID,

springing from a sessile base, *then* he must think discreetly, and act wisely and well his part, or his patient will be the worse from having seen him.

Nothing is more common or fashionable in these days than for the

physician to look wise and talk doubtful over such a case; finally recommending a treatment which he believes may (?) be beneficial in this instance, namely, the continued use of *Ergot*, or *Ergotine*. This remedy he has found to be the best calculated to effect the removal of the morbid growth, of any in the whole materia medica, and if reports are to be credited, it has cured a large number of well pronounced tumors. He assures the patient, and the attending physician, it may be, that this remedy has been used by the German physicians with great success; that it is also used in the Paris and London hospitals, and is just now the popular remedy. Inspired with confidence and hope, the physician and patient commence and continue the use of *Ergot*, for several months, to learn at last that in this particular case it has failed to materially improve the condition of things; and not only so, but that, in this particular case, the tumor has steadily increased in size, although it is possible that there has been less blood lost since its commencement.

Such, in brief, is all that may, or ought to be, expected from medical treatment in this class of cases. They are emphatically surgical cases, and nothing short of their removal by surgical interference will ever eradicate them from the system. You ask if our potencies will not remove them from the system. I answer, no. *Inasmuch* as we know of no medicine that will produce such a tumor; by so much, I answer that no medicine will cure. *Ergot* has been given, in the belief that it might produce uterine contractions, gradually arrest circulation, and consequently nutrition, finally stimulating sufficient expulsive efforts to throw off the tumor; but I aver, without fear of successful contradiction, that *Ergot* has never yet cured or removed a tumor of this class. It acts only as a palliative, and, as such, is sometimes very useful; in fact, the most so of any known remedy, arresting hæmorrhages, and giving us time to consider and mature plans for relief; beyond this, we ought not to depend upon it.

If, then, *Ergot* will not cure; if no medicine will cure or remove these growths, what shall be our treatment? I answer this enquiry by stating

#### THE REMEDIAL MEANS NOW COMMONLY EMPLOYED :

1. *The Expectant Treatment*.—Waiting for change of life; pills; potencies, and the general *expectant practice*, which consists of making the patient believe her case is understood; collecting bills monthly, and allowing her to drift into the jaws of destruction.

2. *Galvanism*, to produce absorption. No one who knows what galvanism is, would pretend that it could electrolyze a uterine fibroid of any considerable dimensions; and yet, some surgeons of local repute have used it in these cases, at the cost of their patients' lives. They have passed gold needles through the uterine walls, into the tumor, and delivered a sufficient current to produce (in their opinion,) electrolysis, (i. e., a decomposition of the compound substance). But in every instance it has been found that the needle simply cauterized the tissues it penetrated, producing a slough, just as *Potassa fusa* would

have done, and that irritative fever supervened, septœmia, ending in collapse following in rapid sequence.

Galvanism can only be of special benefit in cystic growths, and ought never to be used for the dispersion of fibroids. I wish I had reputation enough to make my views law on this point; the more, because quite a number of eminent physicians *have*, when seeing their cases getting worse under treatment—feeling perplexed, and not knowing what else to do—recommended galvanism, and some have tried it, at a cost of their lives. There should be no longer excuse for such ignorant recklessness of treatment in these cases.

3. *Incision of the Capsule*, in the hope of extrusion of the tumor, by uterine contractions. This treatment has been successful in some instances. It is a fact that these tumors are enveloped by a capsule, consisting of mucous membrane and connective tissue, which, being divided, allows the solid fibroid to descend, and if the attachments are slight and loose, uterine contraction may extrude the mass. I say that this procedure has been successful. In several instances, the operator, attempting enucleation, and failing in his purpose, has allowed the case to take its chances for life or death, and in some instances the tumor has been thrown off, and in many others, the patient has fallen a victim to irritative fever, septœmia and collapse.

The procedure depends for its success upon the tumor being loosely attached; on the general good health of the patient, and on the ability of the operator to dilate the cervix and incise the capsule without provoking any considerable inflammation.

So that, viewed as a remedial resource, it must always rank low in the estimation of candid thinkers; as the large majority of cases met with in practice are inapplicable to its use.

4. *Caustic Potass.*—To cause sloughing, strange as it may seem, surgeons have actually applied *Caustic potass* to the uterine walls, perforating the same, in the hope of being enabled to successfully cauterize—kill—and remove the tumor, i. e., to cause it to slough through the artificial opening. In these days of sponge tests, such a procedure is simply unjustifiable, and ought to subject the operator to imprisonment for life. The use of *Caustic potass* through an open cervix is scarcely less justifiable, as it would, undoubtedly, sink the patient, by surgical fever and septœmia, ending in exhaustion and collapse.

5. *Enucleation and Removal.*—This, of all other means, is the best calculated to successfully rid the patient of the abnormality. Enucleation is no new discovery. Velpeau and Amussat commenced the practice in 1840, and since then, it has been regarded as a justifiable procedure in such cases. Dr. Atlee wrote a prize essay on enucleation, in 1853, and it has been adopted, with varying success, by most operators in this field of practical science. I say, with varying success, because there has been a large mortality attendant upon the removal of these tumors by enucleation. Whether or not that mortality need necessarily to have obtained, and whether we may not very materially

reduce the mortality of these operations in the future, are serious questions for consideration.

With a knowledge of the dangers attending such cases, I unhesitatingly approve of enucleation, as the best method of removing the intra-uterine fibroid. This approval is based upon the presumption that in the given case, the tumor is well pronounced, that it is growing, (more or less rapidly,) attended with more or less menorrhagia; all of which conditions obtain in nine-tenths of the cases met with, and prognosticate more or less alarming danger.

If we analyze such a case, we shall find that the tumor develops as a proliferation of the connective tissue, displacing other elements, forming a rounded growth of such firmness as to require considerable force to cut; and yet, somewhat loosely attached to the matrix, from which it springs. Its attachment is largely vascular, and as it increases in volume, this vascular attachment often gives way (actually ruptures,) giving rise to severe, and sometimes fatal hæmorrhage; these hæmorrhages and dangers recurring with increasing frequency and severity. This growth proceeds, amenable to no medicine; inexorable in its demands upon the patient; leaving us only the question of how long endurance may be possible.

In such a case, I aver that there is no remedy equal to enucleation; none that promises such absolute triumph and success at so small a risk of life. One reason why this operation has failed so frequently is, because of the operator not being provided with the necessary instruments to make it a success. There are no cases that the surgeon is called upon to provide for that require so much *careful, considerate and comprehensive* judgment, as this class of cases. He has first to determine whether the case is one that admits of an operation at all; for there are cases where an operation is inadmissible; as where we find a tumor in a virgin uterus, where the cervix is long, small, and firmly closed, the vagina contracted, or affected with vaginismus; the patient reduced, debilitated and nervous. In such a case as this, enucleation is, from the nature of the circumstances, inadmissible, and a palliative treatment the best that can, with propriety, be afforded. But, in a great majority of cases, the operation is not only admissible, but urgently demanded. As, when we find a tumor in the uterus of a woman who has borne children, or one whose vagina is easily distensible; where the cervix is short, and the os more or less dilated, or, at least, readily dilatable. In such a case, enucleation is the operation, of all others, best calculated to afford relief. But it has often been undertaken by operators of limited experience, who were illy prepared to make it a success. I have known it undertaken by those making somewhat exalted pretensions, by the aid of a sponge tent and a pair of lithotomy forceps only, and, after manipulating for an hour, abandoning the case, as impossible of success. Certainly it was, with the means at hand.

To make enucleation successful, the operator should study his case with care; obtaining as clear and correct data as possible regarding the size and attachments of the growth, and if he is not possessed of

all the instruments he may need, by *no means* operate until he is. He should make the most *ample* preparation in advance, and then, when the operation is begun, go forward, until the tumor is wholly removed. Of course that is, in general terms, the object and intention of every operator; and yet it is a matter of common occurrence that the operation is abandoned when half finished, on account of the operator discovering, at that juncture, that he has not the proper instruments to complete it with. Of course his patient is seriously, if not mortally injured, surgical fever, septæmia, and collapse too often supervening. Operators and writers, at least those who have reported cases, do not insist on the completion of the operation at once; but I wish to be considered as *emphatic* on that point, and do advise and *insist* on the complete removal of the tumor, when undertaken, as encountering the minimum of risk to the patient.

My experience is limited in these operations; but I have been surprised to see how little irritation and trouble followed the complete removal, in every case I have yet operated on. So that, all things considered, I am clearly of the opinion that to half remove a tumor is, in a great majority of instances, more dangerous than to complete the operation at all hazards.

#### A RECENT AND SOMEWHAT REMARKABLE CASE,

will illustrate the points already taken in this connection. As the patient was under the care of Dr. C. A. Williams, of Joliet, (forty miles distant from the city,) he has furnished a brief statement of symptoms previous to the operation:

"Mrs. H., a lady of high social position, forty-two years of age, married, mother of four children, youngest ten years, has for several years past, suffered from chronic uterine troubles, including more or less metritis, metrorrhagia and menorrhagia. Has taken treatment from several physicians, with more or less benefit. Was under my care during winter of 1873-74, and incident to treatment, I passed the sound several times, and found uterus not abnormal in size, the disease being confined to the cervix, the canal of which was very much eroded.

In April, 1874, she visited some relatives in Missouri. Returning in June following, uterus was considerably enlarged; complained of weight, etc. Suspecting possible pregnancy, I discontinued local treatment. Was called suddenly, toward last of the month, and found her flowing *fearfully*, attended with pain, labor-like in character, and with each pain, large coagula were expelled. Active measures were adopted, and after a few hours, the menorrhagia was controlled. During the next four months, there was a perceptible increase in size of uterus. Flow came on as before, but not so severe, lasting but a short time.

The os was so dilated as to admit finger, which came in contact with soft, spongy mass, which I thought might possibly be placenta prævia. The more so because hæmorrhage occurred only at menstrual epochs.

Another month passed, when she was visited with *fearful* menorrhagia again. Death seemed imminent. Thirty or forty large coagula passed, some of them as large as a large orange. There was considerable reduction in size of uterus afterward, and, of course, the notion of possible pregnancy was exploded, presenting instead either polypoidal or hydatid growth.



I now asked counsel, which resulted in patient's consulting Dr. R. Ludlam, of Chicago, who examined her, and diagnosed fibroid polypus, and advised its removal. About one month after this, i. e., November 1874, he attempted removal, in presence of Dr. Campbell and myself. The os was fully dilated, and a more thorough examination made, which revealed a large submucous fibroid, occupying anterior surface of uterus, with attachments throughout its whole surface. Owing to the extreme exhaustion of patient, an operation was deemed impracticable, and hypodermic injections of *Ergotine* advised, to control hæmorrhage. I immediately commenced its use, and repeated it daily, for about *four months*, and afterward occasionally between her periods, until October, 1875; during which time she experienced no excessive flow, and there was a gradual improvement of health and strength, but with a *steady increase* in the size of the tumor. The following month she experienced another *fearful* menorrhagia, and was also very much annoyed with an increasing pressure on the rectum and bladder, seriously interfering with their functions.

I again advised consultation, and when she had sufficiently recovered her strength, she visited Chicago, and first saw Dr. Ludlam, who, after a thorough examination, advised *no interference*. She then saw Dr. Byford and Dr. Danforth, both of whom agreed in saying that an operation was the only chance of prolonging life, though Dr. Byford thought the chances largely against her. Nevertheless, without an operation, death was certain, at no distant day."

Such, in brief, is Dr. William's statement of her case, from which it will be seen that the growth continued, with little or no interruption from treatment, notwithstanding the *Ergot* was given continuously, for about fourteen months. The most that could be claimed for the *Ergot* was, that it controlled the fearful menorrhagia for a sufficient period to admit of an improvement in the general health of patient; *finally* failing of control, as evinced by the alarming hæmorrhage in October, 1875, just one year after its use was commenced. Over two hundred hypodermic injections had been given, and yet the tumor had steadily grown from about a two to a six-pound growth, and the alarming hæmorrhages were again returning, associated also with pressure upon both bladder and rectum, which seriously threatened health and life.

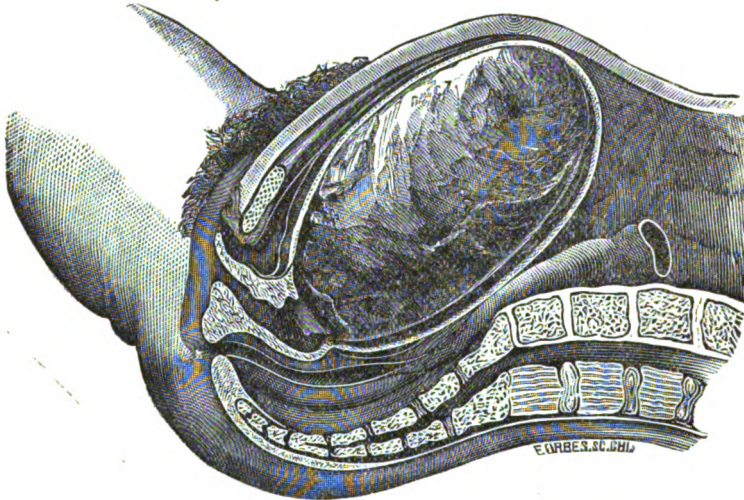
I was called to see the patient in January 1876, and found uterine enlargement, such as we should expect to find at about the sixth or seventh month of pregnancy. The cervix was dilated two inches, and the tumor protruding into the vagina. Sound passed along posterior of growth ten inches; four-fifths of the mass was adherent to uterine walls, throughout its extent.

I was engaged to operate, and on the 16th day of February, 1876, assisted by Drs. C. A. Williams and W. B. Campbell, of Joliet, and Dr. J. S. Near, of Frankfort, Ill., successfully removed the fibroid, which weighed, a little less than eight pounds, was twelve inches in length, and six in its greatest diameter.

To make the operation a success, I had a full set of instruments constructed by Messrs. Sharp & Smith, surgical instrument makers, of this city; consisting of two pair of forceps, a long button-pointed hernia knife, long hook enucleator, blunt spade, vectis, etc. All these instruments were of great strength, and some twenty inches in

length, and by their use I was enabled to sever the connections of the tumor, and seize and remove it.

The accompanying cut gives the reader a good understanding of the size and relative location of the tumor :



SUBMUCOUS UTERINE FIBROID.

The patient lay upon a high table, on the left side. A very wide Sims speculum was used. Profound anæsthesia was induced by *Ether*. The operation began at 2 and concluded at 5 P. M. After severing the lateral adhesions, and applying the large forceps, to attempt removal, the patient collapsed; pulse ceasing at wrist; respiration very irregular, and we were obliged to resort to *Ammonia*, friction, elevating lower extremities; and after half an hour's delay, the administration of brandy, which brought symptoms of reaction; and then, by twisting the tumor with considerable force, the fundal attachments were ruptured, and by protracted manipulation, the mass was extracted through the vagina. Not, however, until I had first reduced its diameter, by compression, so that, when delivered, it measured some fifteen inches in length, by about four inches in diameter. A large sponge, saturated with a solution of *Persulphate of Iron*, was passed into the uterine cavity, immediately on the removal of tumor, effectually controlling hæmorrhage, and inducing contractions as well. But about half a pint of blood was lost during the entire operation.

Patient reacted feebly and slowly, remaining in a state of great prostration for twelve hours; finally responding to questions on the following morning; from which time she gradually improved (taking beef tea and wine whey.) resting tolerably nights: so that her recovery was substantially assured on the third week.

It is worthy of remark that no inflammation or local pain was experienced during convalescence; also, that her menses occurred the week following the operation, and were, in every respect, natural.

NOTE.—It is now several months since her recovery, and she is in good health, having fully recovered from the shock and debility consequent upon the fearful ordeal through which she passed.

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## Children's Diseases.

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### *THE RELATIVE POWERS OF VITALITY OF LEGITIMATE AND ILLEGITIMATE CHILDREN.*

BY D. A. COLTON, M. D., CHICAGO.

Read before the Illinois Homœopathic Medical Association.

Contrary to the opinion not unfrequently expressed, illegitimate children are not likely to be as smart or as long-lived as those which are legitimate. The reason is quite obvious, and rests upon the fact that in the one case, all the conditions are quite sure to be unfavorable to health and longevity.

In the first place, fully one-half the children born outside of regular wedlock, are the offspring of both abandoned men and abandoned women; and they are, consequently, the recipients of diseases which are the direct result of abandonment or dissipation. This alone gives illegitimacy a most gloomy outlook, and verifies the sayings of Scripture that the iniquities of the fathers shall be visited upon the children, to the third and fourth generation.

Again, the mental condition of the mother previous to the birth of an illegitimate child, is most unfavorable to the development of a fœtus that is vigorous and promising. Besides, the prospective mother, in such cases, not unfrequently tries to rid herself of such an incumbrance by a resort to the most unwarranted means, even to the risk of her own life.

This is the beginning of the hard road an illegitimate child has to travel. And when fully ushered into the state of independent existence, so termed, then the great effort is to get rid of the "brat," and thus the struggle for life, during the first month of such existence, is between life and death, and death has the satisfaction, not unfrequently, of getting fully one-half in this period. Besides the improper care during this first month, as well as the following ones, if the child is fortunate enough to live so long, is that the mother or nurse is apt

to resort to drugging, which is sure to do its full share in producing feebleness or death.

It should not be omitted to say, that illegitimate births are generally first ones, and the difficulties attending them are greatly against the vitality of the child, or the strength of them, if born alive.

It is found that what I have stated is fully borne out by statistics; fully twelve per cent more deaths occurring among the illegitimate than among legitimate children, during the first year. And this is still further circumstantially evidenced by the fact that among the rich and well cared for of legitimate children, that the lease of life is much greater than among the poor and illy cared for of the same class.

Thus, mental and physical conditions have much to do with the viability and strength of children, and circumstances after their birth have much to do with their lease of life.

But it is the disease which illegitimacy entails that must also be taken into the account. I refer to syphilitic diseases and debauchery being propagated, in the form of peculiar mental and physical ills. Of course I would not laud the habits of many who are actually married, and ostensibly living in wedlock. They contribute their share, at least, to this debauchery and entailment. The diseases common to illegitimacy are so generally known as to hardly need enumeration. They are: Tetter, exzema, scrofula, marasmus, consumption, etc., besides a mental tendency to eccentricity and immorality. These are sufficient to weigh quite heavily upon the reflecting mind; and to lead him to enquire what remedy can be interposed to prevent the continuance of these evils. You cannot make the stream rise above the fountain unless you use special means to push it, but you can improve the stream itself, by placing sand or charcoal in proper positions.

Without attempting to enlarge this figure and make it appear to have a clear application, I will say that much of this illegitimate trouble grows out of the fact that many so-called well-regulated families are far from being well-regulated. And until children are born and nurtured on the simple, God-given principles of love and of labor, we cannot expect that moral and physical, that physiological millennium which a pure legitimacy would indicate. Those who decry labor, real, genuine and habitual mental and physical labor, are manifesting a gross ignorance or a baseness which merit the severest reproofs, and the most scathing castigations. Those who say they love, and are continually trying to make each other unhappy, are living a lie, and are continually telling lies, to make themselves believe the contrary. The one, earnest prayer of Solomon for wisdom to guide, repeated aloud, over a young son or daughter, and re-repeated at the bedside and the board, in the morning and at night, habitually, from this period, up to manhood and womanhood, would go, and do go, very far toward making such son or daughter appear to have such wisdom inborn and inbred, as shown by all their future actions in life.

## Obstetrical Department.

### "OBSTETRICAL QUERIES" ANSWERED.

On page 199, Vol. IV., of THE UNITED STATES MEDICAL INVESTIGATOR, Dr. A. F. Randall asks for experience in the premature rupture of membranes, and the free escape of the liquor amnii, without being quickly followed by labor. I have seen four or five cases of this kind, the interval varying from one week to forty days.

The case in which the interval was forty days is so conclusive in its teachings, and it confutes the hydrorrhœa theory so perfectly that I am tempted to give it in full:

About two years ago I was called to see Mrs. W., aged thirty-eight, multipara, seven and a half months advanced in pregnancy. I found her in bed, and quite nervous over the prospect of a premature confinement. She said that after a rather hard day of household duties, she felt as though something had suddenly given way within her. This feeling was immediately followed by a discharge from vagina, of a watery fluid, in considerable quantity. In fact, she believed that more than a pint had so escaped within the first ten minutes. She immediately took to her bed, but the discharge still continued, though not so profusely. After a few minutes, she began to feel pains, which gradually increased in severity.

The discharge continued, but soon changed from clear water to bloody water, and then to almost pure blood.

Arriving about one hour after the accident, I found her suffering the premonitory pains of labor. Upon examination, I found a rather active hæmorrhage, the blood forming small clots in the vagina. The os was patulous, but not dilated to any considerable extent. The finger easily approached the presenting part, the head, but was separated from it by flaccid membrane, and a small quantity of water.

I administered *Sabina* 3x, in water, every fifteen minutes, and at the end of an hour, the hæmorrhage and pain had so far subsided that I felt safe in leaving her, with the admonition to send for me promptly, should either return.

Twenty-four hours passed before I again heard from the case. The husband then called at my office to say that all was quiet, no pain, no hæmorrhage, and to ask in regard to the outlook.

I expressed the opinion that the lady would be confined within the next forty-eight hours, and Professor J. S. Mitchell, who was in my office at the moment, coincided with me.

I heard from this lady, from time to time, during the following six weeks, but was not called to see her. She had, during this time, two

or three slight attacks of pain and hæmorrhage, but a few doses of *Sabina*, and forty-eight hours in bed, were sufficient to ward off the danger.

Forty days from the date of the first attack, about the estimated end of gestation, I was again called, and I then found her well advanced in labor. She progressed favorably, and was shortly delivered of a small but vigorous child. There was no hæmorrhage or other accident. The placenta showed some old clots along its margin, proving that it had been partially detached for some time. There was no escape of amniotic fluid before the expulsion of the child, and but very little afterward. The child was born with a *caul*, i. e., the head was enveloped by the lower segment of the membrane.

The facts in the above case warrant the conclusion that there was a rupture of the membranes somewhere above the lower third, and that a large proportion of the liquor amnii escaped six weeks before labor supervened. The womb in contracting, to accommodate itself to the reduced size of its contents, broke up some portions of the placental adhesions, hence the hæmorrhage.

The lower, cup-shaped segment of membranes still retained some portion of fluid, but not enough to necessitate the rupture of this portion of the membranes, that the child might be born; hence the *caul*.

After the placental attachment is perfected, the chief office of the liquor amnii is to protect the fœtus and give it latitude for motion, and it is surprising to see what a small quantity will sometimes meet these requirements.

In conclusion, I will say that if, *after the fourth month*, rupture takes place *above* the lower third, there is a fair prospect of preventing premature labor. If the rupture takes place *earlier* than this, or if it is *in* the lower third, the chances are a thousand to one against you.

CHICAGO.

JOHN W. STREETER.

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### "OBSTETRICAL QUERIES."

#### EARLY ESCAPE OF WATERS WITHOUT LABOR.

Dr. Randall does not define his case distinctly; he does not state whether there was another discharge of waters when labor regularly set in at the termination of, in one case, seventeen days. But I shall endeavor to make the answer so distinct that he will perfectly understand.

The chorion and amnion, which contain the liquor amnii, are in close contact at parturition. During the first few weeks of gestation they are not so, except at one point; there being a quantity of transparent, watery fluid, resembling the liquor amnii, placed between them. This is most frequently absorbed as pregnancy advances; but sometimes it remains and breaks at or before labor, and is then called the *false waters*. This induces many to think that the waters have

broken, and are astonished to find the regular presentation and rupture of waters in due time afterward. With respect to the suspension of labor after the regular escape of the waters, I have known cases where labor has been suspended from twenty-four hours to seven days. In such cases, tedious labor always follows, with danger to the life of the child.

#### INTRA-UTERINE INJECTIONS.

The fallopian tubes are canals, having each two open extremities, one communicating with the uterine, the other with the peritoneal cavity. It is considered very injudicious practice to inject any fluid into the body of the womb, because of the danger of its passing into the peritoneal cavity. I recollect visiting a case, several years back, where the death of a patient was caused from an injection of *Arg. nit.* into an unimpregnated womb. The fluid was forced from the syringe through the fallopian tubes, into the peritoneal cavity, producing violent peritonitis and death.

Your injection of cool water into the uterus after the delivery, would assist you nothing. What you want, after labor, is, the solid contraction of the womb, to prevent hæmorrhage. The womb will cleanse itself in due time. To assist your patient, after her muscular strains, apply *Arnica unq.*, to the pudenda, and give *Arnica 3x*, five drops. in some water, repeating in two hours.

LANSING, Mich.

R. W. NELSON.

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#### THOSE "OBSTETRICAL QUERIES."

There are many points like those raised by Dr. Randall, in the August 15th number of THE UNITED STATES MEDICAL INVESTIGATOR, which if brought before the profession, and discussed, would not only be interesting and instructive, but very beneficial to the patients. I presume every obstetrician has had cases, at full term, where the membranes were so tough that the most violent contractions of the uterus, combined with the voluntary muscular force of the woman, did not rupture them.

On the other hand, he has probably seen the membranes so rotten that they were ruptured by the earliest expulsive effort, and the labor follows many hours later. More than this, the membranes sometimes give way, not in advance of the presenting part, but nearer the fundus, and the child is born with the membranes intact over the advance portion of its body. This is the true bugbear of the olden time nurse, and the midwives. Now, when the membranes have been slightly ruptured near the fundus, either by a strain, a fall, or by disintegration, the liquor amnii in part, but not wholly oozes away gradually, without bringing on contractions and labor. This may occur a fortnight or more before the lady falls in labor, and with no other bad effect than emaciation of the fœtus, and a more prolonged or severe labor.

With regard to injecting cool water, or anything else, into the uterus after delivery, I, for one, am thoroughly opposed to it. In the doctor's cases there is no proof that the woman would not have done equally well without injections. Let me inquire the object? If it be for cleanliness? Guernsey has somewhere truly said, "The female genital organs are self-cleansing." If it be to check hæmorrhages? It can hardly be considered Homœopathic. Its use *may* cause endometritis. *Arnica* is always indicated after labor, and, if given every hour or two in water, will speedily remove all danger and trouble. I hold it to be poor policy to interfere with the uterus, in any manner whatever, after delivery.

NEW YORK.

A. M. PIERSONS.

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### ABOUT "OBSTETRICAL QUERIES"

REPLY TO A. F. RANDALL.

I can only state my own experience. Cases have occurred to me, in which the liquor amnii had escaped some days previous to labor. These cases were all tedious on account of the tardy dilatation of the os. Forcible dilatation was resorted to in one case. I am well convinced that a premature escape of the liquor amnii does occur before labor, and always consider it an untoward event.

INTRA-UTERINE INJECTIONS.

If any injections are used after delivery, *Bromo-chloralum* one to ten of water, is preferable, as it is soothing to the parts and effectually prevents any putridity in the discharges.

WHITE PLAINS, N. Y.

O. D. K.

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### MORE "OBSTETRICAL NOTES."

In reading "Obstetrical Notes" in *THE UNITED STATES MEDICAL INVESTIGATOR* for August 15th, I was much pleased to find that I had so valuable a colleague, advocating precisely the same doctrines with myself, on so important a subject as that of parturition. It is surely a great pleasure for brethren to think and act together in unity for the general good. Your thoughts, as therein expressed, shadow forth the true inwardness of success in all obstetrical cases; and if strictly adhered to and faithfully carried out, would add thousands to the side of perfect comfort and joyous recovery, where constant misery, or even death, now makes rapid strides. To turn Nature out of doors, and in its stead, set up one's own *quasi* self-derived intelligence as a standard, and work thereto, as is the fashion nowadays, is, to say the least of it, *absolutely ridiculous*. Thus, when some *would-be*



physicians enter upon a case of obstetrics, not perfectly easy, they make ready all the paraphernalia of the ancient magician, in the amount of material and dark deeds at least. *Chloral*, *Chloroform*, *Morphia*, preparations for hypodermic medication, forceps, etc., etc., etc., are all made ready and on hand, for deeds of daring as atrocious as murder itself. My full conviction is, that where a physician visits his patient without his surgical preparations for the worst, he gets along the best. He relies more upon helping the weak parts, in strict accordance with known physical laws, and thus aids all feeble efforts, and makes them comparatively strong, enduring and efficient. Should the patient beg for violent aid, and the husband and friends become impatient and urgent, the doctor will reason, and plead for time and patience; but should he have all things in readiness for the worst, he at once yields, and somebody suffers. We all know who. Let the well educated mind direct the hands, and not the hands the mind. Two important lives are to be saved; earth and heaven are awaiting the result. The physician holds both lives, thoughtfully or carelessly, as it were, in his own hands. What a responsibility!! Think of it! Two lives at stake, and *he* the arbiter. It is surely a daring feat for a young physician to assume the position of obstetrician without due reflection and worthy preparation! Do nothing hastily. It is a grave calling to safely conduct a miniature man into the natural world. Great joy accompanies the fact that a living child is born, sound and well.

The physician with confidence in himself, self-possessed, calm, firm and deliberate, imparts full confidence to all persons surrounding him. The patient generally watches the countenance of the doctor closely, and her hopes *rise* or *fall* as his facial expression varies — from cheerfulness to gloom — or the reverse. Keep cool; direct all things with the circumspection of a master mechanic; have assurance yourself, in your perfect knowledge of the case before you, and surely your feeling will become contagious. Gently assist all natural efforts; if manipulations are inadmissible, or are not sufficient alone, give the proper simillimum.

#### REMEDY HINTS.

*Pulsatilla* or *Caulophyllum*, if the pains work well, but are inefficient, that is, too short, too feeble, or intermittent. These conditions being present, and the patient is mild, disposed to be sad, or easily discouraged, *Pulsatilla* is the only remedy. Should, however, the patient be just the opposite, then *Caulophyllum* is the thing.

*Bell.*, *Coffea*, *Gels.*, where the patient is nervous, irascible, and fault finding, with a persistently contracted os uteri, will help her along admirably.

*Pulsatilla* is surely the *sine qua non* in labor. If there is a specific in the Homœopathic practice, in the obstetrical department, *Pulsatilla* is that agent. I have been using it, in *labor*, for more than twenty-eight years, and have studied it thoroughly, patiently and perseveringly, and feel safe in saying that it has helped me out of more difficulties than all other remedies put together. Before I became acquainted

with the efficiency of *Pulsatilla*, I frequently used the forceps; now I have scarcely any use for them at all. Calmness, patience, and *Pulsatilla*, accomplish all my necessities.

#### MANIPULATIONS.

Direct expulsive efforts should be aided by placing the palms of the hands against the knees, and also holding the hands; not pulling yourself, let her do the pulling, if required. or, what is better, let her pull at a sheet fastened at the foot of the bed. By this means, she can pull as much as she desires, and is not apt to lame her wrists, as is often done by holding them.

The best support to the back, when lying upon it, is a sheet doubled up, about *one* foot square, and laid under her. This will elevate her from the hollow of a soft bed, and aid the physician in his movements very much indeed.

Change of position in the mother surely changes the bearings of the child. If, for instance, the pressure is very great upon the under side, a change to the opposite side balances the pressure, or changes it very materially; so much so that I have often seen labor progress rapidly after such a change, particularly if she has been lying for some time in one position.

Where the pressure is uncertain, irregular, or only accompanying alternate pains, give *Pulsatilla*, and get the patient on her knees, with body erect, and supported by some one.

If the child's head is *round*, and the occiput presents, prevent its locking, or hanging on the *pubes* by making gentle pressure over the bones, toward either side, as the case may demand.

Should the face or forehead present, be careful not to make any undue *force*, neither inward nor outward, as the child's eyes are at stake. In such cases, wait; watch, and rely upon *Pulsatilla*, nature, and good sense.

Patients often get impatient, petulant, and even insolent and importunate as to the results, and will ask you, Doctor, how soon will it be born? Will it ever be over? It can't be born, I know!! Can it, doctor? Tell me truly! You are fooling me, I know you are!! When will it be born, doctor? I can't stand it any longer!! I'll *die*, I know I will!! I have no more strength, and don't want to live any longer. Doctor, can't you take it away? Hosts of just such questions will be asked every few moments, and the physician is expected to give answer, in some form, to each and all of them, made by both patient and anxious friends. Here comes the physician's moral trial, and happy is he if he has innate, latent magnetism, or rather, mesmerism enough to now bring it forward into actual life and use, by rising above all fears, and walk firmly upon the waters and calm the raging storm. Every living creature has more or less magnetism. It pervades and surrounds every living being, and it is that influence which we feel when we approach people; some more than others. Here, of all places, the physician can display this power for good, if he has any, and if he has none, he better vamoise. Never set a time for delivery,

for not unfrequently, the pains will cease from their labors for a short time, while the shoulders are changing position, or after the head has made an advance forward; or some other unexpected circumstance may supervene, and you lose prestige. Hold your own council; but neither deceive nor be deceived, is my motto.

Thanking you much for your suggestions, I am, as ever, yours fraternally,  
O. P. BAER.

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“OBSTETRICAL NOTES” AGAIN.

In your excellent observations, on page 199, you speak favorably of of changing the mother's position to affect the position of the child. I wish to emphasize this point. I *know* it is, in some cases, of very great service. Sometimes I have seen labor speedily terminated by it, when, for a long time before, there had been no progress.

Some of my practice is among the Norwegians, a robust people, but they often have severe labors. They are often inclined to get upon their knees, or even out of bed upon their feet. I have sometimes allowed them to do so, and with the happiest results. But only a slight change, is, also, often very serviceable.

Just a very few words, now with regard to the use of the forceps. I do not believe that a physician should ever go away into the country to attend a case of labor without having his forceps with him. But they need not be used very often. I have found it best to use them in about six or seven per cent of my cases. The forceps have often saved the life of the mother, or of the child, or of both at once. The variety of circumstances under which they are needed, has been pretty well set forth, in our journals and in our books on obstetrics. It should not fail to be the careful study of every practitioner, to know just *how* and just *when* to use these invaluable instruments — not to use them too soon, and not to defer their use too long.

So far as my own experience goes, they have never done any injury, and I am always able to assure the patient and friends that I do not expect to do any injury either to the mother or the child, when I propose to use them.

SUN PRAIRIE, Wis.

H. E. BOARDMAN.

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DYSMENORRHEA.—CAULOPHYLLIN.

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

While visiting a patient, in the early part of January, I was informed that a lady occupying an adjoining apartment was suffering extremely with dysmenorrhœa, and asked if I could do anything to relieve her. The lady did not wish to see me, as she said, but just wanted some-

thing to quiet her; if I could give her this without questioning. I prescribed *Caulophyllin* 3x, as much as could be held upon the blade-point of a pen-knife, in one-half glass of water, two teaspoonfuls every ten minutes until easy. After the third dose, she fell into a pleasant sleep, which lasted two hours. She awoke much easier, and was very agreeably surprised at the action of the medicine; for, from the age of fourteen years (she is now twenty-three,) she has never been able to obtain a particle of relief during these attacks, short of six hours, and they usually continue for twelve hours. The next morning her husband called at my office, and asked me to commence treating his wife for her very painful complaint.

#### HISTORY.

Has suffered, since the age of fourteen, with each return of the menstrual period. Physicians in Louisville (Allopathic) and other parts of the south, after numerous prescriptions, pronounced her case beyond the reach of medicine, stating that the uterine orifice was much too small, and that, in consequence of this, she must necessarily suffer with every return of the menstrual flux.

#### SYMPTOMS PREMONITORY.

Pain in small of back; great aching and general soreness of lower limbs; *bad breath*; bitter taste; vertigo; chilliness.

#### SYMPTOMS ACCOMPANYING.

The above symptoms continue for a day or so, when a *very scanty* discharge of *very light blood* begins, accompanied by intense nausea and vomiting of yellowish, bitter matter. The nausea is extreme and constant. The discharge is scanty throughout, and the pain *unremittent*, from the beginning until the expiration of from six to twelve hours. Has always been obliged to remain in bed one day of each month in consequence of these attacks. Prescribed *Caulophyllin* 3x, five grains in one-half glass of water; two teaspoonfuls four times a day. After taking the medicine about a week, she informed me that her feet had become quite warm, they having always, heretofore, been cold. The next month she experienced no premonitory symptoms whatever, and awoke in the morning to find the discharge already established. The blood was darker, and flowed more freely. She had little pain, no nausea, no vomiting, and remained up all day. Another menstrual period has since passed, the flow coming on as before, without her knowledge, and unattended by any of the distressing symptoms to which she was formerly subject. I gave her a powder of *Sulphur* 30, as an intercurrent on two occasions, and once prescribed *Pulsatilla* 6, for a catarrhal affection. She took of this latter remedy but two doses. From the beginning of my treatment to date, she has been under the influence of *Caulophyllin* 3x, with the very satisfactory results stated above. I think this remedy also possesses, in a marked degree, the power of overcoming the constitutional taints, whereby labor is made unnatural and dangerous, and of putting the female

organs in such a healthy and natural condition that the pains of childbirth are very much lessened. A series of experiments with this remedy has convinced me of the truth of the above statement. It possesses virtues, too, in the treatment of threatened miscarriage or premature labor, and many women who habitually miscarry, can be brought to full term by means of the *Caulophyllin*.

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## Materia Medica Department.

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### "HOW BEST TO STUDY AND APPLY THE MATERIA MEDICA."

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

In Nos. 162 and 170 of THE UNITED STATES MEDICAL INVESTIGATOR, I notice Dr. Fahnstock's elaborate article on the above subject.

Among the different methods of studying and applying the materia medica, the doctor speaks of the physiological or clinical method. By this, he probably means clinical reports. He then takes occasion to denounce Raue's Record, "because its compilers claim as absolutely indispensable to success in practice, the strictest individualization." And what does the term individualization signify? We learn to individualize drugs when we become familiar with their distinguishing symptoms, so that we may know when to prescribe one drug in preference to another, in any case. I see no good reason for objecting to that claim, unless the compilers fail to select good cases. But the doctor has found in the Record an objectionable case. Undoubtedly there are to be found in this work many objectionable cases, yet it contains many instructive cases. Besides it contains valuable sections on surgery, materia medica, etc., all for three dollars. It gives an abstract of all our literature, for so small a sum, and by good judges on two continents, it has been highly commended. But after some searching the doctor finds a case of "dysuria, with burning on urinating, worse afterward," reported as cured by *Cantharis*, high, after *Apis* and *Cantharis*, low, in alternation, failed. He prophetically remarks, that the case would get well just as soon without medicine, but he unfortunately omits to state that it was a *chronic case*. He "knows a hundred remedies that have the same symptom, and he knows that *Cantharis* will not cure every case of burning on urinating. Also, he has known this kind of burning to be a purely *mental symptom*." I supposed it was a *urinary symptom*. But the doctor is a pathologist, and he informs us that he has known it to be purely a *mental symptom*. He

states that when this is a *mental* symptom, *Cantharis* will not cure the case. (Will the doctor please state what is the pathological remedy for the mental symptom.) In my humble judgement, it makes no difference what is supposed to be the occasion of the urinary symptom. Given, a case of urinary tenesmus with *violent* burning and cutting pains while urinating. The remedy is *Cantharis*, and pathologically the irritation, or the disease, is located in the urethra, and in the neck of the bladder, and not in the brain. The doctor evidently flares up because a high dilution was used in the case. It will be a pleasure to be able to compare the doctor's skillful method of prescribing.

He justly takes exception to Dr. Hale's case of urinary calculi, treated both with *Dioscorea* and a hot bath. As the doctor observes, the cure was probably due to the hot bath, though Dr. Hale claims that *Dioscorea* did the business. But this case was reported in the *Observer*, and the previous case was first reported in THE UNITED STATES MEDICAL INVESTIGATOR. And why did not the good doctor denounce both these journals, as well as Raue's Record for publishing such trash? He denounces the Record because some of the reported clinical cases are objectionable—but they were all abstracted from journals. I wonder that he buys any journals. Next he says, "American Homœopathic physicians introduce such cases on account of their inordinate love of book-making." Well, after all, that is not a serious fault, even if it be national trait, as the doctor charges. Good books deserve to be appreciated. Was not the doctor, as an American Homœopathist, inspired by his phrenological bump of approbateness when he composed his valuable article for THE UNITED STATES MEDICAL INVESTIGATOR, and does he not take an honest pride in his remarkable physiological and pathological acquirements?

Though there are some poor cases and poorer articles published in the journals and abstracted in the Record, there are a plenty of good specimens to be found in them. I think our physicians generally design to fairly report their best cases for the instruction of the profession. And something may be learned from them, especially when the single remedy is prescribed, whether high or low. And the doctor will probably not claim that he is better posted in both *materia medica* and pathology than any high dilutionist. But when several remedies are used in alternation, though the cure may appear very satisfactory to the prescriber, it is seldom worth reporting, because, as in Dr. Hale's urinary calculi case, one is always in doubt which remedy cured.

The doctor next reviews the key-note, or characteristic system. To show its utter fallacy he needs to quote out a single case, and he thence deduces the irresistible conclusion, that this system "encourages a looseness in the study of physiology, anatomy and pathology, which will ruin us in the eyes of all excellent physicians." By excellent physicians, he probably means the Allopaths. Our reputation must be very poor indeed, if it is so easily ruined. All the curative symptoms of drugs usually given in any disease as indications for remedies are *characteristics*, but generally several of them is required to make a good prescription. A good knowledge of pathology may be of service in a

case. A pretended Homœopathist who discards these prominent indications for remedies may indeed be posted in pathology, but I should not envy him his boasted skill in therapeutics.

After glancing at these different methods, so-called, of studying and applying *materia medica*, the learned doctor seems of course to prefer the "pathological method." He informs us that by experimenting upon a rabbit, M. Carrie had produced a false membrane in the larynx and trachea, hence "he based his prescription for croup upon this experiment." The doctor also informs us that this "is a good prescription, and it will, in general, act as well as the stereotyped *Aconite*, *Hepar* and *Spongia*." The doctor has a penchant for stereotyped prescriptions, provided they are based upon pathology, or rather upon a plausible theory. He jumps at the conclusion that because *Bryonia* is said to have produced a false membrane in the trachea of a rabbit, therefore it must necessarily produce the same effect upon the human trachea, and hence *Bryonia* is a good prescription in croup! This is a very brilliant syllogism. Has the doctor ever tried *Bryonia*, alone, in membranaceous croup?

In the cherry case, he states that according to the symptoms *Nux* was indicated, and he immediately prescribed this remedy. Afterward he learned the important fact that the ingestion of cherries was the cause of the whole case. A warm water emetic, or an emeina would have been very appropiate to remove irritating cause, or the doctor might have given *Castor oil*, as he proposed, before the removal of poisons, or foreign and irritating substances. Homœopathic remedies may palliate the symptoms, but they will not cure. Mechanical measures are then required, to quickly remove the cause. The doctor prescribed his *Nux*. before he had learned the history of the case, hence his prescription was premature. Yet he says "the symptoms indicated *Nux*," because there was "wind in the bowels and every movement was followed by convulsions." Was it a movement of the body of flatus or of the bowels that was followed by convulsions? Scientific writers should be definite in their statements. After much delay, he boldly administered *Castor oil* and followed it up with a dose of *Opium* and finally the case got well. After removing the cause, a good Homœopathist ought to have some confidence in his own remedies and not have to prescribe Allopathically for restlessness and nervous excitability. But pathologists are very apt to become demoralized in such cases. When the doctor prescribed the *Opium*, did he think about the danger of losing his reputation as a consistent Homœopathist as well as pathologist?

The next case was "meningitis," but we are not informed whether it was the *spinal* or *cerebro-spinal* meningitis. Being interested in *pathology*, we are very desirous of knowing the location, as well as nature, and cause of the disease. The doctor gives a long list of symptoms and remarks that they all "plainly indicated *Chamomilla*, and his counsel noticed the numerous *Cham.* symptoms (had the attending physician previously noticed them), and *Cham.* was given as an *intercurrent* every three or four hours for several days". Why was

not *Cham.*, when so plainly indicated, given *alone*, or as the *principal* remedy, and what other leading remedies were given? Two or more remedies were then given in alternation and continued several days. *Cham.* was merely an intercurrent. He winds up by saying, "*Cham.* can do no good for meningitis no matter how strongly indicated by the symptoms because not Homœopathic to the morbid condition." Then in such cases the symptoms lie. Here his pathology crops out again. He tried *Cham.* when well indicated in one case, and it failed on account of the pathology, hence it will always fail in such conditions. Is it good reasoning to make a general rule from a single case. In the previous cherry-case the doctor failed with his *Nux.*, and in this case with his *Cham.* yet both were well indicated by the symptoms. In this case also did the doctor have to resort to *Opium* and *Castor oil* on account of his pathology. Among the symptoms mentioned I find none that are suggestive of *meningitis*. But if it *was* meningitis that was probably the reason why the doctor's *intercurrent* remedies failed! It is always pleasant to have a good and satisfactory *pathological* excuse for a doctor's failure.

"After mastering the provings of drugs," he says, "we know but little unless we are able to give to each symptom a physiological expression, and just here we are exceedingly lame." Here is another weak point in Homœopathy — we are so lame (?) in our ability to make *physiological expressions*! The phrase, physiological expression, is doubtless a euphemism for physiologically or pathologically explaining every drug-symptom. If we cannot do this, provings are of no account. This shows us the wonderful advantage of being able to prescribe from a "physiologico-pathological stand-point," in other words, to prescribe *Castor oil* and *Opium*! Dr. F. is doubtless good authority as to the necessity of "physiological expressions," but in my own experience, I do not find it necessary to be able to thus interpret every symptom, in order to make it available in practice. And I find the experience of such men as Dr. Dunham corresponds with mine in this respect.

The doctor is very facetious about high potencies. He compares them to the "tincture of the sun and moon," and he sagely remarks that "cases reported cured by them would have recovered just as soon without medication." A distinguished pathologist ought to be considered good authority in such matters. Hereafter, the inevitable result of using such potencies will doubtless be "ruin in the eyes of all excellent physicians."

On summing up the doctor's *legitimate* conclusions, we find that high potencies are of no account. Raue's Record abstracts high-potency cases; hence that work is of no account. Urinary symptoms are sometimes purely *mental* symptoms, and in such cases, it is useless to prescribe *Cantharis* for burning in the urethra; high-potency doctors cherish an inordinate love for book-making; characteristic symptoms encourage a looseness in the study of pathology, and threaten to ruin our reputation; *Castor oil* and *Opium* are capital pathological remedies; *Chamomilla* will not cure meningitis, though well indicated by the



symptoms; but pathological *Bryonia* is an excellent remedy for membranous croup; and, finally, drug-provings are practically useless, unless we can give a physiological expression to every symptom.

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## Book Department.

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### PERIPHERAL CEREBRO-SPINAL NERVES.

CYCLOPÆDIA OF THE PRACTICE OF MEDICINE. Vol. XI.

This volume of Ziemssen's royal work is prepared by Professor H. Erb. of Baden, who has given special attention to diseases of the nervous system and to electro-therapy, the treatment therefor, according to modern physiological medicine. Under the head of "Diseases of the Peripheral Cerebro-Spinal Nerves," he treats "neuroses of the sensory nerves," of "special sense," of the "motor nerves." This includes neuralgia of all kinds, anæsthesia, spasms, and paralysis in all its forms. These subjects fill 574 pages. The balance of the volume treats of "anatomical diseases of the peripheral nerves," which includes, "hyperæmia, neuritis, atrophy, hypertrophy, and neoplastic formations." These are all elaborately handled.

When we take into consideration that this volume gives us about all that is known of value of all the functional and structural diseases of the peripheral nerves, and the other fact of the great progress that has been made in all departments of neuropathy during the last ten years; when we remember all this, we then get a slight appreciation of the immensely practical value of this volume. This volume maintains the high standard of excellence of its predecessors. We commend these works, because they are exhaustive and standard. The treatment given is chiefly expectant. In this volume, electricity is the chief remedy.

Our readers will smile when we tell them that for headache, we find it stated, on page 143, that "a dose of *Morphia* in a cup of strong *coffee* often proves very serviceable." Is it possible that the writer did not know that the coffee would antidote the *Morphia*? Perhaps he did, and also of the great value of *coffee* in cephalalgia; but for fear of recommending such an evidently Homœopathic prescription, he ordered the standard *Morphia* in "a cup of strong *coffee*." This must be his ruse, for he states, just above, "*narcotics* have been tried, in all their forms, but they do not prove very effective, and it is not easy to lay down any definite indications for their use."

Speaking of the treatment of neuralgia in general, he says, p. 87: "In the very first rank amongst specific remedies we must place

*Arsenic*," and as we read on, we only wish he had been more familiar with Homœopathic literature, and had the temerity to introduce it into this very valuable volume.

The next volume takes up the central diseases of the nervous system. We hope our readers, as fast as possible, will possess these volumes.

#### ANGELL ON THE EYE.

The fourth edition of Dr. Angell's work on Diseases of the Eye, published by Boericke & Tafel, price \$3.00, is enriched by the addition of nearly thirty pages, occupied with the anatomy and physiology of the eye. The minute structure of several parts of the eye has commanded the labor and thought of very eminent investigators with the microscope, and the recent views of these authorities we find here, clearly set forth. Those who have not kept abreast with the times in this department, will be repaid for a careful perusal of what is written concerning minute anatomy.

The physiology receives brief but practical notice. All through the book we detect changes in the matter, and in the arrangement of it, which make this edition of more value than the preceding ones. The author has been anxious not to increase the size of the work materially, and has made sacrifices to this end.

Some additions have been made to the therapeutics of several of the diseases, and some new remedies with specific indications for their use, placed in the last chapter, which is devoted entirely to internal indications, based upon subjective and objective symptoms, occurring in the eye alone.

In the direction of therapeutics, the fullest enlargement would be appreciated. What is needed in the school, perhaps more than any thing else, is specific instruction as to how to apply our remedies. The clinical experience which is being recorded in our current literature with more care, and in greater quantity than heretofore, will be of great use in this way, and will unquestionably be utilized by Dr. Angell.

The present work must continue to do the good in the future, that it has in the past, and more.

Notwithstanding deficiencies, which undoubtedly exist, the book should be owned and studied by every Homœopathic doctor.

#### ANNALS OF THE BRITISH HOMŒOPATHIC SOCIETY AND OF THE LONDON HOMŒOPATHIC HOSPITAL. Volume VII. LONDON: Henry Turner & Co.

This is a volume of twelve able papers, with a report of the annual meeting of the London Homœopathic hospital. Three of the papers are lectures delivered at the commencement of the session of Homœopathic instruction, at the London Homœopathic hospital.

This is a continuation of the efforts made by Drs. Curie and Epps in 1852 and 1853, and of Dr. Russell in 1861. The promise now is for a

full course of instruction in Homœopathic therapeutics in all of the branches. The lectures here given are by Drs. Dudgeon and Bayes. The other articles are on tetanus, some uterine diseases, leucorrhœa and its treatment, tobacco, exophthalmic goitre, ague, perbic hæmatocele and *Sulphate of zinc*.

The articles are able practical ones, and the discussions thereon dignified and to the point; altogether it is a volume worth perusing. A singular fact we notice is that although Drs. Ludlam and Tabot are reported to have been present and to have taken part in the discussion still their speeches are *entirely omitted* in the printed report. That is a courtesy we did not look for!

ENCYCLOPÆDIA OF MATERIA MEDICA. Edited by Timothy F. Allen, A. M., M. D. Vol. IV. Boericke & Tafel.

This volume, of this valuable work, brings us the provings of one hundred and twelve remedies, and the provings are full, at least so far as they are known at present. The list extends from *Condurango* to *Hydrocotyle*.

There is a different arrangement of some remedies from what we find in Hull's *Jahr*. *Ferrum met.*, *Ferrum acet.*, and *Ferrum carb.*, are all combined under the simple head of *Ferrum*.

The same general arrangement is followed in giving the provings that was pursued in the previous volume. The symptomology of many of the new and but little known remedies, finds in this work its only record which is at all complete. Many provings, not accessible to the general profession, are here brought together, and their accurate study rendered possible. From this study we expect to see a greater exactness in the use, especially of the new remedies. F.

HEADACHES, THEIR CAUSES AND TREATMENT. By E. B. SHULDHAM, M. D. London: E. Gould & Son. \$1.00.

This is a second edition of this popular work on that most troublesome of all complaints, headache. The additions to this work are: *Picric acid* in neuralgic headache, and Hughes' notes on climactic headache; pointing out the difference between *Lachesis* and *Glonoine* (congestive) headaches, and *China*, *Ferrum* (anemia) headaches. His advice to "drink light wines, beer and cider; we shall then be a happier and more temperate nation," seems to us, who use no crutches of this kind, as bad physiology.

PRACTICAL NOTES ON THE NEW AMERICAN AND OTHER REMEDIES. By R. TUTHILL MASSY, M. D., Brighton. London: E. Gould & Son; 26 mo.; pp. 160; \$1.00.

This is the *third* edition of a practical little work by friend Dr. Massy. Strictly speaking, this is a clinical view of the newer remedies, arranged under the various disease heads, to which are added many practical hints and comparative statements. An extract, giving our readers an idea of the work and its very practical nature, was given in

the September number of THE UNITED STATES MEDICAL INVESTIGATOR, page 268.

STATISTICA DEI COLERICI CURATI COLLA SOLA CANFORA IN NAPOLI. Negli anni 1854, 1855, 1865. Lucubrazione del Dr. ROCCO RUBINI, 3 a Edizione. Napoli, 1866.

This is an interesting pamphlet, containing in elaborate and documentary form, Dr. Rubini's experience with *Camphor* in cholera. The interesting part of it is, that during these epidemics of cholera, three hundred and seven cases were treated, with only two deaths. No wonder Dr. Rubini thinks *Camphor* is a specific for cholera.

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## Medico-Legal Department.

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### THE NEW YORK HOMŒOPATHIC ASYLUM FOR THE INSANE.

The board of trustees of the "State Homœopathic Asylum for the Insane." respectfully address the Homœopathic medical profession, and the adherents of Homœopathy in the state of New York in reference to a circular recently issued by the executive committee of the "State Homœopathic Medical Society." The circular alluded to contains so many misstatements of fact, and reflects so strongly and unjustly upon the honor and self-respect of the members of the board, and upon the action of Senator Madden, our representative in the senate, that we are justified in making this public appeal and statement:

First, we insist that reduction of the membership of the board from twenty-one to thirteen, was not the result of any secret or unfair action. It had been long contemplated, and was frequently considered and urged by those members of the board who devoted most time to the business affairs of the asylum. The matter was brought up at the annual meeting in June, 1874, but the inaugural address of the Hon. Mr. Conger, on the occasion of the formal public opening of the asylum, gave no time for action upon it. Its necessity, however, was more and more apparent at every meeting of the board or its committees.

The example of every other state asylum for the insane is in favor of the more limited number of members. The State asylum at Utica, and the Poughkeepsie asylum, have each but nine trustees, and in the code of the Utica asylum, a majority of these are required by law to

reside within five miles of the city of Utica. The Willard asylum has but eight trustees, and the Buffalo asylum but ten.

Certainly no good reason can be shown why our asylum should be made an exception to the rule, which the state has adopted with all these other state asylums, viz., that the board should be composed of not more than eight or twelve members, and located mainly in the neighborhood of the institution of which they have charge. All business experience certainly shows the wisdom of this rule in securing the greatest efficiency. Especially while an institution is being organized, when new buildings are being erected, and the adjoining grounds and farm are needing constant work for their improvement, it is certainly desirable that meetings of the board and its committees should be frequently held at Middletown, to secure the benefit of personal supervision of work, and to afford opportunities for consultation and prompt action, as to the many details of management and construction.

A large number of the members of the former board resided outside of Middletown and the county of Orange, several of them in the city of New York, embracing, among them, Dr. Gray, and the other physicians named in the circular. Meetings of the board were frequently appointed to be held in New York city, with the hope of securing larger attendance, but even these meetings sometimes failed for lack of a quorum, even after personal notification, although most of the non-professional members from Orange county were faithful in their attendance. In fact, during the past year, but few meetings have been attended by members outside of Orange county, except the officers and one or two others. Physicians, from the nature of their business engagements, are not able to attend with any certainty or regularity the meetings of boards with which they may be connected. Dr. Gray was understood to have frequently expressed a desire to retire from the board, and seldom attended its meetings; and therefore, to have compelled his continued membership would have been simply an act of discourtesy to this veteran Homœopathist. The circular, also, with characteristic disregard of truth, asserts that Drs. Ostrom and Jayne (former trustees,) "are residents of Middletown, and were faithful attendants at the meetings of the board." In truth, these gentlemen reside respectively about seven and eleven miles from Middletown, and were prevented by professional occupations, from more than occasional attendance.

The terms of Dr. Allen, Dr. Jones, and Mr. Marshall, had expired in 1874, and no new appointments had been made, as required by law. The terms of three others expired in 1875. Under the by-laws of the asylum, the places of some were liable to be declared vacant for long continued absence from meetings of the board. We are also informed that the opinion was expressed by members of the legislature that the judgment of physicians was not usually as valuable in conducting the business interests of public institutions as that of trained business men, and that good policy only required a sufficient number to serve on its medical committees and direct its medical policy. These med-

ical members are now located in populous localities, from which large numbers of patients are likely to be sent, and where public sentiment might be strongly interested in behalf of the institution.

But four of the present board reside outside of the county of Orange, and six of them (including the treasurer,) reside in the village of Middletown. That good policy required the reduction of the number of trustees from twenty-one to thirteen, we are quite willing to leave to the judgment of an intelligent public. And if this reduction was necessary, it was simply a mathematical necessity that some members of the former board should be omitted from the new board, however eminent in character or ability.

The members of the present board neither sought, nor made effort to secure their appointment as trustees, but having received the appointment, they expect to devote their best efforts to make the asylum a model Homœopathic institution.

But, secondly, it is charged that it is designed by these changes in the board to subvert the character of the asylum as an Homœopathic institution, and that this was done "by an underhanded politician's trick." To those who are accustomed to reach their desired ends by the tortuous windings of deceit and wire-pulling, it is doubtless natural to judge other men from their own standpoint, but with all reasonable men, the wanton assaults which these societies and the committee make on our board, without a single reason to justify them, can hardly need a refutation.

The original charter requires, says the circular, that the trustees should be "proper persons," and "adherents of Homœopathy," and because the law re-organizing the board simply required that they should be "proper persons," the choicest adjectives of vituperation are showered upon Senator Madden, and the Homœopathic public are warned in advance that the board intend to commit a gross breach of official fidelity and public trust. And yet, that the amendment, as made by the senator, represents the true meaning of the original charter, is evident from the fact that the only Allopathists in the new board who were members of the old board (Messrs. Draper, Thompson and Stivers,) were appointed at the organization of the institution, or very soon afterward. Dr. Draper, immediately on his appointment, introduced and carried through a resolution pledging the board, under all circumstances, to preserve the asylum as a Homœopathic institution; and their fellow members in this board will say, as to these gentlemen, what they cannot say for themselves (and what their associates in the former board will be equally ready to admit,) that no other parties have labored more faithfully or intelligently for the success of the asylum. More than once in the dark days of its history they have come to its rescue, with purse and credit, when its Homœopathic friends stood aloof, and in no way, and at no time, did they ever intimate a design to change the medical policy of the asylum.

A few words only are necessary to show how grossly unjust is the assault made on Senator Madden. His assailants know, or ought to know, that the asylum is embarrassed by a large floating debt, and

that a large appropriation was needed to pay this debt, and to complete the additional pavilion building (intended to accommodate 130 additional patients,) and to get it ready for use. In the present building, no proper classification of patients can be effected, and many applicants cannot be received. The members of the old board, who visited Albany, to present the application for the necessary appropriation, were warmly aided by the representatives from this county, and friends on the committees, but yet only \$70,000 was granted by the assembly, which appropriation was increased to \$75,000 by the finance committee of the senate. After the report was thus made to the senate, Senator Madden succeeded, by great personal efforts, in having the amount raised to about \$130,000, which was nearly the amount originally asked for, and which amount, when received, will go far toward putting the asylum on a successful basis. In all the previous years of its history, Senator Madden has worked zealously to secure liberal appropriations for the institution. As the representative of the district, and a resident of the thriving village where the asylum is located, he was naturally ready and proud to labor in its behalf. *True friendship is a mother of deeds, and not of words.* Senator Madden's assailants boast that they made every effort to induce the governor to veto the clause containing this very appropriation, without which, the asylum would have continued burdened with its load of debt, the new building would have remained incomplete for another year at least, and present employees would have gone unpaid. Which prove themselves the true friends of the asylum, Senator Madden or his assailants? "By their works we may know them."

Having been appointed by the state, trustees of an asylum for the treatment of the insane, on Homœopathic principles, the board believe that where they are best known, it would hardly be necessary to say that they do not intend to be faithless to that trust. They desire to place the institution on a successful basis, and to make it a model Homœopathic asylum. There has never been a thought of diverting it from the purposes of its founders, and while this board retains control, no such attempt can be made, or if made, can never hope to succeed. The imputation of such a design is as ungenerous as it is baseless.

*The board wishes it to be distinctly understood that the institution under their charge is not conducted in the interest of any one man, or set of men; of any mercantile organization; of any faction or clique, or of any state or county medical society; but in the interests of humanity, and the medical treatment pursued, while they have control, will be Homœopathic.* From state and county Homœopathic societies they will be always glad to receive suggestions and advice, respectfully submitted; and they trust the state society, at its annual meeting, will repudiate the discreditable action of its executive committee. Their committee sought to fix on us, in advance, public distrust, instead of judging us by the record we shall make, and the state society cannot endorse such action without sharing in the shame.

In the interests of Homœopathy, and in the yet broader interests of

suffering humanity, we hope to make the asylum, in the near future, a great success. The past year, with its twenty per cent of cures under unfavorable circumstances, shows what may be done. But in order to accomplish this, we need the influence, and support, and confidence of every adherent of Homœopathy, and of every friend of suffering humanity, all over the state. And to this fair-minded and intelligent public we know we shall not appeal in vain.

FLETCHER HARPER, JR.,

GRINNELL BURT,

NATHANIEL W. VAIL,

JAMES B. HULSE,

MOSES D. STIVERS,

DANIEL THOMPSON.

EGBERT GUERNSEY, M. D.,

JOSHUA DRAPER, M. D.,

UZAL T. HAYES,

JAMES H. NORTON,

JAMES G. GRAHAM.

H. M. PAINE, M. D.,

WM. H. WATSON, M. D.

### ON MEDICAL EDUCATION.

BY M. WESLEY BRUBAKER, DECATUR, ILL.

The great hue and cry of the day is for "improved education." for "better graded education." There is a feverish, almost frantic effort to revolutionize "something," yet with not a very clearly defined knowledge of what that "something" is, or in what it consists; a desire to expand culture, polish, *renovate* the present system of medical education. This feeling, no doubt, grows out of the unpleasant, though patent fact that for the past few years, the standing of the medical profession has by no means kept pace, in point of thoroughness, liberality, and scholastic culture, with its learned sister professions. In fact, its standing has been almost a *standing still*. The past ten years have witnessed an unparalleled advancement in the work of our public schools. Well-directed enthusiasm, earnestness and zeal upon the part of state and county superintendents, friends of education, and *teachers themselves*, have resulted in better buildings for educational purposes, better methods of teaching, and, most important, *better teachers*. Better country schools, excellent grades, and efficient, systematic, practical *normal* schools; a higher and truer appreciation of the value of education by the masses; earnest, self-sacrificing teachers, have been the results of these efforts. Can as much be said for the cause of medical education? It is true that there have been some improvements. The facilities for teaching, for hospital practice and clinical observation, have been increased. The three years' graded course has been adopted, in part, by a number of colleges. But have the results justified our expectations, and the demands of an enlightened public? Is the physician of to-day considered as a valuable acquisition to the membership of our literary and scientific societies? We admit that it is not the business of a medical college to furnish the general literary education of the physi-



cian; but we do insist that it is the duty of every college to require that he *possesses* that education *before it makes* (?) him one. But how many of our colleges require that he *must have* that broad, thorough, literary education as a positive condition of his admission within their walls, before he is considered a qualified medical student? Not that he must be a graduate of some literary institution, with that article in hand whose value is rapidly decreasing—a diploma; that he has made a hurried attempt to bolt a couple of defunct languages; has skimmed over the surface of a few branches of mathematics, of logic, political economy; or acquired a smattering of a number of 'osophies and 'ologies; has cultivated the acquaintance of the brawny gods and bewitching goddesses of antiquity, or developed a sufficient amount of *brain fibre* by "pulling through the foaming wave." If he have a literary degree, so much the better; but let it at least be required that he has a thorough knowledge of the common branches and the more important sciences; that he possesses a thorough knowledge of primary mathematics; can compose an intelligent business letter or essay; can converse at least five consecutive minutes without shocking our nervous systems by a continual, *merciless murdering of the king's English*. And if we would see the ranks of our profession filled with qualified, intelligent persons, we will find that there is a work for each to do, a responsibility for each to share.

Let every physician through the land firmly resolve that he will *not accept any person, as a student, whose literary qualifications are not sufficient to enable him to obtain a first-grade teacher's certificate under the requirements of the laws of this state.*

If every physician would adopt this rule, and rigidly adhere to it; and every college insist that *that* qualification be thoroughly *tested*, and admit *none* to its course whose attainments were not equal to at least such a standard, the position of our college alumni before the world would be far more gratifying, and we, as a profession, would feel an increased pride in our noble calling.

