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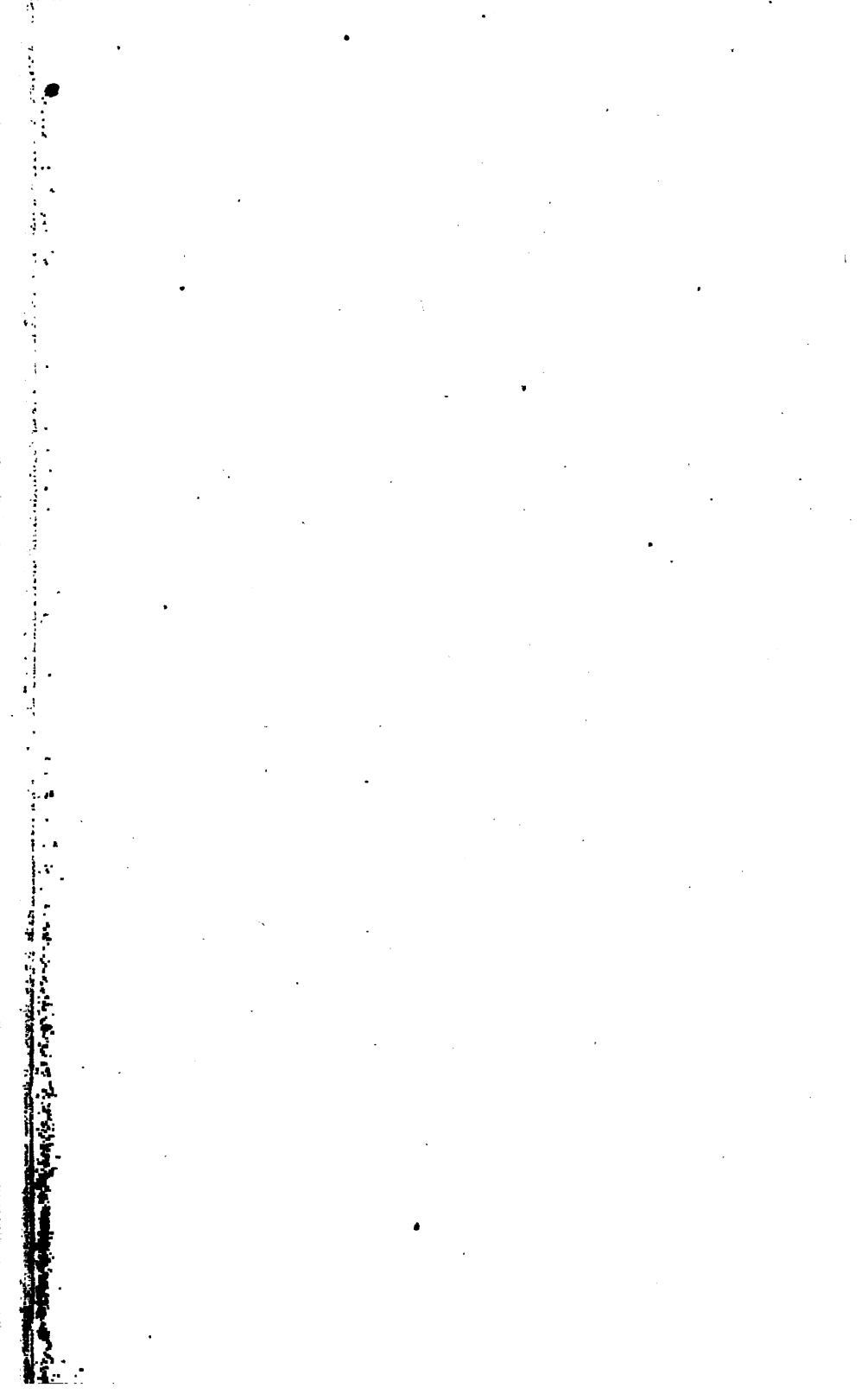
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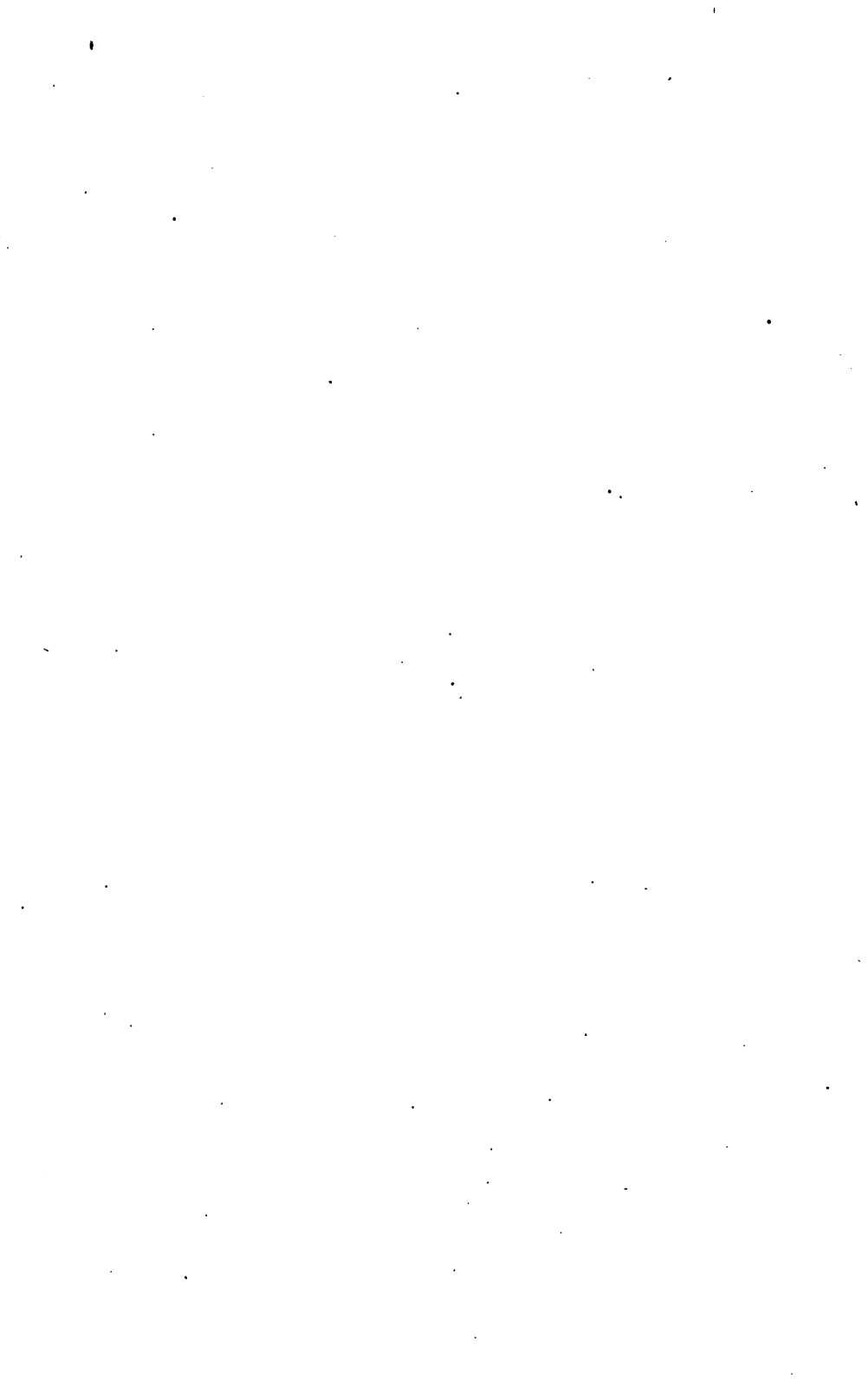
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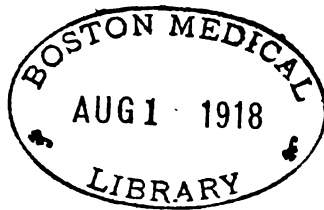
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T. P. WILSON, M. D.,
EDITOR.

H. C. ALLEN, M. D.,
BUSINESS MANAGER.

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All subscriptions and business communications should be addressed to **MEDICAL ADVANCE PUBLISHING Co., Ann Arbor, Mich.** Subscription, \$2.00 per annum.

WOMEN SHUT OUT.—By special request we publish the statement of the Chicago Homœopathic College in defense of its action in excluding women from its halls. It will doubtless be read by many with great interest. It does not bear upon its face the marks of an official document, but the reader may be assured that it is genuine. We are not particularly concerned in the fate of the Chicago Homœopathic College. If it should see fit to commit suicide, we should lament the act as might thousands of others. We are concerned, however, in the result of its influence while it lives, and it seems to us that this collegiate bull is capable of an infinite amount of mischief. That it will hurt its projectors we can easily believe; and that it will hurt the cause of the medical education of women is quite probable. The attempt at disclaiming all feelings of antagonism toward women practitioners, and the asser-

tion that this act does not touch either the question of co-education in general, or of medical co-education in particular, is an elegant piece of satire. It is much like kicking a man down the back stairs and then asserting that this act has no bearing on his character. No amount of taffy bestowed upon the lady alumni of that college will relieve them, or their successors, of the damning odium which this decree fastens upon them. And if, as a result of this act, this college should largely increase the number of its matriculates, that result would seem only to magnify the monstrous wrong committed by it against an unoffending class. When this college obtained an important franchise in the Cook Co. Hospital, it was heralded to the world as a great gain for the school. It now appears that in order to hold that most valuable franchise, it is necessary for the college to close its doors against a certain class of students. A man to save his life will suffer the loss of a part of his body; why may not an educational institution suffer amputation rather than die? Yes, but the man and the corporation are both forever mutilated. It is indeed not a backward step, for a man likely to die, to give up an arm or leg, but it would be questionable progress for a healthy man to submit to the loss of any of his members. And what sort of a higher education is that, which so generously lifts up the boys and leaves the girls to climb up as best they may? Is it anything to boast of, that in this country an educational institution is tied up to the necessity of bestowing its benefits only upon a favored class? Is it democratic? Is it honorable or just to deny knowledge to a human being because that being does not happen to be a man? And let us ask, is the Illinois Medical Association, to whom this college owes a "loyalty and fraternal feeling," and whose reciprocity it is so anxious to maintain, is that association composed of men only? And if not, is the association concerned in the welfare of only its male members?

Let us suppose that, under its new and valuable advantages, in being connected with the Cook Co. Hospital, the

tables were tipped against the male members of its class; would the college hasten to shut out the boys? The college very properly, no doubt, lays much of the blame against the students of the other colleges who attend the clinics of the hospital. These students do not want the women there. Granted. Is the college quite sure that these same allopathic students want the homœopathic boys to attend those clinics? Are these allopathic students to be allowed the control of that great public hospital? Is their blind and bigoted injustice to be made the law for the citizens of Chicago, who have erected and who maintain this magnificent institution? If they don't want the women there, the women are to be shut out. By the same rule, if they don't want the other members of the homœopathic college, then these also should go. If the Chicago Homœopathic College is worthy its name and ends, it is capable of protecting all its students anywhere in the enjoyments of these rights. The people of Chicago are not all barbarians, neither are they the abject tools of allopathic students or professors. They may be appealed to with absolute safety, and they, in their sovereign capacity, will defend the right. The proposition to succumb to this pressure lacks the simple, yet god like element of courage. If it is inevitable and not resisted, it should be deplored, and not boasted of as a "step forward." We shall watch with interest the effect this declaration shall have upon the profession. It looks like a perilous undertaking to abandon a principle of justice in order to court favor with the enemy. We cannot believe the faculty of the Chicago Homœopathic College are a unit in taking this retrogressive course. There are, it is to be hoped, men on the staff of that school who would be willing to stand by their guns. Let us hear from them. The St. Louis Hom. College has followed suit and barred its doors to women, but it may as well be noticed that the University of Michigan hangs out the latch string to all comers.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

THE FORTIETH ANNIVERSARY AND THIRTY-SIXTH SESSION.

NIAGARA FALLS, June 19, 20, 21, 22, 1883.

The American Institute of Homœopathy opened its thirty-sixth session in the spacious parlors of the International Hotel yesterday morning. The carpet had been covered with ducking, a platform raised in the north side, and the room well supplied with chairs, making a very commodious and pleasant assembly room.

On one side of the platform and fronting one of the large mirrors was a magnificent floral piece, the gift of Dr. and Mrs. Hoxie of Buffalo to the society. The piece represented an arch standing on a broad base surmounted by a lyre. The base was three feet by two feet four inches, on which were the words "Am. Inst. Hom." in front of the arch, while in the opposite was the date "1883." Over the front of the arch in blue immortelles was the word "Greeting" and in the rear were the letters "S. S. C.," being the motto of the society. The institute has a membership of over 900.

Promptly at 10 o'clock the institute was called to order by President Bushrod W. James, M. D., of Philadelphia, and opened with prayer by Rev. Geo. F. Rosenmuller, rector of St. Peter's church.

The President then delivered his annual address as follows:

Ladies and Gentlemen, Members of the American Institute of Homœopathy: A grateful heart swells with emotion at this hour, and reciprocates in its feelings the highest honor that the largest and oldest national organization of our school of medicine can confer, as this feeble tongue utters its words of unmeasured thankfulness to you, its membership.

It is now my duty in addressing you to follow the standing resolutions of the society adopted in 1878, viz: "He shall deliver an address at the opening of each session on the progress of

homœopathy during the year past and make such suggestions as he may deem necessary for the institute to take action during the session."

I must therefore forego all comment upon the glorious work that our system has accomplished in the way of medical reform—since Hahnemann issued his "Organon of Rational Medicine" in 1810 up to the time of the last session of this body—and not even allude to the wonderful spread of our literature, the increase in the number of our colleges, and societies, or the long list of Eleemosynary institutions that have been constantly coming under the control of members of our branch of the medical profession, nor am I to refer to the vast amount of good and noble work that this society has done in the distant past—your bureau of organization, registration and statistics will shortly give you a summary of these matters—the intervening year alone then will engage our attention for a few moments.

In offering these remarks it has been deemed proper to consider these three questions :

First. What have we to unfold in the annual budget, and what to suggest ?

Second. What is our present status before the world and what our prospective future as a school of progress ?

Third. What is our duty to-day in the light of passing events ?

As a sign of the progress of the year in the literature of our school there has been issued independent of the quarterly, monthly and weekly medical journals a total of thirty publications, two English and twenty-nine American—seventeen of the latter being western and twelve eastern.

There have lately been introduced three new homœopathic periodicals, one in India, one in Uruguay, one in this country.

Quite a number of new remedies have been considered and under constant proving during the year, while some of the older ones have been undergoing re-proving, others are in the hands of investigators who have their provers at work, and, as you know, it is an arduous task to sum up, collect and verify the symptoms that have been experienced during the proving and which have to be accurately noted down ; some of these provings and remedies, therefore, will not be received for one or more years to come, and likewise with the researches of our microscopists and our pharmaceutical observers.

I look to the west and the east and the south, and I find the capacities of our hospitals and colleges increasing. The stand-

ard of education is being annually elevated, the list of matriculates and graduates lengthened; there is a greater tendency to clinical teaching in all of our institutions, a greater number of old school asylums and other such strongholds yielding to appointments of homœopathic practitioners, and more than ever have we been complimented in various other ways by legislative enactments, appointments upon state and local boards of health, and even by preferments in political elections in various parts of the country.

WOMEN'S MEDICAL SOCIETIES.

A most noteworthy event is the initiative taken in the formation of women's medical societies. The Chicago Homœopathic Medical society, of which Dr. Caroline E. Manning is president, holds monthly meetings, and has identified itself with the movement favoring the co-education of the male and female students in our medical schools. It likewise disproves of methods looking towards the exclusive education of women, and recommends to all its members the necessity of influencing their students toward such colleges as are permanently and distinctly open to both men and women.

The plan, as far as I can discover, seems to have worked satisfactorily in Boston and Chicago [and the University of Michigan] although in some cities the exclusive plan seems to be favored by the majority. In New York a college for the medical education of women exclusively are in successful operation. In Philadelphia an effort is being made to found a woman's homœopathic hospital, a movement which should certainly meet with success, and to which our generous laity should give their strong support. It has been thought best to adopt the separate system in this instance, the flourishing condition of an old school medical college, which follows this plan in the same city being a guarantee for its success.

I remember the day when female physicians knocked ardently and persistently at the doors of this institute without success; and although the knocking of scores of men was constantly being heard and answered, the timid signaling of the medical sisterhood was smothered, and a deaf ear was turned thereto. When the doors were annually opened they were still kept far in the background and pushed away, though within hearing of the clatter and jollity of their successful male rivals. To-day I have the privilege and good fortune of greet-

ing our lady members by the score ; and the good work of equal rights to all is bearing rich and ripe fruits for the present and the future.

* * * * *

OUR FUTURE.

The future of Homœopathy may then be easily predicted. All great reforms go onwards, not backwards, and most of them require long, persevering effort, and consume years and decades and centuries before they become inevitable in their results. The religious reformations in the past have been worked out slowly but surely. The history of the political and social reform shows that they generally take a lifetime before their successful culmination is gained. And so it is with genuine medical reformation, which began with Hahnemann's issuance of the "Organon," and is now progressing favorably even with the most bitter animosity prevailing against it. It is quietly battling on against old beliefs that along the advancing eras of time have for three thousand or more years been attaching themselves to the laity like barnacles to a mighty ship. Now the owners have decided upon harboring the ship, and have wisely begun to cleanse her hull. A generation or two more may yet be needed to completely finish the work and fit it for better speed and a better voyage upon the sea of time. And then when reform will have become universal the banner name of homœopathy will be folded with the ensign ; the law of cure will be written on the minds of all throughout the medical world. The icebergs of jealousy, hatred, malice, slander and misrepresentations will also slowly have melted away. Battle grounds will be obliterated. The battles with the lancet are already quite unknown to the younger portion of the present medical offspring ; the torrents of the crimson streams have long since ceased to flow. The instrument maker who would risk the manufacture of a case full of lancets would be regarded by these young practitioners a fit subject for an insane asylum.

The Senna and Manna craze is over, and the victims and victors are beneath the sod. The "billious" mania is waning, and the innumerable tons of mercury of more recent days are no longer sweeping down so many human millions. The multiple prescriptions, with a group of remedies like great columns for addition or multiplication, are gradually fading away and simpler modes are following with single remedies ; while palatable sugar-coated granules, parvules and pilules are now the rage

in old-school medical fashions. And remedies scientifically proved long ago upon the healthy by many provers of the homœopathic school are fast finding their way into the "regular" drug stores, and are continuously prescribed by the "regular" physicians, whom they most gladly delight to honor and obey.

Crab-like in its details, the old-school is moving backward. It will reach, ere long, common-sense ethics—the single remedy, comminuted doses and non-frequency of repetition—long before it will reach the practical law of cure, which it is destined in the end, to arrive at and acknowledge.

We aim at reform, beginning at the opposite standpoint, in prescribing, the law of cure—*similia similibus curantur*—being first and always accepted; then the other points in our medical reform may be supplemented as rules, the single remedy, the non-frequency of repetition while a case is with certainty improving, the minimum dose of real medicine, and the like, which Hahnemann hinted at, such as this:

"The characteristics of the case must be similar to the characteristics of the drug, taking the totality of the symptoms."

Or this: "In chronic cases which progress from the periphery, external or less essential parts of the body, towards the internal or more central and vital parts give by preference remedies that are opposite to this direction in producing their proved effects upon the body." Or another still: "Symptoms recently developed are the first to yield; old symptoms disappear last." This gives the last appearing symptoms the claim of decision in selecting the remedy. The revered Hering, that most scrupulous and accurate observer, added still another rule, as follows: "Every affection going from one side of the body to the other is more effectually overcome by such medicines as will cause or produce a similar affection, but in the opposite direction." Others may be formulated in the future as the system of homœopathic treatment continues to develop. They should be looked upon with calmness; and no censorious or vindictive spirit should arise in discussing any one or all of them.

THE EXTREMISTS.

Much wandering and fanciful thinking and wild enthusiastic writing have of recent years been freely and unwisely indulged in by both ends of the line of dose. Are they likely to continue? I am inclined to think not. We are hardly likely to have such extremists in the school in the next generation;

time sifts from all new and old things the unseemly growths, the rank tares and weeds that are bold in their alluring shape, and wild appearance in the literary grain field; and these they wither in the sunbeams of truth. So will it be with these gaudy thoughts, these weird mental wanderings, these tinsel words of theoretic reasoning, and all this gay cerebral work, colored with many hues of fancy's thought, with its crusty and curt verbal pungency, will fade away and be forgotten. Fear them not. Harmless are they as the babbling mountain brook that serves to charm the traveller, while the crystal glacier which gives support and existence to the gurgling stream, remains solid, beautiful and strong in the sunlight, immovable through years and ages. And so the grand system of medicine now known as homœopathy will endure and will ever shine gloriously illuminated through its beams of truth. It will be effulgent with future beneficence when the rushing torrents of over-enthusiastic thought have evanesced, the angular rocks, the projections, the pebbles and the sands that caused the murmurs and brooklet-like babblings may remain; but the dark currents that rushed over them will be gone and forgotten.

A committee composed of Drs. J. P. Dake of Nashville, I. T. Talbot of Boston, and J. S. Mitchell of Chicago, was appointed to consider the recommendations contained in the address.

Under the head of reports that of the Publishing Committee was accepted. Reading of the treasurer's report was deferred by request. The chair appointed as an auditing committee D. S. Smith of Chicago, F. H. Orme of Atlanta, and P. G. Valentine of St. Louis. The Necrologist, Dr. H. D. Paine of New York, reported the death since the last report of twelve members, the oldest sixty-eight and the youngest forty-two years of age.

The report of the Bureau of Organization, Registration and Statistics was read by the chairman, Dr. I. T. Talbot. It gave the number of State societies at 27, of which 21 held charters, and with a membership of 2,180; 107 local societies, composed of 2,660 members; 30 general hospitals erected at a cost of nearly \$2,000,000; 47 dispensaries, 21 of which report 60,628 patients; 19 medical jour-

nals, and 11 colleges, with 6,000 alumni. There are 7,400 homœopaths in the United States, no less than 3,000 of which are not members of any reporting society. A letter from Dr. Charles Mohr of Philadelphia, accompanying the report on dispensaries, was read. The statistics on this subject are very incomplete, fully one-half of the institutions not having reported.

The report was referred to the Committee on Publication, and Dr. Talbot was reappointed chairman of the Bureau. There being some unoccupied time before dinner, the order of verbal reports from delegates, which had been set down for the afternoon, was called for. Under the head of State societies the following medical gentlemen presented reports from their various sections: P. G. Valentine, of St. Louis, editor of the *Clinical Review*; Henry E. Spalding, Mass.; D. S. Smith, Chicago; Henry E. Stone, New Haven; H. E. Beebe, Sidney, O.; H. C. Allen, of the *Medical Advance*, Ann Arbor, Mich.; J. A. Compton, Indianapolis; Milton S. Briry, Bath, Me.; Pemberton Dudley, of the *Hahnemannian Monthly*, Philadelphia; I. T. Talbot, Boston; T. P. Wilson, Dean of the Homœopathic College of the University of Michigan, Ann Arbor, and an honorary member of the Kansas society. Under the head of local societies, hospitals, clubs, and asylums, reports were presented: Egbert Guernsey, New York *Medical Times*, spoke of Ward's Island Asylum; William Todd Helmuth, of the New York Hahnemann Hospital; J. S. Mitchell, Chicago, of the Cook Co. Hospital; S. P. Hedges, Chicago, of the State Penitentiary at Joliet; T. F. Allen, of the New York Ophthalmic Hospital; T. P. Wilson and E. C. Franklin, of Ann Arbor; E. B. Holt, of the Lowell (Mass.) Hahnemann Society; D. H. Beckwith and N. Schneider, Cleveland, of the Huron street Hospital, Cleveland; W. L. Jackson, Hughes Medical Club, Boston; D. S. Smith, Hahnemann Society, Chicago; J. H. McCollum, Pittsburgh Hospital and Dispensary; David S. Foss, Newburyport, Mass., of the Es-

sex County Medical Society; C. G. Higbee, St. Paul, Minn.; L. A. Phillips, of the Massachusetts Society of Surgery and Gynæcology, Boston; and P. Dudley, of the Children's Hospital of Philadelphia.

At the conclusion of the reports, Dr. Wright, of Buffalo, stated what arrangements had been made for sight-seeing, and an adjournment was taken until 3 o'clock.

AFTERNOON SESSION.

When the members came together after dinner, the work of the "Bureau of Materia Medica and Provings" was at once taken up. The special topic for discussion was "A Model for a Condensed Materia Medica." This Bureau is composed of the most eminent authorities on the subject in the school. The majority of the members have published works or dissertations on *Materia Medica*. They were instructed at the last meeting to suggest an ideal *Materia Medica*, and to this end had prepared exhaustive papers, synopses of which were read by the Chairman.

The members—corresponding and regular—who contributed to make up the report were: J. P. Drake, chairman, Nashville, Tenn.; Conrad Wesselhoeft, Boston, Mass.; John W. Hayward, M. D., Liverpool, England; Tomasso Cigliano, Naples, Italy; Lewis Sherman, Milwaukee, Wis.; E. A. Farrington, Philadelphia, Pa.; H. R. Arndt, Grand Rapids, Mich.; A. C. Cowperthwaite, Iowa City, Iowa; Wm. Owens, Cincinnati, Ohio; A. W. Woodward, M. D., Chicago, Ill.

Dr. J. P. Jousset, of Paris, France, was unable to respond, as he is writing a large work. T. F. Allen, M. D., of New York City, the author of the *Standard Encyclopedia of Materia Medica* (in twelve volumes) which bears his name, read his own contribution, and presented printed copies of a pamphlet of some twenty-five pages as a sample of the revision which he is making of his work. Asa S. Couch, of Fredonia, N. Y.; A. W. Wood-

ward, of Chicago; H. C. Allen, Ann Arbor; Wm. Owens, Cincinnati; S. Lilienthal, New York, and N. W. Butler, of Montclair, N. J., discussed the report. It was referred to the Publication Committee, and Dr. Dake was re-appointed chairman of the Bureau.

The Bureau of Pharmacology had assigned no subject for discussion, and the chairman, Dr. H. W. Taylor, of Terre Haute, Ind, was not present. Dr. C. Wesselhœft, of Boston, one of the Bureau, was called on, and spoke for some time on the necessity for improved methods in the compounding of drugs, and of a new theory as to the solubility of glass. A free discussion followed, participated in by Drs. Dake of Nashville, Peck of Providence, Smith of Cleveland, Allen of Ann Arbor, Waters of Terre Haute, Hall of Toronto, Duncan of Chicago, Cowl of New York, and Owens of Cincinnati.

Dr. Pemberton Dudley, of the Committee on Medical Literature, read a paper severely scathing certain medical works and journals, and suggesting as a remedy for ungrammatical, loosely-constructed and superficial literary efforts the boycotting of all such by the profession.

EVENING SESSION.

A series of interesting papers were offered at the evening session by the Bureau of Clinical Medicine—J. Sidney Mitchell, M. D., of Chicago, chairman—on “Malarial Fevers.”

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

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

E. A. Farrington, of Philadelphia, gave a comprehensive resumé of the remote effect of malaria on the system.

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

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

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

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

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

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

An animated discussion followed, and the day's work was gracefully wound up with a musicale.

INTERNATIONAL ASSOCIATION.

The International Hahnemannian Association is the official title of a body which has for three years past been holding its sessions in connection with those of the American Institute. The Association grew out of a desire on the part of some of the older members of the Institute for greater freedom in setting forth their views as to what Homœopathy is, or rather what it should be. They think that there has been a departure in some quarters from the principles as Hahnemann held and taught them. The Association comprises some sixty gentlemen, prominent among whom is Dr. Gregg, of this city. About twenty of the members held a meeting in parlor 11 of the International. The President, Dr. C. Pearson, made an address, and the Association adjourned until Wednesday.

The second day's meeting of the fortieth anniversary and thirty-sixth session of the American Institute of

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

MORNING SESSION.

Promptly at 9:30 President James brought down the gavel, catching most of the doctors napping, and causing a hasty scurrying through the corridors. Business had begun. Dr. Henry D. Paine, of New York, was announced as Necrologist for the coming year, and Dr. J. H. McClelland, of Pittsburg, Pa., as chairman of the Bureau of Medical Education. The former is a reappointment.

Treasurer E. M. Kellogg, of New York City, read his annual report. The receipts were given at \$3,938.50; disbursements, \$3,927.19, including a deficiency of \$928.09 from last year. The balance in the treasury is \$11.35, so the Institute may felicitate itself on being on the weather side of the situation.

Dr. T. M. Strong, of the Committee on Foreign Correspondence, reported that during the year a large number of letters of inquiry had been addressed to prominent

physicians of the school in Europe, South America, India, Mexico, etc. The answers received showed an advancing prosperity in England, South America, and Portugal, official opposition in Russia and Sweden, and the cause at a standstill in Switzerland and Belgium. Italy is hopeful, and from Austria and Germany but little has been heard. The report was referred to the Committee on Publication. Later in the session Dr. Strong was reappointed chairman of the committee.

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

The work of the Bureau of Obstetrics was taken up. The chairman, Dr. M. M. Walker, of Germantown, Pa., led off in the discussion, the special subject being "Complications of Gestation." Papers on various complicated points were read by the following doctors: Geo. B. Peck, Providence, R. I.; R. M. Foster, Chicago, Ill.; L. C. Grosvenor, Chicago, Ill.; Louis N. Danforth, New York; C. Van Artsdalen, Ashbourne, Pa.; C. G. Higbee, St. Paul, Minn.; J. C. Sanders, Cleveland, O.

The papers were all intensely technical, but excited keen interest among the medical gentlemen. In the vigorous debate and fire of inquiries and answers which they provoked the following gentlemen took part: L. C. Grosvenor, Chicago; B. F. Dake, Pittsburg; John E. Gilman, Chicago; M. S. Briry, Bath, Me.; A. A. Whipple, Quincy, Ill.; J. C. Morgan, Philadelphia; R. Ludlam, Chicago; and M. M. Walker, Germantown.

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

Two members of the Bureau had been assigned for "Remarks and Suggestions Concerning Certain Homœopathic Preparations." Chairman J. Edwards Smith, of Cleaveland, read the contribution from Dr. W. A. Edmonds, of St. Louis, and then submitted a report of his own year's research in this fascinating field. Dr. Smith is an enthusiast in chemical investigation, and apparently possesses to the full that belief in his work which conquers the world. The Doctor read extracts from his report of seventy-three pages, the reading calling forth frequent requests for details on interesting points. The interest aroused was so great that on the expiration of Prof. Smith's allotted time it was unanimously resolved that he be allowed to go on, and the session was extended to that end. His humorous exposure of the adulterations practiced by certain pharmacists in compounding sugar of milk brought out shouts of laughter and prolonged applause. The Doctor gave a list of pharmacists and the results of many analyses. Despite their hearty appreciation of the ludicrous side of the subject, the doctors present evidently regarded the matter as a very serious one

indeed, and astonishment was, after all, the predominant feeling.

A paper by a non-member of the Institute—Prof. M. B. Wood, of Cleveland—on the same subject, was allowed to go to the Publication Committee as part of the report.

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

It was decided that the discussion on Bacteria be reopened. Dr. Wesselhœft resumed the reading of, and at the same time enlarged upon, Prof. Haupt's treatise. When he closed, Dr. R. R. Gregg, of Buffalo, was given five minutes in which to defend some of his theories which had been assailed by the paper. The Institute did not relax its grip on these infinitesimal parasites until the wild clang of the dinner gong echoed through the hall.

AFTERNOON SESSION.—SECOND DAY.

The session convened very promptly—all too promptly for most of the members. At 3 sharp came the report of the Bureau of Ophthalmology, Otology, and Laryngology—or, translated into workaday English, of diseases of the eye, ear, and throat. Dr. J. A. Campbell, of St. Louis, was at the head of this Bureau.

An animated and practical address on abscesses of the eye, and improved methods of treatment therefor, was made by Dr. George S. Norton, of New York, answering

the inquiry, "Can Glaucoma be Cured without Operation?"

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

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

The paper of Dr. C. B. Currier, of San Francisco, on "Nasal Polypi," went to the Committee on Publication without being read.

A paper which possessed great practical worth was that of Dr. F. Park Lewis, of this city, on "Direct Causes of Deaf-Mutism." The statistics presented are of interest to all. The paper of Dr. Lewis gives in brief the results of a careful examination of the clinical histories of 144 deaf-mutes, noting at the same time the present condition of the auditory apparatus, with a view of determining as far as might be the direct cause of the loss of hearing. The wider study of the influence of certain occult causes, and more especially dyscrasia and parental consanguinity, were reserved for future consideration.

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

Dr. C. H. Vilas, of Chicago, who stands in the front rank of American oculists, offered his contribution under

the head of "Abuses of the Politzer Method of Inflation."

The Chairman spoke of "Spots before the Eyes."

The Bureau's report was amplified and discussed by Drs. Norton, Lewis, McGuire, Couch of Fredonia, Lilienthal, of New York, Vilas and Ludlam of Chicago, Campbell of St. Louis, and Morgan of Philadelphia. This closed the discussion.

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

Next in order was the presentation of synopses of the papers of the Bureau of Gynæcology—which for the admirers of "English as she is spoke," may be interpreted as the surgery of the diseases of women. The Chairman of the Bureau is the genial Vice-President of the Institute, Dr. O. S. Runnells of Indianapolis. The following papers were read by title and referred: "Observations on Diagnosis in Uterine Diseases," by Dr. H. Minton of Brooklyn, editor *Homœopathic Journal of Obstetrics*: "Subinvolution of the Uterus," by Dr. R. C. Allen of Philadelphia. The treatise on "Coccydynia and the Operations for the Removal of the Coccyx," by Dr. S. S. Lungren of Toledo, was next read—too technical to make a synopsis of any actual use. The Contribution on "Dysmenorrhœa," offered by a Philadelphia practitioner—Dr. W. H. Bigler was quite clear and succinct despite its title.

The essay of Dr. S. P. Hedges of Chicago, on "Results in Dilation of Cervix Uteri with Metallic Dilators" proved briefer and more interesting than the name would seem to promise.

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

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

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

IN THE EVENING.

The programme for the evening meeting included the report of the Bureau of Surgery, the reunion of the "Seniors," and the musicale and promenade concert with which the toils of the day were closed. As usual the business session came to order promptly at the appointed hour, and the programme prepared by the Chairman—as below—was gone through with:

General Subjects—Antiseptic Surgery—Definition and Historic Mention—J. H. McClelland, M. D., Chairman.

The Principles of Antisepsis—L. H. Willard, M. D.

The Antiseptic Method Described—J. E. James, M. D.

The Antiseptic Method as Modified in Germany—C. M. Thomas, M. D.

Distinctive Qualities of Various Antiseptic Agents—W. L. Jackson, M. D.

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

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

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

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

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

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

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

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

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

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

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

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

STILL ANOTHER HOMŒOPATHIC SOCIETY.

To-morrow will witness the inauguration of a convention of homœopathic specialists. The seventh annual session of the American Homœopathic Ophthalmological and Otological Society will be held in the parlors of the International Hotel, beginning at 9 o'clock. The society has

about fifty active members, together with a corps of foreign correspondents. A large attendance is expected. The programme as arranged is as follows:

Opening Address by the President—C. H. Vilas, M. D.
 Report of the Secretary, Treasurer, and Board of Censors.
 Presentation and discussion of the following papers—

OPHTHALMOLOGY.

Retinitis Albumenuria—Cases, James A. Campbell, M. D.
 Detachment of Retina Associated with Albummuria, Alfred Wanstall, M. D. Removal of Foreign Bodies from the Interior of the Eye-ball, W. A. Phillips, M. D. Choroidal Tumors, C. H. Vilas, M. D. Extracts from Case Books—(1) Catarrhal Distension of Frontal Sinus; (2) Partial Opacity of Lens, E. H. Linnell, M. D. A Peculiar Case, Charles Deady, M. D. Spongy Iritis, J. H. Buffum, M. D. The Use of Ice in Ophthalmic Disease, George S. Norton, M. D. Field of Vision, John L. Moffat, M. D. Remarks on the Diagnosis of Cataract, C. H. Vilas, M. D. Essential Phthisis Bulbi (*Cured*), Charles Deady, M. D. The Value of Absorbent Cotton in Ophthalmological and Otological Practice, E. W. Beebe, M. D. Clinical Cases, D. J. McGuire, M. D. Retinoscopy, F. Park Lewis, M. D.

Subject for Special Discussion.

The Value of Remedies in Asthenopia.

OTOLOGY.

Boracic Acid in Otitis Med. Sup. Chr., J. F. Brown, M. D.
 Apoplexy of Tympanum, W. H. Winslow, M. D. Auditory Vertigo, E. H. Linnell, M. D. A New Instrument for the Removal of Foreign Bodies from the Auditory Canal, L. D. Couch, M. D.

Subject for Special Discussion.

Treatment of Chronic Non-Suppurative Inflammation of Middle Ear.

Other papers of interest will doubtless be read. Physicians, whether members of the Society or not, if interested in the study of diseases of the eye and ear, are cordially invited to be present at the meeting.

Dr. F. Park Lewis, of Buffalo, is Secretary of the Society.

OTHER SOCIETIES IN SESSION.

The American Institute of Homœopathy, now in session at the International Hotel, Niagara Falls, is nearing the end of its programme, and to day will see an adjournment. The place for the next meeting has been fixed as Deer Park, Md.—a new summer resort situated high up on the Alleghenies about midway between Washington and Baltimore.

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

Before the regular session was called some of the enthusiasts on Gynæcology held a meeting for the special discussion of papers presented Wednesday morning. The debate was participated in by Drs. R. Ludlum of Chicago, J. P. Mills of Chicago, T. L. Brown of Binghampton, Cornelius Ormes of Jamestown, M. H. Waters of Terre Haute, Philip J. Porter of Detroit, William J. Hawkes of Chicago, O. G. Ross of Ravere, Mass., Maurice J. Chase of Galesburg, Ill., and L. A. Phillips of Boston. The special topic for consideration was Dysmenorrhœa.

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

A debate resulted on some of the resolutions which the committee had prepared respecting the recommendations contained in the address. The resolution which called forth the principal opposition was that making the Provisional Secretary a salaried officer, placing him out of

the control of the General Secretary, and making him responsible for certain portions of the work of the Secretary's department. It was carried. The recommendations as finally approved by the meeting were: (1) That the Executive Committee be requested to report a suitable plan for establishing a depository for the archives. (2) That the same committee report on the feasibility of publishing the papers and transactions in four bi-monthly numbers. (3) That no member be placed on more than one bureau in the same year.

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

Dr. Pemberton Dudley read a communication from Dr. Charles Mohr of Philadelphia, the chairman of a special committee appointed to supervise the preparation of the article "Homœopathy" in Stoddart's forthcoming edition of the *Encyclopædia Britannica*. The article will not be completed for some months to come. The bureau of surgery was granted the privilege of continuing the debate begun last evening in "Antiseptics." The subject was ably handled by an array of surgeons from all parts of the country. There was by no means a unanimous sentiment animating the earnest debaters. Dr. James H. McClelland of Pittsburg, led off with a brief enquiry into the history of the method and a criticism upon the terms employed by many. The principles were presented in a brief paper by Dr. L. H. Willard, taking strong ground in favor of the theory that putrefaction is due to germs or particles which float in the air, and the whole object of the specific measures is to destroy and exclude these. The details of the method were set forth concisely by Dr. J. E. James of Philadelphia.

A paper by Dr. C. M. Thomas of Philadelphia, discussed the method as practiced in Germany. The use of iodoform was particularly dwelt upon, and the great suc-

cess of famous Germans was made known. Germany is a great centre for extreme antiseptic methods. The special qualities of antiseptic agents was discussed by Dr. W. L. Jackson of Boston, who presented the results of prolonged original researches. Dr. M. O. Terry of Utica, told of the ligatures best adapted to secure the ends in view, and Dr. N. Schneider of Cleveland, discussed the value of drainage, and suggested the probability that perfect drainage was the most important element in the whole system.

The poisonous effects experienced and to be feared from the use of antiseptic agents were thoroughly discussed by Dr. I. T. Talbot of Boston, who concluded finally that the careful use of well-known antiseptics was not to be feared. The virtues of iodoform were written of by Dr. H. I. Ostrom of New York, who was of the opinion that the special field for this drug was in bone diseases.

Dr. George A. Hall of Chicago, gave an account of this method in the treatment of abscesses, ulcers, and morbid growths, claiming excellent results. Dr. Harts-horn of Cincinnati, also advocated this method in the treatment of compound fractures. On the other hand, Dr. E. C. Franklin of Ann Arbor University, took strong grounds against this method, arguing that the claims so extravagantly set forth were chimerical. A comparison of the results obtained by Dr. C. E. Walton of Ohio, however, showed amazingly in favor of the system, especially as practiced in Germany.