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#### WHO SHALL MAKE THE LAWS?

Unlike Dr. Bumstead, I am not "anxious to place my views before the profession" respecting medical legislation, because, perhaps, I have no views to give of such great and mighty import as those of Dr. B. But had I, like S. J. B., the intellect of Webster and reasoning power of Galilei, then, like him, might I undertake to control the people.

The doctor is right when he says that the standard of medical education must and should be raised; but when, by his nine articles of faith, he wants to say who shall practice and who not, then by those very articles he cuts off his own head. The man who *cures* will be employed by the people, will be popular with the people, and is the man who should, and will, succeed. Generally speaking the most use-

ful and successful men stand the highest, so far as practice is concerned. To cure the sick is what is wanted of us, and he who can do this the best should be the first man; and that man is often *not* the most classical and scientific scholar.

On page 515, June, 1876, will be found Dr. Bumstead's nine "commandments," I have not space to repeat them here, but will say a word in reply to each:

1. Can all be at the top of the tree? Can all be first men of the age? And who, if not the people, is to judge where the capability to cure ends?

2. Any man who loves his profession will strive to advance, and learn the latest and best methods to cure his patients.

3. The general practitioner is the most reliable, and love of knowledge should stimulate him to study.

4. Here the doctor states the truth, but chokes his own theory. Where is the use, then, of his board of examiners and the certificates from them?

5. Right, raise the standard, but trample not on those below you; it is not always the most scientific that cure the sick the best.

6. Can you compel any one to learn? If the man will not study for the love of his profession, then he had better abandon it.

7. Would you go back to the times when, as in Saxony, physicians were paid by the government? When a man, be he physician or lawyer, is licensed to practice, is the government to take him in hand, ticket him as a 25-cent or \$5 man, and say to the people, "you shall employ this man at the price marked"?

8. Who is to say that the people are all ignorant? That is just what Dr. Bumstead would make them by his nine "articles"—virtually saying you cannot judge for yourselves, you are like children in school, and must have your doctor appointed by a board of examiners; who, perhaps, would appoint a man totally unqualified for dealing with the masses.

9. A plan by which physicians would be ticketed as a 25-cent, 50-cent, a \$1, \$2, \$3 or \$4 man, and a plan against all common sense and reason.

How can you compel the people to do this or that? Has no one the power to think for himself except Dr. Bumstead? Who is to class the people as children at school, who must have some person set over them by the board?

Doctor, this country is too liberal for you, do not stay here another day, but pull up your stakes and cross the Atlantic to some despotic monarchy, where your mighty intellect will be appreciated, and where in some dark and benighted country you may take the lead, may have all the honor and glory. Your idea to combine the the schools is

grand, but it can't be done by force. No amount of pressure or squeezing will make yes and no the same; will make like and contrary identical. Have patience and these things will improve, but let the people have their rights, and that, in this case, is liberty of thought.

Educate the people to judge better—not say they shall not judge at all.

SOUTH ST. LOUIS, Mo.

W. JOHN HARRIS.

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### *ALLOPATHS VS. REGULARS.*

In very many numbers of this journal I notice my worthy colleagues, in their communications, take occasion to have a fling at our Allopathic brethren in the way of calling them "regulars," "Old School," etc. Why do they this? It seems to me that by so doing there may be engrafted upon their communications an implied acknowledgement that we Homœopaths are irregular, a "new school;" in short, quacks. Why call them "Old School"? Is it not claimed that Homœopathy is ancient—that it was practiced centuries ago? Again, some take pains to "keep it before the people" that the Allopaths dub us quacks and sugar-pill doctors. Now I have heard those expressions from Homœopaths and read them in Homœopathic journals ten times where I have heard of it once as coming from any Allopathic source! and believe they would die out very soon if treated heroically, i. e., let alone severely by our own school. I wish I might never hear or see in print again those expressions, "Old school." "regulars." Let us have peace.

L. I.

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### *CERTIFICATE OF DEATH.*

While there is so much legislation in regard to the practice of medicine, I wish there might be a law compelling the publishers of obituary notices to give the name and residence of the physician who attended the deceased in his or her last illness, and the school of medicine he practices.

L. I.

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**Pharmaceutical Hints.**— Why don't some one invent and introduce a universal graduated stock medicine bottle for office use. Graduated for the decimal and centesimal dilutions? How long should medicine be triturated?

LONG ISLAND.

## Medical News.

**Dr. T. F. Pomeroy's** address is 62 Rush street, Chicago. We welcome our old friend to this Phoenix city, and wish him all success.

**Married.**—At Washington, D. C., Sept. 4, 1876, C. Lippe, M. D., of New York, to Miss G. Annie Hood, of Washington, D. C. [Accept congratulations].

**Chicago for Students.**—The medical rupture in Chicago attracts many students. While the fees are very low the teaching will be the best possible under the circumstances.

**The Semi-Annual Meeting** of the Homœopathic Medical Society of the State of Michigan, will be held at Ann Arbor, on the third Tuesday and Wednesday of November next.

**The New York Ophthalmic Hospital** for the month ending Sept. 30, 1876: Number of prescriptions, 2,186; number of new patients, 339; number of patients resident in the hospital, 27; average daily attendance, 84; largest daily attendance, 129.

ALFRED WANSTALL, Resident Surgeon.

**Ridge's Food** has such a reputation in this country that it needs no commendation from us. It is the farinaceous food for that class of children that demand solid food early, who are hearty eaters, who are plump at birth, but fail from lack of quantity as well as quality of food. During the past season it has stood the test.

**The Michigan Ghost** that has failed for twenty years to "shake off" Homœopathy from the university, proposes to "strangle" the growing Homœopathic college there "in two years." Who is afraid of a ghost? A circular from Detroit urging students off to "Cleveland, Cincinnati or Chicago," is strange friendly (?) advice.

**World's Homœopathic Convention** was a success in many ways. *El Criterio Medico organo oficial de la sociedad Hahnemanniana Matritense* is publishing our elaborate report for the benefit of the large number of Spanish speaking Homœopaths. Verily the influence of the convention "will be felt "down the ages" and to "earth's remotest bounds."

**Notice.**—We have had so many inquiries of late, about advertising places for sale, etc., etc., that we have concluded to devote one page (if necessary more.) for the use of all who wish to insert short notices. Terms on that page will be for five lines or less, twenty-five cents, each insertion, each additional line five cents. Six words make a line. These terms are so very low that we think it will meet the approval of all who may wish to advertise.

**Ann Arbor.**—Dr. Eldridge writes, "that twenty-nine very intelligent young men, Homœopathic students, matriculated in one day, and the prospect now that we should have a class of from fifty to seventy-five, and the Allopath students were pouring in just the same as though the Rush Medical College had no existence, or the American

Medical Association either. Our institution is bound to be a success, and will eventually become national."

**Dr. G. R. Parsons**, who had to go to Texas on account of phthisis, writes: "I have entirely recovered from my attack, of last fall, which, undoubtedly, would have had a fatal termination, long ere this, had I remained in Illinois." He has opened a sanitarium, and adds: "Patients whom *you* may recommend to me, will receive *every attention*. In addition to the usual advantages of a sanitarium, I shall keep a *saddle pony* for every patient who may place themselves under my charge. They will be encouraged to keep in the saddle as much as possible, and spend their time in hunting, fishing, etc., and *avoid medicines*." Dr. Parsons is located at Kerrville.

#### Removals.

Dr. C. C. Curtis, from Nunda to Dunkirk, N. Y.  
 Dr. C. E. Stinson, from Pontiac to Wilmington, Ill.  
 Dr. W. Estus Deuel, from Frankfort to Troy, N. Y.  
 Dr. C. A. Weirick, from Sheffield, Ill., to Tilton, N. H.  
 Dr. E. A. Ince, from Centralia to Downer's Grove, Ill.  
 Dr. H. A. Brooks, from Dartford, to Green Bay, Wis.  
 Dr. E. W. Charles, from Santa Rosa, Cal., to Nevada City, Col.  
 Dr. C. C. Olmstead, from Cleveland, Ohio, to Wheeling, W. Va.  
 Dr. J. G. Achenbach, from Burlington to Rochester, Wis., where he takes the practice of L. D. Coombs.  
 Dr. E. B. Graham, from Three Rivers, Mich., to Albany, N. Y., where he takes the place of Dr. Preston.  
 Dr. L. D. Coombs, from Rochester, Wis., to Colorado Springs, Col., where he takes the place of Dr. C. B. Parkhurst.

"**Much Ado About Nothing.**"—A new journal, like a young mule, does not attract attention until it begins to kick. The *Oregon Medical Journal*, Vol. I., No. 2, page 22, "lights out" as follows:

"Next to spiritual doctors who have turned the hosts above and below into a college of apothecaries, and the promised land into a vast drug store of spiritual nothings, we would introduce the sage of 'Miessen.' He deals in almost nothing, and is nearly akin to the 'media' in his medication by infinitesimals. This mystic and dreamer at one fell blow destroyed Pandora's box, and finally, astride the truly assinine axiom that death and disease flow from but three ghastly fountains, to-wit, syphilis, sycosis and psora, which last, being vulgarized means old-fashioned 'itch,' dilutes to nothingism the labors of man for six thousand years. How kind and thoughtful of old Hahnemann. Let the poor sinner who is fallen and hopeless take courage anew, for behold, there is a gleam of hope for him. This itch, this source of evil, this obstinate instrument of the Scotch, has a magical specific, a '*similia similibus curanter*,' and hell itself is full of comfort and glory, for there disease is shut out, as it is destroyed in the egg by the Hahnemann specific, briarstone. Poor Paracelsus is eclipsed. His infinite Archemedian lever of all the world's diseases, the powder of a boar's tusk taken '*in flagrante delictu*,' is eternally shelved. '*Post hoc*' have become '*prompter hoc*' and under Hahnemann dictu, saffron is a specific for jaundice, because it is yellow; quaking asp for ague, because the leaves flutter in breeze, and the tea of the skin of a toad's back, for small-pox, because pitted, Hence '*similia similibus curanter*.'"

All his doctrine is reducible to this. Do nothing, think of nothing, believe in nothing, trust nothing, get sick on nothing, and '*similia similibus curanter*,' take nothing, and get well on nothing. Crystallize this, and you have the H<sub>o</sub>l<sub>o</sub>c<sub>o</sub>p<sub>a</sub>t<sub>h</sub>i<sub>c</sub> axiom, 'Nothing from nothing and nothing remains.'"

This is surely much ado about nothing, but the trouble is "Poor Paracelsus, (Allopathy is eclipsed.)"

**A Little Advice to Correspondents.**—We have had some complaint from occasional correspondents about mistakes which appear in their articles when they come out in print. We are aware that in many cases the fault is ours, but we are confident that the matter could be remedied if our correspondents would pay a little more attention to the preparation of their manuscript. Printers are not infallible, and our proof-readers do sometimes make mistakes, but we have prepared a few practical hints and instructions, and if our friends who write to the journal, once in a while, will kindly act upon our suggestion, we will be personally responsible for all errors that our compositors may make in setting (not sitting) up their manuscript.

Never write with pen or ink. It is altogether too plain, and doesn't hold the mind of the editor and printers closely to their work.

If you are compelled to use ink, never use that vulgarity known as the blotting pad. If you drop a blot of ink on the paper, lick it off. The Intelligent Compositor loves nothing so dearly as to read through the smear this will make across twenty or thirty words. We have seen him hang over such a piece of copy half an hour, swearing like a pirate all the time, he felt that good.

Don't punctuate. We prefer to punctuate all manuscript sent to us. And don't use capitals. Then we can punctuate and capitalize to suit ourself, and your article, when you see it in print, will astonish, even if it does not please you.

Don't try to write too plainly. It is a sign of plebian origin and public school breeding. Poor writing is an indication of genius. It's about the only indication of genius that a great many men possess. Scrawl your article with your eyes shut, and make every word as illegible as you can. We get the same for it from the rag-man as though it were covered with copper-plate sentences.

Avoid all painstaking with proper names. We know the full name of every physician in the United States, and the merest hint at the name is sufficient. For instance, if you write a character something like a drunken figure "8," and then draw a wavy line, and the letter M and another wavy line, we will know at once that you mean Samuel Morrison, even though you may think you mean "Lemuel Messenger." It is a great mistake that proper names should be written plainly.

Always write on both sides of the paper, and when you have filled both sides of every page, trail a line up and down every margin, and back to the top of the first page, closing your article by writing the signature just above the date. How we do love to get hold of articles written in this style. And how we would like to get hold of the man who sends them. Just for ten minutes. Revenge is sweet; yum, yum, yum.

Coarse brown wrapping paper is the best for writing your articles on. If you can tear down an old circus poster and write on the pasty side of it with a pin stick, it will do still better.

When your article is completed, crunch your paper in your pocket, and carry it two or three days before sending it in. This rubs off the superfluous pencil marks, and makes it lighter to handle.

If you think of it, lose one page out of the middle of your article. We can easily supply what is missing, and we love to do it. We have nothing else to do.

If correspondents will observe these directions, we will hold ourselves personally responsible for every error that appears in their articles, and will pay them their full claim for damages when they make complaint. We were merely saying we are always happy to receive complaints, and correct any errors for which we are responsible.

—*Ex.*

THE  
UNITED STATES  
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

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Therapeutical Department.

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CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

HOOPESTON, Ill., Oct. 14.— We have had a great deal of bilious remittent fever for the last two months. Now plenty of typhoid.

W. P. ARMSTRONG.

CHICAGO.— The frequency with which our attention has been called to *Bell.*, and a feeling that although it covered the cases quite well, still it was not the sharply Homœopathic remedy to many of the laryngeal and urinary troubles so frequently met, led us to study *Apis* more closely. Just look up its catarrhal symptoms!

CLEVELAND, Ohio, Oct. 18.— I see Sanders has been waiting impatiently for the appearance of "that plague." He can now have it at home, for one of our Homœopaths has had fifteen cases of diphtheria, two of which proved fatal; an Allopath friend had twenty on hand, of whom *fifteen died in the same week*. I think it is the genuine "black tongue" of old.

J. PETTET.

MARION, Ind., Oct. 16.— Fevers, of the remittent and intermittent

forms, have sorely perplexed the "regulars" in this vicinity; not a few deaths have occurred in their hands. I have not failed, in one instance, to cure. My remedies were *Ammon. mur.*, *Nat. mur.*, *Pod.*, *Apis*, *China sulph.*, and lastly, *Ant. tart.*, has "acted like a charm." I owe my success almost, if not entirely, to THE UNITED STATES MEDICAL INVESTIGATOR. J. C. NOTTINGHAM.

ATLANTIC, Iowa, Oct. 6.—Having received several letters from physicians, inquiring what remedies I used, (as mentioned in THE UNITED STATES MEDICAL INVESTIGATOR of April 15th,) and for what symptoms, and in what potency, etc., I gladly reply. The chief sickness here was

#### 1.—DYSENTERIC DIARRHŒA.

*Merc. cor.* and *Nux vom.* were all that was needed. Where mucous discharges from the rectum, with small discharges of fæces; green slime; acrid stools, excorating the anus; protrusion of anus; black stools; burning pains at anus; stools *after* cutting pain in the abdomen, *Merc. corros.*

Much rumbling in the abdomen; violent tenesmus; ineffectual urging to stool, with small stools of mucous, mixed with blood. *Nux vomica.*

#### 2.—CHOLERA INFANTUM.

*Arsenicum*, *Allium*, *Veratrum*, *Pulsatilla* and *Belladonna*, were the remedies used.

Great dryness of the mouth; vomiting every time after drinking; pulse quick and feeble; offensive, putrid stools; sunken eyes and pinched features; great prostration; burning at rectum after stools; great restlessness; coldness of the extremities — *Arsenicum*.

Dilated pupils; metastasis to the head; delirium; greenish stools — *Belladonna* controlled.

When the vomiting was persistent, with threatened collapse; face and nose cold; bluish, distorted features, with sunken eyes; great thirst for cold drinks, and vomiting immediately thereafter—and stool at the same time; great prostration following; discharges profuse, gushing, rice-water like, with cramp and coldness of the bowels; voice feeble and husky; exceedingly hard to keep the patient warm; cold perspiration — *Veratrum* cured.

When the trouble seems to be caused by the irritation of the teeth, worse in the fore part of the day, and better toward evening — *Hepar Sulph.*

Slight nightly attacks were promptly cured by *Pulsatilla*.

I met many cases of disturbed lacteal secretion — some breast milk and colicky mothers that needed prompt attention or the child could not be kept. *Pulsatilla*, in these cases, worked like a charm

I used the third attenuation of all (a teaspoonful in a common tumbler of water,) teaspoonful doses every hour. Solid food, of all kinds, was strictly prohibited. One hundred and sixty-three cases treated, and all cured. B. A. WILDER.



## CONSULTATION CASES.

## THAT CASE OF TAPE WORM.

In the number for Oct. 1, page 309, of THE UNITED STATES MEDICAL INVESTIGATOR, a case of tape worm is reported by Dr. J. A. Hoffman, of Mendota. Will the reporter, or editor, if he knows, please state his processes in the preparation of the remedies for administration? 1. In relation to the preparation of the seeds. 2. In the preparation of the oil; as the terms, "pulverized," and "boiled" would indicate some special preparations. G. P.

## A CASE FOR COUNSEL.

A male, aged forty-one, nervo-lymphatic, has always been engaged in active business life, until the last four years; is now a broker. Has for the last year been troubled with internal non-bleeding hæmorrhoids. The first attack lasted about three weeks; his second is at present improving, but very unsatisfactory; have lasted up to the present four weeks.

The first distressing symptoms yield readily to *Nux 3x* and *Acon. 3x*, but leaves a severe aching pain in region of coccyx, which extends down, generally, right thigh, sometimes left, and frequently both; after sitting can hardly rise; worse when rising in morning.

Advice will be thankfully received and acknowledged.

MARION, Ind.

J. C. NOTTINGHAM.

## ADVICE WANTED.

A lady, aged thirty-five, blonde, has three nodules in left cervical glands, one near the angle of the inferior-maxillary (the smallest,) the second's base does not extend quite to the base of first, is larger and the third about the same distance from second that second is from first, and is the largest; the largest being about the size of an egg, the smallest that of a hickory-nut; have existed about five years, having been occasionally caused to disappear for a very short time by the application of *Iodine* by an Allopath. Was previous to my attendance, subject to repeated attacks of chills, and had taken a large amount of *Iodide of potassium*, *Quinine*, etc. Any further information desired by any one, will be cheerfully given.

MARION, Ind.

J. C. NOTTINGHAM.

## DR. STEVENSON'S SINGULAR CASE.

On page 260, present volume of THE UNITED STATES MEDICAL INVESTIGATOR, Dr. Stevenson, after asking for an explanation of a case he had, which he evidently did not understand, and receiving that

explanation in a late number, now comes forward and presumes to tell us all about it. If he is so well satisfied with his now blissful ignorance of the subject, we should permit him to enjoy it, but we don't propose to be instructed in aural surgery by a man who knows nothing about it. It is enough to show the reliability of his observations to point out that in his account of the case, he says matter was *reported* issuing from the ear. So all he knew about that was, what the friends of the patient informed him. A fine aurist one would be to rely upon that for a knowledge of the middle ear. He certainly needs instruction in the A B C of aural surgery, and several other things. Of course, no one can be absolutely certain of what process this man died. But if he wishes to know why an aurist would be more likely to think he had died of a pyæmic phlebitis and diffused meningitis, let him consult an article by Professor Weden in the current volume of *Archives of Ophthalmology and Otology*. Perhaps he might derive instruction from it, but we somewhat doubt the ability of any one to instruct a gentleman who insinuates that any man who would suggest stimulants and *Quinine* in any event, was a fool, and no Homœopath, and who cannot write the smallest report without holding up to ridicule some professional brother, who did not happen to graduate where he did. We trust the stock of men of large experience, holding such and such diplomas, has at length been exhausted, and that no more remain to be described in Virginia, Nevada.

PEKIN, ILL.

S. J. BUMSTEAD.

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#### FOUL AIR AND HEART DISEASE.

To keep the body in perfect health it must be duly oxygenated. There must be free and ample interchange between the blood in the lungs and the air entering the pulmonary cells. The life-stream must be purified by its elimination of carbonic acid; it must be vivified by the absorption of oxygen. The fulfillment of these conditions demands a full, free, and constant admission of pure air into the lungs. This full, free, and constant admission of pure air can not be obtained in badly ventilated houses, crowded buildings, schools as present constructed, theatres, manufactories, pits, underground railways, and the like.

When the body has reached that age at which natural decay or degeneration has begun, the absence of pure air hastens and increases the degenerative tendency. Where the heart is more prone than the other organs to disease, the want of pure air falls with powerful effect upon the tissues of the right heart. Their nutrition is defective by reason of the impurity of the blood with which they are fed, their vital force is lowered, their muscular fibre loses its tonicity, degeneration and debility take the place of active nutrition and power. If in this condition any stress is thrown upon the heart by hurried walking, by lifting, climbing, violent declamation, passional expression, sing-

ing, laughing, or any unusual exercise of the voice, the tricuspid valve gives way, it henceforth fails to close its aperture, and the results of a back-flooding of blood upon the venous system of the body begin to follow. If none of these exciting causes occur, the continued breathing of impure air is followed by constantly progressing degeneration of the tissues of the valves and muscular structure of the right heart; they become soft and feeble, their atoms shrink; the segments of the tricuspid are at length unable to meet in their attempt to close their aperture; a small chink, or slit is left between them; through this the blood finds its way into the auricle above, at every contraction of the heart; and soon regurgitation is followed by the secondary consequences produced in the general system—congestion of the liver, stomach, spleen, kidneys, bowels—by hæmorrhoids, general dropsy, and occasionally by cerebral mischief.—*Dr. Black, in Popular Science Monthly.*

### RHUS IN SKIN DISEASE.

BY J. HARTS MILLER, M. D., ABINGDON, ILL.

Read before the Western Academy of Homœopathy.

To call forth individual experience and observations is an important end to be attained in meetings of this character, and from interchange of thought great benefit must ever result. This being true, I may hope for good to follow my effort on this occasion, however much this paper may be wanting in new or important facts. I may encourage or stimulate some brother as inexperienced in the harness as myself, and can scarcely fail to draw forth from older heads useful hints for practice in this fruitful yet vexatious field, skin disease. All I have learned, and much more, has doubtless been learned many times among those present. But with accumulation of knowledge we are apt to forget the needs of those following on, and to draw on the stores of such wisdom for my own, and others' benefit, I offer the following thoughts upon the use of *Rhus tox.* in skin disease:

If we search the pathogenetic record of *Rhus*, under the rubric—skin—and compare it in extent and apparent importance with that of *Sulphur*, *Calcarea carb.*, *Mercury*, *Arsenic*, or even *Belladonna*, we may, guided by that comparison alone, assign to it a place more circumscribed and inferior in dermal therapeutics to that of any of those mentioned. Nor do the clinical reports that have fallen under my notice convey a true idea of the real value of *Rhus* in the treatment of diseases of the skin. But he who devotes much labor to the treatment of this class of disorders will certainly find in *Rhus* a most invaluable remedy.

Whatever *Sulphur* may be in scrofulous, hereditary conditions, *Mercury* in the taint of venereal, or *Arsenic* in the effects induced by

dirt, scant and unwholesome food; *Rhus* is second to no other remedy in the diseases of the skin, springing from endemic causes, or irritative local agencies. Of this class, are, I believe, a large proportion of the cases calling for treatment. Nor would I exclude *Rhus* entirely from the treatment of the hereditary, or constitutional class of skin diseases. It will, undoubtedly, prove of great value in many of these cases, but here I have found its usefulness to be secondary to that of *Sulphur* or *Calcareo carb.*, to complete what one or the other had already begun.

Eczema and herpes in some of their varied forms—to which, perhaps may be added impetigo,—constitute by much the larger portion of the skin diseases, with which the general practitioner meets. In all of these, it is conceded, that the constitutional predisposition has little to do with the out-break of the disease. Either is as likely to occur in the strong, as in the weak, with the healthful as the unhealthy. The directly exciting cause is often apparent, again is involved in obscurity, and may at times even seem to be epidemic. Such was the case in my neighborhood the last fall and winter, eruptions in some of the forms above named, occurring in families to whom they had previously been unknown. It is to these obscure influences, for want of a better name, I have applied the term endemic. To many such cases I have unhesitatingly administered *Rhus* on the start, with prompt effect, and sometimes needed nothing more to complete a cure.

Eczema and herpes occur most frequently in the spring and autumn seasons, when the atmospheric conditions are most likely to accord with *Rhus* characteristics. The past winter has been unusually wet and changeable. *Rhus* has been very constantly indicated in all types of disease.

These considerations of endemic or accidental causation and atmospheric conditions, are as potent in dermal therapeutics as elsewhere, and will very often correspond with the known symptomatology of *Rhus tox.*

In eruptions characterized by vesicles, or more frequently pustules, *Rhus* will seldom be forgotten in the consideration of remedies whose pathogenesis corresponds thereto. Such an eruption is zona, and in this disease I have generally found *Rhus* promptly curative. So too in vesicular erysipelas. But in many cases of eczema the vesicular character is frequently difficult of discrimination. Or these cases may be presented to the physician's notice when the integrity of the skin has been so far destroyed, that angry, unwholesome-looking ulcers will have formed a condition, that I have no knowledge of being clearly described under the symptoms of *Rhus*. Experience has, however, taught me that even here this remedy is one to be carefully considered, and that the labor expended in its study will be well repaid. In one severe case recently treated, when the action of *Rhus* seemed to come to a stand-still, while some half dozen ulcers pouring out much pus, and angry looking about the edges, remained without material improvements for a week. I gave for a few days *Carbolic*

acid. 3d decimal trit., and sprinkled the 2d decimal trit. of the same remedy over the sores. This caused new improvement, and after some *Rhus* again benefitted. On the return of the ulcers, once or twice, days after the diseased skin had healed entirely, *Rhus* alone would cause them to again disappear.

On the other hand, hardness, thickening of the skin and milk crust, are found recorded among the symptoms produced by *Rhus*. Yet many cases that can be described objectively in no better language, will resist its influence entirely, or be but slightly benefitted thereby. In all such cases search in other directions is necessary. A careful inquiry will disclose that the patient is affected unpleasantly by wet or cold, either in the condition of the eruption or other disorder of sensation; that he is restless or in pain at night especially, and feels better when moving about; that joints and tendons are stiff and uncomfortable at times; that the chest, or air passages give forth symptoms indicative of *Rhus*; or even that the bladder may be irritable and weak. The patient may never have perceived any relationship between these troubles and the condition of the diseased skin; yet, by these general indications, before scarcely noticed, or if so, never in connection with the local trouble, for which advice is sought, I have as often found myself directed in the choice of a proper remedy for the skin disease, as by the appearance of the integument itself.

In the potency used, I have more frequently been satisfied with the action of *Rhus* 200, than with that of the low dilutions. Indeed, in one case, which was particularly instructive to me, and finally eminently successful, I met only alternate encouragement and disappointment so long as I used *Rhus* 3 internally and topically, but found the 200th promptly curative.

Yet should indications strongly point to *Rhus*—in fact to any remedy—the oft repeated admonition to continue same remedy, but in higher or lower potency, is as constantly enforced by experience, no less in skin disease than elsewhere.

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### RESULTS OF CLINICAL EXPERIENCE IN THE TREATMENT OF MALARIAL FEVERS.

BY LUCIUS D MORSE, M. D., MEMPHIS, TENN.

Read before the Western Academy of Homœopathy.

I purpose giving, briefly, some points drawn from practical experience, regarding the treatment of malarial fevers.

For the simple, uncomplicated intermittent, chill, fever and sweat, *Peruvian bark* and its alkaloids occupy, so far as my experience extends, the foremost rank among remedies. *Quinia* and *Cinchonidia* I have used extensively; the latter with equal satisfaction as the

former. The question of dose, certainly, merits attention. My range has, uniformly, been from the 3d decimal trituration down to doses of two or three grains of the crude drug. A milky-white coating of the tongue and a nervous, stretchy feeling, even before the paroxysms have become fully developed, are symptoms calling for their administration.

Should there be nausea and vomiting, during the course of the paroxysms, or in the intervals, I usually give *Ipecac* with good effect—after removing the whole trouble. If the pronounced gastric disturbance subside, but the paroxysms of chill and fever still continue after the administration of *Ipecac*, *Quinia*, 1st decimal trituration, in doses of two or three grains every two or three hours, until the period for the next paroxysm is passed, then less frequently for two days or more, has often removed the whole trouble. Where the tongue exhibits a yellow coating, I usually administer a few doses of *Merc. viv.*, 3d decimal trituration, or *Merc. jod.*, 2d decimal trituration at the beginning of treatment, and then proceed with some preparation of the bark as already stated.

If there is great complaint of congestion to the head, loss of appetite and general nervous prostration, *Beeberine* 1st decimal, from one grain to two grains every two hours, for the first day, then every three or four hours for a day or two thereafter, acts admirably and usually removes the whole trouble.

Where there is great loathing of fat or greasy food, *Pulsatilla* and *Nux vomica* are my remedies.

If the chill is not severe but long lasting, with slight fever, and the patient is thin and pale and complains of great weakness, I invariably give *Arsenicum* 3d decimal, three or four times a day; then less frequently, should improvement set in. The same remedy also acts admirably in many cases of the so-called dumb chills.

After abuse of *Quinine*, *Ipecac*, *Nux vomica*, *Arsenicum* and *Bryonia* are my chief remedies; *Ipecac* where there is great gastric disturbance; *Nux vomica* and *Bryonia* if the bowels are constipated, and *Arsenicum* when there is emaciated and extreme weakness. *Arsenicum* followed by *Nux vomica* has served my purpose admirably in many severe cases, which had been persistently drugged.

When chronic diarrhœa complicates the malarial trouble, or rather forms part and parcel of it—a condition which often obtains—I know of no better remedy than *Salicine* 1st or 2d decimal, three or four times a day. Sometimes, however, *China*, *Arsenicum*, and *Carbo veg.* will be required.

Where there is a constant tendency to chills and fever, patient being comparatively well for a week or a fortnight at a stretch, and then relapsing, no remedy has served me so efficiently as the *Eucalyptus globulus*. From three to six drops of the strong tincture, every two or three hours, continued for a day or two, then omitted for five or six days, to be resumed at the end of that time for a day or so, has broken up and cured some of the most inveterate cases that I have seen. Now and then it is necessary to repeat the remedy in anticipation of a

return of the paroxysms on the fourteenth and twenty-first days, after the last attack.

When there is swelling of the feet, especially in cases of delicate females, suffering from menstrual irregularities, I have found *Apis* 3 to be in many cases the very best remedy. If *Apis* fails to remove the trouble, and there is great sallowness of the skin, with enlargement of the liver, I resort to *China* and *Mercurius*, unless these drugs have been previously given in excess, in which case I have recourse to *Nux vomica*, *Arsenicum*, or *Nitric acid*.

In all cases where, during the paroxysms, the fever is high and the call for relief urgent, I find *Veratrum viride*, six to eight drops of the tincture in four to six table-spoonfuls of water, a teaspoonful every half hour, act most favorably.

The ordinary remittent or bilious fevers, incident to malarial regions, are met very successfully with *Veratrum viride*, *Gelsemium*, *Eucalyptus globulus*, *Ipecac*, *Nux vomica*, *Iryonia*, *China*, and *Quinia*.

At the outset, the emetic effort, if such exist, may be encouraged with great benefit — the stomach being frequently loaded with decomposed food or morbid secretions. Warm water drunk freely between the vomiting spells, until the stomach is thoroughly cleansed, may be universally recommended. The remedies selected, act far more promptly after the stomach has been relieved of its acrid contents, and, unless there be active inflammation, such emptying reduces the fever almost immediately.

*Ipecac* is nearly always called for in these cases, when gastric disturbance is prominent; it may be followed advantageously by *Nux vomica* after the stomach becomes quiet. For the usual fevers of spring and autumn, I find *Gelsemium* a most useful remedy, especially where there is yellow coating of the tongue, slight nausea, nervous headache, and sometimes nervous rigors. Twelve to sixteen drops of the tincture in four to six table-spoonfuls of water; a teaspoonful every hour or half hour will usually act with great promptitude. After the fever has been subdued, somewhat, recourse may be then had to remedies more strongly anti-malarial in their action.

For those dangerous fevers of the congestive type — so fierce in their onset and so frightfully rapid in their course — I have found no remedy comparable to *Veratrum viride*. At the last meeting of the Academy, I presented a short paper, detailing briefly my experience with this drug in some desperate cases, as well as those of a milder type. What I then said in a commendatory way has been fully upheld by my subsequent experience. Last summer, beside cases in private practice, I treated satisfactorily about a dozen cases of severe type of congestive fever, in the infirmary of one of the orphan asylums of this city. Where the attack is light, drop doses of the tincture (I use Norwood's) every fifteen minutes, half hour or hour, according to urgency of symptoms, until reaction sets in, act most admirably. In those alarming cases, when unconsciousness and perhaps perfect anaesthesia has supervened, I have given as high as five drops of the strong tincture, every fifteen or twenty minutes for an hour and a half, or until free

emesis took place and reaction set in. I may remark that in these cases, I have been in the habit of fortifying the patient against a relapse by active anti-malarial remedies administered as soon as reaction has commenced. *Quinia*, *Arsenicum*, *Ipecac*, *Nux vomica*, etc., as the case may seem to require. Fuller details of experience with *Veratrum viride* will be found in the paper already mentioned read at the last meeting. [See Vol. II., page 359, UNITED STATES MEDICAL INVESTIGATOR.]

### "THE PHYSIOLOGICAL LIVELY."

#### REPLY TO DR. LIPPE.

That doughty antagonist to all attempts to wed Homœopathy to modern science, (I refer to Dr. Lippe,) has found in the essays furnished to the late World's Convention fresh opponents on whom to flesh his trenchant sword.

In a review of my paper on "*Hydrocyanic acid*," in the August 15th number of THE UNITED STATES MEDICAL INVESTIGATOR, and in the *Cincinnati Medical Advance* for September, deemed me worthy of his steel; and I am sure he will not complain if, in so kindly a spirit as his own, I stand up for the position I have assumed, and defend it to the uttermost.

Dr. Lippe, however, quite misunderstands my intention in the passage he has quoted from my communication. I had said that the first thing which Homœopathy did was "to ascertain the physiological action of drugs." I used the word "physiological" simply as equivalent to pathogenetic, as denoting the effect of drugs on the healthy. In this sense the word is in constant use in the medical literature of both schools; and, so understanding it, I suppose that Dr. Lippe could take no exception to my statement. But, while I had no intention of raising the question between drug-symptomatology and drug-pathology as materials for therapeutics, I have no wish to shrink from it now that Dr. Lippe opens it. Let us adopt his understanding of the terms in use: let the "physiological action" of drugs signify their pathology, and the "pathogenetic action" their symptomatology only, and let us see whether the former is to be rejected in favor of the exclusive use of the latter.

But let it first be understood that I am not advocating a corresponding exclusiveness on the other side. Dr. Lippe assumes, rightly indeed, that I would "study materia medica with a view to finding the physiological action of each drug," but most wrongly that I would "cut down materia medica as it is, sift it and set aside such symptoms as do not indicate a physiological change." In another place he makes me maintain that all purely subjective symptoms must be left out, that all "silly talk about conditions (not translatable into physiological language,) must cease," and that the mental symptoms are no guide at all. Where, I would ask, have I ever put forward such doctrines? It



is too bad to saddle me with Dr. Sharp's "organopathy," of which I have been a consistent opponent. In my Manual of Therapeutics, I have strenuously maintained Hahnemann's "totality of symptoms" to be the only guide to true Homœopathizing, and to contain by implication every new discovery regarding disease. My standpoint has always been that of Dr. Dunham's, Homœopathy the Science of Therapeutics, where he shows that we get at the simillimum by a process of exclusion — from the remedies which correspond to the morbid species choosing those which suit the variety present, and from those the one which meets the individual case before us. For such selection I would and must use all the materials which pure symptomatology supplies; all conditions and concomitants; all circumstances of aggravation and amelioration; all mental states and subjective sensations. I should be the last to reject a fact because it was not as yet susceptible of interpretation.

Wherein, then, is the difference between Dr. Lippe and myself? I apprehend it to be this: The progress of pathology has established the existence of a number of morbid species, which are as truly entitled to the name as those which natural history identifies in the animal and vegetable kingdoms. When capable of reproduction, (as in the case of the infectious fevers,) they invariably reproduce their kind; and, when sterile, they prove their individual unity by springing from a common cause (as the malarious fevers), or consisting in a certain process taking place in a certain organ (as pneumonia). Now Dr. Lippe consents with me in recognizing those specific forms of disease, and in using his diagnostic discernment of them for purposes of prognosis; but he refuses to employ it in their treatment. Each patient is to him (for therapeutic objects) a new bundle of symptoms, the like of which he never saw before, and for whose case he must find *ab initio* a similar picture in the materia medica. (I do not say that Dr. Lippe's *practice* is to be thus described; but I do not think that I am misstating his doctrine.) He is consistent, accordingly, in wishing to keep the materia medica in the same state of a mere symptom list, that the one set of phenomena may correspond with the other.

The divergence of opinion here which I make bold to express and maintain is, that I would employ my knowledge of morbid species for therapeutic as well as for prognostic purposes, and that to this end I would strive to raise pharmacodynamics to the level of pathology. While the latter runs in its merely phenomenal stage, while jaundice and dropsy were regarded as morbid entities, and "gastric," "bilious," "mucous," and "nervous" fevers as separate forms of disease, the pathogenesis of drugs could only be a like series of appearances. Hahnemann, seeing the baseless character of the pathological speculation of his day, wisely rejected it for the symptomatic observation of disease, and conformed his registration of drug-effects thereto. But the advance of physiology, the cultivation of morbid anatomy, and the refinement of our means of diagnosing internal changes during life have raised pathology (i. e., the science or knowledge of disease,) to a much higher level, and built it on a sure foundation. The interpreta-

tion of the observed facts of disease has become to a large extent possible. Dr. Lippe, as I have said, admits the validity of each interpretation by using them for prognosis; so that he cannot take up Hahnemann's position as against pathology of to-day. Why, then, should we not carry the same well-substantiated principles of interpretation into the phenomena of drug-action? If fever, pain in the side, hurried respiration, and cough with rusty sputa mean pneumonia in a patient, do they not mean the same thing in the subject of a proving or a poisoning; and am I forbidden to Homœopathize by means of the interpretation, while I may do so freely with the phenomena? Are we not, indeed, treading on surer ground when we oppose to a pneumonia a drug capable of causing pneumonia than when we choose the remedy on the ground merely of the resemblance of the effects to certain outward symptoms present? The latter comparison may err; the former cannot. Dr. Lippe seems to me to be mistaking the means for the end. Our object in seeking symptomatic resemblance is, that we may secure pathological resemblance; for it is the latter—the disease itself, and not its outward manifestation—which we have to cure. If Dr. Lippe, with his extensive knowledge of symptomatology, finds himself most capable and at home in that access to his object, I have not the least complaint to make. But I am unable to see why I, and those who think with me, should not gain the same end by another and (to us, at least,) shorter route.

I quite admit that there is many a *terra incognita* as yet in disease, and many a case which as yet we can only treat symptomatically. I am most thankful that the law of similars enables us to fit drug to disease, even when we are unable to say what the phenomena of either mean. But not the less do I reckon the other mode of applying the law as the more satisfying and, in most hands, successful; and believe that a scientific pharmacodynamics linked to a scientific pathology by the band of the Homœopathic method will constitute the therapeutics of the future.

BRIGHTON, England.

RICHARD HUGHES.

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### NOTES FROM EUROPE.

#### VIENNA; ITS LOCATION, SCENERY, AND HOSPITALS.

●Of all the continental or inland cities of Europe, as well as America, which I know from my own inspection, there is perhaps none existing that may compare in regard to scenery of the nearest surrounding country with this great metropolis. Encircled by a chain of beautiful green looking mountains on the south, west and north of the city, the terminus of the Styrian Alps, rising within five miles of the city limits to a moderate height of about one thousand feet in the average. Vienna is possessed of quite a number of the most desirable places for excursion. From the various points of these heights, the tourist and

friend of nature is taken by surprise, when he would cast his eyes all around and perceive down in the nearest vicinity of the grand valley of the Danube, the imposing capital city of the Austrian empire — that queer conglomeration of more than a half dozen different nations, of which Vienna is a natural exponent and fair representative. Turning his eyes toward the east, the admiring observer sees a wide opening, lined by a big strip of silver — the majestic river Danube, wending its way far downward into the vast and fertile plains of Hungary. There is especially one point in the north to be recommended to the stranger, the so-called Kahlenberg and Leopoldberg, two mountains lying close to each other, from the summits of which the most imposing sight of the whole panorama is presented. Especially is the view from the Leopoldberg a most charming and surprising one, rising from the level of the Danube almost in a perpendicular line to an absolute elevation of at least a thousand feet, so that the tourist may enjoy the fair spectacle of seeing the greatest river of Europe nearly under his feet at such a fearful depth.

More than one-half of the city is situated on elevated ground, thus affording an excellent chance for drainage, and is well built, with massive brick houses, on clean and well ventilated streets. The original and old portion, or center of the city, is placed on plain ground, with irregular and rather crooked streets, however, clean beyond a blemish, having been constructed in the middle age, according to the plan of massing the largest number of buildings within the smallest compass possible, and also fortified. These inside fortifications have been leveled and removed entirely and replaced of late by the finest buildings with attractive promenades, planted with rows of trees. So the city presents a very pleasant inside appearance.

#### THE HOSPITALS.

All physicians, who come here from abroad, before seeing the rest of the minor institutions for the sick, usually call at the general hospital, Allgemeine Krankenhaus, located on Alserstrasse, attracting the attention of our profession perhaps more for its size and clinical instruction than all the others combined. In fact, there is scarcely a hospital building of such large dimensions and such superior facilities for clinical instruction to be found anywhere on the globe. I am not familiar with the London and Paris hospitals, although I have been there several times, but I doubt very much from what I have learned by information, if there is any existing like this one here in respect to dimensions, standard of science and theoretical combined with practical convenience of instruction. Every specialty, indeed, is represented there in the most perfect manner; within these solid walls are two thousand beds. The whole edifice is subdivided into ten parts or intersections, with just as many separate yards set with trees. The very first yard we enter from the main door on Alstrasse attracts our attention most by the colossal extent of the rectangular shape of the main building, including a space, of like dimensions, planted in the style of a garden with fine promenades, and splendid trees and shrub-

bery, plenty of comfortable benches around, where convalescent sick and also visitors may lounge about in the warm season.

The building No. 10 contains the dead house, the dissecting rooms and pathological anatomy.

As I have the printed annual hospital report of 1873, published by the director, Dr. I. Hoffmann, just now at my hands, I am enabled to give some brief statistical statements about this concern. From the date of its first opening in 1784, down to the same day in 1872, within a period of eighty-eight years, no less than 1,403,015 individuals have been attended as inmates of this hospital, of which number 203,075 have died, a little over 14 per cent. At present the number of patients that are treated annually, within the twenty-seven wards of this hospital, amount to more than 21,000. In 1871 the number was 21,135, of whom 2,982 died, a little over 13 per cent. The average stay of each patient in the same year was twenty-eight days. The number of sick rooms are exactly one hundred, (fifty-nine for men and forty-one for women,) containing two thousand beds, of which no less than three hundred and twenty-one belong to the great family of *syphilis*. Besides those sick who are staying in the hospital, there is accommodation for the treatment of such as live in the city and country, and come to the clinic in ambulances, receiving medical advice and treatment in passing by, whereupon they go away again directly. In these ambulatory or dispensaries a still larger number than the above mentioned of the regular inmates are attended the whole year round, thus affording the extraordinary amount of forty thousand to fifty thousand patients of all conceivable sorts and the most exquisite chances to students and physicians for accomplishing themselves in all branches of our profession. The number of professors last year was twenty, besides twenty-five private lecturers and sixteen assistants—in all sixty-one. These private lecturers are, as a general rule, as good teachers as the professors themselves, nay, some of them almost superior to them.

Dr. von Schroetter, for instance, who is a private lecturer on laryngoscopy, auscultation and percussion, is a most accomplished adept in his branches, especially in auscultation and percussion, one of the most important and difficult means of diagnosis, which the practitioner needs every day, almost more than anything else, in the treatment of internal diseases.

Although I had passed through two courses already, one in 1851 at Munich and one 1864 at Berlin, I thought it necessary to keep equal pace with the advancement of modern science and take a third course here from Dr. Schroetter, when I found that I was only posted about the rudiments without being able to make out uncommon and subtle diagnoses. Now, after this new instruction, I feel at least fifty if not a hundred per cent more surety of diagnosing diseases of the heart, thorax and abdomen. Dr. Schroetter is a model of the smart business man of our age, exceedingly popular in his manners in spite of being a nobleman and profound and exhaustive in his science. Altogether, he makes the impression of being an American lawyer, having keen

and sharp features, rather than a German man of learning and doctor. I doubt if there is a more skillful teacher on the topic in question existing! Such private courses, which are given by the so-called *privat docenten*, private lecturers or aspirants for a professorship, generally last from five to six weeks, and are more or less complete in themselves, furnishing a thorough instruction about their specialties. As each year of study comprises two semi-annual courses, a so-styled winter and summer semester, therefore each of these regular and official courses affords time enough for at least two private courses, so that a foreign physician may take the chances of such an instruction four times a year, if even not oftener than that the opportunity is presented. The fee is generally about fifteen florins, or seven dollars in currency, which is moderate, and the participants number from ten to fifteen; the lecture hours, from twenty-five to thirty. It is understood that the least of these lectures is theoretical and the most of it practical illustration at the bedside. Thus the medical school of Vienna has always stood foremost and independent in science, never surpassed by any.

I should like to specify the most prominent professors and lecturers, but space forbids me to do so this time. However, I cannot avoid mentioning a most original fellow of these professors, and that is Dr. von Sigmund, sixty-three years of age, who was a steady visitor of the hospital for the last forty-two years, and for the longest space of this period the head of the syphilitic division. Rich of human and professional experience, he knows how to admix, from time to time, very spicy and amusing remarks, dealing blows right and left toward statesmen, clergymen, and everybody, though without giving any names of persons, but making unsparing general allusions with a sarcastic mein like a second Mephistopheles.

It is a pity that the great Oppolzer is not alive any more. He died a premature death by a most malignant attack of typhus petchialis (spotted fever), some four or five years since. Professor Bamberger was appointed in his place, who is an excellent diagnostician and pathologist, but only a middling therapist from our advanced Homœopathic standpoint. With the Allopathic materia medica at his command, he cures as much, however, as a physician is able to cure under the circumstances. The professors of internal medicine are by far more cautious at all, than they are at Munich or other smaller schools, where the poor patients are dosed with *Calomel*, *Camphor*, *Chinin*, *Opium*, *Tart. stib.*, etc., and occasionally overdosed with rapidity for a better world.

It is quite an unjust prejudice to believe that living is dearer here than in Berlin, or the north of Germany. A well-furnished private room costs, as a rule, half a dollar (currency), including service; a good dinner commands nearly the same price, although, a person who is used to frugal life, may get a little, comfortable room and simple dinner for half that amount. In France and England prices are ruling decidedly higher. Moreover, the inhabitants of Vienna are the most good natured and polite of all the civilized nations I have come in contact with during my twenty years practice in St. Louis and Chicago,

more polite and complacent even than the other tribes in the German empire. In 1863, when I spent three summer months here, I exclaimed, when I left the city, to myself, *Vivat Vienna!* In a couple of weeks, when I shall leave the city again, perhaps for ever, I shall probably be animated by the same feelings. The financial crash of last year has done an immense damage, injuring and crippling business and property and wounding the hearts of the people, who bear a more gloomy and serious look now in comparison to their former looks and habits.

#### THE HOMŒOPATHIC HOSPITALS.

Not far from the general hospital is the St. Anna childrens' hospital, Military hospital, the Wieden hospital, the Rudolf hospital, containing several hundred beds each. There are also a few smaller private hospitals, which are hardly worth mentioning. But last and not least, I would adduce three Homœopathic hospitals, two of which are very respectable for their size and management, while the third one is mixed, that is, half Allopathic and half Homœopathic, in so far as about one-half the patients are attended by an Allopath and the other half by a Homœopath, according to their own free choice.

The largest of these three hospitals is located in that part of the city called Sechshaus (sixhouse), Hauptstrasse 73, where three hundred beds are occupied, mostly by the poorer classes, as workingmen, living in the neighborhood. There are two physicians attending the medical wards and one surgeon the surgical ward. Dr. Mueller, an old gentleman, who is the primarius or leading physician, and Dr. Mueller, Jr., his son, who officiates as assistant, received me with the greatest friendliness when I made my morning visits around the sick rooms in their company. The remedies in use there are the original ones of our *materia medica*, with a few exceptions; for instance, *Guaiacum* is a steady formula there against pleuritic, or rather pseudo-pleuritic, pains frequently attending tuberculosis pulmonum in its stage of softening and suppuration. *Cannabis ind.* against asthmatic affections; *Lauro-cerasus* in all the different forms of dyspnœa, arising in diseases of the thorax organs, and principally in œdema pulmonum; *Petroleum* in chronic otorrhœa is recommended very much. Children under four years are not received there, nor in the other Homœopathic hospitals.

The second Homœopathic hospital in size is the old and original one of the late Dr. Fleischmann, who died about three years ago, after he had been engaged there as the principal physician for nearly forty years. His present successor, Dr. Rosipal, is a young and very well nourished gentleman; kind, but somewhat phlegmatic in his manner; no doubt, on account of the *fatty infiltration* of his muscular fibres. In morbus brightti, *Oleum Terebinthina* is employed there with well marked effect. The building itself is comparatively larger than that of Dr. Mueller, in Sechshaus, the rooms also more spacious, and higher, located on Gumpendorferstrasse, not very far from the former, but the number of beds is at present only eighty. The hospital makes a very gratifying impression, and more so from inside than outside. The mortality in both these Homœopathic hospitals is, according to the

annually printed reports and the verbal communication of head physicians respectively, only 6 per cent in the average.

The third Homœopathic hospital is situated in the Leopoldstadt, close by Taborstrasse, and the Allopathic hospital of the Brothers of Mercy. It is half under the control of an Allopath, and half under the direction of a Homœopath; the number of beds is only about seventy, which are equally divided between the two different methods of treatment. As I have been but once at the building, and have found both physicians absent, I am not prepared to state anything in detail about the institution. But I shall go there once more, in order to see the physicians and the rooms, and learn from them some statistical facts.

The number of all the Homœopathic doctors of Vienna, who also constitute a society, is fifty, being about five per cent of the Allopaths, who are pretty near one thousand strong, among a population of a million of inhabitants, including the nearest suburbs.

J. B. BRAUN.

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## MILIARY PNEUMONIA.

### CLINICAL STUDIES OF THE TARANTULA.

A Memorial from the Hahnemannian Society of Madrid to the World's Homœopathic Convention.

[From Spain comes this most practical communication and earnest appeal. We hope that all the readers of THE UNITED STATES MEDICAL INVESTIGATOR will do what they can.]

#### A TRIBUTE TO AMERICA AND HOMŒOPATHY.

America, youngest of the nations, but pre-eminent in science, arts, and industries, we salute thee, country privileged above all others. We, of the distant, occidental lands of ancient Europe, hail thee as a bright beacon, illumining the world, where the fraternal union of liberty and labor makes man most like to his Creator!

In those peaceful contests by which civilization is abolishing the antagonism of nationalities and preparing for the day when the human race shall constitute only one family, medical science takes a prominent part. The science of anthropology, born within our day, has made marvelous advances. Its various departments, physiology, pathology, hygiene, toxicology, nosocomology, sanitary science, are established on the firm basis of exact observation and experiment.

One feature is lacking in this picture of the advancement of medical science. Therapeutics should have kept pace with this progress, and made it all available in the cure of disease. That it has not done so, in the school wrongly called "regular," is universally conceded. Homœopathy, as unfolded by Hahnemann, supplies this lack.

Homœopathy is the true and legitimate complement of that science

which has for its principal object the knowledge and cure of disease. It is the crowning glory of medicine, completing the chain of its wonderful advances. Without it, all would be, as it were, barren, because conducive to no practical result for the cure of disease.

These considerations move the Hahnemannian Society of Madrid to address this communication to the World's Homœopathic Convention of Philadelphia, trusting to its kind reception, not on account of any merit it may possess, but for the good intent of the author.

The Hahnemannian Society of Madrid represents thirty years of constant struggle and labor to propagate Homœopathy, and defend it from the numberless attacks of its enemies. Books, periodicals, public discussions and meetings, the support of dispensaries, the creation of a hospital, statements to government vindicating the rights of Homœopathic physicians; in one word, a constant strife, always sustained with ardor and faith, and rewarded with the sweet and ineffable satisfaction of witnessing the spread of the doctrines it maintains, and their acceptance by all classes of society.

In this agitated and arduous life, the society and its members have maintained in their purity the principles of the doctrine of Hahneman, a purity which is inseparable from, and owes much of its success to, our worthy president, the distinguished and learned Dr. Marquez de Nunez.

Without denying the general progress of medical science, but on the contrary, admitting all that ought to be admitted, our associates believe that the future of therapeutics is wholly included in the sacred formula *similia similibus curantur*, and that this is not antagonistic to, but, on the contrary, greatly aids the progress of medical science in its varied branches. And, as a proof of this, the following brief communication, relating to pathology as well as therapeutics, demonstrates that the principles laid down by our immortal master, Hahnemann, are always our safest guide.

#### ON MILIARY PNEUMONIA.

The peculiar situation of Madrid, in the center of Spain, about two thousand one hundred feet above the level of the sea, with the elevated ranges of Guadarrama, Nevacerrada and Somosierra to the north and northeast, whence blow the prevailing winds in winter and spring, has always made the climate of the city peculiarly trying, tending frequently at these seasons, to inflammations of the respiratory tracts, and especially the lungs. These winds, though somewhat diminished of late by a modification of the climate, have always been dreaded by both natives and foreigners. These pulmonary troubles presented no symptoms worthy of special notice; they were treated by the methods in vogue, according to the dominant systems. The excessive mortality was a matter of course—nothing more. But, twenty years ago, the learned Dr. Nunez called the attention of physicians, in the official journal of the Hahnemannian Society, to the great difference between that pulmonary affection which, at a certain stage presented a military eruption, and that which presented no such phenomenon; for the



former was cured quickly and easily, while the latter was fatal, or cured with difficulty. Were these exceptional cases, coming under the notice of the renowned master, or had other physicians been faulty in observation? Were they true pneumonias, or an especial form of pneumonic fever, dependent, as the ancients said, upon certain individual conditions? Was the miliary eruption a crisis or a symptom of the disease noted? These questions, seemingly so complex and difficult of solution, have been gradually answered in the series of years which have elapsed since they were first propounded.

This is by no means a rare case of which we treat, for members of the society and others, have recounted many more, in the annals of the same, and in the sixteen volumes of *El Criterio Medico*.

Before proceeding farther, let us state, in a few words, the symptoms ordinarily presented in these cases: After having passed the transient stage of suppression of perspiration, chilliness, etc., the patient is attacked with a violent chill, of long duration, with the thermometer indicating an increase of one degree above the usual temperature; nausea, and at times vomiting; febrile reaction; pulse 120 to 130; intense headache; countenance suffused and mottled; respiration agitated, short and difficult; pain, more or less acute, in one side, with inability to lie down; a violent, painful cough, at first dry, afterward followed by expectoration viscous, sanguinolent, or even of pure blood; diminution of the natural resonance of the chest, and development of a dry and vibrating respiring sound, becoming afterward bubbling and moist. With these symptoms the general malaise keeps pace, with anxiety, racking pains in the whole body, etc. Is this a true pneumonia? Pinel has said that it was extremely uncommon to find a purely inflammatory case of peri-pneumonia, without some complication. But, given some modifications, induced by the condition of the individual, and particularly hereditary or acquired tendencies to disease, and we must admit that the cases coming under our observation, and which form the majority of the pneumonias of Madrid, are not pneumonias of the genuine inflammatory type, described in our standard works, marked by their long duration, tending steadily toward hepatization, and which, after great danger, terminate only in a lingering convalescence. This form which we are studying is more manageable, but is a pneumonia in the true sense of the term. What characterizes a pneumonia, if not this?

We know how this disease was distinguished before the time of Laennec; the general symptoms—the high fever, the difficulty of respiration, the cough, pains in the chest, and the more or less sanguinolent expectoration, suffice to diagnosticate the pulmonary inflammation. As a result of the labor of that famous French physician, we have the pathognomonic signs obtained by auscultation and percussion. The rales dry, crepitating or sub-crepitating at first, with bronchial *respiration* and bronchophony afterward, and, finally, the return of the bubbling, moist sounds, and the resonance of the parietes of the chest, indicating clearly the course of the disease in this most important vital organ. This fibrinous exudation, which is generated

in the cellular tissue, constitutes the principal organic phenomenon of the inflammation; when it is still thin and liquid, the air passes with difficulty, and in traversing and rudely bursting the walls of these vesicles, gives rise to those fine rales which the ear detects in the form of sub-crepitating sounds; when the product of the exudation is completely solidified, the pulmonary tissue is transformed into a hard, compact mass, impermeable to air which transmits, with the conductivity of solids, the sounds which are made in the bronchial tubes, whence we have bronchophony, the bronchial ronchus, etc. Hence it is that the pneumonic sputa formed, in part, of this inflammatory exudation, which occupies the ultimate bronchial ramifications and the pulmonary cells, are viscous, adherent to the vessel, and may present all the colors intermediate between straw yellow and the darkest red, according to the quantity of blood mixed therein. And this expectoration is of such importance that, as Jacoud says, a single sputum, thoroughly examined, enables us to affirm the existence of the disease, even when the lesion, by reason of its site, is beyond the reach of our exploration; and by this same means experienced physicians follow the pathological changes as accurately, by the examination of the sputa alone, as if they daily percussed and auscultated their patients.

Returning from this digression, and recalling the numerous instances of miliary pneumonia which are to be found detailed in the annals and journals of the society, it will be seen that they are so complete as to leave no doubt of their being true pneumonias. Some cases are met with in which the symptoms of physical exploration are not marked, but there are very few in which the rusty, viscous, sanguinolent sputa, of which we have already spoken, as sufficient in itself to characterize pulmonary inflammation, are not constantly present. The only differences to be noted, however, occur in the subsequent progress of the disease, and we shall describe a specimen case of the mild and benign form. It generally begins with a violent chill, followed by strong reaction, with an immediate increase of temperature, which, according to the daily variations, corresponding to the type of the fever, and which have been described by Thomas, Bærensprung, Wunderlich, and others, extends to forty, forty-one, or more degrees (C.) from the first to the fifth or seventh day; when suddenly the heat diminishes one degree, or one and one-half degree, and convalescence commences, the heat falling rapidly and steadily till it becomes normal, completing the pulmonary cycle. In the meantime, the other symptoms keep pace with this stage of the disease, the dyspnoea diminishes, the sputa are no longer viscous, or transparent, or bloody, but become opaque, heavy with globules of pus, of fat, and a multitude of newly-formed cells, and, lastly, the urine becomes normal in quantity and in its physico-chemical conditions. The disease has terminated by resolution, without any notable phenomena, and with only the ordinary changes.

When this does not occur, when to hepatization succeeds infiltration; when, instead of convalescing at the end of the first week, the

disease is prolonged to the second or third, then the pneumonia becomes most threatening, and may terminate fatally in several ways. It may assume the asthenic or nervous form, which is the most common, and depends upon the alterations which occur in these vital tissues, from the elevation of their temperature; or it may terminate in pulmonary abscess, in gangrene, in caseous infiltration, or otherwise. These and other terminations are most formidable, and usually fatal.

In the pneumonia which we are studying, two terminations may occur; the ordinary one benign, when on the third day—more commonly the fifth, or even the seventh—the disease reaches its acme. Then, the temperature and the sphygmographic curve rapidly fall, at the same time the patient becoming covered with a miliary eruption, generally confluent, rosy and smarting; the dyspnoea disappears, the expectoration becomes yellow and mucous, the sleep is normal; the appetite returns; in a word, the disease has ended and convalescence begun. When the disease is not of this benign type, there will be observed, on the fourth or fifth day, an increase of the fever, with excessive heat (41 degrees C.,) agitation, sleeplessness, furious delirium, attempts to rise from bed; in a word, symptoms of ataxic nervous fever, which cease immediately on the appearance of the eruption, but, when this does not occur, death speedily follows, with symptoms of serous cerebral suffusion, common to cases in which the circulation is profoundly affected, and the vascular tonicity diminished. In short, this miliary pneumonia, in its simple, uncomplicated form, is neither the croupous nor the bronchial pneumonia of Niemeyer, from which it is distinguished by the following characteristics:

1. Gastric and bilious symptoms in the beginning, marked by persistent nausea and vomiting.
2. Constant predominance of the general febrile symptoms over the local ones of the respiratory apparatus.
3. Verification, in all cases, of the physical stethoscopic signs, and of the cough and expectoration which characterize true pulmonary inflammation.
4. Complete crisis of the disease, when the miliary eruption presents itself before the seventh day, when resolution of the morbid process quietly follows in the more benign cases.
5. When the miliary eruption comes out slowly after the ninth day, is incomplete, and fades away quickly before its time; then the disease advances slowly, and terminates with many difficulties, such as abscesses, boils, diarrhoeas, etc., etc.
6. When the eruption does not recur, death ensues, with cerebral ataxic symptoms, serous effusions, and general prostration; or a very lingering convalescence sets in, subject to frequent relapses.

It may be asserted that the disease in question is only a miliary fever, with pneumonic symptoms. In former times there has been

much discussion whether miliary eruptions were idiopathic diseases or merely symptomatic of certain malignant epidemic fevers, of gangrenous forms of angina, of dangerous puerperal conditions, etc. The opinions of Whyte, Dehaen, Lepeeq, and others, are well known, and need not to be repeated here; but, though the existence of a miliary eruptive fever is admitted by most nosologists, and its treatment is perfectly understood in our school, we believe that the affection of which we are now writing is a different disease.

It remains for us, finally, to decide whether the miliary eruption is a crisis in these pneumonias, as in malignant anginas and puerperal fevers. The idea of a crisis in disease, so largely studied and believed by ancient physicians, has fallen into disrepute among modern pathologists and materialists, and, without doubt, as Borduc says, questions like the doctrine of a crisis should be reserved for the legislators of the art; those physicians who elevate themselves from mere practitioners to grand observers. The doctrine of a crisis as being a phenomenon so marked and startling as to call the attention of the ordinary observers, and which enables him to definitely fix the day and hour for the end of the disease, though highly esteemed by the ancient humoralists, and several other schools, is too antiquated for us, and does not suffice to explain this most important pathological problem in the eyes of modern sciences. See how M. Hirtz (*Mod. Dict. de Med. et Chir.*, t. X., page 246,) expresses himself: "In our day, patronized by the German schools, studied in the light of the most careful thermometry, the crisis has been proven and observed with precision. We can measure the moment of its origin, its course, its duration as well as its termination, with the diverse modifications which characterize it, according to the morbid species, and the type of the disease." And in another place he adds: "The crisis, clinically considered, is simply a rapid defervescence." M. Chauffard regards the crisis as the end of the morbid evolution, the final conclusion of all the constituent steps of the disease." This last evolution is to be studied principally in the course of the fever which is, without doubt, the principal element in acute diseases, since it reflects the condition of the most important vital functions; so that the thermometer, the sphygmograph, and chemical analysis, are the most useful instruments which the physician has, wherewith to ascertain when the disease reaches its crisis, that is to say, its rapid subsidence, when, as Gourand (*Des Crises*) says: "He can study three distinct periods in the succession of the critical phenomena; the impending crisis, the crisis proper, and the sequel of the crisis." The crisis is an act of vital spontaneity of organic agreement, modified by the reactive power of the patient and the treatment of the physician.

Considering the crisis in this light, we must decide that the miliary eruption in pneumonia is a critical phenomenon, because its appearance coincides with the subsidence of the fever and the immediate conclusion of the disease.

In concluding this first part of our memorial, we would say a few words regarding the treatment most applicable in this form of pneu-

monia. In addition to the general hygienic and therapeutic rules which obtain in all such cases, and not forgetting to individualize each particular case of disease as regards the choice of a remedy, we would say that experience has shown the following to be specially indicated: *Ipecacuanha* at the beginning of the attack, indicated by all the symptoms which characterize it, not only the gastric disturbances but also by the febrile agitation, anxiety, dyspnoea, etc. It is in this stage that *Aconite* is so generally abused, to the great detriment, both of the patient and physician. *Bryonia* is next indicated, especially if its peculiar symptoms are accompanied by a sharp and lancinating pain in the side. *Pulsatilla*, if the pain is in the back or shoulder-blades. *Phosphorus* and *Sulphur* in single doses of a high potency generally complete the cure of this disease. But when, from any cause, it does not follow the regular course and we have violent delirium with desire to throw oneself out of bed, *Stramonium* will almost always cure. *Rhus*, *Belladonna*. *Arsenic*, etc., will sometimes be of use, according to the symptoms indicated.

#### OBSERVATIONS UPON THE ACTION OF THE TARANTULA.

During the twelve years which have elapsed since this remedy, thanks to the labors of the distinguished Dr. Marquez de Nunez, was added to the arsenal of our materia medica, its published clinical results have been so many and so interesting that we are constrained to show how many of its indications have been verified in its practice, in accordance with the law of similars. Like all other poisonous substances, the *Tarantula* exerts so profound and complex an action upon the human organism as to enable it to combat complicated and very diverse pathological conditions; like *Lachesis*, *Apis*, *Crotalus*, *Diadema*, *Bufo*, etc., its sphere of activity penetrates all the sources of organic life, and, therefore, it exerts a powerful effect in chronic diseases.

In reviewing the pathogenesis of *Tarantula*, we find most conspicuous among its primitive symptoms the following: General chilliness; anguish; stupor; slight convulsions; feeble and plaintive moanings; oppression in the cardiac region; vertigo and deathly faintings. After these primitive symptoms, quickly follow alteration of the features; paleness of the face; great anxiety; constant change of posture; pain in the kidneys, hips and other parts of the body; quick and difficult respiration; broken speech; aphonia; oppression and pain about the heart; wiry, irregular pulse; numbness of the locomotive apparatus, followed by convulsive twitchings more or less strong and intermittent; contraction and painful rigidity of some muscles; headache; vertigo; sleeplessness; agitation; hyperæsthesia of the skin; exaltation of sensibility; integrity of the intellectual faculties with exaggeration of the emotional; profuse, cold sweats; intense thirst; nausea and vomiting; tumefaction of the abdomen; difficulty of micturition, with hot and thick urine; increase of the venereal appetite in both sexes; excessive sensibility of the genital organs and increase of the symptoms which accompany and follow

coitus; pus in the uterus, with discharges abundant, acrid and corrosive; great changes in menstruation, with aggravation of the conditions which prevail during and after the monthly periods; profound melancholy, with despair of cure; eruptions on the skin; tumors and excrescences of various kinds; profound asthenia; serous discharges; general debility and cachexia.

The symptoms of this remedy, as of many others, are alternating, and are aggravated or modified by noise, by the time of day, by moral influences, movement, pressure and music; and it is particularly notable that they are periodic and are repeated every day, every third day, monthly and even yearly, at which periods can be noted not only the febrile symptoms, but also many others which sometimes particularize the fever and at other times constitute the whole disorder. The *Tarantula* is a medicine which acts principally upon the cerebro-spinal system, and primarily upon the medulla spinalis. This is proved by the alterations which are perceived in the locomotive apparatus, torpor and difficulty of motion being followed by restless agitation, muscular contractions, clonic convulsions, etc. And as a consequence of this exaltation of the medulla spinalis come the aggravations from pressure, even of the hand, the cardiac oppression and pain and the quick and labored respiration. Not only the medulla spinalis, but the cerebellum and the cerebrum also, shows its effects by a multitude of phenomena.

In a word, as Dr. Nunez says, the action of the *Tarantula* upon the human economy is characterized by an especial and primordial affection of the central nervous system, as is shown by the disorders of innervation, tremblings and painful twitchings of the muscles; these phenomena are alternating or intermittent and by action sometimes direct, sometimes reflex or sympathetic, produce changes in the blood which eventuate in hæmorrhages, ecchymosis, serous fluxes, etc., or in œdematous swellings of the skin, with eruptions of various kinds. [*Estudio Med. del Veneno de la Tarantula*, p. 189.]

#### CHARACTERISTICS OF TARANTULA.

The characteristics of this drug are the disorders of motion under the convulsive form, in which there is a necessity for continual motion, fright, terror, fear of speedy death, with vertigo and pre-cordial anxiety, with intolerance of pressure or touch and periodicity.

From what has already been said, we can readily infer how many morbid states the *Tarantula* is able to modify and cure. In the numerous clinical cases already published there abound, singularly enough, many varied specimens of a disease which is the opprobrium of ancient medicine, which treated it with all known medicaments without any results; we refer to *chorea* or *St. Vitus' dance*. Chronic or recent, in children or adults, with or without rheumatic complications—so many cases, after having suffered the Allopathic treatment in vain, have been cured by the *Tarantula* as almost to entitle it to be considered a specific in this affection. Many intermittent forms, febrile as well as nervous or convulsive, have been immediately cured by the use of the *Tarantula*.

*Hysteria*, in many of its protean forms, falls within the scope of action of the *Tarantula*; a case of epileptiform hysteria, published by Dr. Garcia Lopez [*Criterio Medico*, 1865.] is notable for more than one reason; a woman aged twenty-four years, unmarried, of nervo-lymphatic temperament, suffered for more than four years, every eight, fifteen or twenty days, an attack with the following characteristics. At first, she fell senseless to the ground, became rigid, ground her teeth, frequently bit her tongue and rolled up her eyes which remained open during the attack. In some three minutes the paroxysm passed off, leaving only confusion of mind and no recollection of the attack. This disease, which had resisted a thousand Allopathic measures employed during its long course, was controlled by the Homœopathic remedies indicated. But, afterward, the disease appeared in another form; in place of convulsions, there appeared anguish and oppression of the chest amounting almost to suffocation, while the paroxysms became longer and more frequent. Five doses of *Tarantula* 200, one every twenty-four hours, completely cured this grave affection.

#### PARALYSIS AGITANS.

Most noteworthy, also, is the case of paralysis agitans, narrated by Dr. Cramoisy (*Bull. de la Soc. Med. Homœop. de France*, 1873,) of a lady, aged sixty-one. She was of good, general health, subject only to mild rheumatic attacks. After great mental distress, she was seized with pains in the arms, a continuous trembling and an itching in the left leg, with inability to remain in bed which compelled her to walk the floor all night. These tremblings extended to the head and the tongue; her condition became most serious, her appetite was lost, her nights were sleepless, except for a few moments when she was held in the arms of her daughter. The remedies employed, *Belladonna*, *Nux*, *Iodium*, *Secale*, *Crotalus*, etc., gave not the slightest relief, when Dr. Cramoisy selected the *Tarantula*, which, in less than a month, effected a complete and radical cure.

Dr. Farrington quotes a case of *spinal irritation* cured by *Tarantula*, of which the characteristic symptoms were as follows: Excessive sensitiveness, the slightest touch upon the dorsal vertebra, producing spasmodic pains in the chest and indescribable distress in the cardiac region; sensation at times, as if the heart turned over; intense headache, which was relieved by gently rubbing the head against the pillow; general parching heat and trembling of the whole body and even of the tongue.

#### TARANTULA IN UTERINE DISORDERS.

The use of the *Tarantula* in cases of *obstinate neuralgias* which present its characteristic symptoms has been very common; and even in certain eruptions, like the ordinary prurigo, accompanied by acrid, yellow leucorrhœa.

This remedy is frequently applicable to certain forms of uterine disease, such as uterine colic, menstrual difficulties and some organic lesions of the uterus, among which may be specially mentioned chronic

engorgement, which have been either cured or surprisingly ameliorated.

A CASE.

Among the notable cases on record, we may mention that of a lady, aged thirty-six, of a feeble, lymphatic temperament, who, ever since the birth of her first and only child, sixteen years before, had been so irregular in all her generative functions that, notwithstanding the most elaborate specific treatment, she became steadily worse and had lost all hope of cure. Frequent metrorrhagias lasting twelve or fifteen days, persistent leucorrhœa; pains in the legs and sacrum; emaciation and pallor of countenance; constant sense of fatigue; sighing; oppression and pain in the chest; fear of impending death; sleeplessness; nervous trembling, etc., all produced a state of complete anæmia. Physical examination revealed such an increase in the size of the uterus that it extended to within two inches of the umbilicus; while the uterine cavity was diminished, with anteversion, catarrh of the neck, and clear, viscous leucorrhœa. Little benefit had been obtained from any of the remedies employed for three years previous, such as *Platina, Sabina, Crocus, China, Arsenicum, Secale*, etc., but the continuous treatment for two or three months by *Tarantula*, the 200th and 12th triturations, so greatly modified the disease that the uterus lost more than half of its abnormal size, menstruation became regular, a light form of eczema appeared on the internal aspect of both thighs, and the general condition was notably improved. The patient is not yet completely well, but the results so far warrant us in predicting a speedy and surprising cure.

It is the duty of the Homœopathic profession to study the *Tarantula* and fully complete its pathogenetic indications. Thus far it has been employed in little more than nervous disorders; but its action is much more extensive and far reaching. The functions of nutrition, the cellular tissue, the lymphatic vessels are all included in its domain.

We now close this imperfect sketch; we have only had in view to call the attention of the congress to the possibilities of progress in medical science, based upon the doctrines of Hahnemann.

The two points which we have selected, one in clinical medicine, the other in therapeutics, both from the archives of the Hahnemannian Society of Madrid, clearly prove that it is possible to accommodate the new and powerful means of investigation and of pathological analysis to our doctrines of disease, which they indeed strengthen and confirm; and, moreover, that when new provings and the purification of those which we already possess come to enrich our materia medica with all the aids which chemical and microscopic analysis, the thermometer, the sphygmograph, etc., will supply, then our therapeutics will be as potent and complete as even modern science has a right to demand. May those Homœopaths, who live in countries where the intellect is more serene and the mind more disposed toward such investigations, than they can be in this poor Spain, take up these labors and complete so important a work. For this do we, Spanish Homœopaths, ever fervently pray.



## Society Proceedings.

### *HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA.*

The Homœopathic Medical Society met in Harrisburg, September 27th and 28th, Jos. E. Jones, M. D., in the chair, with quite a number of distinguished physicians present.

On motion, J. C. Guernsey, M. D., of Philadelphia, corresponding secretary, in the absence of the recording secretary, was appointed to fill the vacancy.

President Joseph E. Jones, of West Chester, then delivered his annual address.

Drs. J. W. Bechtel, of Harrisburg, and Frank J. Slough, of Allentown, were proposed for membership, and the applications referred to the board of censors.

Dr. L. H. Willard, of Allegheny, chairman of the delegation to represent the Homœopathic Medical Society of Pennsylvania at the American Institute of Homœopathy and World's Homœopathic Convention, submitted a report, which was received, and referred to the publishing committee.

J. E. James, M. D., also submitted a report of the proceedings of the Hahnemannian Medical Club, of Philadelphia.

Dr. McClellan the reports of the Homœopathic Medical Club of Allegheny, and Anatomical Society of Allegheny.

Dr. Willard the report of the Homœopathic hospital and dispensary of Pittsburg.

Dr. Childs the report of the Allegheny Medical Society.

Dr. Clark, report of the Dauphin county Medical Society.

Dr. J. C. Guernsey then submitted a report of the committee on publication.

B. W. James, M. D., chairman of the bureau of climatology, read an interesting report on

#### CLIMATOLOGY AND PREVENTION OF DISEASES.

The following discussion then took place on the above paper :

Dr. J. P. Dake, late of Nashville, Tennessee.—I am glad to meet with you. A lady friend of mine says that where mosquitoes are plenty, they can be killed by small explosions of powder. Now, why cannot similar explosions cause a cessation of cholera? Near where rolling mills are located, and during their suspension, cholera prevailed. Could this epidemic have been curtailed if the mills had been

in operation, and caused the concussions sufficient to produce neutral vibration ?

Dr. Willard—At what temperature can variola virus be neutralized ?

Dr. B. W. James—The matter of heat has not been tested. Two hundred degrees will certainly destroy it. We know how easy it is to destroy vaccine by carrying it in the pocket.

Dr. Willard—One hundred degrees is not sufficient, as we have seen small-pox raging during summer heat.

Dr. I. Lefevre—A great deal of fever and ague prevailed before and while they were making the railroad in Newport, Pennsylvania, twenty miles above Harrisburg, and since the construction of the railroad, no ague has prevailed. Probably the concussion of blasting had something to do with it.

Dr. Dake—I have had cases of variola where it was impossible to take furniture and clothing away. I think both high degree of heat and moisture necessary to destroy the contagion. After the people left their rooms, I directed that a wet cloth be hung over the register, and high degree of heat forced through. I believe clothing and bedding might be used with impunity after such subjection.

Dr. B. W. James—I wish to say something about soil. A high street in west Philadelphia was very healthily located, and no intermittent fever was known. A sewer was constructed there, the earth being turned up, and while this was going on, typhoid, remittent and intermittent fevers prevailed on that hill; after the earth was again thrown back those fevers subsided.

Dr. Clark, of Harrisburg—In 1864 I was a prisoner at Andersonville. If heat and moisture kill variola, it was probably owing to that cause we did not have that disease in the prison pen. We had 33,000 men, and of 12,000 men who died, they nearly all died of dysentery and scorbatis.

We had twenty-five days of moisture. Men laid down and died beside their own faecal matter, being too weak to take care of themselves. Men died and were eaten by maggots before they could be taken away, yet not a case of variola occurred.

#### ON CLINICAL MEDICINE.

Dr. John E. James, chairman of clinical medicine, called on Dr. J. B. Wood, of West Chester, to read papers on ventilation and typhoid fever.

Dr. D. Cowley presents notes on *Cochineal* in spasms, and a query concerning *Grindelia robusta* in asthma.

Dr. B. W. James—In regard to the use of *Hippomanes mancinella* in hay fever, or asthma, I have seen rapid improvement follow the use of it, especially where the attacks occur at night. We previously used *Arsenicum* in these cases.

Considerable discussion ensued on typhoid fever, participated in by Drs. J. C. Guernsey, Willard and Friese.

J. H. Marsden—I have had very considerable experience in typhoid

for fifteen years. When it first set in, it fell into the hands of Old School men, who lost one-half or two-thirds of their cases; the next year I treated many cases with *Rhus* and *Bryonia*, and had very few cases die. Recently I gave *Baptisia* where the symptoms were setting in. I find the use of this remedy shortens the disease. I have patients sitting up in three weeks; children, and those of good constitution, sooner. I have availed myself of the treatment spoken of by B. W. James, at our annual meeting last year, which was rest. I now enjoin all treated with it to rest, and consider it of the utmost importance to lighten or cut short the disease. I am careful to enjoin them not to sit up more than ten minutes during the weak or prostrate condition of typhoid. I do not allow them to dress, but have blankets thrown around them. Dressing fatigues them too much, and often induces a relapse.

#### DEMENTIA.

Dr. R. J. McClatchey then read a paper on Homœopathic Treatment of the Podromal Stage of Dementia Paralytica, by S. Lilienthal, of New York.

After the reading of the paper, Dr. McClelland moved the paper be referred for publication, and thanks be sent to the writer.

Dr. J. P. Dake—I have had a case of dementia under my care for two years; a banker, naturally a quiet man, became talkative, scheming and counting money for hours, selecting differences of coins. Progressive paralysis ensued. I had to have him removed from his business, and gave him a remedy not mentioned in the able paper we have just heard. *Rhus tox.* relieved the pain and cramps in the limbs.

Dr. McClelland—We have in Dr. Lilienthal's paper, cases and remedies which will be of great value to us. I have under my care a great capitalist, of extreme caution, who became visionary, saw millions in schemes, and was very obstinate in these schemes. The case had progressed before I saw it. Hemicrania, irritability, *mania de grandeur*, very little depression, which is characteristic. I gave *Anacardium* and *Phosphate of lime*, with the best result of any. He would, in the midst of conversation, drop his head. We finally took him to Kirkbride's to keep him quiet, and there he took convulsions and died.

I believe this paper will give us a new field to work in. One difficulty we have to contend with is, we do not get the cases at an early enough stage.

Dr. J. N. Clark—We certainly owe a debt of thanks to Dr. Lilienthal, and have given this disease some thought; some cases, where they come early enough, are soon relieved, but they generally do not come early enough.

Dr. M. Friese—I had a cattle dealer under my care, who became enthusiastic over his business, was suddenly stricken with hemiplegia. He afterward had epilepsy; treatment had little effect. On his own responsibility he took *Bromide potassa* for nine weeks. When I saw him for derangement of the stomach, caused by *Bromide*, he had symptoms similar to *Mercury*; ptyalism, coated tongue; these symp-

toms subsided, but gradually went into dementia. At present he is able to walk about; gets no violent attacks of insanity, but I have diagnosed his case as gradual softening of the brain.

Dr. Willard—I have always found those who were lively got very quiet, and *vice versa*. There is a difference in disposition first.

Dr. W. R. Childs—I have a case, an insurance agent, held in check by *Causticum* and *Nux vomica*. From high living he was getting attacks of gout. I gave, first *Nux vomica* 30 and 200, and now I give (owing to the loss of effect of the above,) No. 50 globules, saturated with *Nux vomica*. At other times he will stumble in the street and fall, halt in his gait, etc., for which I give *Causticum*.

Dr. Dake—In nearly all cases we find hypochondria.

#### IGNATIA IN DIPHTHERIA.

Dr. Joseph C. Guernsey then read a paper on the great use of *Ignatia* in diphtheria, prepared by Dr. Henry N. Guernsey, in which he spoke of broken charcoal as the best disinfectant in a sick chamber.

Dr. W. R. Childs read a report of a case of abdominal dropsy, in which the patient was under Old School treatment, and was tapped every two or three months, taking six gallons of water at each trial. Under my care, in consultation with Dr. McClelland, with the aspirator, we took thirty-four quarts of dark fluid, charged with albumen. The case has been under care nineteen months. Seventy-two hours elapsed at one time without passing water, and now he is alive and well, having been tapped and aspirated for 127 gallons, or 1,500 pounds of water, in one year. He has not been tapped for nine months, and is in business, and well.

Dr. McClelland—While out driving a few days ago, I accidentally nearly drove over a man who jumped out of the way with great alacrity, and who proved to be the gentleman spoken of having dropsy.

Dr. M. Friese then read a paper on *Ozœna*.

Dr. John E. James read a paper on Clinical Observation with *Viburnum prunifolium*.

#### AFTERNOON SESSION—OBSTETRICS.

In the absence of Dr. M. Cote, of Pittsburg, chairman of bureau of obstetrics, Dr. C. P. Seip presented the following papers:

Dr. J. H. Marsden read a paper on extraction of the fœtus with forceps.

#### PUERPERAL FEVER,

by Dr. H. N. Guernsey.

Dr. M. M. Walker mentioned three cases of cold and fever following confinement, in which *Bryonia* 6 and 200 carried them through very successfully.

Dr. Willard—Does the doctor regard puerperal fever as a specific disease.

Dr. Dake—It is very easy for those with concentrated practice to visit their cases every three or four hours, but many practitioners cannot do this and should make provision by leaving remedies which may seem to be indicated.

Dr. Seip — There are other adjuvants than remedies that we can use with great relief. The injections of hot water are of the utmost importance.

Dr. Farrington — There is a great variety of opinions among authorities in regard to this disease. We may have a portion of placenta retained. It may be of pyæmic or erysipelatous origin. Dr. Guernsey has met very ably the indications for remedies, and we ought to thank him for this paper.

Dr. J. C. Morgan sent a paper on Injections of Hot or Cold Water in Uterine Affections.

Dr. Seip read a very interesting paper on Induction of Premature Labor, by H. H. Hoffman, and his own paper on Management of the Placenta.

Dr. Dake — Sometimes when the placenta is retained but not attached, I remove the edge of the placenta from its contact with the uterus, and then by the woman placing her hands upon the abdomen, the placenta will come nicely away.

Dr. C. P. Seip — By removing the placenta in the way I have explained (by pressure with the hand upon the abdomen) you cause contraction upon the placenta, and there is no chance for hæmorrhage and less severe after-pains.

Dr. Willard — In taking away an adherent placenta, will this be sufficient? In several cases I have had an adhesion take place. I have been obliged to introduce the hand, and with force detach it. I always stand by the patient till the placenta is delivered.

Dr. Dake — The paper explains that point and I would not think of leaving a patient till the afterbirth was expelled.

Dr. Seip — The paper said decidedly that this method does not apply to morbidly adherent placenta. I always introduce the hand to remove adherent placenta or where hour glass contractions occur, with the patient under the influence of *Chloroform*.

B. F. Betts, read a paper on Reflex Symptoms of Uterine Affections.

The bureau of clinical medicine was re-opened to receive a series of papers on Pneumonia, written by a committee appointed by the Allegheny County Society.

#### EVENING ADDRESS.

Dr. E. A. Farrington, of Philadelphia, delivered highly a interesting and instructive address on "Mental Aberrations" to a cultivated and intellectual audience in the evening at the opera house. The doctor well illustrated the increase of the quicker, better, and more thorough method of cure by the Homœopathic system of medicine. Want of space compels us to give but a brief synopsis of the doctor's entertaining, scientific and instructive lecture.

After being introduced by Dr. J. E. Jones, of West Chester, the lecturer contrasted the two dominant schools of psychologists, leaning toward that school which acknowledges spirit above matter.

He represented the mind as composed of will and understanding, and the brain as divided into two hemispheres for their reception. He quoted Brown-Sequard and others to prove his position.

Passing then to mental aberrations, the lecturer pictured the terrible ruin when this mighty king, the mind, is dethroned. The eye loses its lustre and stares vacantly or wildly about; the mouth forgets its winsome smile and grins hideously. Sometimes the insane man is a monomaniac. Wrapped in a shapeless rag he majestically walks the floor, a Napoleon or a Cæsar. Again, the fate of nations rests on his shoulders, and, like the hero of Blackwell's Island, he erects breast-works for defense, mounts his wooden guns and threatens annihilation to any suspicious craft.

In conclusion, he said: Is there no hope for the world of mind? Already the storm cloud shows a silver lining. The sun of truth, whose first dawning beams shot out into the darkness of ignorance through Hahnemann's immortal mind, will pierce this inky canopy, bringing warmth to the heart and light to the mind.

Let the public give Homœopathy opportunity; endow its asylums; protect it. In the true spirit of American independence it demands equal rights with its seniors. It asks this great republic to extend to the scientific world the same broad invitation it does to the civil world—freedom and equality.

#### THURSDAY MORNING'S SESSION.

Dr. M. M. Walker, the recording secretary, read the following correspondence from other societies:

We corresponded with the British Homœopathic Congress, the German Central Union, the physicians of Canada, and twenty-nine state societies in this country, and have received twelve volumes of transactions from the latter.

In the last three years the number of Homœopathic physicians has doubled in Baltimore, while the practice of many has trebled. They have a state society incorporated by the state legislature last spring, and here as well as from every other quarter there is a steady increase of patronage, while in most localities we hear of the wonderful advancement of patronage of the law of the similars.

In California, a difficulty has arisen by some ambitious members starting a new state society usurping the power of the old, which the old society calls upon other societies to discountenance, stating that they think "one state medical society of our school of medicine in the same state at the same time is sufficient."

In Connecticut our state society meets semi-annually, with an attendance of about twenty members.

In Canada we have between forty and fifty physicians, but owing to the distance between them we have no organized general society.

In Illinois, Dr. Mitchell, in our session last May, recapitulated the work accomplished. When the secretary sends notices to members, they are expected to attend or write a paper for the meeting. This has had the happy effect of producing many concise articles and pithy discussions among us.

Three out of four institutions for children in Chicago are under Homœopathic treatment.

The report of the "Half-Orphan's Asylum," "Home of the Friendless," and "Chicago Foundlings' Home" are exceedingly interesting.

The "Erring Woman's Refuge" is doing excellent service and is under the care of our lady physicians.

Mississippi Valley — There will be a full account of Homœopathy in Missouri in the next transactions published by the World's Convention.

Michigan — In 1855 and 1856 the legislature passed a bill establishing a chair of Homœopathy in the University of Ann Arbor. We have had a fight ever since with the Old School physicians in regard to it. In 1874 and 1875 the regents put up a separate building for us and established two chairs—one on *materia medica* and one on theory and practice. The state society showed the regents where they made a mistake in not appointing professors of surgery and obstetrics. While our operations are performed upon the same principles as those of the Old School, the administration of remedies requires thorough teaching, when the difference between the two schools is very marked.

Military Tract of Illinois—Outside of Chicago, no locality in the state contains in proportion to the population so large an element in favor of Homœopathy.

New Hampshire — Homœopathy is gaining in this state.

Rhode Island — We have fifty-five Homœopathic practitioners, and one hundred and one other practitioners in the state. Many of our men hold prominent positions in the state militia. Dr. John C. Budlong, of Centredale, is surgeon general of the state; Dr. George B. Peck, surgeon general of its battalion of light artillery; Drs. Robert Hall and William E. Caldwell, are attached to an infantry battalion, and Drs. W. von Gottschalk and N. G. Stanton, are connected with the militia under its reorganization. We have a pharmacy and a dispensary under good patronage, and a fund for a hospital.

The names of two Homœopathists were for two years on the registers of both state societies—Old School and Homœopathic. We are at peace with our opponents; thanks to the absence of medical schools, always have been and intend to continue so.

Tennessee — Our state society was organized in December, 1875; our physicians have published "Medical Ethics Illustrated;" "State Medicine and Medical Inquisition;" "Honorable Medicine and Homœopathy," and a very interesting pamphlet on "Homœopathy in Tennessee," by Eugene R. Smith, M. D., giving a sketch of its progress, the number of societies and their respective officers, alphabetical list of practitioners, statistics, etc.

#### HISTORICAL, ETC.

Dr. J. C. Guernsey, as chairman of the historical committee, reported progress. The committee is at work, and satisfactory reports of the rise and progress of Homœopathy in the state are being obtained. He thinks the society is in possession of fuller information on these points than it has ever been before. He was glad to say several new documents had been obtained for the state archives. The report was received, and on motion the committee was continued.

The report of Dr. J. F. Cooper, treasurer of the society, was then read and referred to an auditing committee. Being approved, was received.

Dr. J. H. McClelland, chairman of the committee on legislation made a report which was accepted.

Dr. Cowley presented a paper on collection of physician's bills by proper legislative enactment. Referred to committee on legislation.

Dr. E. A. Farrington reported as chairman of the materia medica bureau.

Several papers were offered, one being a valuable proving of *Arseniate of soda* by the Materia Medica Club of Allegheny county, made under the supervision of J. F. Cooper, M. D.

Papers were also presented by N. H. Martin, on "Amorphous *Phosphorus*." This is made by subjecting ordinary *Phosphorus* to the high temperature of four hundred degrees or more.

Also on "Applied Materia Medica," by A. P. Bowie M. D.

On motion of John E. James a vote of thanks was extended to the Homœopathic Materia Medica Club of Allegheny county for their excellent proving of *Arseniate of soda*.

Dr. Preston—I move that the club publish in all of the journals under their proper heads the different symptoms of the drug spoken of.

Dr. L. H. Willard, chairman of the bureau of surgery, reported on Plaster of Paris Jacket in Disease of the Spine, by Dr. J. H. McClelland, of Pittsburgh.

Dr. Seip—It is better to suspend the patient long enough to let the muscles relax and the spine lengthen before the plaster of paris is applied, say two or three minutes.

Dr. Friese—They made a hard, cot bed for a child, according to the advice of Dr. Pancoast; were to keep it there at least six months, to get the spine in position, but the child died before it had learned to lie still.

The following papers were then read and referred for publication:

Conservative Treatment of Compound Fractures, C. H. Thomas, M. D., Philadelphia; recommending the use of *Silica* in bone affections, and *Beracic* and *Carbolic acid* in the treatment of fractures.

Electricity in Surgery, Dr. Dunn, of Titusville.

Galvano-Cautery in Surgery, J. H. Buffum, of Pittsburgh. Case mentioned where it was used in ovariectomy.

Strangulated Hernia, by W. J. Guernsey, M. D., of Frankford.

Dr. McClelland—Hernia, like a dislocated joint, is a mechanical affection. After protrusion and filling with fecal matter, it is impossible to get it back without some kind of operation in many cases, although a great many cases are curable with our remedies—*Nux vomica*, *Lycopodium*, and as Wm. Tod Helmuth has taught.

Dr. Willard—I remember three cases, one on board ship. An old man had strangulated hernia, which I worked over a long while, and then gave a large dose of *Opium*, and next morning it had vanished.



We should not defer operating too long, however, for if vomiting sets in, we may have trouble in saving the patient.

A case of spurious hermaphroditism, by B. F. Betts, M. D., of Philadelphia, was accepted and read.

Also a paper on Neurictomy of the Supra-Orbital Nerve for the cure of Neuralgia, by L. H. Willard, M. D., of Allegheny City.

#### THE BUREAU OF MISCELLANEOUS SUBJECTS

reported the following :

Progress in Homœopathy, A. Lippe, M. D., of Philadelphia.

Dr. Dake—I think there is some misapprehension in the minds of some in regard to the domain of Homœopathic therapeutics. We have both general and special therapeutics. When we hear the complaints of a sufferer, we are governed by these symptoms, and trace these symptoms by the cause of disease. I had a case of numbness of the face, the man wore a truss, out of order, and a sharp point pressing against the spine. I had the truss removed and a new one substituted, and the patient recovered.

Hydrophobia, Dr. W. F. Speth, of Lewiston, cured by *Exanthium*.

Potency, by C. Preston, M. D., of Chester.

Paper on the Chronic Miasms vs. Bodily Constitution, was read by M. Preston, M. D.

The necrologist reports but one death during the past year, James L. Scott, of Coatesville.

#### THE FOLLOWING OFFICERS

were then elected to serve for the ensuing term :

PRESIDENT.—J. C. Burgher, M. D., of Pittsburgh.

FIRST VICE-PRESIDENT.—L. H. Willard, M. D., of Allegheny.

SECOND VICE-PRESIDENT.—John E. James, M. D., of Philadelphia.

RECORDING SECRETARY.—M. M. Walker, of Germantown.

CORRESPONDING SECRETARY.—Joseph C. Guernsey, M. D., of Philadelphia.

TREASURER.—J. F. Cooper, M. D., of Allegheny.

NECROLOGIST.—W. R. Childs, M. D., of Pittsburg.

CENSORS.—M. Friese, M. D., of Harrisburg; J. B. Wood, M. D. of West Chester; B. F. Betts, M. D., of Philadelphia.

COMMITTEE OF ARRANGEMENTS.—Philadelphia County Medical Society.

COMMITTEE OF PUBLICATION.—M. M. Walker, M. D., J. C. Guernsey, M. D., and J. F. Cooper, M. D.

COMMITTEE ON SUBSCRIPTION.—J. F. Cooper, M. D.

COMMITTEE ON LEGISLATION.—Drs. Clark, McClelland and Dake.

DELEGATES TO AMERICAN INSTITUTE.—Drs. Burgher, B. F. Betts, W. J. Guernsey, Lefevre, T. Pratt, Caruthers, and Cook, of Harrisburg.

BUREAU OF CLINICAL MEDICINE AND ZYMOSES.—Drs. Coates, Preston, Hoffman, Martin, Carmany, and Wood.

BUREAU OF OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN.—Drs. McClatchey, Seip, Marsden, M. Preston, and O. B. Gause.

BUREAU OF SURGERY.—Drs. J. H. McClelland, L. H. Willard, John E. James, J. H. Buffum, and W. J. Guernsey.

BUREAU OF MATERIA MEDICA AND PROVINGS.—Drs. J. F. Cooper, E. A. Farrington, H. N. Guernsey, S. T. Carleton and L. B. Hawley.

BUREAU OF CLIMATOLOGY.—Drs. Bushrod W. James, J. H. Marsden, J. Morris Strong, M. Friese, and A. B. Bowle.

BUREAU OF MISCELLANEOUS SUBJECTS.—Drs. W. R. Childs, C. S. Middleton, W. H. Cook, C. F. Bingman and Robert Mercer.

HISTORICAL COMMITTEE.—Drs. J. C. Guernsey, J. F. Slough, J. H. Buffum, H. S. Reinhold, and M. M. Walker.

On motion, a copy of the transactions of the American Institute of Homœopathy, and the volumes of the transactions of this society were ordered to be deposited with the librarian of the state, with the compliments of this society.

A vote of thanks was then tendered to the press; to E. A. Farrington, for his able address; to the Dauphin County Medical Society, for their complete arrangements, and to the officers for their services, after which, the convention adjourned, to meet the first Wednesday of October, 1877, in Philadelphia.

Dr. Carleton exhibited to members of the medical convention his fine collection of uterine polypi and allied tumors, with diagrams and methods of operation.

M. M. WALKER, Secy.

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#### HAHNEMANN PUBLISHING SOCIETY.

On August 31st, Dr. Hayward called together about twenty of his colleagues, and gave them an account of the reception met with by himself and fellow delegates to the World's Homœopathic Convention.

Amongst other things, he said that nothing could exceed the kindness and liberality with which they were treated; that everything had been done, professionally and socially, by their American colleagues to make the visit a pleasant and profitable one. He had been very favorably impressed by the character, ability, and position of Homœopathic practitioners and Homœopathy in America; and he felt that a closer bond of union and a greater familiarity between the Homœ-

opathic practitioners of the old and new worlds would result from the convention, and be a benefit to Homœopathy and to its practitioners and patients throughout the world.

He was glad to be able to say that his American colleagues appeared inclined to enter heartily into the work of the Hahnemann Publishing Society. They had requested him to draw up a short account of its organization, its objects and its work—past, present and future—in order that they might understand how to act in reference thereto.

He submitted to his colleagues the account he had drawn up, and they approved of it and hoped Americans would put their shoulders to the wheel and carry forward the work.

The following is a copy of this document :

#### THE HAHNEMANN PUBLISHING SOCIETY.

This society has been established in England on the model of the Sydenham Society ; that is it is composed of members who pay a guinea subscription, and for this they receive a guinea's worth of books or other printed matter at about cost price.

Its objects are : The publication of English, and the translation of foreign, well-arranged practical Homœopathic works, which, though essential to the English Homœopathic practitioner, are expensive to print and of so limited a sale as to deter publishers from bringing them out at their own risk.

In the Old School, where the workers are numerous, a sufficient number of works are presented to the society to enable it to supply a guinea's worth each year, and the subscription is annual ; but in the New School, where the workers are (at least in England,) necessarily few, a sufficient number of works are not presented annually, hence the subscription is not *annual* but *occasional* ; that is, a fresh subscription is called for only after the previous one has been exhausted, by the member having been supplied with a guinea's worth of books at about cost price. This must, of course, occur more or less frequently, according to the amount of matter presented the society for publication or translation. The number of members in the Sydenham Society enables it to pay for the work done for it ; and with a slightly increased number of members the Hahnemann Publishing Society will be able to do the same ; even now it is prepared to make small grants to meet certain expenses of workers.

The *first* and most important work for a Homœopathic practitioner to possess being a pure *materia medica*, the society first addressed itself to this object. Now, the essentials of a *pure materia medica* are that it shall be a record of the pure effects of the drug ; and that they shall be recorded in the natural order of their occurrence, with the conditions, the concomitants, and the connections of the symptoms carefully maintained, so as to give a true picture of the morbid state producible by the drug. These essentials have been carefully kept in view in the preparation of the *materia medica* being issued by the society—The Hahnemann *Materia Medica*—and it will be found that they have been strictly carried out with the five medicines already pre-

sented to the members; the groups of the symptoms have not been chopped up and dismembered as in other Homœopathic materia medica, but given whole and entire as they occurred. *This is, however, the only materia medica in which this plan has been followed.* See "Introduction" to Hahnemann Materia Medica.

As it is necessary not only to have a general idea of the morbid state producible by drugs, but to be able to adapt the particular symptoms producible by drugs to the particular symptoms presented by patients.

The *second* most important work for the Homœopathic practitioner to possess is a complete and handy repertory, or index to these symptoms in the materia medica pura; the society therefore next addressed itself to this object. Now, the essentials of a complete and handy repertory are, that its arrangement shall be such that any symptom may be quickly found; and when, and wherever found, the symptom shall be complete, with all its essential connections, and with all its conditions and concomitants, and its locality, distinctly and fully given, and yet the book itself be of such a size as to be easily handled. These essentials have been carefully kept in view in the preparation of the repertory being issued by the society — The British Repertory — and it will be found that they have been strictly carried out in the fifteen chapters already presented to the members. It may be said, it is impossible to give every symptom in the materia medica under all the separate headings of all its parts, of all its conditions, all its concomitants, all its connections, all its localities, and yet "the book itself be of such a size as to be easily handled." True it has previously been found to be impossible; but this difficulty has been overcome in the British Repertory, and this has been done without interfering with the general usefulness or easy reference; it has been accomplished by printing in the ordinary type only the word looked for, and filling in all the other of the symptom in cypher; by this means the word looked for is found as in other repertories, but each time the *whole* symptom is filled in by cyphers, so as to be given in full each time, but to occupy only little space. Thus, if a *pain* be looked for it will be found in full in ordinary type, but the condition, the concomitant and the locality, are given in cypher; if the *condition* be looked for it will be found printed in full, as usual, but the pain, the concomitant, and the locality are given in cypher; if the *concomitant* be looked for, it will be found printed as in other repertories, but the pain, the condition, and the locality are given in cypher; and so if the *locality* be looked for, it will be found printed in full, but the pain with its conditions and concomitants are given in cypher: hence each time any part of any symptom is looked up, the *whole symptom*, with all its natural connections, is presented to the eye of the practitioner in a very small space. And *this is the only repertory in which this is the case.* Speaking of this repertory, Dr. Constantine Hering says: "A number of real, i.e., *well-educated physicians*, have performed the laborious task, with the evident intention of giving the Homœopathic practitioners a better work than any former, even in the German literature, and in a more

concise form a repertory which is more complete than any other. \*  
\* \* This repertory might be the turning-point in the course of our art in England and here, and prevent the rapid 'going down' which has become apparent of late years."

Now, besides the indications for the use of drugs presented in their pure effects on the body and mind, there are an immense number of very useful indications derived from the *usus in morbus*; and though these "clinical indications" should be carefully excluded from the *materia medica*, and the repertory thereto, they should not be neglected. The society has, therefore, addressed itself to the collecting and arranging of these in repertorial form, in the therapeutic part of the British Repertory. The British Homœopathic Society has given a grant of £100 towards the expenses of this work. For the plan and illustrations of this work, see *British Journal of Homœopathy*, xxxi., (1873), p. 385; *Monthly Homœopathic Review* (1870), xiv., p. 468; (1871) pp. 89, 321, 651; (1873) xvii., pp. 524, 684, 720; see also *British Journal of Homœopathy*, xxix., p. 140.

The benefits of forming a society of this kind are, that a fund is provided to meet the expenses of publication, the works are published as economically as possible, and they are supplied to the members without trouble to them, and at about cost price: thus, books sold to non-members at 18s. are sold to members at from 9s. to 15s.. those sold at 7s. for 5s. 6d.; those at 4s. for 2s. 6d., and so on. It is earnestly hoped, therefore that every Homœopathic practitioner will join the society, because, to carry out its objects, and fully to reap the advantages it offers, and to enable it to pay for the work done for it, it is necessary that the number of its members should be large. There are in Great Britain over three hundred professed Homœopathic practitioners, and yet only eighty-eight are members of this society; though to every one of them its works are absolutely essential to accuracy of practice! If those who are not members have purchased its publications they have each paid for them about 17s. more than they would have done had they been members, besides having withheld from the society the assistance of their countenance and support; and they have so far retarded the progress of our noble cause. All that is necessary to constitute membership is to send the name and address and a guinea to the secretary, Dr. John W. Hayward, 117 Grove street, Liverpool (if post office order, made payable at Myrtle street), and he will forward the books as they are published. Let it, however, be remembered that it is not only members that are wanted but it is *workmen*; indeed, the funds are in excess of the demands for them; it is workers that are wanted, and it is earnestly hoped that not only will members suggest works for the society to publish or translate, but that they will themselves also assist in completing the *materia medica*, the repertory, and the therapeutics' work of the society. The work offers choice calculated to meet the tastes of all: There is *materia medica* work, which will suit those who have a taste for the real groundwork and science of Homœopathy; there is repertory work, which will suit those who delight in truly symptomatic treatment; and there is the

clinical work which, as well as suiting those who delight in keynotes, will also offer an opportunity to the older practitioners, whose long experience has taught them many very valuable clinical indications.

These three spheres of work are confided to three committees :

1. The materia medica committee, of which Dr. Dudgeon is convener ;
2. The repertory committee, of which Dr. Drysdale is conver ;
3. The therapeutic committee, of which Dr. Pope is convener ; and all work presented to the society is finally submitted to ;
4. The printing and publishing committee, composed of the president, vice-president, and the treasurer and secretary.

The works already — 1876 — published by the society are :

1. The Hahnemann Materia Medica, containing : *Kali bichromicum*, by Dr. Drysdale; *Aconitum*, by Dr. Dudgeon; *Arsenicum*, by Dr. Black; *Uranium nitricum*, by Dr. E. T. Blake; and *Belladonna*, by Dr. R. Hughes.

2. The British Repertory, containing: Chaps. i., Disposition; ii., Mind; iii., Head; iv., Eyes; v., Ears, by Dr. Dudgeon; vi., Nose and Smell; vii., Face and Neck; viii., Teeth and Gums; ix., Mouth and Tongue; x., Throat; xi., Appetite, Taste, and Digestion; xii., Acidity, Nausea, and Vomiting; xiii., Stomach, by Drs. Drysdale and Stokes; xiv., Abdomen, by Drs. Drysdale, Stokes, and Hayward; xv., Stools and Anus, by Dr. H. Nankivell.

3. The Therapeutic Part, specimen chapters: Bronchitis, by Dr. R. Hughes; Jaundice, by Dr. J. Gibbs Blake; Acute Rheumatism, by Drs. Drysdale and Blake; Obesity, by Dr. Ker; and Morbid Growths, by Dr. Black.

The work now in hand is, Materia Medica: *Natrum muriaticum*, by Dr. Galloway; *Naja tripudians*, by Dr. Pyburn; *Crotalus*, by Dr. Hayward; *Phosphorus*, by Dr. Burnett; *Iodine*, by Dr. R. Hughes; *Mercurius* by Dr. Hawkes; *Conium*, by Dr. D. Dyce Brown; *Nux vomica*, by Dr. Charles Jones, of Albany, U. S. A.; *Actæa and Esculus*, by Dr. H. M. Paine, of Albany; *Pulsatilla*, by Dr. Woodward, of Chicago; *Colocynth*, by Dr. Nichol, of Montreal, Canada; and *Sepia*, by Dr. Gale, of Quebec. Repertory: Supplement to chapters I., II., III., by Dr. Dudgeon; Chapters: Female Genitals, by Drs. Drysdale and Stokes; Male Genitals, by Dr. A. C. Clifton; Urinary Organs, by Dr. Simpson; and Skin, by Dr. J. G. Blackley.

As work urgently wanting doing the following may be named: Materia Medica.—*Agaricus*, *Aloe*, *Ammonium carbonicum*, *Antimonium tartaricum*, *Argentum nitricum*, *Arnica montana*, *Berberis*, *Bromium*, *Bryonia*, *Cantharis*, *Chelidonium*, *China*, *Clematis*, *Coccus*, *Colchicum*, *Cuprum*, *Cyclamen*, *Digitalis*, *Gentiana cruciata*, *Graphites*, *Hyoscyamus*, *Ipecacuanha*, *Juglans*, *Kali nitricum*, *Mezereum*, *Opium*, *Plumbum*, *Rhus*, *Sulphur*, *Thuja*, *Tilia*, and *Zincum*. All these are powerful and well-proved medicines, and their present lists of symptoms, arranged on the plan of the Hahnemann Materia Medica, would bring them into the place in practice they richly deserve. Repertory.—Chapters :

Chest, Heart and Lungs, Back, Upper and Lower Extremities, Sleep and Fever. Therapeutic Part: Any of the diseases, or classes of disease, named in the Registrar General's Nosological Tables.

It will be seen that there is a wide range of work, and that every Homœopathic practitioner of any ability may find something to do to help on the art by which he lives and by which he wishes to build up a name and fame. We say to all—old and young, English, American, German, and French, and indeed, to every Homœopathic practitioner in the world—to every one who lives by Homœopathy or loves our noble science—to all, we say, help us. To each one we say, will *you* undertake to collect and arrange the symptoms of one of the well-proved drugs? If you will, write to that effect to the convener of the *materia medica* committee, Dr. Dudgeon, 53 Montagu Square, London. Will *you* undertake one of the remaining chapters of the Repertory? If you will, write to that effect to the convener of the repertory committee, Dr. Drysdale, 36A, Rodney street, Liverpool. Will *you* undertake to collect and arrange the clinical, non-pathogenetic, indications for the treatment of any particular disease? If you will, write to that effect to the convener of the therapeutic committee, Dr. A. C. Pope, 2 Finsbury Circus, London. The society is not limited, however, to these three spheres of labor, but is prepared to publish other original or translated work approved of by the printing and publishing committee.

To our *American colleagues* we earnestly appeal. To you we say: Join us, help us. The society's work is not British; it is Homœopathic, and intended so meet the necessities of Homœopathic practitioners all over the world, and its completion will do much towards perfecting our noble art, and rendering it capable of being practiced with accuracy and certainty. The work requires *your* help. America has many young, energetic, enthusiastic, and capable practitioners and students well suited to the work, and the work offers choice to all. Send your name and subscription, about \$5 75, to the secretary, and mention the work you will undertake.

Signed, on behalf of the society,

RICHARD HUGHES, L. R. C. P., Pres.

HERBERT NANKIVELL, M. D., Vice-Pres.

JOHN W. HAYWARD, M. D., Treas. and Sec.

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#### ROCHESTER HOMŒOPATHIC MEDICAL SOCIETY.

A regular monthly meeting of this society was held October 11, 1876, at the office of Dr. J. P. Wheeler, Brighton. The Vice-President, Dr. Chas. E. Pinkham, in the chair.

After the usual order of business, Dr. A. B. Carr was called to the chair, and Dr. Chas. E. Pinkham read a valuable and interesting paper on "The Ills of Gestation."

The paper was freely discussed by Drs. Hartupée, Wheeler, Dake, Baker, and others.

The society then proceeded to elect a treasurer to fill the place made vacant by the death of Dr. G. F. Hurd.

Dr. A. W. Hartupée was unanimously elected to occupy that position.

After which a vote of thanks was tendered to Dr. Wheeler for his excellent and hospitable entertainment.

The society then adjourned to meet at Dr. Baker's one month from date.

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## Children's Diseases.

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### CLINICAL EXPERIENCE.

#### CHOLERA INFANTUM.

We have had an unusual number of severe cases of cholera infantum during the summer months. The most of my cases were cured with *Subnitrate of Bismuth*. The symptoms indicating it were—vomiting and purging with great prostration; flatulence; tormina; cadaverous smelling stools; warm skin; white, coated tongue; small, frequent pulse.

#### DIPHTHERIA.

Diphtheria has been raging here since the latter part of August. Of fifty malignant cases I have lost three. The prominent symptoms were the extensive formation of the false membrane; fetid breath; albuminaria; great prostration; and in fatal cases death by asthenia. *Merc iod.*, *Kali bich.*, *Ars* and *Phos*. were the remedies used. Alimentation I consider the most essential part of the treatment. Milk and eggs meet the requirements.

#### DYSENTERY.

During October, dysentery has been quite prevalent. *Acon.* and *Merc. sol.* were the remedies indicated. Two weeks ago an Allopathic doctor's mother brought her grandchild (the doctor's child,) to my office, saying, "this child has been sick for four weeks, and is constantly growing worse under the treatment of its father and Dr. M., who was called in consultation, and I have brought it to you for treatment, and if you will prescribe for it, I will say nothing about it if the child should die, as it certainly will under their treatment." The child was seven months old, on cow's milk. Symptoms: Dark green mucus stools every hour, preceded by tormina and accompanied and followed



by prolonged tenesmus. The treatment it had received was *Opium* and *Oleum ricini* "to work it off," which it was doing effectually, as the child was much emaciated. I prescribed *Merc. sol.* 3x, one grain every six hours. Four days later the doctor called at my office and wanted a few more of those powders, saying "my child is much better." It is now well and growing fat on food prepared according to the following formula, which I have prescribed for many years.

## MILK FOOD.

Food for a Child	Of cow's milk take	Take of the top of the milk after standing four hours	Add Water	Making
2 to 10 days old	1¼ quarts	1¼ gills	3¼ gills	4¼ gills.
1 to 1¼ months old	1½ "	3 "	6¼ "	9¼ "
2 " 2½ " "	1½ "	4 "	7½ "	11½ "
4 " 4½ " "	2¼ "	6 "	7½ "	13½ "
6 " 7 " "	2¾ "	7½ "	8 " "	14 " "
9 " 10 " "	3 " "	8¼ "	8 " "	14½ "
12 " 15 " "	3 " "	9½ "	5 " "	14¾ "
18 months and over.	3 " "	10 " "	5 " "	15 " "

Sweeten and give to the child at blood heat.

DEWITT, Iowa.

M. R. WAGGONER.

## INDIGESTION IN CHILDREN

## FROM TOO FREQUENT AND RAPID FEEDING.

I was lately consulted by an anxious mother about her little child of some fourteen months, for a diarrhœa from which he had been suffering ever since last spring off and on. Upon inquiring as to his diet I found that he was eating a tumblerful of *Cerealina* every two hours regularly through the day and almost as often through the night, and that sometimes, when his bowels were more frequently moved than usual, he would get a little extra allowance to strengthen him. I further discovered that his food was given to him quite cold, and that the tumbler was put to his mouth, and that he was in the habit of gulping the entire contents of it as rapidly as he could, scarcely stopping to take breath until it was empty. Upon examining the diaper I found the stool to consist of chopped up yellow and green matter held together by long strings of yellowish white matter. The child was very irritable and peevish and exceedingly prostrated. I prescribed *Sulphuric acid*, 3d decimal dilution in water, telling the mother to give a dose after each evacuation. I also advised her to feed the little one not so often and not so much at a time and to make him take it slowly. Upon calling the next day, I found that he had had but one evacuation since I had seen him and therefore had taken but one dose of the medicine. As that stool looked better, having lost its stringy, chooped-up appearance, I told the mother not to give any more of the medicine unless the next operation should be bad again, but to be careful as

directed about the food. The little fellow had no more evacuations for two days, when his bowels began to act regularly and the stools became perfectly natural and hard and have so remained.

I offer this case for publication for two reasons; first, to point out how an intelligent mother, as in this case, may overfeed her child and how necessary it is to inquire not only as to quality but also as to quantity of food taken, and secondly, to illustrate that a low potency may also cure as well as a high when the remedy is indicated, and that it is not always necessary to repeat the dose even of a low potency. I find also that the symptoms in this case are very similar to those of a case published by Professor Farrington in the August number of THE UNITED STATES MEDICAL INVESTIGATOR, the only difference of symptoms being that his case had *crusta lactea* while mine had not, and was cured by one dose of *Sulphuric acid* 200 instead of the 3d decimal.

But I cannot avoid here speaking of this case of Professor Farrington's, stating my disapprobation of the closing remarks. After detailing his case, the remedy used and the result gained, he says, "A brother treated with *Sulph.*, *Rhus.*, etc., with external application by a so-called Homœopath was sick six months." Leaving it to be inferred that had he treated the case it would have recovered in the same rapid manner as his own. Now I must object to this remark for two reasons: First, the phrase, "a so-called Homœopath," is an unjustifiable slur upon a large class of Homœopathic physicians, men of standing, character, and undoubted faith in the Homœopathic law; and secondly, as the cases were not stated as being similar, there was no more logical force in the reference to the brother than if he had claimed the child's grandmother had been treated six months by "a so-called Homœopath" before she was cured of rheumatism.

PHILADELPHIA.

J. N. MITCHELL.

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### ABOUT CHOLERA INFANTUM.

GIVE US YOUR EXPERIENCE, PLEASE.

"Cholera infantum is *the* disease of children," said Dr. W. H. Burt, of Chicago, the other day, "and I would suggest that you get all the experience you can, from all parts of the country. I am sure the profession would gladly give all the information they can for this new work on diseases of children. Make it practical, doctor."

Some have already anticipated this call, and we are sure others will gladly give to posterity the experience they have gathered during this and other years in the treatment of this supposed terribly fatal disease. All cases of so-called "summer complaint" are not cholera infantum cases however, so please be particular in stating cases and indications for remedies.

We (the editor and several able assistants) are at work on the dis-

eases of the digestive system, and would be thankful for any information or experience on any of the diseases of this tract—from mouth to rectum. We hope to give you this accumulated wisdom of the profession for next summer's campaign. The other parts are in various states of forwardness. Yours for the cause, T. C. D.

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#### A PARASITE CAUSE DYSENTERY.

DR. DUNCAN: I send you a specimen of a parasite, obtained from a child of about five years old, who came under my care in the month of June last, to be treated for dysentery, which proved to be very obstinate; but after the lapse of a week or so it recovered from the dysentery, and ever since has been attacked with diarrhœa every few days, followed by constipation which I could not control. I will remark here that *Santonin* and *Ipecac* were the only remedies that seemed to do the child any good, either for dysentery or diarrhœa. A few days ago its father brought the parasite to me, informing me that child had ejected it from the bowels.

Please give me the name and history of the parasite. Is it an intestinal parasite or not, etc., etc.?

KEOTA, Iowa.

F. B. HOME.

[We submitted this interesting worm, which is about an inch long and an eighth of an inch in diameter, to our friend Professor Peabody, a skilled entomologist, and he responds as follows:

"This larva appears to belong to the order Coleoptera, of the family of the Cerambycidae or Wood borers. The species I cannot determine. S. H. PEABODY."

The child no doubt picked it up among the wood not long before Dr. Home saw the case. The effort of this clumsy grub to effect a lodgement on the walls of the intestines no doubt caused the severe symptoms.—Ed.]

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## Book Department.

COMPENDIUM OF HISTOLOGY. Twenty-four Lectures. By H. FREY. New York: G. P. Putnam's Sons; Chicago; Keen, Cooke & Co. 8 vo.; pp. 274; \$3 25.

As its name indicates, this is a brief but comprehensive view of histology. It gives the most recent idea of all the tissues and organs.

It is a short compend of the most essential facts for students and practicing physicians. It is really a practical epitome of the author's large works.

#### MICRO-PHOTOGRAPHS IN HISTOLOGY.

We learn from J. H. Coates & Co., publishers, that the well-known London house of Macmillan & Co., publishers of *The Practitioner*, have undertaken the publication in England of *Micro-Photographs in Histology*, the monthly work conducted by Drs. Seiler, Hunt and Richardson. A large edition is required by the English profession. Our readers should not overlook this valuable publication.

**A PRACTICAL TREATISE ON THE DISEASES, INJURIES, AND MALFORMATIONS OF THE URINARY BLADDER, THE PROSTATE GLAND, AND THE URETHRA.** Third edition, thoroughly revised and condensed. By SAMUEL W. GROSS, M. D., Surgeon to the Philadelphia Hospital. Octavo; pp. 574; 170 illustrations; cloth. Philadelphia: Henry C. Lea; Chicago: Keen, Cooke & Co. \$5 00.

"The editor has availed himself of the opportunity afforded by the call for a new edition of this work to thoroughly revise and render it in every respect worthy of its position as a standard authority. Being in great part re-written, the opportunity has been taken to condense it as much as possible, so that it is reduced in size, while yet containing the latest views on the subjects discussed."

This is a work that should be in every surgeon's library.

**CHEMISTRY: General, Medical, and Pharmaceutical, including the Chemistry of the U. S. Pharmacopœia. A Manual on the General Principles of the Science, and their Applications in Medicine and Pharmacy.** By JOHN ATTFIELD, PH. D., F. C. S., Professor of Practical Chemistry to the Pharmaceutic Society of Great Britain; formerly Demonstrator of Chemistry at St. Bartholomew's Hospital, London; Honorary Member of the American Pharmaceutical Association; Honorary Member of the Colleges of Pharmacy of Philadelphia, New York, Massachusetts, Chicago and Ontario, and of the Pharmaceutical Association of New Hampshire; Honorary Corresponding Member of the Society of Pharmacy of Paris; Honorary Member of the Pharmaceutical Society of Victoria; Secretary of the British Pharmaceutical Conference. Seventh Edition. Revised from the sixth (English) edition by the author. Philadelphia: Henry C. Lea; Chicago: Keen, Cooke & Co. \$3 00.

This is a new edition of a very practical work, by one very high in the profession in Great Britain. For the physician, it is, perhaps, the best. It is modern, scientific, and up to date.

**HEALTH AND COMFORT IN HOUSE BUILDING:** By J. DRYSDALE and J. W. HAYWARD. Liverpool: Messrs. Spon, publishers; 8 vo.; pp. 140; \$2 00.

Through the kindness of Dr. H., we are privileged to call the attention of our readers to this excellent and very practical work. To admit fresh air into a house is one thing, but to get it comfortably warmed first and then provide a proper outlet for it, is quite another.

The plan recommended is to admit the cool air into a basement where it comes in contact with a heater, which should have hot water pipes passing all over the house. The main heat enters a centre hall from which it passes into the rooms through apertures near the ceiling, when it passes down, and finally rises loaded with impurities and passes through a tube in the ceiling to a large air chamber in the attic. From this foul-air chamber a pipe passes down to the kitchen chimney up the back of which the foul air passes to the outer air. The details of the plan and the difficulties encountered make it a very instructive volume.

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## Medical News.

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**Provings.**—"Doctor, how is a man to tell a mushroom from a toadstool?" "By eating it. If you live, it is a mushroom; if you die, it is a toadstool!"

**Notice.**—We have had so many inquiries of late, about advertising places for sale, etc., etc., that we have concluded to devote one page (if necessary more,) for the use of all who wish to insert short notices. Terms on that page will be for five lines or less, twenty-five cents, each insertion, each additional line five cents. Six words make a line. These terms are so very low that we think it will meet the approval of all who may wish to advertise.

**Medical Status of Lady Physicians.**—We can assure Dr. S. Nichols that any lady, holding a diploma from any medical college in good standing, be it Homœopathic or of any other school, is considered the equal of any physician and enjoys all the privileges and rights conferred to her by her diploma. The physician who would refuse to consult with a colleague, because she is a woman, offends against the code of ethics and renders himself liable to deserved disgrace. Furthermore, we can assure Dr. Nichols, that our lady physicians, as a class, are an honor to our profession, and wherever they practiced, gained the good will of the community and of their colleagues.

NEW YORK.

S. LILIENTHAL.

The *Northwestern Annalist* is a quarterly journal that hails from Guilbert's Dubuque Homœopathic Pharmacy. This number is taken up largely with the Iowa University controversy. It may interest some our readers to know that although the legislature of the state established two chairs, and the state society nominated two professors, Drs. E. A. Guilbert and Parsons, still the regents hesitate to appoint them. We hope our Iowa friends will not allow Homœopathy to suffer through jealousy or ambition. Self should be laid aside in a movement for the success of principle. Whether "a home organ," such as the *Annalist*, is necessary to the cause, the Iowa profession are better judges than we. Dr. Guilbert's trenchant pen is apparant on every page.

**Michigan Homœopathic Medical Society.**—The Seventh semi-

annual meeting of the Homœopathic Medical Society of the State of Michigan, will be held at Ann Arbor on the third Tuesday and Wednesday of November, (21st and 22d, 1876.) The following were appointed chairmen of the bureaus at our last annual meeting, and are expected to have ready their reports. *Materia Medica*, Prof. S. A. Jones, M. D.; *Theory and Practice*, Prof. J. C. Morgan, M. D.; *Surgery*, A. I. Sawyer, M. D.; *Ophthalmology*, Henry Gilbert, M. D.; *Gynæcology*, I. N. Eldridge, M. D.; *Obstetrics*, E. R. Ellis, M. D.; *Pædology*, F. Woodruff, M. D.; *Pathology*, Prof. J. G. Gilchrist, M. D.; *Microscopy and Histology*, Prof. Frank A. Rockwith, M. D.

I. N. ELDRIDGE, General Secretary.

**Opening of the New York Homœopathic Medical College.**—The Eighteenth session of this institution opened October 30th, with the largest class ever assembled within its walls on opening-day.

At eight o'clock in the evening, the large amphitheatre was crowded with ladies and gentlemen. After a few words of welcome and advice by Professor Dowling, dean of the college, Judge Joseph F. Daly, of New York, delivered the annual address to the students. He was followed by the Hon. Salem H. Wales, president of the board of trustees. This institution is now entering its eighteenth year with a prospect of the largest class; and the largest number of graduates, it has had in any one year since its organization.

The commissioners of charities and corrections of the city have placed at the disposal of the college one of their steamboats, which will convey the students to the magnificent Homœopathic hospital on Wards Island every Thursday afternoon during the session. The students are given about three hours in the hospital, and have an opportunity to witness in the lecture room operations performed by the surgeons connected with the staff. Medical clinics will also be held, and this feature of the course will undoubtedly add much to the advantage of the students of this college.

The sail is delightful, and will relieve the monotony of students' life.

GOTHAM.

**Campfield's Physicians' Memorandum and Account Book.**—Price, \$1. The arrangement of this convenient little book is as follows:

Month.	Date.	Name.	Visits.	Office Prescriptions.	Dr.	Cr.	Remarks.

There are 200 pages or 100 leaves, and room for the accounts of 2,300 persons. Many a physician could collect many dollars he now never gets which he might were he prepared to tell parties how their account stands when they ask for it. We have often wished for just such a book. Some physicians use an ordinary blank book for this purpose. A friend who has much to do with collecting, devised this convenient account book, which just fills the niche. Physicians with large practice, keeping a day-book, ledger and cash-book, will find this convenient to keep the run of their accounts which may or may not be in the hands of a collector. For one in moderate practice it would answer for all the above books. For the object intended it will prove invaluable to all who will use it during the next three months. (See adv.)

**A Strange Alliance.**—From documents—the identical papers referred to in this communication—which I have just received, it appears that on the first of June of the present year a general circular was issued to the Homœopathic physicians of Michigan, over the signature of Dr. E. R. Ellis, of Detroit, in which the names of several of the leading Homœopathic physicians of that state (Drs. Sawyer, of Monroe, and Woodruff, of Detroit,) without their consent or knowledge, were used for the furtherance of plans and purposes to which they are well known to be diametrically opposed in relation to the establishment of the Homœopathic branch of the medical department of the University of Michigan. Also, that an address was issued “To the Homœopathic Physicians and Students of Michigan,” over the signature of Dr. F. X. Spranger, as president of the defunct so-called “Detroit Homœopathic College,” and bearing date at Detroit, Sept. 1, 1876, with reference to the same institution, in which his own, and the dissatisfaction of his colleagues is fully expressed as to the existing status of Homœopathy in the University of Michigan. The closing paragraph of this address I propose to transcribe verbatim for the benefit and explanation of those parties to whom reference is made, that they may, if they see fit, either acknowledge or repudiate its claims and purposes. It is clothed in such explicit language, and relates to arrangements of so definite a character, that this will be no difficult task, nor the demand for an explanation from them an unwarranted one. It is as follows, viz: “In conclusion, we will say to those Michigan students who have applied to us [the defunct Detroit college,] for relief from the embarrassments of the present situation, that if those who find it necessary to attend lectures this winter and cannot wait until spring, or another fall, will write to the authorities of the Cleveland, Cincinnati, or Chicago Homœopathic colleges, they will receive a cordial invitation from some of them to attend their respective institutions on the *same term as to fees*, that they would pay here. All of the above are meritorious institutions, and present the best advantages for students, and to all *Michigan students* they will extend *special favors* the coming term.”

The document from which the above is taken, from its tenor and definiteness, exhibits an understanding with the colleges named to the effect indicated in it. In other words, the ex-faculty of the defunct or suspended Detroit college have, if the above extract has any foundation in truth, conspired with the faculties of the colleges referred to *and named*, to imbue with distrust, and a want of confidence in the Homœopathic branch of the medical department of the University of Michigan, the minds of all Michigan Homœopathic medical students, and together, have offered them instruction and other facilities on the “same terms” and for the same fees that would be charged them at the university, and “special favors” besides, whenever they may apply for them. My purpose will be fully accomplished in presenting the foregoing facts to your readers, and most especially to those respectable and honorable gentleman who constitute the respective faculties referred to in the extract I have quoted. It can hardly be credited that gentlemen so eminent in their profession, and so meritorious in their respective schools and faculties, could be parties to so despicable a transaction, and with such affiliations.

CHICAGO.

T. F. POMEROY.

**RARE OFFERS.**

**\$7.** will secure Glichrist's Surgical Diseases (\$3 50), and this journal for one year. (If book is to be sent by mail, 16c should be added for postage.)

**\$6.50** will secure Shipman's Family Guide (\$2 00), and this journal for one year.

**RARE OFFERS.**

**\$10.** will secure Ludlam's Diseases of Women (\$7 00), and this journal for one year. (If book is to be sent by mail, 26c. should be added for postage.)

**\$8.25** will secure Hoynes's Materia Medica Cards (\$5 00), and this journal for one year.

# The United States Medical Investigator,

A SEMI-MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

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

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

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

DUNCAN BROS., Publishers.

67 Washington St., Chicago, November 1, 1876.

## FOR SALE.

**FOR SALE**—Wishing to change my business, and it being impossible for me to abandon practice until I get a physician in my place, I will sell my property cheap, and use all my influence during my settling up accounts to turn my practice over to my successor. A physician can do a practice of from \$5000 to \$7000 per annum, *pay good*. None but a Homeopath need apply. Address, Jas. McFATRICH, Lena, Ill.

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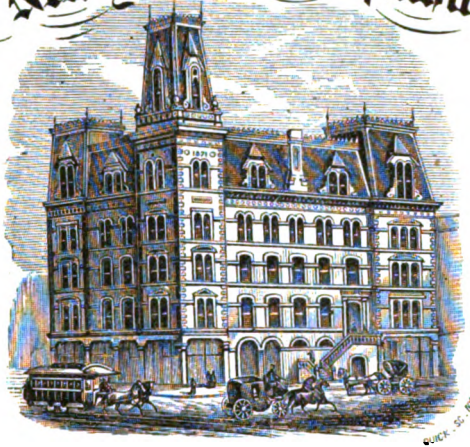
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# New York Homeopathic



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# CHICAGO HOMEOPATHIC COLLEGE.