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

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

Dr. F. R. McManus, the aged chairman of the Board of Censors, and who by the way has held the position for the forty years of the Institute's existence, turned in the daily lot of applications for membership.

MORNING SESSION.

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

SPECIAL BUSINESS.

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

The representatives of the different sections then came to the front. These special pleaders hastily swallowed the voice-clearing troche, and with a get-it-or-die

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

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

Then came the tug of war—the election of officers. The “Express” reporter did not learn whether Greek met Greek, but certain it is that West met East. The greatest interest of course centered in the choice of President. The nominations were notable ones, and every gentleman named would have done honor to the position.

The following were presented in the order named (President James being barred out of the contest by the Institute’s rule against re-election to the presidency): O. S. Runnells, Indianapolis; J. C. Sanders, Cleveland; George A. Hall, Chicago.

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

As a plurality of sixty-nine was necessary to a choice, a second ballot was ordered. Dr. Hall withdrew from the field. It stood—Runnells, 59; Sanders, 69.

The election of Prof. J. C. Sanders was made unanimous.

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

For Vice-President the nominees were—Drs. A. I. Sawyer, Monroe, Mich.; A. R. Wright, Buffalo, N. Y.; Timothy F. Allen, New York.

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

General-Secretary J. C. Burgher of Pittsburgh; Provisional-Secretary T. M. Strong of New York; and Treasurer E. M. Kellogg of New York were unanimously re-elected. Some of these gentlemen have efficiently filled their respective positions from time to time which the memory of homœopath runneth not to the contrary.

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

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

The morning session had already stretched out to two o'clock, but no adjournment was had—the President announcing that the state of the work marked out would not permit an intermission for the rest of the day, if bureau discussion was continued then. The remaining bureau of the day—Anatomy, Physiology, and Pathology—then reported, after which Chairman William Owens of Cincinnati, summarized the arguments in a well written paper. Prof. Owen's subject was the "Nerves of Organic Life." The paper commenced by explaining that he used the term "nerves of organic life" instead of sympathetic, etc., because it was more appropriate, being common to all life. He proceeded to quote Stricker, Owen and Tuckett to show that a differential relation between the primitive structure from which the vegetable and animal organizations were developed could not be shown. That all

were derived from the primitive cell and were subject to the same physiological law. That no organism could live a day without innervation and the performance of certain functions, such as nutrition, circulation, respiration, secretion, and reproduction.

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

The convention was then declared adjourned until the morning.

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

THE BANQUET.

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

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

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

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

The American Institute of Homœopathy—past, present, and future. Response by Bushrod W. James, M. D., Philadelphia.

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

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

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

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

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

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

The Ladies.

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

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

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

IN HOMŒOPATHIC DOSES.

The President-elect of the institute, Dr. J. C. Sanders, is a resident of Cleveland, Ohio, where he has an elegant home at No. 308 Prospect Street. He is about fifty years of age, of distinguished presence, and is said to be very highly cultivated. He is a graduate of the Western Reserve University of the class of 1847, and also of Yale College of the class of '54. Dr. Sanders has been in active practice for thirty years, and his yearly income is reported to be about \$40,000. Of course he must necessarily have to deal with important cases. His connection with the Cleveland Homœopathic College dates back twenty-three

years, for twenty of which he has filled the Chair of Obstetrics.

The report of Dr. J. Edwards Smith of Cleveland, of the special committee appointed to analyze certain homœopathic preparations, read on Wednesday, has been already referred to in these pages. To-day we print some of the results of the Doctor's analyses of samples of sugar of milk obtained from pharmacists in various sections of the United States. What the American Institute thought of the report may be seen in the fact that a fund of over \$300 was almost instantly raised to enable Dr. Smith to continue his work.

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

Halsey Bros., Chicago.....	1.18
Gray & Co., Boston.....	4.30
H. C. Gaylord, Cleveland.....	6.00
Boerlicke & Tafel, Philadelphia.....	2.00
Worthington, Cincinnati.....	3.40
L. H. Witte, Cleveland.....	1.40
Smith, Cincinnati.....	2.10
Luyties, St. Louis.....	3.80
Epps, London, Eng.....	2.07
Smith, New York.....	1.50
Duncan Bros., Chicago.....	2.20
Munson & Co.....	2.80
Gross & Delridge.....	5.30
Hurlburt, New York.....	17.00

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

Sugar of milk plays a very large part in Homœopathic pharmacy, triturations being made with this vehicle, its

chemical formula being $C_{12}H_{24}O_{12}$. Hence it follows that a pure sample of sugar of milk should give no ash after incineration at full red heat.

OPHTHALMOLOGISTS AND OTOLGGISTS.

Three other conventions, all of Homœopaths, were held at the International yesterday.

The seventh annual session of the American Homœopathic Ophthalmological and Otological Society met in parlor 10 of the International at 10 o'clock yesterday morning. The attendance was very fair. Dr. C. H. Vilas of Chicago presided and Dr. F. Park Lewis of this city was at his post as secretary. After a brief introductory address by the President, in which the work of the Association was reviewed, the Secretary's annual report was read and accepted. The Treasurer's report, which was referred to the Auditing Committee, showed a very gratifying condition financially. The programme as printed in yesterday's *Express* was fully carried out, the papers of absent members being read by title and referred to the Committee on Publication. The following essays in addition to those mentioned in the programme were read.

A remarkable case of tumor orbitæ. C. H. Liebold, M. D., New York.

A peculiar case of congenital cataract. A. B. Norton, M. D., New York.

On the value of *Hydrastis can.* as an antiseptic and curative agent in catarrhal and purulent conjunctivitis. M. O. Terry, M. D., Utica, N. Y.

Allium cepa. Dr. C. H. Liebold, New York.

Anomalous cases: 1, keratitis bullosa; 2, anophthalmi, Dr. F. Park Lewis of Buffalo. 1, serous accumulation in middle ear; 2 otitis traumatica interua. Henry C. Houghton, M. D., New York.

An interesting paper by Dr. James A. Campbell of the St. Louis Homœopathic College illustrated the inti-

mate connection between certain degenerate retinal changes and diseases of the kidney.

Dr E. H. Linnell of Norwich, Conn., read a paper on extracts from his case book.

An interesting paper by Dr. Charles Deady of New York, resident surgeon in the New York Ophthalmic Hospital, demonstrated the value of medicine in apparent nearsightedness. The case cited by the Doctor was a peculiar one in several respects.

A paper by Prof. George S. Norton of New York on the value of ice in certain diseases of the eye was of exceptional value and called forth a general interchange of views.

Dr. D. J. McGuire of Detroit read a valuable essay on some clinical cases.

A paper by Dr. C. H. Liebold on *Allium cepa* was read by the secretary.

Dr. F. Park Lewis reported two curious cases. One that of a child born without eyes, and the other that of a peculiar inflammation of the eyeball.

Dr. Linnell presented his essay on "Auditory Vertigo."

The subject for special discussion, "The Value of Remedies in Asthenopia," was taken up and debated by Drs. Wilson, Campbell, and Norton.

Dr. Houghton treated the special subject under Otology—"Treatment of Chronic non-Suppurative Inflammation of the Middle Ear."

The appointment of a date for the next meeting was referred to the Executive Committee.

The election of officers resulted as follows:

President—F. Park Lewis, M. D., Buffalo, N. Y.

Vice-President—James A. Campbell, M. D., St. Louis.

Secretary and Treasurer—Charles Deady, M. D., New York.

Censors—D. J. McGuire, M. D., Detroit; Wm. P. Fowler, M. D., Rochester; Henry C. Houghton, M. D., New York.

The Society then adjourned to meet in connection with the American Institute at Deer Park, Md.

THE HAHNEMANNIAN MEN.

The International Hahnemannian Association have been holding some very interesting meetings in one of the parlors of the International Hotel.

The reports of the bureaus of Clinical Medicine and Surgery have been most valuable additions to homœopathic literature.

The Bureau of Surgery's report was directed especially to plans for dispensing with the use of knives in many operations. It was decided to hold all future sessions at the same place as the American Institute of Homœopathy, but three days in advance of the meetings of that body.

Officers were elected as follows :

President—Dr. George F. Foote, Stamford, Conn.

Vice-President—Dr. R. R. Gregg, Buffalo.

Treasurer—Dr. Edward Cranch, Erie Pa.

Secretary—Dr. J. B. G. Custis, Washington, D. C.

Foreign Corresponding Secretary—Dr. E. W. Berridge, London, Eng.

Board of Censors—Drs. C. Pearson, Washington ; Benjamin Ehrman, Cincinnati ; S. Swan, New York ; C. H. Lawton, Wilmington, Del. ; T. F. Smith, New York.

The President appointed the following heads of bureaus for 1884: *Materia Medica* and *Provings*: Dr. Edward G. Rushmore, Plainfield, N. J. ; *Obstetrics*: Dr. J. R. Haynes, Indianapolis ; *Clinical Medicine*: Dr. J. A. Biegler, Rochester ; *Surgery*: Dr. C. H. Lawton, Wilmington, Del.

JOURNALISTS MEET.

A meeting of gentlemen connected with the different homœopathic journals represented at the convention was held at 8 o'clock last evening to consider the "club" question. It has been freely charged that some of the medical journals were cutting rates by taking club sub-

scriptions at greatly reduced rates. It was resolved to form a permanent organization to regulate this and other trade questions. Dr. S. Lilienthal of New York was elected President, and Mr. A. L. Chatterton of New York, Secretary.

The following journals were represented :

The various homœopathic publications were generally represented by members of their editorial staff. Among others, *The Medical Advance*, Ann Arbor, Mich., by Dr. H. C. Allen; the *Clinical Review* of St. Louis, by Dr. P. G. Valentine; the *Investigator* of Chicago, by Dr. T. C. Duncan; the *Hahnemannian Monthly* of Philadelphia, by Dr. T. C. Duncan; the *New York Medical Times*, by Dr. Egbert Guernsey; the *Homœopathic Leader* of New York, by Dr. Walter Y. Cowl; the *Homœopathic Journal of Obstetrics* of New York, by Dr. H. Minton; the *Medical Counselor* of Grand Rapids, Mich., by Dr. H. R. Arndt; the *American Homœopath* of New York, and the *Homœopathic Physician* of Philadelphia by Mr. A. L. Chatterton of the A. L. Chatterton Publishing Company.

CLOSING SESSION.

The Fortieth Anniversary and Thirty-sixth Session of the American Institute of Homœopathy, begun so auspiciously at Niagara Falls on Tuesday last, closed yesterday. The meeting has been a notable one in several respects. The attendance has been as large as any previous session, and somewhat more representative in character. The Institute leaves a good name behind it for hard work and harmonious action. Of the convention's work, viewed in the light of scientific usefulness you have already read.

At the general business session, called at half-past nine o'clock yesterday morning by President James, the attendance was very light, many members being homeward-bound, and others in the throes of packing up. Dr. Dake, of Nashville, offered the following important preamble and resolutions :

WHEREAS, It has been demonstrated in the report of Dr. J. Edwards Smith at this session of the Institute that the amount of impurity existing in Sugar of Milk may be detected by the simple process of incineration, and that a ten-gramme sample of ordinary purity ought not to give an amount of ash exceeding one and one-half milli-grammes.

Resolved, That samples of sac. lac., ten grammes of which yield residuum exceeding one and one-half milli-grammes in weight, shall be considered unfit for homoeopathic use.

Resolved, That manufacturers of Sugar of Milk be requested to state on each package offered for sale the amount of ash in grammes produced from incineration of ten grammes of said sugar.

Dr. Smith's work has borne fruit, for the resolutions were adopted unanimously.

The Board of Censors presented their final report for 1883.

The report was adopted, and the names were placed on the membership list. Forty-seven new members in all have been admitted at this session.

Dr. A. C. Cowperthwaite of Iowa City, Iowa, was re-appointed as Chairman of the Railroad Committee.

Mrs. Dr. E. G. Cook of Chicago presented her resignation as a member of the Institute. Accepted.

The Bureau of Psychological Medicine was to have presented papers at this session, and to have discussed "Sleep, and the Means for Most Safely and Surely Inducing it in Cases of Mental Disturbances." The Chairman was absent, however, and the papers in hand were read by title and referred to the Committee on Publication. These were: "Diseases of the Omentum as a Cause of Hypochondriasis," Seldon H. Talcott, Chairman; "Hallucinations in Physical Insanity," S. Lilienthal, New York; "A Case of Acute Mania," J. M. Kershaw, St. Louis; "Oxygen in the Prevention and Cure of Nervous Diseases," T. L. Brown, Binghamton.

The Institute referred all the papers prepared under the direction of the Bureau of Sanitary Science to the

Committee on Publication. The articles covered a very wide field, in fact, some of those present thought rather too wide a field to be discussed in detail. The papers received were: "Hygiene in Traveling," T. P. Wilson, Ann Arbor; "Hygiene of Food in Cooking," T. S. Verdi, Washington; "Hygiene of Manufacturing," George M. Ockford, Vincennes, Ind.; "Hygiene of Schools," Bushrod W. James, Philadelphia.

The chairman of the Bureau, Dr. D. H. Beckwith, Cleveland, stated that he had attended the meeting of the American Public Health Association for 1883, and also the "State Medicine" of the American Medical Association at Cleveland, this month, and that the reports of his Bureau compared favorably with any on similar subjects offered at either of these meetings.

Dr. J. P. Dake, of Nashville, offered a resolution instructing the Committee of Arrangements, when negotiating for future meetings of the Institute, to arrange with hotel proprietors that no other meetings be allowed to convene while the Institute is in session. The resolution was laid on the table.

Dr. T. P. Wilson, of Ann Arbor, offered a resolution calculated to restrain hasty legislation by providing that a certain specified notice should be given in advance of the offering of any resolution materially affecting the policy of the Institute. It was debated, and referred to the Bureau of Organization, Registration, and Statistics.

The memorial service in honor of deceased members was announced.

Dr. George W. Peck, of Providence, R. I., read a well written eulogy of the late Dr. Ira Barrows, of Providence, who had died during the year past.

Dr. Pemberton Dudley, of Philadelphia, said a few words regarding his long-time friend, the late Dr. Robert J. McClatchey, of that city. Dr. McClatchey was a veteran member of the Institute, and for many years the Gen-

eral Secretary. Some practical life lessons were drawn from his record.

Resolutions of thanks were voted to the hotel proprietor, local committee of arrangements, and the press.

President James then declared the convention adjourned, to meet at Deer Park, Md., in 1884.

ED. NOTE.—We are indebted to the Buffalo *Express* for the above full and correct report of the proceedings of the Institute.



LAPARO-HYSTEROTOMY.

SUCCESSFUL REMOVAL OF A LARGE FIBROID.

BY DR. PHIL PORTER.

The triumphs of ovariectomy in the hands of a few homœopathic surgeons have naturally emboldened others to attempt the removal not only of uterine fibroids that have baffled the skill of therapeutists, but also the uterus itself, when it has undergone fibroid or cancerous degeneration, and yet there are no operations, the indications of which ought to be more clear than laparotomy and laparohysterotomy for the removal of fibroid tumors. If we consult the percentage of mortality as published by the old-school operators we are at once convinced that the dangers to be encountered, both during and following the operation, are the greatest within the range of pelvic surgery.

During the last two years I have successfully removed three large uterine fibroids, once including the entire uterus, which was duly reported to the profession and I now have the honor to report my third case.

Miss Jessie S—, æt. 15, had been menstruating one year, scrofulous diathesis. Sent by Dr. L. Younghusband of this city. First noticed a hard lump in the left iliac re-

gion about one year ago but as it did not pain or distress her she did not call her mother's attention to it.

Three months ago she commenced having what her attending physician called hystero-epileptic attacks and she then complained of the growth in her abdomen, which was examined by several physicians. The patient came under my care in April and after a thorough trial of several remedies and as the tumor increased rapidly in size, I determined to operate.

Preparing the patient in the usual manner for laparotomy, I opened the abdomen and found a large fibroid tumor attached by a broad pedicle to the left side of the fundus of the uterus. The adhesions were abundant and very troublesome. The transverse and descending colon were attached three to four inches to the upper portion of the tumor which necessitated some careful dissecting and time. Before dividing any extensive adhesion I was careful to clamp, thus avoiding any great amount of hemorrhage. After freeing the tumor from all its attachments except the pedicle, where it was connected with the uterus and left broad ligament, including the Fallopian tube and ovary and so closely identified with the tumor that it was impossible to separate them. I ligated the pedicle in five different sections and then crushed the entire pedicle above the ligatures with one of Billroth's large clamps and severed the mass with scissors and removed the tumor and all the uterine attachments on the left side. I examined the stump carefully and bathed it with warm water and *Calendula*. While cleaning the abdominal cavity I found another tumor about the size of a cocoanut in the omentum, which, after ligating all vessels, I removed. It proved under the microscope to be encephaloid in character. When all bleeding points had been secured, the entire cavity was treated to a bath of warm water and *Calendula*. The incision was then washed with equal parts of *calendula* and *Hypericum*, and silk worm sutures used to close the abdomen.

The operation lasted one hour and fifteen minutes. All the antiseptic precautions were employed except the spray.

The patient's temperature never rose above 99° and after the first day the pulse was not over 100.

Nothing but *Hypericum* was administered in the 6x but on the third day the patient complained of nausea and *Ars 12 x* one dose, was given which controlled the trouble.

The patient has not had one bad symptom since the day of the operation and is convalescing nicely.

The sutures were removed on the eighth day as union was perfect. No drainage tube was used.



BACTERIA AND TUBERCLES.

BY R. R. GREGG, BUFFALO, MAY 12.

Will you allow me to prick one of the bacteria bubbles that is now sailing so gaily over the world? You know that Prof. Koch of Berlin asserts that tubercles are caused by bacilli and by them only. Very well: what are bacilli? They are one of the sub-divisions of bacteria, and Prof. Koch says they are vegetable parasites, or vegetable germs, and all scientists agree with him as to their vegetable nature.

What next are tubercles? Tubercles are wholly animal structures, and tubercle cells are purely animal cells. Well, Prof. Koch's claim then involves this flat contradiction of all nature, namely: That a purely vegetable germ, the bacillus, will produce a purely animal structure, the tubercle. And one of the strangest anomalies in all scientific controversy has arisen over the discussion of the subject, to wit: That Prof. Tyndall, after fighting Bastian for years, upon the latter's "*de novo* origin of life," and on his doctrine of transmutation in the lowest forms of

animal and vegetable life, now turns around against his own teachings of a life time, and says yes to Prof. Koch's claim, a vegetable germ will produce a purely animal structure.

How Bastian must dance for joy at this evidence of Tyndall's contradiction of himself, and endorsing his (Bastian's) position. They might just as well tell us violets furnish the germs of aligators.



ALLOPATHIC SIMILARITY.

BY CHARLES L. CLEVELAND, A. B., M. D., CLEVELAND, OHIO.

Apropos to the clever criticism of Dr. Cathell's "Physician Himself," written for the May issue of the *ADVANCE* by Dr. Camp of Minneapolis, I present a few points furnished for the benefit of homœopathy by Dr. Robert Bartholow, Professor of *Materia Medica* in Jefferson College. It is an illustration of knot tying very similar to that into which Dr. Cathell has so admirably placed himself to the amusement of all of us; and thanks are undoubtedly due to Dr. Camp for his interesting criticism. As another example of strange incongruity, let us take up Bartholow's "*Materia Medica and Theapeutics*," edition of 1881:

Chapter on the Mineral acids, p. 83, we find the following sentence, "It is true of all the mineral acids that their long continued use diminishes the production of acid gastric juice, and in this way after a time they cause the very trouble for the relief of which they were originally administered." And a little further on, p. 84, "To prevent the excessive formation of acid, whether due to the action of the gastric glands, or to adnormal fermentation of the starchy, saccharine, and fatty elements of the food, mineral acids are used with decided advantage, but they must be administered before meals. For this purpose,

hydrochloric or phosphoric acid is to be preferred. The excessive production of acid is manifested by *acid eructations, pyrosis, heartburn, and ulcerative stomatitis.*” What better indications for a remedy prescribed homœopathically according to our best authorities? Speaking of Belladonna, p. 311, Dr. Bartholow says, “The remarkable similarity in the symptoms of atropinism and of *scarlatina* has led to the use, by homœopathic practitioners, of Belladonna and *prophylactic against this disease.* The points of resemblance are so superficial, and the differences so wide, that no more striking instance could be adduced of the uncertainty in the application of the homœopathic dogma, even admitting its truth.” By this unique method of reasoning, this “striking instance,” the homœopathic dogma is shown to be false! Look at those two sentences. It is stated that there is a “remarkable similarity in the symptoms of atropinism and of scarlatina,” and in the next breath this “remarkable similarity” is “so superficial,” and “the differences” are “so wide,” that there is really no similarity, is the legitimate conclusion. Truly the text books of allopathy are complex and confusing. It is not to be wondered at that the physicians of that school make compound prescriptions.

Note again on p. 129: “Arsenic is one of the numerous remedies proposed for the treatment of *epidemic cholera.* It is a curious circumstance, first demonstrated by Virchow, that some cases of acute arsenical poisoning are not distinguishable by their symptomatology or morbid anatomy from cases of epidemic cholera.” This fact may seem a “curious circumstance” to some allopaths, and some of them may, perhaps, believe that Virchow “first demonstrated” said fact; it don’t seem “curious” to us, neither are we so ignorant of medical history as to believe that Virchow “first demonstrated” it. It is not necessary to multiply instances of this kind. The case is clear; the argument conclusive. Sit down in the evening, after a hard day’s work, and amuse yourself, in healthy, mental

recreation, by picking out neat and concise statements of "similia" in almost any allopathic work on *Materia Medica*. I will venture to say that in twenty minutes any one can discern fifty or more examples like the above; there is certainly that number in Dr. Bartholow's work. But let us look once more, and now we come to a still stranger portent: p. 445, the subject under consideration is Aconite. We find, "The monopoly of homœopathic practitioners of the use of Aconite has aroused a prejudice against it, which has discouraged its employment. Aconite is, however, an antagonist to the fever process; it is not applicable in accordance with the so-called laws of similars. It is used by these quacks because it is a powerful agent which will produce manifest effects in small doses, that may easily be disguised." This is certainly remarkable. Dr. B. says Aconite is "an antagonist to the fever process" but "not applicable in accordance with the so-called law of similars." These are mere statements. No proofs are furnished. It is stated that the effects of Aconite "may easily be disguised;" and there it is left. This is too vague for us; it may do for allopaths. There is a fog which we would wish dispelled. Look at the knot, and at the same time note the "remarkable similarity" between Drs. Cathell and Bartholow.

Dr. Cathell, in his "Physician Himself," would make a first-class "quack" out of the follower of his advice, and Dr. Bartholow, in his "*Materia Medica and Therapeutics*," distinctly states the homœopathic law, gives indications for remedies and for prescribing under that law, and then calls the homœopaths "quacks." These instances of "similarity," remarkable indeed, rather incline one to the belief that some gentlemen of the "old school" are as much governed by the law of similars in their logic as are the homœopaths in their practice of medicine. Think of the many medical colleges in which Dr. Bartholow's "*Materia Medica*" is used as a text-book, and hence the number of "quacks" turned loose upon the public every year from

said colleges! "Picture it, think of it!" Verily, there are strange men and strange things in "regular" medicine!

BORAX: A VERIFICATION.

BY C. HOYT, M. D., CHILICOTHE, O.

The mother came to me for medicine for her baby, two months old, and gave the following history of the case. The child would waken up very much frightened, and she thought would have spasms if some one were not at hand to take her up at once, and so they were afraid to have the child sleep without some one near to watch her. The rustling of a paper or dress, or the slamming of a door, would cause the child to start and scream and seem badly frightened. When laying her down the child would start and throw up her hands as though afraid of falling, and some nights they could not put her down at all—would have to hold the child all night in their arms. The baby seemed pretty well, only that she was so extremely nervous. Appetite pretty good, and bowels regular. The mother had, each time after nursing the child, wet the nipples with Borax and whisky, and neglected to wash it off before the child would again nurse. The nurse had told her to do so to keep her nipples from cracking, and she had followed instructions implicitly ever since the child was born; supposed it was all right; "did not think the Borax would do any harm." In order to keep the baby from getting sore mouth, she had, in addition, frequently given borax and sugar in solution.

I forbade the use of Borax in any way, assuring her it was the entire cause of her child's illness. She followed my directions, and in a few days all nervousness had disappeared and she was perfectly well. I think she obtained a very good proving of Borax, without intending to add anything to the science of therapeutics.

THE CHICAGO HOMŒOPATHIC COLLEGE.

ITS RELATION TO CO-EDUCATION.

READ BEFORE THE ILLINOIS STATE MEDICAL ASSOCIATION, AND PUBLISHED
BY REQUEST OF THE FACULTY, MAY 18, 1888.

The Chicago Homœopathic Medical College having by the unanimous vote of its faculty decided not to matriculate women as students in the future, it has been thought proper that the reasons for such action should be clearly stated before the State Society, not only to forestall criticism and misrepresentation, but as an exhibition of loyalty and fraternal feeling, which the college has ever been proud to feel have been reciprocal, between the two medical bodies.

It should be stated clearly and emphatically in the first place, that there is not, and has not been, the slightest feeling of antagonism in the minds of the faculty of this college toward women practitioners of medicine in general; nor is the college less proud of the women, than it is of the men among its alumni. The college has no feeling of regret, nor dissatisfaction, as it looks over the entire list of its graduates.

Nor has the question of co-education in general or as related specifically to medicine, entered as a factor in deciding its future policy in the exclusion of women from its benefits.

The college believes fully in the aptitude of women for the study and practice of the medical art; and it is fully cognizant of the fact, that already many noble women, some of them its own graduates, have achieved an enviable reputation for the prompt and skillful relief of human suffering.

In taking this action it was careful to protect the women it has graduated, in all their rights and privileges, and it will always be glad to welcome them back to their old home regardless of sex.

The reasons which impelled the college to take this step were wholly local and special in their nature, and scarcely touch the general question of co-education at all. Let me state these reasons as briefly as I can.

First, then, the location of the college is such that for the proper utilization of the clinical advantages open to it, its students are compelled to come into contact with from five hundred to seven hundred students of other colleges whose students are exclusively males.

It should be understood that grouped around the great Cook County Hospital are the two leading allopathic colleges of the west, and the amphitheatre of the hospital, where all the clinics are held, are open to their students as well as to ours. When clinics are held here by the professors of these colleges no discrimination is made nor can be made in the selection of clinical material out of respect to the women who come alone from our college; and the five hundred to seven hundred students from these colleges cannot, or at least do not, understand that our women students *are not there* more out of curiosity than otherwise.

Hence our women students are placed in an embarrassing position, which would not be the case if the hospital were under our exclusive control; and yet the clinics which are held here daily are so attractive and advantageous that the students are drawn to them until nearly every seat in the vast amphitheatre is filled.

More than this, it has been found that a by no means inconsiderable number of the women who make up the gynæcological clinic in our own college building, where our private clinics are held, strenuously object to a local examination before a mixed class, thus curtailing to an important extent the advantages to be derived by the male members of the class, who have always been in the majority.

When the Chicago Homœopathic Medical College was founded, its projectors (incorporators) believed that it had

a mission to fulfill, and its motto was "A higher medical education."

For seven years past it has labored honestly and faithfully to fulfill this mission and secure to its students and graduates the best practical education afforded by any medical college in the country. For this reason two years ago it erected the present magnificent college building directly opposite the Cook County Hospital, in order to supplement its large dispensary clinics with the larger ones of this immense hospital; and it has now found after two years of trial that its male students cannot derive *all* of the benefits they ought to do, so long as the two sexes are commingled. Finally, at the time this action was taken there was not a single homœopathic college in the west in which the two sexes were not admitted on an equality, and as a consequence of this, many western students passed by our western colleges and went east where they could find no better facilities for learning, nor better teaching, but where they could pursue their studies untrammelled and unembarrassed by the presence of the opposite sex.

It seemed best, therefore, that there should be at least one western homœopathic medical college confining its course of instruction to the male sex solely, and it felt that in taking the action it did, it was doing no wrong nor injustice to the women who would naturally knock at its doors, by refusing them admission, since there are numerous other colleges willing and glad to receive them.

These, then, are briefly the reasons actuating the faculty of this college in refusing in the future to matriculate other than male students.

We believe that the step is a wise one; that it is not a step backward, but a step forward; and we believe that time will demonstrate its wisdom.

The college is still determined to do all and everything in its power to advance the status of medical education and to improve the character and acquirements of its

graduates from year to year. To this end it seeks rather than fears just criticism, but it is solicitous to retain and add to, rather than alienate, that large body of the western profession which it is proud to call its friends.



GIFFORD'S HOME GYMNASIUM.

NIAGARA FALLS, N. Y., June 21, 1883.

The essential of systematic and healthful exercise consists in frequent changes in the position of the body, bringing into action at each change a different set of muscles, thereby strengthening and symmetrically developing every part of the body. Thus exercise may become an exhilarating pleasure, instead of a tiresome and exhausting labor. By using light weights at first and frequently changing movements, the weights and amount of exercise can be gradually increased without fatigue.

We, the Committee on Sanitary Science and Hygiene of the American Institute of Homœopathy, have made a thorough investigation of the Home Gymnasium, or Health Exercising Apparatus, invented and manufactured by the Gifford Brothers, of New York city. We cheerfully give it our hearty endorsement. It supplies a want long felt, and brings within the reach of every one the means of acquiring a thorough physical education.

It will, if properly and intelligently used prove a valuable adjunct in the treatment of many diseases, and of great benefit to the over-taxed brain-workers in our own profession.

[Signed.]

D. H. BECKWITH, M. D., Chairman, Cleveland, Ohio.

T. P. WILSON, M. D., Professor of Principles and Practice, University of Michigan, Ann Arbor.

A. R. WRIGHT, M. D., Buffalo, N. Y.

BUSHROD W. JAMES, M. D., Philadelphia, Penn.

FEUILLETON.

NEW JERSEY AHEAD.—On July 1st the new law prohibiting the sale of tobacco in any form to persons under 16 years of age, went into effect.

THE PHILADELPHIA ABORTIONIST HATHAWAY has been found guilty, and sentenced to seven years imprisonment, and to pay a fine of \$500 and costs of prosecution.

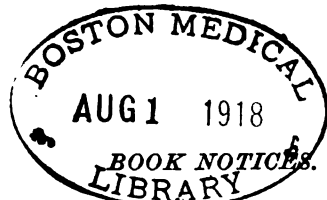
OHIO FUNGI.—In a continuation of his paper on the mycologic flora of the Miami valley, Mr. A. P. Morgan gives a description of the *Hyporhodium*, *Dermini*, *Pratelli*, and *Corprinarii* of the region mentioned, including sixty-five species.—(*Science*.)

IS IT A FACT? At the meeting of the Western Academy at Madison, Wisconsin, Dr. R. Ludlam, of Chicago, stated as a clinical fact, that he had never seen a patient who had leucorrhœa during pregnancy troubled with morning sickness. Let us hear from some of our specialists.

At the recent meeting of the American Medical Association, a member reported the successful removal of three inches of intestine, "as the first case of the kind recorded in surgical literature." The Dr. is not well read in surgical literature. In July, 1869, the late Dr. G. D. Beebe, of Chicago, successfully removed 58 inches of intestine, with complete recovery.

INJURIOUS ALGÆ.—In a paper on some Algæ of Minnesota supposed to be poisonous, Prof. J. C. Arthur gives an account of a species of *Rivularia* infesting the water of ponds at Waterville, Minnesota, and supposed to be the cause of death or injury to cattle. He also describes the condition of Lake Phalen, near St. Paul, in which he found several species of *Nostochacææ*. (*Science*.)

AMEN!—We take it that there is too universal a belief in the homœopathic law, too general a use of it in the practice of homœopathic physicians, too sure a knowledge that the only way to propagate a truth distasteful to its opponents is by fighting with a banner, too honest a faith that, when homœopathy has been fully developed and simplified, an ordinary man will seldom need to go to any other resource, for us just now to forsake the name which is compelling the world to listen to the truths of scientific therapeutics. Not, we think, till this war is over, will the homœopathist be ready to give up that by which he is known, and for which the world respects him.—[*Homœopathic Leader*.]



THE readers of Health Officer Wight's annual report will be astounded to learn of the prevalence of enterocolitis in this community, twenty lives having succumbed to that disease. Seven people during the year died of hemiplegia and two of insolation. Necrencephalus carried off twelve, senectus claimed fifty-one, and ambusta eight. One died of contusio, one of explosio, fourteen from submersio, ten from vulnera, five from suspendium, and one, unfortunately, from icterus fulminis. The learned doctor puts down the cause of death of twenty-four as unknown, which is probably an oversight on his part. He undoubtedly meant to say incognita.—(*Detroit Daily.*)

WHAT'S IN A NAME?—It is only a short time since one of our medical journals dropped its distinctive name and became known as the *New York Medical Times*. At the recent session of the American Institute one of its editors gave notice that at the next meeting he would move to have the word *Homœopathy* erased from the name of the Institute, making the name simply the American Institute of Medical Science. While the Institute is being re-named, we commend the following name given by the *Medical Record* to the American Medical Association: "A shifting, purposeless, illy-organized monster, with a floating membership of undifferentiated medical protoplasm." None but the most fastidious ought to find fault with such a name.

BOOK NOTICES.

GELSEMIUM SEMPERVIRENS. A Monograph by the HUGHES MEDICAL CLUB, of Massachusetts. 1883. Otis Clapp & Son, Boston.

This little work is the product of a very enterprising club of Massachusetts doctors, who have in this way set about the commencement of a revision of the *Materia Medica*. With perhaps no ambition to cover a very wide field, they have set a worthy example in this their maiden effort, and with special pleasure we look over its well filled pages, finding in them much that is worthy of remembrance. The plan of the work, adopted after Dr. Hughes, of London, may be open to criticism, and doubtless is, but the result of placing before the student a clear comprehension of the action of the drug is obtained perhaps quite as well in this manner as in any other. Gelsemium is a drug of

rare power and well worthy the labors of the Hughes Club, and the monograph is thrice worthy a place in every physician's library.

MATERIA MEDICA AND THERAPEUTICS: INORGANIC SUBSTANCES, Vols. I. and II. By CHAS. D. F. PHILLIPS, M. D. Wm. Wood & Co., New York.

These volumes have been edited and adapted to the U. S. Pharmacopœia by Lawrence Johnson, M. D. They are therefore well adapted to the uses of allopathic students, and in many respects they are the best work extant of the Old School which treats of this subject. One can see at a glance what remarkable improvements are being made in understanding the nature of drugs by the later writers of the Allopathic School. It is also interesting to trace in all parts of Dr. Phillips's writings the fact that is always freely exhibited but never acknowledged, of a large amount of knowledge obtained from the Homœopathic School. And a careful comparison of the toxicological effects with the therapeutic uses will show with what extraordinary frequency the remedies are given according to the Law of Similars. These volumes are parts of Wood's Library of Standard Medical Authors for 1882.

THE MICROSCOPE AND ITS REVELATIONS. By WM. B. CARPENTER, M. D., etc., etc. Sixth Edition. Illustrated by Twenty-six Plates and Five Hundred Wood Engravings. Vols. I. and II. William Wood and Co., New York.

We have here the April and May volumes of Wood's Library of Standard Medical Authors for 1883. For a physician to be without a microscope is for him to be largely out of the world. What a man may chance to see with his unaided eyes is after all but a small part of the universe. To say nothing of the knowledge gained, curiosity alone might impell us all to employ the aid of the microscope, but to the physician it is an instrument almost indispensable to his daily work. Thanks to this work of Dr. Carpenter the study is largely reduced to verifications. While there is no end of original study remaining, as there always will be, yet the amateur will find the work in almost every department well laid out, and he can, by carefully consulting his drawings, verify his work and make sure of its reliability. The author's observations are brought down with scrupulous care to 1881, and the student and practitioner will find the whole subject thoroughly up to date.

The closing words of the preface we apprehend are to the point: "To such as feel inclined to take up the use of the microscope as a means of healthful and improving occupation for their unemployed hours, the author would offer this word of encouragement: that notwithstanding the number of recruits continually being added to the vast army of microscopists, and the rapid extension of its conquests, the inexhaustibility of Nature is constantly becoming more and more apparent; so that no apprehensions need arise that the microscopist's researches can ever be brought to a standpoint *for want of an object.*"

DISEASES OF THE OVARIES. By LAWSON TAIT, F. R. C. S. Fourth Edition, Re-written and Enlarged. Wm. Wood & Co., New York.

This volume was brought out by the author as the Hastings Essay in 1873. It at once took rank as the leading text-book upon this most interesting subject. Less than a year ago the writer added to it the fruits of his subsequent experience so as to include the latest observations and conclusions—his contemporaries' as well as his own. With unusual simplicity he says in his preface: "I have found reason to change my opinion upon some points." And yet Dr. Tait shows an English tenacity in holding to his own views. This book is thoroughly readable, and though not large, is comprehensive enough to meet the requirements of study into the intricacies of ovarian diseases. Besides, the writer has added a full bibliography to each chapter, which gives the reader a most excellent opportunity to consult if he desire contemporaneous literature. Our readers may safely add this volume to their growing libraries.

EDITOR'S TABLE.

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

DR. J. HEBER SMITH has removed his residence from Melrose, to 279 Dartmouth st., Boston, opposite the Hotel Vendome, and Dr. Samuel A. Kimball of Bath, Me., succeeds him at Melrose.

WE regret to learn that Dr. M. M. Eaton of Cincinnati, O., is still confined to his room. Is suffering from rheumatic sciatica and has been unable to attend to his practice for the past two months.

FOR SALE.—A good paying practice in a town of 3,500 inhabitants with new office, practice worth in good pay \$3,500 per year. Good reasons for selling. Address W. P. Bennett, M. D., Crestline, O.

SELMA, DALLAS COUNTY, ALABAMA, population about ten thousand, wants a Homœopathic physician. First class opening for an enterprising man. For particulars write Dr. John H. Henry, Montgomery.

THE HOMŒOPATHIC PELLET is a new journalistic cadidate to be issued at Austin, Texas, by C. E. Fisher, M. D. It promised to be "chatty, spicy, readable and controversial," all for \$2 a year. We hope it may succeed in *fish*ing and not have "to cut bait or go ashore."

MEDICAL STUDENTS are now considering what medical college they shall attend the coming year. Let them not forget the splendid opportunities offered by the Homœopathic Department of the University of Michigan. The motto of this school is a **HIGHER EDUCATION FOR MEN AND WOMEN.**

PRACTICE FOR SALE.—Desirable, medium, growing practice on sea shore near New York. Sell furniture, horse, phaeton, medicines, etc, or practice alone, introduce successor, established ten years, price nominal, possession Sept. 1st. Doctor B—, lock box B—, Woodsburgh, Long Island. N. B. No postals answered.

COLLEGE OF PHYSICIANS AND SURGEONS OF BUFFALO.—An injunction has recently been issued forbidding this college to issue certificates or diplomas to its graduating class. Like the U. S. Medical and Surgical College of New York, the legality of its incorporation is disputed and is now before the courts for a legal discussion.

PLUCK.—The Associated Press dispatch recently said that, an American physician had been forbidden to practice in Tripoli, because he did not possess a Turkish degree. The American Minister, General Wallace, had him visit Constantinople, pass the examination, take the diploma, and return to Tripoli. He then demanded an apology from the Porte for the treatment to which the physician had been subjected, as hundreds of native doctors are permitted to practice without diplomas.

HOMŒOPATHY STILL DYING.—Several months ago the Regents of the State University of Nebraska established a Medical Department, O. S. i. e., Old School. As soon as announced to the public our men took it up, and below we give the result

which gives us three Professors: C. L. Hart, (Hahnemann, Philadelphia), Omaha, Chair *Materia Medica*; B. F. Righter, (Hahnemann, Chicago), Lincoln, Obstetrics and Diseases of Children; B. S. Paine, (Hahnemann, Philadelphia), Lincoln, Theory and Practice.

AMERICAN PUBLIC HEALTH ASSOCIATION.—It has been decided to hold the next session of this body in Detroit, commencing November 13th. It is to be hoped that our readers will bear the date in mind, and by no means fail to be present. Whatever a few narrow minded persons may seek to do, the Association is open to all comers, and will be kept open if we do our duty. Questions of public health should call forth our best endeavors. Let there be a big meeting and especially let Michigan show her appreciation of the honor and benefits bestowed upon her by this national gathering.

THE CALCUTTA SCHOOL OF HOMŒOPATHY.—Established on the 15th of February, 1883. This school has been established to meet a great want felt among the medical as well as the general public. Its object is to disseminate the Principles and Practice of Homœopathic Therapeutics. The Homœopathic treatment is now recognized as that of the most advanced and rational mode of Therapeutics. For the present, the following courses of lectures will be delivered: "Principles and Practice of Medicine," by M. M. Bose, Esq., M. D., L. R. C. P., (Edin), &c., on every Thursday at 4:30 P. M. "Materia Medica and Therapeutics," by P. C. Mojumdar, Esq., L. M. S., on every Monday, at 4:30 P. M. "Principles of General Anatomy and Physiology," by B. L. Bose, Esq., L. M. S., on every Wednesday, at 4:30 P. M. L. Salzer, Esq., M. D., will also lecture once a week. For further particulars, apply to Shoshee Bhoosun Mookerjee.