## SESSION OF 1876-7.

The Trustees and Faculty of the Chicago Homœopathic College take pleasure in announcing that having secured the commodious and centrally located building formerly occupied by the Chicago Academy of Design, the session will be opened on Wednesday, October 4, 1876, at 8 p. m., and continue twenty-two weeks, terminating March 7, 1877. The college building is situated on the corner of Van Buren Street and Michigan Avenue, in the central part of the city, from all parts of which it is readily accessible by street cars. The central location of the college building puts it within easy reach of all the institutions whose clinics are open to students. The rooms are large and well lighted, and especially adapted to the purposes of medical instruction, having been newly fitted and arranged for the coming term.

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Various interests of the Home having required that a Homeopathic Pharmacy should be connected with the Institution, I take this method of announcing that the Pharmacy is now open. Those in need of Homeopathic Medicines, in large or small quantity, may rely upon being served with promptness and fidelity. None but the purest and most approved preparations will be sold. The Pharmacy, for the present, at least, will be under my own personal supervision, and everything sent from it will be sent with my guarantee. Those sending orders from abroad may rely upon having them properly filled, and at the very lowest rates.

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The increased longevity of life—Homœopathically treated—being once fully established and placed in the statistical tables of the official reports of State Insurance Departments on a basis where it is impossible to disprove it; how much smoother will become the pathway of every Homœopathic physician. This is the object for which this company was organized, and the officers are ably and honorably rendering to the profession an account of the trust reposed in them. Here is an opportunity for the broadest reciprocity. The dollar is not all on the side of the company. Every physician can do something; either take out a policy on his own life, or induce some friend or patron to do so. If every physician would secure one policy during this Centennial year, what a grand report would be made Dec. 31, 1876. Will each contribute his mite? We can assure them it will be appreciated and acknowledged. The following named statistics, issued for public distribution, will make a good financial return to those who take an interest in furthering our success:

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THE  
UNITED STATES  
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

New Series, VOL. IV., No. 10.—NOVEMBER 15, 1876.—Whole No. 180.

Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

BALLSTON SPA., N. Y., Oct. 24.—The past summer has been very sickly. Whooping-cough, fevers, cholera infantum and morbus, and other gastric troubles. It is now exceedingly healthy. Some few cases of catarrh. W. W. FRENCH.

SIAM, Iowa, Nov. 2.—We are enjoying the best of health here in this field now. Only an occasional case of intermittent fever, for which *China* and *Ars.* seems to be mostly indicated. There has been no typhoid fever reported yet this fall. J. P. RHOADS.

DENVER, Col., Oct. 29.—If good old Dr. Chambers was correct in stating that *that* country was the best for consumptives which had the greatest number of sunshiny days, thus allowing them to be out of doors, I may safely say that the country and the place have been found. To-day is the forty-third day of continuous sunshine, cloudless sky, and entire absence of either rain, fog or mist. The mean tem-

perature during these last six weeks, has been about sixty-five, while the barometer is nearly stationary at thirty. I know of no country, in either Europe or America, which can compare with this, as a winter resort, for pulmonary sufferers. The city is very healthy just now, with the exception of some slight catarrhal affections, which yield readily to *Bryonia*, *Mercurius*, and *Kali bich*. M. MAYER MARIX.

EVANSVILLE, Ind.—Health of the city good. The country around has many sick with bilious intermittent fevers, and what the people call ague. Doctors all give *Quinine*, but make no cures. I, being a stranger, have not treated many cases, but all have been cured in three to six days. The first was a man thirty years old, tall and bony, had taken *Quinine* every day for three weeks. First two days I gave him 6 oz. of 1st decimal dilution of *Ulmus American* (elm,) that cured the chill and fever, but the nervous motion was no better. I left him 4 oz. of *Fraxinus acaminata* (white ash.) Next week he brought me a load of wood; said the last medicine made him all right. One month passed, and no more ague. One case, a woman of twenty-three years, had chill, lasting ten minutes, coming on at 2 P. M., fever lasting till midnight; second day, coming at 4 P. M., lasting till the next day. Gave *Tilia Lime* (or linden.) Fourth day, the chill and fever stopped. Three days more, well. The past three years I gave, in cases of spasm and tetanus, *Rhus tribolata* (one species of *Rhus aromatica*,) with so good success that I have set all other remedies aside.

J. S. WRIGHT.

INDIANAPOLIS, Ind., Oct. 22.—Thus far, the year 1876 has been to our city a remarkably healthy one, and with the exception of a few short, sickly periods, physicians enjoyed the pleasure of ease and rest. The mortuary reports during the year, so far, show an average of not quite a hundred deaths per month; surely a gratifying fact for a city of now somewhat over a hundred thousand inhabitants. We have almost passed through a time of intermittent fevers of various shades, and frequently bloody diarrhoea. Slight dysentery, and some sore throat, have made their appearance. The large majority of cases find their remedy in *Apis*. The symptoms of intermittent fever treated so successfully with this remedy were: Chill in the afternoon, usually from 3 to 4 P. M.; worse in the warm room, near the fire, or from moving about. Patient prefers to lie down; hates to be disturbed. If the chill begins at the knees, the indications become stronger. In chronic cases, when œdematous, swelling is present, or when dropsical effusions more or less to be feared; when *Quinine* has been used formerly in abundance, patients complain of want of air; they feel oppressed; have to be fanned constantly, because every breath seems to them to be their last one. By this symptom alone we have arrested several cases of so-called "sinking chill," without regard to the time of its appearance. The chill is followed by heat, with sleep or weariness; but this may also occasionally follow the paroxysm of heat. There is no restlessness; patient remains perfectly quiet; hates to be disturbed, and asks perhaps now and then, for a sip of water. The



heat is generally at the upper part of the body. The skin may remain dry, or appear dry and moist alternately. If, in addition to these symptoms, we meet urticaria; scanty and perhaps, even dark urine, and swelling of the feet, *Apis* becomes indispensable. The diarrhœa and dysenteric symptoms are: Green and yellow slimy mucus, or mucus with dark blood, with or without tenesmus; worse in the warm room, and from motion; fever, especially toward evening, with sleep and drowsiness, only disturbed by pain; skin hot and dry; occasionally bitter vomiting; urine dark, at times profuse, at other times scanty. Besides the symptoms mentioned, we were led to prescribe *Apis* on account of its great efficacy in intermittent fever, and we were not disappointed. The same experience we have, generally, when prescribing it for sore throat. Symptoms: Inflammation and swelling of tonsils; those who can express their feelings complain of stinging pains; dryness of the throat and mouth. In diphtheritis, œdema of fauces, tonsils, palate and uvula; the latter is much elongated; diphtheric patches here and there; painful deglutition; chilliness and fever, with extreme restlessness; worse usually in the afternoon and evening. During the fever there is frequently a kind of sopor and congestion to the head; patients, and particularly young children, attempt to scream in their sleep, but pain seems to prevent it. Urine is usually suppressed, or the little that passes is very dark. Itching and stinging, more or less, all over the body. The 200th and 1000th potencies have only been used, the latter after my supply of the former had given out.

W. EGGERT.

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### CONSULTATION CASES.

#### A REPORT FROM DR. SARCHET.

I herewith send you report, for publication, of consultation case published in your most valuable journal September 15th, most kindly and ably conducted by my friend and colleague, Dr. Jones:

**DR. G. B. SARCHET:** As requested, I made an examination of Mrs. P., yesterday, which revealed the womb slightly retroverted with an enlarged and indurated os. The speculum showed the enlarged os of a congested and dark appearance, with a granulated and bleeding growth slightly projecting from the inner cervix and attached to nearly one-half of the inner surface on the right side. This fungus growth bleeds freely when touched. The matter taken from the surface of this fundus and placed in the field of a powerful microscope shows an abundance of epithelial membrane and broken down tissue of various kinds, with cysts containing a quantity of small transparent cells, and others loaded with dark pigment. This cellular appearance is suspicious of a cancerous character.

In Miller's Principles of Surgery, pages 225-227, Figs. 85, 87 and 89, is a beautiful representation of the microscopic appearance in this case.

I think this case can be cured if carefully treated — both constitu-

tional and local applications. I have great faith in the use of galvanism in such cases.

Hoping and believing your sister will be restored to health, I remain  
Yours truly,

INDIANAPOLIS, Ind.

S. D. JONES.

Let me here state that my last prescription was *Sulphur* 81,000, under which she was a good deal benefitted, until the worry and excitement consequent upon moving put her back where we started.

Quite a number of the profession have responded to my call for help, and now that we know the exact condition of the case, we can prosecute the treatment much more intelligently and satisfactorily. I shall be glad to hear from those who have prescribed, again; also from others, who may have the time and inclination to study the case. I shall keep you posted through THE UNITED STATES MEDICAL INVESTIGATOR of the progress, termination, and remedies exhibited.

CHARLESTON, Ill.

G. B. SARCHET.

#### "BILIARY CALCULI."

In THE UNITED STATES MEDICAL INVESTIGATOR of October 1st, I notice that Dr. David Thayer says: "But *China*, nor any other specific, will prevent the pains caused by the passage of a calculus through a duct of the gall-bladder," etc.

I have treated quite a number of cases of biliary calculi, and have usually been successful in relieving the severe spasms felt during the passage of the calculus through the duct with *Bell.* 30, and have never had to resort to *Ether*, nor a narcotic, though in some cases, the agony has been very great.

I have found *Chelidonium maj.* 30 and 200, a very effectual remedy in removing the disease, even in some cases where *China* has failed.

BROOKLYN, N. Y.

E. T. RICHARDSON.

#### ADVICE ASKED.

I have a difficult case for which I want to ask advice through THE UNITED STATES MEDICAL INVESTIGATOR:

Mr. H., farmer, aged thirty-seven, sandy complexion, had ague for many months in by-gone times, and has heretofore had heroic treatment. He came to me suffering from a constant rising into his throat of a hot, acrid liquid, worse after eating; had with it dull pains under the sternum, radiating to the spleen. Cannot eat fruit, or any sort of sweet food; most meats made him worse. Had a constant desire to "hem," as if clearing his throat, caused by the irritating eructations. He has had *Rhus*, *Nux v.*, *Phos.*, and *Hepar sulph.*, from tincture to 10,000. The only thing that helps is *Hepar* 1x. He says, "that makes a passage right through me," and the flatus passes downward in large volumes. It has materially modified the pains, but the eructations

remain persistent, and he is becoming very nervous and excitable from the least causes, externally.

What will cure him? I diagnose, gastric irritation from much medication in the past.

CLYDE, N. Y.

J. W. METCALF.

[The derangement seems to be pancreatic. Would suggest *Lyc.*]

### EXPERIENCE WITH SMALL-POX.

#### THE GOOD EFFECT OF BELLADONNA AND VACCININ.

A year ago, while in practice in Brooklyn, N. Y., I was called to attend Miss L., who was at that time sick with small-pox. A Homœopathic pharmacist, who occupied the up-stairs tenement, had been treating her by symptoms given him by her aunt. Finally he decided not to give any more medicine until he had seen what was the matter. He saw at a glance what the nature of the disease was. He called upon me, and placed the case in my hands. I prescribed *Bell.* 500 and *Vaccinin* 200, which had the desired effect.

It was not long before Mr. P. came down with the same disease, and then his two children came down; I prescribed *Bell.* and *Vac.*, the same as for Miss L., the action of the remedies were perfect. Mrs. P. followed next. At the time Mrs. P. was taken sick she was within two weeks of confinement. I did not alter the remedies, but kept on using the same for her. She had the disease very lightly, the babe was born and did not take the disease. I have never lost a case under this treatment, and I have had a great many.

When I vaccinate I use the pure vaccine taken from the heel of a horse, prepared by Dr. Beswitze, and I find its the best I ever used.

WYANDOTTE, Kans..

DR. KITREDGE.

### MERCURIUS BIJODATUS (DEUTO-IODURETUM MERCURII)

#### IN FACIAL NEURALGIA—LEFT SIDE.

I wish to call the attention of the profession to this remedy in facial neuralgia of the left side. I look upon it as *more* valuable in neuralgia of the left side, than *Bell.* of the right side. I have prescribed it more than a hundred times, and it has never failed but in one case, when decayed teeth was the cause, and even in this instance it relieved the extreme pain. I have prescribed it in headache confined to the left side and top of the head, with the *happiest* results. I think, however, it is more properly called for in purely nervous prosopalgia of the *left* side.

Symptoms indicating this remedy are : Dull aching, or *sharp*, shooting pains in the bones of left side of face ; an extreme tired feeling, with a *heaviness* of the left side of the face, soreness of the bones of left side of the face ; with headache on the left side and top of head ; teeth ache on left side ; teeth feel long and sensitive ; pricking, sticking pain in and around the left ear ; earache left side ; stinging, swollen, enlarged feeling of the left side ; can't bear the clothing to touch the neck. Patient pulls at dressband or collar to get room (*Lachesis*) ; pain in left temple ; pain shooting down the neck, left side pain and stiffness of neck, left side.

Rev. H., neuralgia, left side, both soft and hard parts implicated. Two powders of the 3d relieved in a half hour.

Mrs. H., *extreme* pain, left side, shooting up into temples, result of violent catarrh. Two powders of the 3d dispersed all pain.

Mrs. S., neuralgic subject, notes the approach of her neuralgia by a pricking sensation down the left side of face and neck, with an enlarged swollen feeling. One dose of the 2d, as large as the head of a pin, and within half an hour the whole trouble was gone.

I might cite others, but this will suffice to draw your attention to this invaluable remedy in this most painful affection, and to have the only means at hand to relieve human suffering should be the physician's aim.

CHARLESTON Ill.

C. B. SARCHET.

### HOW I TREATED AGUE IN MICHIGAN.

Some of you may be benefitted as well as amused as to the method I adopted. I was early informed, when I located in Michigan, I would find Homœopathy a humbug in ague ; that *Quinine*, in large doses, was the only successful treatment. Nevertheless, I was resolved to try, as soon as I got a chance, which was in August, as I thought, a complete picture of *Nat. mur.*, and I gave it, high and low, until my patient almost lost her patience, when an *original* thought hit me, and I said, "*fool*," the temperature is raised during the chill, and *Verat. vir.* is the remedy. I tried it every fifteen minutes, the 3x, teaspoonful dose, and it reduced the cold stage very much. I then gave *Acon.* 3x, as above, and reduced the hot stage ; then *Phos. ac.*, 3, and reduced the sweating stage ; thus shortening the three stages from six to two hours, (which was pleasing to the patient). I then gave *Nat. mur.*, 6x, if the attack came in the forenoon, and *Ars.* if it came in the afternoon. I had many cases, and the above treatment was a sure cure in every case of tertian. I had a few cases of the third paroxysm, quotidian, mostly children, which took longer to cure, and *Bell.* 3x served me best.

I wish to say that I got my medicine from a Homœopathic pharmacy ; that I find there are many claiming to be Homœopathic doctors dealing with local drug stores alone, for the sake of the druggist's

influence. Gentlemen, let us aim to add dignity to our profession. If we are Homœopaths, let it be known by our practice. If we cure our patient, we won't need the influence of the local druggist to build us up. *Many are crying reform*, but, gentlemen of 1876, let us stand by the old ship, and it will be well with us.

BARRINGTON, Ill.

W. P. ROBERTS.

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QUERY.

Will J. G. Gilchrist, of Detroit, Mich., answer the following questions through THE UNITED STATES MEDICAL INVESTIGATOR ?

Is the combination of *Carbolic acid* and *Iodine* chemical or mechanical ?

Is *Carbolate of Iodine* the proper name for the above combinations ?

Will the above combinations cure any disease the people are subject to ?

ALBION, Pa.

J. S. SKEELS.

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THE SPHERE OF BRYONIA, ILLUSTRATED.

BY PROF. T. S. HOYNE, M. D., CHICAGO.

*Bryonia alba*.—White Bryony.

*Antidotes*.—*Acon.*, *Cham.*, *Ign.*, *Nux v.*

*Duration of Action*.—Several days.

*The Mental Symptoms* met by this drug are comparatively few in number, but very characteristic. Nightly delirium, with talk about his business. He has doubts about his recovery, with fear of death. Anxiety about the future; very irritable; inclined to be angry; after getting angry, chilly, or a red face and heat in the head. Morose; everything puts him out of humor.

*The Vertigo* relieved by it comes on when sitting up in bed, or attempting to walk; it is accompanied with nausea in the chest, and is better after walking.

*In Hyperæmia* it is useful, when there is more or less confusion in the head; excessive irritability; epistaxis, and a sensation as if the contents of the head would issue from the forehead when stooping.

*Acute Hydrocephalus*, when accompanied with constipation, the stools being dry and hard, as if burnt; dry, cracked and dark brown tongue; dry lips; dark red conjunctiva; difficult micturition, the urine depositing a pinkish sediment, and aggravation of the symptoms from motion, requires *Bryonia* for its cure.

*Cerebro-Spinal Meningitis*.—It may be employed in cerebro-spinal meningitis, when there are sharp, lancinating pains in the head, worse from motion better from lying down; sensation, when stooping, as if the contents of the head would issue from the forehead; face red and

bloated, and redness of the conjunctiva; neck stiff; pains in the joints and limbs very much worse from motion.

*Headaches.*—*Bryonia* is one of our most useful remedies in headaches of a rheumatic or bilious character. The headache begins in the morning, when opening and moving the eyes; when stooping, sensation as if all the contents of the head would issue from the forehead; headache as if the head would burst with dry and parched lips; aggravated by opening the eyes; headache after washing himself with cold water while the face was sweating; opening the eyelids aggravates; intolerance of noise during the headaches.

CASE LXXVIII. Madame C., aged thirty-eight, headache; great fullness, heaviness of the head, and a sensation when bending down as if everything would drop out; sleeplessness; lassitude; debility; general malaise, so that she is not able to stand on her feet. She had to move from her house in a few days, which troubled her greatly, and increased her impatience. A few doses of *Bry.* 200 braced her up, and her headache lost a great deal of its former strength. Dr. Dulac.

CASE LXXIX. Mr. H., aged forty-five, for several months past has awakened every morning with a severe headache. Does not feel it much through the day, unless he makes a misstep, which greatly aggravates it. *Bry.* 200, one week, cured. Hoyne.

CASE LXXX. Sticking, jerking, throbbing pains from the forehead, malar bones and upper teeth, back to the occiput; soreness of the eyeballs; hot, scalding tears and nasal discharges; says the internal head feels as if the eyes were removed and molten lead poured in the sockets and nasal passages; delirium; talking incoherently; distracted with pain; profuse sweat, with chills; dry cough; pains worse from least motion. *Bry.* 200 cured. Dr. Belding.

*Eye and Ear.*—Dr. C. H. Vilas says: "The provings of *Bryonia* seem to have yielded but slight symptoms for the eye and ear. Clinical experience has shown it to be valuable in *scleritis* and *episcleritis*, and use is made of it in ear troubles, when accompanied by great intolerance of noise. *Severe otalgia*, when accompanied by a general arthritic condition of the system, is well met by this remedy."

*Coryza.*—We occasionally find this drug serviceable in coryza, particularly when there is pain in the frontal sinuses; swelling of the nose, with very sore pain when touched; bursting headache; parched and dry lips; stitches in the chest.

*Epistaxis.*—*Bryonia* frequently cures epistaxis, occurring in the morning on rising, when due to suppression of the menses, or, in fact, when accompanied with any form of menstrual derangement.

*Toothache.*—It is indicated for toothache, when the pains are shooting, tearing or twitching, aggravated by smoking, chewing tobacco, warm food; and ameliorated by lying on the painful side: by a walk in the open air, or by eating or drinking cold things. Especially useful for obstinate, cross and passionate persons. When we observe a dry mouth and lips; a dry, cracked and dark brown tongue, without thirst, or a tongue coated white in the center only, we are strongly reminded of *Bryonia*.

*Sore Throat.*—This medicine is beneficial in sore throat, when the tonsils are inflamed, swollen from a cold, with little or no redness, and painful, especially when swallowing. Headache when stooping; aching in the limbs worse from motion.

CASE LXXXI. Miss —, aged seventeen, for three days, smarting in throat; first on left, then on right side; worse on right side on swallowing food, drink or saliva: feeling of a lump in both sides of the throat, first left, then right, worse on right; right ear deaf; shooting from forehead to occiput; aching in thighs, worse on motion; nausea in stomach on eating and drinking; bad appetite and sleep. *Bryonia* 100,000, one dose, cured, except headache. Dr. Berridge.

*Diphtheria.*—It is doubtful whether *Bryonia* is of any great utility in diphtheria, notwithstanding Teste, Currie and Raue all mention it as one of the main remedies. I have never seen a case which seemed to indicate it. The symptoms, great aggravation on motion, and dry tongue without thirst, are the indications for its use.

*Respiratory Diseases.*—*Bryonia* might well be called the great chest remedy, so often is it indicated in the various diseases of the respiratory organs. It follows well after *Aconite* has subdued the inflammatory condition, and brings on resorption in inflammations and resolution in catarrhs. In catarrh of the larynx and trachea it is employed for continuous dry cough, causing gagging, and even vomiting; the cough is excited by a creeping or tickling in the stomach, by nausea, by eating or drinking; tobacco smoke, motion, exertion, causes and increases the cough; it is worse on entering a warm room from the open air. Sensation as if the head and chest would fly to pieces on coughing, and headache in the morning, are prominent and characteristic symptoms. The expectoration is tough, white, frothy, yellowish or blood streaked. When the cough occurs at night, in bed, the patient is compelled to assume an erect posture.

*Cough.*—CASE LXXXII. Cough, three months; spasmodic; worse daytime, motion, cold air. Cough seems to start from stomach; involuntary urination with cough; expectoration, scanty, frothy, white mucus. *Bry.* gave relief. Dr. H. Tucker.

CASE LXXXIII. Cough since half a year; through the day, but worse at night when lying on the right side. It commences with tickling in the pit of the stomach, which rises up into the throat, causing a spasmodic attack of cough, with expectoration of thick, insipid mucus. The man is of choleric temperament; is subject to affections of the liver, and has black, fatty hair. *Bry.* 200, 30, 9, did no good. *Bry.*, one drop of the tincture, relieved over night. Dr. Stevens.

*Bronchitis.*—*Bryonia* should be given after the fever has been subdued by *Aconite*, and the cough becomes loose, or even when the expectoration is difficult, consisting of white, frothy, yellowish, greenish, or blood-streaked mucus. The cough symptoms are the same as those just mentioned under respiratory diseases. Concomitants: shuddering in the back, and cold feeling over the whole body; constipation; thirst; drinks a good deal at a time, but not often; sour smelling sweat at night. Meyhoffer gives it "in dry catarrh, from the

time when the cough, though violent and incessant, has become, under the influence of *Aconite*, less hard and dry; the expectoration more copious and yellow."

CASE LXXXIV. B., aged twenty months; capillary bronchitis, with fever; had *Castor oil*. Gave *Gels.* 100; next day, smoldering fever; very frequent pulse; sopor frequent; short, hacking cough; unwillingness and pain on being lifted from bed; frequent thrashing with left arm. *Bry.* 200, cured. Dr. J. C. Morgan.

*Whooping Cough*.—*Bryonia* is indicated in spasmodic whooping cough, in the first stage, when the cough is excited by tickling in the throat and epigastrium, or as if from vapor of *Sulphur*, and in later stages, when an inflammatory affection of the chest supervenes. Patient is peevish, irritable, obstinate; is worse in the evening and night, and after eating and drinking.

*Asthma* coming on in the evening, or in foggy weather, or after taking cold, in light haired persons with a tendency to constipation, indicates this remedy, especially if there is a frequent desire to take a deep inspiration, which, however, cannot be done, in consequence of a feeling as if there was something which should expand, but would not. Patient aches all over; motion aggravates; cold air or cold water ameliorates the symptoms.

*In Pneumonia*, *Bryonia* is the remedy, when the inflammatory symptoms have been subdued by *Aconite*, the cough and pain become less severe, and we find remaining, a dry, hot skin, with violent pleuritic stitches; great thirst, especially for acid drinks; or very slight thirst for water; tormenting cough, with or without a blood streaked expectoration; expirations shorter than inspirations; aggravation of the symptoms from motion.

Dr. W. E. Payne says: "In the stages of pulmonary engorgement, when the skin was hot and dry, with short and dry cough, soreness of the chest, great thirst and extreme restlessness, *Aconite* worked well, generally changing the whole aspect of the case for the better. But in cases where the expirations were shorter, or more hurried than the inspirations, with a painful cough, attended by expectoration of pure blood, or blood streaked mucus, and thirst for acid drinks, *Bryonia* 30 proved to be the remedy.

*In Pleurisy* it proves beneficial, where there are stitches in the chest hindering respiration; he desires to take a long breath but cannot on account of the stitches; aggravation from motion; tongue coated white; thirst for acid drinks, or slight thirst. This drug limits exudation, brings on resorption and renders it innocuous when present.

CASE LXXXV. M., a brunette, spare figure, took cold from exposure of bare arms. *Bry.* 3, and *Phos.* 3 were given with increase of symptoms. She possessed or inherited tendency to phthisis, and several months before I had removed in her case a distressing cough of long standing, accompanied by a chill every sixth day, with *Lyc.* 30. Now her symptoms are as follows: respiration, short, difficult and very painful; tendency to a dry, tight cough, which was with difficulty repressed; chilliness alternating with flushes of heat; sharp stitches



through the chest; pulse 98, tongue loaded to the tip with a heavy yellowish deposit; no appetite and but little thirst. Gave *Bry.* 200, and hot fomentations to the chest. Relieved in one night. Dr. J. D. Buck.

In *Hydrothorax*, *Bryonia* is serviceable, when there is a frequent desire to take a deep inspiration, which, however, cannot be done in consequence of a feeling as if there was something which should expand, but would not; the cough is brought on by nausea, eating or drinking, and creeping or tickling in the stomach followed often by vomiting, and bursting pain in the head; stitches in the chest; urine deposits a pinkish sediment; aggravation from motion.

CASE LXXXVI. When other remedies failed in a case of hydrothorax, with a wish to take a full inspiration, but could not because the lungs felt as if they would not expand, *Bry.* 30 cured. Dr. H. V. Miller.

*Tuberculosis.*—Dr. J. O. Muller advises this drug in pulmonary tuberculosis “when there is cough all day without being convulsive.” It is certain that pulmonary tuberculosis, complicated with pleurisy, is well met by *Bryonia*. So also, is pleuro-pneumonia, after *Aconite* has controlled the high grade of fever.

CASE LXXXVII. *Bryonia* 1000 cured in two days, pain in sternal region, relieved by lying down, a pressure which had lasted fourteen days. Mistakes in speaking in the morning from difficult articulation. Dr. E. W. Berridge.

*Pericarditis* requires *Bryonia* for its cure when it is developed during the progress of acute rheumatism, pneumonia, or pleuritis, and accompanied with stitches in the region of the heart hindering respiration and motion; the patient desires to take a long breath, but cannot on account of the stitches; he has to lie perfectly quiet.

*Diaphragmitis.*—*Bryonia* is the main remedy in affections of all serous and partly fibrous membranes, hence should be thought of in diaphragmitis. It is particularly applicable if the inflammation proceeds from the pleura, and is attended with stitching pain, made worse by coughing, sneezing, deep inspiration, or, in fact, any motion whatever; difficult respiration and deglutition; tongue dry and whitish; the patient drinks large quantities of water at a time, but not often.

*Pains in the stomach* and bowels, occasioned by drinking beer, or by a change in the weather from cold to warm, especially if of a pressive or stitching character hindering respiration, and greatly aggravated by motion, are soon relieved by this drug.

CASE LXXXVIII. For a number of years I had frequent attacks of this kind, and after a time found that *Bryonia* 3 relieved me sooner than anything else, but did not prevent the attack. Five years ago I used *Bry.* 200, and since then have not again been afflicted. Hoyne.

CASE LXXXIX. Below the ribs, a violent pain, worse on left side, extending into the small of the back; pressive pain in the abdomen, extending into the region of the kidneys, worse from motion. Pain has come on after drinking beer. *Bry.* 3 cured. Dr. H. Goullon, Jr.

CASE XC. Mr. W., aged sixty. Heavy pain in the epigastrium after eating; pain worse on pressure; appetite poor; cough and short-

ness of breath, worse during the day, in the open air, and when walking; headache, especially in back of the head, increased by walking; feet frequently cold; cutting sensation in small of the back. *Bry.* 3 cured in a few days. Dr. A. E. Hawks.

*Dyspepsia* is well met by *Bryonia*, when occasioned by cold, cold beverages, fruit, ice creams, etc., or following mental emotions, particularly mortification. The epigastrium is very sensitive to the touch, and bloated; the pressure of the clothes produces pain; everything tastes nauseous or bitter; nausea, with feeling of coldness, and chills soon after midnight, followed by vomiting of bile, mucus or ingesta; loss of appetite, constipation. It is especially useful in choleric persons.

CASE XCI. Has felt languid some weeks. For two days cutting pain in the stomach on coughing; coldness running up from feet to head, often during day, worse evenings; hot on waking in morning; thirsty day and night, drinking much and often. At night, drinking cold water causes weight in stomach and increases the heat. *Bry.* cm., one dose. In five days well except cough.

*Gastritis*.—*Bryonia* proves rapidly curative in gastritis of choleric persons, occasioned by cold beverages, as fruits, ice creams, etc., when accompanied by constipation; dry mouth, tongue and throat, without thirst; bitter taste; dizziness when stooping; nausea after eating; vomiting after drinking; and stitches in the stomach, worse from motion.

In *Gastralgia*, also, after vexation, with pressing and griping over the whole stomach, as though the stomach were swollen, or contained a load; bitter vomiting; pain extends towards the back and under the short ribs of the right side, or flies upward; worse from external pressure, bodily exertion, motion, making a misstep, and eating or drinking; better when keeping quiet.

*Gastric Fever*, the result of a cold, is well met by this drug. The patient awakens in the morning with a severe headache, with pressing and tearing pains, aggravated by motion and relieved by keeping quiet. The fever comes on in the afternoon; the tongue is coated; taste flat; bowels constipated; craves acids. Also when the disease follows an error in diet or a fit of chagrin.

*Intestinal Catarrh*.—You will find *Bryonia* beneficial in intestinal catarrh occasioned by anger or chagrin, eating fruit or drinking milk; by every change in the weather from cold to warm; by cold drinks in warm weather, and especially when there is aggravation from motion. The stools are more or less painful; there is qualmishness and faintness when rising up, with great desire to lie down and keep quiet. Also in chronic intestinal catarrh, with the same aggravation from motion; during stool, burning in the anus and slight pain in the stomach are experienced. The patient is drowsy and has pain in the bowels after eating and drinking.

In *Dysentery* it should be employed, when the stools are preceded by colic and nausea. The disease is occasioned by changes in the weather from cold to warm, and is greatly aggravated by the slightest motion, even in bed.

CASE XCII. Stool every half hour; the least motion of the body, raising the arms or even bending the toes, produced a disposition to go to stool. Cured in a few hours with the 2000th potency of *Bryonia*. Dr. W. H. Holcombe.

*Acute Proctitis* is quite rare. When the result of cold, as sitting on cold stones, cold injections, etc., etc., it is well met by *Bryonia* if the stools are dry and hard, as if burnt, passed with considerable pain. After stool, heat and burning in the rectum is a very prominent symptom.

*Periproctitis* requires the same remedy when there are darting stitch-like pains, with aggravation from motion, and dribbling of urine.

In *Cholera*, *Bryonia* is serviceable if the vomiting and diarrhœa commences in the morning, preceded by cutting pains in the bowels, and aggravated by the slightest motion. During the last cholera epidemic in Baltimore, Dr. Haynel gave *Bryonia* 30 in all cases for vomiting alone, or for vomiting and purging. It cured even the worst cases, with want of consciousness, inability to speak, icy cold skin, and flesh wrinkled; pulseless. For typhoid symptoms following cholera this drug is beneficial.

*Constipation*.—The indication for the use of this remedy in constipation is—stools dry and hard, as if burnt. It is especially suitable for obstinate, cross, irritable persons.

CASE XCIII.—An Allopathic physician, aged thirty-eight, consulted me for constipation. Said he had employed every known remedy in his materia medica, but all had failed after becoming somewhat accustomed to their use. Lately had resorted to injections of warm water and oil, and even these frequently failed. The stools were hard and dry, as if burnt. Ordered the injections stopped and gave him *Bry.* 200, one dose a day. After three days the bowels moved regularly. The medicine was continued for about three weeks with complete cure. Hoyne.

*Colic*.—The symptoms already enumerated would suggest the employment of *Bryonia* in some forms of colic, particularly rheumatic colic; colic from taking cold, drinking beer, eating fruit in warm weather, from cold drinks in warm weather, the pain in each case being aggravated by motion. Biliary colic, with fever, dry and hard stools, white coated tongue.

*Peritonitis*.—In the first stage of peritonitis *Aconite* is the main remedy, but after exudation has taken place, *Bryonia* should be given, particularly if we find the characteristic constipation, thirst, and aggravation from motion. The pains are lancinating or stitching.

*Ascitis*.—This drug occasionally proves beneficial in ascites when the following symptoms are present: headache as if the head would burst, with dry and parched lips; vertigo when sitting straight up in bed or attempting to walk; thirst, drinks a good deal at a time, but not often; urine scanty, depositing a pinkish sediment; constipation; aggravation of headache and difficult respiration on moving slightly.

*Hepatic Troubles*.—*Bryonia* acts well in the various affections of the liver. You may use it for tension, burning and stitching pain in the

liver; soreness of the liver to pressure, which is swollen; fullness of stomach and abdomen; pain in the right shoulder; bitter taste; bilious vomiting after eating; white or thick yellowish coating on the tongue; drinks large quantities at a time, but not often; nausea and faintness on sitting up in bed; hard dry stools, as if burnt; violent oppression of the chest with rapid and anxious respiration; aggravation from motion, with inclination to lie still. Yellowish complexion.

*In Acute Yellow Atrophy* of the liver, it is serviceable when typhoid symptoms supervene.

*When Jaundice* occurs with the symptoms above enumerated, *Bryonia* will cure it.

*Splenitis*.—Hartman says, "*Bryonia* is Homœopathic in the absence of diarrhœa and vomiting of blood; the stitching pains in the region of the spleen are attended with constipation. In my opinion, *Bryonia* and *Puls.* are not frequently indicated in inflammation of the capsula of the spleen, if the stitching and aching pain is very much aggravated by every motion, and a swelling is distinctly perceptible in the painful region."

CASE XCIV. J., aged nineteen, had a severe pain in the region of the spleen, increased by movement, and especially by walking, but subsided when at rest. *Bry.* cured in a few days. Dr. Wm. Bayes.

*In Bright's Disease* of the kidneys, Dr. Joseph Buchner advises *Bryonia* as an intermediate remedy against inflammation and exudation of serous membranes, also when due to renal calculi.

CASE XCV. Anasarca. Mrs. H., aged fifty-nine, has been accustomed to the hardest labor; caught cold while digging potatoes in very damp weather; she sits up in bed, unable to lie down; has a hard dry, harsh cough, with difficult expectoration; great dyspnœa; swelling of the lower limbs and abdomen, extending to the ribs; entire suppression of urine; abdomen swollen and tense; skin dry and harsh; pulse 150, weak and variable. *Bryonia* 100 every three hours. Immediate relief was the result; the urinary organs renewed their functions and the swelling disappeared. Dr. W. J. B.

*Dropsical Swelling*.—*Bryonia* is especially suitable for dropsical swellings which increase during the day and diminish at night.

CASE XCVI. Gentleman complained on a hot summer evening, of swelling, dryness, tension and heaviness all over and through his whole body; of burning of the feet, and want of energy, so that he was obliged to lie down. *Bry.* 9000 relieved him at once. Dr. Finckle.

*Gonorrhœa*.—This remedy is useful in gonorrhœa of the female "when the discharge, which had previously much decreased, again increases, attended with swelling of the labia, and sometimes with black, hard pustules which arise on the swollen parts. Other affections of the female in which *Bry* is useful are,

1st. *Ovaritis*, with stitching pains, in the ovaries on taking a deep inspiration; can hardly bear the least touch on the affected parts; worse on motion; constipation, epistaxis and menstrual derangements; the ovarian pain shoots or extends towards the hip.

CASE XCVII. A woman aged thirty-five, some months after her first

and difficult confinement, was attacked with severe burning, stitching pain in the region of the left ovary; worse from motion, external pressure and during stool; it was attended with frequent desire to urinate; a numbness down the left thigh, vomiting and fever. *Bry.* every two hours relieved her in the course of seven days. Dr. Payr.

2. *Metritis*, with stitch-like pains in the bowels and limbs, worse on motion; headache, as if the head would burst, with dry and parched lips; constipation; irritability; anxiety about the future; intolerance of noise; nausea after eating; the digestive organs are very much involved in the attack, but there is no vomiting or diarrhœa; fever not very violent; perspiration on single parts.

3. *Menorrhagia*.—Menses too early, too profuse, of a dark red color, worse on motion, with pain in the back, and aching in the head as if it would split open; epistaxis; constipation of hard, black stools; tearing pains in the legs; food is thrown up immediately after eating; stitch and other pains in the abdomen which hinder respiration; irritability; crossness.

4. *Amenorrhœa*, with bleeding of the nose when the menses should appear; constipation, irritability, and gastric trouble.

CASE XCVIII. Miss M., aged twenty-five; menses regular as to interval, but defective in quantity, quality and duration. General condition of the patient fair. Complains of shooting, fugitive pains, particularly about the chest and epigastrium. Morning cough; expectorates then a yellowish, tasteless sputa; has a nervous, agitated manner, and seems to be unreasonably anxious about her condition. *Bry.* 30 relieved anxiety and prolonged the menses, and soon cured the cough and rheumatism. Dr. D. A. Gorton.

5. *Dysmenorrhœa*, with tearing pains in the legs; vertigo; splitting headache; epistaxis; constipation or diarrhœa, and aggravation of the pains and aches on motion. The patient is cross and obstinate; the uterine pains run from the os illi forward and downward.

6. *Mastitis*, when the mammæ are hard, hot and painful, but not very red, with stitching pains, worse on motion; vertigo when sitting straight up in bed or attempting to walk; irritability; headache, as if the head would burst; longing for warm drink and relieved by it; constipation, with dry and parched lips; white coated tongue; aches all over.

7. *Puerperal Fever*. When the mammæ are tinged with milk. The urine is increased, and the lochia becomes bloody again instead of being suppressed.

CASE XCIX. Lady, aged twenty-four, on the seventh day of her second childbed, complained in the evening, after having been out of bed for too long a time, and probably having eaten too much,—of a chill, followed by much heat, soreness of the abdomen, which was worse when pressing on it; pulsation (beating), and stitches in the abdomen when moving or inhaling a deep breath; considerable thirst; mouth dry; tongue yellowish; secretion of milk increased and mammæ enlarged; constipated; must lie quiet, as motion much increases the pain; lochia not suppressed: face red; skin hot; pulse 120, full,

hard; sleepless. *Bry.* 200, one dose cured in three days. Dr. A. Lippe.

*In Meningitis Spinalis*, Dr. Raue advises this drug when there are stitch-like pains from the slightest motion.

*Rheumatism*, with redness and swelling of the joints, and tearing pain worse from motion, is well met by *Bryonia*. It is most suitable when the disease is caused by exposure to cold and dampness, affecting the joints or the muscles of the chest, back, or extremities. The patient is better during rest, worse from motion. He has also constipation, headache, fever, with parched and dry lips, scanty urine with pinkish sediment, and sour perspiration. He is very cross and irritable.

It is well suited, also, to *gout*, *lumbago*, and *sciatica*, with similar symptoms.

CASE C. K., aged six and one-half; ardent inflammatory fever, burning heat of skin; pulse full, bounding, 120; swelling and pain of all the limbs and joints from the shoulder and hip to the last joint of the fingers and toes, the smaller joints being less affected than the larger; tenderness of abdomen on pressure, like the joints; salivary and inguinal glands swollen and painful; tongue white and thickly coated; urine high colored: no stool for three days; child had eaten acid fruits; got sick next day; *Merc. Sol.* 30. No improvement. *Bry.* 6 cured in ten days. One of the most severe cases I have ever seen. Dr. M. L. Sircar.

CASE CI. James, aged twenty-six, coachman; after driving for some hours in a damp raw air, was taken with a chill, followed by high fever. The next day the muscles of the chest and extremities were tender to the touch; urine high colored; headache with dry and parched lips; every time he moves has tearing pains in the knee and shoulder joints. His pulse was full and hard, 100. Thirst, drinking a good deal at a time, but not often. *Bry.* 200 every three hours cured in three or four days. Hoyne.

CASE CII. *Sciatica*. N., aged thirty-two; has suffered with *sciatica* for four weeks. Pain in left lumbar region, extending down to the thigh; worse in the afternoon; aggravated by sitting up, and by movements. Walks with crutches. *Bryonia* 10000, one dose cured in ten days. Dr. H. N. Martin.

CASE CIII. Mrs. E. aged twenty-four. Duration of disease one year. Pain in left lower limb; more inside the thigh and in the calf of the leg; pain like the toothache; a neuralgic pain, making her feel faint; no swelling or change in look of the limb. Limb painful at night, cannot bear her weight upon it; cannot sit; has to lie on the sofa all day; leg tender to touch; worse from hanging leg down, and from slightest motion. Stiffness, but less pain when quiet. *Bryonia* 30, repeated doses, and in three weeks she was able to walk down stairs, and in two more down town. Dr. J. H. P. Frost.

*In Stiff Neck*, Dr. Bayes says *Bryonia* 18 or 24 has proved rapidly curative.

*In White Swelling of the Knee*, Dr. Raue advises *Bryonia*, when there is

stitching pain from the slightest motion. We can add to this that *Bryonia* is the most important remedy as long as the inflammation is confined to the soft parts.

*In Chlorosis*, this drug often proves curative, especially if the patient is obstinate, cross, anxious about the future, and the symptoms are worse on motion.

*Intermittent Fever.*—*Bryonia* cures when the chills begin on the lips and the tips of the fingers and toes; great thirst all stages; the chill is the predominant stage; stitches in the abdomen and sides of the chest, with hard cough; the pains generally are worse from motion.

*Yellow Fever.*—Taft advises *Bryonia* in the second stage of yellow fever—the leading indications being: anxiety and fear about the future, delirium, loss of memory; headache, worse from motion; pain in the eyes when moving them; eyes red, or dull and glassy, or glistening and watery; tongue dry and coated white, or dark brown; burning thirst; vomiting, pain in back and limbs; yellowness of the skin.

*Typhus Fever.*—*Bryonia* is a very important remedy in the treatment of typhus and typhoid fever, especially those cases that run a rather mild course. Main indications: he has doubts about his recovery with fear of death, or delirium about his business, worse at nights after 3 A. M.; very irritable; headache, as if the head would burst, with dry and parched lips; buzzing in the ears; dark red and puffed conjunctiva; yellowish and thick white coating on the tongue, or tongue dry, rough, cracked and dark brown; accumulation of frothy, soap-like saliva in the mouth and throat, which at times almost chokes the patient; nausea and vomiting after eating; motion of the jaws as if chewing something; constipation or occasional diarrhoea: urine deposits a pinkish sediment; sour perspiration; pulse full, but not very rapid; motion disturbs the patient greatly, and seems to increase his sufferings.

*In Scarletina, Measles, or Small-Pox*, *Bryonia* should be employed when the eruption does not fully make its appearance with much dyspnoea and quick breathing, or when the eruption disappears suddenly. Other indications are: Constipation; pleuritis; dry, painful cough; delirium; urine with a pinkish sediment.

CASE CIV. *Scarlatina*. M., aged four; sick several days; pulse 130; skin hot and dry; constipation; is bright and cheerful. *Bry.* 200 one dose, and in less than five minutes fearful convulsion, frothing at the mouth, and uttering cries. Upon the cessation of the convulsion, the child was very thickly covered with a rash. No more medicine. Was soon convalescent. Dr. Goodno.

CASE CV. *Small-Pox*. C., aged two; three children in the family have small-pox. For the last three days this little fellow has had a very high fever, almost constant nausea and vomiting, and anxious and oppressed respiration. Has had no treatment whatever. *Bryonia* 200 brought out the eruption in a few hours. Hoyne.

*In Nettle-Rash*, with fever and rheumatic pains worse from motion, Raue advises *Bryonia*.

Also for *Willow* in the commencement, when there is a gastric-rheumatic disposition; white or yellowish coated tongue; dry feeling in the mouth, without thirst, or great thirst; bitter taste in the mouth; dry hard stool, as if burnt.

*Miliaria*.—“We consider *Bryonia* rather the remedy for sudamina and miliaria, as it will more frequently than any other, cover the symptoms of the primary disease, as also the idiopathic sweating-disease, if there is really such a disease.” Dr. Lilienthal.

*Eczema*.—*Bryonia* has been found of service when the scalp is very tender to the touch, and there are pains and aches worse from motion.

CASE CVI. Acute Abscess. Boy aged ten; large abscess below chin, a little to one side of the symphysis; slight pain; of a pale red flush, and already quite large. Prescribed *Bry. 6*. Ten days after it had reached its largest size, and in ten more it had wilted down to a very small lump. Dr. C. Wesselhoeft.

CASE CVII. Tumor. Mrs. S., aged sixty, observed for two weeks a smooth, hard swelling at the left angle of the lower jaw; the integument is soft, slightly red and moveable; it appears as if the tumor beneath the skin were firmly adherent to the jaw; slightly painful; much weakness and general feeling of discomfort and illness. Prescribed *Bry. 6*. The swelling diminished for the next two weeks, when it was less than half its original size. A poultice was applied, an opening appeared and a slight amount of pus discharged. It soon healed. Dr. C. Wesselhoeft.

CASE CVIII. Carbuncle. A gentleman had a carbuncle on the right gluteal region. It was highly inflamed and rather larger than the top of a tea-cup. From three openings a thin, sanious matter was exuded. For six days and nights he had been unable to sit or lie, except upon the face and left side. There was frequent thirst for small amounts of water. A general chilliness with flashes of heat and dry skin. *Bry. 30*, one dose, repeated on the second, fifth and tenth hours. Application of cool water, covered with flannel, repeated when dry. Relief after second dose; after third, sleep and sweat. In morning free from pain and able to sit and walk. Dr. W. Gallupe.

CASE CIX. Pemphigus. A case of pemphigus, from sudden check of perspiration, was cured in five days by *Bry. 6* given every two hours. Dr. A. E. Small.

*Erysipelas*.—*Bryonia* will be found of great service in erysipelas, when confined to the joints.

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### SUN SPOTS AND OZONE.

Dr. T. Moffatt, from an examination of the record of the last nineteen years, finds that the maximum of the sun spots gives a maximum of ozone in the atmosphere, while a minimum of sun spots gives a minimum of ozone.—*Ex.*



## Anatomical and Physiological.

### PROGRESS OF ANATOMY AND PHYSIOLOGY.

#### THE TROPHIC ROOT OF THE FIFTH NERVE.

Meynert, in his account of the brain, describes a root of the trigeminus as proceeding from the anterior ganglion of the corpora quadrigemina, which is characterized by containing large vesicular cells. This he regards as the anterior sensory root of the fifth, though by other authors it is considered to belong to the fourth nerve. This root forms the semilunar fasciculus of fibers seen near the median line in all transverse sections of the pons. Merkel, who has recently examined the subject, has arrived at the same conclusion as Meynert in regard to its origin, recognizing the first traces of the root in question in the cells and fibres lying between the gelatinous tissue surrounding the aquæductus Sylvii and the corpora quadrigemina. The ganglion cells here found possess two axis-cylinder processes, one of which, situated on the central side of the cell, is very fine and delicate, whilst the other, proceeding from its peripheral side, is much coarser, thus supporting the view put forward by Merkel, some time ago, that bipolar ganglion cells are intercalated in the course of a fine nerve-fibre, for the purpose of strengthening it. After their origin, the fibres descend till they almost reach the conjoined oculo-motor and trochlearis center; from thence they ascend obliquely by the side of the root of the fourth, and at the line separating the corpora quadrigemina from the velum medullare anterius the trigeminal bands underneath the fourth, just before the emergence of the latter, and forms the fasciculus which presents a semilunar transverse section. Meynert and Merkel differ in regard to the function of this root, Meynert considering it to be a sensory root, and Merkel a trophic root. Merkel founds his opinion partly on pathological evidence, which indicates that the trophic disturbances in the eye after injury to the fifth, may have a cerebral origin, and partly on physiological experiments. In rabbits, the roots proceeding from the quadrigeminal origin of the fifth, do not fuse with the sensory root of the fifth, but run separately along the median side of this root. In an experiment he made, whilst the sensory root of the fifth was destroyed, this portion was uninjured, and only very transitory trophic disturbance was the result.

#### ON THE UTERINE LYMPHATICS.

At the congress of German naturalists and medical men, held in 1874, at Breslau, in the gynæcological section (*Berliner Klinische Woch-*

enschrift, Nov. 23, 1874.) Dr. Leopold, of Leipsic, made a communication on the lymphatics of the gravid uterus and of the secundines. He found that the uterine mucous membrane exhibits a vast lacunar and cavernous system of lymphatic spaces; the latter surround the blood vessels and uterine glands, and are to be viewed as the beginning of the lymph-tracts of the whole uterus; they pass through, from the mucous membrane to the cellular tissue covering the uterus (*Parametrien.*) and here, as large valved spaces, enter the pelvic lymphatic glands. The mucous membrane of the pregnant uterus displays the same lymph-spaces, but in greater number, and of a greater caliber. The effect of this is, that when after an abortion or labor the placenta is thrown off, the small remainder of the mucous membrane of the puerperal uterus consists of thousands of patulous lymph spaces. This explains the possibility of very rapid absorption of septic materials conveyed into the vagina or uterus. Not only is the maternal placenta, but also the membranes are permeated with lymph-spaces, particularly the amnion, which is constituted like peritoneum, and whose inner surface may be represented as a lymph-sac.

#### ON THE LIQUOR AMNII.

Professor Schartz, of Rostock (*ibid.*) spoke on the question of the source of the liquor amnii. He found that a large part, if not the larger portion of the amniotic fluid was yielded by the kidneys and the skin. The chemical constitution of the fluid proved this. Its interchange, viz., its constant reabsorption and its reappearance in urine and sweat, seemed to proceed very actively. The consistence of the meconium admitted of the conclusion that the foetus, during the last months of gestation, partially swallowed its liquor amnii. This the author proved by an observation made in a case of twins.

#### ON THE FUNCTION OF THE SPLEEN.

At the meeting of the Paris Society of Biology, on December 26, M. Tarkanoff communicated the result of a series of experiments undertaken to determine the function of the spleen, and to ascertain if it may be considered as helping in the formation of white corpuscles. This opinion has gained so strong a footing in physiology that it has become an axiom since the labors of Vierordt and Funk, who, comparing the blood of the splenic artery with that of the vein, established that in the latter there was one white to every seventy red corpuscles. In the arterial blood, on the contrary, the proportion was normal. They thence concluded that the spleen was an organ forming white corpuscles, but they made their experiments upon dead animals. M. Tarkanoff, however, made his experiments on living animals; he performed section of the splenic nerves, when hyperæmia and swelling of the spleen ensued, and at the same time a veritable leucocythæmia. This experiment appeared to him to be in accordance with M. Vierordt's conclusions, since greater activity in the circulation of the liver brought on an increased production of white corpuscles; but at a subsequent period M. Tarkanoff found that a simple wound, without

any section of the splenic nerves, would bring on a similar leucocythæmia; the excess of circulatory activity could not, therefore, any longer be taken into consideration. He, therefore, wished to investigate the exactness of Vierordt's and Funk's data, and made an exact reckoning of the white corpuscles of the splenic vein and artery on the living animal, by M. Malassez's method; but he first felt it necessary to discover in what proportion these corpuscles were present in the arterial and venous systems. The results were so different that he could not arrive at any conclusion, but he invariably found that the white corpuscles were more numerous in the left than in the right side of the heart; and in one analysis alone he found that the left ventricle contained 2,765 corpuscles, whilst the right contained only 1,530. He also established a similar fact in the vessels of the spleen, which is in opposition to what writers have hitherto maintained. The proportion of white corpuscles is always more considerable in the arteries than in the veins; in one case he found 8,900 in the artery and only 9,500 in the vein. He also ascertained that this increase of the corpuscles in the artery was larger in proportion as the circulation of the spleen became more active. After dividing the splenic nerves, he counted 10,000 white corpuscles in the artery, and only 4,300 in the vein. M. Tarkanoff, therefore, concludes that in all instances the white corpuscles are less numerous in the splenic vein, and that this diminution becomes so much the more marked as the activity of the circulation is greater.

#### ON THE PLACE WHERE THE WHITE BLOOD-CORPUSCLES WANDER OUT OF THE VESSELS.

L. Purves (*Onderzoekingen gedaan in het Physiol. Labor., Utrecht, 1873, iii.*) to investigate the place where the white blood corpuscles pass through the wall of the vessel in Cohnheim's experiment on inflammation, injected a solution of silver into the vessels of a frog prepared after the manner of Cohnheim. The colorless corpuscles, without exception, wander out between the boundaries of the epithelioid cells. They never pass through the substance, or through the nucleus of an epithelioid cell. According to the author, the red corpuscles only pass out by those channels which have been previously made for them by the colorless corpuscles. The author found no stomata of any kind on the epithelium of the vessels.

#### THE ACID OF THE GASTRIC JUICE.

Dr. Carl Seiler reports (*Philadelphia Medical Times, Feb. 6, 1875.*) that the results of a chemical examination of the contents of the stomach of an executed criminal (Heidenblut,) made two hours after death, and five hours after the ingestion of a meal consisting of boiled eggs, bread and butter, and coffee, go to prove that the acid reaction of the material was due to lactic acid, and not to hydrochloric acid.

#### THE ACTION OF THE SALTS OF THE BILE ACIDS ON THE SYSTEM.

In the *Journal de l'Anatomie et de Physiologie* for December, there

appears an interesting communication from MM. v. Felitz and E. Ritter on the action of the salts of the bile acids on the system. The results of their experiments on dogs are briefly as follows: The biliary salts are extremely poisonous, and are rapidly eliminated from the system when injected into the blood, as is evidenced by an increase of all the secretions, the ptyalism, the abundance of the urine, and the watery stools. When the poison is intense, the blood corpuscles are dissolved and the blood becomes diffuent; the proportion of fatty matter and cholesterine in the corpuscles is increased; the coloring matter passes off with the urine: hæmorrhages of the mucous membranes are frequent; the temperature of the animal is slightly depressed; the excretion of urea is diminished, that of uric acid increased; the urine often becomes alkaline, and contains traces of albumen and indican. The slow action of bile-acid poison produces fatty and granular degeneration of the liver and kidneys. In this respect it resembles the action of *Phosphorus*, but differs from it by not producing the muscular lesions characteristic of that metallic poison. They found the tauro-cholate of sodium more active than the glyco-cholate; the mode of action of both, however, was similar.

[Then, is ptyalism an indication that the function of the liver is obstructed?]

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## Surgical Department.

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### THE INFLUENCE OF HOMŒOPATHY UPON SURGERY.\*

BY WM. TOB HELMUTH, M. D., NEW YORK.

Of the names most distinguished in the records of surgery the majority are those of great chirurgical artists, rather than of scientists. Thus, when passing in review the illustrious names in surgical literature (with a few such exceptions as Paget and Bilioth) we find that it is the operating surgeon, the bold, fearless, dexterous and ready man who acquires great reputation as a surgeon; and it is the record of these brilliant operations that confer upon him enduring fame.

Yet the surgeon who cures his cases by internal administration of medicine, given according to fixed and definite scientific laws; who, casting aside his instruments and mechanical appliances, can remove a cancer, or cure a hydrocele, or dissipate a fibroid, or cure a fistula by medicinal agencies, is actually a more scientific man, and a more

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\*Presented to the Worlds Homœopathic Convention.

thorough surgeon, than he who brilliantly operates, or dexterously manipulates.

In order to limit the scope of this paper to its proper field of inquiry, it is proposed to avoid the discussion of operative surgery excepting when necessary for comparison, and all mention of recent surgical performances, no matter how successful or brilliant. The object at present, is mainly to show that since Homœopathy has been introduced to the medical profession, it has exerted a definite and controlling, and in some instances, a very remarkable power over the so-called surgical diseases.

Perhaps the majority of the members of our school are not aware of the array of facts that might be cited to the credit of Homœopathic therapeutics; but to those who care to make the inquiry the facts will show that since Hahnemann, in 1796, published his essay "On a new principle for ascertaining the remedial powers of medicinal substances," to the present year (1876), cures of many surgical diseases have been effected, which, if collated and properly arranged would fill volumes.

In a paper of this kind, therefore, it cannot be expected that mention should be made of all, or even a majority of the Homœopathic cures of surgical disorders. For this reason the author has thought best to select but two of those affections generally considered incurable by Allopathic authorities, and to ascertain if in these diseases there be any superiority of our own over the older methods of treatment; to consider the facts as briefly as possible; and finally, to present for reference statistics of a few of those surgical affections which have been reported from time to time in our periodicals, as cured by Homœopathic medication.

Having narrowed the limits of our investigation to the diseases in question; having selected them as a test by which to demonstrate the beneficial effects of Homœopathic treatment in surgical diseases; the matter at once becomes one for nicety of judgment and discrimination. The end to be attained is of no mean import to our school; the vantage ground, if gained, gives a superiority so great that its occupancy must not be pronounced until the position is certain and secure.

To this end therefore, the chief points to be ascertained are: That the diagnosis of each case, as far as can be learned, has been correct; that the record of treatment is reliable; that the persons making such records have not had their judgement biased by mistaken enthusiasm, too implicit reliance in the action of drugs, or desire to make an effective report; and finally to discover whether in the Old School literature, cures of equal importance can be adduced.

Again it must be borne in mind that many, even the most dangerous surgical diseases, have spontaneously recovered. Aneurisms and ovarian tumors have been cured by the *vis medicatrix naturæ*; tremendous abscesses opening into the intestines have saved life; dislocations and uterine displacements have been reduced by accidents.

It is by giving to these points that consideration which justly belongs to them, that Homœopathy will receive its fair share of honor, and

only that which legitimately belongs to it; for presumptuous assertion not substantiated by facts, must result in discredit and downfall.

In my own surgical practice I have not effected very many cures of well developed surgical diseases by the internal administration of Homœopathic medicines. Perhaps in the majority of cases I have not given the medicines sufficient trial, because I have known that the knife, ligature, or other mechanical means, offered more speedy, if not more permanent relief; and perhaps I have not searched with sufficient care for the appropriate Homœopathic medicine. That I have, in many instances, tried to accomplish such favorable results, and after months of perseverance been obliged to resort to operative surgery, is a fact I must proclaim at the outset. On the other hand I have seen some remarkable cures of most severe surgical affections, which have convinced me that the properly applied medicines will act; and that many of the reports of such cures in our literature are worthy of attention and study. Without further delay therefore,

#### I SHALL DIRECT ATTENTION TO CANCER.

Professor Gross speaking of the curability of this scourge, says: "All internal remedies of whatever kind and character, have proved unavailing. The vaunted specific of the empiric, and the enchanted draught of the honest but misguided enthusiast, have alike failed in performing a solitary cure; and the science of the nineteenth century must confess, with shame and confusion, its utter inability to offer even any rational suggestion for the relief of this kind of affection." — *System of Surgery*, Vol. I., page 257. Scarcely less strong are the words of Mr. Moore, *Holmes' System of Surgery*, Vol. I., page 593. London, 1871, who writes: "No remedy is at present known to have a specific power of eradicating cancer, of neutralizing its taint, or altering the nature of its growth. Scarcely less, in our present ignorance of the causes from which it springs, are we in a position to rely with confidence on any means for obviating its outbreak."

M. Thomas Bryant says in his late work, the *Practice of Surgery*, page 738, London, 1872: "The general treatment of cancer resolves itself into the improvement of the general health, and the nutrition of the body by hygienic means; good nutritious diet, and tonic medicines. No medicine has any special influence on the disease."

It is not necessary to multiply quotations on this subject from the Allopathic authorities of to-day; and I may remark, that the three that have been given, were not selected on account of any peculiar force of expression, but were those that first came to hand in consulting the works for the facts in the case.

We may turn then with some feeling of satisfaction to our own literature; although, at the outset, we must regret that while throughout our periodicals there are many cases of "cancer" reputed cured, in very many of these, the specific variety of the disease is not diagnosed. Cancer is, by the majority of surgeons, considered as a generic term, and has several important species. To group the scirrhus, medullary, or encephaloid, melanotic, epithelial and osteoid,

as "cancer," and in the report of a case to omit to diagnose the variety, is not sufficiently precise; leads us astray in our ideas; has a tendency to throw distrust upon our records, and gives us but little information for the treatment of subsequent cases. For instance, in a "Report of the Homœopathic Institute of Leopoldstadt, *British Journal of Homœopathy*, Vol. XIX., page 144, there is a case of "cancer of the womb." The variety of the disease is not mentioned, whether epithelial, scirrhus, vegetating epithelioma, or other. *Bryonia* removed the severe pains, and *Bell.* was given for the uterine tenesmus; "the discharge diminished, and became less fetid, sleep and moderate appetite were established, and the patient felt so much stronger that she was enabled to undertake a journey." Such a record really counts for nothing in the establishment of the superiority of Homœopathic treatment. Many such ulcerations are temporarily arrested by hygienic influences, and the tonic system of treatment, as it is called, of the Old School. This case is merely selected as one from many that are found in our literature, and can only be accepted as indicating that relief for a cancerous ulcer was obtained. So again Dr. Bayes (*British Journal of Homœopathy*, Vol. XIX., page 150.) speaks of a case of "cancer of the lip" (probably ulcerating epithelioma), which was arrested; cancer of the left breast, in which the tumor had almost entirely disappeared; and an "open cancer of the left breast," which from the size of a half crown diminished to that of a pea.

These, and many cases that might be cited, prove conclusively that there are certain medicines, employed Homœopathically, that can arrest "cancerous" formations, but it is, as before stated, much to be lamented that more precise diagnoses have not been given in each case. The chief among the medicines referred to in Dr. Bayes' paper is *Hydrastis can.* I have used it frequently with excellent success; and from cases of my own, may affirm that its efficacy in cancer is chiefly in the epithelial variety; also that its action in other forms of the disease is correctly indicated by Dr. Bayes, who says: "My experience has thus led me to infer that the remedial sphere of *Hydrastis* is confined to the arrest and removal of scirrhus in its early stage, and chiefly when its situation is in the gland, or in the immediate vicinity of the gland."

We have other reports, however, which are more conclusive. The remarkable case of Field Marshal Redetsky, (*British Journal of Homœopathy*, Vol. I., page 147. Being a series of letters which appeared in the *Homœopathic Zeitung*, July, 1841, by Dr. Hartung,) is one that it is fair to set down as a cure of encephaloid of the eye. So also we find that Dr. Hughes (*Therapeutics*, page 29,) has a most excellent case, quoted from Petroz, in which a woman under the care of Dr. L. Hermenier had a suspicious ulcer of the tongue, involving the parts deeply. The doctor, distrusting his own diagnosis, sent her to Professor Mardolin, who returned the following: "Cancerous ulcer, no chance of cure but from operation; and this is impossible, for the base of the tongue is involved." This case, which was probably one of epithelioma, was cured by the *Hydrocyanate of potassa* 1-100 of a grain at a

dose, repeated every fourth day. Eighteen years afterward there had been no relapse.

Stapf (*Archiv für die Homœopathische Heilkunst*, Vol. VII.,) reports a most interesting case of fungus hæmatodes oculi, which was completely cured. *Belladonna* 30 removed the excessive photophobia and inflammation in six days; *Calcarea carb.* cleared the cloudiness of the cornea; *Lycopodium* 12, *Sepia* 36, and *Silicea* 12, removed the fungous growth. The cure was complete.

Muhlenbein (*Loc cit.*, both these cases are recorded in Dr. Jean's Homœopathic Practice,) gives also a case of the same disease, so diagnosed by several Allopathic physicians and an experienced surgeon, in which *Bell.* 26, one drop at intervals of a week, for four weeks, together with *Nux vomica*, *Euphrasia* and *Aconite*, completed the cure.

Dr. von Vietinghoff (*British Journal of Homœopathy*, Vol. XVII., page 53.) among his cases, which will be found in the annexed statistics, has recorded a case of encephaloid of the breast, which is interesting. The pain was relieved by *Bell.* 3 and *Bry.* 3, in alternation. *Phosphorus* 30 and *Hepar* 30, also in alternation, materially improved the character of the discharge; *Arsenic* 30 caused suppuration and discharge of tumor. After persevering with the latter for several months, the cure was perfected.

Other cases of this variety (encephaloid) of cancer are found throughout our literature

Dr. G. M. Pease, in the Transactions of the American Institute of Homœopathy, 1872, page 390, in a short and practical paper on "Cancer," mentions three cases, in two of which operations had been performed; and these are merely noted here, inasmuch as being under the *Carbolic acid* treatment, one was alive five years, the other four years after operations had been performed. The third, however, a case of hæmatoid cancer, located on the right cheek, extending to the ala of the nose, was cured by *Carbolic acid* internally and externally, with no return in three years.

Dr. A. G. Beebe, (*Medical Investigator*, Vol. XI., page 549,) gives a case of melanotic cancer, cured chiefly by *Carbolic acid* and *Sanguinaria*, the former for the specific disease, the latter for gastric disorders. During the first three weeks of treatment the tumor was reduced to the size of a pin's head, and all suffering relieved. Ultimately there was complete recovery.

Dr. Leon (*United States Journal of Homœopathy*, Vol. I., page 41,) relates a case of carcinoma uteri which had not recurred after three years. The medicines were: *Arsenic*, a dose night and morning, for one week; *Conium* 1, night and morning, for one week. These medicines were continued four months in alternation, with an occasional dose of *China* as an intercurrent for hæmorrhage.

We must now turn to the consideration of Dr. Bayes' essays, (*Hydrastis can.* in Cancer, *B. J. H.*, Vol. XIX.; also *loc cit.* Vol. XX., page 1,) written especially with reference to the use of *Hydrastis can.* in the treatment of cancer; and for brevity's sake will merely introduce his table appearing at the end of his second paper. He also includes in



these statistics Dr. Bradshaw's (a few remarks on *Hydrastics B. J. H.* 1861, Vol. XVIII., page, 598,) cases offering additional testimony to the beneficial effect of the "*Golden Seal*."

These papers certainly show (although the percentage of cures is small) that this medicine does possess more or less influence over the disease; but when the question arises as to the comparative efficacy of Homœopathic treatment combined with surgical operations, I think it may be shown that a better result is obtained with the knife than without it.

Of the following twenty-three cases, six are diagnosed as scirrhus; thirteen as cancer (ulcerated or otherwise); one as fungus hæmatodes; and three as cancerous tumors. The results of the treatment are as

Case.	Age.	Sex.	Disease.	Location.	Result.
1	41	Female.	Scirrhus.	Breast.	Cured.
2	42	"	Tumor.	Ovary, right.	Relieved.
3	46	"	Cancer.	Right breast.	Much improved.
4	57	"	Cancer.	Right breast.	Arrested.
5	25	"	Scirrhus.	Cervical glands.	Much improved.
6	55	"	Hard, nodulated tumor.	Dorsum of foot.	Almost cured.
7	45	"	Scirrhus.	Breast.	Pain relieved.
8	50	"	Ulcerated cancer.	Left breast.	Greatly improved.
9	37	"	Cancer.	Left breast.	Cured.
10	48	"	Cancer.	Right breast.	Pain relieved.
11	38	"	Tumors (cancerous).	Both breasts.	Much improved.
12	48	"	Scirrhus.	Os uteri.	No effect.
13	56	"	Cancer, ulcerated.	Os uteri, vagina, and rectum.	No effect.
14	42	"	Scirrhus.	Uterus.	No effect.
15	60	"	Fungus hæmatodes.	Right thigh.	No effect.
16	22	"	Cancer.	Left breast.	Cured.
17	50	"	Ulcerated cancer.	Left breast.	Relieved.
18	50	Male.	Ulcerated cancer.	Lip.	Arrested and improved.
19	40	Female.	Carcinoma.	Left breast.	Relieved.
20	58	"	Scirrhus.	Left breast.	Arrested.
21	40	"	Ulcerated cancer.	Os and cervix uteri	Slight and temporary relief
22	60	"	Ulcerated cancer.	Os and cervix uteri	No relief.
23	37	"	Ulcerated cancer.	Os and cervix uteri	Arrested.

follows: Three were cured; in six others there was "improvement;" in three, "arrest of development;" and in six, relief from pain was noticed; while again, in five others, "no effect" was produced. It would be interesting to the operating surgeon to ascertain how long the three cases remained cured; and if in any there was a recurrence of the disease; at what time the symptoms were developed. Until this point be clearly settled, the vexed question as to the expediency of operative interference with the knife cannot be satisfactorily determined. Few operations for cancer, especially of the lip and mamma, are not followed by a more or less complete exemption from the disease, from one, two or even three years; but even then the conscientious surgeon would scarcely be justified in announcing a complete cure of the affection. This phase of our subject brings us directly to the consideration of the cases of Marsden and MacLimont's (*B. J. H.*, Vol. XXI., p. 616,) in which the "enucleation treatment" was adopted. In the ten cases they record the subsequent histories of the patients have not been given; obviously from the many difficulties surrounding dispensary and hospital practice. In placing these cases

in this essay, they must be considered in a measure operative; as *Nitric acid*, *Chloride of Zinc*, *Hydrastis*, in powder and tincture, and *Stramonium ointment*, would scarcely be called by the pure Homœopathicians, Homœopathic medicines, especially when in combination and applied locally. Yet, the success of these applications may in a measure be attributed to constitutional treatment with medicines exhibited according to the law of *similia*; and such being the case, does not the operator, whether with knife or caustic, who, throughout the entire duration of the case (before, during and after operative measures,) prescribes Homœopathically for the presenting symptoms, possess a most decided superiority over those who rely chiefly on hygienic and general constitutional treatment? In other words, does not Homœopathy, even here, exercise a beneficent influence upon operative surgery? The answer may be given in the affirmative.

In June, 1873, (*New York Journal of Homœopathy*, Vol. I., page 146.) I reported to the New York Homœopathic Medical Society, fifty cases of cancer, and since that period have operated with knife and the enucleating paste on fifteen others. I am glad now to give further results. It is needless to say that the patients have always, while under my supervision, been taking those Homœopathic medicines which appeared indicated. In order to be more accurate, I shall omit mentioning any of the more recent cases; because a sufficient time has not elapsed to convince me of their cure. I will merely state that five of the fifteen have died between the date of my last report and the present. One of the cases was scirrhus of the breast; one, advanced epithelioma of the penis; one, scirrhus of the parotid, in which, I may say that I think electrolysis did decided harm; and two, encephaloid of the mamma. Of the fifty cases I then placed upon record, five of the epithelioma cases are now alive; in one instance, eleven years having elapsed since the treatment; in another, eight years; and both of these were locally treated by Marsden and MacLimont's paste. Another has lived four years, and is at present enjoying good health. Three years have elapsed since another was operated upon, the patient being well; and the fifth also has survived five and a half years. A sixth case might also be reported as cured, as the patient died of gallstones two years after the operation. Of the encephaloid of the mamma subjected to the knife, four survived; the longest time elapsing being four years. Two have died. Of the scirrhus, of which twelve were operated upon with the knife, one is alive seven years after: one, six years; one, five years. The others I have been unable to hear from in time to report in this paper; although I have made many attempts, by letter and otherwise, to ascertain their condition.

These reports have been made as concise as appears consistent with the importance of the subject. Many quotations of cures have been omitted, which may be found in the statistics at the end of this paper; but it is to be hoped that sufficient facts have been given to prove that in a disease considered beyond the reach of medicine by the Old School, well-directed Homœopathic medicine can and has effected cures; and that when operative interference becomes necessary, the

beneficial influence of Homœopathic medication cannot be denied. It may entirely eradicate the cachexia, or postpone the recurrence of the disease. It would be ridiculous, however, even with this knowledge, to make the broad assertion that all cases of cancer may be cured; or that return after extirpation is never to be expected. The facts remain, that cases are and have been cured, and such facts encourage every surgeon in his endeavor to select the proper Homœopathic medicine, and avoid, if possible, the performance of operations; and still further, if the knife is deemed necessary, or the caustic treatment seems advisable, he has certainly in the Homœopathic materia medica, agents which will assist him to prevent recurrence and alleviate suffering.

Looking at the matter with these proofs before us; endeavoring to view the testimony as impartially as we are able, and referring to the written opinions of the best Allopathic authorities of to-day; it may safely be claimed that Homœopathy has exerted a most beneficial influence over this department of surgery, whether the knife be employed, or internal medicines exhibited.

[TO BE CONTINUED.]

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### SURGICAL CASES.

BY F. HILLER, M. D., SAN FRANCISCO, CAL.

Read before the California Homœopathic Medical Society.

When we compare the present with the past, we find that surgery has made wonderful advancements; the results of which demand the attention, not only of members of our school, but of every well-meaning surgeon. Every year adds to surgical experience more curative agents, and gives us more knowledge of the healing powers of Homœopathic remedies in cases requiring surgical interference. The great desideratum in the practice of surgery to-day, is, improved methods of after treatment. However skillfully an operation may be performed, it often proves fatal from want of experience in the nurses, to whom the after treatment is too much intrusted.

Conservative surgery is the order of the day. The sooner the people are educated to a knowledge of the fact that he who saves the injured limb is a better surgeon than he who for wanting skill resorts at once to the knife, the better will it be for suffering humanity.

In many cases of contused and lacerated wounds, accompanied by destruction and loss of tissue, so frequently caused by accidents on railroads and by machinery, it is surprising to witness how perfectly the parts are restored by the use of *Arnica*, *Calendula*, *Kali caust.* *Argent. nit.*, and many other remedies, judiciously applied. I have frequently seen large portions of destroyed tissue completely regenerated without leaving ugly cicatrices. The motion of hands, fingers and joints, even where bones have been fractured and the joints were

open and exposed, can be saved, and restored to perfect usefulness. In presenting to this bureau surgical cases as they occurred in my practice, I omit such details as are familiar to all surgeons. I adduce these cases to show the superiority of our remedies over those of the Old School, and to prove that injuries of joints are often curable by our mode of treatment, when pronounced incurable by Allopathic practice. In many cases I have even removed portions of the joint, and yet saved the patient from losing the use of the limb.

Compound comminuted fracture of left arm, involving the elbow joint :

CASE I. E. W., aged twenty-eight, a professor of music, a well-developed man, of good habits, received a compound, comminuted fracture of left arm, by the accidental discharge of a navy revolver. The ball entered above the wrist, fracturing and passing through the radius, and in its course upward, fracturing the ulna in its upper third, passing through the elbow joint, splitting the condyles of humerus in two, kept along the internal surface of the humerus, and imbedding itself in the axilla. The bones were much splintered and displaced. There was considerable loss of blood, but the principal arteries were not wounded, which is surprising, if we consider that the ball in its course passed in close proximity to them.

I had but little hope of saving the arm, because I had seen cases terminate fatally where the joint was less involved. In this case the ball, after fracturing the ulna, passed along and over the inner surface of the same without injuring the olecranon, striking the humerus in or near the trochlear depression, and after splitting off the internal condyle of humerus, running up to the axilla, as above stated.

After the bones were brought into position as nearly as could be done, under the circumstances, the arm was placed in an angular splint, slightly bent, for the reason that, should the arm be saved, the patient might be able to follow his profession ; it appeared at the time that ankylosis was inevitable.

*Arnica* lotion was employed for the first two days.

February 11. Arm much swollen and inflamed. *Calendula* substituted for *Arnica*.

Feb. 12. Arm is very painful, swollen up to axilla, has an erysipelatous appearance, high fever, pulse 110. *Acon.* 3. Opened several abscesses, scant discharge of milky pus. *Calendula* externally.

Feb. 13. Profuse discharge of sanguineous pus ; less pain ; no fever. A very weak, watery solution of *Kali caust.* was now substituted for *Calendula*, compresses moistened with this solution placed over the whole arm, the abscesses and sinuses well syringed with same.

Feb 20. There has been no change of treatment ; the wounds were syringed twice a day. Less swelling and suppuration.

Feb. 21. Called in haste. Found the patient bleeding from the arm, profuse arterial hæmorrhage, easily controlled by pressure of the brachealis.

Feb. 24. Several bleeding spells during past two days, easily con-

trolled as above, and appropriate bandages. After this, the arm gave no more trouble. No change of treatment, except that an occasional dose of *Lachesis* or *Silicea* was administered.

April 1. Wounds in forearm are closing; suppuration continues from upper arm.

April 10. Bones of forearm are firm; probe passes in a sinus up to the axilla without discovering the ball. Examination discloses that the internal condyle of humerus was loose, and necrosed, which necessitated its removal.

The patient being under the influence of *Chloroform*, I made an incision over and along the condyle, for about two inches and a half, through which the necrosed bone was with difficulty removed, which proved to be the entire condyle, with the trochlear articulation, and three inches and a half of the internal border of the shaft of humerus. After the dead bone was removed, and while the patient was in an upright position, to have his bed changed, the ball dropped out of the wound. The wound healed readily; patient sat up every day.

On the 6th day of May he was discharged, with an arm still greatly serviceable to him. He has lost use of the elbow, but has free use of his forearm and fingers. He plays the piano and the organ with great facility.

CASE II. A. J. J——, aged twenty-six years, was shot in right knee, the ball lodging in internal tuberosity of tibia.

The man was treated by several physicians for over two months, when they recommended amputation; the friends, as well as the patient, objected, and demanded further counsel.

Called to see the patient, I found the leg much swollen; a number of fistulous openings connected with putrid abscesses burrowing into the muscles of the leg.

After learning the nature of the injury, I probed down to the bone, and discovered the bullet imbedded there. On account of the putrid suppuration, the swelling of the limb, and the low condition of the patient, I deferred operating until there should be manifest improvement. Administered *Ars. 600*, in water, to be taken during the day, and a very weak solution of *Kali caust.*, applied with compresses externally; the sinuses were syringed with the same solution. In two days the leg had a much better appearance; swelling and discharge diminished.

After the patient was under the influence of *Chloroform*, I made an incision of four inches, to the bone, near the border of the ligamentum patella; an assistant separated the tissue in a manner to enable me to cut down into the bone with Hey's saw, and to remove with the chisel a triangular piece of bone with the ball imbedded; all the necrosed bone was removed, and after carefully cleansing the wound, it was united with four wire sutures. The leg being now placed on an inclined plane, and kept in a slightly bent position. The wound healed kindly; in about two months the patient moved about on crutches. It was several months before the wound had entirely closed,

but it gave no further trouble, except that the knee was ankylosed, as was anticipated. Treatment as in preceding cases.

CASE III. George H. M—, aged nineteen years, returning from Camp Lyon, in Montana, with a government wagon, when about six miles from Dun Glen, in attempting to shoot a hare, the gun burst, lacerating his left hand in a fearful manner. Fragments of the gun passed through the hand, carrying off portions of the metacarpals of the two middle fingers, and fracturing the same in the forefinger and thumb. The hand was fearfully torn. Being out on the plains, where surgical assistance could not be had, the hand was tied up rudely, cold water was applied, when it could be had. He suffered much from loss of blood. As soon as he could bear transportation he was conveyed to Virginia City, Nevada, a distance of one hundred and forty miles; being four days on the road. When I saw the patient, I found the hand very offensive, badly swollen, and very painful.

Although he had kept up very well during the four days, and was courageous, it was necessary to bring him under the influence of *Chloroform*. After removing the bandages, the hand appeared like a mass of decaying flesh, and alive with maggots. There seemed to be but faint hope of saving any portion of the hand. Considering, however, that two or three fingers would be of great value, I made the attempt. The two middle fingers were at once amputated, the remnants of the metacarpals disarticulated; the dead tissue, so far as this could be done, removed with the knife, and after the wound was carefully cleansed with a weak solution of *Caustic potassa*, it was united with several sutures, and splints were applied to forefinger and thumb. The wounds healed kindly. After a few days, the patient was able to carry his arm in a sling, and in about two months, he was discharged cured, having some use of the thumb, fore and little fingers. Treatment same as in preceding cases.

#### KALI CAUSTICUM.

Of all the remedies recommended in surgical cases after supuration ensued, *Caustic potassa* takes the first rank. (See *United States Medical and Surgical Journal*, Vol. V, page 159). By its application, the formation of pus is greatly diminished; it produces a healthy granulation; it cleanses the wounds, and favors the discharge of pus. It keeps the neighboring parts in a healthy condition.

In more extensive traumatic injuries, it prevents inflammatory swelling, and where it exists, it readily reduces it.

In hospital wards, it cannot be dispensed with as a dressing; it suppresses foul odor, and thus purifies the air. I have, during the past ten years of surgical practice, employed this *alkaline solution* extensively, and I have obtained results which cannot be produced by any other remedy.

#### CARBOLIC ACID.

The practice of employing *Carbolic acid* in flesh wounds and suppurating surfaces has become the fashion of the day. Almost every

number of the medical journals of both schools has something in its praise. I believe, and this belief is confirmed by experience, that most of these recommendations in favor of *Carbolic acid* in the treatment of surgical cases, cannot be sustained.

My experience does not confirm such reports. I find *Carbolic acid* does not prevent complications nor constitutional disturbances; nor does it prevent sloughing. It retards the process of healing, and destroys granulation. Wounds dressed with *Carbolic acid* leave unsightly cicatrices. It is a life-destroying poison, especially remarkable for its toxic action on microscopic forms of life, both animal and vegetable. Its disinfectant qualities are supposed to be due to this destructive power, but the theory on which its use has been founded is not well established, and in practice, its efficacy is very doubtful.

## Hospital Department.

### NORTHAMPTONSHIRE DISPENSARY, ENGLAND.

[Through the courtesy of Dr. A. C. Clifton, senior medical officer, we here present an interesting abstract of their triennial report]:

MEDICAL REPORT FROM JANUARY 1, 1872, TO DECEMBER 31, 1874.

New cases admitted.....	6840
Cases remaining under treatment from Dec. 31, 1871.....	102
	— 6942

#### OF THESE THERE WERE :

Cured .....	4080
Benefitted .....	1656
Left treatment, result unknown.....	760
Not benefitted.....	220
Dead.....	76
Still under treatment, Dec. 31, 1874.....	140
	— 6942

It will be seen by the above statement that, contrary to our custom, this is a triennial instead of a biennial report; your medical officers, last year, being unable to complete it.

During the three years comprised in this report, 6,129 visits were made, by the medical officers, to the houses of such patients as were too ill to attend at the dispensary, and in the same period of time 9,805 prescriptions have been made up by the dispenser.

The deaths have been 76 in number, being a mortality of 1.09 per cent of the number of patients treated. These have not been tabula-

ted, but we may remark that thirty-two were from pulmonary consumption, and illustrate painfully the great difficulty which exists in combating that disease amongst the poorer classes, deprived, as they are, of the first conditions of cure, viz., suitable and sufficient nourishment, clean and well-ventilated houses, and protection from the changes of temperature. It is to be feared that the treatment of consumption will never be really satisfactory until these necessities can be supplied. These thirty-two deaths are only a part of what may be attributed to tubercular disease, as there have been twenty-two, occurring principally among children, from disease of the brain, convulsions, and from marasmus (or wasting disease); all owing their origin, very much, to tuberculosis—children mostly of weakly parents, ill-fed, ill-housed and cared for. There were also seven deaths by small-pox, in 1871 and 1872; these were all *unvaccinated*, illustrating the protective power of vaccination, for, although very many cases of small-pox were treated, no deaths occurred amongst such as had been vaccinated.

There are three objections often raised by our opponents against the success of the Homœopathic treatment of disease, when such is brought forward: First, "That whilst acute specific diseases do recover under Homœopathic treatment, yet these diseases have a natural tendency to recover if the efforts of nature are not interfered with." Second, "That in severe and acute diseases, stronger and more active remedies are required than can be supplied by Homœopathy." The third objection is, "That in chronic cases, where structural change of organs and tissues has taken place, Homœopathy entirely fails."

With respect to the first objection, we are willing to admit that at this dispensary, as at *all similar institutions*, many of the cases treated are of a minor or trifling character; but we also maintain that in these, Homœopathic treatment affords much relief, and prevents future suffering, and if by such means, the working classes are able to get prompt aid and good results, great benefit must ensue to the general community.

The second objection is partially answered by the first, but we think the following bare *resume* of some of the acute diseases which have been treated at the dispensary during the last three years, together with the medicines which have generally been curative, will be more convincing, to unprejudiced minds, than all dogmatic assertion or empty theorizing.

Bronchitis, pneumonia, pleurisy, etc.	{ Mainly by the use of <i>Aconitum</i> , <i>Antim tart.</i> , <i>Lycopodium</i> , <i>Bel-</i> <i>ladonna</i> , <i>Bryonia</i> , <i>Sulphur</i> , and <i>Phosphorus</i> .
Asthma, spasmodic	{ By the aid of <i>Arsenicum</i> , <i>Cuprum</i> , <i>Belladonna</i> and <i>Ipecacuanha</i> .
Croup, spasmodic	By <i>Aconitum Spongia</i> or <i>Lachesis</i>
“ membranous	{ By <i>Iodine</i> , <i>Bromine</i> , <i>Hepar sul-</i> <i>phuris</i> or <i>Phytolacca</i> .
Dropsy of the chest, supervening on inflammation	{ By <i>Arnica</i> , <i>Hepar sulphuris</i> , or <i>Sulphur</i> .



Inflammation and congestion of the brain	{ By <i>Belladonna</i> , <i>Gelsemium</i> , or <i>Veratrum viride</i> .
Hydrocephalus, (threatened)	{ By <i>Arnica</i> , <i>Calcarea carbonica</i> , <i>Helleborus</i> and <i>Zincum</i> .
Erysipelas of the head and face	{ By <i>Aconitum</i> , <i>Veratrum viride</i> , <i>Arsenicum</i> or <i>Belladonna</i> .
Enteritis and peritonitis, (inflammation of the bowel and its containing membrane)	{ By <i>Aconitum</i> , <i>Veratrum viride</i> , <i>Arsenicum</i> , <i>Bryonia</i> , or <i>Mercurius</i> .
Obstruction of the bowels	{ By <i>Belladonna</i> , <i>Plumbum</i> , or <i>Nux vomica</i> .
Angina pectoris (spasm of the heart)	{ By <i>Arsenicum</i> , <i>Cactus</i> , <i>Digitalis</i> , <i>Lachesis</i> , <i>Naja</i> , <i>Actea</i> , or <i>Spigelia</i> .
Colic (spasmodic and painter's)	{ By <i>Colocynthis</i> , <i>Belladonna</i> , <i>Nux vomica</i> , <i>Dioscorea</i> .
Diarrhœa	{ By <i>Arsenicum</i> , <i>Iris</i> , <i>Mercurius</i> , <i>China</i> , or <i>Veratrum album</i> .
Dysentery	{ By <i>Aconitum</i> , <i>Belladonna</i> , <i>Mercurius corrosivus</i> , <i>Colchicum</i> , <i>Rhus tox</i> , etc.
Inflammation and congestion of the liver, jaundice, gall stones, etc.	{ By <i>Aconitum</i> , <i>Bryonia</i> , <i>China</i> , <i>Belladonna</i> , <i>Chelidonium</i> , <i>Hydrastis</i> , <i>Mercurius</i> , <i>Nux vomica</i> , <i>Sulphur</i> .
Inflammation and congestion of the kidneys, (with dropsy as a result)	{ By <i>Aconitum</i> , <i>Belladonna</i> , <i>Apis</i> , <i>Arsenicum</i> , <i>Cannabis</i> , <i>Cantharides</i> , <i>Terebinthina</i> .
Inflammation of the throat and tonsils, quinsy, etc.	{ By <i>Belladonna</i> , <i>Hepar sulphuris</i> , <i>Mercurius iodatus</i> .

In addition to these more local forms of acute diseases, there have been many cases of fever, small-pox, rheumatism, etc.

In typhoid fever	{ <i>Baptisia</i> and <i>Arsenicum</i> have been most useful; the first mentioned remedy has arrested the development of this disease in many cases presenting all the premonitory symptoms.
In scarlet fever	{ <i>Aconitum</i> , <i>Belladonna</i> , <i>Baptisia</i> , <i>Apis</i> , and <i>Arsenicum</i> , have lessened the duration of the disease, and conducted most of the cases to a favorable issue.
In rheumatic fever	{ <i>Aconitum</i> , <i>Bryonia</i> , <i>Mercurius</i> , <i>Belladonna</i> , <i>Rhus tox</i> , <i>Spigelia</i> , have relieved pain, and been valuable restoratives.

Many other instances might be brought forward, but these are sufficient to bear us out in the assertion we make, that Homœopathy is eminently successful in the treatment of acute disease.

To the third objection, our answer is furnished by the following list of some of the chronic cases of disease successfully treated by your medical officers during the past three years, many of them after having been at the Allopathic hospital, and dismissed as incurable, and after-

ward having been without treatment for a time, and nature failing to restore them.

#### DISEASES OF BONE.

Of these there have been eight cases, some of long duration, extending over several years, with broken-down constitutions; others of more recent origin, but most of them having had other treatment in hospital. The most noteworthy have been: One of *large bony growth* on the palmar aspect of one finger, interfering with the use of the hand, and for which amputation would generally be resorted to; by applying and taking *Phytolacca* for the space of three months it was reduced to one-third the size, and the use of the hand restored; three cases of periostitis (inflammation of the skin covering the bone); four of necrosis and caries (ulceration and decay of bone); these were all cured but two, and they were much relieved, the medicines used being *Rhus*, *Ruta*, *Nitric acid*, *Silicea*, and *Sulphur*; one severe case of necrosis of the upper jaw, which threatened to destroy the whole of the bone, was arrested in a month, and a cure effected in three months, by *Phosphorus* only.

#### DISEASES OF THE JOINTS.

Generally in strumous subjects, with ulceration of the ends of the bones, destruction of cartilages, abscesses, and broken down health. Of these, there have been ten cases; with the exception of two, all were more or less benefitted and able to resume work, ankylosis, or bony union having taken place in the joint. The medicines most useful in these cases were *Calcarea carbonica*, *Hepar sulphuris*, *Arsenicum*, *Silicea*, *Rhus*, and *Sulphur*. Some of these had been of several years' duration, and tried all sorts of treatment.

#### HOUSEMAID'S KNEE.

Six cases have been treated, all cured by *Rhus* except one, which resisted all our remedies, and eventually went to hospital, where with rest (which she could not otherwise have) and with treatment, she recovered in the course of four or five months.

#### DISEASES OF THE RECTUM.

Of these there have been: Five cases of fissure, causing great suffering, cured by *Graphites*, *Causticum*, and *Sulphur*. Three cases of chronic ulcer, of some years' duration, cured by *Hydrastis* and *Sulphur*. Two of cauliflower-looking growths, cured by *Hydrastis*. Three of fistula, two of these cured by *Sulphur*, *Causticum*, and *Silicea*; and one uncured.

#### CHRONIC HÆMORRHOIDS.

Very many cases cured, others relieved, by *Sulphur*, *Hamamelis*, *Æsculus*, *Collinsonia*, *Dioscorea*, *Nux vomica*.

#### TUMORS OF THE BREAST.

Several of a malignant character, in an advanced state, were not arrested, but relieved of suffering, by *Hydrastis* and *Scutellaria*.

Three others in an early stage were dispersed and cured by *Hydrastis* and *Phytolacca*. Five cases of non-malignant tumors were cured by *Hepar sulphuris*, *Silicea*, *Hydrastis*, *Arsenicum*.

#### GANGLIONS ON THE WRIST.

Five cases were all cured by *Benzoic acid* only.

#### POLYPI OF NOSE.

Three cases were cured by *Teucrium*, one by *Sanguinaria*, and two cases were unrelieved.

#### CANCER OF THE TONGUE AND LIP.

One case, of two years' progression, was cured in the space of seven months, with *Hydrastis*, *Phytolacca*, and *Galium aperianum*. It is now two years since the man was discharged, and he has remained well to the present time.

#### CHRONIC SKIN AFFECTIONS.

There have been many cured, of impetigo, by *Lycopodium* and *Hepar sulphuris*; of eczema, by *Rhus*, *Croton tiglium*, *Mercurius*, *Staphysagria*; of ringworm, by *Sulphur*, *Sepia* or *Lycopodium*. Seldom has any external application been used in these affections, and when so, it has been the same drug which has been given internally.

#### RICKETS IN CHILDREN.

A very common disease, nearly always improved, often cured, by *Calcarea carbonica*, *Phosphorus* or *Silicea*.

#### DISEASES OF THE EYES.

Besides the usual inflammatory diseases from catarrh or struma, and which have been met by *Sulphur*, *Calcarea*, *Mercurius*, *Hepar*, or *Arsenicum*, etc., there have been others, arising from over straining the sight, occurring in printers, fitters, tailors, etc.; in these, *Santonine* has been very efficacious. Two cases of glaucoma have been arrested by the same medicine.

#### CHOREA (ST. VITUS' DANCE).

Five cases, three of these were cured by *Actea*, *Agaricus* and *Viscum album*. One case was unrelieved; but, since leaving this institution, has been benefited by infusion of *Mistletoe* (*Viscum alb.*); one case, still under treatment, very prolonged, and although benefitted, cannot be set down as cured.

We might multiply these, and similar cases of disease, most of them involving alteration of structure of organs or tissues, which have been cured by Homœopathically selected drugs; many of which cases would have had to undergo surgical operations at Allopathic hospitals. We have, of course, had our failures, but all we have sought to show has been that such diseases can be cured by Homœopathic treatment.

[This report contains much of general interest to the lay reader about the progress and spread of Homœopathy].

## JERUSALEM LEPER HOME ASYLUM.

## THIRD MEDICAL REPORT.

“Since the opening of the Asylum in 1867, thirty-three inmates have been received. Of these, one old woman was suffering from the rare form of disease known as *lepra nigricans*, and after being under treatment for about four years was discharged cured. The remaining thirty-two were all cases of the true leprosy (*Elephantiasis græcorum*). There are in Palestine two principal forms of this disease, namely, the tubercular and the anæsthetic. In the first of these, smooth, shining, dusky or copper-colored tumors form upon various parts of the surface of the body, especially the face and ears, hands, arms and legs. After a time these tubercles ulcerate and form open sores, which subsequently heal. This process of the formation of tubercles, and their ulceration goes on for several years, until the miserable sufferer becomes a most loathsome object, and is eventually worn out by debility, and the distress occasioned by the disease spreading to the palate, throat and larynx. Periodical febrile attacks also help to exhaust his strength, and usually diarrhœa or dysentery set in and carry him off.

In the anæsthetic form it is the nerves that are primarily affected, and a loss of sensation in the extremities, and great muscular debility, gradually amounting to paralysis, are the result. Two varieties of cutaneous eruption generally accompany this form, one of these consists of pale, circular or oblong spots, with pink, very slightly raised edges, chiefly affecting the trunk of the body, and extending downwards and forwards in the direction of the nervous trunks; and the other of large blebs, that burst and leave superficial ulcers, which, if properly cared for, usually soon heal. In many instances a collection of fluid takes place beneath the skin, and on discharging, leaves a deep, sluggish ulcer, which penetrates between the muscles to the bones. Ulcers of this kind rarely heal, and are so destitute of sensibility that they may be scratched with a knife or burned with a hot iron without the patient feeling it. They frequently affect the fingers and toes, destroying both bones and flesh, so that the sufferers from this horrible disease may be seen with only the stumps of the hands and feet left.

Of the eight women admitted with elephantiasis, seven had the tubercular, and one the anæsthetic form; of twenty-four men, eighteen the tubercular, and six the anæsthetic. Four of the inmates have died in the asylum, sixteen have left, and there are at present thirteen remaining namely, ten men and three women.

No cure is at present known for this disease; but the sufferings of the patients may be greatly alleviated, and their lives prolonged by judicious treatment. To sustain the strength and promote the general health by liberal diet, frequent ablution, appropriate clothing and well ventilated sleeping apartments, to subdue febrile action when it arises, and to relieve pain, are the principal indications of cure. Specific modes of treatment have been largely tried in the institution. Such as the administration of *Mercury* in small doses, of *Iodine*,

*Arsenic, Quinine and bark, Cod liver oil and the inspissated juice of the Calotropis gigantea (Mudar), but the amount of success which has resulted has not been encouraging."*

JERUSALEM, March 18, 1873.

THOS. CHAPLIN, M. D.,  
Hon. Physician in the Hospital.

[Will friend Cummings, of Honolulu, H. I., tell Dr. C. how to cure these cases Homœopathically?]

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## Obstetrical Department.

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### CASE OF SUPERFETATION OF TRIPLETS.

BY PHILO G. VALENTINE, A. M. M. D., PROFESSOR OF THEORY AND PRACTICE IN THE HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI, ST. LOUIS.

Read before the Western Academy of Homœopathic Physicians.

One summer night in 1866, living then on the Ohio river in the State of Kentucky, I was called in consultation with Dr. Ben Letcher, seven miles in the country to assist at the accouchment of a mullato girl—a primapara—eighteen years old, who had been in labor all the previous day. I found her in a state of unconsciousness, with periodic paroxysms of crampings, corresponding to the regular returns of the natural labor pains. Another physician, Dr. Hodge, had been called in previously to see this parturient girl, and had diagnosed a breech presentation, but in consequence of other urgent professional engagements, could not remain to conduct the case through. By examination I ascertained that Dr. Hodge's diagnosis was correct, and that the breech of the child, although it had not descended low enough to be reached with extracting instruments, had already become firmly locked within the pelvic bones of the mother, where it successfully resisted all our repeated efforts to push it upwards with the view of version, if possible. Thus were we totally prevented from converting a breech-presentation into a foot presentation, an achievement often practicable under similar circumstances.

At each return of the paroxysms, the puerperal convulsions were becoming more and more fearful, nor could they be controlled by the anæsthetic power of *Chloroform*, or by any other agent at hand. We decided, therefore, for the time being, that nothing more could be done but to wait for developements. To wait, however, at such momentous times, on the progress and developements that time may bring about, in order that something may transpire of which one can

take advantage, as we often have to do in cases of obstetrics, requires frequently more moral courage to resist the importunities of patients and their friends than it does to perform a capital operation in surgery. Accordingly, after instructing the attendants to administer *Chloroform* at the beginning of each convulsion, we lay down in an adjoining room to await the descent of the child to within the grasp of the obstetrical forceps. This was about two o'clock at night. While lying and vainly trying to woo the smiles of the sleepy god, I began revolving in my mind the stubborn fact that here were two human lives in imminent peril; that both mother and child were in immediate danger of death, unless a speedy delivery could be effected; and as nature was evidently too feeble to emancipate itself from this frightful ordeal, I became imbued with the absolute necessity of resorting to some kind of instrumental means at once. I therefore proposed to my confrere, Dr. Letcher, that we should perform the *cæsarean* section as a *dernier* resort. I believed we could thus save the life of the child, and have a fair chance of saving the mother, too.

We discussed the propriety of the operation at great length; the probability of success at such an untoward hour, with only the instruments of our ordinary pocket-case at hand; and I urged with warmth, the importance, and also the feasibility of the operation—arguing, that whereas, now two lives were in jeopardy, one from strangulation, the other from nervous exhaustion, one (the child's), could in all probability be saved, with a fair prospect of saving the mother. But with all my appealing and argumentation, I failed to secure his co-operation or consent, and had to abandon my proposition.

The situation remained unchanged until day dawned. The terrible struggles and agonizing spasms continued with the same intermissions, and with the same force. The forceps applied to the nates would invariably slip off upon the slightest traction. Finally, a partial revolution of the parts presenting, suddenly brought the crust of the left ilium down within reach of the blade of the forceps. This movement was taken advantage of at once, and the forceps properly applied and locked. Hope of a delivery now dawned for the first time, and after many and vigorous efforts on our part, the forceps at length brought forth a well developed child, still-born. Having failed at resuscitation, the umbilical cord was ligated and divided, and the child laid away. I now introduced my hand with a view of taking away the placenta, when it came in contact with another child—head presenting. The expulsive but unconscious efforts of the mother soon brought the vertex to the inferior strait, where the head was seized with the forceps, and with very little difficulty or delay the second child was removed, also still-born. Both children were boys.

The hand was again introduced to search for the placenta a second time, whereupon the discovery of a third child was made and removed at once. This third child was eight inches in length, and from its appearance and development, judged to be a three months child. The head-bones were as friable and thin as the shell of a bird's egg, and the head was very much flattened, antero-posteriorly, by a pres-

sure of some kind, supposed to be made by the two fully developed children crowding it against the interior walls of the uterus.

This third child was also a boy, the scrotum and penis were defined. The mother lived two days after delivery, and then expired, without ever returning to consciousness, even for a moment. The convulsions ceased twenty-four hours previous to her death.

The question now arises, Was this a case of superfoetation six months after the original conception of the two first children? Or was it a blighted foetus which lost its life from some cause three months after an original conception of triplets?

It was ascertained from this girl's mother, that three months prior to her confinement, "her courses came on her just one time," and the family looked upon its appearance as something unheard of and remarkable. This re-appearance of the catamenia after six months' suppression, would seem to fortify the theory in this case, of superfoetation. There was no autopsy, but if this was a case of superfoetation there must necessarily have been a double uterus, or a uterus divided by a longitudinal septum, and each division or chamber thus formed must have been possessed of separate and distinct powers of gestation, independent of the other, and connected with its own ovary by its own fallopian tube.

Had it not been ascertained that this woman menstruated three months before her delivery, I should have regarded it a case of blighted foetus, preserved from putrefaction by the inherent vitality resident in the uterus for the full developement of the living embryos, and carried to the full term of gestation, and expelled coterminously with them.

In all cases of superfoetation reported and recorded in Europe or America, as far as I have been able to examine, the first and second conceptions have invariably come to full maturity, and always born at different periods, the second succeeding the first at an interval of from one to five or six months duration. This, then, if it was a case of superfoetation, is an anomaly in nature heretofore unknown, at least heretofore unrecorded. This anomaly consists in the fact that all three of these children were born at the same accouchment, and within a half-hour's time.

Gentlemen of the Academy, I frankly invite your criticisms, your opinions, and your experiences.

Now in regard to the moral: Ought not the doctor who called me in consultation, to have listened to my advice and counsel, and permitted the Cæsarean section, and assisted me in the operation? Two bistouries—a sharp-pointed and probe-pointed—are all the instruments absolutely needed.

Codes of medical ethics say differently. But may we not sometimes transcend the code, and under emergencies assume the responsibility, and strike for "dear life?" The results of Cæsarian section, considering the magnitude of the operation, are favorable.

I believe three lives were sacrificed on that short summer night in the Kentucky woods, immolated on the altar of that venerable code.

## Materia Medica Department.

### PHOSPHORUS.—ITS ACTION ILLUSTRATED.

A CASE OF POISONING AND SOME PRACTICAL COMMENTS THEREON,  
BY LUCIUS D. MORSE, M. D., MEMPHIS, TENN.

Read before the Western Academy of Homœopathic Physicians.

On the last Saturday of February, 1876, A. J., a man fifty-five years of age, was experimenting with *Phosphorus* in a small, dark closet. Accidentally a piece about an inch in length, of the large sized stick of commerce, was ignited by friction, bursting into violent flames. In the ensuing efforts to extinguish the fire he unfortunately inhaled freely the dense fumes (*Phosphorus acid*), with which the place was almost instantly filled, and was also severely burned upon the right hand. In a few moments considerable irritation was felt about the lungs, and in the course of a few hours, he became so hoarse that he could hardly speak above a whisper. There was little sleep that night, owing to restlessness, and next morning no appetite. The head felt dull and heavy, and a feeling of constriction about the chest began to be troublesome. There were also frequent sharp pains as though a knife were thrust into the lungs. A dry, irritating cough set in. The breath smelt strongly of *Phosphorus*, filling the whole room with its characteristic odor. Patient said the taste, as well as smell of the drug was constantly with him. There were feelings of chilliness, alternating with heat, and abnormal thirst began to be developed. The restlessness was much greater the second night, the sufferer rolling from side to side in fitful slumbers, and getting up frequently for water. The fever gradually increased, the cough became more troublesome, especially when patient was lying upon the right side, or upon the back, and was attended with slight mucus expectoration. There was great languor and disinclination to movement, but the sufferer still kept about his usual employments. On Tuesday he said he felt much better, and walked out for an hour, but came back utterly exhausted, and took to his bed with raging fever and delirium. Previous symptoms were now all greatly aggravated. The thirst was intolerable, and large quantities of water were taken at a draught. Patient slept but little and was constantly tossing from side to side. There was distracting headache through the forehead and temples, with frequent sharp, shooting pains. The breath was fetid and cadaverous in smell; expectoration more copious, phosphorescent, and, when dry upon the floor, burned readily from the application of a lighted match.



I saw the patient for the first time on Thursday morning following the accident. He was weak and very restless, and filled with gloomy forebodings. He dozed off frequently, but only to lapse into a semi-delirious state. The skin was dry and parched, pulse full and quick, tongue heavily coated a dirty yellow, eyes weak and unsteady, expression, when aroused, that of profound bewilderment. Mucous rales were easily distinguishable in different portions of both lungs, but more noticeable in the lower lobes. Patient complained now of no pain in the chest, but was constantly rubbing the breast and region of the stomach during spells of unconsciousness. He bemoaned his inability to sleep, called frequently for water, which he drank eagerly and in large quantities. There was utter loathing of food, and it was with difficulty that he could be induced to take even the lightest nourishment. The bowels rolled and tumbled about and were frequently distended with gas.

Two days after my first visit to the patient a peculiar phase developed itself in his delirium. Wherever he turned his eyes he saw faces. They swarmed by him in long panoramic succession. They leered at him over the foot-board of the bed; they squinted at him through the windows or came trooping in when the doors were left ajar. He would watch these apparitions for hours, complaining that they would not let him sleep.

But the poison now took a still deeper hold upon the constitution. The thirst became more urgent, the fever higher. The fitful slumbers were filled with dreams of fighting or of violent physical exertion, accompanied by a running comment of incoherent talk. The cough was racking and deep, the expectoration almost pus-like in character and quite profuse. The urine was highly colored and of a very disagreeable smell, bowels constipated. Nourishment of every kind was refused, the only demand was for water. Patient told those about him repeatedly that he could not possibly recover, and gave some disjointed directions about his business affairs.

The tenth and eleventh days after the accident the symptoms culminated. The patient was reduced almost to a skeleton; the pulse was wiry and quick; skin very hot; face the color of old parchment; mouth and tongue dry; the latter fissured and thickly coated a dirty brown. Patient lay most of the time in a stupor, from which he could be roused, however, for an instant, only to lapse back into low muttering lethargy. The haunting faces of the previous hallucination had disappeared, and he fancied he was some one else, or that he was in several pieces and could not get the fragments properly adjusted. The thirst was fairly consuming, being more urgent at night than during the day. The nurse sat by the bedside and fed the sufferer with ice, hour after hour. He frequently failed to recognize those about him, and the expression of bewilderment and confusion which came over his face was frequently painful to behold. Recollection of time and place was obliterated.

From this time the patient began slowly to mend. The fever and thirst gradually abated, refreshing slumber took the place of harrassing dreams, and nourishment in small quantities was tolerated, even

relished. The cough, though severe, was less racking, and the expectorations assumed a lighter color. The tongue cleaned tardily, strength returned by slow degrees, and on the 17th of March patient was able to sit up, and possessed the normal use of his faculties. The period from the first of March to the twelfth was to the patient almost a complete blank — he remembered scarcely anything which occurred during that time.

Anasarca of the lower extremities now made its appearance, became excessive in the course of three or four days, but disappeared entirely in the space of a fortnight. There remained, however, for two months, a deep harrassing but dry chest-cough, patient insisting that when the spells came on he could feel something loose and fluttering in the lungs which occasioned persistent tickling sensations. The cough was frequently accompanied by nausea and vomiting especially soon after eating.

Such, briefly, is the history of an acute case of poisoning with *Phosphorus*, which came very near resulting fatally. In persistence and severity as well as slow culmination of symptoms the case is certainly remarkable. The impression made upon the life powers by the gradual absorption of the poison deposited in the lungs was profound in the fullest sense of the word. The odor of the breath and the phosphorescent sputa left no doubt as to the fact of appreciable quantities of the poison having been introduced into the lungs and thence into the general circulation by the inhalation of the dense vapor and fumes of the burning *Phosphorus*.

The medical treatment consisted in the administration, at first, of *Bryonia*, every two hours, and teaspoonful doses of weak brandy and water at intervals of an hour or an hour and a half, and water *ad lib.* After convalescence had set in *Nux vom.* was substituted for the *Bryonia*, and when the anasarca made its appearance *China* and *Ars.* were administered, while for the nausea and vomiting with attendant cough *Ipecac* seemed to act admirably. The remedies employed were all, I may remark, in the 3d decimal attenuation.

#### RECAPITULATION.

Let us now glance at the case with an eye to the symptoms as regards their developement, severity, etc., and see if some instruction may not be gained. A brief summary will perhaps serve our purpose :

1. Hoarseness, to complete aphonia.
2. Tightness and constriction across the chest.
3. Dry, irritating cough.
4. Violent stupefying headache, with sharp, shooting pains.
5. High fever with intense thirst, parched skin; strong, quick pulse.
6. Sleeplessness with drowsiness and intense restlessness.
7. Sharp pain through the chest as though the lungs were pierced with a knife.
8. Cannot lie on the right side or back without aggravation of the cough.

9. Yellowish expectoration, changing to sputa almost pus-like in character, finally becoming grayish and viscid.

10. Extremely vivid dreams; frightful dreams—muttering and groaning in sleep.

11. Delirium, with hallucinations of vision—sees faces—thinks he is some one else, or fancies he is in several pieces and cannot get them together.

12. Feels certain he is going to die.

13. Loathing of food.

14. Flatulence and rolling and rumbling of the bowels; constipation.

15. Tongue dry and parched, fissured, and coated a dirty yellow.

16. Bewilderment and confusion of mind.

17. Typhoid condition.

18. Urine red, copious and very offensive.

19. Anasarca of lower extremities.

20. Deep, racking chest-cough, with spells of nausea and vomiting.

Of these symptoms, the high fever and intense thirst, the cough and expectoration and the peculiar mental condition may well be considered most prominent.

It will be observed that several so-called "key notes" of *Phosphorus*, as for instance, "vomiting of liquids as soon as they get warm in the stomach," "all-gone feeling in the stomach and bowels," are absent from this accidental "proving" of the drug.

This may, perhaps, be accounted for by the fact that the poison was received into the system through the lungs, instead of the stomach, the latter organ thereby escaping local irritation.

#### THERAPEUTIC USES.

I may, perhaps, emphasize some of the symptoms given above, and thereby add to the practical value of this short paper by referring briefly to my own experience in the therapeutic use of *Phosphorus*.

#### HOARSENESS AND APHONIA

One of the first remedies to be thought of in this condition, if painless and aggravated toward evening, is almost certain to cure.

#### COUGH.

Dry, racking cough which shakes the patient all over, with slight expectoration; also, loose cough with pus-like expectoration attended with sharp pains through the chest, and inability to lie upon one or both sides, or upon the back; cough occasioned by tickling in the throat-pit, aggravated by reading aloud, singing or laughing.

#### PNEUMONIA.

In the latter stages of this disease, when high fever and great thirst prevails, with restlessness and delirium, this is a precious remedy and has saved many a life, which, but for its use would have been lost.

#### CONSUMPTION.

I have found *Phosphorus* wonderfully curative in several cases of

incipient phthisis, where there was high grade of irritation in the lungs, with distressing cough, and expectoration sometimes tinged with blood. It has also proven useful in my hands in several advanced cases of this disease, mitigating, in some measure, the severity of the symptoms.

#### CATARRH.

Where the discharge is almost constantly tinged with blood and patient is liable to take cold, *Phosphorus* is often promptly curative. It is applicable in both chronic and acute cases, especially where there is painful feeling of obstruction in the nose, with green-yellow discharge.

#### NERVOUS DEBILITY.

This is one of the foremost remedies where there is weakness of the sexual organs, either from excesses, or occasioned by disease.

#### NEURALGIA.

Where there is weakness of the nervous system, with neuralgia of the head and face, *Phos.* will be found frequently curative.

#### SLEEPLESSNESS.

Where this condition obtains in the course of illness and there is great drowsiness and restlessness, or where patient is awakened by vivid dreams, *Phos.* should be carefully considered.

#### FLATULENCE.

Especially of old people, and where there is rolling and rumbling of the bowels, with attendant constipation; frequent, painful distension of the intestinal canal with gas.

#### HÆMORRHAGES.

Where the hæmorrhagic diathesis prevails *Phos.* is one of the most reliable remedies that I have found in the course of my experience.

I might mention other clinical experiences with the drug under consideration but this paper has already exceeded the limits originally proposed.

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## Medical News.

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J. C. Guernsey, M. D., of Philadelphia, is to be married to Miss Gertrude Thomas, of Catasauqua, Pa., on the 16th instant. Accept congratulations.

Monthly Report of the Free Dispensary of the Hahnemann Hospital shows that the following number of prescriptions were made during the month of October: For diseases of the eye and ear (Dr. Vilas), 134; diseases of children (Dr. Hall), 160; general practice (Dr.

Hawkes), 214; venereal diseases (Dr. Hoyne), 60; diseases of women (Dr. R. Ludlam), 170; surgical cases (Dr. Von Tagen), 111; total, 489.

**Hahnemann Medical College.**—In reply to inquiries we would state that the Hahnemann Medical College of Chicago, opened with a larger class than usual.

**Strange Alliance.**—The Hahnemann College and Hospital, in reply to Dr. Pomeroy's letter in the last number of *THE UNITED STATES MEDICAL INVESTIGATOR*, wish to state that no discrimination is made against the Michigan University, or any other college.

A. E. SMALL, President.

**Strange Alliance—T. F. Pomeroy.**—As Pulte Medical College, of Cincinnati, has never authorized Drs. Ellis or Spranger to speak for it or its faculty in any manner whatsoever, it follows that we have no apology to make or explanation to offer. If Dr. Pomeroy, or others, desire further information or verification they are respectfully referred to the parties at Ann Arbor, who we have reason to believe are entirely satisfied with the course pursued by Pulte college, in this matter. Can others say as much?

WM. OWENS, Dean.

**The New York Ophthalmic Hospital** report for the month ending October 21, 1876: Number of prescriptions 2,703; number of new patients, 349; number of patients resident in the hospital, 32; average daily attendance, 100; largest daily attendance, 140.

ALFRED WANSTALL, Resident surgeon.

#### Removals.

- Dr. O. E. Pratt, from Amsterdam to Oneonta, N. Y.
- Dr. E. Kirkup, from San Luis Obispo to Eureka, Cal.
- Dr. Thomas T. Howard, from Bristol to Elkhorn, Wis.
- Dr. Isaac Boulson, from LaSalle, Ill., to Buffalo, Iowa.
- Dr. W. P. Roberts, from Newaygo, Mich., to Barrington, Ill.

**Brief Medical Course.**—In your journal of October 15th, I find a communication signed, E. M. H., from which I extract the following passage, and as this is the second time Pulte college has been favored with a similar complimentary notice I must ask in the name of justice that you publish this by way of correction. In conversation with Dr. Orndar, Dr. Hale says, "I did not tell him that the facts were even worse; that some of our colleges grant a diploma after six months attendance on two courses of lectures in one winter." Now as Pulte Medical college is the only Homœopathic medical college that gives two courses in one year (not winter) and not in six but nine months, of which fact Dr. Hale was at that time fully advised (see our circular), it follows that Dr. Hale has uttered that which at the time he knew was not true. The motive which could induce such utterance is for him to explain, or the professional public to infer. It is a matter of extreme regret that the author of that communication could find no other road to distinction than the one he has chosen, placing himself before all honorable men in a most unfortunate light. This attack is without provocation, unmanly and dishonorable in the extreme, without a shadow of truth for its foundation.

The students of Pulte college receive clinical instruction, with the patients in their presence, three hours every day; and four hours didactic teaching from the various chairs each day, of which facts the doctor was well advised. No Homœopathic medical college in the country gives as many clinical lectures with illustrations as does the Pulte. With these facts in his possession it is very strange that Dr. H., or any one else who has any regard for the truth or honorable dealing, in the profession or out, would assume the responsibility for such statements.

WM. OWENS, Dean.

## WORDS OF CHEER FOR ALL.

DOVER, N. J., Nov. 9, 1876.—THE UNITED STATES MEDICAL INVESTIGATOR is invaluable.  
Yours truly,  
H. A. BENNETT.

DELEVAN, Ill.—I find THE UNITED STATES MEDICAL INVESTIGATOR an indispensable help.  
T. M. TRIPLET.

FLINT, Mich., Oct. 3d, 1876.—I like THE UNITED STATES MEDICAL INVESTIGATOR the best of all our journals.  
I. N. ELDRIDGE.

SUBATHO, India.—THE UNITED STATES MEDICAL INVESTIGATOR is a very great help to me. I value it very highly.  
E. A. MORRISON.

HONOLULU, H. I.—I would as soon think of practicing without my pocket case as without THE UNITED STATES MEDICAL INVESTIGATOR.  
O. S. CUMMINGS.

CHICAGO.—In the future, as in the past, I shall take pleasure in contributing to your pages such reports of my clinical lectures on the diseases of women, as will be profitable to the profession.  
Yours respectfully,  
R. LUDLAM.

ANN ARBOR, Mich., Oct. 8, 1876.—THE UNITED STATES MEDICAL INVESTIGATOR comes nearer to the every-day wants of the practitioner than any journal we have. It is *unique*—the only one of its kind, and *the kind, good*.  
Sincerely yours,  
SAM'L. A. JONES.

CHICAGO, Oct. 16, 1876.—I am glad to know of the flourishing condition of THE UNITED STATES MEDICAL INVESTIGATOR. If we may judge of the future by the past, it will continue to merit and get success. God speed it. Yours, etc.  
H. B. FELLOWS.

CHICAGO, Sept. 25, 1876.—Having been a subscriber almost from its earliest numbers, and an "occasional contributor" for nearly the same period, I can in no better way testify my high appreciation of its merits than by the statement of that fact.  
Very truly yours,  
T. F. POMEROY.

CHICAGO.—I heartily congratulate you on your success as journalists. I always look with interest for the coming of THE UNITED STATES MEDICAL INVESTIGATOR. One can hardly know what is being developed in the Homœopathic field without reading it regularly.  
Very truly yours,  
J. S. MITCHELL.

NINGPO, China.—The friendly visits of THE UNITED STATES MEDICAL INVESTIGATOR are welcome out here. I need not say, I trust that its sound teaching may ere long more largely benefit this plaster-and-blister-loving-people in whose midst I live. Wishing your journal much success, I remain  
Yours very truly,  
S. P. BARCHET.

LINCOLN, Neb.—I cannot well do without THE UNITED STATES MEDICAL INVESTIGATOR. It not only is a source of instruction to me, but also of profit. Its plan of publishing reports from various parts of the world, relating to "practice," and the impartial spirit shown, makes every subscriber interested in its perpetuation.  
L. J. BUMSTEAD.

WASHINGTON, D. C., Sept. 15, 1876.—THE UNITED STATES MEDICAL INVESTIGATOR is the most enterprising and liberal Homœopathic journal in the United States; one which does not run in grooves, and is not narrowed by a too limited conception of our particular profession. I always anticipate to learn something new and important in its pages. That is a great deal more than I can say of many medical publications. It is up to the times, vigorous and progressive.  
T. S. VERDI.

IRVINGTON-ON-HUDSON, N. Y., Oct. 31, 1876.—I wish you continued success with THE UNITED STATES MEDICAL INVESTIGATOR, and hope the "hard times" may not diminish your subscription list. I read it regularly, and with profit. Your effort to furnish the profession a knowledge of prevailing diseases and epidemic remedies in various localities, is deserving of support, and will make your journal very valuable. Experience is enabling you and your correspondents to do this with greater success as time goes on.  
Yours truly,  
CARROLL DUNHAM.

BOSTON, Sept. 15, 1876.—DEAR DOCTOR: In reply to your asking what journal you had better take, I would say, there are many good ones published in this country and over the water. As you are a busy practitioner, and have but little time to consult journals, I would advise you to take THE UNITED STATES MEDICAL INVESTIGATOR, published by Duncan Bros., at Chicago. This journal is divided into departments, as the surgical, the therapeutical, the hospital, the anatomical, the department of the *materia medica*, etc., etc. All these departments are well sustained. There is also a consultation corner, in which difficult cases are given, with the request for information as to treatment, etc., etc. This arrangement is well pleasing in the eyes of the young Homœopaths, as they perceive it gives them a chance to obtain some help from their seniors in the profession. I think you will be as much pleased with this journal as I am. I am glad to learn that your case of hemiplegia is doing so well under *Sulphur* 200, and the *Causl*, 200 which follows the *Sulphur*. I hope, my dear doctor, you will on no account change the remedy, so long as you find improvement from the *Causiticum*. Please let me hear from you again soon.  
Very sincerely yours, in haste,  
DAVID THAYER.

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Therapeutical Department.

CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

MANAYUNK, Pa., Nov. 17.— This portion of our city is quite healthy at this time. J. J. GRIFFITH.

LYNN, Mass., Nov. 14.— We are having quite an epidemic of diphtheria here now. Of late I have used no other remedies but *Apis* 3 and *Lachesis* 200, and have lost none. I use *Lachesis* 200 because I think it acts better than the lower attenuations. A. M. CUSHING.

PEEKSKILL, N. Y., Nov. 8.— We are having a very lively time with scarlatina in our town. Dropsy very often sets in, and in many cases death puts an end to the patients. So far Homœopathy has lost but two cases. We have a population of 7,500. H. BEAKLEY.

FORT MASON, Mason Co., Texas, Oct. 28.— I have now some cases of pneumonia crouposa, and catarrhal affections. The treatment in pneumonia croup was *Kali hydriodicum* 2x, the patients made a rapid

recovery; and for the catarrhal affection it has been *Sulph.* 30, and *Bryonia* 15.

DR. KOERPPEN.

MEMPHIS, Tenn., Nov. 18.—Our city has been remarkably healthful during the last month, as evidenced by the weekly mortality reports. Scarletina has prevailed to some extent, but has been of a mild type, and seldom fatal. Malarial fevers have had the usual run, and there has also been a tendency to bowel troubles, diarrhœa and dysentery. We have had no diphtheria, though middle Tennessee, notably Nashville, has been scourged with this terrible disease. L. D. MORSE.

SAN FRANCISCO, Nov. 11.—Our city of late has been considerably afflicted with numerous cases of diphtheria, and many of them of a severe form; while almost all throat affections are liable to present some symptoms akin to that disease. As is the custom at such times, and it is undoubtedly true now, a great many cases are called diphtheria which have no right to the name. In my own practice, I have relied principally upon *Lyc.* 200 (right side), *Lach.* 200 (left side), or *Merc. biniod.* 2x, with perhaps, in some cases, a gargle of *Chloride of Lime*. I have also lately had a few cases of chicken-pox, the patients being more completely covered with pustules than I remember to have seen before, and in one case several of the pustules were umbilicated, and at first sight very closely resembled variola. We have had our first rains, but for the past fortnight the weather has been delightful.

G. M. PEASE.

SAN FRANCISCO, Cal., Nov. 3.—Our small-pox epidemic is now nearly over, but all cases lately are variola of a confluent malignant type, and proves fatal. Of 1200 cases, 800 were mortally ended. Psoriasis, a case which had baffled the skill of several physicians, was cured in three weeks by *Carbolic acid* 6. Psoas abscess cured in six to eight weeks by injections of diluted *Carbolic acid*, and internally *Phos. acid* 200. Dysentery, in our recent epidemic, was cured readily by *Petroleum* 6. Whooping cough by *Ipecac* 3x, *Lobelia*, *Tartar emetic*, 6, and *Sulph.* Inguinal hernia, several cases, cured by *Nux vomica* 200. Scarlet fever.—In our last visit of that disease *Lachesis* 3x was the great polychrest, and only a few cases needed a dose of *Sulph.* or *Ars.* additionally. The wet pack is fine in the first stage of the disease. Diphtheria is at present malignant in many cases, and especially made so by the Allopathic method of using *caustics* to the exudation. I saw a beautiful boy die from gangrene of the fauces, and I am confident, and able to prove it, that it was not any effect of the disease, but caused by a continued hourly application of *Caustic* for five days. The boy was between five and six years old, and had no dyscrasic constitution. *Gels.* and *Phy.* in the fever state; later, *Lach.* and *Ars. alb.* If gargle is used at all, *Phy. decandra* tinct. is the best, ten drops in a tumbler three-fourths full of water. I have seen my cases recover in all as well without as with gargle. Small-pox.—*Thuja occidentales* has, in this epidemic, as in three other epidemics I have practiced in, proved to be our best and surest preventive. I have given the 15th of this remedy in houses where confluent variola existed and the disease was



spreading, but at once, after giving *Thuja*, no new cases occurred. I have tried this preventive on thousands of persons, hundreds of whom were in daily contact with variola patients, and never one person was attacked with small-pox who took the *Thuja occid.* from the 6th, 15th, or 3x, according to constitutional adaptation. *Thuja occid.*, *Ars. alb.*, *Merc. viv.*, *Tart. em.*, *Sulph.* and *Variolin* are especially used with success.

P. WILHELM POULSON.

## CONSULTATION CASES.

### CASE FOR COUNSEL.

I have one case about which I would like to have advice. A girl, seven years old, who was born with hydrocephalus congeniten. The water was removed from her brain by means of plasters, when she was about one year old, the head assuming a natural shape. She is well developed and strong for her age; has a good appetite, and is generally in good health, with the exception that she is attacked with chorea major about every fourteen days, and also that she has never been able to articulate so that she could be understood. She has the perfect use of her tongue, being able to put it out or in, and move it as she wills. The fontanelles of the cranium are closed, the eyes looking clear. Temperature of the skin and pulse are normal; no symptoms of abnormality by auscultation and percussio of the throat. She plays with her brothers and sisters. Her parents are in sound health, and she is the eldest of five children, and the only one in any way disabled. Is a cure possible? When possible what remedy shall I use—what potency, and how often shall I give it?

FORT MASON, Texas.

Dr. KOERPPEN.

[Study the chorea carefully, select the right remedy, and you will no doubt cure the case. Among other remedies should think of *Causticum*.—ED.]

### THE "SINGULAR CASE" ONCE MORE.

I am happy now. I asked for information, and Dr. Bumstead gave it me. This is it:

"Of course, no one can be absolutely certain of what process this man died."

And next time I have a case of earache and simultaneously with the discharge of pus the pain subsides, and no return of it, I will bore a hole in his mastoid process! For ventilation, I suppose, (of Dr. Bumstead).

I will not intrude this case on the attention of your readers by

responding again to such criticisms. I may just mention that three doctors beside myself were in consultation, not one of whom said aught about the ear — not even him of the thirty-six years' experience. One, an Allopath, suggested ice to the head, and drastic cathartics; the very opposite of *Quinine* and stimulants.

But so long as any medical journal will insert my communications, I will "hold up to ridicule any man who puts 'Homœopathic Physician' on his sign," and prescribes *Quinine* and stimulants on *general principles*, as do the Allopaths, and not, as in ague, for specific *Quinine* effects.

And as to him who being in consultation, be he Homœopath or Allopath, takes advantage thereof to prejudice the friends and family of the patient against the family physician, I would not only hold him up to ridicule, but would like to flay him alive!

VIRGINIA, Nevada.

E. STEVENSON.

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#### LYMPHATIC GLANDULAR ENLARGEMENTS.

Will some of the contributors of 'THE UNITED STATES MEDICAL INVESTIGATOR' give their experience as to the treatment of "lymphatic glandular swellings," both superficial and deep, when occurring on the neck and face. I have two cases, one a girl of sixteen years, small in size, with black hair and eyes, always sickly, menstruated first and last three months ago, but very little. Three superficial glands of each side of the neck in the triangular space, made by the "trapezius" and "sterno-mastoid," two in front of each ear, and the right submaxillary are very much enlarged and tender to touch.

The other young lady, aged twenty-one, medium size, with black hair and eyes, fair skin, no hereditary taint in family known, was always well till last December, when she first discovered a hard lump the size of a walnut on the right side of neck, in the same space as the other patient; in three weeks it was large as an apple, *not sore*. she painted with *Iodine*, and it kept growing. Jan. 6, 1876, called on a physician who kept up the painting and gave medicine Allopathically for five or six weeks, when she changed to another of the same kind who blistered, poulticed and plastered till May, and the swelling enlarging all the time, she then went to Albany, N. Y., and entered an Allopathic hospital for nine weeks, and was treated all the time externally and internally. In August it was lanced, back and below the right ear, but nothing but blood came, the whole *mass* being hard and *not sore*. From that time till October 15th, when I first saw her, she tried patent medicines, and the swelling then extended to both sides, and measured around the neck over twenty inches. Her menses ceased last July, had always been regular up to then; she had a dry cough from February till July, when she began to expectorate a white, frothy substance; complains now of some soreness over the right lung, and the abdomen is somewhat distended; some headache, pain extending from left ear over to eye; food does not distress her, and appetite good. I, being a

novice in medicine. would like the experience of the *wise*, their remedies, potencies and general treatment. Answer through THE UNITED STATES MEDICAL INVESTIGATOR.

BALLSTON SPA, N. Y.

W. W. FRENCH.

[Would suggest the study of *Lyc.*, especially if they live in a limestone section.]

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## ON GONORRHEA.

### A PREVENTIVE TREATMENT.

During my residence in San Francisco, I have frequently treated patients at the early state of gonorrhœa, when the irritation in the fossa navicularis urethra commenced, and a thin, watery, or even milky discharge made its appearance, as an introduction to the inflammatory state. In all those cases of the first nervous or irritative state of gonorrhœa, a cure was performed in many cases by the following simple method :

*Nux vom.* tinct., gtt. xx.

Aqua distil. simple. Drachms ii.

Used as an injection into the urethra once or twice a day, and the *Merc. sol. cor.* 30, six to eight globules, was given internally, once or twice a day.