MESSRS. PALLISER & Co., of Bridgeport, Connecticut, the well-known Architects and Publishers of Standard works on architecture, have lately issued a sheet containing plans and specifications of a very tasteful modern eight-room cottage with tower, and also with the necessary modifications for building it without the tower, and with but six rooms if desired. In its most costly form, the outlay is estimated at \$3,000; without the tower it has been built for \$2,500; and if only six rooms are included, the cost may be reduced to \$1,700 or \$2,000. Details are given of mantels, stairs, doors and casings, cornices, etc. The same firm issues specifications in blank adapted for frame or brick buildings of any cost; also forms of building contract, and sev-

eral books on modern inexpensive, artistic cottage plans which are of great practical value and convenience to everyone interested. Many of our practitioners who contemplate building, and who have not access to local architects, would find it advantageous to consult the above.

UNIVERSITY OF MICHIGAN COMMENCEMENT EXERCISES.—Commencement week of the University always notably full of events, was never more so than the present year. The annual crowd of visitors did not fall of their presence or enjoyment. We lack space for notice of each day's full and interesting program. Rev. Dr. Murray of Andover gave a remarkably fine address on Commencement Day. The Class of the Homœopathic Department gave an entertainment to their friends on Wednesday afternoon. Profs. Allen and Wilson made brief addresses and Dr. Phil Porter of Detroit, followed with a brief speech and the exercises closed with an appropriate poem by Dr. Will P. Polhemus. The following were graduated in the Homœopathic Department: Elmer J. Bissell, New York; Charles H. Blackburn, Louisiana; Emma E. Bower, Michigan; Wm. D. Cooper, Michigan; Theodore L. Hazzard, New York; Susan M. Hicks, Indiana; Jacob O. Hoffman, Pennsylvania; Julian B. Hubbell, New York; Myron L. Huntington, Wisconsin; Harry C. Kaselmann, Michigan; Anna L. Laub, Iowa; Harry Mc Lufkin, M. D., Illinois; Jas. T. Martin, B. S., Washington Territory; Jay S. Meade, Michigan; Wm. B. Page, Missouri; Morton C. Reeves, Indiana; Carrie G. Watres, Pennsylvania.

"THE POPULAR SCIENCE MONTHLY" for July is a strong number in its variety of instructive reading, and contains several striking articles. The first one, "The Railroad Problem in the United States," is an admirable statement of the various urgent and difficult questions that have been created by this new and colossal interest of our civilization. But the most brilliant paper in the number, and as practical as entertaining, is that of Dr. Oswald on "Dyspepsia" in his series on "The Remedies of Nature." It presents the hygienic treatment of this protean and life embittering disease with great vividness and force. In fact, he shows that Nature is the only doctor that can deal effectually with derangements of digestion and the disorders of its organs. Many a dyspeptic wretch would get new experience of life by adopting the treatment here laid down. Dr. Emily Blackwell has a very radical and able article on "The Industrial Position of Women," in which she advocates

the freest competition in all outside vocations, and maintains that the liberation and independence of woman are to come by removing all domestic labor from the home to the sphere of outside business organization. The editor of the "Monthly" makes a lively reply to Dr. Blackwell's main positions. Huxley's article on "Unwritten History" is one of the finest of this incomparable scientific essayist. Various other contributions make the number a peculiarly attractive one. New York: D. Appleton & Company. Fifty cents per number, \$5 per year.

THE following from a Cleveland daily is rather hard on the American Medical (Allopathic) Association: "A great deal of time is being wasted just now by the scores of physicians assembled in the city. One seldom hears them read a paper half of which is not devoted to glittering and senseless generalities. If the average doctor, like the average live journalist of to-day, would immediately get at the heart of his subject, this medical convention might adjourn a day sooner than it will do. While the doctors are taking such elaborate pains with their papers it would be well if they would use their endeavors to have the same rule of leisurely painstaking apply to the medical colleges. The hate which characterizes the medical schools is something appalling to the public. Hundreds of young doctors are turned loose on the public, who, granting that they complied with the rules of their college, have probably devoted but three years to study, including two terms of lectures of twenty weeks each. Even this rule is made flexible in many instances. The superabundance of rival medical colleges makes it necessary that one shall offer special inducements over another, and experience has taught the conductors of schools that the school that turn out doctors with the least outlay of time and money will be the best patronized. The professors, so-called, in these institutions are not salaried men, paid for devoting their best energies to their colleges, but ambitious doctors, who seek places on the faculties on account of the prestige it gives them to be called "Sawbones, A. M., B. S., M. D., professor of therapeutics, the practice of medicine and diseases of the intellect in the college of doctors—made-to-order-on-short-notice." The time has come when national legislation is demanded in the premises. The country demands doctors, but it can't afford to submit itself to the manipulations of a lot of ready made doctors. The learned medical gentlemen who compose the regular profession so-called, talk a great deal about quacks and empirics, but they ought to turn their attention to the licensed quacks which the doctor manufactories are turning out."



T. P. WILSON, M. D.,
EDITOR.

H. C. ALLEN, M. D.,
BUSINESS MANAGER.

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ANN ARBOR, AUGUST, 1883.

No. 2.

All subscriptions and business communications should be addressed to MEDICAL ADVANCE PUBLISHING Co., Ann Arbor, Mich. Subscription, \$2.00 per annum.

DYNAMICS.—A gentleman well known to the profession, who has long been a regular subscriber, a careful reader and an uncompromising enemy of the **MEDICAL ADVANCE**, who also has entertained opinions not at all complimentary to the editor of this journal, made to us a proposition at the American Institute meeting, worthy of some thought. The gentleman referred to is a vigorous fighter of high dilutions. He hates “dynamics” as the devil hates holy water; and he has spent years in studying how the homœopathic school might be rid of these pestiferous attenuationists. His recent failure to place his State society upon the record against what he is pleased to call high dilutionism, and his utter inability to rid the American Institute of these dreadful “Hahnemannians,” have brought him to a more agreeable state of mind. He now proposes to treat with, rather than make further at-

tempt to annihilate, his ancient enemy. This is creditable to his heart as well as his brain. His proposition, as we understand it, is, to draw a line so as to separate the attenuations into two classes. The line of separation, he claims, should be definitely placed at the twelfth centesimal. That attenuation and all below it, should be, or may be, called "Homœopathy;" and all attenuations above the twelfth, should be labeled "dynamic." This point, we suppose, is chosen because the microscope or the spectroscope or chemistry, or all three together, stop at about this point, in giving evidence of the drug presence. When asked if one might with his consent use preparations above the twelfth he readily consented, but demanded, that all cures reported by such attenuations, should be marked "dynamic." Also, we understood him to say, they might be called "psychological." We are certain that he gave the largest liberty in the choice and use of attenuations, and declared, that he had no war to make upon high dilutionists, if they would draw the line of distinction at the twelfth centesimal. This was so foreign to our former understanding of the gentleman's position, that it took us quite by surprise. And as he is a representative man among the so-called low dilutionists, it might be well to treat with him, and, if possible, put an end to this internecine warfare. For our part, we are willing to grant Dr. Paine even more than he asks. All drugs seem to act dynamically. The kinetic power of a drug is all there is about it, that gives it any value; and so we have no objection to labeling every cure as dynamic. The heart of Homœopathy lies in its law of cure. But similia is no explanation of the mode of cure. It is a law, by which, under any given case, we select the proper drug. When the proper drug is chosen, the question of attenuations, frequency of giving and the philosophy of the cure, are left to the judgment and skill and taste of the prescriber. When by the symptoms of the patient, arsenic is indicated, we are morally and scientifically bound to give arsenic.

There is no law, however, compelling us to give any particular quantity or attenuation of arsenic. Similia says, Give the drug indicated. Each individual determines the dose for himself. Now, for our part, we are willing to accept all that the microscope, chemistry, or the spectroscope can possibly reveal. If they have nothing to tell us beyond the twelfth centesimal, then let us draw a line there. Up to that point we are giving ponderable doses of drugs, and beyond that point, we have no evidence such as the microscope or spectroscope reveal, of the drug presence. But as we understand Homœopathy, as expressed in the law similia, it can have no reference to the line drawn. It does not dictate or suggest the particular preparation to be used. On both sides of the line, however, we find dynamics, and only dynamics. Every purely psychological effect is as dynamic as any phenomenon can possibly be. Can we not then have a lasting truce declared, between the contestants who war so vigorously and injudiciously over attenuations. There can be no possible objection to granting Dr. Paine what he desires, so far as labeling the higher attenuations are concerned, and we do but extend his demand by giving the same designation to all attenuations. On this basis, then, let us have peace, and go forward with our work and learn what more we can from experiment, observation and clinical experience.

PROCEEDINGS OF THE FOURTEENTH ANNUAL
SESSION OF THE HOMŒOPATHIC MEDI-
CAL SOCIETY OF THE STATE OF
MICHIGAN.

HELD AT LANSING, MAY 15TH AND 16TH, 1883.

FIRST DAY.—The Society was called to order at 9:30 A. M. by the President, Prof. E. C. Franklin, M. D., of Ann Arbor.

Before proceeding to the order of business, Dr. Franklin stated that his name had been used extensively throughout the State, and entirely without his authority, by a Detroit firm of medical men. The use of his name and position in the circulars widely circulated by them having seriously annoyed the profession and having cast upon it suspicion of countenancing a species of advertising not in accord with generally accepted views of professional propriety, he desired to state that he personally was not responsible for the use of his name in said circular; that he had, for some time past, refused to give his services to said firm, and wished to express sincere regret that he had inadvertently been the means of annoying his colleagues in this state. Upon motion of Dr. Sawyer, this explanation was accepted, and referred to the Secretary.

The chair then appointed the following standing committee,—Auditing Committee: Drs. H. M. Warren, of Jonesville; H. Whitworth, of Grand Rapids; A. R. Wheeler, of St. Louis.

Dr. I. N. Eldridge, of Flint, in behalf of the Board of Censors, reported favorably upon applications for membership of Drs. James C. Wood, Byron C. Elm, S. A. Johnson, J. M. Griffin, D. M. McLachlan, J. H. Brucker, M. N. Avery, M. J. Slocum. On motion, the applicants were elected to membership.

Dr. Long moved the adoption of the order of business presented by the Secretary. Carried.

The Treasurer, Dr. G. A. Robertson, made his report, which, on motion of Dr. Allen, was received and referred to the Auditing Committee.

Dr. J. G. Gilchrist as a delegate from the College of Physicians and Surgeons, of Detroit, stated that the society he represented had met regularly every week during the year, had done an excellent work for its members in stimulating research and study, and in cultivating pleasant personal relations among its members.

Dr. H. R. Arndt, of Grand Rapids, reported that, in 1882, he had represented this society at the meeting of the Western Academy, held at Kansas City, Mo. After speaking of the excellent work done by the Academy, he stated that he had reasons for knowing that the Academy would probably accept an invitation to hold its next annual meeting, (1884), in this State.

Report of the Bureau of Pathology.—In the absence of Dr. Jones, Dr. Arndt, as acting chairman, called upon Dr. Gilchrist, who read a paper on "Spinal Traumatism." Dr. Gilchrist said :

The most important condition in spinal traumatism is *concussion*, which is defined as a loss of conduction in the spinal nerves, terminating in various forms of paralysis, an essential feature being that there must be no organic lesion ; an actual structural lesion places the case in another category. Thus when a watch falls to the ground, and the glass is *broken*, no injury may result ; if the glass is *not* broken the movement stops. The causes of concussion being jarring or shaking injuries, the progress of symptoms is insidious and deceptive. The necessity for accurate differential diagnosis was shown, and the chief points were stated to be as follows : In cases with organic lesion there is *immediate* disability. Concussions of the spine occasion hyperæsthesia with nervous irritation. Pressure on the nerves by effusion, or contusion of ligaments, gives minor hyperæsthesia, viz., the band like constriction around the trunk. Complete *painless* paralysis shows lesion of posterior columns. Motor paralysis shows *deep* injury. Extreme *painfulness* shows meningeal lesion ; subsidence of pain, with no improvement in the motor paralysis, shows extension to the gray matter. Hemiplegia may proceed from uni-lateral injuries to the cord, from the decussation of the fibres of the pillars.

At the conclusion of this paper, Dr. Sawyer moved a vote of thanks to Dr. G. for his able paper.

DISCUSSION.

Dr. H. C. Allen : I am opposed to giving a vote of thanks to a member of this society who has simply done his duty. If to one, why not to another, or to all ?

Dr. Sawyer : I am sorry that Dr. Allen has raised this question. If we have failed in anything it is in manifesting ap-

preciation of work well done. And, therefore, I think an expression of appreciation is due to Dr. Gilchrist for the able paper he has read. I have considerable trouble with these spinal difficulties, and have been puzzled on account of some of the symptoms I have found present. But I have received light from the paper just read.

Dr. Gilchrist: I think myself, a member should not be thanked for doing his duty.

Dr. Allen: I move that the paper be received and referred to the committee. I wish Dr. Sawyer to know that I appreciate that paper. Still, while I feel myself unable to criticise it, I would have liked it a little more full in some respects. For instance, we have one remedy (*Hypericum*) peculiarly adapted to the range of diseases spoken of in the paper; and this remedy was not given in the paper.

Dr. Sawyer: About five years ago I had under my charge the case of a young lady who had fallen and hurt her spine. In a short time she was taken to her bed, and soon became unable to move. She was, I think, confined to the bed for five months, and during that time never set her foot on the floor. During all this time she could not tolerate heat in the room, nor the covers to touch her. She was covered by hoops being stretched over the bed, and the covers were placed upon these. She could not endure talking or moving in the room. I tried various remedies without success. Finally I fell upon *Agaricus*. The result was very gratifying to me. She recovered and is now a missionary in China.

Dr. Long: I had a case that I think is in point. A boy, while coasting had run against a tree, and when I saw him he was unconscious and unable to swallow. I gave him *Arnica*. I told them I considered it a serious case, and could not tell how it would terminate. An allopathic physician had been called in. He considered the case very serious, almost hopeless, and thought inflammation would surely set in. In a month's time they took him to Washington. He was somewhat lame, but there had developed no inflammation.

Dr. Arndt: While I have had no very extensive special experience in the treatment of spinal difficulties, it has been my good fortune after all to have had a good deal to do with cases of spinal diseases. It has seemed to me that a large majority of cases that have been brought to me have been occasioned by slipping and falling backward, inflicting a blow upon the spine,

the results not showing themselves for a long time. A lady was stepping into a carriage, fell and struck her back against the curb stone. It was not until months after this that she experienced any difficulty. The late Dr. Hempel was totally blind for four years before his death ; no satisfactory reason could be given for his blindness. For three years before his death he was helpless from general paralysis. The facts in the case were, that, some years before these grave symptoms showed themselves, he had fallen, and struck upon his spine ; about the fourth day after this, he had suffered a very slight stroke of paralysis, but this had passed away hardly noticed. He did not think anything about it until about a month before his death ; then he recalled the accident. The slight injury received resulted in extensive necrosis of the sacrum, as shown after death.

Dr. McGuire : There is a good deal to be said upon such a subject as this. Cases frequently occur where there seems to have been no accident to cause them. Injuries are often produced from remote causes. They occur in our young people. Very often, I have no doubt, they result from indiscretions, running up and down stairs, etc. First they complain of cerebral pains ; we are apt to neglect these. It is only a headache, and we let it go on from year to year, and bye and bye there is trouble with the eyes, and on examination we find some form of optic nerve trouble, as *optic nerve atrophy*, perhaps already so far advanced that relief is impossible.

AFTERNOON SESSION.—The society met at 2 P. M., President Franklin in the chair. The following were appointed the committee to nominate chairmen of bureaus : Drs. O. R. Long, Phil. Porter, H. C. Allen.

The Board of Censors reported favorably upon the applications of Drs. D. A. McLachlan and Geo. E. Ehle, both of whom were duly elected.

The Auditing Committee then reported that they had duly examined the accounts of the Secretary and Treasurer, and found them correct. On motion, the report was accepted.

Board of Censors for 1884.—Drs. I. N. Eldridge, A. R. Wheeler, C. J. Covey, G. A. Bagley, R. C. Olin, J. H. Reynolds.

Judiciary Committee for 1884.—Drs. I. N. Eldridge, O. R. Long, D. J. McGuire, A. I. Sawyer, W. J. Mills.

Dr. B. F. Bailey, of Lansing, being present, then delivered a brief address of welcome to the society. Dr. Bailey said: "In making this address of welcome, you all know that you are welcome. When a man pays his own money for entertainment, he certainly is, and should be, welcome."

After a brief response from the President, in behalf of the society, the society proceeded to the regular business.

Bureau of Surgery.—Dr. O. R. Long, chairman, offered an apology for an unsatisfactory report, explaining the incompleteness of his bureau work by his unfitness for literary work by reason of fatal sickness in his own family. Prof. Franklin, having called the Vice-President, Dr. A. B. Avery, of Farmington, to the chair, read a paper on "Spinal Curvatures," and Dr. J. G. Gilchrist presented a paper on "Operations for Tumors." The papers were discussed by Drs. Long, Gilchrist, Arndt, Porter, House, and M. N. Avery.

DISCUSSION.

Dr. Arndt: I desire to ask a question of Dr. Gilchrist: Suppose a patient suffering from a tumor, say, of the breast, comes to a medical man; the physician discovers no urgent symptoms calling for an operation, the patient possessing the best of general health; would the doctor carry out the advice given in his paper, and operate immediately? A lady came to me under such circumstances; the tumor is one of the breast, and has caused no pain; the only pain of which the patient complains is in the shoulder; it seems neuralgic; certainly, the patient has always suffered keenly from neuralgia. Under the the action of Contum the tumor has grown smaller, and it is now, in size, quite insignificant. Other physicians have carefully examined the tumor and acknowledged that it has decreased in size. There is no enlargement of axillary glands. What would Dr. Gilchrist do in the case?

Dr. Long: I would like to ask Dr. Gilchrist if the pain in the tumor is not an evidence that it is malignant?

Dr. Gilchrist: In case it is a fact that the patient is doing well, that is enough. I do not deny the propriety also of using internal remedies. If you can determine that you have a benign tumor to treat, it is well not to hurry, but if you have found that the tumor is malignant, I think the longer you delay the worse. Now, up to the time the skin is non-adherent, the tumor may be considered benign. That is the stage when tumors should be removed. I think we all agree upon that. Is it benign or is it malignant? All hinges upon this.

Dr. Arndt: The patient called my attention to a feeling of pain on the shoulder joint. She has become convinced that not only is the tumor better, but the "feel," as she calls it, is better.

Dr. Porter: One important fact, in relation to carcinoma of the mammary that has been overlooked, or, at least, not mentioned by Dr. Gilchrist in his paper, when arriving at a conclusion, as to the malignancy of a tumor of the breast is, the enlargement of one or more of the axillary glands. When you do have this condition accompanying a tumor of the breast, it is usually safe to look with suspicion upon the growth and treat it accordingly. Again, tumors of the breast are oftentimes benign in character and due, sympathetically, to uterine diseases, but can be distinguished from the true cancer, ordinarily, by the changes that take place in the breast during menstruation to entitle the flow to that name, and sufficient in quantity to soil two napkins a day, for two days. The peculiarity of this case gives both Lawson Tait and those who disagree with him something to think of. Lawson Tait believes that ovulation and menstruation are independent of each other. That the menstrual flow is controlled or associated with a periodical congestion of the Fallopian tubes, and a host of writers, on the other hand, are as assiduously trying to demonstrate that menstruation is absolutely under the control of the ovaries. Lawson Tait claims to have seen an ovisac on the point of rupturing some days after menstruation had ceased. Now, with my case, with both the ovaries removed, as well as the Fallopian tubes and uterus, who will explain where the menstrual fluid comes from? or what causes it? The fluid is similar in character to her past menstrual flow, she says she sees no difference. The tumor proved to be, on examination, what Holmes called a withering scirrhus.

Dr. House: I would like to ask if recurrence of the pain is not an indication of malignant growth? I had the case of a girl

nineteen years of age. A year ago I was in New York, and the little girl came home with me after having had an operation for tumor performed upon her. In a short time a tumor began to form on the opposite side. The mother consulted me as to whether she should have a second operation. I gave the child Conium. The tumor has gone, there has been no appearance as if it would return. I have no experience in the treatment of tumors and do not profess to be able to diagnosticate closely in such cases. I did not consider this tumor to be a malignant growth.

Dr. Porter: Last fall, in September, I diagnosed a fibroid tumor in a lady thirty-four year years of age. She had a great many of those characteristic pains, yet I was in doubt until I had opened the patient. In regard to the removal of the tumor, in this case I had to remove the entire uterus and ovaries. The patient presented herself to me a month ago, and I found a tumor of the stomach. I do not know whether she will submit to an operation or not. She has now enjoyed good health for nine months. She has menstruated. The question now comes up where the menstruation comes from.

Dr. Long: I would like to hear something more about this menstruation. Does the nervous system take no cognizance of the fact that the doctor has removed ovaries and uterus?

Upon motion, Dr. Porter was requested to prepare for publication, a report in full of the case referred to.

DR. PORTER'S REPORT.

It is often very difficult to arrive at a proper diagnosis regarding fibroid tumors as to their malignancy before an operation. It is almost impossible to state whether a tumor is benign or not. Last fall, in September, I examined a case and pronounced the tumor a fibroid growth of the uterus, as it had behaved like a benign tumor and presented none of the characteristic symptoms of a sarcoma. As the patient demanded an operation, I felt justified in doing all I could to relieve her of her suffering. I assured her I would, in all probability, be compelled to remove the uterus with the tumor, not suspecting I had a carcinoma to deal with. On opening the patient I found, to my surprise, I had a soft encephaloma of the uterus. I removed the entire uterus including all its attachments, except the neck, which I reserved for a stump, and covered it with peritoneum, I had taken from the interior wall of the uterus. The tumor was very soft and would give way at the slightest force. This

lady is now at this date, doing house work. One interesting feature of the sequel of the operation is the fact, that the patient after the fourth month commenced menstruating. Not exactly as before the operation, yet with sufficient regularity.

Discussion on Dr. Franklin's paper.

Dr. Avery, of Niles: I would like to ask how long it will do for patients to wear casts?

Dr. Franklin: Two or three weeks, if the jacket is put on well. I take off the cast during the night, and the patients take a bath if they desire. Put the jacket on patients standing up, just as I am now (raising himself up); it holds the patient up as crutches would. There is a great deal to be learned on this subject of spinal curvatures. Surgery, I believe, is yet in its infancy. By the use of homœopathy we shall get rid of a large measure of the difficulties connected with surgery. It will not be twenty years before surgery will be robbed of many of its terrors of a few years ago. There are not more than one-half the operations now, that there were twenty years ago. I believe it is ascribable to the benefits of homœopathy.

Dr. Gilchrist: In treatment for spinal curvatures we are under necessity to carefully consider *causes*. We are apt to get into a rut, and I would emphasize *caution*.

Dr. Franklin: If a patient comes to you with spinal curvature, and you can relieve by *lifting up*, you are going to cure that patient.

Dr. Avery: I have a case of spinal curvature of nine years standing. I applied the spinal cast, and she wore the vest one or two months. Before that, she was unable to stand upon her feet, but in a short time could stand. I applied the cast, and after removing it in due time, kept her quiet. After leaving it off for two months, I again applied it, and let it remain three months. Now, dare I continue this treatment?

Dr. Franklin: Yes sir, you can continue it. You must understand that disease can only be cured by going back to the causes. After you kept her under the cast three months it ceases to do any good. It has retained the body in that position; now take it off and replace it. I would go on and treat that case in this manner and I am sure you will greatly help, if not cure it. You can't take away all the deformity, that is impossible. You can't build up that lost vertebral disk; but you can greatly relieve.

On motion, these papers were referred to the Publishing Committee.

Upon motion, the Bureau of Surgery was then declared closed, and its papers referred to the Publishing Committee. Dr. O. R. Long moved that the consideration of the Northern Asylum be made a special order for four o'clock. Carried.

Bureau of Mental and Nervous Diseases.—Papers were read by Dr. Warren, of Jonesville, on "Chorea" and by Dr. M. Rorabacher, of Battle Creek, on "Epilepsy." After discussion they were referred to the Publishing Committee, and the bureau declared closed.

Dr. Bailey, of Lansing, then introduced the Hon. Mr. Robertson, who addressed the society in reference to the Northern Insane Asylum bill, then pending action in the House, expressing the hope that, for the sake of justice, the bill would become a law.

On motion of Dr. Arndt, the President expressed the thanks of the society to Representative Robertson and to those gentlemen in the legislature who have labored to secure the passage of the bill.

At 5 o'clock P. M., Dr. A. B. Avery took the chair, and Dr. E. C. Franklin delivered his annual address.

Dr. Arndt moved that the address be referred to a committee of three. Carried.

The chair appointed Drs. Arndt, Eldridge, and Long. The society adjourned until 8 o'clock P. M.

EVENING SESSION.—*Bureau of Pædology.*—Dr. Reynolds, of Grand Haven, chairman, read a paper on "Infantile Colic," also a paper on "Infantile Convulsions." Discussed by Drs. Long, H. C. Allen, Reynolds, and Porter. Dr. Clark, of Three Rivers, read a paper on "Diseases of the Fœtus," which was discussed by Drs. A. A. Allen, H. C. Allen, and Dr. Warren. On motion, bureau was declared closed.

On motion Dr. Gilchrist was unanimously chosen to address the legislature on the Northern Insane Asylum.

Dr. Rorabacher, Chairman Bureau of Mental and Nervous Diseases, presented a paper on "Epilepsy," by Dr. L. D. Vanhorn, which, on motion, was referred to the Committee on Publication.

Bureau of Obstetrics and Gynecology.—Dr. Phil. Porter, of Detroit, Chairman, announced several papers by title.

Dr. Whitworth, of Grand Rapids, then read a paper on "Meddlesome Midwifery."

Dr. Reynolds: Dr. Whitworth says nothing about supporting the perineum. Does he not think it necessary?

Dr. Whitworth: That I think, is not an open question. There are cases, no doubt, in which it is necessary and in which the physician would be culpable who neglected it.

Dr. A. B. Avery: The reader referred to bandaging, and said he would not bandage unless the patient desired it. Is not the physician best able to judge of that? In ninety-nine cases out of a hundred, the patient will take his advice. I have had good success in obstetrics. I have advised my patients to get along without bandages; and generally I have found that they did do better without them. And there is another point. I have found by experience that, when the head has entered the superior straits, introducing the finger will induce more frequent pains. Is that meddlesome? And does it increase the amount of pain?

Dr. Grant: I would like to ask Dr. Avery if he ever knew of any bad results from the use of the bandage?

Dr. Avery: How could I? I have never used one.

Dr. Grant: Did you ever hear of any?

Dr. Avery: I think not. But the bandage might get out of order. It may also generate heat.

Dr. Mosely: Manipulations of that kind would tend to regulate the pain.

Dr. A. A. Allen: In cases of that kind I think that anything which tends to open the uterus is allowable. The first case that I attended I put on the bandage.

Dr. Whitworth: I do not wish to go on record as allowing the patient to dictate whether the bandage should be put on or not. I usually advise not to use it.

Dr. Gilchrist: I do not profess any special knowledge of obstetrics, and that is one reason I wish to speak. When a woman has been in the habit of using a bandage, we may do damage if we don't use it. But there are no iron-clad rules. From preference I would never use it.

Dr. Avery: I have been expecting to hear from Dr. Porter in regard to this one point. I would like to ask him or Dr. Morley, whether or not the use of the abdominal bandage would not have a tendency to induce general congestion of the pelvic organs?

Dr. Porter: In reply to Dr. Avery I would say, that it would consume fifteen or twenty minutes time of the society to give a definite or explanatory answer to his question. I will say, however, that when the abdominal parieties are very much relaxed and flabby, after confinement, I do not see how a bandage put on with moderate force can do any harm, but I do know it affords the greatest comfort to the patient. Do not understand me as advocating bandaging women after delivery, for there is no greater source of disease producing cause than the bandage as ordinarily put on. The bandage has not the slightest influence in giving a woman "good form" as is claimed.

Dr. Porter reported a paper from Dr. Wood, of Monroe, on "Acute Endometritis," and read the last pages. Commenting, he said: I would simply say that I think it a mere farce to mix Glycerine and Calendula. I think it simply a waste of time.

Dr. Porter then read a paper on "Ovarian Dysmenorrhea."

Dr. Reynolds: I thought I followed the reading of the paper pretty closely, yet I have one question to ask Dr. Porter. Do I understand rightly that his paper related exclusively to Ovarian Dysmenorrhea?

Dr. Porter: I went outside of that, yet the whole paper related to that subject.

Dr. Gilchrist: There ought to be some remarks on this paper; if not in criticism, certainly in commendation. Certainly it is an able paper, and does credit to Dr. Porter.

Dr. Allen: I was very much pleased, indeed, with the paper. It was not only well written, but well read.

The convention then adjourned to meet at 8 o'clock Wednesday morning.

WEDNESDAY MORNING SESSION,—The society was called to order by the President at 8:30 A. M.

President Franklin spoke in reference to the misunderstanding in regard to those members whose dues they considered paid, some of whom held receipts; and advised that something be done by which this could be settled.

Dr. Gilchrist, supported by Dr. Olin, then offered the following resolution, which was adopted:

WHEREAS, There is continual dispute between the Treasurer and members of the society with reference to the individual accounts of the members; and,

WHEREAS, Inaccuracies in the accounts extending over a period of time antedating the administration of the present Treasurer; therefore

Resolved, 1st, That the Auditing Committee be instructed to correct the financial accounts of the society, and to settle all matters of dispute between members and the former Treasurer.

Resolved, 2d, That all members, regardless of their standing as to dues, be entitled to the privileges of membership for the remainder of this session.

The resolution was passed.

A member desired that the society should examine a clinical case, and the matter was referred to a committee consisting of Drs. Olin, Gilchrist and Warren.

On motion of Dr. Gilchrist, the Bureau of Hygiene and Climatology was stricken out of the list of Bureaus.

Dr. Eldridge presented the name of Dr. Palmer Covill, a graduate of the Western Homœopathic College, 1857, for membership.

On motion of Dr. Allen, Prof. J. C. Sanders, M. D., of Cleveland College, was made an honorary member of the society.

Dr. Covey moved that Dr. C. A. Jeffries be made an honorary member of the society, and the motion prevailed.

Bureau of Materia Medica.—Dr. Arndt, chairman, reported papers by Dr. Whitworth, Dr. H. C. Allen, and himself.

Dr. Allen said: I am very much pleased with Dr. Whitworth's "apology." He has given us a very good paper. He says that our chemistry is the chemistry of the other school, and that is true. We must always remember that we have been compelled to take our pathology from their text-books. The teachings of the two schools in *Materia Medica* differ diametrically. It is impossible to build up an ideal *Materia Medica*. We shall never get this in our school. We differ in our modes of thought, and we do not all treat our patients alike. But as we do not commit Worcester's or Webster's lexicon to memory, so we do not get our Encyclopædia by heart. And we very often treat diseases instead of patients.

The convention then listened to a paper by Dr. H. C. Allen, "The Study of *Materia Medica*."

Dr. Gilchrist: We live in an age of compensation, where it is impossible for one man to master all departments. So I think the doctor's point was not very well taken, that every practitioner should master all the great mass of matter in the *Materia Medica*.

Dr. W. M. Bailey: I came here to learn; and I must say that in the last paper I have gotten pay for coming down here. We cannot master all things, of every department; but I got hints from that paper that are very valuable to me. I do not wish to criticize the paper at all.

Dr. Phil Porter: The subject has now reached a very interesting point, and, although not so well versed in the matter of drug proving as those who live with, exist on, and will in all probability die, believing in the honesty of these provers. I still take a deep interest in this much abused subject. Were these provings carried to the extent, that we had, as a result, some pathological changes or tissue changes, we could, with some degree of confidence, trust our patients with remedies that were supposed to have some affinity for the diseased condition we are called upon to treat. But you give a prover the 30th of any drug and tell him or her to give you symptoms as they are presented, and I will venture the remark, that you will be supplied with enough to fill a book in a week's time, especially if the prover is at all susceptible. According to our well-known

belief, that diseased organs or tissues are much more susceptible to the action of remedies, than the well or healthy, on what ground can we expect to obtain any reliable symptoms from the 30th, when taken by a prover? It seems to me that the gentlemen who are so willing to accept the symptoms of these enthusiasts as provers, should not overlook this fact. Again, it is a recognized fact that the symptoms of a prover are influenced by the quantity and repetition of the remedy being proved. Thus, two drops of the strong tinctures will produce a certain train of symptoms, if repeated in two hours, more symptoms variously manifested, will be added to those already obtained, now, if thirty drops are taken, you will have still another group of symptoms and so on until you have tissue change, in this way something tangible would be presented to the profession, I firmly believe, all drugs when being proved, should be carried to that point, when definite toxicological effects are produced. * * * Now, Mr. President and gentlemen, don't understand me as trying to throw ridicule or distrust upon homœopathy, for it is, when stripped of this absurd sophistical connection, one of the grandest gifts of God to man—a boon—I wish all mankind could have, but it is this everlasting load of chaff we are constantly obliged to carry with us that is such a curse to the school. You look about and see who are the progressive men of our school, who have made places for the name of homœopathy in every State in the Union, made places for it in many of the public institutions of this country, has all this been accomplished by these theorists? No, sir; but by men who are willing first to cure their patients, then work out the simillium of the proving of the 30th afterwards. I believe as sincerely in the law of similars as any one, but in the provings of our *Materia Medica* I do no not. * * * I only desire to say that I have learned one important fact while I was in Europe, that the homœopathic practitioners of this country have done more to make Hahnemann's name celebrated, than his German associates ever did. I have very little confidence in the provings of the German followers of Hahnemann. That reminds me, Mr. Chairman, that I have in my possession a vial of Borax 30, that was given me by Mr. Schwabe of Leipsic, who assured me on his honor (and you know a dutchman never lies) that it was from one of Hahnemann's own private pocket case, I saw it taken from a case anyway, and yet, with this in my care, I do not feel any nearer Hahnemann than do my less unfortunate brothers who are

without it. Schwabe said the label is in Hahnemann's own hand writing. * * * I knew I would kick a hornets nest when I refused to accept all that has been written under the banner of homœopathy, especially the provings. You must accept all or nothing, is the verdict. Well, as I said before, this is a field or branch of medicine I do not like and I know little about—this ought to excuse my remarks, but I do say that if twelve men are taken who do not know each other or any thing about medicine, to prove remedies and the work is carried out until toxicological effects are produced, and then the symptoms compared, I should have some confidence that we were approaching something that could be utilized. But you let any one of these doctors about me take a remedy and go to work noting symptoms and it would keep type setters busy to keep up.

The President announced the following gentlemen to constitute the Bureau of Ophthalmology and Otology, viz.: Drs. D. J. McGuire, T. P. Wilson, and H. Gilbert.



LACHESIS IN NEPHRALGIA.

BY J. N. LOWE, MILFORD, N. J.

CASE 1.—Miss A. H., æt. 20. Disease, Renal Calculi of the triple phosphates.

On the night of June 9th she was suddenly seized with very agonizing pain in the right renal region, resulting in very severe Colica Renalis. The pains were paroxysmal and spasmodic, attended with emesis and cystospasmos; and seemed to extend from the right kidney, and ureter to the bladder.

We first saw her in the following morning. She then stated that she had had sensations as if a worm was crawling within the bladder. Guided by this marked characteristic, and the known action of *Belladonna* in relation to spasm of the ureters caused by the passage of Renal Calculi, we prescribed it in the 30th. Anticipating a probable renewal of an aggravation of her symptoms, we or-

dered that she should be placed in a warm sitz bath—if again visited with severe pain—and that, when in bed, hot water fomentations should be kept continuously applied to the seat of pain. Very early in the morning of the 10th a call came again, stating that she was no better, but rather worse; and that we must see her as soon as possible. Her sufferings since one o'clock of the previous night had been intense, at times driving her to cries and screams. We found her with diminished pain, but affected with almost constant nausea and vomiting (reflex as to cause) with scanty ejection of watery mucus with slight traces of bile. We gave Ipecac, 3c., without relief. Next, Cannabis, 20c., partial relief of stranguary. vomiting, no change. Cantharis, 20c. Nil. Opium, 3x. These were not alternated, but tested single, until we were satisfied of their inefficiency. We were pretty well “out at sea,” now—into something of a fog—and had given our personal observation to the case for about ten hours; and had settled down to the conclusion that we should “fight it out” on the line of the true Similimum, if it took all summer. The voyage thus far had been conducted without chart and compass. Still we abode in the ship. “Unless you abide in the ship (the truth) ye cannot be saved.”

At this extremity—the fog began to disperse—and the vis conservatrix asserted its prerogative, by signals, which led us at once to a true selection. The signals given were a sick feeling from stomach to throat with a sense of nausea and choking in the throat. She could bear nothing to touch her throat externally; and, strange as it may appear, whenever she changed her position she felt something rolling in the bladder. Lachesis 1000 c. (Boericke) given dry, immediately after every renewal of the vomiting. After three or four doses of this remedy in the 1m. had been used, all of her troublesome symptoms abated, and several small calculi were passed from the bladder.

Never before in the conduct of a case have we met with these salient characteristics of Bell. and Lach., viz.,

of a worm as to the former, and a ball as to the latter, (*i. e.*) in the history of one sickness, in one patient.

A word more: The indication of Lachesis was at the last undeniably simple, plain. It afforded an opportunity not only to test the truth of the provings (verified) of the ophidia, but to satisfy my desire in the demonstration of the truth, or falsity, of the assertion (at least in one well-defined instance) viz.: that there can be no remedial influence imparted by a dynamized remedy above the 10c. or 11c. potency; and not the shadow of an effect from the decillionth. We had the 6c. of Lach. in one case—and intended to use it should the 1000th fail. But it didn't—and now, "what can we do about it?" Comment is unnecessary.



NATRUM MUR. IN INTERMITTENT FEVER.

BY T. RYALL, M. D., SALEM, NEB.

Miss —, æt. 23 years. Has been a sufferer with intermittent fever since she was a little girl, or as long ago as she can remember. Twelve years ago abscesses were found in the right hip, which would last about two weeks, sometimes discharging through the uterus, when she would get better and continue to be better for three or four months, when another paroxysm of chill-fever and sweat would intervene, ending in abscesses. The right lower limb was two inches shorter than the left. The limb was bent upon itself anteriorly at the knee, so that when the patient walked she she apparently hopped on and off the shorter limb to keep the knee-joint from extending too far backward as it inclined to, several inches. Sore eyes; one cheek red; very sad; yellow spots on forehead; urine dark, like coffee, and uncontrolable;; great longing for salt. Gave *Natrum muriaticum* 30th and 1000th, three doses of the 30th every

two hours, followed by two doses of the 1000th every two hours, then Placebo. I thought that the medicine aggravated the case. In two days' time patient was feeling so well that she went out into the yard, and in about two weeks went to assist in taking care of a sick woman. Subsequently complained of toothache, which indicated ulceration about the root. For which I gave Hep. 100,000th, with relief in a few hours. The patient stated that abscesses and always formed after the paroxysm of chill, fever and sweat, previous to this time. Patient stated that an enlargement had formed, the size of a hickory-nut, in the hip when I gave the Natrum. I did not look at the hip, but I believed the statement of the patient. No abscess formed this time.

CASE 3.—Mr. —, æt. about 30 years; married. About two years ago, while living on the shore of the ocean, was attacked with intermittent fever, which was suppressed by taking large doses of quinine. I am sorry to say that a professed homœopathist had also given him large doses of quinine. An allopathist we would expect would give his panacea, but not a professed follower of Hahnemann. The patient had a very severe frontal headache during the paroxysm; blisters on the lips; very sad and impatient. One powder of Natrum muriaticum 1,000th greatly ameliorated the paroxysm the next day, and a few doses taken three or four days apart, of the same potency, prevented a return of the trouble for a year, probably longer, as I lost sight of the patient.

CASE 4.—Little girl, æt. six years. Father came for the medicine; stated that last fall his daughter had the "chills," which were apparently cured by giving quinine; had the paroxysms for two or three weeks every two days. Sometimes they would commence at 7 A. M. and sometimes 10 A. M. Very severe frontal headache attended the paroxysm. Sore lips. Natrum, 30th. Three doses to be given every three hours. Father reported that the next day she had a slight chill, but not any fever. Placebo was then

given, resulting in a cure. I do not justify myself in giving four or five doses of the indicated remedy, each dose every three or four hours, as a routine practice, but when patients have taken a good deal of medicine the results are more satisfactory.

CLINICAL CASES.