After each injection, the orif-urethra must be pressed together for a few moments, that the fluid does not instantly escape. By this method I have often got a troubled heart at rest. In some cases I used the *Can. sat.* 30, and with the same result. In other cases I prescribed the injection alone, and gave no internal treatment, and could see no difference in regard to the cure, and concluded that the great preventive is the injection of *Nux vomica* 1. The local irritation of nervous coat of the fossa navicularis urethra, the seat for the infection, becomes pacified, and the process for further development is dispersed.

SAN FRANCISCO, Cal.

P. W. POULSON.

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## AGAINST HYPODERMIC INJECTIONS.

BY H. R. STOUT, M. D., JACKSONVILLE, FLA.

During the few years in which the hypodermic syringe has been known as a means of treating disease, its use has become so general, that it is rare to find a physician of the Old School (and I regret to say some of our own school,) who is not armed with one of these instruments, prepared to use it on the slightest provocation. Such being the case, it is well for us to enquire whether a remedy so potent for

evil as *Morphia* should be used as a hypodermic injection, and especially in a manner so reckless of the value of human life. Having had no experience in its use myself, I shall rely simply on my own observation during the past few months, and on a few facts gleaned from Allopathic sources, to prove that hypodermic injection of *Morphia* is exceedingly dangerous. The current literature is not by any means so prolific in the record of fatal cases as I could wish. Taking, however, the cases of which I have become cognizant, I should say that there has been a woeful lack of disposition to report the cases that have occurred. If we use the few known instances as a basis of computation, the total number of deaths from hypodermic *Morphia* would be appalling if each fatal case had been reported.

On the night of September 5, 1873, my brother-in-law was attacked with cholera morbus. An Allopathic physician was summoned, who administered two or three doses of *Morphia*, each dose followed by severe vomiting. He then gave a hypodermic injection of one-eighth grain followed in the course of an hour (the first not producing the desired effect,) by another of the same strength. The patient was soon free from pain and fell asleep. Leaving directions with a medical student, who happened to be visiting in the family, to give another in case there was a renewal of the pain, the doctor took his leave. He returned in about two hours and found the unfortunate young man in a comatose condition. Three other physicians besides myself were summoned. The usual antidotes were administered by injection, the patient being unable to swallow. Violent flagillation and rubbing was also practiced. A galvanic battery was applied, and under its stimulation he lived for fifteen hours, at one time becoming sufficiently conscious to swallow. The improvement was only temporary, however, and in spite of our efforts, he gradually sank, and died. This was a perfectly well-marked case of *Morphia* poisoning, and remarkable for the small amount necessary to produce a fatal result, only one-quarter grain. The same quantity taken into the stomach would probably have produced no bad effect. The action of *Morphia* is cumulative, and when thrown directly into the circulation it is impossible to know how profound the effect will be. As a prominent Allopathic physician of Chicago remarked, in connection with the above case, "I have never used hypodermic injections of *Morphia*, and I do not dare to do it. I am not wise enough to know when the action of the medicine will stop." I have no doubt but that many other physicians would endorse this, at least I should hope so.

*Morphia* taken into the stomach we can reach with our antidotes, but when thrown directly into the circulation it has passed beyond our control.

In Braithwaite's Retrospect, for July, Dr. P. Clifford Albutt protests against the use of hypodermic *Morphia*, because it more surely becomes a habit than anodynes in other modes. This point should certainly receive consideration, for where *one* fatal case occurs, probably ten cases contract the terrible "*Opium habit*." The Doctor warns against the use of it, particularly for two reasons. That when used

for neuralgia, *First*, the regular use of it sets up a periodicity in the system which actually favors a return of the pain; and, *Second*, during that regular use all other treatment loses much or all of its power." Groos, in *Homœopathic Klinik*, for 1870, in an experiment with hypodermic *Morphia*, found that an injection of "0.012 and later 0.015, caused intense but soon-disappearing redness of the face, roaring in the ears, and palpitation of the heart; sometimes vertigo and vomiting; long continued hiccough; hoarseness from talking; tickling sensation in the nose, fauces and larynx."

### FERRUM IN INTERMITTENT FEVER.

Every word of positive and verified testimony that can be added to the treatment of intermittent fever, is worth its weight in gold to the busy doctor in a malarial district. A physician who lives away from the source and origin of this disease, had better withhold his testimony. And just here is the cause of the controversy in regard to potency. It *often* occurs, and I may say, *always* does, that a patient having had ague for years in this climate, goes to the mountainous regions of the east or west, are cured without any medicine, and very often the same patient *seeks* the aid of Homœopathy, receives a high potency, and this with the help of the climate restores him, giving to the drug and potency the credit of the cure, and the doctor, duped by his enthusiasm, hastens the case into print as another triumph for high potency. I have thought, in fact I *know*, doctors are the most sanguine of men, *always* giving to their remedies the credit of success, in any and every case, and to the curative power of other and external causes, nothing.

A most generous comment should be elicited in the perusal of Dr. Morse's clinical experience in the treatment of malarial fevers, read before the Western Academy of Homœopathy. It is worth all the literature I have ever seen regarding this troublesome malady. Every Homœopathist in the west and southwest should commit it to memory. It is condensed, yet exhaustive. His remarks on *Veratrum viride* are of vital importance in the treatment of pernicious fevers—the so-called congestive chill. His experience with hot water corroborates my own—that when freely given when there is persistent nausea and vomiting, will speedily assist the stomach to throw off offending matter, to at once allay and quiet gastric symptoms.

In addition, however, to the remedies the doctor so ably mentions, I wish to add and say a few words relating to *Ferrum met.*

This remedy is not as often called for, as might be expected, from the similarity of its symptoms, but I give it as my opinion, that there are cases—chronic, especially—that cannot be speedily cured without the aid of *Ferrum*. We will compare a case of long-lasting chills with this drug, and at once observe the analogy: Anæmia, great emaciation with extreme paleness, and white, waxy glistening appearance. Great paleness of the mouth, gums and tongue; puffiness of face and

around the eyes; dropsical condition of face and feet; nausea and vomiting of undigested matter; congestion to the head; dread of movement, with loss of muscular tone; debility; rushes of blood; perspires easily when walking and at night—*China*—vertigo, and load in the stomach after eating; indigestion.

In the above we see a perfect picture of ague, more especially if treated with massive doses of *Quinine*. Characteristic symptoms calling for the use of this drug, are as follows:

Protracted, stubborn, badly-treated cases by *Quinine*; anæmia, prostration, great debility; great and extreme paleness of the face; extreme paleness of the buccal mucus membrane, white and bloodless; extreme paleness of lips, gums, and tongue; vomiting of undigested matter; vomiting as the chill is coming on; dropsical swelling of the face above and under the eyes, and of the feet.

When every indicated remedy fails, give *Ferrum* in the 3d decimal trituration, and if you don't cure, as in *Ipecac*, you will alter the nature of the case so some other remedy will be called for.

CHARLESTON, Ill.

GEORGE B. SARCHETT.

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### TEXAS FOR CONSUMPTIVES.

#### CONSUMPTIVES SHOULD CHANGE CLIMATE EARLY.

This section of the state I have repeatedly heard spoken of as being peculiarly adapted to the cure of throat and lung diseases. After considerable experience here I am sorry not to be able to endorse such a statement. But this I can say, that we are about 1,500 feet above sea level, and that our air is far better than in many other localities, lower and more subject to miasmatic influences. However, that would not justify me in recommending it to consumptives, while I feel convinced as I do, that there are other places of higher altitude, the air of which is so much superior in its curative powers.

It is very seldom that one meets with a case of fever and ague, and when we do, we find it originated in, and was brought from, another place. Having acknowledged the inferiority of Mason air as compared with that of some other places, justice compels me to make this statement:

It is the custom of doctors in New Orleans, when they have a patient in the first stage of consumption to retain him there until he finds him sliding off into the second, when he recommends him to go to Galveston (whether for the good of his patient or to be relieved of his care, he knows best). The patient is subject naturally to expense, and decline while in Galveston. After throwing away some months of precious time, he is again recommended to make a change, to San Antonio, this time; next, if he is very far gone, he is advised to go to Boerne; or, if he can stand the trip, to Fort Concho, about one hun-

dred miles from here, having an altitude of about 2,100 feet, and blessed with good air, though not the best. I come now to the main point, viz.: If this system of passing invalids along and detaining them was done away with, and if, while in the first stage, they were sent even here or Fort Concho, I do not doubt but that nine cases out of ten would be cured; but they very generally delay too long. I know of many thorough cures of consumption being effected here in Mason county.

#### DESCRIPTION OF MASON COUNTY, TEXAS.

Mason county is situated on the frontier of Texas, in latitude 30; has not been permanently settled more than twelve or fifteen years: is watered by the west tributaries of the Colorado river, many of the streams having their sources in Mason county, and from the great altitude of their starting places, pass off with astonishing rapidity to their confluence with the Colorado in an easterly direction. Springs of clear freestone and limestone water abound all through the country; there are also several mineral springs, no doubt containing superior medicinal qualities, which waters have never been analyzed to certainly know their virtues. They contain iron, *Magnesia* and *Sulphur*, etc., etc. The county is bound on the west by the Great Stake Plains, which by reference to the map will be seen run up from the head waters of the Nueces river in a northwest direction, and further north connects with what is known as the Great American Desert. Its peculiar characteristics are a high, dry and arid region. Thus Mason county, bordering as it does upon this dry desert region, composes one of the most delightful and healthy scopes of country on the continent of America. There is a continual breeze here, either from the northwest or south—south and west winds prevailing in summer, and winds from the north in winter. There are several living testimonials of consumption who have entirely recovered here from the dreaded disease, and will make this their life-long abiding place.

FORT MASON, Texas.

Dr. KOERPPEN.

#### *SOME LESSONS SOMETIMES UNLEARNED.*

##### FACTS WITH A CLINICAL SQUIUNT.

This time my mood is philosophical. My subject one for a veteran. But as a veteran does not come to the front, I make the venture. If I escape getting beyond my depth immediately it will be well. Probably the fear of this, aye, the certainty, soon or late, has deterred our wise men from embarking at all.

To begin. One lesson sometimes unlearned is the realization of the extreme limitation of our means of obtaining evidence, and of our

understanding also. A sense of self-sufficiency and unprogressiveness is the consequence. There is an infinity of phenomenæ above and below our means of cognizance, at least objectively—sounds and sights with vibrating too slow, or too quick, for our nerves of special sense.

These phenomena are no less real because of transcending our powers. The discoveries of our physicians, who have gone up to the 200th attenuation, and whose reward has been responses from blooming countenances, are due to their having learned the lesson. But one inference, that succussion and elbow grease afford the explanation, has not been sustained by the others who, lark-like, have ascended to the millionth attenuation, and with scientific precision report success romantic! A clog to the wheel of medical as well as general progress is thus brought plainly to view.

Another lesson often unlearned is, that there is a law regulating mortality as well as drug action, and all other matters. Mysterious, indeed, is that economy of Nature which finds a place for false medical theories, as well as war and pestilence. And yet the mystery is lessened when we contemplate the necessity of keeping population within bounds—those bounds being the means of support. Do we not see similar destructive agencies at work amongst the lower animals? Be assured, therefore, ye men of the mystic pellets, that thy Allopathic neighbor, whether he rushes off, as of yore, to shed blood, or is content to order a laxative and counter-irritant, is filling a place in Nature's grand economy, as well as he who gives one dose high, and waits. Ponder this thing, therefore, ye who are angular and crotchety, and who imagine yourselves saviors on a small scale. The Allopath, however, has pretty nearly fulfilled his destiny, and is merging into—something milder. Praise the Lord for that!

Another lesson with a mystery, but very often learned, is that success in obtaining practice depends not so much on medical qualification as on other considerations. Our lecturers on practice make a serious omission when they fail to tell the student how to get it. They leave him with the delusion that his ability will command it. This is very cruel. The only hint which they give him in the premises, is to grant him a sheepskin on the ground of incompetency! In this they seldom fail. And now let me give the subject a sharp turn by introducing a new one.

An elderly gentleman has just entered to consult me concerning his son. He says it is seminal weakness. But that is an ordinary affair. Not so, however, my elderly friend's personal experience in this direction. He tells me that when a young man he was grievously afflicted with seminal weakness, when he happened to visit Colorado and an Eclectic physician. He was advised to take the "extract of the velvet of deer's horn;" he did so and soon recovered his manly vigor, which remains with him to this day. I have been long in the mountains, but admit not being familiar with this kind of "velvet."

*Queries:* Who knows anything about it? Is Galen dead?

VIRGINIA, Nev.

E. STEVENSON.



## A PHYSIOLOGICAL INQUIRY.

A REJOINDER TO DR. RICHARD HUGHES' REPLY TO OUR REVIEW OF HIS PAPER ON HYDROCYANIC ACID, PRESENTED AT THE LAST WORLD'S CONVENTION OF HOMŒOPATHY, BY DR. AD. LIPPE, PHILADELPHIA.

We thank our learned colleague, Dr. Richard Hughes, for his courteous reply (we cannot consider it an answer), to our review of his paper on *Hydrocyanic acid*. As Dr. Hughes truly says, we are an antagonist to all attempts to wed Homœopathy to modern sciences. Modern sciences, if true, must become subservient (not be wedded to) Homœopathy as the only true healing art. And forever shall this antagonism be continued, and we shall not stand idle witnessing such attempts as are inaugurated by Dr. Hughes. If modern science can demonstrate the possibility of wedding truth to error, then, and not till then, shall I succumb. If the pathogenetic action of drugs, as we find them recorded in our *materia medica*, is equivalent to the physiological action of drugs, and if Dr. Hughes uses these terms as synonymus, we plead a sad ignorance of "terms." We have always understood that our pathogenesis contained a record of all the symptoms, showing the changed and altered feelings and changed and altered condition of the prover physically and mentally. We have further understood that the physiological action of drugs comprises only the record of physiology sickened by the prover. We shall be glad to say that we had misunderstood Dr. Hughes, and he certainly advocates for once our interpretation of Homœopathic therapeutics; but he again shrinks back into the old errors and he expresses his belief in the therapeutical usefulness of a progress in pathology. Dr. H. is right when he says that each patient is to me (not exactly a new bundle of symptoms) but a case, *per se*. To raise pharmacodynamics to the level of pathology is that which Homœopathy as a healing art never can do: it is a retrograde step toward "generalizing"—we must, as true healers "individualize," and on that account we are bound to look upon every new case, as a case requiring—not generalizing, not a return to exploded systematized pathology, but individualizing. When we use pathological names to express the form of disease, we do so for sake of convenience. When we use diagnostic discernment for purposes of prognosis, we have precedents in Hahnemann's own writing. We have only to turn to his preface, to *Aconite*, in his second edition of his *Materia Medica Pura*, and there he indulges in the liberty to point out in what forms of disease *Aconite* will frequently be found the proper curative remedy; but he adds the characteristic symptoms of *Aconite*, as indicating it under certain, not pathological conditions.

Are the pathological speculations of our day more useful to the healer than they were in the days of Hahnemann? We most emphatically say, no! What does the healer profit for therapeutical purposes when he discovers that the sick are suffering from pneumonia? Dr. Hughes thinks he is treading on surer ground if he

opposes to a pneumonia a drug capable of causing pneumonia, than when we choose the remedy on the ground merely of the resemblance of the effects to certain outward symptoms present, and thinks the latter comparison may err; the former cannot. My learned friend evidently thinks it better to generalize. He first examines the sick with the pathological light; he finds fever, pain in the side, hurried respiration, and cough with rusty sputa; and now he goes to his physiological *materia medica*, and seeks for a remedy which is reported to have cured pneumonia, administers it, and says, by so doing he cannot err. That is it! He says he so gains the same end by another (and to him, at least,) shorter route. The end will not be the same. never was, never can be. The route may be a shorter one, but generalizing and prescribing for a name of disease has always led to a shorter route, as to the end of the case—and the patient. Such practice has been so cleverly denounced by Dr. Carroll Dunham, in his address before the late World's Convention, that I take the liberty to call the attention of our learned friend to it. He will find on the tenth page of the published address: "But if diverting pathology from its legitimate function, the Homœopathist constructs by its aid a theory of the essential nature of the disease, and a theory of the essential nature of drug-effects, \* \* \* he introduces into his therapeutics the same element of hypothesis against which Hahnemann protested," etc., etc.

It has been my aim to demonstrate, by an illustration, what to me has proved to be the only true application of Homœopathic therapeutics for the cure of the sick; and for that purpose I related a case and its successful treatment. Now this was a very grave case, and progressive pathology does, to this day, teach that such a case must end fatally. That it was a case of typhoid pneumonia, was self-evident; now I tried to show how a Hahnemannian proceeded to find the truly curative remedy: According to Dr. Hughes' shorter route, I should then have looked up a remedy causing the same condition, when taken by an otherwise healthy person. Will not my learned friend tell me what that remedy would have been? What an amount of anxiety—of sharp observation I could have saved myself had I been in possession of the knowledge of this shorter and unerring route! I am bold to say that any other remedy except that which covered the totality of the symptoms, but especially the symptoms not necessarily belonging to this form of disease, would have led by a very short route to the usual termination of this grave, till now and still at present considered, incurable malady.

We again beg our learned friend for an illustration! Let him state an actual grave case of disease, which he has successfully treated and cured by his interpretation of Homœopathy, wedded to pathology. If my learned friend will read my illustration again, and thinks he could have done better by his short route, let us have light. In the meantime I am happy to inform him that this lady enjoys perfect health.

It has been so often said, had Hahnemann lived in our days, and had he become cognizant of the great progress in pathology as an exact science, he would have modified his views. Pathology in Hahne-

mann's days was a science; had been fully systematized by Schoenlin, all of which Hahnemann undoubtedly was fully aware. What was by him said against pathology then, he would say now. Not that we should cease the study of the modern progressive sciences; but then, as now, we shall never be successful in our treatment of the sick if we indulge in the wild element of hypothesis, in which the great majority of learned but thoughtless physicians indulge. Hahnemann and his true disciples established a new school, not wedded to pathology, and these painstaking pioneers gained the confidence of a large number of intelligent people; their success was their recommendation; on their success they depended alone; surrounded by antagonistic elements they had to rely upon success only, and they did obtain it without wedding pathology to Homœopathy!

There is a very sober question asked in our days: Have the men who accepted the name of this New School, but discarded its fundamental principles—have they had the same success? We well remember the *British Journal of Homœopathy* asking another question some eighteen years ago: "Why," asked they, "is it that we (of the *British Journal*), have not the same success Hahnemann and his followers had?" Nobody answered—why? there was no answer than this: Because you do not follow Hahnemann! and now when Dr. Hughes and his followers want to teach the old pioneers a shorter route to success, by wedding pathology to Homœopathy, by wedding error to truth, by mixing oil and water, by serving two masters, these learned men must not be offended if one of the pioneers tells them that they are in error—that even the progressive Allopathists will teach them more true individualizing Homœopathy than they ever dreamed of; that the Allopathic school is picking up the pearls they rejected; that the Allopathist now, at this time, even in the city of London, proclaim that pathology and therapeutics must and will be "divorced." And are we, as pretending followers of Hahnemann to take up the divorced unreliable creature, pathology, and fling ourselves around the neck of this forsaken, generalizing, ever-changing outcast? And even in one of our daily papers, the people at large are informed that, "In a recent address to the students attached to the Middlesex Hospital, London, Dr. George H. Evans, M. A., states in a sentence, the secret of success in the practice of medicine. He said, 'in the exercise of your profession you will have to treat individuals,—not diseases.'" Hahnemann's first paragraph in his *Organon* reads: "The first and sole duty of the physician is to restore health to the sick." This is the true art of healing. Hahnemann restores health to the sick, i. e., treats individuals—not diseases. To Hahnemann and Evans, every new case is, as my learned friend jocosely terms it, a new bundle of symptoms.

Dr. Richard Hughes invites the profession who interpret Hahnemann's teachings as he does, to the great wedding feast, where he and his friends will wed pathology to Homœopathy. There will be a wedding, and in due course of time, a baptism! What will the name of the child be? Who will be the sponsors? We mildly suggest that

the child should be called—logically—Schuesslerism! For our own part we are bold to say, we shall not be there. If Richard Hughes, knows a better and shorter way to cure the sick than Hahnemann taught, if he can illustrate such pretensions by actual results, it is his duty as a man and as a man of science, to illustrate his discoveries and make the followers of Hahnemann happy, relieve them of the great burden they have to carry (individualizing), and restore to them the flesh pots of Egypt (generalization). But if he finds himself left out in the cold by friends and foes, let him cling to the wedding. May you have a happy time!

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*ANÆMIA OF THE POSTERIOR COLUMNS OF THE  
SPINAL CORD—SPINAL IRRITATION.*

BY J. MARTINE KERSHAW, M. D., PROFESSOR OF MENTAL AND  
NERVOUS DISEASES IN THE HOMŒOPATHIC MEDICAL  
COLLEGE OF MISSOURI, ST. LOUIS.

Read before the Western Academy of Homœopathic Physicians.

I make no pretensions to originality in this paper, but wish simply to call your attention to a disease of which comparatively little is known, but which, because of some peculiarities, so closely simulates other diseases that it is frequently mistaken for them. I am satisfied from what I know of this complaint that many so-called cases of dyspepsia, heart disease and other organic affections having a residence within the thoracic or abdominal cavities, are due, not to organic trouble of the organs manifesting disease, but to an irritation located about the posterior columns of the spinal cord—said irritation being due to a deficient quantity and an altered and impaired quality of the blood supplying a particular part or parts of the cord just mentioned. The disease having its seat at the origin of a nerve, manifests itself, not at this point, but at its periphery. For this reason remedies applied to relieve nausea, vomiting, etc., frequently fail to do good. Perhaps this failure is due, in some measure, to the habit with many of us of grouping remedies; that is in associating certain remedies with fevers, others with rheumatism and so on, but, however this may be, few of us care to dispense with the very natural and convenient habit of grouping remedial agents. Many cases of supposed uterine disease are not so at all, the sufferings being mainly due to spinal anæmia. Most of us have, doubtless, made frequent uterine examinations with the expectation—judging from the subjective symptoms—of finding serious disease of the uterus, or of some neighboring part, and failed to discover, in many instances, sufficient disease to account for the long-continued and acute sufferings of patient. Replacement of a slightly deviated uterus and the retaining of it in position, the curing of a leucorrhœa, or the healing of an abraded or ulcerated surface;

these, perhaps, benefited the patient somewhat, but still she did not get well, but, on the contrary, was always sick and suffering, and hence, in one sense, always a reproach to the physician so unfortunate as to have her in charge. The distinctive feature of spinal anæmia is: *Tenderness at one or more points over the spinal column, increased by pressure.* To be the disease under consideration this *tenderness must be present.* A slight uneasiness only, may be experienced, or it may reach the most intense hyperæsthesia. Patients are not always aware of this tenderness until it is developed by percussion; they even insist sometimes that there is no tenderness present whatever. A renowned author says, "The fact that the patient denies the existence of tenderness should have no weight with the physician. Only a few days ago a young lady consulted me for severe inframammary pain, headache and nausea. I at once suspected spinal irritation, but she declared, in answer to my inquiries, that there was no sign of tenderness anywhere over the spinal column. I insisted, however, on a manual examination, and to her great surprise found three spots that were exceedingly painful to slight pressure. This young lady had been treated for dyspepsia for several years without deriving any benefit from the measures used, but was cured by the treatment which I shall presently fully consider. Occasionally it happens that the tenderness is not perceived for some time after the pressure is made. In a recent case I found the interval to be over a minute, and then acute pain following the course of the nerves was experienced." In a great majority of the cases, however, more or less uneasiness is felt at one or more spots located about the spine, and especially is this the case while combing the hair or sweeping. I find too that the manifestations required in sewing or writing greatly aggravate the sufferings of those afflicted with this disease. These occupations so constantly aggravate the disease in question, that I generally suspect spinal irritation to be the cause of the trouble whenever I observe them. This is, of course, by no means always the case, but it leads me to think of the disease. Another feature of this disease is: The patient is *always better in the morning after a night's rest.* This does not apply to rest at night alone, but to *rest in the recumbent posture* at any time. I mean to say that rest in the *recumbent posture always ameliorates* the sufferings of the patient, whether they be nausea, vomiting, difficulty of breathing, neuralgia, or any other symptom dependent upon this disease. It may be argued that rest will ameliorate most troubles, which is, doubtless, more or less true, but the benefit which an anæmic patient of this class derives from rest is not the simple rest to be obtained by standing or sitting quietly, but an improved condition which follows in consequence of the patient's assuming the recumbent posture. This relief—this sense of comfort—cannot be obtained by standing or sitting, however quiet one may be; in fact it is not a question of rest or quiet, but one of posture. This is easily explained by considering the pathological condition present. The posterior spinal columns being anæmic are rendered more so by standing, sitting, or walking—the force of gravity carry-

ing the blood from the already desanguinated parts—whereas by assuming the recumbent posture the same natural force is brought into play, and supplies in a measure, the want of the diseased part, and amelioration consequently follows. In congestion of the cord—the opposite condition—the patient is always better when erect, and worse while lying. Another proof that the symptoms observed in this disease are due to anæmia and not hyperæmia of the parts, may readily be seen by observing the effects (physiological) of drugs administered; thus, those which increase the quantity and improve the quality of blood, notably benefit the patient; while those which diminish the quantity of blood as notably aggravate the symptoms. The pains experienced in this disease vary in character. Those of a dull, aching character, and only developed by strong pressure, are seated in the muscular tendinous or cartilaginous structures; while the sharp, piercing, twinges excited by slight pressure arise from the skin and subcutaneous cellular tissue. The æsthenometer shows the cuticle to be in an extreme state of sensibility. As already remarked, the pains arising from this disease are often manifested at a distance from the seat of irritation.

Mr. J. R. Player says, “Most medical practitioners who have attended to the subject of spinal disease must have observed that its symptoms frequently resemble various and dissimilar maladies, and that commonly the *function of every organ is impaired whose nerves originate near the seat of the disorder!* (Italics are mine). The occurrence of pain in *distant parts* forcibly attracted my attention, and induced frequent examinations of the spinal column; and, after some years attention, I considered myself enabled to state that in a great number of diseases morbid symptoms may be discovered about the origins of the nerves, which proceed to the affected parts, or of those spinal branches which unite them; and that, if the spine be examined, more or less pain will commonly be felt by the patient on the application of pressure about or between the those vertebræ from which such nerves emerge.” Any portion of the spinal column may be the seat of disease, or several parts at once, but the dorsal region is more commonly affected than either the cervical or lumbar. When it is remembered that the dorsal region is that part of the spinal column commonly affected, and that next in order come the lower cervical and upper lumbar, it is readily to be seen why gastric, cardiac and intro-abdominal symptoms should be so prominent in this disease. To further illustrate my subject I introduce the conclusions drawn by the Drs. Griffin, who, by careful research, has thrown a deal of light upon this heretofore obscure subject:

1. That tenderness at one or more points of the spine is an attendant on almost all hysterical complaints, on numerous cases of functional disorder when the hysteric disposition is not so obvious, and in many nervous or neuralgic affections.

2. That many of the symptoms of these affections evidently depend upon a peculiar state of certain nerves, probably at their origin may

be produced at any moment by premise, and are often relieved by remedies applied there.

3. That, in all cases of tenderness of the cervical and upper dorsal spine, there was nausea, or vomiting, or pain of stomach, or affections of the upper extremities; but no pain of the abdomen, dysury, ischury, hysteralgia, or affections of the lower extremities.

4. That, in all cases of dorsal tenderness, pains affecting the abdomen, bladder, uterus, testes, or lower extremities, were usual symptoms; while nausea, vomiting, or affections of the upper extremities were never complained of.

5. That nausea and vomiting appeared to have more relation to tenderness of the cervical spine, pain of stomach to dorsal; but that, when there was soreness of both, nausea or vomiting was still more frequent, and pain of the stomach scarcely ever absent.

6. That, when several points or a great extent of the spinal column is painful and tender on pressure, local remedies are generally less effectual, and there is a strong disposition to transference of the disordered action from one organ to another; the pain or tenderness in all such cases of transference, shifting its place to a corresponding part of the spinal column, leaving the original point free, or with a very diminished degree of tenderness.

7. That spinal tenderness is seldom or never met with in cases of pure inflammation, except when there accidentally occur in persons previously suffering from irritation of the cord; and that, when appearances of inflammation present themselves in any organ, accompanied by a corresponding spinal tenderness, they cannot commonly be removed by the remedies applicable to inflammatory cases, and are often rendered worse by them.

8. That there does not appear to be a complaint to which the human form is liable, whether inflammatory or otherwise, which may not be occasionally irritated in disturbed states of the cord; and hence that this disturbed state is one rare source of those complaints called hysterical or nervous.

9. That those functional disorders connected with spinal tenderness are very often attended by some disturbance of the functions of the uterus, but that they are by no means always so, since they occur in those who are regular in this respect; in girls long before the menstrual period of life; in women after it has passed, and, lastly, in men of nervous, susceptible habits, and in boys.

10. That, in fact, they are not necessarily dependent upon any one organ; since they are found indifferently co-existing with disturbance of the digestive organs solely, or the uterus solely, or of the circulatory or respiratory system.

11. That from the cases detailed, we have reason to suppose spinal tenderness may arise from uterine disorder, from dyspepsia, from worms in the alimentary passages, from affections of the liver, from mental emotions, from the poison of typhus, from marsh miasmata,

from erysipelatous, rheumatic and eruptive fevers, and from the irritation arising from local injury.

12. That it is almost invariably found in connection with gastric or abdominal tenderness in fever, and this tenderness is, probably, like the soreness of scalp, pains in the limbs, etc., dependent on the morbid state of the cord.

13. That, whether in fever or in other complaints, it is met with in the situation of the eighth or ninth dorsal vertebræ much more frequently than at any other part of the spine.

14. That affections attended by spinal tenderness are seldom fatal; that, even in those cases of intense irritation of the cord under which patients suffer extremity of pain for years, the event is generally favorable.

15. That they frequently, as well as hysteria, occur with all the appearances of a primary affection of the nervous system.

16. That affections are occasionally met with presenting all the marks of the hysteric character, and perfectly resembling cases described as those of spinal irritation, but unattended by spinal tenderness or any other direct indication of a morbid state of the cord.

The symptoms following irritation of the several regions of the cord are, according to an eminent author, as follows: (*Diseases of the Nervous System*, by Wm. A. Hammond, M. D., New York.)

#### THE CERVICAL REGION.

Fullness and sense of constriction across the forehead, disturbance of vision, vertigo, noises in the ears, and tenderness of the scalp. "The mind was more or less affected in every case, and in seven the aberration was of such a character as almost to amount to insanity. In one there were paroxysms of maniacal excitement every day; and another having attacks of a like character required two persons to prevent her injuring herself and others. The predominant type, however, was melancholia." Insomania was present in nearly every case. Nightmare and unpleasant dreams were common. Neuralgia of face, neck, chest and upper part of body were commonly met with. The neuralgic were sometimes intermittent in character. "Mobility is interfered with in a number of cases, there being fibrillary twitching, chorea, clonic spasms, contraction of flexors of hands and arms. In one case there was *complete loss of power* over the hand, in four, *aphonia*; and in one, almost constant *hiccough* while the patient was awake." *Nausea* is a common symptom.

#### THE DORSAL REGION.

"The most prominent symptoms in these cases were connected with the viscera." These were *gastralgia, nausea and vomiting, pyrosis gastric flatulence and acidity of stomach*. There were *palpitations of the heart, fits of oppression, attacks of syncope, difficulty of breathing, cough, intercostal neuralgia, and infra-mammary pain*. In the thirty-seven



cases in which the dorsal tenderness was conjoined with cervical tenderness, the symptoms of each region were intermingled. In two cases there was *epilepsy*, and in three, *chorea paralytica*."

#### THE LUMBAR REGION.

Prominent symptoms: *Neuralgic pains of lower extremities, spasm of neck of bladder, dysuria, enuresis and pain in the uterus and ovaries.* Mobility was also affected as shown by tonic and clonic spasms, paralysis, etc. When the whole spine is anæmic, there is intense hyperæsthesia present, and the conjoined symptoms of each region of the spine are observed.

#### CAUSES.

Women are oftener affected with this disease than men, and the period of life between fifteen and twenty-five years is the one at which the disease is most likely to occur. Exciting causes are: Injuries, sexual excesses, sedentary habits, insufficient food, abuse of alcoholic liquors, and as a consequence of exhausting diseases — typhoid, scarlet and intermittent fevers, dysentery and diphtheria.

#### DIFFERENTIAL DIAGNOSIS.

There are three diseases, either of which, may, in the early stages be mistaken for spinal anæmia. These are: *Congestion of the cord, chronic myelitis*, or softening of the cord, and *spinal meningitis*. The following table will show in what manner these diseases differ, and the distinctive features of each:

#### SPINAL ANÆMIA COMPARED WITH CHRONIC MYELITIS.

Tenderness over some part of the vertebral column, increased by pressure, due to or accompanied by *hyperæsthesia of the skin*.

Anæsthesia never present.

The muscular contractions frequently painless.

No sense of constriction about the waist.

Bladder never paralyzed.

Sphincter ani is never paralyzed.

Paralysis seldom present, and then very incomplete.

Atrophy never attends or follows the paralysis.

No tendency to a more serious condition.

*Ergot*, which (physiologically) diminishes the amount of blood in spinal cord, aggravates the disease.

*Strychnia* which increases the quantity of blood, relieves.

Tenderness increased by pressure, but no hyperæsthesia of the skin.

Anæsthesia always present.

The muscular contractions are attended with great suffering.

Sensation of a tight cord tied about the body at the upper limit of the paralysis.

Bladder generally paralyzed if disease is seated in lower dorsal region.

Sphincter ani generally paralyzed.

Paralysis always present.

Always more or less atrophy of the paralyzed muscles.

The progress of myelitis is toward a worse condition unless arrested.

*Ergot* ameliorates.

*Strychnia* aggravates.

## SPINAL ANÆMIA COMPARED WITH SPINAL MENINGITIS.

Spasms not painful.	Constant painful spasms of the muscles of the back.
Spinal tenderness increased by pressure.	Pain in the cord, but no spinal tenderness increased by pressure.
<i>Ergot</i> aggravates.	<i>Ergot</i> relieves.
<i>Strychnia</i> relieves.	<i>Strychnia</i> aggravates.

## SPINAL ANÆMIA COMPARED WITH SPINAL CONGESTION.

More or less pain in the cord.	Little or no pain in the cord.
Spinal tenderness always present.	No spinal tenderness.
Recumbent posture always relieves.	Paralysis and other symptoms always worse after lying down.
<i>Ergot</i> , which primarily lessens the calibre of the blood vessels, aggravates this disease.	<i>Ergot</i> relieves.
<i>Strychnia</i> improves the condition.	<i>Strychnia</i> aggravates.

## PROGNOSIS.

The prognosis is generally favorable. Most cases will improve and ultimately recover, if patience is exercised and the remedial and other measures faithfully carried out.

## TREATMENT.

First, remove the cause, whatever this may be. Severe drains on the system, such as the nursing of a child night and day—and especially, *all night*; too frequent and profuse menstruation; leucorrhœa; sexual excesses, etc. These should be corrected as soon as possible; proper food be selected, such as fish, beef variously prepared, corn or graham bread, milk, eggs, fresh vegetables, in fact, the patient should be allowed good, nourishing diet. In extreme cases the subject should be placed in the recumbent posture and kept there for some weeks. This is, of course, not always an easy matter to accomplish; still it is the only way sometimes, and much the speediest. Machine stitching, sewing generally, embroidering, sweeping, etc., should be abstained from whenever practicable. When not obliged to recline, plenty of outdoor exercise should be taken.

## LOCAL TREATMENT.

The entire spinal column should be sponged with cold water morning and evening. Some very anæmic patients cannot endure the application of cold water; in such cases quite warm water should be used in the same way. The application of whisky in this manner is often beneficial. Friction with the bare hand should be also employed; this is decidedly helpful, but especially so if the party rubbing is possessed of strong magnetic power. The application of *voltaic armor* to the tender portion of the spine will often prove of benefit, especially while exercising. The armor should never be worn when asleep. Electricity is also a powerful agent for good, and should be used in most cases.

## REMEDIAL AGENTS.

The Old School treatment consists in the application of blisters to the diseased portions of the spine, electricity, the administration of *Strychnia*, *Phosphorus*, *Zinc*, *Opium* and *Cod liver oil*. They frequently help their patients, too, and for the following reasons: The blister determines an amount of blood to the diseased part, supplies its want and therefore *palliates* the patient's condition; electricity, I believe to be frequently Homœopathic to the condition present, and the remedies, *Strychnia* and *Phosphorus* are as certainly Homœopathic as one could wish. (He is the most successful who prescribes his remedies according to the totality of the symptoms. Some of the remedies recommended, are well-known spinal irritants, physiologically speaking, and some are not; of these latter, no special spinal symptoms are mentioned for obvious reasons, yet they are none the less useful — the *key notes* selecting them from all others, as should be with respect to every disease, whatever its name.)

## NUX VOMICA.

This remedy will prove of service to those subjects who use sewing machines constantly, or sew generally; they are confined to the house a great deal; the bowels are constipated with frequent ineffectual efforts to defecate or urinate; great pain in the small of the back with constant dull frontal headache. Should be thought of when gastric troubles are present, with perhaps some asthma or cardiac irritation. High livers generally — those who indulge in tobacco, liquors and coffee — will derive benefit from *Nux vomica*. Aversion to the open air, as also the early morning aggravation (2 A. M.) should lead us to think of this remedy.

## PHOSPHORUS.

This remedy will benefit those who have been given to sexual excesses. Tall, lean people, of consumptive families. Night sweats, with hectic fever. Early morning diarrhœa, *coming away with a gush*, the thin watery fluid being *covered with little pieces of tallow-like matter*. There is one key-note of *Phosphorus* which I deem one of the most reliable of the *materia medica*, that is, *vomiting of whatever has been drunk, as soon as it becomes warm in the stomach*. I have cured many cases of *intermittent fever* with this remedy by heeding this very excellent and reliable key note.

## PHOSPHORIC ACID.

For result of long-continued sexual excesses, with impotence.

## CHINA.

Loss of animal fluids, generally, from whatever cause. Feeble, nursing women with profuse exhausting leucorrhœa. Always complains of a very weak back. Great dizziness, with roaring in the ears. Have made some capital hits with this remedy by giving it to women whom I suspected of excessive sewing.

## CIMICIFUGA RACEMOSA.

Spinal irritation connected with uterine difficulty. Great pain in lumbar region. Severe infra-mammary pain. Chorea and general twitchings of the muscles. Rheumatic pains. *Sinking at the stomach*. Stitching pains under left breast. Hysteric manifestations. Nervous palpitation of the heart. The manifestations of disease are chiefly about the female sexual organs.

## IGNATIA.

Considerable hyperæsthesia with exalted condition of the mental. Well-marked hysteric manifestations, melancholic in character. Lancing pains in back and neck, but evanescent. Globus hystericus very prominent.

## GELSEMIUM.

General paralysis. Spinal exhaustion from sexual excesses. *Sudden loss of vision*. Great soreness of the body. Where this remedy is strongly indicated there is also an impaired condition of the antero-latter columns of the cord.

## VERATRUM VIRIDE.

might also be mentioned as an excellent external application — twenty-five drops to a pint of hot water.

CASE I. Ceres Homund; lady, fell from carriage. Several years later, noises in ears; flashes of light; vertigo; epilepsy; neuralgia; soreness of scalp; seventh and eighth cervical. Traveled over this country and Europe; no benefit. Blisters, *Phosphorus* and electricity cured in three months.

CASE II. Lady, obstinate vomiting; neuralgia in left breast; vomited after every meal; water was also vomited; sixth, seventh and eighth dorsal vertebra. Had lasted one year. Cured in two months.

CASE III. Choreaic movement of upper extremities; contractions of flexors of hands and arms; nausea; vomiting. Reduced to skeleton. Had suffered three years. Cured in three weeks.

## SCHUSSLERISM VS. HOMŒOPATHY.

BY A. C. COWPERTHWAIT, NEBRASKA CITY, NEB.

Read before the Western Academy of Homœopathy.

Probably, since the days of Hahnemann, there has been no more startling theory promulgated in medicine than that of Dr. Schussler, in which he proposes to numerically reduce our materia medica to twelve so-called tissue remedies. At all events, there has been no theory which has so quickly insinuated itself into the graces of the Homœopathic school, receiving at once the endorsement of many of its

greatest minds, and being already put to the test by a large number of its practitioners. This can only be accounted for in the fact that the new departure of Schussler is held to be nothing more or less than Homœopathy in a new and improved dress — much more attractive to the lovers of physiological medicine.

I propose in this paper to notice briefly a few of the differences existing between Schusslerism and Hahnemannism, as they are presented to my mind.

In the first place, wherever we find the true scientist bringing to light some great truths, before unknown, or investigating what he hopes may prove a new discovery, of value to the world and to science, we ever see him cautiously advancing, step by step, from one proven point to another, until after, perhaps years, have passed away, he presents to the world his discovery, without fear of failure or of successful contradiction. So did Hahnemann, day and night, for twenty long years, faithfully study the action of drugs upon the healthy and diseased organisms, under all possible circumstances and conditions; confident in his own mind, but desirous of obtaining positive and unmistakable proofs before he ventured to give to the world that law of cure which has since made medicine a science, and has proven an inestimable boon to suffering humanity.

But how is it with Dr. Schussler? Do we find that his startling discovery is the result of long years' persistent observation and application? The first we hear of the new "abbreviated Homœopathic Therapia" is in the *Allgemeine Homœopatische Zeitung*, for March 17, 1873, a little over three years ago. Here Dr. Schussler says: "A year ago I began to study if it were possible to cure all curable diseases with such inorganic substances which are the natural, i. e., physiological functional remedies of the organism." One year only since he began to study the matter, and yet in this twelvemonth his capacious mind has grasped what it would probably have taken Hahnemann as many years to have conquered, and he gives to the world as scientific facts the results of these brief investigations and necessarily forced conclusions — two things always incompatible with this science. Is not the difference then, between the true discovery of Hahnemann and the pseudo-discovery of Schussler, from this point of view, too evident to require further comment?

But while the foregoing facts are only of value as they may be indicative of the probable worth and stability of each respective discovery, we may further inquire if there are not still greater and more vital features — not only of difference, but of antagonism as well — between the system of Schussler and the science of Hahnemann, at least so far as to prove the fact that however creditable may be the former, as based on cellular and molecular theories, it nevertheless is, in no sense, a part of Homœopathy.

Taking it for granted that all present are acquainted with the principles of Homœopathy, let us enumerate briefly those promulgated by Schussler:

Diseased tissues should be treated with that inorganic substance

whose presence is most displayed in the substance as well as function of such tissue in health ; or, which characterizes its products in any given stage. from physiological to extreme pathological conditions ; or, whose provings speak the same anatomical and histological relations. On this basis he proceeds to show that *Mag. phos.* is a nerveine, curing pure neuralgias and spasmodic affections. *Fer. phos.* cures muscular relaxation, therefore irritable hyperæmia, i. e., vascular dilatation, in consequence of too strong a stimulus to the blood, as angina faucium and acute conjunctivitis. And so on the learned doctor proceeds to establish his abbreviated therapia, and decides empirically which diseases each of the apostolic twelve should cure. The vital difference then, existing between the principles of Hahnemann and those of Schussler, are too apparent to require a lengthy argument.

The great practical difference existing between Homœopathy and Allopathy, is in the fact that while the former is founded upon fact and undeviating law, the latter is only, at best, a system of guess-work. The same difference exists between the two systems we have under consideration. While the theory of Schussler sounds extremely scientific, it is, nevertheless, based upon individual views of pathology, ever liable to be erroneous, as the history of all medicine has abundantly demonstrated. The main thing which has given to Homœopathy its present prestige and power is, that it does away with all speculations regarding physiological and pathological conditions, and bases its therapeutics on unmistakable symptomatology. Schussler practically ignores this foundation-stone of Homœopathy, and in so doing, leaves the "straight and narrow way," to follow in the alluring though uncertain footsteps of Virchow and Rokitansky. Had Schussler been an adherent of the Old School, it might have been truly claimed that his new discovery was a great advancement in the healing art, but coming from a professed disciple of Hahnemann, it only indicates a retrograde movement ; bringing Allopathy no nearer to the truth, and misguiding those in our ranks, who, though avowed Homœopaths, nevertheless unconsciously long for the "flesh-pots of Egypt."

Schusslerism differs from Homœopathy most strikingly in that it accepts as remedial agents, drugs whose pathogeneses are entirely unknown. True, Schussler *guesses* that a combination of *Calcarea* and *Phos. ac.* will give a combination of their respective pathogeneses, and so with the other combinations he has made. But experience does not warrant any such conclusion. In reviewing such combinations which have already been proved as Homœopathic remedies, we invariably find that the combination presents many symptoms entirely foreign to the separate drugs ; while some symptoms opposing each other become entirely neutralized, and still others similarly become stronger, and more characteristic, so that without provings we cannot possibly know the nature of the so-called tissue remedies ; and to employ remedies, the effects of which in the healthy are unknown to us, however much such a course may be sustained by cellular and molecular theories, is, nevertheless, Allopathic practice.

If, however, as is the case, some prefer to acknowledge the principle above set forth, but taking the other horn of the dilemma, claim that they, in following Schussler, are only prescribing two proved remedies in combination, instead of one unproved remedy. We have only to say that they are no nearer to Homœopathy; as they are not prescribing for symptoms, but for assumed pathological conditions, and if they were, the law of the single remedy is a fundamental principle of Homœopathy, and to violate it in so gross a manner is equivalent to an abandonment of Homœopathy itself.

Were it within the province of this paper, we might investigate the new departure upon its own basis—accepting, for the sake of argument, its physiological principles—and readily prove that it is unscientific in many respects, and unworthy the confidence of the medical fraternity, but space will not allow. We cannot forbear, however, giving expression to a query which has arisen in our own minds, as to why Schussler discards *Copper*, *Lead*, *Lithium*, and *Manganese*, which are certainly found, to no small degree, in the tissues, and which have already proved valuable medicinal agents; and why other tissue substances of an organic nature are not equally as nutritive as are these chosen chemical compounds.

But, laying aside these, and other objections that might be urged against the tissue remedies, have we not already shown enough of the differences existing between Homœopathy and Schussler's departure to satisfy any candid inquirer of the truth of our position, when we assert that Schusslerism is not Homœopathy, neither, indeed, can be. Its principles come in direct conflict with the fundamental principles of the latter, and they can never be harmonized. Nor, in fact, does Schussler claim his system to be Homœopathy. On the contrary, he calls it "a cellular and molecular therapia, founded on histology and the provings of Homœopathic remedies." Now as Homœopathic provings furnish the only true source of information regarding drug pathogeneses, it is highly probable that in the future innumerable systems of practice may arise, founded upon Homœopathic provings, but that is no sign whatever that these systems will be in any way related to Homœopathy, or will it be expected that simply because the originators have taken advantage of our valuable *materia medica* on which to found their system, that we must necessarily endorse their principles, which may be entirely foreign to those we entertain.

All Schussler has done for the Homœopathic school is to introduce to our favor eight more undoubtedly valuable improved drugs. It is for us to at once set about proving these substances, and then prescribe them only in accordance with the principles of Homœopathy. We will then undoubtedly discover that the pathological conditions cured by these remedies, as set forth by Schussler, are cured only because their symptoms come within the range of the respective drug provings. This is the case with those of the "tissue" remedies with whose provings we are already acquainted, *Silicea*, *Nat. mur.*, *Nat. sulph.*, and *Calc. phos.* On this point, Dr. J. P. Dake aptly enquires: "Is the cure of broken bones, tedious dentition, and hydrocephalus,

by *Phosphate of Lime*, suggested by the Homœopathic law and a pure *materia medica*, or by the old tissue deficiency and molecular supply theories?" "After the old plan of supplying tissue deficiencies, as by *Iron* in chlorosis, the idea of 'tissue remedies' may be thinkable. But after the Homœopathic plan of relieving hyperæmia with *Ferrum*, where is Dr. Schussler and his tissue theory?"

At all events, it is highly improbable that the sensible physician will so far forget his own interests as to discard those remedies which have been his sheet-anchors in the past, *Acon.*, *Ars.*, *Apis.*, *Bell.*, *Bry.*, *Lach.*, *Lyc.*, *Merc.*, *Nux.*, *Sulph.*, and a long array of drugs whose pathogeneses are the products of the most laborious toil and self-sacrificing devotion of Hahnemann and his followers for full three-quarters of a century—medicines which, by their wonderful remedial effects have proven a boon to humanity, and in our hands weapons of victory. Shall they be discarded for some dozen unknown and untried chemical compounds, of whose action we are ignorant? We answer, No! The sluggard may accept them in order to simplify his duties, and the physiological Homœopathist, if such there be, may accept them for what they are. But the genuine Homœopath—the true follower of Hahnemann, will accept them—never.

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### CENTRICS AND EXCENTRICS.

#### LOGIC IN MEDICINE, HOMŒOPATHY AND POTENCIES.

In the number for October 15th of this journal, Dr. J. C. Morgan attempts to present some rather *smart* responses to an article of mine directed against him in a previous issue, and containing a *tart* reply, as he would call it, to some article of his wherein he merely stated his *opinion*. Dr. Morgan declares in the introduction of his article, referred to, that he considered it my duty to know of the existence of his article, forming a part of the *accepted* transactions of the great State Society of New York, and to have studied it before criticising the *logic* of an opinion.

Now I dare to infer from his assertion, that if it be my duty to know the existence and nature of his article in question, published in 1868, then it should be also my duty to know all the transactions and publications, not only of the State Society of New York, but also alike of all societies of every state and county of the United States; nay, of all countries of the globe, and ultimately, also, to know all writings on Homœopathic topics printed in our periodicals and journals, dating back as far as their origin. And if that be incumbent upon me, it should then be incumbent too, upon every Homœopathic physician, without exception. I cannot see any reason why our duty should be limited solely to *one* county, state or country, as the most precious and useful fruits are oftentimes not growing in our nearest neighborhood, but in the remotest regions of our planet. In such an



emergency, we might require skulls and brains as large as a pumpkin, and eventually even, as a doctor's office.

In regard to his remark, that I have criticised the *logic* of an opinion of his about *centric* and *excentric* medicines, I must answer, Dr. Morgan is mistaken in this matter, because I have not criticised his opinion on this subject of *centric* and *excentric* medicines in the least, but merely passed a critical sentence upon his *logic*, displayed in his criticism on page 132 about my therapeutics employed in a clinical case of mine, and described on page 489, (Vol. III.), of THE UNITED STATES MEDICAL INVESTIGATOR.

My *logical* point has been, and is still, that Dr. Morgan had only given *one of three* possibilities; namely, first, that *Aconite*, *low*, and *Arsenic*, *high*, are improper associates; second, that my medicine labeled as *Arsenic 200*, contained no *Arsenic* at all. If Dr. Morgan tries to prove my own contradiction by quoting my own words in my original article, purporting that I gave *Arsenic*, he utterly fails in his attempt. He ought to comprehend by *logical* thinking that the expression, *I gave Arsenic*, implied the plainest sense herewith that I could not and did not positively *know* to have really administered *Arsenic 200*, but merely *believed* to have given the questionable substance. We physicians prepare our medicines ourselves but exceedingly seldom, nor do we control their preparation, but we buy and keep them for use for an indefinite length of time. Therefore it is the rule by far most prevalent that we never actually *know* what we give, but only *believe* or *suppose* to use a certain medicine from a certain bottle. This rule may hold good in a comparatively still larger majority of cases in *high* dilutions, the preparation of which demands a great deal more accuracy and carefulness. To say, I *give* a certain medicine, is nothing but an abbreviation, instead of, I *believe* I give such a medicine. *To believe* is to deem something true from reasons being *subjectively* sufficient, but *objectively* insufficient. According to the reliability of a person or firm from whom we supply our stock of medicines, our subjective faith may vary more or less in degree. Having pronounced afterward some doubt of the existence of molecules of *Arsenic* in my vial, is an indirect evidence that I had not prepared that medicine myself, and consequently, did not exactly *know* whether it contained *Arsenic* or any other medicinal substance at all. Would Dr. Morgan or any other person pledge his life and temporal or perpetual happiness on the faith that a vial pretending to hold *Arsenic 200*, or another medicine, really contained that substance in question in the very minutest particle, under equal circumstances? Dr. Morgan must, as a person of sane mind, recognize that connection of thoughts by force of *logical* consistency. His syllogism that my person stands against my person from the fact of my utterance, *I gave Arsenic 200*, is evidently false, and if unintentional, a so-called *paralogism*, if intentional, a so-termed *sophism*.

Thus Dr. Morgan has fairly disposed of himself by the *second* position, and the situation of *logic* arraigned against his person and

*illogical* reasoning is clear and distinct beyond any quibble or evasion. The *third* possibility that, if *Arsenic* were present, the 200th could not do anything in a case so acute, has not been disproved or refuted in the least by my opponent. For his arguments rest on an entirely inferior basis by both ways of his argumentation. In the first place, he mentions some authorities in support of his theory of a sufficient action of any medicine in any morbid affection, given as high as 200, and perhaps, also, upward of that figure. This maxim of referring to authorities as a sure proof of the truth of a certain matter, I reject here most decidedly, and simultaneously with me, no doubt, quite a large and respectable number of physicians and men of learning in general. However much I esteem some authorities in our profession, and in science at large, I would, nevertheless, not blindly follow their doctrines without my own unprejudiced and independent investigations. The mischief that has been created since the times of yore by millions of men following blindly the dictates of ever so many more or less great authorities, is indeed immense and appalling. History of medicine, and principally universal history of mankind, may furnish a boundless host of the most horrid and striking evidences in that direction. "*Nullius adstrictus jurare in verb a magistri,*" (not to swear bound on any master's words), as the famous old Roman poet, Horace, would say, has been my invariable principle more than thirty years, when I was reading that sentence, and not because it was he who expressed himself so, but because it would appear to my mind as the most reasonable idea. On the strength and reason of that principle, I have cut loose from an orthodox and infallible faith in religion more than thirty years since, and alike from an orthodox and infallible faith in Allopathic therapeutics for the last twelve years, despite the innumerable authorities in history as well as in medicine.

The other evidence Dr. Morgan would adduce as sufficient against my *third* possibility concerning the efficacy and reliability of *high* dilutions in all the most acute cases of disease, is in a striking contrast with the very rules of *logic*. He mentions an article he had just written, relating a really terrible case of choleraic dysentery, which got promptly well under *Arsenic* 200. So! Do the laws of *logic* allow us to draw an inference from the *single* on the *whole*, or from the *special* on the *general*? By no means! In forming a judgment or conclusion, we must, furthermore, always regard the *metaphysical* categories of *quantity*, *quality*, *relation* and *modality*. Dr. Morgan has, beside his *logical* error at this juncture, also committed a *metaphysical* one; having left out of consideration the most important category of *relation*. This is a mistake we see made almost any moment, in every day life and in science. It was from a gross trespass against these *metaphysical* categories that the greatest *logician* and deepest philosophical thinker of our profession, Dr. v. Grauvogl, has made an awful short work with the celebrated professor of chemistry, Dr. Justus v. Liebig, in 1861, when the former published a most important and highly interesting pamphlet entitled, "*The Homœopathic Law of Similarity,*" being an open letter to Professor Dr. Justus v. Liebig,

Leipsic, 1861. The latter, namely, had dared to denounce Homœopathy as a palpable fallacy, from his high standpoint as President of the Bavarian Academy of Science, and his words pronounced had been pointed to ever so many times by lazy-thinking Allopathic physicians and their blind followers with the strongest enthusiasm and satisfaction. Grauvogl reminds Liebig, right in the commencement of his masterly treatise, of that grossest mistake in his reasoning against Homœopathy merely by the category of *quantity* as he did, and disregarding altogether the rest of those categories. Grauvogl concludes therefrom that Liebig's sentence was but one-sided, and consequently, altogether erroneous. Liebig was an authority in his chemical specialty almost without equal, but still he was not informed enough in *logic* and *metaphysics* for Grauvogl, who drove him to the wall and defeated him at the first onslaught in a most startling and pitiful manner. That pamphlet is, perhaps, although only filling one hundred and twenty-five pages, the strongest and most valuable bulwark ever written in defense of our great law of therapeutics. *similia similibus curantur*. Liebig's gun had been completely and forever silenced by that writing, and he died, perhaps prematurely, by an acute pneumonia, under Allopathic treatment, most likely with the strongest impression of his favorite category of *quantity*. To my knowledge, that treatise has not been translated yet into English, and any one who would undertake the task of translating this excellent discussion, would render the English-speaking fraction of our profession an extraordinary service, for in no other writing we can find such a force of *logic*, *metaphysics*, *chemistry*, etc., displayed to establish the fundamental law of our therapeutics in the most indisputable, precise, and unshakable manner.

Concerning the category of *relation*, Dr. Morgan has left out of sight the various circumstances standing in a more or less close connection with the efficiency of *high* dilutions. Is it altogether probable *a priori* that the *high* dilutions are equally efficient in a robust man, who is living in a northern climate, and indulging in such habits as drinking large quantities of beer, wine, liquor, coffee and tea, and eating more animal food with spices, chewing tobacco, and smoking like a chimney the whole day and year round, as they may have in a very sensitive inhabitant of a southern country, who is feeding more on vegetables, and whose habits are of an entirely different character? Is not the age, sex, climate, temperament and social position, whether a person belongs to the physically or mentally working classes, also an important fact to be considered in that respect? Practical experience demonstrates *a posteriori* the important difference of those points of view in their therapeutical results in my practice, and in that of a vast number of Homœopathic practitioners, as I have learned.

Grauvogl states the rule to give in *nutritive* diseases *low*, and in *functional* disorders *high* dilutions. However, I have not yet been perfectly convinced about the general practicability of this rule of the greatest champion of our cause. Using the 200th dilution and upwards in all the most acute and dangerous affections indiscrimi-

nately, is according to my experience and that of a good many physicians paramount to administering oftentimes no medicinal substance at all. Dr. Morgan, who could at first not see any force in my *third* possibility, may see, perhaps some little force now; and after I have exhibited quite a little force also for my *second* possibility, which he would call *nil*, my *first* possibility is the only possible one that I have left for him and admitted directly from the beginning.

This question of *logic* may seem to be quite insignificant and out of place here, but I am disposed to argue that *logic* is one of the most important sciences, as the thoughts of the human mind are subject to certain and invariable laws like the moral acts; and an individual claiming to be perfectly educated in science must submit to those laws as well as a morally educated individual cannot avoid respecting the laws of morality. Yes, it is *logic*, which is constantly sinned against in daily life and especially in our medical science, and I dare to assert, as often as the code of morals is sinned against. Grauvogl, the staunchest *logical* author in medical literature, gives the professors of the Allopathic school and their blind and lazy-thinking followers in his classical text-book on Homœopathy the most striking and scathing lesson for their lack of *logical* reasoning; but his words are spoken in vain to the largest majority of them, just as a preacher and moralist might preach in vain the code of morals to inveterate and habitual sinners. If they would only mind one fundamental and leading principle of *logic*, they should immediately occupy quite a reasonable standpoint, namely, whatever is within the reach of possibility and we have not an exact knowledge of, we never ought to deem either absolutely true, or absolutely false *a priori*, but merely a *possible* thing. If the Allopaths would act according to that *logical* dictate, they should give our Homœopathic system of therapeutics a fair trial at once, and get out of their benighted, old-fogy condition, walking then in the sunshine of light and truth, saving, as they would, from 50 to 70 per cent. of precious lives of their entrusted, poor suffering patients. By means of this principle, I am obliged to acknowledge the theory of Dr. Morgan about *centric* and *excentric* remedies as a possibly true one, although I must openly confess, his exposition on pages 359 and 360 of this journal has not become quite plain and intelligible to me. His new theory must be substantiated by physiological provings and by a sufficient number of therapeutical facts at the same time, and especially the theory of *high* potencies creating a minus in the sphere of their prime action and a *relative anæmia*. As long as that theory of *centrics* and *excentrics* is not evidently proven and generally adopted by our profession, we may take it *cum grano salis* as a merely *hypothetical* one, which is apt to explode any time in like manner, as innumerable other theories have been exploded already up to our present age. I am, however, far from prejudging that doctrine, and detracting from it the least practical value beforehand by imitating the *infallible* opponents of Homœopathy, spiritualism, and other important issues of the present time.

In reference to *logic*, I would finally mention that, if I was to

determine the qualification of a preliminary education for medical students among a board of censors, I should place foremost in the branches of science a thorough knowledge of *logic* and *metaphysics*. If Hahnemann, Grauvogl, and other prominent scientists, never had been imbued in their youth with the science of *logic*, they should probably never have become such broad and deep philosophical thinkers, and their genius would surely not have been developed to its full power and brilliancy.

Dr. Morgan is entitled to great credit and great thanks, in that he has raised the very pregnant question of *logic* and progress in our system of Homœopathic therapeutics simultaneously. Thanks for a ripple on the stagnant pool of *logical* and *medical* indifference. Let from this *ripple* of our *limited* pool of Homœopathic indifference, the *unlimited* cess-pool of Allopathic difference in our closest neighborhood be throughout stirred up and agitated, so that both pools may be reduced remarkably in size and length, not sending any more such offensive odors up to our nostrils, as we are forced to abide, I regret to say, every day from our Allopathic brethren, who are standing on the side of the unlimited cess-pool. Yes, brethren, let us direct fervent prayers up to the sky for that purpose! Amen!

MILWAUKEE, Wis.

J. B. BRAUN.

## Hospital Department.

### *A CLINIC ON THE DISEASES OF WOMEN.*

BY R. LUDLAM, M. D., PROFESSOR OF THE MEDICAL AND SURGICAL DISEASES OF WOMEN IN THE HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF CHICAGO. DELIVERED OCTOBER 11, 1876.

Reported by H. W. Roby, Phonographic Reporter.

#### POST-CLIMACTERIC NEUROSIS.

CASE 1764.—Mrs. —, German, aged sixty, midwife, has been an invalid for eight years past. Her menses ceased without any other ill effect than that, when they stopped, she became subject to distention of the stomach and abdomen, with shooting, stabbing pains that came mostly at night and forced her to cry aloud so that her neighbors could hear her. The seat of these pains, here and there over the abdomen, sometimes became swollen and tender to the touch. For months at a time she has not been entirely free from this local hyperæsthesia. The bloating of the stomach is sometimes accompanied by a burning pain at the epigastrium.

This patient has been prescribed for by many physicians, but without relief. Last year she made a voyage to Germany expressly to

consult certain eminent practitioners, but derived no benefit from their prescriptions. Through the advice of a neighbor, she came here three weeks ago, and I recognized the relation existing between her symptoms and the menopause. For it may happen that the remote consequence of this important "change" shall be entailed upon a woman for many years. My first prescription was the *Citrate of Iron and Strychnia* in the 3d decimal trituration; but it did her no good. At the next visit she took *Atropine* in the same potency, to be repeated every three hours. You have heard her story and can believe her when she says that for eight years she has not been so free from suffering as since she has taken that remedy. We will continue it, but repeat it only thrice daily.

#### EPITHELIAL CANCER OF THE VULVA.

CASE 1763.—This patient came to the clinique two weeks ago. She is thirty-six years old, and has always been delicate. Of late her health is very much worse. She complained of an irresistible desire to urinate, which came as often as every five to fifteen minutes, and for many months, indeed for about two years, she had seldom been able to go more than a half an hour day or night without being forced to urinate. The flow of urine was never very copious, and never passed involuntarily. It gave her great pain in the meatus to try and retain it. She was quite positive that she had not been able to sleep more than half an hour at a time consecutively on this account. After voiding the urine there was an insufferable burning in the parts over which the urine had passed. She also had some uterine trouble, with a profuse, chronic, leucorrhœal discharge; and, although married, has never been pregnant. She has never fallen nor injured herself any way. She has never menstruated but six or eight times, and now has not had her periods for two and a half years.

Those of you who were here when this woman first came to us, remember what I said of the impossibility of making a correct diagnosis, or an intelligent prescription for this case without a local examination of the parts affected. We made that examination. You saw the condition of the vulva, and for the first time in your life (for it is comparatively rare) noted the appearance of an ulcer which involved both the labiæ, the vaginal orifice and the meatus urinarius. This object-lesson will not be forgotten. I prescribed *Mercurius cor.* 3d decimal trituration, a dose to be taken every three hours.

She also was directed to apply a lotion of *Calendula* tincture, in the proportion of a teaspoonful to a teacupful of water, directly to the vulva by means of linen compresses moistened with the same.

Last week the class saw her again and she reported herself very much improved. The same treatment was continued, and a few doses *Bryonia* ordered to be taken for an incidental influenza. She could retain her urine half an hour without pain, and the night before was up only twice on that account.

To-day she is still better. The desire to urinate is less frequent and not so imperative. She sometimes goes two hours without voiding it, and several times has been up but once at night. There is no burning now after micturition, and she is very happy over the result of our treatment. [*Exit the patient.*] We will make another local examina-

tion of this case, with class No. 1, at the close of the lecture. (The advanced students are arranged into classes of five members for the purpose of examining these patients locally and thoroughly.)

Epithelial cancer of the vulva is infrequent. It is especially rare to find both the labiæ affected in the same case. When it does exist there is generally a tendency to involve the urethra. As in the same form of cancer of the lips and of the anus, the lesion begins at the line of juncture of the skin with the mucous membrane, and then usually extends upon the mucous surface most rapidly. It may confine itself to the epithelium, or it may become more profound. The character of the discharge varies with the depth and malignancy of the ulcer. Sometimes the case seems only semi-malignant and may be amenable, at least for a time, to fitly-chosen remedies. Again its course is rapid. Nothing in human experience is more painful and trying than cancer of the urethra in the female.

Cases of this kind sometimes involve the anterior commissure of the vulva, the clitoris, the surface of the thighs, the perineum, and the anus. The more extensive the ulceration the greater the pain on motion, defecation and urination. Sexual intercourse becomes impossible, and finally with the acrid, corrosive and offensive discharges, there may be an alarming hæmorrhage. In some cases great relief may be obtained from the topical use of *Hydrastis*, and in others from *Phytolaccu*. Unless it be used in a very weak solution *Carbolic acid* is harmful. Internally, *Arsenicum*, *Ars. iod.*, *Merc. cor.* and *Merc. iod.* are the most prominent remedies.

Although the relief afforded this poor woman is so very decided, we should not be warranted in claiming this as a cure, nor in the inference that my prescription would be suited to all cases of the kind indiscriminately. The prognosis is unfavorable. She will never recover from this disease. Its course may be stayed, and she may enjoy a comparative degree of health, but of the ultimate result, there can be no question.

#### RECURRENT ABORTION FROM MAL-LACTATION.

CASE 1823.--Mrs. —, aged thirty, has had six children, the last three of which were still-born. She complains of a choking sensation in the throat and a constant dull ache in the head and back. There is a free secretion of saliva amounting almost to ptialism. Not having menstruated for four months, she supposes herself to be pregnant again. When her third baby was a week old, she was seized with a violent chill, which had the effect to stop the flow of milk entirely. It did not come again, but she was very ill for two months afterward. She had nursed the first three children naturally, and had plenty of milk for them; but there was no secretion of milk in either of the subsequent pregnancies. All of the still-born children survived the seventh month of utero-gestation. She is very anxious to go to "term" with this one.

The clinical history of women abounds in crises. We are reminded by this case that one of these crises may so extend its influence as to modify another, and indeed to change the whole subsequent health of the patient.

I have no doubt that a sudden arrest of the secretion of milk may indirectly work mischief in subsequent pregnancies. Although this is not classed among the causes of abortion, or of still-birth, it certainly may predispose to such a mishap. This result is not infrequent in fashionable life, where infants are turned off for trivial reasons, and the flow of milk is suppressed by artificial means. And you should not forget that the "habit" of aborting may sometimes be entailed upon your patients in this way.

The reason why this poor woman has failed to have a living child since her third baby was born is therefore evident. If her breasts had never filled; if she had failed to furnish food for one and all of her first children, the case would have been different. The mere fact that she had never been able to nurse them would exclude the morbid cause of which I am speaking. But, when she had reared three, or even one of them in the natural way, and then experienced a sudden and complete arrest of this function (more especially within the first week of her next lying-in), the consequences were more lasting and serious.

There are many diseases of women, beside those which are contingent upon gestation, that are due, perhaps very remotely to the same cause.

Naturally enough this knowledge of the case implies the possibility of helping our patient to carry her child to term, by prescribing for the effects of that chill, the arrest of the lacteal flow and her subsequent illness. But, are our remedies retro-active? I have no doubt of it, if they are properly chosen.

First we will give her a few doses of *Belladonna* 3 for the angina and the headache. Then she will take *Phosphorus* 6, twice daily, for a fortnight, and we shall see if she does not improve.

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## Children's Diseases.

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### CLIMATE ON CHILDREN.

THE COMPARATIVE EFFECT OF DIFFERENT REGIONS UPON CHILDREN AND THEIR DISEASES, BY T. C. DUNCAN, M. D., CHICAGO.

Read before the Western Academy of Homœopathy.

The question of the effect of different regions upon the development and diseases of children, is one that deeply interests us as physicians and philanthropists.

In the paper I read a year ago before this body (see p. 476, Vol. III., UNITED STATES MEDICAL INVESTIGATOR), I briefly referred to this subject. I now purpose to pursue the investigations still further.

When Dr. Chas. Adams, of Chicago, was on the eve of leaving for



Europe, I commissioned him to make special observations on the difference between American and English children. He reported, when he returned, that the children in England were more substantial, thick set and less bright and active. Now to what is this due? Some might think it is due to the constitution. But we all know of such families who have degenerated as rapidly as any native American, after a few years residence in certain sections of this country. Some might assign the change to different habits of life, but we know none are more tenacious of "the good old ways" than these very people. This question has puzzled none more than English-born American citizens themselves.

Let us compare the climates. England has many rainy days and little sunshine. America has much light and little rain. England has an equable temperature. America has very changeable seasons. The effect of these influences upon grain is apparent. In England it grows heavy and matures late. In America it grows light and matures rapidly. The same rule must hold in the vegetative life of the child. The equable temperature of England has its equable mental as well as its physical effect. There is a marked changeableness in the workings of the American nervous system, as there is in the physical. Then there is another element to consider. With more light there is also more summer heat, and especially does this apply to the Mississippi valley.

#### MISSISSIPPI VALLEY, CLIMATIC EFFECTS, ETC.

The very shape of this valley tends to convert the atmospheric lens, which is concavo-convex, into a double concave lens, which, as you know, is one of the most powerful decomposers known. The mountains on either hand tends to concentrate the rays which are reflected up the valley at a very acute angle. This fact alone would account for the high temperature far up this valley. The mean temperature for the year 1870, was the same (48 degrees), in Chicago, Clinton, Iowa City, Des Moines, Omaha, Sioux City, Yankton, Fort Randall, and Fort Benton, which is within seventy miles of the British line. The latter place is 7 degrees north of Omaha, and 15 degrees west. Fort Benton is almost due northwest from Omaha and distant over a thousand miles.

Dr. Stillman, of Council Bluffs, Iowa, reports, "the sun's rays is almost blinding, even late in the afternoon." He says they have more wind than any other place he was ever in.

The region of the lakes, and especially Canada, are kept at a more equable temperature. There is more moisture, more cloud, less sun and a higher standard of health. Children develop better. Michigan from its very position is and ever will be a very fruitful state. The only drawback it has is the prevalence of intermittent fever. Cultivation, however, will do for it what was done for Great Britain during the last century.

Indiana is in the line of the division of the southwestern storm tracks, one branch going east and the other northwest. This state is undergoing a transition, as is all of the northwestern states.

Ohio has about reached a standard that will be maintained for many years. There is little wild and swamp land in the state. It is the most dry of any state east of the Mississippi. The prevalence of gastric fever, in the fall months, in the northern part of this state, is significant of the dry state of the atmosphere. The tendency to gastro-enteritis in summer, and pneumonia in winter, in children, can almost be reckoned upon with certainty.

Illinois is dryer than Indiana, and except along the river basins, has not as much ague. The portal circulation is better, but we also encounter the tendency to gastro-enteritis as is found in Ohio. The storm trend is longer, therefore there is more wind.

Iowa is a new state, has much new land and is being rapidly drained, and will be dryer than any other state in the northwest, east of the Missouri river. It has, however, a large amount of rocky bed, which will keep it alkaline and make it a good state for children for some time.

Wisconsin occupies a peculiar position; bounded on the north by lake, on the east by lake and on the west by river. It has had much swamp land, which would have rendered it very unhealthy if it had not been for the plains at the south and the large amount of sandy sections throughout the state. It is a very prolific state—as shown by a case of five children at a birth having recently occurred in that state. It will not produce large, heavy adults, mentally or physically, but the peculiar Wisconsin constitution will be active with practical minds. There is a diversity of soils which will show its effect upon the people.

Minnesota is a state that is finely located for vigorous growth and development. It has much new land; much surface water; a heavy soil; long amount of cool weather and sudden bursts of hot weather. Still, it has a clear sky, which gives much sun and cheerfulness, and tends to develop the nervous energies. The effect upon children, is to draw from their proper nourishment, by the great activity of parents. I am not surprised to learn that they have much typhoid and much cholera infantum. Pneumonia and croup (inflammatory) must be very prevalent.

Missouri is watered by several large rivers, has much timber and very much surface water in the south and west. The northwest is more dry. It is warm and perhaps more equable than any other state in the valley. It is essentially a nursery, as proved during the slavery period. There are all the conditions to favor the vegetative system. Chills, due to derangement of the portal circulation, and marasmus will indicate the disease tendencies and the difficulties of development. The effects of this climate upon the youth, *i. e.*, after puberty is reached, is a field of inquiry that is worthy of attention.

Kansas is a dry state, and whether sandy or not, it will be eventually, unless great attention is now given to adding moisture and alkaline elements (water and manure). Here we will meet to a greater extent than in any other state in the Union, the marked acid constitution. The sympathetic system is rapidly developed, so is the osseous system. The tendency is to inflammatory disease of bowels and lungs. Kansas

inflammations differs from those of Minnesota, in this, that there is more venous congestions. Minnesota inflammation will call for *Aconite*, while in Kansas, *Gels.* will be more often indicated.

Nebraska is more like Iowa, with less moisture. It is colder than Kansas, and consequently there must be a more even development of the nervous systems.

Colorado is dry, and cooler than Kansas and warmer than Minnesota. Although it will prove a good state for recruiting over-taxed nervous energy, in consequence of its altitude furnishing so much ozone, still, I do not expect it to be noted as a child-raising state, at least, after it has been cultivated to any great extent. There is too much cerebrospinal activity and not enough activity of the sympathetic system.

In all the Southern States in this valley, Kentucky, Tennessee, Arkansas, Mississippi, Louisiana, Texas, Florida, Alabama and Georgia, if we except the high land portions of Tennessee, Kentucky, etc., there is too much surface moisture, heavy timber, etc., to favor child development. The great heat and moisture, chills and congestions, will prevent for many years vigorous development.

Many of these inferences are drawn from topographical data, as well as recorded observations, and, while eminently suggestive, may be the stimulus to call out more accurate and possibly contradictory facts.

I hope each member of the Academy will contribute the results of his scientific observations for the general good of medical science.

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## Book Department.

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**CLINICAL THERAPEUTICS.** By T. S. HOYNE, A. M., M. D., Professor of Materia Medica and Therapeutics in Hahnemann Medical College of Chicago; author of *Hoynes Materia Medica Cards, Classification of a Few of the New Remedies, Proving of Carbolic acid, Monograph on Fevers.* Vol. I., Part I., containing *Aconite, Belladonna, Bryonia, China, Nux vomica* and part of *Phosphorus.* Chicago; 1876; pp. 112; price, \$1 00.

This is "the *Materia Medica* illustrated." Those competent to judge, who saw *Aconite* as here illustrated, in our number for June 1, (Vol. III.), pronounce it just the thing needed to illustrate therapeutics. Symptoms, key-notes, characteristics, and pathological indications, in the abstract, are vague to our practical minds until we see them applied, therefore we expect *Clinical Therapeutics* will become very popular with the large class of *materia medica* learners in our ranks. Our readers, who are not so well up in therapeutics as they could wish, will no doubt want this work; we have made special terms for their benefit (see "Another Rare Offer," page 532).

**THERAPEUTICS OF DIPHTHERITIS.** A Compilation and Critical Review of the German and American Homœopathic Literature, by F. Gust. Oehme, M. D. of Staten Island, N. Y.

This is a reprint from the *North American Journal of Homœopathy*, and issued in pamphlet form, by Boericke & Tafel. It gives an abstract of cases under the head of the various remedies from *Alcohol* to *Thuja*, from a part of our literature. This journal, with the many cases reported in the twenty-two volumes, seems to have been overlooked. We would infer from this book that diphtheria had not been very successfully treated, homœopathically. Perhaps the fungus theory may account for it. The chief remedies here given are *Apis*, *Carbolic acid*, *Kali bich.*, *Lach.*, *Merc. cyan.*, *Nitric acid*, *Phytolacca*, and *Salicylic acid*. One who looks up reported cases should bear in mind that only novel cases or confirmatory reports are given. If all cases treated were reported then literature might be a safe guide to the chief value of remedies, but as it is, this work is only valuable as it substantiates indications. We believe that *Bell.* and *Merc. bijod.* have cured more cases than all the other remedies put together.

**PHYSICIANS' COMBINED CALL-BOOK AND TABLET,** From 18— to 18—. Second Edition.

This is the title of a diary prepared by Dr. Walsh, of Washington, D. C. The months and dates are left blank so that it may be used any time. It is interleaved, which makes it convenient for notes. It has a table of doses, lists of poisons, etc., convenient for the regular physician. The most convenient thing about it is an erasable tablet in front for memorandum. The book is thin, and will fit the pocket well. Price, \$1.50

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## Medical News.

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**Strange Alliance.**—The faculty of the Chicago Homœopathic College never authorized either Drs. Ellis or Spranger to make any concessions to students in its behalf. J. S. MITCHELL, Prest.

**Notice.**—Advertisements will be inserted under the head of "For Sale," "Wanted," etc., for 25 cents for five lines or less, each insertion, each additional line five cents; six words to a line.

**Another Rare Offer.**—To any one who will send us their subscription for 1877 and all arrearages, and 75 cents extra, before Jan. 1, 1877, we will send Part I. of Hoynes's new work, post paid.

"The Liverpool Homœopathic Medico-Chirurgical Society," Dr. Hayward writes, "opened its Twenty-first session on Thursday, Oct. 5th, by an address from the president, Dr. Skinner, on 'Our

American Trip,' in which he commented on the series of kindnesses we received, and sights, and information, etc., etc., and then we adjourned to his house to supper."

**The Pacific Homœopathic Medical Society** of the State of California, held its semi-annual meeting on Wednesday, Nov. 8th. A goodly number of the members were present, and several persons were proposed for membership. A number of interesting papers were read, and a lively discussion upon diphtheria was commenced in the morning and continued into the evening session, which adjourned at a late hour with the general feeling that the day had been too short.

G. M. PEASE.

**Mistaken.**—Dr. Owens, of Pulte Medical College, is mistaken in his allegation that I alluded to that college in my conversation with Dr. Ornelas, of Mexico. In fact, I did not allude to any Homœopathic college, but used the phrase "our colleges," in a general way—meaning, American medical colleges. I had in my mind two Allopathic colleges—one in Keokuk, Iowa, and another whose location I have forgotten. It may occur to many, however, that there is not a very wide difference between six, eight and nine months. E. M. HALE.

P. S.—Since the above was written I learn that the Keokuk college graduates in eight months. H.

**Practical Histology.**—We have urged some of our histologists to devote special attention to this new department, like Professor Stricker, of Vienna, but none have been able to give the time. The prospect now is that those who want to post up on histology need not go to Beale, Stricker, Virchow, or Frey. Prof. S. A. Jones, of Ann Arbor, Mich., writes, "As my whole life is now devoted to the work here, \* \* \* I am going to teach practical microscopy, histology, pathological anatomy and physiological chemistry in a summer course. It will be wholly laboratory work, not 'talkee talkee.'" Those who know, pronounce Professor Jones the best histologist in our ranks, if not in America.;

**A Word to Contributors.**—We believe that never before has it been our privilege to transmit through the columns of this journal, to your many professional friends all over the country and world, such a mass of valuable articles on such a variety of medical topics as during 1876. The old habit of writing "To the Editor" is almost obsolete; contributors realize that hundreds of readers are their auditors. We wish you could go out with each number, north through Wisconsin, Michigan and Minnesota, even to the Red river country; east, through Ohio, Pennsylvania, Canada, Virginia, the Carolinas, New York, New England, on over Great Britain, France, Spain, Germany, to India and China; south, through Indiana, Kentucky, Tennessee, Alabama, Georgia, Mississippi, Louisiana, and Texas, to Cuba, Mexico and South America; west, through Iowa, Missouri, Arkansas, Kansas, Nebraska and Colorado to the Pacific slope, Sandwich Islands, and Australia. If you could hear the many expressions of thankfulness made by this host of readers, (many all alone in their fields,) you would no doubt contribute still more concise and practical articles. Would that we could call up this host of earnest practitioners, eager for more medical knowledge and experience, right before every reader who is keeping back some valuable observation or practical fact! No physician liveth to himself alone. "What is written remains" to benefit the profession down the ages. A question often does more good—calls out more valuable information—than an elaborate essay or treatise. We are thankful that this journal is fast becoming a large medical exchange, with semi-monthly reports, and its contributors a vast mutual benefit medical society, always in session—every physician should belong to it.

**AN ENCOURAGING PROSPECTUS**  
FOR THE YEAR 1877.

The past year has one been of continued success, thanks to the well-to-do condition of many of the readers of THE UNITED STATES MEDICAL INVESTIGATOR. The outlook for 1877 is very encouraging.

The success of any journal depends upon the active co-operation of subscribers, contributors, and publishers. Without paying readers the best of periodicals would be short-lived. There must be two reliable streams flowing in to the publishers to secure the steady issue and loaded contents of a medical magazine; therefore the prosperity of a journal is a co-operative enterprise. The "mutual benefit" principle is the one to which the management of THE UNITED STATES MEDICAL INVESTIGATOR has steadily adhered. Its popularity is, no doubt, largely due to the fact that it has drawn from its readers many and varied practical and timely articles.

The "Reports from the Field of Practice" have been very valuable. They have kept an "account current" with the prevailing diseases and the remedies therefor. The genius epidemicus has been recognized, and the remedy seems to be *Apis*. This is a most interesting and valuable field. These reports show how the battle rages. Although it has been a year of comparative health the indications are, from recent reports from various points, that a severe conflict is coming.

The contributions to the Therapeutical department have been very valuable and to the point. They have covered a wider range of subjects than ever before.

"Cases for Counsel" have been unique, and the answers decidedly valuable. Years ago it was looked upon as almost a disgrace to ask counsel through a medical journal, but, since our best men volunteer replies, this has proven one of the most interesting features of our journal.

Society Reports have exceeded any other year, in the concise, practical nature of the papers and discussions. Through the kindness of the publishing committees we have been able to give our readers, located "around the world," some of the very valuable contributions to those bodies.

The World's Homœopathic Convention has been *the* event of this centennial year. Our very full reports have been highly appreciated by the absent members, and foreign exchanges have copied them quite extensively.

All of the Medical Sciences have been represented, and by some very valuable articles.

The Department of *Materia Medica* has contained some very valuable papers on this distinctive Homœopathic science.

In the Obstetrical department has been given some very practical notes, queries, and hints. We expect "more to follow."

The Gynæcological department has contained some sound, as well as startling contributions.

Diseases of Children has received more attention than ever before. The forthcoming work on Diseases of Infancy and Childhood has cast its shadow before, in this department, by some very valuable cases, facts, etc.

The Surgical department has been enriched by many able and valuable essays, cases, etc.

The Eye and Ear department has given us some scientific and useful communications.

Sanitary Science has been given a department. It is a field that our profession are occupying to the honor of our cause and the blessing of humanity.

The rush of Pharmaceutical articles has necessitated a department of its own.

The Hospital department has been filled with many profitable reports and clinical lectures.

The Physiological department has been enriched by "Co-ordination the Sole Function of the Nervous System," and other papers.

The Anatomical (histological) department has given place to the very able papers on "Uterine Mucous Membrane, before, during, and after menstruation," "Cancer Growths," etc.

The Medico-Legal department has given the legislative movements, and facts bearing upon the legal relations of the profession.

The Book department has contained full and fair reviews of the many works issued during the year.

The News department has kept us familiar with the changes, progress, etc., taking place in the profession.

The crowd of matter for these various departments has aroused the desire, again and again, that we could give each a place in each number or alternate issue, at least. We will no doubt come to that shortly.

The aim of THE UNITED STATES MEDICAL INVESTIGATOR, to call out a great variety of practical information on a wide range of subjects and diseases, and thus aid polemics, has been appreciated by the readers. The contributors have made these the two most practical volumes issued in any one year.

It is a mystery to some of our readers why every physician does not take this journal. There are several reasons, (1) all do not know of its worth, (2) all do not appreciate the fact that the best is the cheapest.

We should like to double our number of readers for 1877, yea, we would like every Homœopathic physician who *can* read it to peruse every issue. We should like to give it to every one who does not feel able to pay for it. If you know of a poor, worthy, struggling physician who would appreciate this journal, send name, address and circumstances to us, please.

Students should be encouraged to take medical journals. The great demand seems to be for clinical demonstration. Many declare that this journal is as good as a course of lectures, as it gives a fair view of practice.

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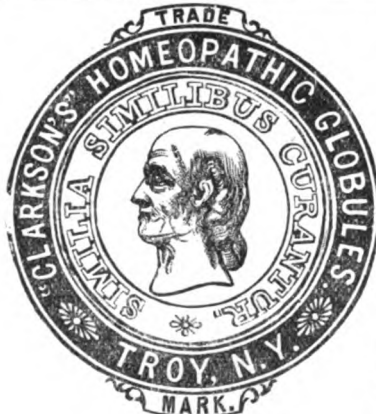
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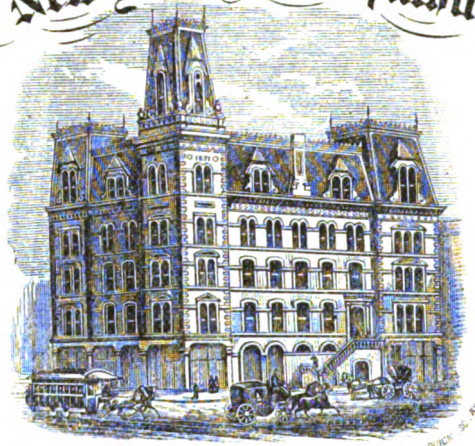
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**New Business of 1875 Twenty per cent. Greater than that of 1874.**

**DEATH LOSSES DECREASED.**

**Interest Income Pays Death Losses.**

**Not a Single Unpaid Death Claim.**

**Low Mortality and Solid Growth.**

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The increased longevity of life—Homœopathically treated—being once fully established and placed in the statistical tables of the official reports of State Insurance Departments on a basis where it is impossible to disprove it; how much smoother will become the pathway of every Homœopathic physician. This is the object for which this company was organized, and the officers are ably and honorably rendering to the profession an account of the trust reposed in them. Here is an opportunity for the broadest reciprocity. The dollar is not all on the side of the company. Every physician can do something; either take out a policy on his own life, or induce some friend or patron to do so. If every physician would secure one policy during this Centennial year, what a grand report would be made Dec. 31, 1876. Will each contribute his mite? We can assure them it will be appreciated and acknowledged. The following named statistics, issued for public distribution, will make a good financial return to those who take an interest in furthering our success:

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*Yours for the Cause,  
J. C. Duncan.*



THE  
UNITED STATES  
MEDICAL INVESTIGATOR.

A SEMI-MONTHLY JOURNAL OF MEDICAL SCIENCE.

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Therapeutical Department.

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CLINICAL OBSERVATIONS.

REPORTS FROM THE FIELD OF PRACTICE.

[Diphtheria and scarlet fever seems to be very prevalent. Give us your experience, please.]

WAUKESHA, Wis., Nov. 29.—We have had and are now having a great many cases of scarlet fever in a mild and malignant form; the usual remedies, *Acon.*, *Bell.*, *Merc. bijod.*, *Kali bich.*, etc., do well, but in the diphtheritic form have found no remedy to act with promptness like *Salicylic acid* to change the character of the putrid breath and promote a healthy character of the mouth and throat. I use one to three grain doses, dissolved in a table-spoonful of water. When the former mentioned remedies fail, and the diphtheritic patches are in the mouth and soft palate, and the throat very sore, so can hardly swallow any liquids or solids, five to eight grains of *Sul. iron* in half a glass of water, given in teaspoonful doses, one to three hours apart, with *Kali bich.*, has speedily been followed with improvement and health.

V. L. MOORE.

VIRGINIA, Nev., Nov. 24.—We have enjoyed a remarkable im-

munity from epidemics of any kind this year; greatly in contrast with last. Then, typhoid fever, cholera infantum, dysentery, scarlatina, and kindred diseases, prevailed to considerable extent. This year, but comparatively few cases have occurred. Last year, the season was quite unfavorable — no rain for some six months, the evaporation from defective sewerage filling the air with a typhoid miasm, very fatal in its effects. This year we have had rain about every month during the summer, so that if a few cases came on, a smart shower would clear up the atmosphere, carry off the surplus filth, and thus nip a threatened epidemic in the bud. The cases coming under my care have been mostly dysentery, cholera infantum, mild typhoid fevers, scarlatina and diphtheria, all responding readily to the usual remedies, except in one family where I was called in consultation, in which diphtheria assumed a malignant type. One of the children, a little boy, died the next day, the destructive process having invaded the larynx. A sister of the deceased, some nine or ten years of age, had been sick a week or more. The fauces, tonsils, and velum palatis were almost covered with dirty white patches, exuding an ichorous discharge of intolerable fetor. The same kind of matter was discharging from the nostrils. The decomposed membrane had separated from each side of the uvula, leaving deep, ugly-looking, ulcerous cavities — in fact, the uvula was nearly destroyed. Hoarseness; cough; difficult respiration and articulation gave warning of mischief to the respiratory organs. Although the attending physician had used *Phytolacca*, *Kali bich.*, *Merc. iod.* 200, and the like, and in view of all the circumstances the case looked rather forbidding, calling to mind a similar case, where I used *Tinct. Ferri murialis*, with prompt relief. I advised twenty drops in half a glass of water, a teaspoonful to be given every hour for a few times, and then every two hours — with a free allowance of milk punch, and a gargle of *Alcohol* and water. The next day there was a slight improvement, the next, still more; the patches separating, and looking healthier beneath, and in a few days more, with an occasional dose of *Apis 3x*, became convalescent. Two other cases I have seen, one under Eclectic, the other, “regular” treatment, but too late to be of service, both dying of diphtheritic croup in a few hours after being called. Concerning the case referred to, on page 398, Vol. III., I would remark that knowing all the facts, symptoms and circumstances of it, from first to last, I never have had the least doubt of the man having died of cerebral typhoid fever.

H. KNAPP.

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### CONSULTATION CASES.

#### WHAT SHALL I DO FOR THIS MAN?

David H., aged sixty-two, about a year ago fell from a loaded wagon, some ten or twelve feet, striking upon the crown of his head; was stunned, could not speak or see or move, but was conscious of what

was being done for him and what was said. An Allopathic physician (not Old School,) was called — recovered his speech, sight, and locomotion, two hours after the accident, when it was found that the neck, shoulder, and arm (right side), were paralyzed, could not move a finger; remained in this condition for a month, when he recovered the use of the arm and hand sufficient to write. Has never been free from pain in the neck, arm, and hand. Continued under Allopathic treatment with three different physicians for six months. For the last six months has had no treatment except to take anodynes. At the present time the symptoms are all much aggravated; pain in the head, described as headache and distress; pain in neck, shoulder, arm and hand; can raise the hand about half way to the head; has never rested well nights; is now very sore to the touch *all over*, cannot even bear to have the finger-nails trimmed on account of the pain it causes; has burning, sticking pains; cannot bear the heat of the stove; hands and feet very cold to others, but burning-hot to the patient, feel as if they were in the fire; so sore all over cannot lie any length of time in any position; appetite fair. Prescribed *Gels.* 3. Think of trying electrical treatment on him.

Will some good brother give me some advice, soon please. If I can relieve him it will be a feather in the Homœopathic cap in this benighted region of  
LONG ISLAND.

#### ENLARGEMENT OF THE STOMACH. — A NOVEL CASE.

I have had under observation and treatment, since the 24th of January last, the case of a gentleman about sixty years of age, of sanguine temperament, and heretofore, of general good health, in which there is no evidence that anything has passed the pylorus in all that time, about ten months. When first called to the case, he had been vomiting every day or two for more than a week. What he ejected was exceedingly acrid, and consisted mostly of partially dissolved food. The stomach was then found to have settled down and to the right, so as to occupy centrally the umbilical region, and when the patient was in a recumbent posture and the abdomen naked, the peristaltic motions could be seen almost as distinctly as if the abdominal walls were absent. Manipulation would start the direct action, making a few efforts to force the contents through the pylorus, then, after a moment's quiet, the reverse action would begin, and he would feel inclined to vomit.

The stomach has continued to enlarge until it now occupies nearly the whole abdominal cavity, and the latter has expanded until now it is like a woman in the seventh or eighth month of utero-gestation. No tumefaction is now, or has been, perceptible by palpation. Manipulation excites peristaltic action, when the greater and lesser curvatures, and in fact, the entire outline of the stomach, is visible as well as palpable. No tenderness; pulse normal; tongue healthy; no bad taste in the mouth; appetite good most of the time, but very capricious, requiring frequent change of diet.

The stomach being expanded to five or six times its natural size, the thereby increased absorbing surface must account for the improved nutrition of the body, and increased strength. But both are now failing again. The greater expansion of the stomach lessens the power of contraction, hence he is now scarcely able to throw off a pint, whereas, in March and April, he used to eject with great force, two to three quarts. He formerly felt and appeared very empty after vomiting; now it makes no perceptible difference in the size of his abdomen or his sensation of fullness.

The effect upon his nutrition has been watched with much interest. In April he became much emaciated, and so weak that he was obliged to ride to and from his business; but as his stomach enlarged, its absorbing surface increased, so that he in a great measure regained his weight and strength. During the summer and autumn he has superintended his business, and used the brush himself considerably in painting campaign flags and transparencies. But lately he is failing, so that he gave up his shop the first of this month (November,) but is still about.

For the last few weeks he has experienced a sensation which he refers to the cardiac orifice, as of something moving aside to allow the food to pass into his stomach. He passes a small but natural stool from one to three times a week.

His business is that of a painter, which he left a few years ago, for six years, with the result of general improvement of weight and strength. The obstruction is probably at or near the pylorus. What is its nature?

I am of opinion that it is in the class of new formations. Wagner says: "Connective tissue hypertrophy occurs very often, and in almost all organs," and says further, that "Kussmaul and Maier found in a case of chronic lead-poisoning, stronger development of the submucous tissue of the stomach and intestine." Among the consequences of papilloma he encounters "narrowing of the canal inclosed by the affected mucous membrane."

Da Costa relates a case of fibroid thickening (fibroma) which was limited to the pylorus, but says it may extend throughout the whole stomach, and gives as a differential diagnostic symptom from cancer of the stomach, "absence of severe pain."

BUFFALO, N. Y.

A. S. HINKLEY.

[This is an interesting case, viewed from a physiological standpoint. It will help settle the question whether fecal matter is an excretion or secretion.—ED.]

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#### CARBOLATE OF IODINE.

Dr. Skeels, in your journal, current volume, page 453, asks me some questions about something called *Carbolate of Iodine*, as if I knew anything about it. A certain Dr. Taber, of Atlanta, Ga., is the man he

wants to find, and it would please me to have him answer the very pertinent catechism. It is a *drug* (?) I have never used, never want to use, (at least until it has been proved,) and judge it will be found to be a *proprietary medicine*.

DETROIT, Mich.

J. G. GILCHRIST.

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### ABOUT CATARRH.

BY P. W. POULSON, SAN FRANCISCO, CAL.

One of our most prevailing sufferings in San Francisco is nasal catarrh: The Old School treats that suffering with poor success, and scores come to Homœopathists for relief. Our practitioners have not yet made a success in catarrh cures, and the reason why is not very difficult to explain. The Allopathic school spoils its chance of success by using topical applications, and the Homœopathist indulges very often in the same fallacy. The Schneiderian membranes must be left alone. Snuff and all kind of irritative injections prohibited, and all lower attenuations or dilutions from drugs abolished. If we wish to cure catarrh, we must resort to high potencies; not lower than 200. Only a few remedies are truly specifics.

*Sanguinaria* 200.—Catarrhal discharges from the nose, of a yellow or grayish-white color. Acts best in bilious constitutions, and in persons of a sanguinary or phlegmatic temperament, whenever atony of the liver exists. Headache in the right hemisphere of the brain, with drawing pain back into the neck, and bilious vomiting.

*Lycopodium* 200.—Thick, yellow discharge, copious and fatty; constipation, prostration, impotence. Palpitation of the heart, and general psoric diathesis.

*Thuja* 200.—Catarrh after measles, scarlet fever, or small-pox. Offensive green or brownish discharge, leaving green stains. Croup, chilliness, gleet, leucorrhœa, asthma and headache.

*Kali bich.* 200.—A remedy next to *Thuja* and *Sanguinaria*, and of greatest importance when the nostrils are filled with a dry, hard crust, bloody at the edges, when discharged. Itching pains in the os ethmoideum, crista nasalis, or in the septum narium, which irritation often affects the periosteum of the os maxillary superior. Scarcely ever is any other remedy needed. I have cured numerous cases only by those remedies mentioned. One precaution has to be taken, and it is, not to repeat the remedy beyond the period of a full reaction. I generally give one remedy every other day, in the morning, and half an hour before breakfast, and for one or two weeks. If the reaction, with a profound discharge should occur sooner, then all repetition of the remedy is discontinued at once, and without any more medication the patient is cured permanently, from between four and eight weeks. When after the third week a steady improvement goes on for two or three weeks, and aggravation then sets in, one or two powders

of the appropriate remedy is necessary. Such a demand exists very seldom when an exact diagnosis has been made from the start.

Local applications should never be resorted to, because they are infirm to remove a constitutional suffering, which by such means becomes chronic, and destructive to the organism. Remove the cause, and the local symptoms will disappear, when the dyscrasic condition of lymph does not longer exist. A cold, small douche, allowed to operate once a day, for a few minutes, at the root of the nose. can in some dormant cases, be used with some advantage.

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### CALIFORNIA, ITS MINERAL WATERS, CLIMATES, ETC.

The mineral waters of California, like its climates, are "legion." The springs near Gilroy, Soledad, Paso de Robles, and, in fact, all those best known south of San Francisco bay, are hot sulphur springs, highly charged with *Sulphates of Magnesia* and *Iron*. The Paso de Robles hot sulphur springs are in San Luis Obispo county, on the head waters of the Salinas river, about two hundred miles by rail and stage south of San Francisco county, and being better improved, and affording superior accommodations to any south of "the city" (as San Francisco is popularly styled in California), are most frequented; though being on the east side of the coast range of mountains, the climate in summer is too hot for absolute comfort.

There are several other very fine hot sulphur springs in San Luis county, near the coast (west of the coast range) which are very much more desirable as to climate than the better known springs already mentioned. At the Newsom hot sulphur springs (100 degrees F.) there is absolutely no hot weather, and the winter climate is so mild that the proprietor has gathered tomatoes for four years in succession *from the same vines*. They are within an hour's drive from one of the finest reaches of sand beach on the coast, and fourteen miles from the newly created city of San Luis Obispo, where there is a fine old "mission" church, over one hundred years old, and where one of the principal streets is shaded by beautiful olive trees, which are as old as the church. All the valleys east of the coast range are hot during the day, in July, August and September, but the nights, with rare exception, even in the torrid zone of the Sacramento and San Joaquin valleys, are delightfully cool. The coast towns of Santa Cruz, Monterey, Santa Barbara, etc., having ranges of mountains in their immediate rear, are pleasant the year round, with the drawback of frequent morning and evening summer fogs. The towns in large valleys opening to the ocean, as those of the Salinas and Santa Maria rivers, have cold winds, fogs, disagreeable summer climates, very trying to the lungs, and an impossible residence for asthmatics.

Lake county (whence I write) is simply the extinct crater of an ancient volcano, surrounded by mountains, and there are abundant evidences of solfataric action yet remaining in the Geysers and

Harbin Springs, and there is a hot soda or borax spring, that wells up from the bottom of Clear lake, near Soda bay. The most lovely landscape I ever beheld was in reaching the crest of the mountain road from Cloverdale last April, when the whole valley was clothed in its spring vestments; the whole main portion of Clear lake in view, and in the background two ranges of high mountains, the more distant yet clothed in its winter mantle of snow.

Mineral springs of decided character and varied type are as common as grasshoppers in this county. The best known and most patronized of all the springs of Lake county, are the Bartlett; situated among the mountains in the northeast corner of the county, whence daily lines of stages connect it with the nearest railroad at Cloverdale, Calistoga, and Colusa. This spring is of cold, clear water, depositing no sediment, and making no incrustations. It has a slightly "tart" but pleasant taste, and (I have never been able to find any analysis) is famed for its depurative action on the kidneys and skin, and for the cure of blood and skin diseases and ulcerations. It has also quite a reputation in the cure of rheumatism (a rather prevalent disease of the coast,) but I do not consider it at all equal to the hot sulphur springs in this disease.

This location is not an inviting one; and though, during the present season, much useful improvement has been made, and considerable additional hotel and cottage room been added, it is destitute of trees, and without irrigation or natural or acquired beauty. Still, every room and shanty is full of invalids and tourists, and still they come. Allen's spring, three miles from Bartlett's, is as fine "plain soda" as can be got up in the best ground marble and *Sulphuric acid* mill. The gas bubbles up freely from the bottom, and it is simply a pleasant drink in hot weather. The buildings at Allen's are good, and the surroundings pleasing and tasteful.

Lake county includes in its borders the famous *Sulphur* bank quick-silver mine, perhaps the richest mine of this mineral in the state, and around which native *Sulphur* is lying by the car-load. Here, also, is the famous *Borax* lake, where huge crystals of pure *Borax* are dug from its bed in practically unlimited quantity. We have also at Witter's, Pearson's, the Highland, Anderson's, Harbin's, and others, *Borax*, *Soda*, *Iron*, *Sulphur*, and (as few of them have been carefully analyzed) the Lord only knows what besides. All claim superior curative properties; but the "springs" business is evidently overdone here, and I am sure they do not all "pay."

The climate of Clear Lake county is as pleasant as any interior climate in the state. Its valleys are well timbered with the finest oaks I have seen in California, and the higher mountains are mostly well covered with pine forests of good quality. Land (rich alluvial bottom) sells at \$40 to \$100 per acre. For consumptives, Clear Lake valley is the best (summer) climate I have met with anywhere on this coast; while rheumatism, and syphilis, and skin, blood and glandular diseases are most benefited at Paso de Roble, and the other hot sulphur springs further south. In establishing a paying business at the Paso

de Robles springs, several proprietors were ruined, and it was only in a wealthy San Franciscoan taking a controlling interest in them, and expending a large amount of money in valuable buildings and improvements, that they have become, perhaps after Bartlett's, the best paying institution of the kind in the state.

All persons contemplating a visit to California should bear in mind that it seldom or never rains during the summer months, and that the dust in all public streets and roads (destitute of sprinklers) is something fearful; that the coast towns are clothed in a nightly (summer) shroud of fog; that the interior valleys are *hot*, and some of them more malarious than the Missouri or Mississippi river bottoms. That it is a region of mountain ranges, and that three-fourths of the land consists of only more or less poor stock range. And yet we raise (this year) more wheat than any state of the union, and with a much smaller expenditure of labor and capital.

The ranks of our profession in California are well filled; and quite as much talent, patience and cash are necessary to enable a physician to establish himself here as elsewhere. Fees, however, rule somewhat higher than in the eastern states; fruit is universally plentiful, good and cheap, but little fuel is required, and on the whole, this is a goodly land.

UPPER LAKE, Cal.

E. KIRKUP.

### *HOT SPRINGS, ARKANSAS, AS A HEALTH RESORT.*

Thinking a few lines from this fast becoming celebrated health resort would be acceptable, we take the liberty of sending this communication. The question is often asked whether Homœopathy is a success here at the Hot Springs. If our opponents are allowed to answer they do their best to form a general opinion that it is a failure. The *facts* are, that it is a complete success. The principles and practice of Homœopathy are in full accord with these wonderfully healing waters.

Our opponents of the self styled "Regulars" are, from their false standpoint of education, utterly unable to appreciate the true curative elements of these waters, or see anything curative in them but heat. The main figure the heat cuts is in preparing the finest solution of mineral substances ever discovered by man.

The "regulars" throw out of their materia medica *Silicea* and *Calcarea* as being inert. These and their basic compounds are the *principal* elements of these waters. It is natural that those denying any medical virtues in these elements should look to the heat of the waters as their principal curative element. In many cases the heat and magnetism undoubtedly assist the system to absorb and appropriate to itself the health-giving elements held in solution in these waters. We can safely say that of the many thousands who have received benefit here a fair description of every case may be found in



Hahnemann's *Materia Medica* and Hull's *Jahr*, under the pathogenetic of *Silicea* and *Calcarea*.

The so-called "Regulars" here, are of the class that thoroughly believe that any patient to *recover* must first be *reduced* to the point of a crisis. They put their patients all into the bath at about the same degree of temperature, no matter what the disease or condition of the patient may be, and if such wholesale treatment brings ninety-nine out of one hundred down sick in bed for from a week to a month and sends some to a speedy reckoning with their Maker, why they simply, with impudence amounting almost to sublimity, tell them that this is just what they wish, just as it should be, and that no one can get well without first having this "b'ck-set," as they call it.

We know by *experience* that this is *not* so. Each case should be thoroughly examined and such advice given as that particular case calls for; if such advice is judiciously given and faithfully followed no patient coming here need have any fears of being made worse by the waters.

I omitted to say that if the "Regular" cannot bring his patient down fast enough by excessive hot bathing he will administer the most enormous doses of drugs—doses that would be considered criminal anywhere else in the world—from two hundred to three hundred grains a day, being a common prescription of *Iodide of Potash*. *Mercury* being given and used as ointment in full as large proportion. *Mercury* and *Potash* being frequently combined in the same prescription. The reputation of these waters is being very much impaired by this wholesale murderous practice of the dominant school. In spite of these drawbacks, there are a larger per cent of invalids visiting these springs benefited than at any other health resort in the world.

Our geographical, or rather topographical situation, is one of the most healthy. We are about 1300 feet above tide water in the Gulf of Mexico, and 600 to 800 above any low, marshy land of this state. The whole country is mountainous, with fine streams of water. The mountain sides are covered with yellow or pitch pine and oak. Where we find these three things in combination, viz., mountain elevation, pitch pine and swift running waters, we may confidently expect a healthy location. Patients who have visited the "Old World" tell us that our country and climate is more like Switzerland and Italy (except our mountains are not so high), than any place they ever visited.

During all the hot weather you have been experiencing this summer we have only a few times seen the thermometer indicate over 90 degrees, and only once 96 degrees. Evenings are always cool, ensuring good rest for all, sick or well. There is no day but we have refreshing mountain breezes. I have not seen any as oppressive hot weather here as I often experienced in extreme northern Illinois. I will close his article with a statement of the elements found in these waters by qualitative analysis: *Silicates* with base, *Bicarbonate of Lime*, *Bicarbonate of Magnesia*, *Alumina* and *Oxide of Iron*, *Carbonate of Soda*, *Carbonate of Potash*, *Sulphate of Magnesia*, *Chloride of Magnesia*, *Sulphate of Lime*.

Of the first two the principal part, the others in very small quantities, most of them only a trace. The temperature varies from 90 degrees to 150 in the different springs. The elements differ very little in the different springs.

HOT SPRINGS, Ark.

BROOKS & ORDWAY.

### A SYMPTOM OF PUERPERAL SEPTICÆMIA.

During the last two years I have had under my care six cases of the above disease. In two cases it had its origin in prurulent absorption from lacerations of the vaginal mucous membrane. One from absorption of the discharge from decaying adherent portions of the placenta. The other three from causes which I could not discern satisfactory. The duration of the malady was from one to three weeks. In one case only did the mother lose the milk — this was the worst case.

I wish to call attention to one peculiar symptom, which was the first to appear, and the last to leave, and was so prominent and persistent that I would like the opinion of my colleagues as to the Homœopathic remedy, if any, for that characteristic symptom, namely :

*Chilly sensations and actual cold rigors when touching anything cold.*

It mattered not what the substance was — only that it was cold — although cold sheets, marble, dishes, etc., seemed to arouse a chill the quickest. A drink of cold liquid had the same effect, and even the sight of a piece of ice. The chill seemed to start from the point of contact, and run all over the body.

I looked in vain through all our repertories (except Benninghausen) but could not find the exact simillimum. The nearest remedy I could find was *Ars.*, which has "chill when drinking," (also *Cup.*, *China*, *Nux. Tart.*, *Verat.*). I cannot find the symptom, chill on touching cold things. If any reader of THE UNITED STATES MEDICAL INVESTIGATOR knows of a remedy having this symptom, please let us know.

I will add that these cases were all treated with *Arsenicum* 2x, *Salicylic ac.* (in doses of one to three grains every four hours.) and in one case *China* and *Veratrum* seemed to act well. I believe I saw the best effects from *Arsenicum*, and I think the patients to whom I gave *Salicylic ac.* improved the more rapidly from its use. I know that it is asserted by some Continental authorities that it has no antiseptic effect when taken internally, but I cannot believe this when I see its prompt, almost magical effects in inflammatory rheumatism. If it acts on rheumatism it must act on the blood; and if it antidotes the rheumatic poison, why not the septic?

We ought to have provings of this drug, not only on men, but animals who have been poisoned by septic substances given them internally, or injected into their circulation.

Contrary to my expectations, I have not found it the equal of *Carbolic acid* as a local application in fetid discharges from the uterus and vagina.

E. M. HALE.

**TELA ARANEA, BLACK SPIDER WEB.**

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

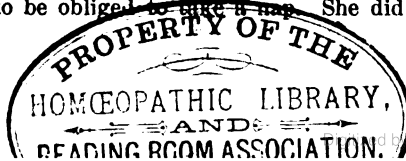
I wish to call attention in this paper to some remarkable virtues possessed by the above remedy, and to some experiments made by me and the results.

**ASTHMA.**

I had been treating Mrs. S., an old lady seventy-nine years of age, for asthma. She had been subject to the complaint for thirty years. I found *Nux vomica* 200 of good service, the attacks coming on at 2 A. M. and lasting until 4 A. M. At other times *Lachesis* 30 seemed to benefit her—the attacks awaking her from sleep, being obliged to sit bent forward, and the complaint greatly aggravated by having any pressure made above the neck. Whenever the paroxysms became very frequent and violent, an attack simulating cholera morbus followed which relieved the asthma entirely for the time being. There were sharp, cutting pains in the bowels, extreme nausea, copious watery discharges—very exhausting; cold, clammy sweat, and frequent sinking spells. *Veratrum alb.* 6 would relieve all of these symptoms in a short time, but was of no benefit during the asthmatic attacks. Some three months ago she caught a severe cold, which greatly aggravated her old troubles. She coughed almost incessantly day and night; a white, frothy matter being expectorated with a good deal of difficulty. She was unable to lie down at all, but sat up, bent forward day and night. Extreme nausea and disgust for food were prominent symptoms. Before making the following prescription she had scarcely slept at all for three days and nights: At eight o'clock A. M. I gave her a number of powders containing about five grains each of *Tela*, 1st trituration, one to be taken dry every hour. By afternoon her cough was much better, expectoration much easier, and she felt generally relieved. At 3 P. M., she took a nap and slept until 6 P. M. She fell asleep again at 10 P. M. and slept until morning. Cough almost gone and breathing perfectly free. I had forgotten to say that she needed no propping, but slept with her head on an ordinary-sized pillow. The next afternoon she was obliged to take another nap. Suffice it to say that she has enjoyed refreshing sleep every night since, with no cough, nor indeed any trouble whatever from her old complaints.

**BRONCHITIS.**

Miss J. B. had suffered from bronchitis for three weeks before calling to see me; had taken various domestic remedies without avail. Cough worse on lying down at night, with frequent waking and coughing-spells until morning. A tickling sensation in the throat invariably brought on the cough. The expectoration was white and frothy and difficult to get up. She was quite worn out with coughing and want of sleep. *Tela*, 1st trituration, a powder (five grains), every hour, prescribed at 10 A. M. At three o'clock in the afternoon she was so sleepy as to be obliged to take a nap. She did so, and slept until 6



P. M. She retired at 9 P. M. and slept throughout the night without any trouble from the cough. Six weeks have elapsed, and she is still well. The action of the *Tela* in this case was something surprising. The cough, with all attendant symptoms was subdued immediately. A brother of the young lady just mentioned, was shortly after the subject of an attack of bronchitis. The symptoms were similar to those of the case just mentioned. *Tela*, 1st trituration, given in the same way, gave immediate relief.

#### INSOMNIA.

Now, I wish to note another action of the *Tela*, that is, its power of producing quiet, natural sleep. The asthmatic patient had been affected for a long time with insomnia. At times, when not at all troubled with cough, she would lie awake from shortly after midnight until daylight, not suffering any pain, but simply wakeful. Several times, after the abatement of the asthma, she experienced this wakefulness, but a few powders of the *Tela* dissipated the trouble at once. Miss J. B. was afflicted in the same way, but since taking this remedy, she enjoys quiet and refreshing sleep. A lady patient, inclined to be melancholic, has been troubled with insomnia more or less for several years. *Aletris*, *Bell.*, *Atropine* and *China* benefited her at different times. A month ago she asked me to give her something for her old trouble which had returned. I prescribed the *Tela*, as in the other cases. The remedy acted immediately, so to speak, and she is now quite free from her distressing complaint. I could mention several other cases benefited by this remedy, but will postpone it until another time. In several cases of hysteria, in which I have prescribed *Tela*. I have derived no benefit, although I hoped for a great benefit from it in this disease. As regards the action of *Tela*, I think this much may be relied on: If it acts at all, it will do so very rapidly. If you have a sleepless patient, and the remedy is the appropriate one, a good night's rest will almost certainly follow. The young lady with the bronchitis said the remedy acted in her case "like magic." I hope to be able to say more of this remedy in a future article, when I shall have finished some experiments I am now making.

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### EXPERIENCE IN THE TROPICS

#### WITH VERATRUM VIRIDE, BAPTISIA, AND GELSEMIUM.

[Through the kindness of Professor John C. Morgan, of Ann Arbor, we favor our readers with the following interesting correspondence]:

DEAR SIR AND RESPECTED COLLEAGUE: In the first place, you desire to know what dilution of *Veratrum viride* I use for congestion, and what medicines follow it?

#### EXPERIENCE WITH VERATRUM VIRIDE.

Since I am acquainted with this valuable agent, I have always

used the 1st decimal dilution in the liquid form, regulating the dose according to the circumstances of the case. I never tried any other dilution, and as I am satisfied with the first decimal, I have not seen fit to employ any other. In fact, I use it merely as a mechanical agent, to reduce cerebral congestions, or to overcome severe muscular spasms, and therefore I consider it necessary to make use of strong doses. I have no doubt it will prove to be one of our most powerful polychrests, from what I see in Dr. Hale's "New Remedies"; but as we do not possess, as yet, a complete and exhaustive proving, in which the action of attenuations, as well as the mother tinctures, are equally represented, I have not considered it safe, or at least wise, to employ the medicine in medium or high dilutions, with a view of obtaining its dynamic effects. My object, therefore, has always been to profit by its primary or direct symptoms, and obtain its palliative action. And in this I have succeeded so well, and its effects have been so striking and satisfactory, that some of my Allopathic confreres in this place begin to use it quite extensively in their practice, and report successful results; and this with drop and half-drop doses of the common tincture of *Veratrum viride*, sold by the Allopathic druggists.

In regard to the medicines following, that, of course, depends on the nature of the case, its symptoms, etc.

In serous apoplexia, cerebral hyperæmia, or congestion, after the violence of the attack is subdued, I employ the remedies which are indicated by the totality of symptoms, viz., if there is comatose sleep, loud breathing, etc., *Opium* 200; if I have reasons to apprehend that effusion has taken place, *Arnica* 200, *Hellebore* 200, *Iodium* 200, etc., etc.

For tetanus, a common disease in this latitude, I use first the *Veratrum viride*, in two, three, or even four-drop doses, frequently repeated, until complete relaxation of the muscles is obtained. Then other remedies come into play, *Secale*, *Nux vom.*, *Strychnia*, *Aethusa*, etc., all at the 200th potency.

Puerperal eclampsia is a disease in which *Veratrum viride* has gained great victories in my hands. Of course I use it as in tetanus, in comparatively large doses, until the spasms are conquered; and then call to my aid *Belladonna*, *Nux*, *Ignatia*, *Pulsatilla*, all at the 200th.

In infantile convulsions of any kind, whether in the primary stage of eruptive fevers, venereal affections, or gastric disturbances, I promptly recur to *Veratrum viride* to overcome spasms; and then the indicated remedies follow, generally at the 200th.

I tried this remedy twice in sudden congestion of the lungs, which presented a complete picture of angina pectoris, and in both it acted like a charm.

#### EXPERIENCE WITH BAPTISIA.

*Baptisia* I have always used in the 1st decimal dilution, liquid form also; but during the last four months, I have been giving it a trial in globules of the 30th, and the result has been quite as favorable, so far. Of course, I have only employed it in mild cases, for having obtained

good results in severe cases with the low, I have not cared to try the high dilutions in similar cases, for fear of losing precious time; however, I intend to try and use by degrees, more extensively, the high dilutions.

I use *Baptisia* in many tropical fevers that, without being exactly what is termed gastric fever, have some of the symptoms of that disease. In fevers, for the use of *Baptisia*, I consider as characteristic indications, a thick white coating on the tongue, and a small, rapid pulse. In the first stage of yellow fever, its use has also given me satisfactory results.

As for the medicines following it, I repeat what I have already said in relation to *Veratrum viride*. I am guided by the symptoms, and use the remedies generally at the 200th. But I must here remark that in the majority of our fevers, when the symptoms of *Baptisia* are present, I need no other remedy.

#### IN REGARD TO GELSEMIUM,

I will say that for dilating the os uteri in labor, I use the 1st decimal, liquid form; for fevers, the 3d or 6th; and for neuralgia the same. I saw, once, a very decided and well-marked aggravation from half-drop doses of the 1st, in a case of prosopalgia.

¶ You ask me if I have treated many cases of pernicious intermittent fever. I answer, that this disease is my daily foe for at least five months in the year; and sometimes we have it in an epidemic form, conveying almost as many victims to the grave as Asiatic cholera. This is especially the case under Allopathic treatment, when the extremely large doses of *Quinine* do almost as much mischief, if no more, than the disease itself. I have seen one hundred grains given at one dose, and without waiting for the apyrexia, or well-marked abatement of the pulse. Of course the almost inevitable result is death from paresis of the brain.

But on the other hand, I cannot boast of curing this disorder without *Quinine*. I must honestly acknowledge that I would not run the risk of treating this fearful malady without such a precious agent. The only difference is, that I invariably wait for a complete apyrexia, and that I have never administered above thirty or forty grains altogether. For common intermittents, without pernicious symptoms, I never use *Quinine*, for I generally succeed with *Arsenicum*, *Nux*, *Cedron*, *Natrum muriaticum*, etc., all at the 200th potency. Dr. Lord's book on intermittents has been of great value to me, and I frequently refer to it.

During the access of the fever, I treat the case according to symptoms; with *Aconitum*, *Belladonna*, *Bryonia*, *Rhus*, etc., at the 200th; or *Baptisia*, *Gelsemium*, *Veratrum viride*, at the 1st decimal, and I have no reason to complain.

Malignant remittent fevers, I generally treat with attenuated or dynamized remedies, according to indications. Although we do not possess a regular proving of the remedy we call *Fiebr amarilla* (yellow fever,) I have been led by clinical experience to employ it, as I said

before, in many of our fevers, and I must report very favorably on its results. I generally use it in globules of the 30th.

I hope I have been able to answer satisfactorily your questions. Be assured that I have done so with great pleasure. Should I have it in my power to oblige you, or afford you any information on any point of practice in the tropics, I should be most happy to do so.

SANTIAGO DE CUBA.

JOSE I. NAVARRO.

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## THE LIMIT OF MALARIA.

### HOW IT MAY BE CONTROLLED.

Read before the Western Academy of Homœopathy.

The history of all the old settled states gives us this fact: We in former years had a great deal of ague here, but since the land has been well cultivated and the timber cut off, the disease has disappeared, or nearly so.

In Europe they have now very little intermittent fever, while in the days of Cullen, Sydenham, Hahnemann, etc., there was a great deal. It is supposed that cultivation has driven away the disease. That malaria is not due to decomposing vegetable matter seems to me self-evident, for after cultivation there is, perhaps, much more decomposition going on than ever.

I think malaria is a nonentity, and that the effect attributed to malaria is due to the vapor rising in the atmosphere. The whole is due to surface moisture, and surface evaporation. That the question of limiting malaria is largely a question of cultivation, i. e., surface drainage, is the settled conviction of the oldest inhabitant.

The pathology of intermittent fever is quite well settled to be a congestion of the spleen, which is brought about by repeated chilling, and inhaling a carburetted hydrogen vapor, which deteriorates the blood, thus tending to portal disturbance and congestion. There is also an exhausted nervous system, which favors the congestion and portal disturbance.

That the amount of surface moisture has much to do in giving rise to ague, was seen in the last two years. Dr. Miles, of Booneville, Mo., says: "In 1874 it was very dry, and we had scarcely any intermittent fever; 1875 was very wet, and we had ague worse than we have had it for a long time."

A study of the topographical malarial map, of the ninth census, shows that moisture is an important element in limiting the boundary of malaria.

Presuming that the recorded deaths from malaria include those from intermittent, remittent, and typho-malarial fevers, I have drawn off a comparative list from the vital statistics of the ninth census of the whole United States for 1870,

## BY STATES.

State or Territory.*	Intermittent.			Remittent.			Typho-malarial.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Alabama	229	179	408	183	153	346	8	5	13
Arizona	2	2	2						
Arkansas	165	145	310	70	59	129			
California	47	48	95	22	21	43	1		1
Colorado					74	4			
Connecticut	6	1	7	11	10	21			
Dakota					71	1			
Delaware	5	8	12	4	86	10			
District of Columbia	7	8	15	2	4	6			
Florida	468	162	130	52	32	84	10	16	26
Georgia	197	206	405	147	153	300	11	20	31
Idaho							1		1
Illinois	333	280	613	143	132	275	12	5	17
Indiana	196	194	390	73	58	131	6	6	12
Iowa	49	45	94	27	40	67	3	1	4
Kansas	93	85	178	33	29	62	8	5	13
Kentucky	115	108	223	56	55	111	1	1	1
Louisiana	380	257	637	99	100	199	4	7	11
Maine	13	14	27	5	7	12	1	1	1
Maryland	42	39	81	37	36	73	3	3	3
Massachusetts	9	6	15	25	23	48	2		2
Michigan	73	80	153	45	52	97	2	1	3
Minnesota	5	4	9	2	4	6	1	1	1
Mississippi	208	169	377	126	133	259	3	2	5
Missouri	459	340	799	141	112	253	8	5	13
Montana							2	1	3
Nebraska	9	2	11	1	4	5			
Nevada	4	4	8	6	2	8	9	3	12
New Hampshire	1		1	5	15	20			
New Jersey	16	20	36	15	26	41	1		1
New Mexico	3	9	12	13	18	31			
New York	60	64	124	170	142	312	2	5	7
North Carolina	101	103	204	122	119	241	4		4
Ohio	128	120	248	53	58	111	5	9	14
Oregon	3	5	8	2	4	6			
Pennsylvania	69	57	126	59	65	124	7		7
Rhode Island	1	1	2	3	2	5			
South Carolina	113	113	226	74	67	141	11	18	29
Tennessee	201	165	366	93	112	205	1	1	2
Texas, east of Colorado river	251	225	476	132	114	246	4	5	9
Texas, west of Colorado river	69	51	120	45	36	81	4		4
Utah	5	5	10	1	1	2	2	1	3
Vermont	3		3	8	2	10			2
Virginia	78	53	131	55	65	120		2	2
Washington Territory	1	1	2	1	1	2			
West Virginia	12	6	18	4	5	9			
Wisconsin	17	13	30	15	11	26	1	2	3
Wyoming				1	1	2	1	2	3
Grand total	3843	3299	7142	2188	2093	4281	132	123	260

I intended to compare 1860 with 1870, but had not the time.

## DEATHS FROM INTERMITTENT, REMITTENT AND TYPHO-MALARIAL FEVERS.

Cause of Death.	1850.	1860.	1870.
Intermittent Fever	964	4,550	7,143
Remittent Fever	148	11,120	4,281
Typho-Malarial Fever			260
Total number of deaths	1,112	15,670	11,683

\*Abbreviations: M., Male; F., Female; T., Total. † One Under 4 years. ‡ Aged 1 year. § Four under 5 years. ¶ Under 5 years, males 22, females 24.



## LIVING PERSONS TO ONE DEATH FROM EACH CAUSE.

Cause of Death.	1850.	1860.	1870.
Intermittent Fever .....	24,068	6,911	5,399
Remittent Fever .....	156,702	2,828	9,007
Typho-Malarial Fever .....			217,844

## PER CENT OF DEATHS FROM EACH CAUSE IN 100,000 INHABITANTS.

Cause of Death.	1850.	1860.	1870.
Intermittent Fever.....	4.2	14.5	18.6
Remittent Fever.....	0.6	35.4	11.1
Typho-Malarial Fever .....			0.7

The effect of rank vegetation, like sun flowers, and especially of the *Eucalyptus glob.*, (a leaf of which I send you from one I raised from the seed, two years ago, and now eight feet high.) seems to control malaria. The effect of this in various sections, especially in Spain, and the Campagna, near Rome, in controlling malaria, is noteworthy. I think it due to the abstraction of moisture from the surface, and its great demand for carbonic acid.

Although the question of malaria is largely one of geography, still it will be seen that season and climate have also a bearing upon it. In the paper of Dr. Woodward, which is an epitome of Sydenham's observations, it will be seen he notes the fact that it is largely atmospheric, else why should it disappear for nearly fourteen years?

Malarial diseases being so prevalent in the west, I hope this subject will be continued for consideration next year. T. C. DUNCAN.

## DEFORMITIES AFFECTED BY LOCALITY.

## HARELIP AND CLEFT PALATE.

Dr. Lawson Tait, of Birmingham, in his translation of Dr. Steiner's Compendium of Children's Diseases, adds this foot note to the article on cleft palate: "The varieties of cleft palate seem to vary in frequency in different districts. In the northern and midland districts of England, the most common by far, is the simple cleft of the soft palate, extending only slightly forward into the palate bones, and without harelip. Next in frequency is a more advanced palatal cleft, with harelip. Next the complete cleft and the least common of all is the double cleft, with protruding inter-maxillary bones."

"That geographical situation has much to do with this deformity in the human species, I am quite certain, and in the lower animals it is proved by the fact that all lion whelps born in the London Zoological Gardens have cleft palate, while in other gardens this deformity is unknown."

"In some districts of Yorkshire, cleft palate would seem to be endemic, and that there it is not merely a family peculiarity is seen

by its appearance in children of immigrants, in whose families it was previously unknown. It is markedly atavic." Atavic is from *atavus* an ancestor, from *avus*, a grandfather. Definition: "The recurrence of any peculiarity, or disease of an ancestor, in a subsequent generation, after an intermission for a generation or two."

We record this statement of Dr. Tait, for the purpose of directing the attention of our readers to this subject, and of inquiring if any have noticed this peculiarly in other localities.

#### GOITRE

is another disease essentially endemic "in cold and damp countries, as in the deep valleys of the Alps where the air is moist, cold and stagnant; it is most common in mountain valleys of the Alps, the Pyrenees, the Himalaya chain in Asia, the Cordilleras in America, the high regions of Scotland, and chalky districts of Derbyshire and Nottingham in England."

## Surgical Department.

### THE INFLUENCE OF HOMŒOPATHY UPON SURGERY.

BY WM. TOD HELMUTH, M. D., NEW YORK.

[Continued from page 468].

#### OVARIAN TUMORS.

In the treatment of non-malignant tumors, Homœopathy can show a decided improvement over the methods of cure which are generally adopted by the Old School practitioners; indeed the majority of these formations have to be submitted to the knife in Allopathic hands.

When the members of our school become better acquainted with the physiological action of drugs, and with the *histological* conditions, which call for the exhibition of certain medicines, as lately pointed out by Dr. von Grauvogl; when "organopathy," as Dr. Sharp has it, has been more carefully studied; there can be no doubt that much greater success will be obtained than heretofore. But here the question arises as to the most rational method. Is the knife, when employed for the removal of smaller non-malignant tumors, located in parts not especially dangerous, to be preferred to the use of internal medication? In considering this question it must be remembered that in operative surgery, even in the minor operations, there are always certain risks to be encountered from anæsthesia and tetanus, which cannot be adequately counterbalanced by the length of time, and

slight inconvenience to the patient, required for internal medication. Moreover, should the latter fail, recourse may then be had to operative surgery. Therefore, even in the non-malignant, innocent, bland, or benign growths, preference should be given to medical treatment. I am convinced of this fact the longer I live, and am very willing to plead guilty to having, on many occasions, "cut out" a tumor immediately, without giving internal medication any trial whatsoever; although, in many, very many instances, with the most satisfactory results. In passing to the consideration of those tumors in the treatment of which the least satisfactory results are acknowledged by the Allopathic school, viz., *cystic tumors of the ovaries*; it may be remarked that adeoma of the breast, fibroids of the uterus and other parts, bony tumors, and even aneurisms are reported cured by Homœopathic medicines (*vide* statistics). In speaking of the latter, I exclude those cases treated with *Bromide of Potash, Gallic acid and Iron*, which have been reported from time to time, because I believe these may be better understood when the true physiological action of medicines is more accurately ascertained, and refer only to cases which are reported by those who certainly have, or ought to have, sufficient skill to make a correct diagnosis.

The cystic tumor of the ovary is acknowledged to be beyond the reach of Allopathic medicines, and such acknowledgement comes from the highest gynæcologists at home and abroad.