INTERMITTENT FEVER.

BY C. HOYT, M. D., CHILICOTHE, OHIO.

CASE 1.—J. H. A., æt. 42 years. Had been suffering with chills for more than a month, and had not been in good health for some time previous to being attacked by the chills. He has a chill every other day, at about 2 P. M. Feels badly for a couple of hours before the chill comes on. Is sleepy and feels very tired, with a great deal of aching in back and legs for some time before the chill comes on. The chills run up and down his back, and his hands and feet are very cold. He has no thirst during any stage of the paroxysm. Has some dryness of the mouth, but no desire to drink. Complains very much of dizziness, especially when lying in bed. Bowels are usually regular, although inclined to looseness during the paroxysm. During the fever has severe pain in the top of the head and down the back of his neck. The sweating stage is almost entirely wanting. Gave *Pulsatilla* 3x every three hours during apyrexia, and it cured him entirely.

CASE 2.—Walter E., æt. 10 years. Had been having chills for about one year, only excepting when under the influence of quinine. It would check them only to return again in a few days. Finally his father came to me and desired to have me cure him of the chills, as he was tired of trying to do so with quinine. I succeeded in getting a very brief history of his case, as follows: The boy had a

chill every other day, from nine to eleven o'clock A. M. He was very thirsty before and during the chill, and always vomited after drinking. Complained of his knees being so cold. Wanted to sleep during the fever. Sweating stage well marked. I gave him *Eup. perf.* 30x, to be repeated once in two hours. In two or three days after I gave the medicine, as I was going down the street, the boy's father hailed me from the opposite side of the street, and I waited until he came, as I thought, to tell me the boy was no better; but, instead of that, he looked very happy, and said the boy had missed his chill.

CASE 3.—John F., æt. 35; railroad engineer. Is having a chill every other morning, at three A. M. Has a severe shaking chill, and says he is cold all over. The chill last an hour or more, followed by high fever and then perspiration, which is very profuse. Is not thirsty during any stage of the paroxysm, and complains very little of pain anywhere. The sweating troubles him more than anything else, as it is so profuse and makes him feel so weak. I gave him Pulsatilla and various other remedies, the names of which I have now forgotten, but without their having the least effect upon the chills, and we were both beginning to get discouraged. I had treated this patient for gonorrhœa a few weeks previous to this attack of chills, and thinking, possibly, that it might account for my failure to cure, I again studied his case with that fact in view. Finding that *Thuja occ.* met the symptoms of his case better than anything else, I gave it to him in the cc. potency, and he has not had another chill from that time, now several weeks ago. I think this case was undoubtedly in some way complicated by the gonorrhœal virus, although he showed no signs of the original trouble.

CASE 4.—J. H. M., æt. 37 years. Has been suffering from ague for nearly a year, and now looks very sallow and bad, as old ague patients usually do. Has repeatedly had the chills broken by quinine, only to return again as soon as the effects of it passed off. He says he has taken

eight or ten dollars' worth of quinine during the time he has been suffering from the chills. This patient was also addicted to the use of morphine. He has now had two chills, the first one coming on at eight p. m. and the last one at 11:30 a. m. The chills are every second day. The last chill was very severe and lasted about three hours, and was followed by a moderate degree of fever, while the sweating stage was almost entirely absent. He suffered from nausea nearly all the time during the chill and fever, and vomited once during the fever. Was sleepy during the chill, and wanted very heavy covers over him. Complained of pain in the forehead and eye-balls. During the chill his hands and arms were very cold and looked blue clear to his elbows. Is very low-spirited and despondent all the time, and has no ambition to do any work or business of any kind. Bowels are very much constipated always. Does not sleep well, especially towards morning. I gave him *Nux. Vom.* 3x trit., a powder every three hours during apyrexia, which cured him entirely.

CASE 5.—S. B. S., æt. 50 years. Has a chill every other day at 2 p. m. Is very thirsty before and during the chill, and usually vomits several times. Complains principally of coldness in the back, between the shoulder blades, and says it feels so good to have something real hot next to his back. The chill is followed by high fever, which is accompanied by very severe pain in the head. Sweating stages well marked and last quite a long time. His bowels are loose and he has four or five stools each day, of scalding, burning character. Gave him *Capsicum* 30x, and he had no more chills.

CASE 6.—Miss F., æt. 32 years; school teacher. Has chill every other day at 1 a. m. Hot and cold, all at the same time. Is very thirsty and wants a swallow of water almost constantly, with vomiting after drinking several times. Is very restless and full of anguish during the paroxysm. The bowels are inclined to looseness. Sweats very freely as the fever leaves. She wanted to try homœo-

pathic treatment, but was almost afraid to do so, for fear it would not cure her quickly enough. I gave her *Arsenicum* 30x every two hours, and she did not have another chill.

I find Ipecac a grand remedy in chills, especially where nausea and vomiting are prominent symptoms. Many times parties from the country send for the same medicine to "break" the chills, and it is impossible to get a clear history of the case. In such cases I nearly always send Ipecac, and tell them to report again if that does not cure. In a large number of cases it will prove to be the right remedy and will cure the case promptly. It is certainly much wiser to pursue this course than it would be to send quinine, as some do for lack of positive indications, as the Ipecac can do no harm and will cure many more cases than quinine. I think Ipecac is one of our most frequently indicated remedies in chills. I have failed to keep a record of many of my cases, or I would report some cases cured by this remedy.

I rarely find a case of chills that can be cured by Cinchona in Homœopathic doses, and I *very* seldom give it for ague. I *do find* it the remedy for many cases that are undoubtedly of malarial origin. Such patients complain of headache of an undefined character, but especially marked about the occiput and back of the neck. The pains change localities often, and the patient can hardly tell what part of their head hurts the worst. They look sallow and complain of feeling tired all the time, and any little exertion causes them to perspire. They complain of pain in both sides, in the region of the liver and spleen. Also of inability to eat on account of feeling so full all the time, or after eating a very little; and they belch a great deal after eating. They are chilly much of the time, and they desire to keep near the fire. The bowels are not very costive, but still do not move with their accustomed ease

and promptness. Such cases as these are promptly cured by Cinchona, and which if allowed to go on would doubtless soon result in genuine shakes.

FOREIGN BODY IN LUNGS.

BY DR. W. W. WALKER, MUIR, MICH.

I was called last winter to see John R. *æt.* 40. Suffering with pneumonia. Right side, second stage; dullness over circumscribed spot at about bifurcation of right bronchus, cough bloody, expectoration great dyspnœa. This man called me in place of an old school doctor who he said gave him nothing but Quinine and stimulants. He had suffered more or less at different periods for the last nineteen or twenty years with a heavy burning feeling and after every attack of cold a considerable pain in this region. After prescribing several remedies as the case advanced, I placed him on Ant. Tart. and while taking this, and during a severe fit of coughing, he expectorated what to all appearances appeared to be a solid tubercle. Quite a quantity of fresh blood followed but finally ceased. He preserved the cyst until my next visit, and on cutting down through it I found embeded in its center a complete coffee-bean, slightly softened but in a complete state of preservation.

The man remembered well that while cooking coffee on the field during the war, a battery opened fire upon them a shell bursting among the camp kettles scattering things generally on the instant he felt something pass down the wind pipe as he expresses it. I suppose the shock of the exploding shell produced a sharp sudden inspiration at the instant the coffee bean passed through the glottis, it produced a great deal of pain and severe cough at the time, but subsided to some extent with an occasional trouble after great exertion or taking cold as I have stated.

This foreign substance had passed as far into the tube as its caliber would admit, and had become encysted and was only removed by a sloughing process induced by a severe pneumonia nineteen or twenty years after its lodgment.

The case recovered speedily after this, with the exception of some dullness over this region. He is fleshy and well, and of course better than he has been for twenty years.

CORRESPONDENCE FROM LINCOLN, NEBRASKA.

STATE HOMŒOPATHIC MEDICAL SOCIETY MEETING.

Our goodly city of Lincoln has been the focus of all eyes during the present week ; for by chance, or intention, there were three conventions in session at the same time, the Nebraska State Medical Society, the State Homœopathic Society, and the State Dental Society. Lincoln may not be very much subject to epidemics, but for a short time at least has suffered from an endemic attack of doctors. The courtesies of the city were extended to all visitors alike ; the Commercial and Arlington were the principal points of attraction. The Homœopathists held a public meeting Wednesday evening. A large and appreciative audience was present to listen to the address of President Dinsmoor, of Omaha, and Prof. Duncan, of Chicago, the author of two widely known and valued medical books, and editor of the *United States Medical Investigator*, one of the leading medical journals of the day. Prof. Duncan is a genial, wide-awake, appreciative gentleman, and our society considered itself fortunate in securing his presence with them.

Prof. Duncan delivered the address. Topic: "Homœopathy." Its scope was both retrospective and prophetic. He entered quite fully into the results of "the

reform," as he termed it, upon the practice of medicine in all the other schools, and to the modifying influence of homœopathy he attributed, in large measure, the decadence of the old time "heroic" treatment.

The business sessions of the society were held in the parlors of the Arlington. Forty-one physicians were in attendance, thirty-eight being present at the opening of the first session.

Papers of more than ordinary merit were read; the discussions were spirited, but not in the least acrimonious. The topics for discussion covered a wild field of scientific knowledge and experience, and were full of practical suggestions. The papers and discussions alike, were characterized by broadness and catholicity of sentiment; in fact, narrow guage found no representatives among that intelligent body of men.

Three ladies were present, wearing the title of M.D.'s, ready with experience, suggestion, and repartee, viz.: Drs. Starr, of Beatrice; Sabine, of Lincoln; and Burroughs, of Omaha.

Thursday evening came the banquet, given by our resident physician to their guests; and it was a right royal feast to which they were invited. Palate, ear, eye and mind alike were the recipients; flowers of rhetoric vied with the natural flowers, and wit mingled with the perfume of the roses.

The meeting was in every respect a complete success, the utmost harmony prevailed throughout. Perhaps the most important action of the society related to a homœopathic medical department in the State University. The following physicians were nominated to the regents as members of that faculty: Dr. B. L. Paine, Lincoln, Professor of Theory and Practice; Dr. C. L. Hart, Omaha, Professor of Materia Medica and Therapeutics; Dr. F. B. Righter, Professor of Obstetrics and Diseases of Women and Children. The following gentlemen were also recom-

mended as a Board of Censors: Dr. C. M. Dinsmoor, Omaha, chairman; Dr. G. H. Parsell, Omaha; Dr. R. Carscadden, York; Dr. H. B. Lashlee, Grand Island; Dr. A. R. VanSickle, Hastings; Dr. A. L. Macomber, Norfolk. The election of officers for the coming year was the next business. Dr. Carscadden being elected president, (and right here let me speak of one, of whom not only Omaha, but our entire State, has reason to be justly proud, I refer to Dr. C. M. Dinsmoor, the retiring president of our society). Dr. Dinsmoor is a man of broad and liberal views, a thorough scholar, both in literature and medicine, of sound judgment and alive to the interests of his profession. Every citizen, and especially physician, would profit by reading his address, made at a public meeting of the society. It is due almost entirely to his efforts that our society is in its present prosperous condition, and and it is very much to be regretted that he had to decline, on account of professional duties, the nomination to the Board of Regents for a professorship in our University Medical School, for no one in our society would fill the position better than he. We are glad, however, that he was nominated to the Regent to be made Chairman of the Board of Censors, as this will place him where he can do the college great service.

Dr. G. H. Simmons, the retiring Secretary, is a young man of excellent qualifications for his profession, and made a most energetic Secretary. He leaves for Europe soon, to pursue his medical studies in one of the great universities there. We wish him a safe voyage, success in his pursuits, and will express the hope that he will return to Nebraska.

Drs. Carscadden, our new President, and G. E. Brown, our new Secretary, are both excellent men, and we hope and expect much from their capability and energy in building up the interests of the society. It was decided to hold the annual meeting in Omaha next May.

MEDICUS.

DROPSY CURED BY KALI CARBONICUM.

FROM THE ALLGEMEINER ZEITUNG.

TRANSLATED BY A. MC NEIL, M. D.

Another enemy against which we are tolerably powerless, and against which we are sometimes necessitated to employ the infusion of digitalis, is dropsical swellings as a result of heart disease. A recent case has, however, taught me that our medicinal treasure has a remedy which can accomplish something. It relates to a six year old rachitic boy in whom occurred in consequence of a light and transient rheumatism of the joints, a failure of the valves and hypertrophy of the heart. After I had used a number of what appeared to be suitable medicine in both high and low dilutions and triturations, I was under the necessity on account of the increasing œdema which began in the forehead and the ascites to try digitali. I prescribed Digitalin 3d trit, as much as rested on the point of a small knife, three times a day. The heart became quieter and the œdema disappeared except in the forehead. But as usual the improvement was only temporary. As soon as the medicine was discontinued eight or ten days the swelling again increased. Finally it entirely ceased to benefit and the œdema spread over the entire surface of the body, but particularly in the scrotum and the collection of water in the abdominal cavity increased rapidly and consequently the dyspnœa also. Under these desperate circumstances I resolved as no other palliatives promised benefit, to try a homœopathic remedy, (better late than never) but it is strange a homœopathic physician had not thought of that before. On comparing the case and the drugs I chose Kali carb. It had the heart symptoms, the oppression and the dropsy, of the skin and abdominal cavity. I prescribed at first the 6th, but changed to the 30th as soon as its beneficial effects ceased. At first

every four hours a dose, afterwards three times a day, then every three on four days. After using it about eight days, an increased flow of urine was observable, which kept increasing so that at first the œdema of the scrotum then that of the other parts of the body and at length the ascites gradually decreased. Now, after about four months use of the remedy continued at increasing intervals, all the dropsical symptoms and at last the obstinate œdema of the forehead have entirely disappeared. The deathly paleness, in fact transparency of the boy, has given place to a healthy color of the face. His almost intolerable obstinancy and his resort of appetite have gone, he has again begun to grow and his movements are more energetic. The urine both in quantity and quality is normal. The heart trouble is of course unchanged, yet its movements are less stormy and are regular, I will rejoice if my colleagues will try this remedy in a similar calamity and have as favorable result.

[Any of those who doubt that drugs above the tenth potency have any curative effect, will confer a favor on me if they will state their reasons in the *ADVANCE* why in this case the patient got well without the agency of Kali carb. 30.—TRANSLATOR.]

IN MEMORIAN—DR. A. O. BLAIR.

BY J. C. SANDERS, M. D., PROFESSOR OF OBSTETRICS CLEVELAND HOMŒOPATHIC COLLEGE.

We honor the dead most, not by monuments of granite and marble, nor by busts and tablets of silver and bronze, but by the memories of the heart. I desire to link to the memory of the great Samuel Hahnemann the memory of the good Alonzo P. Blair, whom death "has laid him down in his last sleep," at the mature age of seventy-six years. A Massachusetts man by birth, an Ohio man by early

adoption, he embodied all the sterling qualities of Puritanic stock and the stir and thrift and aspiration of the Empire of the West. He was a man about the average height, but large bodied, broad shouldered, large chested, with a finely proportioned large head, broad forehead, dark hair, somewhat unusually prominent eyebrows, and deep gray eyes. His manner was plain, his movements slow and measured, though this was largely perforce of a chronic infirmity of respiration, having been asthmatic for all his latter life. His voice was low, his speech deliberate, his conversation modestly unobtrusive. His learning was by no means broad and general, but within its range was thorough and assured. He had great largeness of heart towards the young, was ever ready to render aid by counsel an sympathy, time and skill, to the struggling and needy, to the humble and lowly, in health and in sickness. He was full of affection and had a heart of tenderness. He was especially fond of children, he exalted home and motherhood, ever crowning them with his smile and blessing. Of his own home relations we are not permitted to speak; too sacred are they for the public eye and ear, they lie treasured unapproachable within the hearts of his family home. But of all his other relations in life, more or less public in character and wherein we best knew him, it is our right and privilege to speak. A whole decade he was a professor in the Homœopathic college of Cleveland, and it was in the rich harvest time of his life, occupying the chairs in succession of *Materia Medica* and of *Theory and Practice*, and the latter half of this decade the presidential chair.

He was an earnest worshiper at the shrine of Hahnemann; an uncompromising expounder of the great truths that Hahnemann formulated and gave to the world. As a teacher he was plain and simple, yet profound; as professor he taught no mongrel, ambiguous things, but the pure, simple truth of homœopathy; and fortunate indeed were they who, in successive classes, were his pupils and

listeners ; and it is fortunate, too, for the college that his successors in these respective chairs were each his cherished pupils and wear spotless the ermine of his mantle. As one of only four yet connected with the college who were his associate teachers I can speak only to emphasize the kind and fatherly spirit unexceptionably manifested towards his fellow professors in all the relations in which his life and character, socially or officially, touched the members of the faculty. As president his administration was characterized by careful deliberation and wisdom, and has left its stamp indelibly upon the history of the college. Besides all this he was a representative practitioner of medicine, of the Hahnemann baptism. He practiced what he taught ; he was loyal to his teachings ; he believed in, and implicitly trusted the homœopathic law of cure. He was, however, profounder as a symptomatologist, than a pathologist though by no means lacking in the latter. As a practitioner he was eminently successful, and his fame in this is second to no man's. His judgments were never hasty, but rather careful deductions from well considered premises. The key-note symptom, the single remedy, and a potency of high range were his ideals.

This deliberateness, simplicity, and accuracy, together with his personal qualities, made him dearly beloved and honored by all who employed him. At the bedside of suffering he was gentle and tender, full of cheer and sympathy ; in the household of sorrow he was judiciously calm, and knew when silence and the unbidden tear were more potent than words and sounds to appease a wounded heart. To lose a worthy and honorable family physician is a loss over which any household may rightly grieve and mourn. How he shares their confidence and trust in times of hope, and in times of anxiety and despair ; how his coming is watched with eagerness and his going with concern ; how his ministry of skill sends thrills of delight throughout the home and his disability to save, turns joy into mourning ; how his smile renews and his gathering

brow breaks hope. Yes, in the family and household he is the one above all others, "whom all eyes follow with one consent." The decease of Dr. Blair has robbed thousands of households of their beloved family physician. Fathers, mothers, children will ever remember him gratefully and reverently, for his name is embalmed in the litany of their loves and their homes.

As professor and president, as physician and friend, we, his survivors in college and out, deplore his death, though recognizing the Biblical truth, that there is a time to be born so there is a time to die, but we deplore him, not without profound gratitude, that his Master's call came not until we had caught something of his generous and pure spirit, something of the rich garnerings of mature and chastened experiences, until his life had come to a ripe, "full age, like as a shock of corn cometh in his season."



SIZE OF DRAIN AND SOIL PIPES.

In Great Britain 6-inch soil pipes were formerly common to receive the wastes from four or five water-closets. At present 5-inch and 4½-inch are the usual sizes, even for a single water-closet. Hellyer claims that the soil pipes should be no larger than the outlet of the water closet, and sarcastically says, it is not wanted for a coal shute or dust shaft, but to be well flushed at every using. For private houses where care would be shown in using fixtures, he thought a 3½-inch lead soil pipe ample for a tier of three water-closets, and a 4½-inch pipe for twelve closets; the smaller pipe kept cleaner than one of larger size. Whether Mr. Hellyer would favor an iron soil pipe of like size is not to be taken for granted, as he always assumes that lead is smoother and can be kept cleaner than cast iron. Hellyer refers to the architects and others who want good strong

plumbing—using the best material but requiring very large soil pipes and drains. These are as common here as in Great Britain, and we have frequently come upon their work—10-inch wrought iron drains, with hubs as large as a barrel.

Colonel Waring's vigorous advocacy of small drains has converted most persons to admit their advantage. His experiments at Saratoga showed that the drainage of a large hotel, containing 2,000 occupants, could be carried off in a 6-inch pipe. For an ordinary city dwelling a 4-inch drain is ample, even including the rainfall, while for a large house or a French flat a 6-inch pipe will suffice. The common objection to small drains is that they may get choked with articles thrown into them by careless servants—as scrubbing brushes, towels, broken glasses, crockery, spoons, forks, etc., all of which have been found in them; but a 4-inch drain will carry off any article which can pass through a water-closet or sink-trap, and hence it is quite large enough to meet that objection, so long as it is laid with a proper pitch, no angles, and is well finished. The growing use of modern water-closets which discharge several gallons of water each time they are used, is an additional aid to keeping house-drains clean and clear from obstructions. Small drains are more likely to be self-cleaning than large ones. A stream of sewage that fills the former completely will only cover the bottom of the latter, and, having less velocity, will exert less force upon the sediments and coatings of filth which forms within all waste-pipes. Grease always fills up a large pipe sooner than a small one. We have a 5-inch drain taken from a very large house in Brooklyn, in which the water line shows plainly exactly along the centre of the pipe. A pipe two-thirds as large would have served just as well. Colonel Waring now advocates reducing soil pipes to 3-inches, but this change is yet to be demonstrated by experience.

ON ATTENUATION.

BY DANIEL W. CLAUSEN, M. D., M. I., H. A., AUBURN, N. Y.

The power of attenuation is as marvelous as its philosophy is inexplicable; its truth is as evident and grand to the faithful and observing prescriber as it is obscure and foolish to the careless and unobserving materialist. While, in point of doctrine, it is distinct from the law of similars, it is a glorious luminary by which the truth of that law is more clearly revealed.

A drug exhibited in an unattenuated form, is like the light of a lamp surrounded by a dense fog: the light is there; but, its glorious spread and illumination are prevented and veiled by the material mist, unlike the light in atmosphere clear and transparent, where it can spread its luminous rays and penetrate into every dark and obscure corner, as the attenuated drug penetrates into every obscure corner of the living organism.

Dr. Samuel Swan, of New York, has, in a recent letter to me, drawn a beautiful comparison between attenuations and the imaginary circles around a cone. The apex or point of the cone represents the mother tincture; and as we progress toward the base, we may imagine so many circles (circular bands) of gradually increasing diameters, corresponding to the gradually increasing potencies in the scale of dilution. He thus argues, that as the imaginary circles nearer the base of the cone cover a large area of surface, so the higher potencies (which these represent) cover a large field of action in the living organism.

I have only one suggestion to offer Dr. Swan, in regard to this beautiful elucidation, and that is,—that he must also imagine the cone to have *no base*; because, a base would represent a limit to the process of dilution; and, certainly, there is no limit; for even the D. M. M. is by no means the height to which attenuation might be carried. The possibility of attenuation being without

limitation is also beautifully illustrated by the gradually and continuously increasing divergence of the conical figure. *Convergence* comes to a terminating point, *divergence* opens into wide expanse and boundless space, and spreads and *spreads* to *infinity*. And who is he that would pretend to measure that immeasurable space in which all visible orbs and starry worlds form but a dot?

NOTE.—No figure of course goes on all fours. Both Dr. Clausen's figure of light and Dr. Swan's cone have a dangerously small origin. We would be loth to accept either of them as satisfactory in their analogy. They are suggestive, but far from conclusive. We give them for what ever they may be thought worth. It would be easy to criticise Dr. Clausen's statements on several points. That we leave to the reader.—[ED.]



ANTISEPTIC MEDICATION.

BY A. MC NEIL, M. D., JEFFERSONVILLE, IND.

On page 485 of the last volume of the *ADVANCE* is an article with the above caption by Dr. L. Younghusband of Detroit. It is well for the partizans of the germ theory to talk about truth, observation, etc., etc. The writer of the above article mentions a large part of all the diseases which afflict mankind and says "they are undoubtedly caused by contagion" and that it is conveyed by germs, which are micro organisms or bacteria. The advocates of this theory have taken for instance some of the pseudo-membrane from the throat of a diphtheritic patient, and an examination with the microscope have found that there are innumerable numbers of bacteria, therein; they then put some of these bacteria along with the exudation into a wound of a dog or other animal, and in a short time diphtheritic membranes and other symptoms of the disease arise. Then they shout Eureka! Bacteria are the cause of diphtheria. Now that looks

very plausible at first sight. But let us investigate more carefully. Was there anything conveyed besides bacteria, and what was it? Why the contagious products of the disease. Now let us separate the bacteria from the putrid membranes and place the bacteria in the wound of one dog and the membranes in that of another one, and see what is the result. Now I appeal to every fair minded observer if that is not the fair and only fair way of seeing what causes the disease. Traube and Gscheilel found the warm blooded animals bear the injection of considerable numbers of bacteria without any serious injury. Arterial blood from a pup, taken carefully so as to exclude the entrance of bacteria from the atmosphere, into whose veins twenty-four or forty eight hours previously, one and a half centigrammes of fluid containing bacteria had been injected, did not putrify for months. Schles für vaterlandisches Kultur 1870.

Kusner employed, in order to obtain a filtrate free from bacteria, a glass funnel in which there were two layers of filtering paper, the neck of the funnel was densely packed with boiled cotton; through this he passed ichor of different kinds (Pyæmic pus, Puerperal and Peritoneal secretions), containing bacteria in considerable numbers. Microscopic examination as well as cultivation, showed that there was in the filtered fluid no trace of bacteria, notwithstanding, the injection of this liquid free from bacteria, always had the same effect as that containing the parasites, viz., death in a short time. Dissection revealed the same condition in both cases, viz., ichorous infiltration of the cellular tissues. In the blood and large abdominal glands there was no bacteria in either case. *Med. Cent., Blatt, Band VI, Seit 32.*

No comment is necessary.

Hiller separated the bacteria by different methods from the fluids containing them, and found that in every case the injection of the parasites alone was innocuous. The next day after the operation, fungi were found in the

blood, but never afterwards. Skin wounds of dogs, wet with liquid containing the micrococci and covered with gutta-percha paper healed without secreting pus. Subcutaneous injections of the liquid did not cause the purulent process. He even made in himself subcutaneous injections of liquid containing bacteria, to the amount of a grain, without any local or constitutional injury. Healthy wounds secreting laudable pus covered with isolated masses of bacteria continued to heal as before. But the filtered fluid free from bacteria, or the unfiltered putred liquids, when so applied, soon produced the well-known local and general effects of septicæmia, when applied to recent wounds, but on old granulating ones no harm was done. Hiller asserts emphatically, also, that these washed bacteria multiplied in cultivation. *Allg. Med. Central Zeitung*, No. 1, 1874, and *Chirurgische Central Blatt*, Band I, Seit 33.

This covers the whole ground and until they are overthrown by repeated and authenticated experiments, all arguments in favor of the germ theory are, *vox præterea nihil*.

Billroth, the greatest living surgeon, experimented at great length on this subject in many diseases, and the result may be summed up. He found that, they (bacteria), exist in the pus of wounds only when it has reached a condition of decomposition. Contain inflammations (erysipelas, phlegmos, or diphtheria), must occur in order that the parasites may multiply luxuriantly, (*Untersuchung über die Vegetations formen der Cocco-bacteria.*)

The whole argument of these champions may be compared to that of a man seeing a mass of putrifying flesh in summer, which is alive with maggots, and jumps at the conclusion that they are the cause, when the truth is they could not exist till putrification began, and they are a wise provision of nature to lessen it by eating up the putrifying matter.

But, let us acknowledge in order to carry the argument further, that bacteria are the cause of various diseases,

and that if the bacteria be destroyed that the disease will end. Turn to the 398th page of the present volume of the *ADVANCE* and see the carefully conducted experiments therein detailed, made by Lewis Sherman, M. D. I have not time to enumerate those experiments, but I ask all the readers of the *ADVANCE* to turn back to the January No. and read the article carefully. I will only mention a fair specimen. He says: "One part, in twenty or a saturated solution of Carbolic acid, did not at first appear to kill any of the infusion. On the fourth day they were still present in great numbers and retained some activity. They would turn round and round, move against the current of the fluid and occasionally run against a globule of undissolved Carbolic acid, without receiving any apparent injury." In order to make the fluids of the body equal to this solution in which some of the bacteria lived thirteen days, would require a dose of five pounds of Carbolic or Phenic acid which is sufficient to kill 1,250 men. Was there ever such absurdity?

The true and only reason why some men professing to be homœopaths buy a syringe and a set of Declat's preparations, is that it is so much easier than it is to learn the *Materia Medica* and carefully obtain the totality of the symptoms and give the indicated remedy. But there is no other way to cure the sick, *cito tuto et jucundo*.



GOOD BYE BACTERIA.

Editors Medical Advance:

I write this time simply to extend my compliments and sympathies to the Bacterists of the world; and to inform them that their bantling, the bacteria, or germ theory of disease, has fallen mortally wounded.

I now have the *microscopic* proof of everything that I ever claimed for the organizing and disorganizing forms

of fibrin, and of far more than I ever claimed. The proof of the *shallowness* of the claims of the bacterists to any science in their theory, will make the matter almost too ludicrous to demand further serious consideration; but error dies hard, and the more absurd it is the harder it dies, when it once gets possession of the human mind; so the battle must no doubt be fought out to the end.

In view of professional duties, it will probable require two or three months for me to get the time to prepare a paper explaining all; but I hope to have it ready in that time. From specimens I already have I could give micro-photographs far surpassing in both beauty and numbers any and all that the bacterists have ever produced.

And hear I wish an earnest word with earnest, *thinking* men in our ranks. I am fighting a great battle on this subject for our school, and for a *scientific* pathology; and such men as indicated have no right to any longer leave me to fight this battle alone. I am willing to work to the utmost of my endurance, until the field is won; but I cannot well afford to pay all the expenses besides, of the large number of micro-photographs, etc., that may be required to illustrate all phases of the subject.

And this leads me to further say, that if any of our journals want illustrations, and will pay the first cost of producing them, I will endeavor to furnish them in any number they may want, with explanations that will make the matter clear and satisfactory, I think, to all. The variety and beauty of illustrations that can be given of organizing and organized, and also of disorganizing and disorganized fibrin, down to its ultimate or primary granules, are almost without limit.

In conclusion, I believe I have not as yet shown myself possessed of any selfishness in the development of this subject, any more than may be inseparable from sustaining one's views with what vigor he may, after an exhaustive and exhausting investigation of the subject. My sole desire has been to see the *truth* prevail, and to do all

in my power to forward that desirable consummation. When the climax comes I think it will be seen that I have worked to a purpose.

Yours truly,

R. R. GREGG, M. D.

BUFFALO, N. Y., August 1, 1883.

MEDICAL MATTERS IN MICHIGAN.

LAWS ENACTED BY THE LAST LEGISLATURE.

AN ACT TO PROMOTE THE PUBLIC HEALTH.

SECTION 1. *The People of the State of Michigan enact*, That from and after this act shall take effect, it shall not be lawful for any person to practice medicine or surgery, or any branch thereof (except dentistry), in this State, without having the qualifications required in the provisions of this act, and without having first registered in the office of the county clerk as provided in this act.

SEC. 2. The necessary qualifications to practice medicine in this State shall be:

First, That every person who shall have actually practiced medicine continuously for at least five years in this State, and who is practicing when this act shall take effect, shall be deemed qualified to practice medicine in this State, after having registered in the office of the county clerk as provided by this act;

Second, Every graduate of any legally authorized medical college in this State, or in any one of the United States, or in any other country, shall be deemed qualified to practice medicine and surgery in all its departments, after having registered as provided in this act: *Provided*, That the provisions of this act shall not be construed so as to prohibit any student or under-graduate from practicing under the instruction of any person legally qualified to practice medicine and surgery under and by the pro-

visions of this act: *Provided*, That every person qualified to practice medicine and surgery under the provisions of this act, shall, within three months after this act shall take effect, file with the county clerk of the county wherein he has been engaged in practice, or in which he intends to practice, a statement sworn to before any officer authorized to administer oaths in said county, setting forth, first, if he is actually engaged in practice in said county, the length of time he has been engaged in such continuous practice, and if a graduate of any medical college, the name of the same and where located, when he graduated, and the length of time he attended the same, also the school of medicine to which he belongs. And if he is a student or under-graduate, the length of time he has been engaged in the study of medicine, and where, and if he has attended a medical college the name of the same, and where located, and the length of time so attended and when, also the name and residence of the physician under whose instruction he is practicing or intends to practice. It shall be the duty of the county clerk of each county in this State to record in a book to be provided by the county, the affidavit (or sworn statement) of every physician practicing in said county. For recording each statement the county clerk shall receive fifty cents, to be paid by the person filing the same.

Sec. 3. It shall be the duty of the supervisor, at the time of making the annual assessment in each year, to make out a list of all the physicians and each student practicing under the instruction of a preceptor residing within his township, village, ward, or city, with the name, age, sex, and color of each and the length of time each has been engaged in practice, and if a graduate of a regularly established and reputable college, the name of the college, and the date of graduation. Such list shall be returned by the supervisor to the township, village, or city clerk, and by the clerk recorded in the book in which are kept the records of the local board of health.

SEC. 4. No person who practices medicine, surgery, or midwifery, in any of their branches (except dentistry), shall be able in any of the courts of this State, to collect pay for professional services rendered subsequent to the time that this act shall take effect, unless he was, at the time such professional services were rendered, duly qualified and registered as a medical practitioner according to the several provisions of this act.

SEC. 5. The supervisor, township, villiage or city clerk is hereby authorized to administer the oaths required by this act.

SEC. 6. Whoever advertises or holds himself out to the public as authorized to practice medicine or surgery in this State, when in fact he is not so authorized under the provisions of this act, shall be deemed guilty of a misdemeanor, and on conviction thereof, shall be liable to a fine of not less than five dollars nor more than fifty dollars for each offense.

SEC. 7. It shall be the duty of the supervisor and health officer of the local board of health in each township, village, ward, or city, to enforce this act.

Approved June 6, 1883.

AN ACT

TO AUTHORIZE THE BOARD OF CONTROL OF THE INSANE ASYLUM
AT TRAVERSE CITY TO PLACE THE SAME UNDER CHARGE
OF THE HOMŒOPATHIC SCHOOL OF MEDICINE.

SECTION 1. *The People of the State of Michigan enact*, That the board of control of the northern asylum for the insane is hereby authorized to place the medical administration of the same under the supervision and control of a reputable physician and surgeon of the homœopathic school of medicine.

Approved June 8, 1883.

IS THE LAW DEFECTIVE?

Mr. Editor :

While we hail any advance in the line of "promoting the public health," we think the law as it now stands, contains many serious defects which we hope the next legislature will not fail to remedy. We believe a law has been as loudly called for by the people as by the doctors, hence we consider it proper to call the attention of the readers of your journal to the defects in the one passed by the legislature. While a large number of the states around us have passed stringent regulations concerning the practice of medicine, Michigan has been "free for all" and as a consequence has within her borders many of those who could not pass muster in our sister states, together with the indigenous "species."

The provision that "every person who has practiced continuously for at least five years," etc., "shall be deemed qualified," is an absurdity. The school teacher who wishes a position has to pass a rigid examination before he can secure an appointment. To enter the legal profession the candidate must be examined before he can become a member of the bar. Any man or woman, however, no matter whether he can read or write, if he has "continuously practiced five years" is the peer before the law of the educated practitioner. It has been urged that the people are competent to judge. A little observation will satisfy you that such is not the case. The man who is not allowed to practice in our courts or direct the studies of children is allowed and often does take into his hands the lives of the little ones, and after they are placed in the grave the poor mother is consoled by the statement that it was God's will. It was murder.

We need not go far to find evidence of the truth of our statement. A man who calls himself "doctor"—God save the mark—stated to a gentleman of our town within the past ten days that he had a specific for diphtheria;

when asked concerning it, he informed the gentleman that it was *toad oil*. The recipe was as follows: "Four large toads to be killed, and then placed in a bottle in the sun; the oil which exuded to be applied to the throat." He warranted it to cure in four days. The statement may excite your disgust or ridicule, but remember if he has "practiced five years continuously" he is "qualified to practice medicine in this state." This practitioner is undoubtedly an alumnus of the college that graduated a man practicing in Jackson county, who being called to a case of enlargement of the heart, gravely informed the patient that her "heart strings!" had become stretched which allowed the organ greater sway than it normally had. He would, however, give her an *astringent* to draw them in position. Another practitioner of this county has informed a patient that she has *lizards* in her stomach. He is certain they are there for he "can hear them splash!" It is useless to say, these men are not patronized; they are, and gain a comfortable living by their practice. We are creditably informed that a well-known man in this county, has already secured a license to practice "having actively practiced five years" and who registered as belonging to the *electic* school. Webster does not give the word, hence we conclude it is original with the Dr. (?) who has probably started a *new* school. Possibly he was driving at *eclectic*. We have noticed these men never "do surgery." No. They may listen for the heart on the right side of the chest; speak of the liver as on the left side of the body, but they not knowing whether the femurs are "in the limbs, loins, or larynx," feet a little "shaky" about cutting.

If "five years continuous practice" qualifies one, why has our state imposed tens of thousands of dollars in taxes to support the teaching of medicine at our university. After passing an examination in the English branches, to enter the university the student is required to attend lectures and demonstrations three years, to spend months

in the dissecting rooms familiarizing himself with the structure of the human body; months in the chemical and microscopical laboratories. At the close of this course he has to pass examinations not only before the faculty, but finally before a Board of Censors who have had no part in the teaching and who are appointed by the regents. The query will arise to the young man about to enter the university—"What will it profit me in the race? The toad-oil man has as many privileges as I!" The public exercise too little care. They are running after the worm lozenger vender, cancer curers, magnetizers, natural bone-setters, and consult a medical man to evade the stigma of a coroner's inquest. In these times merit is voted a slow coach and modesty a humbug.

A recent writer pointedly remarks: "Mythologists tell us that Minerva threw aside the flute when she found it *puffed her cheeks*. If in this age men cast away the flute, it is to use a more potent instrument of puffing: *the blowing* of their own horn." The applicability of the above to this class is patent to every one. How applicable to these aspirants are the lines of Lessing:

Tompkins forsakes his last and awl
 For literary squabbles—
 Turns doctor next, but his trade
 Remains the same, HE COBBLES.

Second, "Every graduate of any legally authorized medical college in this state or in any one of the United States shall be deemed qualified to practice," etc. Notice, no distinction is made in regard to colleges. It is notorious that a large number of colleges that are "legally authorized" are *frauds*. Yet the alumnus of such an institution is the peer before the law of a graduate of Harvard or the College of Physicians and Surgeons, of N. Y., or even our own University, or others where the curriculum is extensive and examinative rigid.

"Buchanan men" can find here a congenial home and nothing to hinder their "flourishing like a green bay tree." Graduates in Canada cannot settle among us although it is well known that a higher standard is required than in any of the states. If the great Brown Sequard or any other European surgeon or physician, should attempt to practice in Michigan, he could be fined fifty dollars for his audacity, while the "toad-oil doctor," with the "electic" for associate, can hammer into sick humanity the laws of health and the cure of disease at two dollars a visit, "medicine extra." For fear that every one should not be accommodated, it is "provided that the provisions of this act shall not be construed so as to prohibit *any student or undergraduate* from practicing with and under the instruction of any person legally qualified" etc. Mr. Editor, who cannot practice? I am glad to be informed that measures are already being taken by physicians throughout the state, to have parties prosecuted who secure licenses without having any true claim to them.

Now that the ball has opened, and the doctors seem determined to push the matter, we say God speed and may their efforts not cease till pretenders in this profession are unmasked.

X. Y. Z.

St. Louis, Mich.



CORRESPONDENCE.

BY G. N. BRIGHAM, M. D., GRAND RAPIDS, MICH.

Editor Advance:

The investigations as to honest work in our pharmacies, and by men who prepare the medicines we use, begun by members of the American Institute seems to me very timely. If we are being imposed upon by any party whomsoever, let him be exposed and branded. The question of potency or dilution is of much more import-

ance than many believe. I have succeeded with an advanced dilution when a cruder article failed me. Others have had similar experience. But, if we cannot know whether we are using the third dilution or the tenth, what then? Indeed, we are quite at sea.

No remedy which I have ever used has given me more satisfaction than Sulphur. And a potency I obtained from the elder Guernsey, called the 100m. worked cures in certain chronic cases which utterly astonished me. But, if the label had no significance, I know nothing of the dilution. I suppose it came from Fincke. Possibly the way Dr. Fincke prepared his potencies may introduce an unreliable factor so that the strength is not uniform in an ounce of the same dilution. We want honest work and reliable remedies, and this move proves not to have been made any too soon. I have often reported cases from high dilutions, and they were honest reports. But, if my remedy was not as I supposed, I know not what was the dilution. Let the matter be thoroughly examined.

And yet I believe we must have high dilutions if we are to succeed in many cases in our most obstinate forms of diseases. I have not reached this conclusion upon speculative grounds or any predilections that way. For years I opposed the use of all advanced potencies. Experience alone set me right on the question. To what extent I have been imposed upon, I do not pretend to say, but I do know there is a difference in different dilutions of the same remedy. What failed in the lower dilutions has been entirely successful in the higher. I could not have been always cheated if I have been at other times.

[That is all right Brother Brigham, but what we want just now is ten dollars from every man who like you is in sympathy with the American Institute work. Send it to the editor of this journal who is authorized to collect and it will be duly reported, and the money employed in the purification of our pharmaceutical work.]

FEUILLETON.

THE following is the proportion of doctors to the population in the countries named, as given by the *Siglo-Medico* :

France.....	2.91 per 10,000	Hungary.....	6.10 per 10,000
Germany.....	3.21 " "	Italy.....	6.10 " "
Austria.....	3.41 " "	Switzerland.....	7.06 " "
England.....	6 " "	United States.....	16.24 " "

IT HAS been discovered that the best disinfectant for sewer gases is the washings from gas works. This serves a double purpose, that of annulling the poisonous effect of the sewer gas, and at the same time enabling persons having defective traps to detect it by the strong, pungent odor arising therefrom, while sewer gas alone, almost odorless, permeates the building, carrying sickness and death with it. The washings from water gas works, at least, will not clog or obstruct even the smallest of sewers, while their presence, as above stated, might save valuable life.—*Water Gas Journal*.

HELPERICH reports a case in which, as a result of the removal of fibrosarcoma from the arm of a woman aged 36, the whole upper half of the biceps, with the exception of a thin strand at its outer part, was extirpated. Into the cavity which was left he promptly introduced a large fragment of the biceps from the leg of a dog. The cut sources were carefully brought together with sutures, as little injury as possible being done to the parts. The transplanted muscle was much more voluminous than the original portion, and was long after the operation distinctly perceptible to the touch. Electric experiments instituted about three months after the operation showed that the biceps reacted perfectly natural to both kinds of current. The high point of stimulation situated at the place of section of the musculo-cutaneous nerve was, however, absent. The movements at the elbow-joint were almost normal.

MANGANESE FOR AMENORRHŒA.—The permanganate of Potash is highly recommended by Dr. Binger of London, Eng., (allopath) for ammorrhœa in young girls who have "missed" on account of taking cold or getting wet. He cites a great many cases where the menstrual functions had been re-established after an absence of months. He gives it in pill form, of three grains each. He says: "In several instances patients complain of its producing a heavy, persistent pain over the upper part of the sternum," as "if something had stuck there and would not

go down." He farther states, that this pain was not due to the drug being given in the form of a pill, for the same complaint was made when the same dose was given in solution. Here is a chance for some of our Homœopathic "key note" gentlemen. The peculiar symptoms given is due, no doubt, to the effect of the manganese, not the potash in the salt, for 'tis a well-known fact, that manganate of soda and the binoxide of manganese are equally regarded by the allopaths as efficacious in the treatment of amenorrhœa.

BOOK NOTICES.

A COMPEND OF VISCERAL ANATOMY. By SAMUEL O. L. POTTER, M. A., M. D. P. Blakiston Son & Co., Philadelphia.

This is an admirable pocket rembrancer for both student and practitioner. The illustrations are familiar and much increase its value.

A QUIZ—COMPEND on Materia Medica and Therapeutics. By S. O. L. POTTER, M. A., M. D., A. A. Surgeon U. S. A. P. Blackiston Son & Co., Philadelphia.

From the stand point of the dominant school of practice, this compend is a pocket companion of great value to the student and busy practitioner. It is well and tersely arranged, and enables the salient points of a drug to be seen at a glance. We regret that the author's study of Hahnemann and Dunham did not convince him of the absurdity of the substitution of drugs. But, like Bartholow and Ringer, he may learn this in time for the second edition.

INDICAZIONI SPECIALI DI VENTICINQUE RIMEDI NELLA FEBBRE INTERMITTENTE. Per il Dott. T. P. WILSON, etc. Versione dall' Inglese del Dott. G. Pompili, Rome, 1882.

We owe the distinguished translator an apology for failing to notice this work before. The "Twenty Five Remedies in Intermittent Fever" is graced in its new Italian dress by an interesting preface by the translator, which shows that "the homœopathic idea" is well understood by our Italian confrere. The disjointed and unscientific methods that disgrace some portions of our American homœopathic literature in regard to the treatment of Intermittent Fever do not find favor with Doctor Pompili. He believes that Homœopathy is the true healer as much with fever and ague as with other diseases. We commend

the doctor's views and appreciate the honor his translation has done to our little book.

HOMŒOPATHY IN ITS RELATION TO DISEASES OF FEMALES OR GYNÆCOLOGY. pp 66. By THOS. SKINNER, M. D., London. Homœopathic Publishing Co., No. 2 Finsbury Circus.

This little work when it first appeared several years ago attracted very considerable attention. It appears that the interest has not died out, and the author has put it into more substantial form and placed a second edition before the profession. Dr. Skinner is a vigorous thinker and writer. He does nothing by halves. When he left the Allopathic camp and became a Homœopath it was not only with zeal that he did it, but with unusual intelligence. He grasped the philosophy of Hahnemann fully and followed it logically. In the midst of a large gynæcological practice he threw away everything but the things needed for a correct diagnosis, and then relied implicitly upon the indicated remedy. This is not modern gynæcology, but it is Homœopathy applied to diseases of women. The reader will do well to study this little book and to profit by its teachings. Many will think it too full of faith, but no one can justly charge it with heresy.

PRACTICAL LESSONS IN GYNÆCOLOGY. By HEYWOOD SMITH, A. M., M. D., Oxon, &c., &c.

" A little old man named McCaw,
Oh, he was well read up in law ;
With a very wise look
He'd take down a great book,
And, turning its leaves say " pshaw ! "

The Englishman takes pride in his reputation for bluntness or abruptness of address, in other words, he prefers to cut short everything he can, and is amused at his brother American who loves to indulge in a little spread eagle language, which often attracts and entertains the reader. When I met the author of the above work in London, in 1881, he remarked that he was then completing a work on gynæcology, which should be thoroughly practical. In turning over the leaves I can fully concur with the author, it is practical in more senses than one; it is more than an abridged dictionary. If a practitioner of this country should dare to offer to the profession a work similar in character and make up, a petition would be presented to congress paying for the author's banishment to the Fiji Islands. How

the medical profession of Great Britain can accept the work without a strong protest, is beyond the comprehension of the average American practitioner. The only acknowledgement the writer makes in the preface is, to Dr. Thomas' work on diseases of women whose aid was relied upon for the "systematic order of the matter." Under the head of "diseases of the uterus (unimpregnated)" the author disposes of the "definition," causes, symptoms, signs, diagnosis, prognosis, of catarrh of the uterus in *eight lines*, that is indeed "boiling it down" with a vengeance. The treatment consists "rest, tonics (?), Iron, Quinine, Zinc, Ergot, intra-uterine injections of Carbolic acid and Glycerine or Iodine." In metritis he advises "rest, leeches to the cervix uteri, Opium in full doses and mild diet." For endocervicitis "laxatives, tonics (?) (whatever that may mean) injections of warm water with Opium, applications of Nitrate of Silver, Iodine, (Do they not know that the force of this remedy is spent upon the first tissue it comes in contact with? It is not absorbed beyond the surface, and is about as useless in gynæcological practice as Nitrate of Silver.) Carbolic acid, another remedy that will soon be cast aside, Tannin, Acetate of Lead, Chromic acid, Nitrate of Mercury, Nitric acid, *acutal cautery*, scarification," "The three *best* methods of treatment are: 1st, by Potassa Caustica; 2d, the *actual cautery*; 3d, excision." Menorrhagia: "Cold applications to vulva and thighs, cold drinks, Galic acid, Ergot, Opium; intra-uterine injections of Carbolic acid and Glycerine, Iodine, persulphate of Iron." This is simply a sample of the remainder of the work, and of course speaks for itself. Every time a medical work of any special note or character is published in this country, it is at once severely reviewed and criticised by the English journals until the author wonders why he did not subscribe himself in large capitals an *Ass*. They review with a vengeance that is startling, our gynæcological efforts. The reviewers always perceive that every portion of the text that is valuable, was stolen from some one or other writer of that country on the subject, and the plates were pirated from a valuable English work, and then what a scathing would the unfortunate compiler of pirated medical literature and art get. Then we have an other set of publishers of English medical literature, and to curry favor with our transatlantic brothers accept with an *eclat*, that is truly humiliating any medical writings published on that side of the water. I give the following, taken from a republisher of English works who referred to a review of

one of our standard gynecological works: "With the character of this criticism as affecting the profession of this country, or whether our reviewer would not materially have changed his tone and temper had he been better acquainted with the status of the writer, we, as publishers, have of course nothing to do. Our business is to furnish a reprint only," including downright abuse too, I suppose. Oh, Holy Keeper of the departed spirits of our forefathers in medicine in this country, cannot you, in your omnipotent power, bring forth from their sanctums of rest, those will rise up in their dignity and wisdom to defend your offsprings from these assaults of unjust criticism? Shall we submit calmly to ridicule and sarcasm? No! The answer comes back in thundering tones, "establish for yourselves on a scientific basis a proper recognition of medical literature and colleges, that will *demand* the respect and honor of the world." To be compelled to return the criticism of an English work on gynecology is indeed a sad condition of affairs. To think that any one in the practice of this branch of medicine would present to the profession such a useless book, is a mystery. It shows a degree of retrogression in practice that is simply appalling. We supposed that our brother Englishmen would at least keep peace with our American works, especially as they have had an opportunity to study Thomas, Emmet. Dr. Smith, aside from his crude manner of treating his cases, has not what Hewitt, Barnes, Wright or Tait can boast of, interesting study of the pathological conditions of diseases. He also believes, evidently, that brevity is the soul of wit, as whole chapters are completed with half a page. We beg the privilege of suggesting to Dr. Protheroe Smith, who was made the victim of the author's dedications, that, in the future, he look well to the editions that are likely to follow. It is extremely painful to witness the Old School *alias* Allopaths, *alias* regulars, *alias* scientific medicine, *alias* code or no code, going back, fifty years in their therapeutical treatment of diseases peculiar to women.

PHIL. PORTER.

EDITOR'S TABLE.

DR. A. R. WHEELER, U. of M., is located at St. Louis, Mich.

DR. WM. D. COOPER, U. of M., '83, has settled at Wayue, Mich.

DR. J. A. CROSS has removed to North Branch, Lapeer Co., Mich.

DR. MORTON C. REEVES, U. of M., commences practice in Clinton, Mich.

DR. A. STANLEY DOLAN (U. of M.) has located in Dansville, Mich.

PROF. E. C. FRANKLIN has resigned his position in the University of Michigan and removed to St. Louis, his former home.

THE Homœopathic Hospital of the University is undergoing extensive repairs, and will be ready for patients the last week in September.

THE Ann Arbor School of Music is an institution worthy of special mention. It offers rare inducements to students seeking a musical education. Send for a circular to Prof. C. B. Cady.

OLIVER WENDELL HOLMES says that bad air, bad whisky and irregular habits keep the doctors alive. He must be mistaken. Those very things have killed several doctors, we know.

A NEW BRUNSWICK doctor was asked, at the Falls, why he didn't ask the Institute to meet in his city. He replied: "O, you doctors will go to my town soon enough." He lives in Halifax.

THE *Medical Era* is a new Homœopathic journal of Chicago, published by Gross & Delbridge, and edited by Dr. James E. Gross. We like its appearance very much and hope it may succeed.

THE many friends of Dr. Thos. S. Hoyne, of Chicago, will feel a deep sympathy with him in the death of his honored father, Hon. Thomas Hoyne, who was killed in a recent railroad disaster.

NEXT month we shall publish the list of donors to the Investigation Fund of the Microscopical Bureau of the American Institute. Now is the time to send in your ten dollars. Fifty more subscribers are wanted.

THE announcements for '83 of all the Homœopathic Colleges are on our table save that of the Homœopathic Department of the University of Michigan. This delay in issuing the annual catalogue of this school is unavoidable. Our readers may, however, rely upon the school being open as usual and in running order October 1st.

THE Homœopathic Department of the University of Michigan has added a new and important motto to its banner: FOR THE HIGHER MEDICAL EDUCATION OF MEN AND WOMEN. Other schools may have a different experience, but the University of Michigan is able to demonstrate the perfect success of the co-education of the sexes.

THE *Medical Era* marvels that when Dr. Egbert Guernsey, in the *American Institute* gave notice that he would introduce a resolution striking the word Homœopathy from the name of the Institute no one entered a protest or made any remarks. Does not the *Era* also marvel that Dr. Guernsey failed to introduce his promised resolution? The idea was so absurd it could not be seriously opposed. The doctor did the wisest thing: He took the first train for New York.

PROF. E. C. FRANKLIN has retired from his post as Surgeon in the Homœopathic Department of the University of Michigan. The doctor has made a splendid record both in general surgery and spinal curvature practice. In his hospital work he has shown remarkable success, while as a teacher he has done a large amount of valuable work. The doctor returns to his former home in St. Louis with the best wishes of his late conferees and the highest regards of his many Michigan friends.

THE *Medical Counselor*, Aug. 1st: "The faculty of the Homœopathic College of the University of Michigan is undergoing the regular annual reorganization. Prof. E. C. Franklin sent in his resignation as Professor of Surgery and has left Michigan for his former home. Dr. A. C. Cowperthwaite, of Iowa, has been appointed to the chair of Gynecology, but refuses to accept. This leaves the Professor of Theory and Practice sole professor of the field." And also it leaves the editor of the *Medical Counselor* still out in the cold. *Hinc illae lachrymæ.*

HAVANA, N. Y., July 19th, 1883.

DEAR DOCTOR: Will you give notice in your Journal of the meeting of the Homœopathic Medical Society of the State of New York, at Ithaca, September 11th and 12th. The Ithaca Hotel will entertain at \$2.00 per day. The Delaware, Lackawanna & Western R. R. will sell return tickets at Ithaca for one-third the usual rate. This road connects with N. Y. & Buffalo. The Utica, Ithaca & Elmira will carry from Utica & Elmira for the fare one way. The steamboat on Cayuga Lake will carry from Cayuga Bridge, on the N. Y. C. & H. H. R. R. and return for \$1. All of the above tickets sold on the certificate of the Secretary, A. P. Hollett.

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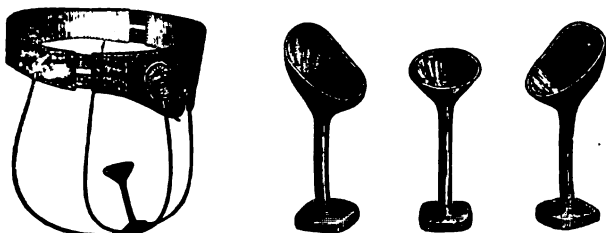
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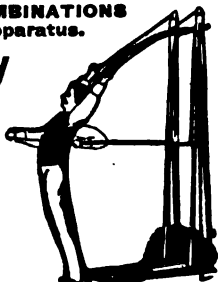


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T. P. WILSON, M. D.,

EDITOR.

H. C. ALLEN, M. D.,

BUSINESS MANAGER.

VOL. XIV.

ANN ARBOR, SEPTEMBER, 1883.

No. 3.

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ARE WE HUMBUGGED?—The natural tendency of the human mind is to settle down on finalities. Most men desire to anchor somewhere, and feel that they are fastened to something. To be mentally afloat and drifting, is looked upon as criminal. This surely is needless, since so many havens of security are offered us. Not to enter the domain of philosophy or religion, we can easily find in medicine this same tendency most strongly marked. Doubtless there is some virtue in all this, but in the vast majority of cases it is only a covert for laziness and cowardice. Many men are too indolent to think for themselves, and many more lack the courage to do so. In this way they attempt to escape individual responsibility. In

the palmy days of the lancet, tens of thousands of patients were hurried to their graves by being bled, and the physician, so called, who knew he was killing his patients, excused himself on the ground that he was following the rule. Mercury, too, has slain its multitude, and the doctor who employed it was conscious of the wrong, but the crime was not in him, but in the system. This was convenient for the indolent man and plausible for the coward. But there is after all but very little difference between the past and the present. The same classes of men are still in the medical profession, and they worship finalities as devotedly as did their fathers. They have systems which have metes and bounds, and over the line they do not and dare not go. These men are generally very "scientific." They are the loyal and liberal patrons of science. With them, science is some fixed and invariable standard, and by that standard they can at once measure and accept, or condemn. Neophytes are generally greatly charmed by the pretensions of these "scientific gents." They capture the young students in medicine, for the boys "want to know, you know," and here is the only chance. An aged wise man shakes his head, and that is not encouraging. When these blatant pretenders mount the rostrum, the world is all eyes and ears. At this moment, such is the real state of affairs in medical science. Everybody knows that doctors humbug the people, but everybody does not know how thoroughly doctors humbug one another. And so it is, "fleas have fleas to bite 'em."

SCIENTIFIC EXPERTS have decided many important questions. In our courts of justice and upon expert testimony, men have been condemned not only to years of prison life but to death. In our penitentiaries are not a few prisoners serving life sentences; and many men have gone to the gallows almost solely on the testimony of scientific experts. This is a startling fact, and allowed in an

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intelligent government, principally, because it is the fashion. It is, however, dawning on the public mind, that experts are not infallible. Popular confidence in their testimony is being badly shaken. It is easy to decide a question if only one expert is allowed to testify. Neither judge nor jury can gainsay his evidence. But when two or more experts assay the same work, it appears that they do not always agree. They mutually vitiate each others testimony. The public has recently been greatly shocked by the discovery of expensive adulterations of lard. The market was found stocked with thousand of tierces of so-called lard, which contained foreign substances, chiefly tallow and cotton-seed oil. The discovery of this alleged fraud, has caused heavy commercial failures; moreover it has struck a serious blow at commercial integrity. It was thought that chemistry could and would easily settle the question. Chemistry and the microscope were both confidently invoked. Lard and tallow were substances so well known, that their presence or absence could easily be detected. A series of test cases was therefore made up and the aid of science invoked, through specially selected experts. The result is laughable if nothing more. The experts failed. With all their knowledge of chemistry and microscopy, they could not tell the pure from the adulterated. Of course they each made a learned report, and decided as to the samples given them, but it proved they were very wide of the mark. So at present, in this department, expert testimony is in a state of collapse. Now, as a matter of fact, much of our so-called medical science, is resting on this sort of foundation. Scientific experts are in possession of the field, and they are trying to decide vital questions for us; and, as the fashion goes, we are guilty of heresy if we do not bow down humbly to their decisions. Against all this we venture to protest. The sham of pretended scientists are cheating us. We want true science, but we shall never get it by jumping at hasty and ill-considered conclusions.

PROCEEDINGS OF THE FOURTEENTH ANNUAL
SESSION OF THE HOMOEOPATHIC MEDI-
CAL SOCIETY OF THE STATE OF
MICHIGAN.

HELD AT LANSING MAY 15TH AND 16TH, 1883.

[CONCLUDED.]

Bureau of Ophthalmology and Otology.—Dr. McGuire, chairman, reported a paper from Dr. J. F. Brown, of Jackson, on "Eye Clinics," and one from Prof. T. P. Wilson, M. D., of Ann Arbor, on "The Relation of the Specialist and the General Practitioner to the Diseases of the Eye."

Dr. McGuire then read a paper entitled "Some Remarks on the Clinical History of Diseases of the Optic Nerve, as met in Young Subjects." Discussed by Drs. J. G. Gilchrist and H. C. Allen.

On motion, the papers reported by Dr. McGuire were referred to the Publication Committee.

The President announced the Bureau of Pathology for the ensuing year, viz.: H. R. Arndt, chairman; R. C. Olin, Detroit; H. M. Warren, Jonesville.

Bureau of Theory and Practice, O. R. Long, chairman; Wm. Bailey, and A. B. Grant.

Moved by Dr. Morley to go into Committee of the Whole.

On motion of Dr. Bailey, this motion was laid upon the table.

On motion, the papers from the Bureau of Theory and Practice was referred to the Publication Committee.

Dr. Eldridge presented the name of C. E. Covey, M.D., of Grand Ledge, and, on motion, he was elected to membership in the Society.

The convention then adjourned till 1:30 P. M.

WEDNESDAY AFTERNOON SESSION.—The Society was called to order by President Franklin at 1:40 P. M.

Dr. Eldridge presented the names of J. C. Wheelock, M. D., of Bancroft, and R. Simmons, M. D., who were elected to membership.

Dr. Arndt, for the Committee on President's Address, made a report, which, on motion of Dr. Porter, was adopted.

Dr. Eldridge, necrologist, reported that so far as he knew there had been no death during the year.

The Secretary offered a resolution that the General Secretary be instructed to enter the names of gentlemen present who have been elected to membership, in his own writing, which was carried.

Dr. Gilchrist offered a resolution of thanks for the use of the Council rooms, and Pioneer room. Adopted.

ELECTION OF DELEGATES.

To American Institute of Homœopathy—Drs. Rorabacher, C. J. Covey, Wm. Bailey, Johnson, Olin, Simmons, L. M. Jones, and Hyde.

To Western Academy of Homœopathy—Drs. Arndt, Rorabacher, and Eldridge.

To the New York State Society—Drs. R. B. House, H. C. Allen.

To Ohio State Society—Drs. Porter and Gilchrist.

The President was requested to appoint delegates to Indiana, Illinois, Wisconsin and Minnesota, and appointed the following:

To Indiana State Society—Drs. VanHorn and Warren.

To Illinois Society—Drs. Wm. Bailey and B. Defendorf.

To Wisconsin Society—Drs. Reynolds and Whitehead.

To Minnesota Society—Drs. Botsford and Grant.

Dr. Porter presented a German work to the Society, and moved that it be translated and printed in the transactions.

The motion prevailed, and Dr. Arndt was requested to complete the translation.

The Treasurer, Dr. Robertson, presented a final report, which was accepted.

Dr. House moved that the Treasurer be instructed to erase the names of all delinquents, in accordance with the provisions of the Constitution and By-Laws. Adopted.

Dr. Porter moved that Drs. Eldridge, Covey, Sawyer, and Pomeroy be placed on the honorary list, and relieved from further financial obligation. Adopted.

Dr. Eldridge respectfully declined the honors offered him, if such action would debar him from the privileges of the Society, as he had decided objections to being laid upon the shelf.

Dr. Bailey then moved that all honorary members of the Society shall have all rights and privileges accorded to regular members. Adopted.

Dr. H. C. Allen moved that all members of this Society who have been members for twenty years, and have paid all dues, be relieved from further financial obligations. Adopted.

Dr. Gilchrist moved that the Treasurer notify members in arrears for dues to the amount of \$6.00 and over, that they will be proceeded against for collection of the same. Adopted.

Dr. Allen requested universal consent to have the name of Dr. F. Woodruff placed on the honorary list. And Dr. Porter moved a resolution to that effect. Adopted.

ELECTION OF OFFICERS.

The Convention then proceeded to the election of officers for the ensuing year, with the following result :

President—Dr. R. B. House, of Tecumseh.

1st Vice-President—Dr. Phil. Porter, of Detroit.

2d Vice-President—Dr. A. A. Allen, of St. Johns.

Secretary—Dr. J. G. Gilchrist, of Detroit.

Corresponding Secretary—L. T. Van Horn, of Homer.

Treasurer—Dr. G. A. Robertson, of Battle Creek.

Dr. Gilchrist moved that the Treasurer be authorized to pay the janitor \$2.00. Adopted.

Dr. A. B. Avery read the following paper :

GENTLEMEN,—In view of the action of this Society condoning the confessed outrages perpetrated upon the profession by your President, E. C. Franklin, and feeling it a duty to the first graduating class of our University department as their president, and to the profession at large as first vice-president, I protest against this action, and against the refusal of this Society to inflict the proper penalty prescribed by the constitution and by-laws, and for your *quasi* endorsement of said E. C. Franklin, by your refusal to do anything *as a society* in the matter.

Therefore, there is but one honorable course for me to pursue ; and in doing this I feel that no one could have more just grounds for severing professional ties.

Gentlemen, I hereby tender my resignation as a member of your Society.

A. B. AVERY.

For the above reasons, I hereby join in tendering my resignation to your Society.

CHARLES G. MORLEY.

LANSING, MICH., May 16, 1883.

The Convention then adjourned.

PROCEEDINGS OF THE NINETEENTH SESSION OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF OHIO.

HELD AT THE BOARD OF TRADE ROOMS, CITY HALL BUILDING,
COLUMBUS, OHIO, MAY 8TH AND 9TH, 1883.

COLUMBUS, O., TUESDAY, MAY 8, 1883.—The Society was called to order by the President, C. C. White, M. D., of Columbus, at 10:30 A. M. The Treasurer's report being called for, the Treasurer, J. C. Sanders, M. D., moved it be deferred until the second day of the proceedings.

The Secretary, H. E. Beebe, M. D., then made his report.

Reports from other Societies being in order, H. C. Allen, M. D., Professor of Materia Medica in the Homœopathic College, University of Michigan, said :

I have no written report to present. We have a hospital in connection with our University, which was opened in 1880. We have clinics in connection with the college, and both are in a prosperous condition. When the hospital was opened it was readily filled, and has remained so ever since. Our hospital and dispensary work are very satisfactory, and our clinics well attended. We try to take care of every patient who enters. Now I have to say that I am very glad to be here, to make a report of our hospital at the University. There has been a good deal of bitterness between the two schools, which is gradually subsiding. Occasionally a patient comes from the other hospital, and gets cured. But we do not operate upon every case that comes into the hospital. We try to avoid having any funerals, though we have had, I believe, one this year. We are holding our own nicely, and gaining all the time. Our friends of the other school have fought us stubbornly, but, we prefer to let them do the fighting. It does not pay.

Dr. Connell, being the only member of the Board of Censors present, was requested to act as chairman, and Drs. L. Barnes and J. R. Flowers were added to the Board.

Dr. Sanders gave a report from the Cleveland College.

Dr. Allen: I do not know that we can have a better place than this to air some of our college matters. I am very much pleased with this report. I do not know but up in our school we have raised the standard too high. Our college course has been lengthened to three years of nine months each. Why I say I do not know but we have elevated our standard too high, is, that some students do not like to face the music. If any fail to pass the freshman or junior examinations instead of coming back again they go elsewhere, and that is the last we see of them until they get their degree, or we see their names in some other college announcement, after one course of lectures, as full-fledged M. D.'s! Now, what I would like to propose is that, like this college, we all raise our standard of scholarship. Our students say they can go down to Chicago,—and I don't speak of Chicago to make any invidious comparisons,—that they can go down to Chicago and get just as clean parchments, just as good lithographs, with less study, and in shorter time.

Dr. Barnes: I don't know that I am one who ought to say anything against the standard, for I have put three boys into

the medical profession. The more I learn in the world, the more I am convinced that it takes a great while to learn a little. You may take any branch of study, and it will take at least three years for any man to become proficient in it. And yet we take a young man who has never been trained to study, and we make a doctor of him in two or three years, with two courses of lectures of six to nine months each. Now there is certainly something wrong in this. Yet I have no doubt that our Homœopathic colleges have done the best they could. Now, not only must we have better students, but we must have *better professors*. I go in for a regular reform. I am getting pretty old. I suppose I have been in the practice as long as any man in Ohio. I should remodel some of these colleges if I had charge of them, but I have not. If a student should apply for admission into a senior class, I would take him in, and graduate him if he were competent, wherever or however long he may have studied, but I would make the standard very high. Now, some of you younger men may take these things and lay them to heart if you please; and if you don't please, do it any way!

Dr. Cleveland: It may not be out of place for one of the youngest members, who has just joined you this morning, to express an opinion on this subject. It may, perhaps, be in the power of some of us who are coming on, to reach for the degree of B. A. before the degree of M. D.

Dr. Sanders: I recognize the correctness of all that Dr. Barnes has said. And in addition I would say that the Cleveland college hospital has been moving right directly toward this higher plane indicated by Dr. Barnes. Preliminary examination was first instituted by this college, and we design that the examination shall be made more and more rigid from year to year. Many come to us who are graduates of High Schools, or who hold the degrees of B. A., etc. This examination applies only to those who hold no such certificates. But over forty per cent of our matriculates were graduates of High Schools, or held the degree of B. A. or M. A. Our standard is not yet as high as desirable, but we are moving as rapidly as possible; and we hope to make it so high that no man will be admitted who does not hold the degree of B. A. or M. A. However there is a curious fact that should make us cautious. And it is this: that sometimes those students who have possessed only a moderate scholarship are the ones who most frequently come out at the top. You can't always tell. Possibly we are in danger of making the

standard so high as to exclude some of the finest minds. I could mention several who had hard work to get through, and who today are at the very top of the profession. Such facts should make us careful as to the standard of general education absolutely demanded of our matriculates.

Report on Legislation was made by Dr. J. R. Flowers, and were adopted.

AFTERNOON SESSION.—At 2:15 the convention reassembled, and listened to the able address of President White.

The following gentlemen were appointed a committee on the President's address, viz.: Drs. Wm. Webster, J. R. Flowers, and J. M. Miller.

Bureau of Materia Medica.—Dr. Ralph Morden, of Groveport, read a paper on "A Proving of Epifagus."

DISCUSSION OF DR. MORDEN'S PAPER.

Dr. Pulford: Epifagus has a very delicate waxy appearance. It grows twenty or thirty inches high under the shadow of the beech tree I have had very little experience with the drug. I think it would be a little more commendable in this paper of Dr. Morden's if he had told us whether it was *sick* headache, or gastric headache, that he cured with Epifagus.

Dr. Allen: I hope Dr. Morden does not put this forward as a *proving*. It seems to me that it is singularly wanting as a proving. There are hundreds of remedies that we use to cure sick headache. I think the Doctor should have given us, from his notes, the character of the pain, how long it lasted, etc.

Dr. Morden: I will just say that my experience with the drug is very limited. The pain was of the character of a pressing pain in the temples.

Bureau of Obstetrics.—Dr. J. C. Sanders read a paper on "The Liquor Amnii." (See June issue).

A telegram from the Indiana State Homœopathic Medical Society, now in session, was received and read by the Secretary, the same being in answer to one sent by this convention.

Dr. M. M. Eaton, chairman of this Bureau, read a paper on "How to Make Labor Rapid and Safe:"

This subject, though often discussed, never loses its interest to the obstetrical practitioner. During the past ten years it has engrossed more attention than previous to that time, and the profession has been eager to secure more rapid delivery than was the custom twenty-five years since. This desire to hasten delivery has caused many accidents, especially to the mother, notably cervical and perineal lacerations. The reason of this is to be found in the giving of *Secale Cornutum* to the lying-in woman, before there was full dilatation of the os uteri, or suitable relaxation of the vagina, thus resulting in more rapid delivery; but the practice is not to be commended, because of the injury to the mother, very frequently following in such cases. The use of the forceps under circumstances similar to those mentioned is equally objectionable, and should never be practiced or approved.

Disapproving, therefore, of the careless use of Ergot or the forceps to cause rapid delivery, we still believe there is a possibility of making most labors not only rapid and easy, but safe also to both mother and child. This belief is founded upon a reasonably large obstetrical practice, and upon the experience of many other physicians.

My own cases of labor in the past ten years have averaged less than three hours' detention, the longest detention having been but thirteen hours, which was a first labor in a woman thirty-four years of age, whose husband was very large, and the wife below medium size. Two other cases in first labor, nearly the age mentioned, both having large husbands, were terminated in nine and ten hours respectively. Fortunately during this time I have had but one case of monstrosity, which was in consultation. This I delivered at once, by turning. The attending physician, Dr. Coan, had been in attendance on the case for three days previously. Cases of monstrosity in the child, or deformity of the mother, are not considered in this paper, more than to remark that they may unavoidably delay delivery in the hands of any one. But we

intend to discuss the ordinary case of natural labor which may terminate without material assistance if time enough be allowed and no account is taken of the mother's protracted suffering.

The evils resulting from this practice are not alone the suffering of the mother, but there is danger to both mother and child in tedious labor. Danger to the mother in the exhaustion produced, in the danger of sloughing of the soft parts from long-continued pressure of the child in the pelvis, causing vesico or recto-vaginal fistula, and in any event tending to cause the development of puerperal peritonitis. There is danger to the child in tedious labor from the long-continued pressure causing debility or strangulation, asphyxia, etc., from the interruption of the circulation in the cord. These considerations, in connection with the loss of time to the physician and the great anxiety of friends, cause me to be in favor of rapid delivery as a rule, when it can be accomplished with safety to both mother and child. How to accomplish this we will now consider.

First see to it, if possible, that the mother takes exercise in moderation up to the time of delivery, and give her a 3 gr. powder of the 3 \times trit. of Pulsatilla three times a day for six weeks before the expected labor. See that her bowels are kept regular, by diet, enemas, or suitable remedies. Do not allow labor to come on before the completion of the full period of gestation, if it is possible to prevent it. Disregard of this injunction in my opinion causes many protracted deliveries and much loss of life. We lay it down as a rule that no labor should be encouraged unless the cervix uteri has disappeared and the os is felt as a simple opening in a membrane, so to speak. The tissue of the uterus should not be felt thicker than pasteboard or heavy cloth in any case at the completion of full term. When the cervix uteri is felt a half inch long, stop the pains if they are present, even though there be dilatation sufficient to readily admit the index finger, or even

the ends of two fingers. Unless we do this, the case will be protracted, if not dangerous. Attention to this principle of practice we wish to emphasize, as we think more attention should be given this matter than has ever been given to it by writers or practitioners; and to its neglect more than one-half of the tedious labors may be attributed. When called to a case supposed to be in labor, we first make an examination to determine whether or not the cervix has disappeared. If it has not, we take measures to arrest the pains, even if they are quite regular, and there is present considerable dilatation of the cervix. This we usually accomplish with *Secale* 3× dilution, or with *Bell.* 3× if there is a flushed face present in the patient. If these remedies fail to arrest the pains, we give *Camph.* 3×; and if this is not sufficient, we give $\frac{1}{4}$ gr. pill of *Morph. Sulph.*, and repeat it in an hour if the pains still continue. These false pains, coming on before the completion of term, often mislead the physician when he fails to note the condition of the cervix uteri, and he states that labor has commenced, and goes about attending to the case, has the nurse sent for, etc., etc. After an hour or two the pains grow less frequent, or stop entirely in some instances, when he feels called upon to make his words good by trying to excite pains by giving warm teas, irritating the cervix uteri with the finger, and, as soon as some pain occurs, giving *Secale cor. flu. ext.* in half-teaspoonful doses, till the uterus is excited into violent contraction. Still the os dilates but slowly, and time wears away, little progress is made, the patient becomes exhausted, stimulants are given, and often more *Ergot* also, and still no delivery takes place; the friends become alarmed, the doctor gets nervous, another is called in consultation, and the forceps decided upon owing to the exhaustion of the patient and the little progress made, though by this time a considerable dilatation of the os has been accomplished. All this goes to make up a bad case. The forceps are not easily applied owing to the lack

of full dilatation of the os and vagina, and delivery with them when finally adjusted is slow and difficult, very frequently causing laceration, and in too many cases results in loss of life to both mother and child.

This is a dark picture, but one only too often seen; all of which is attributable to the mistake made at first, in supposing the labor pains genuine, and the full term of gestation accomplished.

I hope I have made myself well understood in regard to the necessity for preventing premature delivery, in connection with which I might mention as an important consideration that in these cases the child is less strong, even if able to live, the soft parts of the mother are more unyielding, and consequently more liable to laceration, than at the completion of full term.

We will now consider normal labor at full term, and how we may make it rapid and easy. First, keep the patient warm in bed most of the time, see to it that the bowels have been freely evacuated recently, and that the urine is frequently voided; be careful that the membranes are not ruptured till nearly complete dilatation of the os is accomplished; and if they are accidentally ruptured, distend the os with two fingers during each pain, to take the place of the bag of waters which usually will distend the os when the membranes are not ruptured. Apply a little diluted Bell. ointment to the cervix uteri, if there is any rigidity of its margin; let the patient inhale a little chloroform every ten minutes during dilatation of the os, not to cause insensibility, but simply to relax the system. This accomplishes what was once secured by venesection and emetics. Occasionally Tart. Em. 3× may be given to advantage, if the patient or friends object to chloroform. When full dilatation is secured, and the vagina is relaxed, rupture the membranes and let the labor progress, which it usually does rapidly. I then encourage the patient to use voluntary expulsive efforts till the head of the child begins to press upon the perineum; then I give chloro-

form to cause almost a loss of consciousness, till the patient have three or four pains, which will usually terminate the labor. In case the child is not rapidly delivered I allow the chloroform discontinued for a time, and I hold the child back at each pain for a half hour or so, to allow of relaxation of the vagina, then again give the chloroform and allow the head to progress, simply supporting the perineum gently with the palm of the hand and pressing the head gently toward the pubis. As soon as the head of the child is delivered, wipe it with a soft cloth and remove any mucus from its mouth which may be there, then insert a finger by the side of the child's neck, hook it under an arm, and use a little traction in the axis of the outlet of the vagina—i. e., forwards. This usually terminates the labor at once. When the child is delivered we wipe its face and chest dry, and see that the cord is not around its neck. It is well to notice this as soon as the head is delivered; but in some cases, when we discover this, we cannot slip the cord over the head on account of its being too short, and can only remove it after the child is delivered. As soon as the child is delivered and wiped dry, the chloroform is discontinued. The cord is cut if the child cries lustily; if not, wait, bathe its face and chest in cool water, or use artificial respiration if need be. Never, if possible, cut the cord till the child breathes freely and cries; then tie the cord tightly and firmly with strong cord about an inch from the child's body, and cut it two inches from where it is tied. Now pass the hand over the mother's abdomen and ascertain if the uterus is contracting, and aid its contraction if it is not, by the friction of the extended palm. As soon as we find the uterus contracting, we assist the delivery of the placenta by gently pressing it backwards and downwards into the hollow of the sacrum, with two fingers passed into the anterior of the vagina, thus speedily delivering the placenta, and using care not to tear off a part of the membranes to be left in the uterus to cause after-pains.

Regarding the use of the forceps to hasten delivery, I must say a few words. In cases where we have full dilatation of the os, and a complete relaxation of the vagina, and the labors are retarded from the large size of the head of the child in comparison with the mother's pelvis, the shortness of the funis, or the inefficiency of the pains, and two doses of 20 drops of the flu. ext. of Ergot fail to cause progress to be made in two or three hours, or where the head becomes impacted and does not progress for this length of time, I much prefer to apply the forceps and deliver. In such cases we think this the safer practice, rather than to wait ten or twelve hours with no progress in the case. We usually give some chloroform before applying the forceps, and do not often ask for advice before using them, though in the case of a young physician I would advise asking for a consultation in such cases, if one can readily be obtained. After the delivery of the child, in any case, and the removal of the placenta, we apply a bandage gently about the mother's abdomen. This we direct the nurse to tighten from day to day, always seeing that it is tighter in its lower portion than above.

These, I believe, constitute the main points I have practiced, to secure rapid and safe delivery, and I hope the discussion which may follow will bring out the experience of many others upon this important subject.

Dr. Eaton said, after reading his paper: These views are simply my own, as they have come to me in my practice. This subject, though often discussed, can never lose its interest to the obstetric practitioner. The profession have been eager to hasten delivery. Before sitting down a word in regard to success. In using the forceps I have not caused laceration but in one instance.

DISCUSSION.

Dr. Connell: I am a little surprised at some things in that paper. I am surprised that one of our own school should come before this Society and advocate the use of chloroform in our practice. I take decided exceptions to this. I do not think it is

in accordance with the principles of our practice to use chloroform. And I am satisfied from my own observation that the giving of chloroform cannot help, but be an injury in a majority of cases. If it must be done in any case, it is the greatest exception; it is not to be done very often. And I would be very careful in employing a physician in my own family, or for a friend, that was in the habit of using chloroform. You get relaxation, but it is general relaxation, and that is what you do not want. It becomes an agency that you cannot control. And I am satisfied that many a patient's life has been lost because we have been in a hurry. The friends get anxious, and they say, "Doctor, can't you do something for Annie or Jane?" And the doctor goes to work and gives his anæsthetics; and the patient, I believe, often dies as the result. A word, also, as to bandages. Every physician fears prolapsus uteri. You place the patient upon her back, to apply the bandage, and what can you do? I don't care how skillful you are, you are going to do an injury. I say, if you are going to have a good delivery, and a strong female after delivery, give up the use of anæsthetics and bandaging.

A Member: I would like to ask the doctor if he bases his views on his experience?

Dr. Connell: I have used anæsthetics but a few times. Once, in a case of version. I have watched other practitioners by my side, and I can say that the cases which have been disastrous have been the cases which were given chloroform or anæsthetics. I could call instances. One of our prominent physicians a short time ago lost his wife. He had given her an anæsthetic. I do not say it killed her, but he said to me, "I wish I had not done it."

Dr. Mills: I have given anæsthetics, and I have not had the least difficulty or any bad results. This does not prove anæsthetics to be so objectionable.

A Member: Neither does it prove a good delivery to be the result of anæsthetics.

Dr. Warren: I would like to say a word in regard to false pains. I have always endeavored to impress upon the patients that these *are* false pains; that they are not real pains. I have tried that plan with success. I had one case where a lady had over-lifted, and she thought labor had commenced. By impressing upon her mind that labor had not commenced, that these were false pains, she was immediately relieved and went to full term.