Professor Simpson thus speaks to his students: "For my own part let me state at once, I have no belief that any drugs or medicines ever removed a *cystic multilocular growth or dropsy of the ovary*; I would as soon expect to remove by them a foot or a hand, or any integral part of the normal body. In any exceptional cases, where internal medicines have appeared to diminish ovarian tumors you may rest assured that a primary error in diagnosis has been committed; and that the supposed ovarian growth was a meteorismic tumor of the abdomen or ascites, or a specimen of some of those other maladies of a curable type, that are often enough mistaken for ovarian disease."

Thomas writes: "After a careful search through the records of the subject, one is forced to the conclusion that an extremely small number of cases exists, substantiating the *possibility* of the accomplishment of absorption by these means."

Peaslee, whose scholarly work is, without doubt, the most carefully and exhaustively prepared of any on this subject, after collecting eleven cases, speaks thus: "Admitting, indeed, that they were actually cures by medication (as I *do not think them to be*), we must then offset these eleven against the many thousands of cases in which all medical treatment has utterly failed. \* \* *There is no known remedy which can be at all relied upon for the cure of ovarian cysts.*" It is unnecessary to go further — space forbids — but attention may be called for a moment to the expression "no known remedy," in the latter quotation. It will be observed that the singular number is used, and it is a "key-note" to the reasoning of the Allopathic physician. To designate a disease as an "ovarian cyst," and set down opposite thereto a remedy for it,

would be ridiculous indeed. Herein lies the advantage of the Homœopathic physician, that he prescribes for the totality of the presenting symptoms in each particular case, changing his medicines as the symptoms vary, and thus is enabled to effect a cure.

In 1855 I reported a case of ovarian cyst which was cured chiefly by *Apis mel.*; other medicines being given from time to time, as the symptoms indicated. In those days comparatively little was known regarding these tumors, but I believe this to have been a genuine case and a genuine cure. I have lately known of another case, in which I was consulted, and which is so really interesting that it gives me pleasure to give it in full. This, for several reasons: 1. Because it has never been published; 2. Because I know there was no mistake in the diagnosis; 3. Because the pressure of the fœtus did not cure it, as is suggested in other somewhat similar cases; 4. Because several tap-pings were resorted to at different times.

The case occurred in the practice of Dr. Baldwin, of Englewood, who has furnished me the following letter, at my request:

DEAR DOCTOR: I first saw Mrs. H. J. D., aged twenty-eight, during confinement Sept. 18, 1872. Delivered of a healthy child without any difficulty. When I came to bandage her, found her still as large as at full term, from dropsical effusion. This was the first intimation to herself or her physician that there was anything abnormal; whatever pain or discomfort she had suffered being attributed to the pregnancy. In consultation with Dr. McVickar, of New York, and Dr. Banks, of Englewood, the case was diagnosed, "ovarian dropsy."

On October 20th following, with Dr. Banks, I removed, by ordinary paracentesis, with trocar in median line, five and a half gallons of fluid, thicker and darker than I have commonly seen in ascites. So highly albuminous that heat and acid rendered it semi-gelatinous. Prescribed *Apis*, and in a short time she recovered her usual health, without immediate return or dropsy.

About Aug. 1, 1873, the patient again complained of stinging, burning pains, in region of right ovary, with tenderness on pressure and motion, with cessation of menses. Resumed *Apis*, and afterward, for varying symptoms, *Arsenicum*, *Conium* and *Platina* also *Phytol.* The abdomen again enlarging, examination revealed both pregnancy and dropsical effusion; which last accumulated very rapidly till the size of the patient was enormous. For fear of possible miscarriage I delayed operation till after the seventh month of gestation; and on March 10, 1874, drew off, by the aspirator, four and a half gallons of fluid. Six weeks later she was delivered of a large, healthy boy, with an entirely normal labor. In the interval between the last operation and her confinement the fluid had again accumulated more rapidly than ever, and continued to do so with constant stinging, burning, sore pains, until the 21st of August, when nearly four gallons of fluid were again removed by the aspirator. The effusion, however, continued, and in consequence of a severe cold, a general peritonitis developed with great severity, and for two or three weeks the patient was in a very critical condition. Recovering from this (*Belladonna*, *Bryonia* and *Merc.* were the principal remedies used), her condition, about the first of January, was as follows: An accumulation of fluid about the same as when I withdrew three and a half gallons; the abdomen being fully as large as in pregnancy at the sixth month. A rapid, irritable pulse, thirst, general prostration, able to sit up only part of the day, loss of appetite, pain and tenderness in right ovarian region, and the water rapidly accumulating. At this

time I consulted with yourself with reference to ovariotomy, believing it her only chance. While awaiting your visit I made one further prescription, viz., *Iodine* 3d dec., given three or four times a day. Decided improvement was manifested within a week. Pain much relieved, appetite and strength improved, and no increase of fluid, as shown by measurement. Under the continued use of *Iodine* alone, the improvement was rapid and continuous. Absorption of the fluid took place, and within a few weeks not a trace of it remained. All treatment was discontinued, and on the 1st of May the patient, for the first time in a year, was able to resume house-keeping, and has to this day remained in perfect health.

You will have noticed that Hempel quotes a case of cure of an ovarian cyst, with *Iodine* water containing one forty-eighth part of *Iodine*. One marked peculiarity of my case is its complication with pregnancy, the safety of operation with aspirator during advanced pregnancy (you will remember it was by your desire I used it), and the perfectly normal deliverance.

SYNOPSIS.

Sept. 18, 1872.—Confinement and discovery of dropsy.

Oct. 20, 1872.—Operation and withdrawal of five and a half gallons of fluid.

Aug. 1, 1873.—Renewal of the disease with the commencement of pregnancy.

March 10, 1874.—Operation and removal of four and a half gallons of fluid.

April 22, 1874.—Confinement.

Aug. 21, 1874.—Removal by aspirator of nearly four gallons. Renewal of disease, which continued till about the 1st of January, when *Iodine* was prescribed; and entire recovery by May 1st.

D. A. BALDWIN.

In recording this case I may refer to one in my own practice. It was one of simple cyst. There was some obscurity in diagnosis, and I sent her to Dr. Atlee, of Philadelphia, to verify the case. This he did. The lady was pregnant; I tapped her and drew off about two gallons of fluid with the aspirator. She was delivered of a healthy child. The tumor refilled. She was put upon strict diet, and *Staphysagria*, *Iodine*, *Apis*, *Bryonia*, *Caulophyl.*, were used as the symptoms indicated. I examined her on the 18th of March last, and found but the slightest trace of the tumor.

For further very interesting records of cures the reader is referred to the remarkable cases of Drs. Black, Hughes, Bayes, Wesselhoeft, Miller, and others, in the statistics.

It was my intention to select some other cases for examination from diseases of the bones, and especially in enchondromatous affections, showing the action of Homœopathic medicine on these tissues; but I find that too much space would be occupied by the recital of individual cases, which can be found properly arranged in the statistics at the end of the paper.

Merely, then, as examples of the beneficial influence that the law of similia has exerted in surgical science, two grave diseases have been selected for comment and comparison. These affections, are at the present time, acknowledged to be the least amenable to internal medication, by the best Allopathic authorities; and yet have been, without doubt, cured in a radical and satisfactory manner by Homœopathic treatment. These cures being established, further comment

in other individual cases is unnecessary. Reference to the subjoined statistics will give, at least an idea of what has really been effected by Homœopathy for surgery, and may serve as an incentive to further trial with Homœopathic medicines before the knife is resorted to. This may be bad for the operating surgeon, but good for suffering humanity; it may allow "the art" to languish, but it will elevate "the science." In conclusion I would say that, though for a number of years I have made surgery a specialty, and have been a lecturer, teacher and writer thereon, yet, until I actually commenced looking into the subject of this paper, I was unaware of the great good Homœopathy has accomplished. The result has done me service in many ways. It has inspired me with new hopes for the future of Homœopathic surgery: it has strengthened my faith in the action of dynamized medicines, and has opened to me a wider field of research and inquiry. And I hope that it may stimulate others in a similar direction.

[TO BE CONTINUED.]

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### *THE HYSTERIC HIP- AND KNEE-JOINT DISEASE.*

BY W. EGGERT, M. D., INDIANAPOLIS, IND.

Read before the Homœopathic Institute of Indiana.

The most protean of all diseases is, beyond doubt, hysteria. There is hardly an organ or part of the body that may not become affected by it. Hence, the almost innumerable mock diseases we meet in the female. It requires often more than ordinary skill to distinguish between the imitation of, and a real disorder. More than once has the good name of a physician been tarnished by mistakes and blunders originating in confounding diagnostications. Much has been said and written about, and still I have found nothing that would give a clear and comprehensive differential diagnosis of the many forms it may assume. Since the time of Sydenham, Whyte, Good, Macintosh, etc., who were the first writers upon this subject, nothing has appeared in medical literature, that would, at a glance upon the whole subject, in a practical manner for diagnostic purposes. A work which would present with marked and unmistakeable force the differential diagnosis of all known forms of hysteria, has yet to be written; and even the mere compilation of all that is practical in this respect, and lies scattered around in medical literature would be of immense value to the medical student. Don't let it be said that we do not need the diagnosis if we heal the symptoms correctly. I admit that this may answer for a majority of disorders, but such ignorance would also be conductive of the most condemnable mischief, particularly in such cases where it has to be decided that if the disorder belongs to the domain of medicine or surgery, or both. It is not my intention to treat presently this subject on the whole, but I prefer to take up one of the

branches, of which comparatively little has been written, and of which experience offers a rather limited field. I therefore invite your attention to this subject of:

#### HYSTERICAL HIP-JOINT AND KNEE-JOINT DISEASE.

Sir B. Brodie was the first who directed the attention of the profession to this disorder. He states that four-fifths of the females among the higher classes of society, supposed to labor under diseases of the joints, labor under hysteria, and nothing else. To this, Dr. G. D. Gross remarks, that with reference to our country this affection is quite infrequent. If so, I must call it my good fortune to find in my case-book quite a number of cases on record. I agree with Sir B. Brodie, that the disorder confines itself to the higher or more fashionable classes of society. Mistakes have been committed in cases of this kind that would astonish the reader, if all that had happened were transmitted to paper.

Women have been ordered to bed, and kept in a horizontal position for weeks, months, and even a year, because the surgeon was supposed to deal with a real hip disease. The diagnosis is, no doubt, often very difficult to make; and the examiner is frequently misled, because the affection may exist without the presence of any other hysterical disorder or symptom whatsoever, and the sexual organs may appear in a perfect state of health. The supposition that hysteria is necessarily associated with a uterine or ovarian disorder, it must be disease.

But before I proceed further, let me remind every physician to follow strictly Hahnemann's advice with regard to the examination of patients, as given in the *Organon*, pages 113-117. Only there our diagnosis as well as our therapeutics will fall in no error. Hysterical patients are particularly apt to deceive the physician by involuntary exaggeration of a functional disorder, which, after all, is real, and unlike a feigned disease, which is unreal. Put your question without predetermining a particular reply, and without receiving in answer nothing but a yes, or no. The symptoms we have to inquire into are mostly subjective; our senses therefore cannot perceive them; we have to accept our patient's statement upon trust, and it becomes our task to see if the symptoms complained of are borne out by the actual condition of the case or not; if the latter, a suspicion about the presence of hysteria would be well founded.

#### DIFFERENTIAL DIAGNOSIS:

##### TRUE HIP-JOINT DISEASE.

The disease attacks principally children and young people.

The patients have always more or less a sickly appearance, because emaciated more or less, and lose their appetite.

Marked expression of suffering and anxiety in the face.

##### HYSTERICAL HIP-JOINT DISEASE.

The disease attacks almost invariably females between the periods of pubescence and change of life, frequently strong, florid girls.

The patients have nearly always a healthy appearance, sufficient *embonpoint* and good appetite.

Absence of any marked expression of suffering and anxiety in the face.

The objective symptoms take prominence.

Pains are more or less fixed, especially behind the trochanter and below Poupert's ligament, the tenderness to pressure therefore exists mostly at the hip-joint, or at the hip and knee-joint.

Pains affect hips and knee-joint usually at the same time.

Pains run nearly always the course of nerves.

Pains keep her awake or awaken her suddenly.

Pains appear usually gradually, and become slowly intensified, the night pains excepted.

Painful startings of the limbs at night, worse frequently when the patient is going to sleep.

Forcible pressure, especially upon the head of the femur, causes the most acute and agonizing pain.

Slight pressure or touch hardly ever causes pain.

Manipulations of the hip-joint are always very painful.

Pressing and knocking upon the sole of the foot causes more or less excruciating pain in the hip-joint, even in the joint of the knee.

The morbid sensibility of the joint is chiefly in its bony structure; it is deep-seated, hence a slight touch, pinch, etc., will cause but little pain, but severe pressure is followed by severe pain.

The limbs appear, in the early period of the disease, elongated, although on measurement no real lengthening will be found to exist. This will be followed in the progress of the disease by a shortening, caused by a spasmodic contraction of all the muscles that move the hips, at the same time we notice a certain though an indefinable proportion between these alterations, and the intensity of the inflammatory symptoms.

The subjective symptoms take prominence.

Pains spreading over more or less large a surface, hence there is tenderness to pressure at the hip-joint, the liver, or the side as high up as the false ribs, or at the thigh, or the leg as low as the ankle. Tendency sometimes to locate the pain above the Poupert's ligament.

Pains never affect hip and knee-joint at the same time.

Pains never run the course of nerves.

Pains may keep her awake, but they never waken her.

Pains appear usually suddenly and severe; night pains, or the aggravation of the same seldom takes place.

Startings and jerkings of the limbs do not so frequently appear, and if so, they are very rarely painful.

Forcible pressure, especially upon the head of the femur, is borne with comparative ease.

Great tenderness of the parts to the slightest pressure or touch; she winces and screams often when the surgeon only approaches her.

Manipulations of the hip-joint are often scarcely felt, provided the patient's attention can be engaged otherwise, but a remark directed to the hip would instantly cause her to complain again.

No pain was felt in hip nor knee-joint, when pressing or knocking upon the sole of the foot.

The morbid sensibility of the joint is chiefly in the integuments; hence the occurrence or aggravation of pain, if they are only slightly tender, pinched, or drawn from the adjacent parts.

Here the reverse takes place. The shortening of the limb is always the first change, and is disproportionately great in regard to any inflammatory symptom.



Let the patient be made to stand up, the surgeon seated behind her, will observe, that the pelvis on the side of the pain is tilted up and backward; and that this malposition will increase the longer the patient remains on her feet. Also a slight lateral twisting of the spine, flattening of the nates and of the buttocks, will be noticed.

Wasting of the limb more or less is always present; the muscles feel hard, tense, as if from contraction.

Crepitation is frequently, though often only with difficulty detected in the course of the disease, and if it appeared it is always painful.

When under the influence of an anæsthetic the diseased parts remain unchanged.

Presence of, more or less, all the symptoms of inflammation.

Swelling of the joint, indicating deep-seated thickening or infusion, leading to abscess. Deep swelling below poupart's ligament and obliteration of the fossa behind the trochanter.

Heat, although an important

Let the patient be made to stand up. The surgeon seated behind her will observe, that the pelvis on the side of the pain is likewise tilted up and backward, but the spine is much more twisted; the nates on that side are protuberant and the muscles tense, the buttocks unchanged. Let the patient remain standing some considerable time, and be engaged in answering questions having no special reference to the place of the disease nor the pain, and the malformation becomes less and less marked, until it nearly is natural. But a remark directed to the hip, or a hand laid upon it, will instantly bring out a resumption of the mal-posture.

Wasting of the limb never occurs, and the muscles remain soft and pliable.

Crepitation proper will never be noticed, though a sound like snapping or cracking, in some, and one like a slight rubbing in others, may be occasionally noticed; it is always painless. Moreover, young girls (and boys), of rapid growth, experience often a certain crackling in one or the other joint; it is always painless, and amuses the young. This crackling may become habitual and fixed after puberty, and in the course of time become one of the causes of the hysterical joint.

When under the influence of an anæsthetic, rigid parts become moveable, and flexed limbs can be straightened without difficulty.

Absence of all positive symptoms of inflammation.

(a.) Absence of swelling. (b.) If swelling does appear on the nates or the thighs it is owing to turgidity of small vessels; merely a puffiness or subcutaneous enlargement, and very rarely an effusion of the more deep-seated cellular tissue; but with all this, it never will lead to abscess. (c.) Swelling may have been caused artificially, by external applications, before the surgeon's attendance. (d.) Swelling below the poupart's ligament, and obliteration of the fossa behind the trochanter does never exist.

The temperature is usually the

symptom, is nevertheless not always present; but if there, it is accompanied in the progress of the disease by throbbing and fluctuation.

Redness is frequently absent, particularly so when the inflammation is very deep-seated, and when the patient is tainted with scrofulous diathesis, hence its presence or absence is seemingly of little value.

**Frightful dreams.**

same as the opposite unaffected one, and is rather inclined to a degree of coolness than heat. Nevertheless, occasionally towards evening, the surface of the affected joint is hot to the touch, and the vessels turgid; but there is no throbbing or other indications of the formation of matter.

In certain instances, there is, according to Sir Brodie, a capacious and transient blush upon the surface, pinker in color, and evidently more superficial than the dull hue, which, when redness accompanies the true hip disease, appears to lie deep beneath the skin.

Dreams, if occurring, do neither alarm or excite the patient.

#### THE HYSTÉRICAL KNEE-JOINT.

The careful examination of this joint when affected, is of a like importance with the former I have spoken of, or an irreparable mischief may result to the patient as well as to the physician's good standing. Hammond, in his latest work on nervous diseases, referred to the case of a young lady, whose knee had been kept for two years in a steel apparatus for the purpose of preventing motion, when, on careful examination, he found it to be an hysterical joint. It is a wonder that she escaped a lasting affliction from such unfortunate treatment, and it may well teach us again the importance of diagnosing correctly. Speaking of Hammond, I cannot withhold the surprise I felt, when reading his work, with reference to this affliction, for there is rarely the statement of the existence of such a malady as the hysterical joint disease is not sufficient to teach the student how to avoid an error in the diagnosis.

Although some writers assert that the hysterical knee-joint is the most common form of hysterical hip-joint diseases. I never had a single case under my personal care. The subjective symptoms are exactly the same as in the hysterical joint. The morbid sensibility is likewise chiefly in the integuments. The leg is frequently kept extended, and not bent, as in the true disease of the knee-joint, except when the surgeon is going to attempt the examination, when she will keep the limb semiflexed. Walking is difficult, painful; she is limping more or less. But again. Should the limb appear rigidly semi-flexed, the surgeon should endeavor, with slight force, to straighten the limb, keeping his hand at the time upon the ham-string muscles. He will then feel these act strongly with active contraction, which will communicate to his hand a sensation utterly different to the passive retraction of muscles which follows a long-standing disease of the joint. Under the influence of an anæsthetic, perfect mobility, as in the healthy joint, will be restored.

If there is sometimes a swelling, it is never to any large extent, and

usually its accession and disappearance is sudden. There is, strictly speaking, no fixed pain, as in the true knee-joint disease; still, patients will often attempt to fix a pain to a spot on each side of the ligamentum-patella. Hardly ever is there any pain felt above the patella, and if this bone, grasped at its upper part, be moved backward and forward between the femoral condyles, no tenderness is complained of.

That much I intended to say with regard to diagnostic purposes, but you will consider it not improper, if I, in conclusion, briefly comment on the treatment. Here, as well as in all mental and nervous diseases, the physician's deportment, his tact and magnetism will do more toward a successful treatment, than the most skillful medicinal application, in fact, I believe it even to be of higher importance. In regard to medical treatment, I trust you will never consider it necessary to follow the footsteps of Allopathy. Take up your armor, and use it as Hahnemann has directed you to do. No truer guide has yet been found. But if you wish to do so, and as his disciple you are in honor bound to do so, for without, you would be nothing but a pretender. Follow his teachings with the utmost exactness. Read the *Organon*. Its language is plain, unmistakable, and will admit of only one interpretation. Ponder over page 103 and the following pages, and put your mind to it. There is no need for vivisection, cupping, blistering, nor the host of external applications otherwise recommended. If we have to use strategy and deception, I know that the single placebo will often work miracles in such cases. But the Allopathic surgeon will advise you, in extreme cases, to apply the seton far away from the seat of pain, in order to take the patient's fixed attention away from the painful joint; or, he will put her under the influence of *Chloroform*, and make incisions near the joint, in order that she may believe the offending part is being extracted or amputated. This, and many other procedures we can safely commend. Study *materia medica* in your master's sense, and you will soon discover the weapons that will direct even a diseased, fixed mind, to obey again the laws of nature. Choose the remedy proper; select, not with the eye single to one symptom alone, nor to a fancied pathological condition, but take into account all the symptoms present; give it single and high; avoid repetition as soon as you perceive improvement in reasonable time, and if it seems necessary for your patient's peace of mind, let her take placebos *ad libitum*, and you surely will succeed. Such is my advice to you, from a large experience of many a year, and not from the books alone.

The disease has often been cured spontaneously, or accidentally. I knew of a young lady who had been confined to her bed for months, asserting that it was impossible for her to move on account of severe pain, in order to take the squares to reach the protection of a friend when her house was on fire. At her arrival there she fell into hysterical convulsions, which she never had before, and from that date, now seven years ago, no trace of hysteria has made its appearance again. The hip remained well (but on the contrary we also know, that the hysterical hip-joint has followed the outbreak of hysterical convulsions).

Don't neglect proper hygienic measures, may they be physical or

mental. Cold hip-baths in the morning on rising, and also in the evening on going to bed, provided your patient is not too weak, or cold sponging of the whole body with a solution of sea-salt water; pure air; cheerful company and amusements; well-selected diet; if your patient is lean, thin, small-boned, give every morning a dish of mushrooms, simply stewed in butter; oppose strictly all kinds of so-called tonics, the coffee and tea, as well as alcoholic liquors of any kind; for all this will more or less interfere with the action of the proper remedy.

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**PARACENTESIS VS. IRIDECTOMY IN THE TREATMENT OF STAPHYLOMA OF THE CORNEA.**

BY JAMES A. CAMPBELL, M. D., ST. LOUIS, MO.

Read before the Western Academy of Homœopathy.

Among the most serious of the complications in corneal inflammation is the bulging out, or the projecting forward, of the whole or a part of the corneal tissue, known under the name of staphyloma. It may result from any injury or disease of the cornea, where the vitality of the layers of the cornea are interfered with, whereby they are unable to resist, at one or more points, the internal pressure. Staphyloma of the cornea may be partial or complete. It may be limited to a small portion, or it may involve the whole cornea. It is to the former, particularly, that I at present desire to call your brief attention. It is not of the nature and course of staphyloma, but rather to a mode of treatment, I wish to speak. The objects to be accomplished in the treatment of staphyloma of cornea, are:

1. To arrest the progress of the disease.
2. To diminish the bulging as speedily and completely as possible, before it involves the deeper-seated structures of the eye; and subsequently,
3. To restore as much of the eyesight as possible.

If we consult the numerous authorities on this subject, we shall find that the operation of iridectomy is the almost universal treatment recommended. One tells us, "That all the conditions are best obtained by a speedy and well-performed iridectomy." Wells says, "The best treatment for partial staphyloma is undoubtedly iridectomy." Von Græfe was ardent in its recommendation; and in fact, almost all authorities accept it as the standard treatment. But not only Muralt alone has found the operation, as often times dangerous, but it has also come under the observation and experience of many others, that in the diseased condition of the cornea and inner eye, found in this complication, the wound does not always readily close; that the vitreous is also liable to break through; that hæmorrhages

into the vitreous often occur, and hyolitis sometimes developed; also, that such eyes, after iridectomy, are often destroyed by suppuration.

I do not wish it to be understood that I condemn the use of iridectomy in this disease; it is only the indiscriminate use I am calling into question, for I recognize it as an invaluable procedure in certain later stages of staphyloma; but I would limit its use to what may be termed, last resorts. It certainly does fulfil most of the necessary conditions desirable; yet its liability to do more, and, in its results to pass the limits of control, has led me, with others, to seek some other plan to meet the requirements. This, I think, is found in a properly performed paracentesis. I am aware that there is nothing particularly new in this, as it has been recommended and employed by others. The only originality I shall claim, is in the manner and place in which it is to be employed. Wardrop claims to have obtained the same results from repeated paracentesis of the cornea, as from the usually employed iridectomy; others dispute this. Sperino claims wonderful results from a systematic and an unlimited repetition of paracentesis; but Stellwag, remarking upon this, says, "The operation has proved ineffective."

. That paracentesis does diminish internal pressure, that it does, as a result, thus influence, beneficially, the nutrition of the eye, no one has doubted. In the discussion, on the merits of the two procedures—of iridectomy and paracentesis—they who have advocated paracentesis, have made no limits or given any particular instructions, as to the exact location of the paracentesis; and hence, it has usually been made through the cornea, at some point other than through the staphyloma itself.

In the light of a very favorable experience, embracing quite a number of cases, I feel justified in advocating in the treatment of staphyloma of the cornea, in preference to iridectomy, a paracentesis made through the most prominent part of the bulging cornea. The incision should be very small, only just sufficient to partially evacuate the anterior chamber. It may be repeated from time to time, as often as the emergency of the case, in the judgment and discretion of the physician seems to demand. Gentle pressure should then be applied by means of a proper bandage. Since adopting the above method, some two years ago, I have been much more successful in the treatment of this disease; in fact, I have yet to record a failure. The instrument I prefer in this operation is the small, sickle-shaped blade, which be should handled with great caution, otherwise, in unruly or restless patients, we are quite liable to do much harm. The last case so treated, was a recent one, and an outline from my note-book may be of interest, as it will represent the rest.

Rosa S., aged eleven, came under my care March 21. The history of the case showed that she had been attacked with blenorrhœal ophthalmia, from unknown cause, some four weeks before. She went under the treatment of one of our best known Allopathic oculists, and rapidly and steadily grew worse. Was soon blind and in a terribly dilapidated state. Fearing the child would die, a change was decided upon, and

she was then placed under my care. I found the eyes in that aggravated condition, which severe diseases and vigorous treatment usually produce. At the lower border of both cornea, at the sclero-corneal juncture, was a staphylomatous bulging, projecting in the right, about a quarter of an inch, in the left, somewhat less; a bad complication located in the worst possible place. The tension of each eye was perceptibly increased, plus 1. There was intense ciliary neuralgia—in fact the patient complained of pains all over the body. In short it was purulent ophthalmia in a very scrofulous subject. Contrary to what might have been expected, from the location of the staphyloma, instead of using *Calaber bean*, I preferred *Atropia*, locally, to quiet the ciliary irritation if possible. Then followed my favorite mode of treatment in such cases; I made a paracentesis through the most bulging part of the staphyloma; the opening was very small, but sufficient to evacuate a portion of the aqueous fluid, without any prolapse of the iris. This was repeated seven or eight times during the next ten days, in the right, and less often in the left. For the general condition, *Arsn. alb.* 3, was given. \* \* The result quite confirmed my previous successful experience in similar cases, under same treatment. The tension was speedily reduced to normal state; the pains soon abated; and in three weeks the staphylomatous protrusions were reduced to about a level with the remaining cornea; and the case is making a good recovery.

Here is certainly a case, where under the ordinary treatment, iridectomy would have been employed, and, if no after accidents had occurred, it would probably have produced similar results; but it would have left a mutilated iris, and a deformed and inefficient pupil; while the treatment by paracentesis leaves, upon recovery, a natural normal pupil, as nature designed and made it.

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### SOME PRACTICAL HINTS ON SYPHILIS.

In a private letter, Dr. Skinner, of Liverpool, gives some practical hints which seem too good to be lost:

“In syphilis you will find very great assistance from *Syphilinum* in the 100,000 and 200,000, or still higher potencies—one dose a week, until some impression is made. (I mean *chronic* syphilis. I have had no experience of it in primary syphilis, but Swan and Wildes inform me that it is A 1 in every form). *Arg. nit.*, *Aur.*, *Merc.*, *Hepar*, *Lachesis*, *Thuja*, and *Kali bich.*, are splendid adjuvants. I have had some cases more like miracles than aught else. Caries of the vertebral column of three years' standing, absolutely cured with *Syphilinum* 100,000 (Swan), in three doses at intervals of ten to fourteen days.”

[The action of the exact simillimum is marvelous, in any potency. Isopathy presents some strange facts or singular coincidences.]

## Materia Medica Department.

### CHARACTERISTIC MATERIA MEDICA.

BY A. M. CUSHING, M. D., LYNN, MASS.

Read before the Essex County Homœopathic Medical Society.

We had hoped to be able to present a paper which would have been more interesting and useful than this one can be. As this meeting occurs so much before the regular time (on account of the World's Convention), it has been impossible to prepare a well-studied paper. We can therefore only present a few thoughts, pointing toward characteristic Materia medica. Materia medica is to the physician what the compass is to the mariner. The mariner can run his vessel just as swiftly without any knowledge of the compass as with it; but should he go beyond some small land-locked stream, if he does not go down to death, and all with him, it is from no merit of his own. So with the physician who attempts to practice medicine without a thorough knowledge of materia medica. He can prescribe as many drugs and in as large doses, but the chances are he will do as much harm as good. At the present time we have physicians greatly divided in opinion as to which branch of medical science is of greater importance. One claims everything depends on a knowledge of pathology; another upon physiology; and yet another upon materia medica. We shall claim in this paper that none are right, and can no better illustrate our subject than by comparing the science of medicine to a ship. A man may build the hull of his vessel, and add to it decks, spars, and rigging; but what is it good for till he adds a rudder with which to guide it, which we will call pathology. And even now he can launch it upon the water and it will float up and down with the tide or get stranded upon the shore just as soon with a skillful pilot on board as if left to itself, unless he adds some kind of a propelling power, which we will call materia medica. Whether it shall be the dangerous, groaning steam power of Allopathy, or the white uplifted sails of Homœopathy, it is not for us to say, but one of them *must be added*. None should be called a physician who does not understand pathology, for he is not one, and no one can heal the sick successfully who has not a good knowledge of materia medica, and especially symptomatology.

A vessel with rudder and no propelling power would be an object of pity; while one with no rudder and immense propelling power would fill us with fear. So a physician with a good knowledge of pathology and none of materia medica would be of but very little benefit to the sick; while one with no knowledge of pathology but superior know-

ledge of *materia medica* would be a dangerous person ; but combine the two and they can defy storms and pestilence.

What is *materia medica* ? It is a knowledge of the substances used in the cure of disease, whether animal, vegetable, or mineral, their composition, nature, method of operating, and their chemical and toxicological effects upon the animal or human system, and the symptomatology or language with which they express to us their method and locality of action.

To-day we shall speak only of that part of *materia medica* most important in the practice of medicine, namely, symptomatology. There is no branch of medical science a superior knowledge of which is as necessary to successfully combat disease, either in acute or chronic cases, as symptomatology. Granting to pathology and physiology all that is claimed by their respective advocates, still we believe symptomatology to be the more important of them all.

What is pathology ? It is the changes which have, or are taking place in the human system during disease, and our ability to discover those changes by a right interpretation of signs as symptoms, which may be presented to us ; and it is only by a knowledge of pathology that we are enabled to understand the changes going on, and thereby make a prognosis that is not at all reliable. A physician should so understand pathology that he can locate disease and determine its nature, even if the symptoms are not well defined. If a patient has a pain in the head he ought to be able to decide whether it proceeds from an excited or diseased brain, an overloaded stomach, or a diseased kidney. And what is symptomatology ? It is the voice with which disease proclaims its workings, and medicines, their ability to remove or counteract those symptoms by following those that are similar. And which is more liable to lead us astray, pathology or symptomatology ?

One case may be no proof, but may have some bearing upon the point. Was called to see Mrs. —, who has just had an abortion at two and one-half months, which she acknowledged she produced by the use of a hair-pin, and the fœtus, which was about three inches long, and after-birth had all passed away, so she informed me. She had produced it several times before in the same way. When warned of the danger in such wickedness, she replied, "It is of no use ; we are poor ; that she is a twin, and her husband a triplet ; that he has lost two pairs of twins, and in their respective families there are eleven pairs of twins living." With some large doses of advice, and a few doses of medicine she was dismissed, three days later, very much improved. Nine weeks later was called to see her, and found she had been quite feeble since our last visit ; is confined to her bed, looks very sick, and is weak ; pulse quick and feeble ; thirsty ; tongue red and dry ; bowels hot, bloated, and tender ; urine dark, scanty and hot. What does pathology say ? Metritis, peritonitis, and chances for recovery doubtful. Symptomatology ascertains, as an additional symptom, that she drinks often but little at a time. We informed her of the cause and the danger, which she fully realized, and gave her *Arseni-*



*cum* 50, a dose once in two hours. After taking three or four doses she began to have severe labor-pains, and soon after there was expelled another foetus, twin to the other, five or six inches long, and she made a rapid recovery. Was there metritis or peritonitis?

But we return. A class of symptoms have been combined and called a certain disease; yet a very few, and perhaps one symptom, controls the name; so, also, every remedy has a variety of symptoms, and in nearly all, a few, or perhaps one symptom, may be the controlling or what is called the characteristic or "key-note" symptom, by which it may be selected; and if we study the remedy closely, it can be found. We can no better illustrate what we understand or mean, by a characteristic or "key-note" symptom, than state the following supposed conversation:

A says to B, "I have just seen one of the major generals of the army, can you tell me his name?" B replies: "We have twenty; can you describe the one you saw?" A says he was a middle-aged man. B replies, "We have fifteen such; give me a better description." A says, "He was rather stout built." B replies, "We have ten such; give me a better description." A says, "He was bald-headed." B replies, "We have five such; can you give me any peculiar characteristics in regard to him?" A says, "There was nothing, except he had a cocked eye." "Ben Butler!" shouts Mr. B.

Now we may not have any Ben Butlers in our materia medica, but nearly every remedy has got a "cocked-eye" or characteristic symptom. If that eye be blinded or turned from us, we have the baldhead or the rotund body, or the middle age, or uniform of rank to guide us. We have a patient with a peculiar set of symptoms, and are at a loss to find a remedy to correspond to them, but upon close investigation we see the "cocked-eye," and immediately the whole problem is solved. We get another with an entirely different set of symptoms, and again are at a loss as to what remedy to prescribe, so we trot out the major general, but for some reason his eyes are blinded, yet we see the baldhead to guide us.

#### TO ILLUSTRATE:

We have a patient that would not remind us of *Chamomilla* if we did not learn it wanted to be carried all the time; and another that did not have this symptom, or even others, that would remind us of any particular remedy, till at last a burst of impatience shouted, *Chamomilla!* If we were well versed in characteristic materia medica, we could mention several remedies having peculiar or characteristic symptoms that would lead us to select them, when otherwise we should be at a loss as to which remedy to prescribe. We believe fully in the importance of a good knowledge of pathology, and wish we understood it better, and that it was more thoroughly taught in our schools; but can any one describe the pathological condition that causes the burst of impatience, or the desire to be carried all the time? Yet the one-millionth of a drop of *Chamomilla* will remove the diseased condition and cure the patient.

Can the pathologist tell or imagine where to find the diseased part that causes such a feeling of fullness at the stomach after eating but little, or the patient is worse at four in the afternoon? Yet a dose of *Lycopodium* so small the microscope fails to discover it, will eradicate the whole diseased condition as if by magic. It was not the "cock-eye," nor the baldhead, nor the robust or middle-aged man, nor the uniform, but the whole combined that was a terror to the rebels. So it is not the one symptom that determines the curative remedy, but simply a starting point from which to select it. When we find one "key-note" symptom, how quick others wheel into line. It is not every man who has a "cock-eye" that is a major general; neither is it always the right remedy, even if we find one or two "key-note" symptoms, but the one that has the greatest number of corroborative symptoms or those that are the nearest similar. And how are we to know which is the right remedy? Only by study. And here comes in the two greatest foes of Homœopathy, laziness and fear. Our materia medica ought to be learned, and every member of our profession ought to do his part. Every remedy ought to be thoroughly studied and placed according to its merits, and they would be forced to rank all the way from major generals to privates, or down to the poor idiot too feeble to hold a gun. Every remedy that has no clear "key-note" symptoms ought to be laid aside and marked, "for reference," and all classified according to their worth, and that classification so thorough that Class No. 1 should contain not more than twenty remedies, and then let each physician learn them and use them according to our law, and Homœopathy would make such rapid strides that we ourselves would be surprised. We have too much materia medica. We believe in proving new remedies, and those that give well-defined symptoms, that are not well covered by reliable remedies, ought to be kept among the prominent ones, that is, in the second or third class, and all others laid aside, for they cannot all be learned. We think we hazard nothing when we say we have not twenty physicians in America who have *learned twenty remedies each*, and we fear it would be too true if we said ten physicians and ten remedies. Why is it that we sometimes find a patient whose room has the appearance of a young drug store, or a side-show Homœopathic pharmacy (that is a few vials of Homœopathic medicines in the corner of a drug store)? Simply from the fact that the former attending physician has attempted to learn the whole materia medica, and made a grand failure, or has been too lazy to learn anything well.

As to the other foe, Fear, we will simply say, some seem to be afraid of our opponents, and neglect materia medica for pathology, in order that our opponents may not ridicule them, or give large doses as a sort of breastwork behind which to hide, to escape the sneers of the self-styled regulars. Some acknowledge they give large pillules instead of the common globule, as a sort of compromise. Compromise with what? We fear we have some among us like the dying Irishman, who prayed "Good Lord and good devil," but their influence can be no worse than those who deny all characteristics of medicines, or the

aggravations or ameliorations as to time of day, change of season or condition of weather. We can well afford to let those of the opposite school, who care so little for *materia medica* that they rarely make it a study, go on with their study of pathology, and what they discover we can learn, and at the same time solve the problem of characteristic *materia medica*.

**PROVING OF INDIUM METALLICUM, ACONITUM,  
 ARNICA, THUJA, RATANHIA, CANNABIS  
 INDICA, CONIUM, IPECAC AND  
 FERRUM.**

BY E. W. BERRIDGE, M. D., LONDON, ENGLAND.

INDIUM METALLICUM.

E. W. Berridge took twenty-four globules of the 100,000 (Fincke). When walking, in evening, after sunset, frequent sudden pains in bend of left thigh anteriorly, making me stop walking. Fifth day, the same, but less, in morning of sixth day. When going down stairs, sudden pain in left sacral region, ninth day.

A. de Noë Walker took fifteen globules of 100,000 (Fincke,) at bedtime, two hours after supper. The following night, vivid dreams of that which had most preoccupied his mind during the day, i. e., lectures and clinical studies. He seldom or never dreams. On waking, the *contents* of the cranium, not the parts covering it, felt bruised. His habitual expectoration from the bronchia in the morning was freer, and on one occasion, a speck of blood appeared on the rather thick mucus. This was new. Hands and arms tremble. Legs, from knees downward, including the whole foot, feel quite heavy, as if loaded. Decided feeling of weakness, and tremor of the thighs and knees after a short walk. All these symptoms occurred within the first twenty-four hours after taking the dose.

ACONITUM.

A patient aged two years, took *Acon.* 3. Next morning he complained that the room seemed dark.

ARNICA.

A boy took 200, (Lehrmann). Loss of appetite at supper for two successive days.

A boy aged nine, patient, took 1000, (Jenichen). Feeling as if abdomen were slit all down; worse on stooping.

THUJA.

A boy aged four, took one dose, six globules, of 1000, (Jenichen.) Stuttered very much when speaking, first and second days.

## RATANHIA.

Mr. — took the 30th dilution; urinates often, about every thirty minutes, passing a normal amount each time. Very often a momentary feeling as if the skin in center of forehead were drawn together. Once a feeling as if a portion of scalp, in a direction from above root of nose vertically upward, to top of forehead, were stretched. Once a feeling as if a portion of scalp in a direction from center of forehead to right frontal protuberance were stretched. Stiff feeling of skin across lower forehead, worse on knitting brows. Dryness of internal nose, especially left side. Swelled feeling across bridge of nose. Stiffness of upper lids, with soreness of upper tarsal edges. At times, when walking, stinging like an insect in various parts of body, neck, arms, and especially legs; reduced by rubbing, leaving a feeling of soreness and itching there; on the spot there is a vesicle which soon goes off.

## CANNABIS INDICA.

Mr. — took one drachm of tincture. Next day, bowels did not act.

## CONIUM.

August 12th, Mr. — took ten drops of tincture in water, and on the fourteenth, twenty drops. From the sixteenth to the nineteenth, horrid dreams, from which he woke in a fright, about 3 or 4 A. M., with feeling of distension of stomach, relieved by lying on it. A nervous feeling, and slight palpitation of heart, like nightmare.

## IPECAC.

S. Morrison triturated *Ipecac*, 30th decimal, in afternoon of December, 1867. After working nearly two hours, uneasiness in *right* eye (which was nearest the drug,) and found, on inspection, that the palpebral and ocular conjunctiva was congested. There was also considerable sneezing. Went on with the work for another hour, then ceased for four hours, from 6 to 10 P. M.; but just before doing so, noticed the *left* eye becoming affected. On resuming the work, the eyes got worse, and within an hour more were as follows: Conjunctivæ highly inflamed, causing a *painless* feeling of obstruction, with nasal catarrh, but no lachrymation, or impaired sight. Next morning the congestion had increased, still without pain; the catarrhal symptoms had disappeared. This congestion lasted three days. In thirty days the palpebræ commenced to swell, scalding lachrymation came on, and the appearance of the eyes became worse. *Aconite lotion* removed this.

## FERRUM.

Mr. — took fifteen grains of *Tartrate of Ferrum* in one dose. In two hours, heat from, or heat at, cardiac orifice of stomach, lasting twelve hours; not affected by food or drink. After two days, uninterrupted sensation, as if an immense load were on entire upper portion of head, causing a gloomy apprehensiveness of congestive apoplexy. It lasted two or three days, and was removed by a dose of *Nux 1*.

**BENZOIN ODORIFERUM.****A PROVING MADE WITH TINCTURE.**

Fever bush, or spice bush, grows in Indiana, Ohio, Illinois. At 8 A. M. took a table-spoonful tincture, made from the small limbs; table-spoonful at 2 P. M., and at 6 P. M. table-spoonful. Skin cold; feet and legs cold up to knees; remained cold in bed. Empty feeling in stomach and lower part of bowels; hips feel crushed; wake from sleep with sick feeling in stomach and bowels; tired feeling; turn often in bed.

Second day, took two table-spoonfuls. Hair oily; skin moist; sense of touch fine, quick and pleasant; feverish during the night.

Third day, finger joints swelled and lame; pains in knees; stool soft, with pain before, in lower bowels; urine more frequent, and small quantity, of dark color. Had to be up in the night to urinate twice. Bed swims, with sinking sensation, which made lying down on bed unpleasant. Had unpleasant, fearful feeling.

Fourth day, all pass of; left the skin soft, and hair oily.

EVANSVILLE, Ind.

J. S. WRIGHT.

**BROMIDE OF CAMPHOR VS. STRYCHNIA.**

Dr. Valenti y Vivo publishes, in the *Siglo Medico*, the conclusions of researches which he has made on the antagonism between these drugs. Twelve dogs were poisoned by *Strychnine*; some were saved by *Mono-bromide of Camphor*. The tetanic convulsions produced by the *Strychnine* diminished in force and frequency under the *Bromide*. The tonic convulsions became clonic, but a large dose of the *Bromide of Camphor* was necessary to combat the effects of the *Strychnine*. With an excessive dose of *Bromide*, the united effects of the poison and the antidote produce death by syncope. The *Bromide* acts on the great sympathetic, dilating the pupil and paralyzing the heart. When death supervenes under the influence of the *Strychnine* alone, the heart continues to beat after death, but when death is due to the *Bromide*, no post-mortem beatings of the heart are observed. It is preferable to administer the *Bromide* by the stomach in *small* and repeated doses; indeed by hypodermic injection no result has been obtained.—*Abstract*.

**ERIODICTYON GLUTINOSUM.**

In naming the above plant, we followed the Mexican Boundary Survey, but the new Botany of California (just out) corrects both the *spelling* and specific name; it must now read as above.

T. F. ALLEN.

Editor Encyclopædia M. M.

## Psychological Department.

### *CYCLAMEN IN MENTAL DERANGEMENT AT THE CLIMACTERIC.*

BY T. J. MERRYMAN, M. D., ALEDO, ILL.

To the Military Tract Homœopathic Medical Society.

CASE. Mrs. B., a strong, healthy Irish woman, aged fifty-one years, was taken, in the spring of 1875, with vertigo, which troubled her all summer, and about the 1st of September it began to be accompanied with pain in the head and nausea. She vomited nearly every day, and often all the food she took, with bile and slime. Her tongue was coated with a brownish fur, bowels costive, and breath foul. Her first physician had treated her for biliousness. The second said her troubles were due to the change of life, and would improve when that was accomplished. She got little or no benefit from their treatment, and was finally persuaded to try Homœopathy.

I was called Feb. 29, 1876, and found her with all of the above mentioned symptoms, and so much reduced as to be scarcely able to walk across the floor. The suffering in her head was continuous, but very much worse at times; more severe in the right temple, but extended all over the head. It had so affected her mind as to make her indifferent to what transpired about her, and render her incompetent to describe her own case.

This rendered treatment rather difficult, not being able to get a description of her head symptoms. *Iris versicolor* relieved the nausea and vomiting to a great extent, but all the remedies which I prescribed had but little, if any, effect upon her head. For nearly six weeks after coming under my care, her head symptoms gradually increased, until she was confined nearly all the time to her bed, was very helpless, and consciousness almost extinct. Questions were answered incoherently. Fæces and urine passed involuntarily and unconsciously.

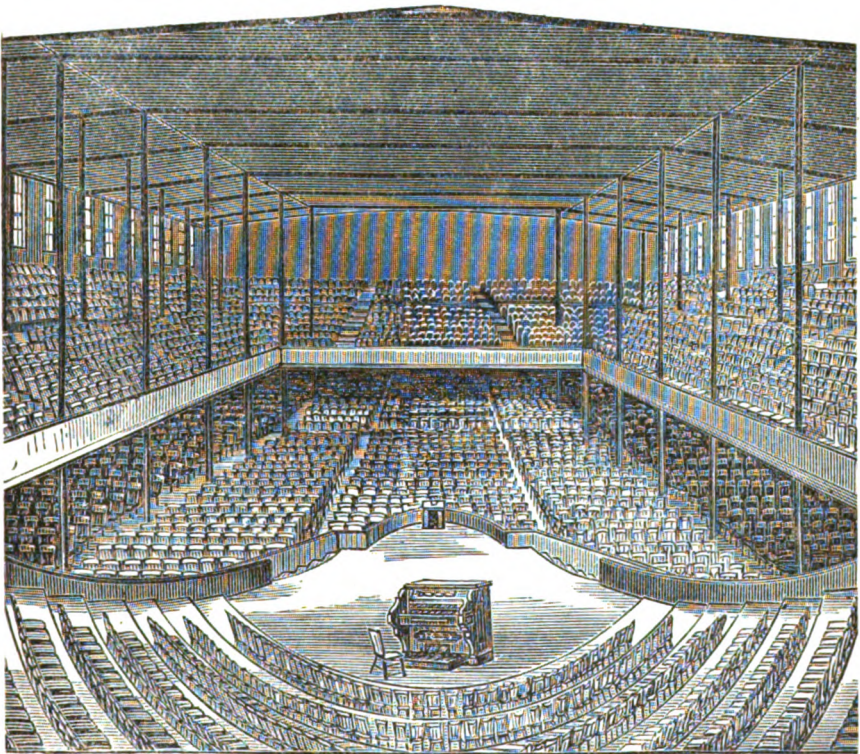
These symptoms led me to believe that without some change could be brought about soon, the case would terminate fatally. This prognosis was strengthened by the fact that an older sister had died in a similar manner.

Considering the history of the case, and remembering the prominence of vertigo from the first, I decided to give her *Cyclamen*, which was prescribed in pellets medicated with the 1st decimal attenuation. As she lived far from town, I did not hear from her again for nine days, when a messenger came in and said he wanted some more medicine, as "her head was not quite well yet." Doubtless you can all imagine

the thrill of joy and satisfaction which these favorable tidings afforded me, and I gladly provided her with another vial of the same.

This prescription, in connection with a little *Opium*, for the constipation, brought her in such a condition that she concluded she would now recover without further treatment. June 3d, I am told that she still complains of vertigo, but I consider it due to discontinuing the remedy before giving it time to perform a perfect cure, which I strongly recommended.

She still menstruates, but with some irregularity, which indicates her near approach to the change of life.



*A MEDICAL VIEW OF REVIVAL MOVEMENTS.*

CHARITY AN EVIDENCE OF MORAL HEALTH.

We here give an illustration of the Chicago Tabernacle (seating capacity 8,000), which has been crowded night after night, for many

weeks. The fact of a crowd is perhaps nothing in itself, but the persistence certainly is. What is the motive that attracts or impells the attendance? Let us study this phenomenon. This mass of humanity are not all swayed by one thought, as a mass of Mohammedan devotees, for there is much listless inattention. They are not there to impress their ideas and feelings upon each other, as in a political gathering, for there is no effort at demonstration. They are not all there to be amused, for the general absence of expectation is too apparent. Curiosity is not the chief motive, for there is too much wrapt attention, with here, fear; there, agony; and again, joy, etc. The motive that looks out of this sea of faces, night after night, is manifestly that of an earnest desire to be benefited, ennobled, helped.

Let us look at this subject from a medico-psychological standpoint: The study of man, as a whole, is most interesting. The anatomist is interested only in the machinery and its connections; the physiologist, intent on the functions, seeks to know the wires that move the intricate machinery, and the results. If he goes no higher than the base of the brain, exclaims: "Co-ordination is the sole function of the nervous system." There is an inherent function in all parts of the body; but there are also acquired functions. The brain and nervous system, and whole body, even, may be trained. It is a recorded fact, that the more the brain of man is developed upward and forward, the more readily is the training effected. Then we meet another fact, and that is, the power of originating ideas. We do not all think alike. There is an individuality — an *Ego*.

The psychologist meets the fact of a conscious existence; also of a conscious duty, which implies a conscious responsibility to his fellow-man, as well as to a Supreme Being, which the conscious wills bow before. Again he meets another train of facts: The will is captured by passion, prejudice, policy, etc., as well as by right and goodness. These opposing forces and influences have been labeled, "evil" and "good."

The man who does right is quoted *at par*. He that is swayed by "evil," *at a discount*. He that does "good," *at a premium*.

Evil, and men who do evil — captured by evil — are restrained by law, prisons, etc. Good is encouraged. Right restrains. *Complete restraint*, however, is recognized as an evil, because it prevents choice, encouragement and help.

The fact that evil needs the restraint of common law, proves its universal prevalence and degrading tendency. The fact that good needs encouragement also, proves the degrading influence of evil.

The medical psychologist surveys these facts, as demonstrated all about him, and declares "evil" a weakness (a disease), but "good" is health.

From humanity, struggling against evil, comes the cry: "When I would do good, evil is present to overcome." The conflict is within, as well as without, for passion, prejudice, policy, are pitted against right, truth, goodness. Help means revolution and victory. Education and intelligence are not sufficient to restrain and overcome evil. Benevo-



lence and venerated conscientiousness must also take the field. Goodness must mass the forces. But from whence are the reinforcements? The origin and author of goodness (God), is sought.

Here another fact is met: Added to the sense of need is that of personal worthiness or unworthiness. Has duty been performed and responsibility discharged? "Where may I learn my duty and responsibility to God and man?" is the anxious, honest, heart inquiry. The very fact of such an inquiry stimulates conscientiousness, and calls out benevolence. We inquire of each other, that we may not be deceived by evil within. We also search what has been written. "The Good Book" is the one that answers all the queries of conscious existence, duty, and responsibility. Here we find a law of self-denial and charity running all through this wonderful book, that secures the help of the Author of all goodness. To the question of, "Who shall deliver me?" comes the cheering answer: "I thank God, through Jesus Christ our Lord."—Rom. vii: 28.

Self-denial is the secret of health. Indulgence means weakness and disease. Self-denial is the secret of happiness—moral health. Charity is the highest expression of happiness and goodness. "Charity suffereth long and is kind; charity envieth not; charity vaunteth not itself—is not puffed up, doth not behave itself unseemly, seeketh not her own, is not easily provoked, thinketh no evil, rejoiceth not in iniquity, but rejoiceth in the truth.—1 Cor. xiii: 4, 5, 6.

All admire and encourage charity, which implies embodied goodness, Divine help. Moral health signifies His presence and power.

As aliment and assimilation are necessary to physical health, and facts and thought to mental health, so are revelation and faith necessary to moral health. If moral health is doing our duty toward God and man, and as we are not able to fulfil this responsibility without assistance, then it is right and proper to urge all to accept Divine co-operation. The fact that evil blinds the mind, by passion, prejudice, policy, etc., and causes even "good to be evil spoken against," seems to prove the necessity for some extra means to urge all to accept the Great Physician. Revival movements are then charitable, healthy psychological efforts.

Mr. Moody himself is a psychological wonder. How he endures the strain of conducting three or four meetings day and night for weeks and months, is a puzzle to many. He informed the writer that he is very careful not to overdo, or be up too late. "If I am, and get nothing to eat," he says, "I am sure to have a headache, and *Nux vom.* is the only medicine that I ever found that would relieve it." He is never anxious about the work. He casts his burdens on the Lord. While in Great Britain he took a warm bath every night. One night he omitted it, and it was the only restless night he passed. It is also his custom to take, at night, an egg beat up in warm milk. An egg beat up in hot water is a very nourishing and digestible drink after severe exertion, as it hastens the elimination of carbonic acid. Try it after a long ride and prescribe it for your ministerial patients. T. C. D.

## Book Department.

### *ENCYCLOPÆDIA OF THE PRACTICE OF MEDICINE.*

#### DISEASES OF THE RESPIRATORY ORGANS. Vol. IV.-V.

These volumes contain the articles: Diseases of the nose, pharynx, larynx, trachæ, bronchi and pleura, which include coryza; in orlinitis, acute and chronic, abscess, nose-bleed, tumors, etc.; catarrh of larynx, croup, bronchitis, bronchial croup, stenosis, asthma, pluritis, hydro-thorax, hæmato-thorax, pneumo-thorax, new growths, crouposis pneumonia, catarrhal hypostatic processes in the lungs, pneumonia from embolism, anæmia, hyperæmia and œdema; hæmorrhage from lungs, atelectasis, atrophy, hypertrophy, emphysema, gangrene, new growths, parasites, pulmonary consumption (a lengthy, able chapter), miliary tuberculosis, chronic and acute tuber (phtthisis), etc.

To say that these subjects are exhaustively treated, is needless. They form a library themselves, and, as far as we have been able to divine, are ably written. The names of such men as Hænkell, Ziemssen, Steiner, Riegel, Fræutzell, Juergensen, Hertz, and Rindflesch, are perhaps sufficient guarantees of the value of these volumes. The translations are well done, but we could not but help think that if made more international than German, they would be increased in value.

**OPHTHALMIC THERAPEUTICS.** By TIMOTHY F. ALLEN, M. D., and GEO. S. NORTON, M. D. New York: Boericke & Tafel, publishers.

"Ophthalmic Therapeutics," by Drs. Allen and Norton, of New York, is a recent and valuable contribution to our literature. It is a book of 269 pages, devoted almost exclusively to the Homœopathic medication of diseases of the eye. It is divided into two parts. The first is taken up with the symptomatology of remedies, arranged under the headings subjective, objective, and vision, and the clinical application of the drugs. In the second part is presented the various diseases, with their appropriate remedies, and indications for their use.

After carefully looking the book through, we feel that the authors have placed the entire profession under bonds for the quality of their work and the manner in which the subject is presented. The title of the book permits such scope as they felt inclined to take, and the only limitation apparent is that caused by the lack of reliable material. That everything does not appear which might, evinces judicious pruning. Much which has heretofore appeared in some repertories and works on general practice, has not stood the rigid test of practice,

it may be, and consequently, is held in abeyance. Many valuable additions appear, however, which are not to be found systematically arranged, anywhere else, and these additions represent a great deal of patient work. All are more or less familiar with the difficulty of prescribing for eye diseases or purely local symptoms, which necessarily are of primary importance; but comparatively few will fully appreciate the labor represented by even one new symptom referring to local tissue change, placed, for the first time, on the list of indications for a given remedy, and stamped genuine by such careful observers. To illustrate: a large number of cases of blepharitis, we will say, have been carefully examined, all local changes accurately noted, all subjective sensations possible extracted, then the entire system interrogated, if haply, a remedy may be suggested which will cure the eyes. The remedy given, its action, general and local, is closely observed. When this is favorable, the use of the same remedy is suggested in another case, having similar local changes, but lacking the general symptoms. If the action is again favorable, and the same result follows in a sufficient number of cases, the local changes are set down as indicative of the remedy. Such a method is, at present, the only one available in a number of diseases, and requires for its exercise a large number of cases, and thorough examination, as well as an intimate, extended knowledge of the *materia medica*. The large and varied clinic of the Ophthalmic hospital, and the work done there by colleagues, have contributed very extensively to the present volume. Current literature has also been gleaned, and the labors of others outside, utilized, to a certain extent. The book is a solid contribution to Homœopathy, and will, unquestionably, be bought up eagerly.

Anticipating the early appearance of a second edition, we would suggest interleaving with blank pages, that individual experience may be noted down in its proper place, and possibly transferred to the authors, for future use. There is no good reason why this nucleus should not be the gathering point, until sufficient matter has accumulated to meet the most occasional want of the specialist.

If the case and note books of several who might be named, could be called into immediate use, many of the gaps which will now be recognized, could be filled with favorite remedies, given on the clearest indications.

W. H. W.

**GRAVEYARD LITERATURE.** A Choice Collection of American Epitaphs, with remarks on Monumental inscriptions and the Obsequies of various Nations. By J. R. KIPPAX. Chicago: S. C. Griggs & Co.; pp. 213; \$1 50.

No one but an M. D. would think of resurrecting graveyards and dissecting lines "Sacred to the Memory of —," into devotional epitaphs, adulatory and bombastic epitaphs, professional epitaphs, ludicrous, eccentric and ridiculous epitaphs, punning and satirical epitaphs, etc. The work closes with an account of the first cremation in America. May the author escape the flames both here and hereafter, and his epitaph, selected by sorrowing, loving friends, not be found in

Graveyard Literature. The work has evidently been prepared with great pains, and will no doubt interest a large class of readers.

**THE HOMŒOPATHIC PHYSICIANS' VISITING LIST AND POCKET REPERTORY.** By R. FAULKNER, M. D. Second edition. Boericke & Tafel; price, \$2 00.

This well known diary needs no words of commendation from us. The arrangement is very convenient for the record of visits and prescriptions, while the repertory will help in the selection of the remedy at the time when help is needed, i. e., when we are before the case.

## Medical News.

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**A Merry Christmas** and **A Happy, Profitable New Year** to all.

Dr. J. T. Temple, of St. Louis, who was quite ill, is slowly recovering.

Our **Next Year** promises to be an exceedingly interesting one, and the outlook for valuable practical articles was never so good as now.

**Missing Numbers.**—If any of your numbers are missing, now is time to complete your volumes. Apply at once or we may not be able to supply this extra demand.

**"Yours for the Cause."**—The editor's face, or rather, a fair likeness of it, which graces this number, will no doubt be a pleasant surprise greeting to many of our readers. The biographical sketch is postponed until he is "over there."

### Removals.

Dr. W. E. Coquellette, from Marengó to Aurora, Ill.

Dr. Thos. Haughton, from New York City to Shenandoah, Pa.

Dr. C. H. von Tagen, from Cleveland, Ohio, to Chicago. From the chair of operative surgery at Cleveland, to the same in Hahnemann Medical College at Chicago.

**Hahnemann Hospital, Chicago.**—The regular monthly report for November shows the following prescriptions to have been made: Diseases of women, Dr. R. Ludlam, 180; diseases of children, Dr. G. A. Hall, 150; general diseases, Dr. W. J. Hawkes, 230; surgical diseases, Dr. C. H. von Tagen, 120; skin and venereal diseases, Dr. T. S. Hoyne, 104; eye and ear diseases, Dr. C. H. Vilas, 134; total, 918.

**Report of the Central Homœopathic Dispensary.**—This Dispensary is under the control of the faculty of the Chicago Homœopathic College, and is located in the college building, on the corner of Michigan avenue and Van Buren street, the most convenient location possible for such a charity. It was organized in August of this year, and from the first, the attendance has been rapidly increas-

ing. It supplies the clinical department of the college with the most varied and interesting material. From the monthly report of the dispensary physician, Dr. E. G. Folsom, we observe that the whole number of patients admitted for November, was 105; number of prescriptions given, 578. The patients are classified as follows: Service of Professor Mitchell, practice, 64; Professor Danforth, gynecology, 38; Professors Adams and Beebe, surgery, 74; Professor Woodyatt, eye and ear, 99; Professor Streeter, diseases of women, 31; Professor Kippax, skin diseases, 31; Professor Delamater, galvano-therapeutics, 58; general dispensary patients, 183; total, 578.

**Transactions of the Twenty-Eighth Session of the American Institute of Homœopathy.**—This puling bantling, after a twelve months "gestation" at Philadelphia, was delivered at my office a few days ago, through the Southern Express Company, as "man-midwife," obstetrical fee, fifty cents, lawful money, "C. O. D." The financial dodge in sending it by the express company, so as to tax the members instead of the Institute with delivery, was sharp and commendable, notwithstanding the fact that some one had had the use of the Institute's money long enough for the interest to be equal to a prepaid postage. The thing would doubtless have been sent along in one of Uncle Sam's capacious bags, but for the fact that the old gentleman's bags have no C. O. D. arrangement through which to engineer any such sharp practice. I do not pretend to know what may be the exact state of law or usage in Philadelphia, but in moral and religious communities generally, a baby born twelve months after expected conception, is usually regarded as illegitimate, and the parties chargeable with paternity are liable to be prosecuted under the laws against bastardy. In the present case I would suggest that the Institute ignore the "Transactions," and proceed against the "Publication Committee" under the before-mentioned law.

When this wheezy young one arrived, its very first utterance was to offer an apology for being behind time and under size; the very great difficulty of "raising the wind." Then why not go into bankruptcy, make an assignment, get an extension of time, repudiate, or any other little financial experiment, current these hard times. Any one of these shifts would be nearly or quite as creditable as the "sham" before us labeled, "Transactions." The "Transactions" smack largely of Boston, New York and Philadelphia. Of course, Philadelphia "is the mother of us all," and New York is—New York, as the gourmand involuntarily exclaims while cascading from an overloaded stomach; and Boston is—"the hub." This eastern and New England tinge about the "Transactions" may all seem well enough as seen through Philadelphia spectacles; but viewed through the light of fairness and good faith, a question might be raised and a different conclusion arrived at. I would suggest for the future, and as a matter of consistency, that the Institute be known as "The Boston-New York-Philadelphia Institute of Homœopathy in all North America," and that the concern be held under no obligation to any one in the south or west, except to throw an occasional empty barrel overboard for the amusement of two whales—one, South; the other, West; my two particular friends, Holcomb and Franklin.

I would further suggest the postponement of the next regular session of the Institute till about the year of grace, 1880; as judging by the past, it will take the publication committee till something like that time to get up the proceedings of the late Philadelphia meetings. Whether a slight application of the democratic doctrine of "rotation in office" might have a healthful influence in certain official quarters may be well worthy of consideration. A few more transactions on the present plan, and the "Institute will go where the woodbine twin-eth," and its voice be heard in the land no more, forever.

MEMPHIS, Tenn.

W. A. EDMONDS.

# The United States Medical Investigator,

A SEMI-MONTHLY JOURNAL OF THE MEDICAL SCIENCES.

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

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

DUNCAN BROS., Publishers.

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DECEMBER 15, 1876.

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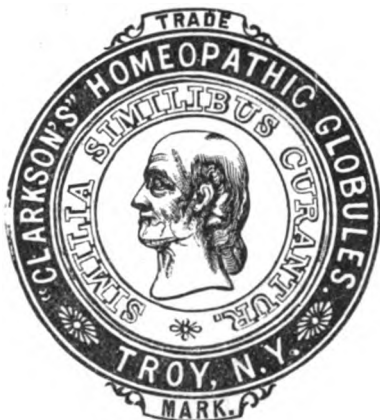
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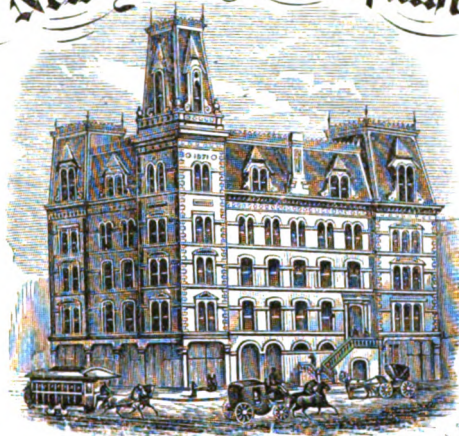
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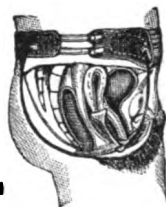
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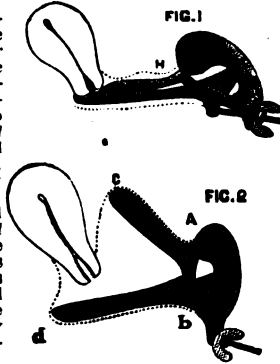
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