As to the use of chloroform, I believe that it is an old saying that he who knows but one religion does not know any religion. And I think this is applicable to those who do not use chloroform. They should not so freely condemn those who do. I have used chloroform in labor with marked relief to the patient. Never saw any bad effects from its use, and believe the danger of hemorrhage from its use is very greatly over-estimated. We frequently see bad cases of hemorrhage where it has not been used at all. Look for shreds or pieces of placenta left in the uterus before blaming the chloroform. I would rather have statistics given to show its bad effects; they are more convincing than assertions.

Dr. Eggleston: I do not use chloroform except in certain cases. Where it is indicated, I use it. Use it carefully, and it is safe.

Dr. Morrill: I never yet gave a woman chloroform, and my success is as good as my neighbors'. I also find it is best to cut the cord about an inch long. It is my practice to give Pulsatilla.

Dr. Allen: I think the doctor ought to have put in the word "not" in the title of his paper—"How *not* to Make Labor Rapid and Safe." I have the same habit that Dr. Morrill has, of giving Pulsatilla or some other remedy. Surely Dr. Eaton does not mean to give Pulsatilla 3x three times a day for six weeks before parturition! Why, he might produce an abortion. I would have been very glad to have a few remedies given in the paper for "rigid os," because if we understand our *Materia Medica* well we do not need chloroform. I have never given chloroform in my life during labor. I have never given morphia. I have never ruptured the waters. As a rule we have too much business on our hands to be good obstetricians. A young practitioner told me that he used the forceps in about one-half his cases. Now he is furnishing cases for the gynecologist. He is leaving many a ruptured os behind him.

Dr. Eaton: I want to say a word as to chloroform being such a dangerous thing. I have never lost a single case from the use of chloroform. There was only one case where there was post-partem hemorrhage. I don't think that chloroform produced it.

A Member: Must a physician *give chloroform* and do something, so that he can collect his money?

Dr. Eaton: *No, sir.* But I hold that it is a physician's province to save pain as well as life. Those who object to the use of anæsthetics will tell you it is very common to sit 24 or 30 hours with the patient in labor. Now if that is right, then go on. But I tell you those patients die, and die undelivered. I will tell you how it is. Some doctors have a way of sliding out of bad cases. Some one will say, "I don't know but we had better call somebody else." And the doctor replies, "Well, I have no objections." So they call another physician, and then this man can say he has never lost a single case! These points I think I have made clear, viz.: Do all you can to hasten labor with safety. Rapidly and safely.

Bureau of Clinical Medicine.—Dr. R. N. Warren, chairman of this Bureau, reported a paper from S. D. Waters, M. D., entitled "Bright's Disease vs. The Kidneys."

On motion the paper was received.

The following paper was read by M. M. Mills, M.D., of Attica, on "Ague:"

I present the following cases, hoping they may be the means of inducing some of our members to abandon the routine and unscientific method of prescribing for every case of "Ague" or Intermittent Fever the universal Allopathic remedy, Quinine. Believing that every remedy has its key-note, and that every case its corresponding characteristic symptom, and can therefore be very easily prescribed for on the grand law of *Similia Similibus Curantur*, I consequently give only the key-note symptoms in some of the cases, it being the only ones obtained.

CASE 1.—Geo. H—, æt 45; dark, fleshy; miller by trade; sent for me Aug. 22, 1877, during second paroxysm, which came on at same hour as on the 20th. Severe chill and high fever with delirium. Sweat long continued. Apyrexia clear. Head feels large as "bushel basket." Gave Quinine 3x trit. powder every three hours for two days, which was all that was needed until the present spring.

CASE 2.—March 5th, 1883, saw him again during sweat of second paroxysm, and learned that it came on two

hours earlier than preceding one of the 3d, and in both he was very thirsty only during chill. Ign. 12th prevented another.

CASE 3.—Isaac S——, æt. 48; dark, large, lean; carpenter. Had the third every other day. "Chill Fever" May 30, 1878, when I saw him. Chill very severe, irregular in time, accompanied by thirst for large draughts. No thirst at other stages. During chill small of back felt hot, and cold during fever. Ign. 2x, five drops every four hours permanently cured him.

CASE 4.—Flora H——, æt. 22; light, tall, and slender; teacher. Has taken Quinine and broken fever three times this spring, only to have a return in a short time. June 20th, 1878, found her in bed with burning fever, notwithstanding she was heavily and closely covered. The least movement or removal of covering caused her to chill. After paroxysm she is so weak she can hardly walk. Nux. 2x, in water, every two hours cured after a light chill on the 22d.

CASE 5.—Geo. C——, æt. 33; tall, dark; farmer. Called on me August 1st, 1878, his "well day." Being only able to ride to town since his "shake" yesterday. Describe paroxysms as every other day, not at same hour. Chill without thirst; slight shaking, lasting half an hour. Heart with thirst and headache, and desire to be covered up in bed, as it made him cold to move or be uncovered. Nux. vom. 12th every three hours cured without another "shake."

CASE 6.—Ad. W——, æt. 35; light; red whiskers and hair; sallow and weak; a farmer. Came to me on his well day, Sept. 23, 1878. Has been sick all summer with every other day "Ague." Has taken Quinine in large doses from two Homœopaths and three Allopaths, breaking up the paroxysms for a short time at first, but now it has no effect. Present symptoms, hard chill and fever; no sweat; fever lasting until next chill in light form; therefore is not well any day. No appetite; dull

headache all the time. Very weak; hardly able to sit up all of his well day. Gave Polyp. off. 2x five drops every four hours, and in ten days he was at work on the farm and has had no return to this date.

CASE 7.—Edna F—, æt. 8; light, slender and nervous. At 7 A. M., April 21st, 1880, had violent chill. Parents sent word that she was in spasms. Found her semi-conscious, with great thirst; complained of tickling in ears. Gave Sac. lac. until I could see her again at noon, when I found her with temp. 102 and increasing, thirsty, and tickling in ears. Hydroa covering lips. Nat. mur. 30th cured.

CASE 8.—Carrie N—, æt. 21; brunette; small (wt. 80 lbs.) and nervous. A teacher of music. Has had Chill Fever and sweat every other night for a week. Chill with desire to get nearer the stove and warm; no thirst. Heat with thirst; oppression of chest and extreme tenderness of lower bowels; cannot have the bedclothes touch her. The least pressure on throat causes cough. Sweat relieves all. Lach. 30th every four hours cured, and she has had no return now for three months.

Dr. Warren then read a paper on "Salicylic Acid as a Primary Dressing for Lacerated and Incised Wounds:"

Much has been written during the last decade on the subject of micro-organisms and the relation they bear to the human system. Posterity in writing a history of the science of medicine will doubtless call this the "*Germ Age*."

The object of this paper will not be to discuss the truth or falsity of the germ theory; but as a prelude to what I have to say on the primary treatment of wounds I shall call your attention briefly to that part of the germ theory that relates to the suppurative process. A host of careful, conscientious and untiring workers are in the field in search of these microscopic bodies, to ascertain, if possible, their origin, their habits, their place of abode, and

the relation they sustain to the human organism in health and disease. Are they organized or unorganized bodies? Do they belong to the animal or vegetable kingdom? Are they the cause or the result of disease? These and many other questions concerning them are yet in doubt in the minds of many observers. Some contending that they are nothing more than fibrin threads and fat crystals; but the fact that they are capable of independent locomotion and multiply by fission is evidence to my mind that they are organized bodies. They probably belong to the vegetable kingdom, a species of fungi or algæ. Eminent pathologists are still in doubt in regard to the relation these bodies sustain to the suppurative process. Wiggart was inclined to regard micro-organisms not merely a cause, but the *sole* cause of acute suppuration; but this idea has been dissipated by later and more trustworthy experiments.

Billroth concluded after much experience that bacteria were the *result* and not the cause of certain changes in the secretions and tissues during the suppurative process. It is said, however, that of late he has materially modified some of his conclusions. Conheim thinks that suppuration not due to bacteria is extremely rare. Belfield says, practically we may regard acute suppuration as proof of the access of external irritant matter organized or unorganized. Pasteur, Lister, Koch, and many other pathologists of note, attribute suppuration in a majority of cases to the putrefactive fermentation set up in animal fluid by the development in it of organisms carried into it as germs floating through the atmosphere, and not spontaneously developed in it by any change taking place in the tissues or fluids of the part independently of such impregnation. It necessarily follows that if this "germ theory," as applied to suppuration, be correct, suppuration in open wounds can in a large proportion of cases be avoided by preventing the entrance of germs into the wound, or by destroying their vitality by some antiseptic agent. Nature is an excellent teacher, and an apt scholar can learn much

by observing closely her methods: witness the blood clot, nature's hæmostatic, which forms and covers the wound with crust or scab, excluding all foreign material that would be noxious to the healing process. Thus many wounds, entrusted to her care, either in man or the lower animals heal promptly.

Assuming the "germ theory" as regards open wounds to be correct, and taking a suggestion from nature as my guide, I at once entirely occlude the wound with an agent fulfilling the indications, viz.: preventing the access of irritant matter, either inorganized or if organized, rendering it inert. This agent is dry Salicylic Acid, it being nearly insoluble in blood and serum, it unites with them, forming a crust which protects mechanically as well as antiseptically. Salicylic Acid unquestionably holds a place in the front rank of antizymotic agents and is a powerful remedy to prevent putrefactive changes. Some of the advantages of this mode of treatment are:

1st, The wound unites without suppuration, consequently without loss of tissue.

2d, Time is saved to the patient as the process of healing is shorter than when suppuration takes place.

3d, A great saving of labor to the physician and nurses, because of infrequent dressings.

4th, The Acid being a feeble poison and very insoluble there is no danger of accidents from absorption.

5th, The odor is not so disgusting and unpleasant as some other remedies now in use.

6th, It is very inexpensive as compared with some other methods.

When to use this remedy as a dressing:

1st, The rule is, to use it in all lacerated, incised and operating wounds that can be closed or nearly closed.

2d, Do not use it in wounds when there is a great loss of tissue or the surrounding soft parts so badly injured as to destroy their vitality.

3d. In this paper the Acid is recommended as a *primary* dressing, as I have had no experience in its use after the wound has become infected.

My first experience in the use of this agent as a dressing was in "scalp wounds," and the result being excellent I was led to its use in incised and lacerated wounds in other parts of the body; thus far the results have been extremely satisfactory. I can cheerfully recommend it for further trial.

How to use it: Cleanse the wound of all foreign material, check hemorrhage if troublesome, coaptate the edges, using silver wire sutures when necessary, and over all apply the dry Acid, pressing it down and making it compact, absolutely occluding the entire wound.

Unless there is evidence of putrefaction or suppuration do not disturb the wound for a number of days. Let infrequent dressing be the rule. Do not bandage heavily over the wound after applying the acid, just enough to keep everything in its place. My rule is, keep the injured part cool and dry. Warmth and moisture favor suppuration, according to my experience.

CASE 1.—Gillie H., æt. 10, was attacked by a savage and ferocious dog and severely bitten about the head and face; the scalp being sadly lacerated in a great number of places. After cleaning and coaptating the parts as best I could, the wounds were immediately occluded with dry Salicylic Acid. The result was almost immediate relief of pain. There was no suppuration, and no change of dressing was needed. No work for the attendants. Wounds all healed in a few days.

CASE 2.—J. S., while under the influence of poor whisky, had his head and face fearfully lacerated with beer glasses. On presenting himself for treatment I doubt if his own mother would have recognized him, so terribly were his head and face disfigured, flesh hanging in pieces about his forehead, eyebrows cut loose and turned downward over his eyes, upper lip cut entirely through and through. It

was a long and tedious task to get him in shape again—a stitch here and a stitch there until all was completed—then all was occluded with the dry Acid. The result was excellent, all the wounds healing without suppuration—possibly a few drops formed where some of the stitches were inserted as that frequently occurs when the stitches are silk.

In conclusion, I would say I have used Calendula, watery solution, also Carbolic Acid in water, and in oil, as applications to open wounds, but feel confident that dry Salicylic Acid has given me the best results when used as a primary dressing.

Dr. Eaton : Dr. Warren has shown us much that will command the respect of all practitioners. I must say that Salicylic Acid is superior to anything with which I am acquainted.

Dr. Webster : I have made use of it for three or four years. It is excellent.

Dr. Allen : How does it differ from Calendula ?

Dr. Warren : I think that it acts mechanically, as well as antiseptically. Calendula has always been used in water. This can be used with very little trouble—applied dry to the wound.

Bureau of Pædology.—No report. Dr. Sanders offered the following :

Resolved, That any member of this Society, who shall have maintained a membership in good and regular standing for a period of twenty years, shall be placed on the roll of honorary membership, and shall thenceforth be exempt from further financial obligations to the Society.

Dr. Sanders : It seems to me, Mr. President, that a member who has thus served out a period of twenty years, should be exempt from further financial obligation.

Dr. Connell said : This is a motion to let our old war-horses go free. They are the men who have the money, while we young men have to bear the burden. Certainly they are better prepared than our young men to pay their dues. I am sure the old men can afford to back up the young men. I do not think the Society will be benefited by such action. I think it will tend to lessen the obligation on the part of the older men.

The President : This Society has been organized since '64.

Dr. Eaton: We have in our city (Cincinnati) some of these old members whom we delight to honor. The purpose of this resolution is to show them honor. If the gentleman who has opposed the motion had been here twenty years, he would be willing to accept the honor.

Dr. Webster: I am one of the oldest members of this Society. It would be very humiliating to us to be laid upon the shelf. I think we can pay our dues. If we do pass this resolution we have got to change our constitution. I am opposed to it myself.

The resolution prevailed.

On motion of Dr. Connell, Drs. Pulte and Benjamin Ehrman were placed on the honorary list.

WEDNESDAY'S SESSION.—The Society was called order at 9:15 A. M., by Dr. C. E. Walton, of Hamilton, first Vice-President.

Credentials and reports were presented from North-eastern Ohio Homœopathic Medical Society, and from the physicians of the Ohio Hospital for Women and Children.

Dr. Flowers presented the report of the Necrologist, and read an obituary of Dr. McMahon, of Marion, O.

Bureau of Anatomy, Physiology and Pathology.—Dr. W. O. Miller, acting as chairman, announced a paper by Dr. C. W. Carroll, on "Spina Bifida."

Dr. Sanders: I am not very familiar with this subject, but am very much interested in it. The paper is very commendable, is very praiseworthy. I think there could have been added to it, very properly, the consideration of some malformations.

Dr. Walton: I was recently called to an interesting case. The breech presentation had terminated in delivery as far as the head, when all progress ceased; the vagina was occupied by a large fluctuating mass upon which the struggling uterus exercised its fruitless efforts. After patient endeavors the forceps were introduced, and careful manipulation resulted in the delivery of an enormous hydrocephalic head. The child also presented the unusual accompaniment of a Spina Bifida. Whether the fact that the mother of the child, and of the child referred to in my

paper, resided within a few yards of the Hamilton Reservoir, or whether the long-continued and animated discussion of the water works question had any relation with the production of these water-logged youngsters, I will leave too older and wiser heads to determine.

Bureau of Surgery.—Dr. Walton said: "I am sorry to say that so far as I know I am the only member of that Bureau present." He then presented, by title, a paper by M. P. Hunt, M. D., and proceeded to read his own, on "Intravaginal Paracentesis."

The papers were received by the Society.

Bureau of Gynecology.—The Secretary said he had no papers from this bureau.

Dr. Wm. Webster read a paper on "Abnormal Growths in Connection with Uterine Organs."

Dr. Walton: Mr. President, I would like to ask by the shade of Hahnemann what the doctor means by *uterine tonics*?

Dr. Webster: After this lady had this removed. I gave her Aconite 3x for two or three days to prevent inflammation; then followed with Nux. vom. 3x; then Bryonia 6x. I consider these among the best uterine tonics. I will state that I am in the habit of giving one remedy at a time, then watch the effect.

Dr. Walton: I will ask the doctor if it would not have been a good plan to not give any medicine at all, and watch the case. I have often not given anything, and think it a good plan.

Dr. Allen: I would like to ask Dr. Webster a question. You gave us three or four remedies as uterine tonics. I would like to ask if you have any remedies in the *Materia Medica* that are not uterine tonics?

A paper was read by C. Hoyt, M. D., of Oxford, on "Pelvic Cellulitis," and it was received and referred.

Dr. Sanders: I was very much pleased with this paper. It is evidently a very scholarly production. This is a subject of very great interest. Sometimes a case has run its career undiagnosed, or sometimes as inflammation of the womb. While the paper is a very interesting one, I would have liked it better if he had indicated what particular drugs he used. I have really but one criticism, and that is in regard to the use of camphorated oil. Camphor is a drug that is incompatible with many of our

remedies. I do not think anything will be gained by its use, but on the contrary, will interfere with the indicated drug, which may be used tropically in these cases.

Dr. Allen : I think that point is very well taken by Dr. Sanders. We cannot or ought not to apply camphor while treating our patients with internal remedies. We do not pay nearly enough attention to the relationship of remedies. We will give one, and then another, and another without a proper understanding of their action. For a number of years Dr. Hering paid great attention to this relative action of remedies. One remedy may be the direct antagonist of another. Another thing I would like to add is, Aloe, for instance, is not a good remedy with which to commence the treatment of a chronic case. It resembles Lycopodium in this respect. Sometimes an acute attack of diarrhoea will be cured by it. But Aloe like Lycopodium, is not a good remedy to commence a chronic case with. But, I repeat, as a rule we do not pay enough attention to the relation of one drug to another. If we would pay more attention to this we should have better success, infinitely better.

Bureau of Insanity.—Dr. Gilbert, chairman, reported a paper by J. K. Webster, M. D., of Dayton, on "The Study of Mental Diseases," and, on motion, it was read by Dr. Geppert :

The National Association for the Protection of the Insane has issued a circular, addressed to the various Medical Colleges of the country, asking that the didactic and clinical teachings of insanity be introduced.

Now, all are aware that the study of mental and nervous diseases are receiving too little attention from the profession. About a dozen of Old School colleges have lectures on mental diseases, and I believe our school has in proportion a larger percentage. Yet, each college ought to have a course of lectures on mental diseases and clinical instruction in the same when possible. How few young physicians have seen, professionally speaking, a case of insanity, and when confronted with his first case how incompetent he feels to treat it. He has heard no lectures on the subject, consequently has no notes to which he can refer, and as to books pertaining to the mat-

ter, it is doubtful whether his small library contains a line pertaining to the case in hand. Who does he blame? Who should he blame? Other subjects which he has not heard mentioned, he can read up. But in regard to this one he finds the literature exceedingly meager. The same may be said of physicians of riper years. How few are competent to treat successfully nervous diseases, especially mental diseases. We as a school claim, and I think justly, to be in the advance. Let us then not falter here.

Until the present decade little was known, and the fraternity seemed to care less, concerning this branch of practice. And even now with the general practitioner, the first thing to be done is to send the patient to the asylum. The question arises is it always proper to send the patient to this resort at once. Well, yes, when we know so little about treating his afflictions. We claim and believe that so far as Homœopathic treatment has been tested in mental diseases its superiority has been as fully demonstrated as in the treatment of other diseases. And let us and our students be fully prepared to take charge of and intelligently treat all such cases as may come under our care.

The time is coming, and we trust is not far distant, when Ohio will have her Homœopathic Asylums, and let us be prepared for the work. True, this is a specialty. But where are our specialists? When the time referred to arrives who will we recommend? The men of experience are too busy and could not accept. The young men are not prepared. The Old School have men who have held subordinate positions in such institutions, and when a new man is needed all that is necessary is promotion. We cannot do this at present.

We have not advanced these ideas in any spirit of criticism toward the teaching in our colleges, for we believe they are equal in this branch to the Old School. But let us be ahead in this as we are in many others. Clinical teaching with the present facilities would hardly be prac-

ticable, but let us have more didactic instruction now and clinical when we can. Now that our Old School brethren consider us insane, let us be able to treat insanity.

Dr. Cleveland: This subject is one undoubtedly greatly neglected. As we get reports from Europe we find that insanity is on the increase. And our medical colleges are greatly deficient in instruction relating to these diseases. I myself have had some experience in regard to mental diseases. Two years ago while studying in the college in New York, I felt a peculiar sensation while listening to the hospital lecture, and was not able to follow the professor at all. From this fact, that medical students frequently give out, they should be instructed as to the peculiar constitution of the mind.

Dr. Geppert, of Cincinnati, then read a paper on "The Care of the Insane."

Bureau of Ophthalmology and Otology.—A paper was read by W. A. Phillips, M. D., of Cleveland, on "Acute Suppurative Inflammation of the Middle Ear."

After reading his paper Dr. Phillips related a case from practice, illustrative of a class of cases in which timely operative interference is of the greatest benefit. A little girl, in consequence of a severe cold, was attacked with ear-ache (acute otitis media). The second day afterward I was called in consultation, and found, by examination, that both of the drum-heads were bulged outwards and intensely red—the patient suffering extreme pain and feverish. She had taken Acon. internally and warm applications had been made locally. The bulging of the drum-heads was produced by the pressure of inflammatory products in the tympanic cavity, and would have favored ulceration of the drum-heads, which latter would have soon ruptured, and were then liable to be partially if not entirely ulcerated away. The indication, then, was plain. An opening through the tympanic membranes with a broad needle would be sufficient to evacuate the contents of the drum cavity, and the wounds thus made would be far more favorable for healing than they would if produced by ulceration and pressure. Chloroform was administered and the puncture of the membranes was made. A thin, straw-colored liquid was discharged. Instillations of warm water were to be made into the ear during the next twenty-four hours, provided the pain should reappear. In three days the

openings were entirely healed, and the patient recovered promptly without impairment of hearing.

Dr. Webster: How long does it take the puncture in the drum-head to heal?

Dr. Phillips: In thirty-six hours, and even sooner, the drum-head will be nicely healed. If, however, ulceration attack the edges of the wound, so that a loss of substance occurs then the time of healing will be indefinite. And if the opening becomes large, it may never close, but leave a permanent perforation, which is generally accompanied by a chronic aural discharge that is frequently very difficult to cure. A clean cut through the drum-head will, in many cases, heal by first intention; and ulcerative opening necessarily by granulation—the latter being so slow that the edges of the perforation may heal over without the perforation itself ever being closed at all; and hence, a chronic aural discharge results that might have been prevented by paracentesis.

The doctor was asked what remedies he would recommend as being most efficacious in the hands of general practitioners for the treatment of chronic discharges from the ear, to which reply was made as follows:

Finely powdered boracic acid blown into the ear after the discharge has been removed, is undoubtedly the best application. Other powders are used, but should not be applied without being very carefully watched, as they are liable to form hardened masses, which are often difficult to remove, and may produce additional trouble. I employ a very simple instrument, of my own device, for a powder blower, which consists of a rubber bulb and tube, like those used in the construction of Delano's atomizer. I insert in the end of the rubber tube a glass tube three inches long, one-fourth of an inch in diameter, and having a calibre of rather more than one-eighth of an inch. It is now ready for use. Strike the free end of the glass tube perpendicularly into the powder, and you can thus fill the tube to any desired extent. Insert the end of the tube into the meatus, and a quick, light grasp of the bulb blows the powder unto the diseased surface. Of course, the same thing can be done through a quill or long glass tube with the breath, provided you are not particular about the neatness of the procedure. Among the liquid preparations I regard Carb. acid, five drops to the ounce of glyc. and water, half and half; Sulp. of Zinc, or Sulph. of Alum, two or three grains to the ounce, as the best applications. If, however, hypertro-

phic tissue, or polypi have formed, none of these, including Boracic acid, will be of much service. In answer to the question concerning the use of internal remedies, I have to say, that my experience in the effort to cure chronic suppurative discharges from the ear with them has been unsatisfactory. The trouble is local, as this term is understood, and in my judgment, is best met by local applications. I do not feel certain that I have ever cured a case by internal remedies alone, although I have tried to the best of my ability. Some cases will get well without any treatment—even very chronic cases; and for that very reason, the few cases I've known to get well under the internal medication alone, I am in doubt about as to whether the medicine cured, or whether they would have recovered without it. In other words, theoretically, I believe in internal remedies for this affection; practically, I am somewhat in doubt. There is evidence, however, to believe that internal and local treatment will accomplish more than either one will alone. About *Tellurium*. O yes, we've all tried Tellurium on the plan of the "fish pickle smell;" but, for my part, I either never encountered that classic odor, or else Tellurium isn't "up to snuff." The remedies that have seemed to me to avail the most are *Arsen.*, *Iod.*, *Sulph.*, *Calc. Phos.*, and *Silicea*.

Dr. McDermott: This paper is certainly of great interest to us. Now here is a fact, that sometimes sweet oil is used as an application. Sweet oil should not be used in healing. Perhaps it might not do harm. I have used it in fungus growths; but it is likely to become rancid. No doubt it does in some cases produce acute inflammation. The best way to use it is in liquid vaseline. That does not become rancid. Now, another thing about using water. Be careful not to have it drop on the drum-head, for it will cause intense pain. Let the water strike upon the canal, and it will run down and not give pain. Liquid vaseline will do, but yet it is not as good as water.

Dr. Webster: I agree with the doctor about the use of sweet oil. It is so likely to become rancid. Yet people will take the risk of putting it in. And they will put in cotton and sweet oil, and camphor and sweet oil, and tobacco and sweet oil. I have used glycerine, and found it gave ease and comfort.

Dr. Morrill: I am a general practitioner. I suffered from an acute attack. Several of these specialists treated me, and were continually prescribing Mercury for me. About two years ago I removed a number of mercurial fillings from my teeth, and have not had prescriptions for Mercury since.

Dr. Phillips: I will explain why it is so difficult to do anything in these cases. The drum covering is very narrow. The middle ear is lined by a mucous membrane, and this mucous lining becomes thickened. And in some cases the whole mastoid process is filled up, There is the trouble. It is because of that fungus growth. Most of those recent cases can be cured; but cases that have existed for years are in many instances almost incurable. As to local applications: Boracic acid has been used a great deal, and that is good. But water injected will make the matter worse.

Dr. Allen: I wish to mention a case examined before the clinic for chronic catarrhal inflammation. He had amalgam fillings. They were removed, and the patient got well. We do not pay enough attention to mercurial fillings. One of the first remedies in suppurative inflammation is Silicea; if the characteristic fish-brine odor of discharge is present, Tellurium is also good. I would suggest that we pursue the investigation further with Tellurium. We want a better proving.

G. C. McDermott, M. D., of Cincinnati, read a paper on "Strabismus."

W. I. Miller, M. D., of Cleveland, from the Bureau of Anatomy, Physiology, and Pathology, read a paper on "Specimens of Pathological Anatomy." Dr. Miller exhibited some very interesting specimens.

The President appointed delegates to the American Institute of Homœopathy, and to the Michigan State Society.

The Convention then adjourned for dinner.

WEDNESDAY AFTERNOON SESSION.—The committee on President's Address made their report, which, on motion of Dr. Cleveland, was accepted.

The Convention then proceeded to the election of officers for the ensuing year.

Dr. J. C. Sanders was nominated for President, and the nomination was heartily seconded. On motion, the Secretary, Dr. Beebe, cast the affirmative vote, and Dr. Sanders was declared elected.

Dr. Sanders said :

Mr. President and Gentlemen of the Society : I will only say that I thank you most heartily for this compliment, which is entirely unsought for.

Drs. Wm. Webster and Geppert were put in nomination for first Vice-President.

Dr. Webster having declined the honor, on motion the Secretary cast the affirmative ballot for Dr. Geppert.

Dr. Geppert said :

Mr. President and Members of the Society : I can truly say that this honor is most unexpected to me. I thank you all for it.

Drs. M. B. Hunt and W. I. Miller were nominated for second Vice-President.

Dr. Miller declining, the Secretary was instructed to cast an affirmative ballot for Dr. Hunt, and he was duly elected.

Dr. Hunt said :

Mr. President : It is certainly impossible for me to make a speech. I thank you all for the honor.

Dr. Beebe was heartily nominated for Secretary, and on motion the President cast an affirmative ballot for his election.

Dr. W. I. Miller was nominated for Treasurer, and the Secretary instructed to cast the affirmative ballot, which he did, and Dr. Miller was elected.

On motion the same Board of Censors that served this year were continued for the ensuing year.

Dr. Cleveland was nominated, and elected by the ballot of the Secretary, to the office of Assistant Secretary.

The retiring Treasurer, Dr. Sanders, made his report. Dr. Sanders said :

I will say that we were somewhat surprised at the size of the bill from the *Medical Advance*. But I subsequently submitted the work to the Economy Printing Company, of Cleveland, who said that they would charge more. It must be, therefore, that this bill is proper, and ought to be paid. I would like to

submit to the consideration of the Society the names of some delinquent members. I have a long list of men in arrears. I will read a few of them.

Dr. Walton : Mr. President, I would like to ask if there is not a provision for such cases ?

Dr. Sanders : There is ; but I beg to add that I have not held to this rule.

Drs. Eggleston, Flowers, and Barnes were named a committee to audit the Treasurer's report.

The President, Secretary, and Treasurer were made a committee on publication.

On motion of Dr. Sanders, H. C. Allen, M. D., Professor of Materia Medica in the University Homœopathic College, Ann Arbor, Mich., was elected an honorary member of the Society.

Place of Meeting.—Dr. Geppert moved that Columbus be selected, and that hereafter it be the place of meeting. Lost.

Dr. Miller proposed Cleveland, and Dr. Geppert proposed Cincinnati. On taking the vote, the motion to select Cincinnati was lost. The vote was then taken on Cleveland, and prevailed.

President White said :

I wish to say a word to the younger members. It all depends on them to make a success of the Society. I hope they will do their best.

The second Tuesday in May was fixed as the date of meeting next year.

The committee to audit the Treasurer's report made their report.

On motion of Dr. Sanders, a vote of thanks was tendered to President White, for his able administration.

President White said : " I thank you for your attention, and helping me along."

Dr. Flowers moved a vote of thanks to the worthy Secretary for his services, and the motion prevailed.

Dr. Walton moved a vote of thanks to the retiring Treasurer, and the motion prevailed.

The Convention then adjourned.

CHRONIC ALCOHOLISMUS.

READ BEFORE THE MINNESOTA HOMŒOPATHIC INSTITUTE.

C. F. MILSPAUGH, M. D., BINGHAMPTON, N. Y.

Dr. Milspaugh's paper, in that gentleman's absence, was read by Dr. Brazil, the most interesting part being the following description of an aggravated case and its successful treatment:

Mr. S—, aged 48, had been an habitual imbiber of alcoholic liquors for over ten years, and of late so great had its bonds of slavery galled him, that he determined to come East in order to escape his companions while he made the attempt to cast off his fetters. Stopping in Binghampton, he had occasion to consult me. He had had no passage per rectum in eleven days, and was feeling very uncomfortable in consequence. Upon recording his case he gave the following symptoms: Morning, headaches, during which his head felt, as he expressed it, like a block of wood; eyes weak; no desire for business; all efforts tired him; chronic anorexia and constipation; he had eaten nothing for eight days, except a few shreds of raw salted codfish; great hyperæsthesia; every sudden jar or sound startled him spasmodically; mouth tasted sour or bitter; bitter eructations, with frequent mucoid vomiting.

You have all determined ere this that *Nux vomica* was the only remedy indicated in this case, and I agree with you fully. But then, you know, we are all of us subject to the fascinating influence of theory, and at this time I was under the spell. I had but just theorized that the

chronic effects of any poison may be cured by a high potency of the offending substance, and this chance to ride my hobby was too good to waste. I therefore, after evacuating the bowels with an ounce injection of a solution of oil soap in tepid water, gave him one dose of alcohol *cm.* upon the tongue, and a vial of Placebo.

The next day he reported himself worse of all symptoms, except the headache; that had left entirely. He had used his habitual amount of stimulant, and had eaten nothing. Placebo continued.

Third Day.—No change.

Fourth Day.—Thinks he feels a little better generally. Does not relish his whisky at all—it tastes bad, and gags him. Has eaten nothing except a dried herring. No prescription, as evidently an action has commenced, and it is better to await results.

Fifth Day.—Improvement quite noticeable; he enjoyed quite a supper last evening, but vomited two hours afterwards. Took but one drink to-day.

Sixth Day.—I called upon him at his hotel, and found that he had just eaten a hearty dinner, perhaps of nearly every course; he was feeling, as he expressed himself, “better than for years,” and asked me “to take something” to his rapid recovery. I complied by taking “star,” while he poured himself a generous glass of bourbon. As he raised it to his lips the glass fell from his hand, and running to the window he vomited profusely. I left him in his room, he feeling very weak and exhausted.

Seventh Day.—Mr. S. reported himself feeling splendidly; he ate a hearty supper last night, an excellent breakfast this morning, and was prepared to do ample justice to dinner; no headache; no cough.

Eighth Day.—Doing finely; appetite excellent for “four meals a day.” I discharged him for two weeks, as he desired to visit the oil regions of Bradford, Pa.

Twenty-second Day.—An erect gentleman came into my office this morning with a frank “How are you, doc-

tor?" It was quite a moment before I recognized in him my alcoholic patient, so utterly changed was he, and in a few days he left for home, well pleased with his first experience with homœopathy. I received a letter from him three months after, in which he says: "The smell of whisky nauseates me, and I am certain a taste of it would cause me to vomit. Please send me some of your whisky antidote. It is certainly a grand thing." It is needless to say that I did not send the antidote.

DOUBLE OVARIOTOMY.

PHIL. PORTER, M. D., DETROIT.

Mrs. H., æt. 54, of sanguine temperament. Never was pregnant. Sent by Dr. L. Younghusband, who had been called in to take the case from a "woman tumor doctor" who claimed the power to "rub away all kinds of tumors," one of *Nature's* physicians, that are *born*, not made.

Inquiry into the history of the case elicited the facts that the tumor was first noticed about three years ago, as a round ball in the right iliac region, and very movable. It grew rapidly, and was attended with pain.

After seeking relief in various quarters from homœopathic practitioners (she was an ardent supporter of homœopathic principles), and meeting with but indifferent encouragement or advice, she fell into the hands of this "woman" (nature's phys.), who of course was ready at all times to give valuable information relative to the disease. This person claimed to be helping the trouble, but soon abdominal ascites manifested itself, and the patient was abandoned by the self-made doctor.

Careful examination, made the first day of attendance, revealed a large hard mass in the abdominal cavity, but owing to the large amount of ascitic fluid nothing definite could be mapped out. I then determined to remove

the liquid in order to be able to arrive at a proper diagnosis, which was done by one of Billroth's combination trocars, and relieved the patient of thirty-six pounds of water. On further examination I discovered two tumors, one occupying the right and the other the left side of the abdomen.

Owing to the low condition of the patient—her temperature being sub-normal and her pulse 120—I called a council, and the result of the deliberation was to operate. The family as well as the patient being extremely anxious to have the operation performed; no encouragement was offered the friends or patient.

After changing the residence of the patient, in order to give her all the advantage of good surroundings and as perfect hygienic conditions as possible, I operated in the usual manner for ovariectomy, taking all the precautions necessary in so grave a case.

For three days before the operation she was restricted to a liquid diet exclusively, and on the morning of the operation her bowels were freely evacuated by enema. Having thus prepared the patient, I proceeded to operate, assisted by Drs. Miller, Olin, McGuire, Bailey, and Griffin. Being quickly brought under the influence of the anæsthetic (chloroform) by Dr. Miller, I made the abdominal incision from the umbilicus to the pubes. As soon as I had divided the abdominal parietes, a large amount of ascitic fluid escaped, and the tumors were exposed. Before tapping the cysts the abdominal cavity was thoroughly cleaned out. As soon as the abdomen was opened cancerous deposits were found, covering the peritoneum, intestines, bladder, and omentum. The tumors were then evacuated with one of Wells's trocars, and found to contain a thick, creamy fluid, with a large amount of flakes of lymph. The tumors did not present that pearly blue appearance usually seen in ordinary ovarian cysts.

The adhesions were so extensive and vascular that I deemed it unwise to attempt a separation, so I simply

peeled out both cysts and ligated the pedicles in four different places. The right pedicle was five inches in width, the left four. The entire mass, including the cyst fluid, weighed sixty-four pounds.

After carefully performing the toilet of the peritoneum, I applied a soft sponge, saturated with equal parts of *Calendula* and *Hypericum*, to the exposed surfaces of the pedicles and adhesions, and closed the incision with silk-worm gut sutures, *employing only the deep sutures*, my usual manner of closing abdominal incisions. A soft rubber drainage-tube was left in the lower angle of the wound. The abdomen was then dressed in the usual manner, with carbolized gauze, cotton, and bandaged.

No inflammatory symptoms followed the operation, but the patient died on the second day, from exhaustion. Drainage was perfect. The temperature was sub-normal before as well as after the operation.

Out of eight cases of ovariectomy for this year, this must be recorded as the only fatal one.

DETROIT, April 27th, 1883.

“THE USE OF BORACIC ACID IN THE TREATMENT OF CHRONIC OTORRHŒA.”

HOMŒOPATHIC MEDICAL SOCIETY OF OHIO, 1883.

BY H. A. SHERWOOD, M. D., WARREN, O.

Of the various chronic affections which the general practitioner of medicine is called upon to treat, there is perhaps none more perplexing than that of “Otorrhœa.”

After reading in the *Hahnemannian Monthly* of December last an account of several cases successfully treated with Boracic Acid in impalpable powder, as prepared by Wyeth & Bro., of Philadelphia, I decided to give the remedy a trial, and accordingly ordered some of the medicine,

and used it in the manner described by Dr. C. Bartlett, of Philadelphia, in the article referred to. The ear is first to be thoroughly cleansed by the use of absorbent cotton wrapped around a probe, wiping out the secretions of the tympanic cavity by the aid of reflected light from a concave mirror with head-band and speculum. The cavity is then packed full of the powder, and covered with absorbent cotton, to be removed on retiring. The powder to be left until washed away by the discharge, which varies in time with different cases from one to several days. Following is a report of three cases treated in this manner since January last.

CASE 1.—F. G. A., æt. 26. Railroad ticket agent. Had scarlatina when two years of age, leaving him with perforation of the right tympanic membrane, and an offensive discharge during this interval of twenty-four years. Has been treated by a number of physicians, but always without satisfactory results. First treatment January 23d, followed by two other treatments, at intervals of three days, stopped the discharge entirely. Patient has had several colds since, and is troubled with chronic naso-pharyngeal catarrh, but to this date (April 25) has not had the least sign of any discharge from the ear. No medicine was given internally during this treatment.

CASE 2.—Mary H., æt. 21. Otorrhœa of eleven years' duration, following scarlatina. Perforation of both tympanic membranes, and discharge from both ears. Three treatments, at intervals of three weeks, stopped the discharge. No medicine was given internally.

CASE 3.—J. B. M., æt. 55. Tubercular subject, and poorly nourished. Otorrhœa of six months' duration. No cause known, except the general impoverished condition of the system. First treatment January 23d. Gave this patient twenty-eight treatments, at intervals of from one to three days. No discharge since last treatment. This patient had Hepar. 3× tr. three times a day, and Hydrolin three times a day at meal time. He has con-

tinued the internal treatment to date, and has gained several pounds in weight, and feels better in every particular.

These are the only cases that I have treated in this manner, and it is of course too soon to know whether a cure has really been effected in these cases or not; but the result thus far has been so much more satisfactory than any treatment I have ever used before, that I feel encouraged to give it a further trial, as well as to watch with interest the result in the cases reported.

PUERPERAL ECLAMPSIA.

BY J. J. STURGIS, M. D., CONNESVILLE, IND.

I was called April 29th to see Mrs. W—, æt. 25, nervous temperament, primipara eight months advanced. The telegram which summoned me to attend her stated that she was suffering from convulsions—and these of a very violent nature. Upon my arrival I found her just recovering from the seventeenth attack. The paroxysms began by clinching of the hands, rolling of the head from side to side; suddenly followed by violent closing of the teeth, retraction of the head, laborious and rapid breathing, with frothing at the mouth. The attacks lasted about five minutes, and had come on with clock-like regularity every half hour. I learned from her husband that she got up as usual that morning and prepared breakfast—seeming in the best of health. About eight o'clock, while sitting on the lounge, she complained of a sharp pain in the left temple, and shortly after was seized with the first convulsion. For a week or more previous her hands, eyelids and face had been very much swollen, but these symptoms were not looked upon as indicating any serious disorder, and but little attention was paid them. An examination of her urine revealed it heavily loaded with albumen. She had, previous to my arrival, been under the care of an old school physician, who had adminis-

tered faithfully the Bromide of Potassium, in pretty sensible doses, but apparently with no result. Later he gave the case entirely up, saying that she could not possibly recover, and it was useless to do anything more for her.

After the cessation of the paroxysm in which I found her upon my arrival, I administered *Bell. 3x*, in water, led, I must confess, by no very prominent indications. I also instituted an examination at this time for the purpose of ascertaining the condition of the os, and whether there was likely to be a premature delivery. I found the os widely dilated, and the vertex engaging. My investigations were cut short by the onset of the eighteenth convulsion, during which the child was delivered, followed shortly by the afterbirth. But little hemorrhage occurred. The child evinced no signs of life and the usual restorative measures produced no change.

Hoping now for a cessation, or at least an amelioration of the paroxysms, I administered a dose of Stramonium—to the selection of which I was led by the fact that during the intervals the patient seemed very loquacious, and desired all the light possible. Contrary to my expectation, however, at her “appointed time,” exactly thirty minutes from her last attack, she was again seized with what I was told was by far the severest paroxysm she had experienced, and was certainly the most severe one I had witnessed. I was beginning to despair, and was afraid the grave prognosis of my predecessor was going to be verified. I had about decided to resort to chloroform as a palliative measure, when all at once the thought struck me that there might be something in the *clock-like regularity of the attacks*, coming on as they did every half hour. So before resorting to my chloroform, I determined to try the effect of *Cedron*, whose marked periodicity is its characteristic feature. I administered it at the 6x dilution, and awaited the result with more than usual interest. The attack came on as before, but was much less severe and lasted but a few minutes. This was the last. Her mind wandered

slightly that evening, and the following day, but on the third day she was "herself again." She made a safe and rapid recovery.

CLINICAL CASE.

BY H. RING, M. D.

Mr. ———, æt. 45; weight 165 lbs.; health generally good, occasionally some discomfort referred to the stomach; and frequently a sensation of general nervousness. Occupation easy, with sufficient out-door activity. In early manhood he was intemperate in alcoholic stimulation, and in the use of tobacco. During the last fifteen years he has abandoned the drinking wholly, but has, with the exception of about three periods of time, continued smoking and chewing.

For several years past he has, during periods varying from several nights continuously to several weeks nightly, been greatly annoyed before he could get asleep. He had been entirely free from the trouble only for short periods. While falling asleep he would be startled by a sudden spasmodic constriction over the region of the heart, causing much anxiety. Pain was felt, at the same time, in the left arm; and a sensation as of motion of flatus from right to left in the region of the transverse colon, beneath the left side of the chest. No eructations occurred or passage of flatus downward. There was no palpitation of the heart. On feeling the pulse he noticed intermissions in the beats. The paroxysm would pass off in a short time to be repeated, many nights, a second and a third time before he could finally get asleep; after which he would rest until morning. The pulse did not intermit at other times, and the structural condition of the heart was apparently normal. He was disposed to think that his stomach had much to do with the trouble, although his diet was carefully attended to. His general nervousness was greater during the days when this night trouble prevailed; and

he was disposed to refer this to too much tobacco. I encouraged this opinion, and once had him read in Allen's *Materia Medica* a part of the pathogenesis of *Tabacum*, where very similar symptoms are referred to the excessive consumption of tobacco. But he had already, about three times, abstained sometime from its use,—once for over a year,—without experiencing any marked relief.

I had given him *Nux. vom.* and other remedies without appreciable benefit, excepting that from *Pulsatilla* he was apparently benefited for a short time.

In the summer of last year he appealed to me urgently for relief, and on reconsidering the case carefully the verified pathogenesis of remedies led me preferably to medicines which had already been employed, but had failed to relieve.

His father, still living, had been a great sufferer from gout, annually, since early manhood. The son had had no sickness which had ever been referred to gouty inheritance.

After studying the pathogenesis of *Colchicum*, although not found to be a close similitum, this remedy was given in No. 35 pellets—four a dose—moistened with the 3x decimal dilution of this remedy. He was promptly relieved, and for about ten months has not had the least trouble, his general health being good, although he has continued to use tobacco, as he has done in the last three years.



AMBROSIA ARTEMISIÆFOLIA, (RAGWEED.)

FROM THE TRANSACTIONS OF THE CLINICAL SOCIETY OF HAHN-EMANN HOSPITAL, CHICAGO.

BY E. E. HOLMAN, M. D., ENGLEWOOD, ILL.

The *Ambrosia* is a coarse, homely weed, and grows in great abundance in waste places and roadsides. The *United States Dispensatory* refers to the weed in connection

with another of its species, the *Ambrosia trifida*, as having found a place in the *Materia Medica* of the Eclectics, who deem it an astringent and somewhat exciting. They use it in low forms of fever, like typhoid, and in other conditions of the system in which the vital actions are enfeebled. Like a great many other bitter herbs, it has been employed in the treatment of intermittents. On account of its astringent nature, it has been given to check intestinal discharges of blood and mucus, and to palliate mercurial salivation. However, the enthusiastic Dr. Scudder, one of the foremost in the Eclectic School, did not consider the weed of sufficient importance to merit a place in his latest work on *Materia Medica*.

The little that I have learned concerning *Ambrosia*, its medical properties and their application, has been derived entirely from the following sources: 1. By observing its action on hay fever victims who lived where it flourished, and who attributed their periodical attacks to the influence of this weed. 2. From its clinical use, as suggested by its action on hay fever cases. 3. From a personal proving of the drug, and subsequent clinical application and verification.

Ragweed, as a potent factor, or exciting cause, in the annual blossoming of hay fever, hay asthma, or ragweed fever, as it is often called, has no equal. Why the name, *Ambrosia*, the classical meaning of which is food for the gods, should have been so sarcastically applied to this particular species of the composite family, is indeed a wonder; but the gods may well feel proud to have their divinity associated with a weed, miserable though it be, when that weed bids fair to become one of the most useful remedial agents at our command. But in its relation to hay fever, as the exciting cause, with the exception of the pertussis-like cough and accompanying epistaxis which it so often produces, I have noticed no symptoms different from those which we find in cases of the same disease with other exciting causes. So, while these cases are *incited* and *ex-*

cited by living where the ragweed flourishes, those suffering with asthma proper are, on the other hand, greatly benefited by breathing the atmosphere impregnated with the aroma of the plant. Nor do hay fever subjects experience any relief from the internal use of this remedy; on the contrary, they are aggravated by it. I should state, however, that the tincture and low dilutions were used, and it is possible that the use of a potency high up in the scale might have had an antidotal effect, on the same basis as *Rhus tox.*, which is said to antidote poisoning by the same, if given in a higher potency—the *2m*, for instance.

My attention was first called to the use of the remedy in a case of pertussis, in which the cough and nose-bleed so closely resembled the same symptoms as seen in the hay-fever cases. Drop doses of the tincture put an end, not only to the epistaxis, but to the cough as well. Several cases of chronic nasal hemorrhage have been cured by its empirical use.

However, not entirely satisfied with the uncertain knowledge obtained by noting its action in cases abnormally sensitive to the weed, I concluded to make a martyr of myself by proving the drug on my own person. Beginning with drop doses of the tincture, it was not until the quantity had been gradually increased to teaspoonful doses, three times per day, that it began to take effect.

The first indication of its creating a disturbance of the vital forces was manifested by an oppressed or stuffed-up sensation in the chest, with oppressive pain in the left breast; worse from early evening until midnight; had to sit up in bed in order to breath with any degree of comfort.

Close upon the heels of the above symptoms came a dry, wheezy cough; would fall asleep and awaken suddenly with spasmodic pertussis-like cough; face would become darkened, eyes congested, and hemorrhage from nose. Later on, the eyes became more angry in appearance, with swollen lids, smarting, watery discharge; nose red and

swollen, with profuse, watery discharge; head and nose stuffed and dry in the morning; at times, nose-bleed.

As the effect of the drug wore off, the cough became loose instead of dry and wheezy as before, with copious expectoration of yellowish mucus.

A teaspoonful of the tincture, taken at this stage of the proving, revived all the symptoms with renewed vigor.

Since proving the remedy, I have had occasion to prescribe it in three cases of pertussis, and with the following very flattering results:

CASE 1. O. P—, a boy aged five years, in the spasmodic stage of the disease. Has been whooping for three weeks. The boy's father, who is a homœopathic physician, and also an excellent prescriber, has failed to relieve with the usual remedies. The cough was worse from 8 o'clock P. M. until midnight. If he falls asleep, he awakens suddenly, springs up in bed, and gasps for breath. The cough is wheezy, asthmatic, with pain in left breast. *Ambrosia* cut this case short in three days. There was very little trouble the first night after taking it.

CASE 2. N. P—, a boy three years old, brother to above case. I saw him the first day that signs of whooping-cough put in an appearance. There were no special indications for *Ambrosia*, but the speedy recovery of the child's brother suggested its use on general principles, so it was given. After five days, there was no remaining trace of the disease.

CASE 3. D. K—, a girl aged five years, in the spasmodic stage, having violent fits of coughing. The face becomes purple; blood spurts from left nostril. The eyes are red, the lids swollen, and there is profuse lachrymation. Almost constant oppressive "stuffed-up" sensation in the chest is complained of. All the symptoms are worse about midnight. The first day's use of *Ambrosia* put an end to the epistaxis, and from this on there was steady improvement in the cough and other symptoms, with an entire cure at the

end of one week. The tincture was given in each instance. Indeed, I have had no success with the dilutions. I usually put a half teaspoonful of the tincture in a glass of water, and give teaspoonful doses every two hours.

The following symptoms, most of which can be found in Prof. Hawkes' "characteristics," I consider reliable: "Stuffed-up" feeling in nose, head and chest; eyes red, dry, smarting, or watery, with profuse lachrymation. Eyelids red and swollen.

Nose red and swollen, with profuse watery discharge; or stuffed and dry; at times nose-bleed, particularly during severe fits of coughing.

Wheezy, asthmatic cough, with pain in left breast, and uncomfortable "stuffed" feeling. Whooping-cough, especially when there is nosebleed, *Nux vomica* antidotes Ambrosia.

CORRESPONDENCE.

EDITOR ADVANCE:—Just criticism is the governor of our acts, our words, and especially of making a book. It is well we have critics, and I think it better that they be unjust than to have none at all.

Dr. Phil. Porter, of Detroit, reviewed in the August number of THE ADVANCE a production entitled "Practical Lessons in Gynæcology," by Heywood Smith, A.M., M.D., Oxon., etc., etc., in a somewhat humorous, wholesale, denunciative, and, finally, totally destructive manner, were his criticism true; and I doubt not there was more truth than poetry in his review.

But if one "casts his bread upon the waters," it is quite liable to return, in this late day of American heroism. See Dr. Porter's remarks in the same issue of THE ADVANCE, made at the State Medical Society at Lansing, regarding Europe, Hahnemann's German associates, German provings, etc.

Now, honestly, would not Dr. Porter's "Homœopathic Materia Medica" and Smith's "Gynæcology" resemble each other more than any two books you ever saw upon different subjects?

I hardly think one has the capacity to learn all there is even in Homœopathy, in Germany, on a flying trip through *all* Europe of only two years' duration.

A. B. A.

FEUILLETON.

HANGING on the wall of the Chamber of Commerce, in which the Ohio Homœopathic Medical Society met, we observed the following:

"*PRO PATRIA MORI, GLORIA EST.*

OHIO MOURNS FOR 24,591 GALLANT DEAD.

On Fame's eternal camping ground
 Their silent tents are spread,
 And glory guards with silent round
 The bivouac of the dead."

FORGOT THE PASSWORD.—A private in one of the companies, who is a homœopathic student of medicine, was outside the lines last night, and when he came back he had been taking so many homœopathic doses of something that he quite forgot the password, which was "Stony Creek." He was stopped by the sentinel, and after deep meditation pronounced the words "Stony River." The sentinel, who knew him, said that if he'd give him a homœopathic dose of that word it would be all right. The Hahnemannian student at this hint "tumbled," and, remembering that creek was the epitome of river, gave the word.—*Detroit Evening News.*

THE HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA.—The Trustees of the Philadelphia College have just purchased a large lot of ground on which they intend to erect the new College, Dispensary, and Hospital buildings. The ground is situated two squares north of the new public buildings, near the business centre of the city. It extends from Broad street (north of Race street) westward to Fifteenth street, having a frontage of one hundred and six feet on Broad street, and one hundred

and forty-two feet on Fifteenth street. The entire length of the lot is three hundred and ninety-six feet. The cost of this magnificent site is \$104,500. This looks like business. Our Philadelphia friends are determined to sustain the reputation the school has always enjoyed. They have long felt the need of a new college building and a commodious hospital, and the present plan appears to leave nothing wanting in this line.

"JAMES BEGGS'S HOSPITAL, 84 Friars' Vennel, Dumfries. Broken ribs set and attended to on the shortest notice; in fact, all complaints speedily cured. English, French, Germans and Americans receive special attention and made good. J. B. assures his friends and patrons that he has daily brought under his notice cases of long standing and short standing diseases, which he speedily rectifies, and re-invigorates to perfect health and strength, and in a very short time, and having a very extensive practice he never turns away a case incurable. Eyes and joints replaced without the slightest pain; teeth set on easy terms; and all classes of skin diseases speedily eradicated at three hours' notice. Accidents and all kinds of unfortunate cases receive most patient attention. Consultations, examinations, and operations every lawful day at his establishment, 84 Friars' Vennel, Dumfries, from 8 A. M. to 9 P. M. Advice gratis. Presiding Surgeon—Prof. Beggs. Umbrellas of every description made to order."

BIRMINGHAM, ALA., August 15, 1883.

DOCTORS IN COUNCIL.—*Action in Regard to the Practice of Irregulars(?)*.—At a called meeting of the Jefferson County Medical Society, the following preamble and resolutions were adopted:

WHEREAS, The Jefferson County Medical Society has, by formal resolutions adopted on the 6th day of December, 1881, condemned the system of contract practice in this county as not being in accordance with the code of ethics of the American Medical Association, nor with the amendments thereto adopted by the Medical Association of the State of Alabama, and also declared in said resolutions its determination to exterminate all such contract practice in this county; and,

WHEREAS, Since the adoption of, and passage of these resolutions, there have arisen questions upon which members of this Society have differed in their constructions of the resolutions, both as to what character of contracts are allowable, and also as to the proper course to be pursued by regular practitioners who were called upon to visit patients who are or have been under the care of any irregular; therefore, be it

Resolved, First, That the condemnation of the Jefferson County Medical Society does not extend or apply to a certain kind of contract practice

or service, sometimes required in connection with medical staffs of the army and navy, nor to the hospital tax, or sailors in the marine hospital system, nor to a class of public charitable institutions, such as county almshouses, orphan asylums, city or country pest-houses, jail, or hospital, as specified in the report of the judicial council of the American Medical Association, made at its annual session held in Detroit in 1874, but does apply to every other contract for medical services not therein specified.

Second, That every member of the Jefferson County Medical Society shall hereafter refuse all professional fellowship or recognition to all physicians who shall directly or indirectly extend any sort of professional service or advice to patients under the care of homœopathic or irregular(?) practitioners; no such service or advice being allowable until the homœopathic or irregular(?) practitioner has been formally and permanently discharged from all further attendance upon the case, either as physician, nurse, or in any other capacity; and all physicians under the ban of this Society are considered, and shall be treated in every way, as irregular practitioners.

Attest :

HENRY N. ROSSER, President.

ALBERT G. DOUGLASS, Secretary.

BIRMINGHAM, ALA., August 16, 1883.

DOCTORS IN COUNCIL.—*Action in Regard to the Practice of Regulars.(?)*—At a called meeting of the Jefferson County Homœopathic Society, the following preambles and resolutions were adopted :

WHEREAS, The Jefferson County Medical Society (of Regulars(?)), at a called meeting, dated Aug. 15th, 1883, adopted a resolution placing all practitioners of Homœopathy under the ban of that Society, also all Regulars(?) who shall show any courtesy to said Homœopaths in reference to any case in which such Homœopaths shall officiate. "whether as nurse, physician, or in any other capacity." and,

WHEREAS, Such "other capacity" must include his officiating in such case as minister, cook, chambermaid or privy-council, and,

WHEREAS, The members of this Society and their patients are satisfied with their present mode of treatment, and are entirely independent of the ministrations of said Jefferson County Medical Society members, as doctors, ministers, nurses, cooks, chambermaids, etc., courting as it were. only the good will and social intercourse of certain of its members, and

WHEREAS, Certain members of said Jefferson County Medical Society have been known to contract with the city of Birmingham as city physician, small-pox physician, etc. Therefore, be it

Resolved, First, That the condemnation of this Society shall apply as well to physicians doing contract practice for said city as to those practicing similarly with mines, mills, furnaces, or any other wealthy corporations.

Resolved, Second, That every member of the Jefferson County Homœopathic Medical Society shall hereafter refuse all professional fellowship or recognition to all physicians who shall directly or indirectly extend any sort of professional service or advice to patients under the care of regular practitioners, no such service or advice being allowable until the allopathic or regular practitioner has been formally and permanently discharged from

all further attendance upon the case, either as physician, nurse, or in any other capacity; and all physicians under the ban of this Society shall be treated and considered as regular practitioners, and upon frequent repetition of said offense, shall be prosecuted to the fullest extent of the law.

Attest,

A. L. MONROE, President.

A. E. MEADOW, Secretary.

BOOK NOTICE.

MINER'S CASE RECORD. JOEL A. MINER. Ann Arbor, 1888.

This is the most comprehensive clinical record book we have ever seen. It is not only well arranged for the general practitioner, but the *Gynecological form* is most complete and forms a most useful blank for ready reference; easily kept and readily referred to. The author says: "Most young practitioners suffer largely through having only a hap-hazard way of examining their patients. These deficiencies in method which originate in inexperience, too frequently become the confirmed habits of maturer life. It goes without contradiction, that if a young physician would use a book like the present one until the systematic habit of examining case becomes established, he would feel the beneficial effects throughout his entire professional career." No man can become a careful and successful homœopathic prescriber without properly "taking the case," and this can be done only by writing it out. With an abbreviated form like this the labor and time is reduced to a minimum.

EDITOR'S TABLE.

THE SORE HEADS as usual are coming to the front. They never will believe in the Homœopathic Department of the University of Michigan—never till they get into it.

UNIVERSITY OF MICHIGAN, HOMŒOPATHIC DEPARTMENT.
—The position of Professor of Surgery made vacant by the resignation of Professor Franklin, has been filled by the appointment of Dr. Henry L. Obez, of Illinois. Dr. Obez was form-

erly a member of the Faculty of the Cleveland College, and has since followed with great success his chosen practice, surgery. We have abundant reason to know that in his new position he will as usual "fill the bill."

THE last Legislature of Michigan, with characteristic liberality, established and endowed a new chair of Obstetrics and Diseases of Women and Children in the Homœopathic Department. The Board of Regents have appointed to this chair Newton Baldwin, M. D., of Marshall, Mich. Dr. Baldwin is a Michigan boy, a graduate of the University, and formerly partner with Dr. A. I. Sawyer, of Monroe. He has spent some years in practice in Staunton, Va. He has taken post-graduate work in New York and Philadelphia, and more recently settled at Marshall. The doctor's many friends predict for him a successful career as teacher. We believe these two chairs are now filled to the satisfaction of the entire profession.

MARRIED.—Sept. 6, 1883, Charles L. Hoyt, M. D., and Miss Helen M. Will, at McArthur, Ohio. Bon voyage.

MARRIED.—Sept. 5th, 1883, R. G. DePuy, U. of M., and Miss Charlotte Lloyd, at Jamestown, Dakota Territory. We send greetings.

DR. ROBERT DRUITT, author of "Druitt's Surgery," is dead.

DIED.—"Our good Dr. G. L. Bailey, (of Battle Creek, Mich.,) departed this life June 21st, after a short illness, being in bed only two weeks."—S. H. MORLEY.

DR. J. Q. A. COFFEEN died at his residence at Wyoming, O., Aug. 29th. Several weeks ago a little girl five years old, named Cook, was playing on the C., H. & D. Railroad track, and had both feet crushed, one cut off, by the cars. Dr. Coffeen was called in, and, with his brother-in-law, Dr. Shepperd, of Glendale, had attended her ever since. While cleaning his instruments, after dressing the wound, several days ago, he cut his thumb, which soon became very sore. Dr. Shepperd admonished him to give it good attention, but, though so tenderly careful of others, he neglected himself and, his blood becoming poisoned, he died from the effects.

M. C. Reeves, M. D., U. of M., has located at Clinton, Mich.

T. L. HAZARD, M. D., U. of M., has located at Salamanca, N. Y.

T. H. TURNER, M. D., U. of M., removes from Pinckney to Pontiac, Mich.

JAY S. MEAD, M. D., U. of M., is at Edwardsburg, Mich., looking after the practice of Dr. Lusk, who is on the sick list.

JAS. T. MARTIN, M. D., U. of M., receives a Government appointment at the Indian Agency of Skokomish, Washington Territory.

F. H. TYLER, M. D., U. of M., removes from Sturgis to Mt. Pleasant, Mich., where he succeeds Dr. Stoner, who has an appointment in Montana.

GEO. E. PUGH, M. D., removes to Elgin Hot Springs, Gunnison Co., Col. We are pleased to note that the Doctor's health is steadily improving under the bracing atmosphere of the West.

MRS. S. M. HICKS, M. D., U. of M., and Miss E. E. Bower, M. D., U. of M., are taking a special course in Gynecology, under the instruction of Phil. Porter, M. D., of Detroit. Mrs. Hicks locates in Atlanta, Ga., in Sept., for the practice of her profession.

J. B. HUBBELL, M. D., U. of M., is on the staff of *The American Association of the Red Cross*. "This Association is for the relief of suffering by war, pestilence, famine, floods, fire, and other calamities of sufficient magnitude to be deemed national in extent. Both it and its auxiliary societies operate under the provisions of the Geneva Treaty, promulgated at Geneva, Switzerland, in 1864, and signed then by all the nations of the earth, including the United States, which gave in its adhesion through President Arthur in 1882." It did noble work in the Michigan fires and the late floods in the Southwest.

PRACTICE FOR SALE.—A man of experience and good professional qualifications can step into a practice of \$3,000 per year in one of the best cities in the West, if he is prepared to pay for such an advantage. For full particulars address "Editor Advance."

FOR SALE.—Property and practice in a village near, and connected by railroad with, a large city. Residents do business in the city. Several villages near. \$4,000, in easy payments. For particulars address Geo. W. Smith, 143 West Fourth street, Cincinnati, Ohio.

PRACTICE FOR SALE.—Desirable, medium, growing practice on sea shore near New York. Sell furniture, horse, phaeton, medicines, etc., or practice alone, introduce successor, established ten years, price nominal, possession Sept. 1st. Dr. B——,

lock box B—, Woodsburgh, Long Island. N. B. No postals answered.

AMERICAN INSTITUTE OF HOMŒOPATHY: *Report upon the Special Fund for the Bureau of Microscopy and Histology.*—In 1882 the report of the chairman of the Bureau of Microscopy and Histology (Prof. J. Edwards Smith) was of so much interest and importance, and it was so evident that the work done involved so much time and expense, that a special fund was raised by subscription, amounting to over two hundred dollars, and placed in the hands of the chairman, to aid him in the further prosecution of his work. At the session of the Institute in 1883 at Niagara Falls, Prof. Smith presented the result of the work done last year by himself and Prof. Wood, and it proved to be of such magnitude and value that the members again raised a special fund for the use of the Bureau, especially to assist Profs. Smith and Wood in continuing their work. The undersigned was made a special committee to solicit subscriptions, and the following is the result up to date:

H. B. Clark, \$10; D. R. Gardner, \$10; J. P. Dake, \$10; Geo. B. Peck, \$10; O. S. Runnells, \$10; P. Dudley, \$10; I. T. Talbot, \$10; C. H. Walker, \$10; B. W. James, \$20; A. I. Sawyer, \$10; C. G. Higbee, \$10; E. Cranch, \$10; H. E. Stone, \$5; J. W. Sheldon, \$5; J. C. Sanders, \$10; D. H. Beckwith, \$10; Henry L. Obetz, \$5; L. H. Willard, \$10; C. H. Farnsworth, \$10; T. P. Wilson, \$10; S. S. Lungren, \$10; A. W. Woodward, \$10; L. C. Grosvenor, \$10; R. N. Foster, \$10; S. Lillienthal, \$10; J. E. Gilman, \$10; Anson Parsons, \$5; J. E. James, \$10; H. E. Spaulding, \$5; P. H. Van Vleck, \$5; B. F. Dake, \$10; N. Schneider, \$10; T. F. Allen, \$10; J. H. McClelland, \$10; A. R. Wright, \$10; W. T. Helmuth, \$10; F. H. Orme, \$10; W. J. Hawkes, \$10; J. P. Paine, \$5; E. C. Morrill, \$10; F. W. Ingalls, \$10; Drs. Chase, \$10; T. L. Brown, \$5; H. M. Paine, \$5; N. A. Pennoyer, \$5; D. S. Smith, \$2; Lewis Sherman, \$10; J. W. Dowling, \$5; H. H. Reed, \$2; A. M. Bennett, \$5.

Nearly every dollar of this is paid in up to date. The list will be kept open until January 1st, 1884, and additional subscriptions are solicited. It is expected the fund will be sufficient for the uses of the Bureau for the coming two years. This is the greatest work of its kind ever attempted, and deserves liberal encouragement.

T. P. WILSON.



T. P. WILSON, M. D.,
EDITOR.

H. C. ALLEN, M. D.,
BUSINESS MANAGER.

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ANN ARBOR, OCTOBER, 1883.

No. 4.

All subscriptions and business communications should be addressed to MEDICAL ADVANCE PUBLISHING Co., Ann Arbor, Mich. Subscription, \$2.00 per annum.

MOTION AND REST.—It is a well demonstrated principle in physiology that both growth and maintenance depend upon molecular activity. Interstitial increase of structure requires nutrition and decay. In the animal world this principle is developed to its highest possibilities. But here we must recognize a third factor: Functional activity. The tissue of whatever kind must be brought into systematic action. This is most apparent in the muscular structures. Inaction prevents development. The function of the muscle is contraction. Nutrition with differentiation may lay down the primitive fibres so far as to

show the position and form of the muscle, but it can go no further, unless the function of the muscle is brought into play. Muscular activity in utero is therefore a necessity to the growth of the body. After birth the functional activity is greatly increased and growth is correspondingly accelerated. In the domain of pathology we find much depending upon the excess or diminution of action. That over-action is a fruitful source of disease is a well recognized fact. It was in recognition of this fact that rest became a potent means of cure. Hinton's classic work, *Rest and Pain*, develops the practical view of this method, and every wise physician makes constant use of this principle. He cures many serious maladies by rest. But it is equally apparent that in many cases the remedy lies in promoting the activity of the parts. This principle is second to no other in therapeutics. Upon this fact rests the very general custom of curing disease by exercise. By promoting the activity of an affected tissue we free it from its morbid condition. Also as is well known, when the tissue or organ is not diseased we develop and increase its growth by systematically calling it into functional action. Gymnastics serves a manifold purpose: It cures often when disease is present; it increases the size and power of the parts, and it gives resistance to, and immunity from disease. Rest and motion are therefore both, and perhaps equally necessary in curing disease.

ACTIVE AND PASSIVE MOTION.—As curative agents, motion and rest are applicable to a large number of diseases. It is not easy always to say which is preferable in any given case. And it is certain that many times a judicious use of both is of great value to the patient. It having been determined, let us suppose, that a certain case requires motion, we are then met by the question: Shall it be active or passive motion? Active motion is generally well understood. Walking, rowing, all the various me-

thods of the gymnasium are well known forms of active motion. As promoters of health they have unquestionable value; but in the cure of disease it is certain that great danger lies in this indiscriminate and routine use. Even when patients require exercise they have often been exercised to death. It should always be remembered that active motion being that which the patient voluntarily puts forth, produces a double effect: First, as is obvious upon the tissue brought into play. This effect is the one chiefly sought. Such action promotes the growth and health of the parts. But, in the second place, all this activity materially exhausts the nerve centres which supply force to the tissue. Just in proportion as the tissue is exercised, the nerve centres are depleted. But as is well known, the nerve centres are the store houses of force. If they fail, all else must fail. If now we can promote the growth of the tissue, and at the same time increase rather than exhaust the amount of reserve force in the nervous ganglia, we have in many instances accomplished a most desirable end. This end is reached by passive motion. By passive motion the tissue is thoroughly brought into play, and the nerve centres are measurably undisturbed. In this way exercise to an almost unlimited extent can be employed with comparatively little exhaustion. This is a very important fact, as any one may determine by experiment. Not to speak of many other methods of producing passive motion, we desire to call the attention of the reader to what may be called the vibratory method. It can be produced only by the use of suitable machinery. By using a rapidly revolving eccentric an infinite number of delicate blows can be delivered upon any tissue or organ, superficial or deep, or with a larger eccentric, many of the muscles can be brought into use, while the patient is passive and by no means wearied by the exercise. Our present attempt is to awaken an interest in this subject. We would be glad to have the subject more fully discussed in our pages.

**ABNORMAL GROWTHS IN CONNECTION WITH
THE UTERINE ORGANS.**

READ BEFORE THE OHIO HOMEOPATHIC MEDICAL SOCIETY.

W. WEBSTER, M. D., DAYTON, OHIO.

In entering upon this part of the field of Gynæcology, it will be impossible as well as unwise and imprudent to present all the particulars and minutiae in connection with uterine growths. We have, therefore, in this simple essay endeavored to notice only two particular forms of growths, viz., ovarian cysts and hydatid cysts of the uterus, specimens of which I have in my possession.

First, we will speak of the multiple ovarian cyst, which is rarely met in private practice. In a practice of thirty-four years I have never met but one case, which I have here.

Simple cysts, authors say, arise from an abnormal augmentation of the liquid in the Graafian vesicles sometimes called dropsy of the Graafian vesicles, which is caused by a prolonged hyperæmia of the ovaries. This hyperæmia being communicated to the walls of the vesicles, is the cause of the hypersecretion, which occurs upon the internal surface—these walls being hypertrophied and perhaps somewhat indurated or compact—render them impossible to be broken or ruptured; hence the retention of the constantly accumulating liquid secreted, which is evidently stimulated or increased by each subsequent menstruation or attempt at ovulation.

Where there are many vesicles affected, they may not grow to large size—about the size of a pea or filbert. When only a single one or a very few are affected, they may attain the size of a man's head. The case I had was single, on the right side, and the size of a gallon measure, and contained hair, fragments of bones, or rather rudiments of bones or apparent cartilages, and thousands of sebaceous balls from the size of a pin's head to that of an

acorn, and a thick, yellowish liquid, and lumps of fat. These filled the whole sac.

In consequence of repeated hyperæmias and exudation on the surface of the peritoneal covering or envelope, the wall may attain the thickness of two or three lines.

In the interior of these cysts with thickened and hypertrophied walls, neoplasms are often seen in the form of papillæ, which at length may fill up the whole cavity completely, and convert it into a solid mass or tumor; or the papillæ may themselves be transformed into minute cysts, and by endogenetic development of these cysts the simple cyst becomes a multiple cyst. (See specimen.) Therefore, while the simple cysts result from development of the Graafian vesicles, the multiple cysts depend upon a specific alteration of the parenchyma of the ovary itself. The lamellæ of the connective tissue, which form the parenchyma, adhere to one another, forming closed capsules, which are flattened by their reciprocal contact at many points. Sometimes (writers say) one of the capsules is developed more than all the others, and forms a true cyst larger than the rest of tumor, and in its walls the germs of new secondary cysts are soon formed, which from small cavities enlarge so as to fill the whole cavity of the primary cyst.

The multiple cysts contain different substances in the different cavities or compartments, such as fat, hair, cartilage, bones, and teeth. The fat is occasioned by excessive development of the layer of cells in the pavement epithelium on the internal surface of the cysts. The fat is sometimes liquid; at other times solid, yellow fat, like lumps of tallow.

Hair is found in these fatty cysts, like cushions (variously colored), of some thickness. They have their roots in the walls of the cysts, provided with sebaceous follicles, or in the layer of epidermis which covers this wall. The teeth are developed in the interior wall of the cyst, in the dental sac. And Scanzoni says that sometimes the cavities are seen filled with loose teeth.

The bony substances proceed from the ossification of the cellular tissue of the walls of the cyst. They may be either long or flat bones, but are said not to resemble the bones of the skeleton.

The cartilages originate in the papillary excrescences which occupy the internal wall of the cysts. These are more rare than bones or teeth.

The size and growth of multiple cysts—the last variety described—vary. At the end of several years they may not attain the size of a goose egg, while some, in a few months, may attain the size of a gravid uterus at full term. The patient from whom I obtained this specimen (after post-mortem) had a large simple cyst in the right side, as large as a gallon measure, as described before. This specimen, which I call a multiple cyst, was in the left side of the same patient, and evidently included the whole ovary. It had been located there, and of the apparent size as now presented, for a period of fifteen years previous to her death, which was caused by typhoid fever. I will say in passing, that she was barren, had never borne children, but had menstruated irregularly for a few years, but not for many years previous to her death, which occurred at about 40 years of age. Her abdomen at death was as large as a woman's at full term of pregnancy.

The hair in this specimen is three inches long. In cutting into it I found several small bones. It was supposed by several of my colleagues at the autopsy, to be ovarian pregnancy. I pronounce it a dermoid cyst, or multiple cyst. If I am wrong in my diagnosis, I wish to be corrected, as it is the only case I ever had in my practice. The patient for many years had been sickly, sallow, and never well.

Without trespassing much further upon the time and patience of this Society, allow me to exhibit an interesting specimen of hydatid cyst from the cavity of the uterus. The true cause of this character of growth is a disputed point. While all may agree as to its true anatomi-

cal nature and structure, writers disagree whether it can occur independently of pregnancy or not. We are all entitled to our own opinion. And while we know that hydatis can grow in the uterus, liver, kidneys, bowels, and brain, in the male sex as well as in the female sex, I am led to believe that they can be produced in the uterus independently of pregnancy.

This specimen I removed from a young lady nineteen years of age—a girl above suspicion; had menstruated rather irregularly and painfully; had been afflicted for several months with enuresis nocturna. Being called in haste one night, by her father, I found her suffering the most intense agony with what they said was her menses, it being her regular period. The pains were extreme, and in paroxysms, as a woman in true labor. Could hear her several squares from her house. My first impressions were that she was miscarrying, not then knowing her history, character, habits, etc. Feeling the importance of an immediate examination, I obtained immediate consent by telling her and her mother that it was perhaps a bad case of retroversion, and an examination was absolutely necessary, as well as an operation. In passing the index finger into the vagina, I found issuing from the os uteri a large indescribable mass the size of a foetus of six months. On removing a fragment and bringing it to the light, I discovered at once what it was, and by advising her to bear down with her pains, and pulling on my other hand, true labor like, I soon succeeded in removing the whole mass. Her sufferings ceased at once. A few fragments passed away for two or three days. No inflammation followed. I kept her in bed, and on low diet and Aconite for one week, then followed with uterine tonics for a few weeks—*Apis*, *Calcarea Carb.*, etc.

There have been no signs of a return of the growth. She has menstruated regularly at each period since, with no unusual inconvenience, and is in the enjoyment of robust, rosy health.

I brought these specimens with me for the benefit of my young brethren in the profession, assuming, of course, that all these veterans and medical magnates have met and seen *thousands* of them in their practice before.

INTRA-VAGINAL PARACENTESIS.

READ BEFORE THE OHIO HOMŒOPATHIC MEDICAL SOCIETY.

CHARLES E. WALTON, M. D.

Paracentesis, as a surgical procedure, is so simple and frequent that it is scarcely worthy of mention in a formal paper emanating from a surgical bureau of a State society. However, certain features may attend some particular case which may render it exceptionally interesting and furnish an excuse for its recital.

Seven hours after the inception of labor, I was called to assist a physician in the delivery of a child. The case was that of a strong, healthy woman, in her third or fourth labor; knee presentation; os dilated; pains frequent and vigorous; no progress; cause undetermined.

When a woman has been exerting herself in child-birth for several hours, has a dilated os, and there is no progress, the hesitating practitioner should certainly place himself beyond criticism by determining the cause of detention.

Dame Nature is not nearly so lenient as her would-be servitors; she frequently kills a patient while they are waiting for her help. Nature is very apt to "take her course," a course rendered inevitable by the circumstances, and kind Providence is called in to bless the funeral meats.

After bringing down the feet, a well lubricated hand introduced into the uterus discovered a vast extent of baby; it seemed as though an embryonic Falstaff were there, so disproportionately large was that abdomen. In

all directions was felt the distended, fluctuating body; the diagnosis was complete; we had a case of foetal ascites, one of the very rarest of foetal dystociæ.

With the patient fully anæsthetized, and strong traction made upon the legs, a bistoury slipped along the palmar surface of the fore-finger soon cut its way through the left lumbar region into the abdominal cavity, and out rushed the fluid in a veritable torrent. With the collapse of the abdomen the birth was almost instantaneous, and the deformity was before us. The sex was at first indeterminate, for the empty scrotum looked very like a vulva, and a pubic nodule very unlike a penis. A subsequent autopsy revealed the testicles still in the abdominal cavity, and the penis to be very rudimentary and imperforate. A little persuasion resulted in procuring permission to carry off the trophy of the night's work for a private examination.

Externally, the head and each upper extremity appeared to be that of an ordinary child at full term, but the pelvis and lower extremities appeared much too small. In the umbilical region the integument was supplanted by a white, glistening membrane for a space the size of a silver dollar, surrounding the attachment of the cord. Through the collapsed abdominal walls could be felt a tumor some five inches long, extending from the umbilicus down into the pelvis, and closely adherent to the walls. A careful injection of the abdominal cavity determined its capacity to be three and one-half pints. Upon opening the cavity the tumor was found to be an enormously distended bladder containing one-half pint of fluid. The muscular coats of the bladder shaded off into a membranous extension completing its upper third, lined with mucous membrane, and identical with that which formed a part of the abdominal wall. The caliber of the right ureter was distended to the dimension of one-half inch. The left ureter was occluded at its origin, and dilated into an adjunct bladder at its termination about one inch in

diameter. The left kidney was one-third larger than the right, and its pelvis was dilated into a foetal hydronephrosis. The undescended testes were hugging either side of the bladder, unable to find their way into the inguinal canals, and the empty scrotum waited in vain their arrival.

To the pathologist we will leave the problem of solving the cause of this abnormal urinary apparatus with its attending ascites.

To the young practitioner we will call attention to the value of introducing the entire hand in diagnosing the cause of difficult labors.

To the incipient surgeon we will say that the performance of so simple an operation as an intra-vaginal paracentesis will tend very largely to increase his fame as a skillful obstetrician.



PELVIC CELLULITIS.

READ BEFORE THE OHIO HOMŒOPATHIC MEDICAL SOCIETY.

C. HOYT, M. D., CHILLICOTHE, OHIO.

This disease has been described under various titles. Thus some of the synonyms are peri-uterine cellulitis, perimetritis, pelvic abscess, abscess of the uterus, etc., etc. It seems to have been generally overlooked by the old writers on diseases of women, although full and distinct accounts of it are to be found in the writings of various old Greek and Roman Physicians, probably two thousand years ago.

It is a disease of great importance, and not infrequently met with in practice. It is usually not difficult of detection, although some cases are quite obscure, and will test the physician's skill. This disease usually occurs after confinement, or is produced by some unlucky operation upon the pelvic organs. It may also be produced by cold

during the menstrual period. This disease may occur at any time of life, from childhood to old age, and is not entirely confined to the female sex. Cases of pelvic cellulitis or abscess sometimes occur in the male sex from cold, or after operations upon the rectum, or urethra.

The pelvis is lined with a fascia which is reflected over the muscles contained within it, and over the pelvic organs. It serves to strengthen and separate them. Between this fascia and the organs, or muscles, which it covers there is interposed this loose cellular tissue. It is especially abundant between the folds of the broad ligaments, also between the uterus and bladder, and uterus and rectum. It is supposed by some writers that this cellular tissue is increased during pregnancy, the same as the muscular coat of the uterus. Pelvic cellulitis consists essentially in an inflammation of this cellular tissue in some part of the pelvis. This disease is usually divided into three stages: The first or congestive stage; the second or stage of effusion, and the third stage, that of resolution, or suppuration.

This disease is usually ushered in by a chill, or rigor, and is soon followed by fever of greater or less intensity, with quick pulse, and hot skin, and all the phenomena of a well marked synochia. Soon the patient begins to complain of intra-pelvic pain, and tenderness, which is in a short time followed by an exudation of serum, or liquor sanguinis. The necessary result of this effusion is a swelling in some part of the pelvis, depending of course upon the location of the inflammation.

The pressure of this effused fluid upon the rectum or bladder often gives rise to severe strangling, or tenesmus, also to sciatica, from pressure upon the sciatic nerve. Our remedies will fail in giving much relief in these cases until the pressure from this fluid is removed. Frequently the leg on the side where the effusion is the greater will be permanently drawn up, and cannot be extended without great suffering. This tumor, or swelling, will be of

greater or less extent according to the particular location of the inflammation, and the amount of the effusion.

The swelling is usually at first dense, and hard to the feel, so much so that it might even be mistaken for scirrhus. In many instances where there is an opportunity to examine the case daily, you can detect the disease advancing, and taking in more and more of the cellular tissue until the uterus becomes fixed and firm in the pelvis. This is of course not always the case, and it will depend upon the extent and location of the inflammation.

The swelling is usually easy of detection by examination through the vagina and rectum, or through the abdominal walls, although some cases come on very slowly and insidiously, and it will tax the physician's skill to make a correct diagnosis. This disease may be mistaken for pelvic peritonitis, pelvic hæmatocele, or uterine fibroids. The pain is usually more acute in pelvic peritonitis, and the tendency to suppuration not so great. It is usually produced by cold at the menstrual periods while cellulitis mostly occurs after confinement.

Pelvic hæmatocele occurs in patients that are weak and anæmic, and where the blood is of a poor quality. It is also incident to the hæmorrhagic diathesis. The swelling comes on suddenly, and is marked by great and sudden prostration. Uterine fibroids are of slow growth, and cause little pain. There are frequent attacks of metrorrhagia, and no tendency to suppuration.

In the treatment of pelvic cellulitis we should, if it is possible to do so, prevent exudation, or if exudation has already taken place, to promote absorption, and removal of the deposit, and by so doing prevent suppuration and abscess. Where the patient has enjoyed good health previous to the attack, and the physician sees the case early, the amount of effusion can be greatly lessened. There is no reason why, if we can see our patients in time, that many cases of threatened cellulitis cannot be prevented from going beyond the period of congestion.

There can be no doubt that we possess remedies that will so act upon the cellular tissues as to check the inflammation and prevent exudation. Cases that have previously been drugged, or are in bad health from any cause will usually go on from bad to worse in spite of our efforts, and finally end in suppuration, and possibly death.

Among the best remedies in the early stage of this disease, will be found Aconite, Arnica, Belladonna, and Verat. viride. These remedies should be combined with the local application of hot flannels, or cloth rung out of hot water. Hot vaginal injections by means of a syphon. The old fashioned bran poultice is also good, or anything by which you can apply steady heat, and by so doing reduce the pain and congestion. In many instances this mode of treatment will nip the disease in the bud, and bring about a speedy recovery. In cases where effusion has taken place such remedies as Apis mel., Ars., Colchicum, Bryonia, Rhus tox., Digitalis, Cantharis, Mercurius, Hellebore, and Sulphur will be found appropriate according to their special indications in each case. In this stage it is very necessary that the patient be put upon a generous diet, as the weaker and more run down the patient is, the greater the liability to hectic fever and abscess. Such articles of diet as beef tea, eggs and milk, or milk punch, will be found appropriate. The local use of camphorated oil over the inflamed region is excellent. It should be thoroughly annointed with it, and then covered with a thick layer of cotton. If this disease remains unchecked for a period of from ten to fifteen days, there will be a formation of pus, and all possibility of aborting the disease will be ended. When unable to avert suppuration, give such remedies as Hepar sulph., Mercurius, Cal. carb. and Sulphur, and promote the discharge of the pus as fast as possible. The local use of emollients and hot fomentations will also hasten the desired result. After pus has formed the two most common outlets for it are either through the vagina, or rectum, which are fortunately the two most favorable outlets.

The pus sometimes finds an outlet through the uterus or bladder, thus sometimes causing fistulous openings which are difficult to heal. Some times the pus burrows, and may follow down and find any opening at the groins, or upon the thigh, or, in fact, almost anywhere around the floor of the pelvis. Usually the safest and best place to open the abscess, when it is possible to do so, is at the roof of the vagina, in the posterior cul-de-sac. Here fluctuation is easily detected, and the walls separating the abscess are thin and the pus easily evacuated. It is some times opened through the rectum, but the place just mentioned is much to be preferred.

If the abscess points externally it should be lanced as soon as it is ready to discharge freely, although undue haste is unnecessary. Wait until the integuments covering the place where it is going to point have become thin, and the abscess in a condition to be thoroughly evacuated, then open at the lowest point. After the abscess has been evacuated it may be dressed with a lotion of *Calendula*, or a weak solution of Carbolic acid in water. The patient should be placed upon a generous diet and every thing that will aid her in gaining health and strength resorted to. The prognosis should be cautiously made. Much will depend upon the general strength and vitality of the patients as well as upon the complicating lesions. This disease rarely if ever runs its entire course without being complicated with other diseases of the pelvic organs, all of which will influence the prognosis more or less.

Some of the most important of these diseases are, peritonitis, hæmatocele, hæmorrhoids, ovaritis, cystitis, urethritis, vaginitis, ulceration of the cervix uteri, ulceration of the rectum and chronic metritis. Any of these diseases will complicate the original trouble more or less according to their severity, and will have to be duly considered in making a correct diagnosis as well as prognosis.

Among the most common sequelæ of this disease will be found sterility, menstrual derangements, uterine dis-

placements and recto- or vesico-vaginal fistulæ. In many instances the patients recover their health in every respect, except that in the future they remain barren. In such cases the inflammation in some way causes the function of reproduction to be suspended. In the same manner menstruation is interfered with, probably either by occlusion of the Fallopian tubes or by some ovarian trouble.

Uterine displacements are a very common result of cellulitis, especially so where there the seat of the trouble is in the broad ligaments. As the patient recovers there will be necessarily more or less contraction of the ligaments and a corresponding displacement of the uterus. Fistulæ is sometimes caused by sloughing of the tissues and the discharge keeping up for a long period of time.

In writing this paper I have aimed to call attention to the more prominent points of this disease, as well as to mention in a brief manner what seems to me to be the best treatment. It is a disease of the first importance and quite often met with in practice. It deserves to be thoroughly studied and understood by every physician, so when called to attend a case he will be able to treat the case intelligently, and by so doing gain honors for himself, and health and happiness for his patients.



ACUTE SUPPURATIVE INFLAMMATION OF THE MIDDLE EAR.

READ BEFORE THE OHIO HOMŒOPATHIC MEDICAL SOCIETY.

W. A. PHILLIPS, M. D., CLEVELAND, O.

Acute suppurative inflammation of the middle ear is by no means in the aggregate a trivial affection. It demands as a rule more skilled attention than is usually accorded to it in order to prevent one or more of the follow-

lowing terminations: 1. A continual offensive discharge; 2. Impairment of hearing; 3. Death.

The trouble is usually produced in consequence of an acute and severe inflammation of the throat, resulting from various causes, as scarlet fever, diphtheria, or a hard cold, the inflammation extending along the mucous lining of the Eustachian tube to the drum cavity. The inflammation may, however, begin in the tympanum as a direct result of taking cold. In either case the subsequent course of the disease will be substantially the same, and will accordingly demand much the same general and special management.

The tympanic cavity has but one outlet, and that a very imperfect one, as a means of drainage, viz., the Eustachian tube. But normally the walls of the tube, in a part of their extent at least are in opposition, and when inflamed, as they always are more or less in severe inflammation of the tympanic cavity, they are still more firmly pressed together, and hence the drum-cavity becomes closed; and an accumulation of muco-purulent or distinctly purulent matter in it is practically an abscess.

The prominent symptom is intense pain in the ear; and the reason why the suffering occasioned by "ear-ache" is so great is because the mucous lining of the drum-cavity is intimately united with the periosteum, and hence the pain is not unlike that produced by a felon. As the cavity fills with inflammatory products the drum-head becomes distended and reddened. The pressure it sustains soon leads as a rule, to ulceration of its substance and perforations adds a means of temporary or permanent relief to the abscess; but also generally adds a complication which is a prolific source of trouble. If one-fourth or more of the drum-head be destroyed by the ulcerative process, it is not probable that the orifice thus occasioned will become closed; although even a larger opening than this may become filled with new tissue bearing a remarkable resemblance to the original. Persistent perforation

of the drum-head constitutes a serious complication for the reason: 1st. That it affords a means of direct communication of the air with the tympanic cavity, which favors the continuance of the discharge. 2d. The loss of substance of the drum-head, and adhesions, render it imperfect as an element in the mechanism of hearing. It should be recollected, however, that perforation of the drum-head does not of itself necessarily produce noticeable impairment of hearing. But when there is perforation, there are also, as a rule, adhesions and a thickening of the mucous lining of the cavity of the middle ear about the foramen ovalis, and hence the vibrations of air do not produce the impression upon the structures of the internal ear which they would otherwise do if the drum-head and lining of the cavity about the foot of the stapes were normal. It is really, then, the catarrhal thickening of the mucous lining of the middle ear that occasions the chronic discharge, and produces the deafness. It is not easy to determine which is the most to be regretted, the disgusting fetid discharge, or the impairment of hearing.

But acute suppurative inflammation of the middle ear is never entirely free from the danger of resulting in meningitis, cerebral abscess, or pyæmia, with their so frequently fatal termination; and the anatomical relation of the ear and cerebral structures fully explains the reason of these complications.

A chronic suppurative discharge, instead of being a salutary circumstance as it is often regarded by the laity, and even sometimes by physicians, is a trouble that constantly threatens, in consequence of a cold, to develop an acute otitis which is liable to the same complications as the original attack. Periostitis extending from the tympanic cavity to the mastoid process, and producing heat, pain, redness, and swelling in this situation is generally the first sign that indicates the gravity of the case.

The *treatment* in the early stage demands that the inflammation be allayed as much as possible by the use of

applications of warm water carefully instilled into the ear, filling the meatus quite full. A hot flannel cloth should then be placed over the ear. The water should be allowed to remain for five minutes, then by turning the head over on to a towel the meatus is emptied. This procedure should be repeated several times, using the water as warm as can be borne. This will generally be found to be very grateful to the patient, and unless the inflammation is very severe, or unless continued long enough to have induced suppuration and considerable bulging of the drum-head, will often prevent perforation. Warm water may be used in this manner, one, two, or three hours, according to the degree of pain. During the intervals the ear and side of the head should be kept warm and dry. If the case be recent the direct result of cold, Aconite internally is especially indicated, and also at any stage of the disease, provided fever be present. If the throat be affected, Mercurius, Bell., or Potash in some form will usually meet the indications. When, however, the ear trouble occurs as a complication of diphtheria, scarlet fever, or measles, the medical treatment of the throat should be conducted with immediate reference to the relief of the disease constituting the primary trouble. In the diseases named the symptoms of inflammation of the ear are frequently masked by the symptoms of the original affection; and hence in all cases of these diseases, especially in young children, the drum-head should be carefully examined by the use of a speculum and ear-mirror. If the use of warm water and the indicated remedies do not suffice to relieve the pain and other symptoms, and the drum-head is bulged outwards, the accumulation of the tympanic cavity should be evacuated by puncturing the drum-head with a broad needle. This surgical measure will, in most cases if done at the proper time, not only afford immediate relief of the pain, but also prevent ulceration of the drum-head and a permanent perforation, favoring a permanent discharge and more or less incurable

ble deafness. At the same time, the danger of an extension of the disease to the brain or its coverings is greatly lessened. It is unfortunately a fact that many fatal cases of brain disease have resulted from ear trouble as the primary cause, without the attending physician's recognizing the ear inflammation as the foundation. Whereas, had the primary cause been early detected, the brain complication might have been by proper management entirely prevented. But as mastoid diseases generally precede danger to the brain, it is especially to be emphasized that swelling over the mastoid process should receive careful, and ordinarily surgical attention. In many cases the opening of the tissues down to the bone will not be sufficient; but trephining the mastoid will be indispensable to the recovery of the patient.

Typical cases could be cited to illustrate this disease in all its stages and degrees of severity from a mild earache to a post mortem, but to teach you the minutæ of the management would require far more space than the limits of one paper suitable for presentation to this society. But the citation of such cases, treated according to the best light thrown on the subject, compared with similar cases neglected or injudiciously treated, would serve to show that aural medicine is worthy of far more consideration than general practitioners have given to it through personal study or through the assistance of specialists in this department.

A SEVERE BURN.

READ BEFORE THE OHIO HOMŒOPATHIC MEDICAL SOCIETY.

I. W. DISBRO, M. D., CLEVELAND, O.

On May 27th, 1882, 6 a. m., was called to see Mr. Clark, aged 53 years. Mr. C., a stationary engineer by occupation, while under the boiler attending to some

duty, had occasion to reach his right arm over a steam pipe in connection with the boiler. While in this attitude the pipe was suddenly forced out of the boiler, the end flying up and catching him under the right arm, and holding firmly against the boiler in such a manner that he received the following injuries:

First.—The right side of the face was burned almost entirely away, as represented by a line drawn from the right ala nasi along the malar prominence and zygoma to one inch behind the lobe of the right ear; thence along the sterno-mastoid muscle to about an inch beneath the angle of the inferior maxillary bone; thence downwards and forwards to a point about an inch and a half beneath the lower border of the body of the jaw, near the symphysis; thence upwards to the point of starting. This burn was very deep, laying bare the entire width of the lower jaw to the extent of an inch and a half in length, and burning entirely through Steno's duct, also involving the lobe of the ear to some extent. It measured $5\frac{1}{2}$ by $3\frac{1}{4}$ inches.

Second.—The posterior half of the left ear was entirely destroyed, together with a portion of the scalp immediately behind the ear. This was burned nearly to the bone, and measured two by three inches.

Third.—The back was burned from the outer border of the acromion process on the right side, to nearly the same point on the opposite side. This burn was from six to seven inches in width, about thirteen inches long, and from half an inch to an inch deep—the deepest portion being just above the spine of the scapula on either side.

Fourth.—A very severe and extensive burn in the right axilla, extending from a point two and one-half inches beneath the center of the clavicle, and four inches from the center of the sternum, to the axillary border of the scapula, measuring about eight inches in length, and three and one-half inches in width in front of the shoulder.

This burn extended down the arm from the axilla about three inches, and about the same distance down the side.

Fifth.—There was a deep burn on the right arm, commencing near the inner condyle of the humerus, and extending upwards five inches, measuring three inches in width.

These burns all penetrated deeply into the subcutaneous areolar and muscular tissues, constituting, according to Dupuytren, burns of the *fourth* and *fifth* degrees. Erichsen says; "Surgically, the fourth degree is the most important. Its importance is due to the complete destruction of the whole thickness of the skin, and the consequent extensive granulating and supurating surfaces that are left; the tendency to deformity from the contraction of the cicatrices, formed as they are of entirely new tissue, the great peculiarity and tendency of which is to contract into hard bands and bridles."

My principal reason for reporting this case is the fact that, although the burns were very extensive and deep, there is no deformity from contractions or adhesions of the cicatrical tissue. The only bridling that occurred was where the lobe of the right ear was drawn downward by being involved in the scar on the cheek. This was completely remedied by a very neat plastic operation performed by Prof. H. F. Biggar. The treatment of this case, which differs somewhat from that recommended by most surgical writers, was as follows:

1. Constitutional.—The first day he was given sufficient morphine to render the pain bearable, after which he took no opiate of any kind. During the first week he was given Acon. nap. 1x in water, dose every hour or two. Under this treatment he rallied from the shock speedily and satisfactorily. His temperature did not exceed 101° F., and that only for the first few days. From the time suppuration had fairly commenced until cicatrization was completed, his treatment consisted of Ars. Alb. 3x, a powder every 3 or 4 hours, and China Off. ϕ 5 to 10 drops

three times per day, with the exception of a few doses of Hepar sul., Silicia or Causticum as indicated by the character of the granulations. Diet consisted of milk, eggs, beef tea, milk punch, porter, etc.—our aim being to “feed him well,” and judging from the fact that within the next nine months, notwithstanding the great amount of suppuration—he had gained about twenty-five pounds, we had accomplished our object.

2. Local Treatment.—The first two or three days the dressings consisted of Linseed oil and cotton batting. This was followed by poultices composed of equal parts of ground flaxseed, slippery elm and charcoal, with sufficient baker's yeast to make it of the required consistence. Then poultices were continued until the sloughs had entirely separated. As fast as they became detached they were removed, and the line of separation stimulated with nitrate of silver, 20 grs. to an ounce of water. At this stage the odor, which had become very offensive, was overcome by means of Thymol and Carbolic acid solutions used as washes. After the sloughs were removed, the resulting ulcers were dressed with Calamine cerate, which is a preparation of Carbonate of zinc. The granulations were kept in good condition by the free use of nitrate of silver, 20 grs. to the ounce; and where they were too profuse and weak, by the occasional use of burnt alum. As fast as the scars were formed they were kept thoroughly anointed with cosmoline. The portion of inferior maxillary that was destroyed was treated with sesqui-carbonate of potash 10 grs. to an ounce of water, till it had separated from the sound bone beneath, when the granulating surface which presented was dressed with tincture of myrrh and water, 1 to 10. The treatment (local) contained these items of interest:

1. *Hastening the removal of the sloughs by judicious poulticing.*
2. *Thorough stimulation of the granulations.*
3. *Dressing the ulcers with calamine cerate.*
4. *Keeping the scar tissue well anointed with cosmoline.*

There was one very noticeable feature connected with the healing process. After cicatrization had commenced the progress was not at all uniform; on the contrary, it was intermittent, appearing to heal rapidly for four or five days, and then remaining stationary three or four days. This wave-like variation was observed during a period of several months, and I became so accustomed to it that I could tell very accurately what to expect several days in advance. (See Dr. V. Grauvogl's *Lehrbuch der Homœopathic.*)

Mr. Clark has entirely recovered from the effects of his injuries, excepting the salivary fistula caused by the destruction of Steno's duct. This, if necessary, will be remedied by another plastic operation.

I am indebted to Prof. H. F. Biggar, who was the consulting surgeon, for much valuable advice in Mr. Clark's case.

A SURGICAL CASE.

B. S. HUNT, M. D., TAWANA, O.

On Monday morning, Oct. 17th, 1881, I was hastily summoned to attend Oscar R., a little boy nine years of age, who, the messenger informed me, had been kicked in the head by a vicious horse. The boy, while playing in the street, all unconscious of danger, was run over by a man driving in a buggy, being thrown under the horse's heels and violently kicked by the frightened animal. On arriving at the case, I found the patient in a comatose condition, all unconscious of the frightful injury he had only a few moments before received. On examination of the case I found an ugly wound on the posterior and left portion of the head, accompanied by a fracture of the skull.

Upon careful examination I found a fracture about one and a half inches in length by one inch in width, on the posterior portion of the left Parietal bone, about two inches to the left of the medium line. The piece of bone was almost entirely detached, only a small portion being

intact, on the anterior edge, acting as a hinge: The free edge being driven down into the membrane of the brain, rupturing them to a considerable extent, as well as the brain substance itself, a portion of which was seen oozing from the ghastly wound. But it was impossible to determine the exact extent of brain injury, on account of the hæmorrhage from the wound. Seeing that the case was a critical one, and not feeling justified in undertaking the operation alone, I immediately dispatched a messenger for Dr. H. E. Beebe, of Sidney. The Doctor arrived in a short time, and taking in the situation at once, we determined to operate immediately. After thoroughly anæsthetizing our patient, we proceeded to detach the adhering portion of the bone, but experienced considerable difficulty in so doing on account of the tough condition of the bone in a child of that age, and also the care required to prevent further rupture of the brain and its membranes. We finally succeeded in removing the piece of bone entire, and after cleaning the wound thoroughly, put in five silk sutures, drawing the edges of the scalp neatly together and closing the ghastly opening into the vital portion of the human anatomy. We ordered a dressing of ice-water and Arnica to the wound, to be changed often, also put our patient on Arnica 3× internally. Thus we left the case, giving, of course, a very unfavorable prognosis. The next day after the accident our patient rested remarkably well. We changed the local treatment to Calendula and applied a bladder of ice, expecting soon to have to encounter the symptoms of inflammation. The next day our expectations were realized. Inflammation having set in in the meninges and brain substance. Now we changed the internal treatment to Aconite 1× every hour, and continued the same local treatment as before. Spasms set in during the next day, lasting from one to three minutes; there was frothing at the mouth and twitching of the muscles of the face and limbs, accompanied by a drowsy and stupid condition between the spasms, which came at inter-

vals of one-half to three hours. On the fourth day after the accident the spasms subsided to a considerable extent, but instead he would arise with a sharp, shrill scream, such as is heard in hydrocephalous, and then would sink back into that drowsy state, from which we could only arouse him with considerable difficulty. For this condition we changed the internal treatment to Hyoscyamus, with good effect, as on the fifth day, the symptoms of inflammation began to subside, the spasms were of shorter duration and longer intervals, our patient resumed a more rational condition, and by the seventh or eighth day was, to all intents, as well as if nothing had happened. The wound appeared to be healing nicely, and on the eighth day we took out the sutures. But after about two weeks, the wound began to open, and it seemed nothing would entice it to unite. Soon we noticed small spiculæ of bone appearing in the wound, which soon told us that they were the irritating cause. The periosteum being torn from the edges of the bone, deprived it of its nutriment, and finally suppuration loosened the particles, until fifteen pieces in all were extracted, varying in size from a grain of wheat to one-fourth the size of the original piece, and continuing over a period of more than two months; when the wound quickly began to heal, and in a few days was united together, leaving no landmark, only a slight scar, and a throbbing pulsation of the brain. Thus he continued, and is as well to-day as if nothing had happened, leaving no derangement either of mind or body.



TONSILLITIS: ACUTE AND CHRONIC.

M. P. HUNT, M. D., DELAWARE, OHIO.

My topic is not one belonging directly to the Bureau of Surgery, but it nevertheless treats of a disease frequently requiring surgical interference. I hope my few

remarks on "Tonsillitis, Acute and Chronic" will not come amiss. Acute inflammation of the tonsils, or Quinsy, is a disease not infrequently met with in our variable climate during the spring and fall. It is a disease of youth and middle age; rarely attacks the aged, or children, unless complicated with some exanthematic fever. The causes appear to be associated with some disordered state of health. A scrofulous or gouty habit, or previous suffering from some constitutional disturbance, seems to render the throat and tonsils especially susceptible to the influence of cold. These we will term the *predisposing* causes, and direct exposure to the frequent atmospheric changes, or "taking cold," the *immediate* cause of an attack.

Symptoms.—The premonitory stage is usually ushered in with a chill, followed by high fever and violent headache, with cerebral hyperæmia and soreness in the limbs and body. At this time we are very apt to mistake the true disease for one of acute meningeal trouble, as the local throat-symptoms do not manifest themselves until the fever has lasted some little time; but if we examine the throat we will find one side, rarely both, red and congested. This is soon followed by swelling of the tonsil and pain of a lancinating, stinging character in the fauces and upper part of the throat, on swallowing. As the disease progresses the suffering of the patient becomes more intense; the fever remains high; there are pains in the jaws, and severe suffering in the part affected; a heavily loaded, creamy and swollen tongue, with foul breath; muffled articulation; great difficulty in swallowing, yet a constant urging; on attempting to swallow fluids they will frequently escape through the nostrils, causing a great fear of strangulation; there is an abundant secretion of saliva of a stringy, ropy character, and the patient will be obliged to sit forward or lie on one side to allow it to escape from the mouth. A local examination at this time, usually made with the finger, as it is less painful to the patient, will show us the swelling very much increased,

completely hiding the posterior wall of the pharynx, running forward in the substance of the soft palate on the side affected, and sometimes as far forward as the incisor teeth, implicating the tissues covering the hard palate. In this manner the disease continues for an indefinite period, until pus forms and is evacuated. In some cases it will form in from forty-eight to sixty hours; others will run many days before pus can be detected; nine days is the average time before the abscess breaks. During this time the patient passes his days and nights in suffering and misery; he can take no solid food, and but little liquid nourishment—in fact, frequently nothing is taken in the last twenty-four hours; he obtains but little sleep, and that little of a disturbed character; has difficult respiration from more or less œdema of the tissues involved, and a nervous horror of suffocation. Sooner or later the abscess will burst, if left to itself, when the urgency of the symptoms will begin to subside; the patient becomes comfortable, and expresses himself as wonderfully relieved, and asks for something to eat or drink. The prognosis is usually favorable. Death sometimes occurs from œdema of the glottis, producing suffocation; rarely from exhaustion.

The chronic form of Tonsillitis, with enlargement, is by far a more common disease. It usually affects children from the second year of life until puberty, but frequent attacks of the acute form in adults will cause chronic enlargement. As pain is seldom a symptom in these cases, the attention is rarely drawn to the local condition until the loud snoring in sleep or thick articulation calls the mother's attention thereto.

The causes which produce this disease are not satisfactorily established. It does not depend on want of nourishment or lack of cleanliness, for it is met with in children of both the upper and lower classes. Neither does cold produce it, although the frequent acute attacks to which these cases are liable may be caused by cold. On the other hand, children who have been "raised by hand,"

or early weaned, or convalescing from some eruptive fever, are liable to this form of disease; and the scrofulous child is almost invariably affected in this way. Another cause my experience teaches me lies with the parents. They may be *individually* healthy, robust people, but too much alike in temperament and disposition to raise healthy children. In nine cases out of ten the offspring of these *mismatched* parents will be affected with some glandular enlargement, usually tonsillitis.

Symptoms.—The symptoms, both objective and subjective, are easily detected. It interferes with free respiration; the voice is generally muffled and pronunciation thick; breath offensive; the child snores loudly in its sleep, and often starts and awakes in alarm; sleeps with the mouth open; inconvenience in swallowing. On inspection we find one or both, usually both, tonsils enlarged; the surface uneven, pitted; the mucous membrane thick and velvety, and small points of a thick, sticky, sebaceous secretion will be observed, marking the orifices of ducts leading into the substance of the gland.

•The enlarged glands are constantly liable to acute attacks of inflammation, attended with high fever and exacerbation of all symptoms above referred to, and frequently violent brain symptoms. Earache is a frequent accompaniment to the acute attacks.

The effects of Chronic Tonsillitis, should the enlargement continue, are sometimes quite serious. Mackenzie says: "The interference of the enlarged glands with respiration is by far the most serious of their evil results. The occlusion of the nasal channel positively obliges the patient to keep the mouth almost constantly open, and renders him exceptionally liable to the external influences which produce inflammation of the respiratory tract, while the persistent obstruction to respiration leads to serious changes in the walls of the throat. The characteristic deformity met with in cases of enlarged tonsils is a circular depression of the walls of the chest at about the junction

of the lower and middle thirds, corresponding with the attachment of the diaphragm internally, and evidently due to the constant, energetic contractions of that muscle to overcome the obstacle to free respiration."

Treatment.—If there is one disease more than another that we, as homœopaths, can treat successfully, that disease is Quinsy. Of course, the success of the treatment depends to a great extent upon the stage the disease has reached when first called to prescribe. Belladonna is our sheet-anchor in the stage of inflammation. This, with Aconite, if given in time, will abort, or at least cut short, most cases. Usually, however, the physician is not called until the swelling has reached a degree where it would be mere waste of time to exhibit these remedies. Then we have our Mercurius sol. and Hepar sulph. These will either prevent suppuration or hasten it. In the course of the disease we may have symptoms calling for Apis mel., Lachesis, or Baryta carb. If, after every effort to abort the disease proves ineffectual, and we find pus is forming, it is our duty to hasten the process as fast as possible. As accessory measures to the remedies indicated, apply hot fomentations, changing frequently. Allow the patient to hold his mouth over a vessel containing *hot* water, letting the steam reach the affected part. As soon as pus can be detected at any point, let it out with the scalpel or bistoury, being careful not to wound any of the vessels or tissues unnecessarily. I am aware that some condemn this procedure as unnecessary and uncalled for, but it seems to me if the natural evacuation of an abscess in the throat can be anticipated twenty-four to forty-eight hours by the use of the knife, and thus relieve the intense suffering, it is our duty to do it, for the relief is almost instantaneous. The after-treatment is not much—a good, nourishing diet, and care of the throat during the balance of the season, with a vial of Belladonna 3× in the pocket to take whenever pain is felt in the throat.

The chronic form is much more obstinate, and requires a great deal of patience on the part of both parents

and physician to successfully treat it. The remedies indicated are, for the most part, constitutional. Calc. carb., Calc. phos., Hepar sulph., Baryta carb., and Sulphur are the remedies most frequently indicated. These, together with a good, wholesome diet, regular habits, and plenty of pure, fresh air, with, whenever possible, a sea voyage or sea bathing, will work wonders in *time*. I am certain that most cases can be cured by following this line of treatment. But remember that Time and Patience are the two great factors in the treatment of chronic enlargement of the tonsils.

But, should the case have reached that point when we have the "stoop" shoulders, depressed chest walls, difficult respiration with hacking cough, and the child seems wasting away and about to "yield up the ghost" for want of breath, we must resort to more heroic means if we would save a life. Happily, Surgery comes to our relief again, and tells us to remove the offending tonsils. This may be done with the probe, pointed bistoury, or the tonsillitome. I much prefer the latter instrument, as there is less danger of wounding the vessels and tissues, and easier managed. If the tonsils be very large, remove a considerable portion, but it is not advisable to remove the whole of the mass.

After removal, give the indicated remedies again, and usually they will not return.



THE LABORER WORTHY HIS HIRE.

PRESIDENT'S ADDRESS INDIANA INSTITUTE OF HOMOEOPATHY.

BY C. S. FAHNESTOCK, M. D., LA PORTE, IND.

* * If a public hospital or dispensary is established, the builder, mechanics and contractors all expect and freely receive full pay for their services. When the same is in

running order the grocer, butcher, druggist, in fact all who furnish supplies or aid in running the establishment, are fully numerated for their wares or time, excepting the physicians and surgeons. They are expected to work gratuitously. The honor of a position is considered sufficient pay. But the honor of the office does not free the encumbant from liabilities of all kinds, annoyances of every description nor does the fact of gratuitous service secure him the right of regulating the time or specifying the amount of labor he shall perform. In every other vocation when responsibility is placed upon a party and demands made upon his time the remuneration is proportionate. Perhaps no better illustrations of public feeling toward physicians can be cited than the demands made upon them for the poor by individuals and state. With the exception of a half dozen localities the provision for the medical care of the poor is of the "cheap John" order. The county commissioners award the position of township or poor doctor to the lowest bidder, and the one on the right side of the question politically, generally has the lowest bid. The chief object of this appointment is not for the benefit of the poor, but to prevent claims being brought against the county for service rendered to those who are unable to pay. He who accepts the position does not expect to treat the poor nor attend strictly to any of his supposed duties. If that were the intention one certainly could not afford to do the work for four townships, a town of three thousand inhabitants and county jail, furnishing his own medicines for the paltry sum of \$65 per annum, as is the case in one of the northern counties of this state. No practitioner can well avoid doing a certain amount of charity work, but most of those who serve the county have learned the trick of being too busy to attend acknowledged paupers, until compelled to do so by an order from the township trustee. Because of this the poor often suffer greatly in two ways. First from the delay in getting their calls answered, and secondly

from the hurried and stinted attention given by one who has no personal or financial interest in the case except the profit derived from neglecting it. Many of you probably recall the case of a poor woman who died some two years ago, after thirty-six hours of labor still undelivered. The township doctor was too busy to answer the call and perform his duty, for the roads were bad and the weather stormy. Nor could any physician be procured in time to render aid. Each one called upon knew it was a charity case and felt that while the county provided and paid for such service, it was not their duty to do the work and face the midnight storm without compensation. The public press was loud in its denunciations and private citizens profuse in their expressions of contempt for the different physicians, but not one word was said about the law that was responsible for that untimely death. The business men who were violent of speech would not have left their beds that night and traveled over those rough roads, facing the storm, to present some poor and needy person merchandise to the value of ten dollars. No—not they—but if a starving man, woman, or child, robs them of a mere pittance to ease the pangs of hunger, they raise the cry “give robbers the full extent of the law.” The public admires charity greatly, and practices too when it begins at home, but deny the doctor the same privilege.

On another occasion a poor man suffered from retention of urine. About 4 P. M. he sent for the township doctor, who as usual was too busy. Nor could any physician be found who would answer the call that night. The trustee could not be found. About 5 A. M. a physician passing that way was called in, and at once emptied the bladder with a catheter. To test the matter he presented a bill to the county commissioners basing his claim for services on the ground that the proper county official refused to make the call. Payment was refused, it being held that a competent person was paid for such work, and if any other did it he was intentionally rendering gratui-

tous service, and the county were not responsible. Now if for any reason any citizen though he may never have received aid from the county should become destitute and could not obtain food or fuel, the county makes every provision to prevent his suffering from the lack of these necessities, and there should be equal liberality shown in relation to medical attention; for the man who cannot pay the doctor is just as much a pauper in the eyes of physicians as he who cannot pay for flour is in the estimation of the grocer. Those who have never investigated this matter, who have never given much thought to the subject can not conceive the vast amount of needless suffering it inflicts upon the poor, nor can they estimate the amount of unprofitable work it forces upon every practitioner, in addition to all this, it tends to constantly increase the number of professional paupers. In bright contrast to this is the method of at least two counties in the state. There such physicians as are willing to attend the poor at a discount from the usual fees, notify the trustee and when called to a family unable to pay, they receive an order to render all necessary service and present his bill, less the stipulated discount to the county officials. Physicians who are unwilling to make such discount receive no order, and the case is transferred to such as are. When we consider that all criminals, no matter how grave or horrible their crime, or how conclusive the evidence of their guilt, are furnished at the county's expense, attorneys to defend them and that the court in doing this does not let these cases out by the year to the lowest bidder, but allows the defendant with slight restrictions his choice from the bar, does it not appear like putting a premium on crime and practically make felons more entitled to respect than the poor. The course adopted by these counties also reduces the number of medical dead-beats, for the "respectable poor," so called, will make an effort to pay something rather than have it known that they are treated at the county's expense.

And just as the county attempts and does impose upon medical men, so do individuals. Is there any other business where perfect strangers will have the affrontry to ask your advice and merchandise, monopolize your time and then coolly walk away saying: "Dr., I have no money to-day—please charge it." Is there any other class of men, who, after giving their time and spending their money, for every case is a matter of expense to the physician, especially if surgical, knowing while so doing that not one penny will ever be returned, under these circumstances is there any other class, who, because of accident or through the ignorance of communities is compelled to pay large sums as malpractic penalties, and that generally to the very dregs of society. Is there any other vocation whose members the railroad and other corporations call on so often and at inconvenient times and wholly ignore when asked for a fee? If a lawyer gives advice that does not turn out the case as expected, does the city or corporation attempt to force from him the damages resulting therefrom? But when a city is sued for damages caused by defective walk or otherwise, how often the attempt is made to throw the blame on the doctor, who nine times in ten receives the charge of malpractice as his only fee.

As with others so with the state. It is not backward in its demand on us. It passes a bill and every doctor must write his name in a book and pay the officer a small fee for the privilege. It passes a bill and we are compelled under penalty of the law to fill blanks and make returns, not only without compensation, but in the majority of instances at an expense for postage and stationary. Not content with this imposed task, it seems to be the policy of every state board to make the work as arduous as possible. They furnish us three different blanks and when a child is born we have twenty-five or more questions to answer, if still born the questions swell to forty-eight. If a death should occur twenty-three questions are waiting

the doctor and so also when certain diseases are met with. Many of these questions have not the slightest bearing on the information contained in or value of any report ever issued by a state board. In order to make a complete return as asked for by the board, the reporter is often compelled to make an extra trip sometimes miles away. This must he do and in addition bear his share of the expense in maintaining the very body that increases his labor and never say thank you. The absolute power of the Board of Health cannot be greater than that of the State which gave it birth. The State does not pretend to compel an answer to any question that pertains to more than ordinary and necessary information acquired in treating the case, nor does the State ever in any of its Courts, be they high or low, attempt to ask the doctor questions whose answer would be a violation of the confidence placed in him by his patient, as does the State Board of Health.

It is not the intention of this paper to belittle the State Board or find fault with its work. It has a legitimate and useful field, and the information it collects and gives the public is of material value, but for all this there is no legitimate reason why when all other information and statistics pertaining to public affairs are paid for directly or come through salaried officials, these should be made an exception and a certain class of citizens compelled to furnish these without compensation, especially when the very task necessitates considerable time, expense, and often loss of business.

Gentlemen, all these indignities which are heaped upon our profession, come from what source they may, result from a lack of harmony among the different schools, and the quarreling of extremists in each school. The early part of this paper aimed to convey a fair representation of the principal schools, the ideas entertained by each, both of themselves and others, and the origin of the difficulty. Nothing was said in malice, nothing to intentionally wound the feelings of any, but that which seemed to

be the absolute truth has been openly and plainly stated. The number of physicians who advocate liberality in medical relations who do not endorse such lines and views as were quoted from Dr. Cathell's book, who approve the publication of partizan and bitter articles on matters of theory and belief, who have an earnest desire to make all that is true common property and permit the greatest latitude in all that is doubtful, is to day large and rapidly becoming larger. It is our duty to aid in the movement, not by renouncing anything we know to be true, not by trying to compel others to believe as we do, but by extending to all the same privileges and charity we have asked for ourselves. As this is done and therapeutics are studied and compared with honesty the gap will grow slowly less and less, and while all may not hold identical views they will fraternize as physicians and by unanimity of purpose and action put an end to the insults heaped upon our profession.

Gentlemen, in closing I thank you for the honor conferred by your kind suffrages, and it it was the earnest desire to merit the respect of this intellectual body, that led me to adopt a non-partizan view of this case, in the hope that by pointing out some of the causes of the disrespect shown us a solution of the problem might be evolved that would be of benefit to physicians at large.



ULCERATION OF THE RECTUM.



READ BEFORE THE INDIANA INSTITUTE OF HOMOEOPATHY.



W. D. HILL, M. D., GREENCASTLE, IND.



I give the above title to this paper, and yet the paper may cover more than is indicated by the title. The authors of our text-books have little to say with regard to the diseases of the rectum, excepting, in each will be

found a short article on Hæmorrhoids. The disease that we now have under review exists higher up in the rectum than the Hæmorrhoids. In fact, the Hæmorrhoid veins are not implicated. Yet both of these diseases may and sometimes do exist at the same time; when this is the case the suffering becomes almost unendurable. This disease may be either acute or chronic in its nature, hence we find it in all the stages from simple inflammation to chronic blennorrhœa, and ulceration. Some times there are quite large patches of the gut that are inflamed or ulcerated; and until a thorough examination is made, little can be known of the true nature of the disease. Too frequently, the busy practitioner makes a great, and it may be an inexcusable mistake, by taking the statement of the patient, who may either withhold or greatly magnify the symptoms, rather than take the time to make a thorough examination. He thus will pronounce it a case of Hæmorrhoids, and give the remedies which he thinks to be indicated, but to his astonishment he finds that there is little if any improvement, unless it may happen that there is a complication with the Hæmorrhoidal disease, when there will be a slight improvement. After a time the patient becomes dissatisfied and applies to some other physician for treatment. Now, this second physician may improve the case, for if he is a sensible man, and desires to place a feather in his cap, he makes a critical examination when he beholds the true nature of the disease, and is enabled to treat it upon scientific principles, and thus effect a cure. I confess that I have made the above foolish, and I may say unpardonable mistake, but I have come to the conclusion, that "what was worth doing was worthy of being done right."

If the necessary examination is made, we shall find some of the following pathological changes or appearances. It may be a simple catarrhal inflammation like that which is found on any other mucous surface. The little capillaries are distended, infiltration, mucous secre-

tion, thickening of the membrane, patches of the mucous surface may be destroyed, chronic blenorrhœa, ulceration. Now this upon examination is found to be high up in the rectum above the second set of sphincter muscles, and can only be properly and satisfactorily investigated by using a wire speculum made for the purpose. It is but natural that we should inquire, after making the examination, has been the cause of this trouble.

In the first place, we should be aware of the fact, that the entire mucous membrane is subject to catharral diseases, or that certain atmospheric or electrical changes produce diseases of the mucous membrane. These changes effect the terminal nerve fibers that communicate with the mucous surface. These changes in the nerve fibers produce a change in arterial circulation, causing either too little or too great a flow of the blood to, through, and from the parts, so that in a short time we find a local disease of the part is set up. This then may be and is one cause of the disease. Another cause is from the use of purgative medicines. Too many have been taught that it is necessary for them to give themselves a thorough cleaning out about once in from seven to thirty days. The action of these purgatives are anything but natural. They are disease-producing. Every one who will stop a moment to think will acknowledge the truthfulness of the universal law that "action and reaction are always equal but in opposite directions." And yet action may be so great as to destroy the object acted upon. When this is the case, local disease is the result, which is too frequently the case in the use of purgative medicines.

Another cause is the use of medicated injections. In some cases I have not the least doubt that worms are the cause. Sometimes the cause is mechanical. In women it is frequently caused during pregnancy by the pressure upon the parts, but, the greatest cause, and the one most frequently found to exist is constipation. The fæces remaining for a long time in the folds of the rectum becomes an

irritant, and when the rectum becomes impacted the passage of the large fæces denude the gut of its mucous surface and then keeps up the irritation.

It may be well for us to inquire for the leading symptoms of the disease. There is found a burning, throbbing, tearing pain. The sufferer says, that it appears to him that there is something sticking in the rectum, which causes him to use great exertion to force it out. This state of things is always worse during an evacuation; so that he is compelled to make many attempts without receiving the desired satisfaction. There is a constant desire to evacuate the bowels. In some cases the bladder is in sympathy with the disease, causing retention of urine and even strangury. If it be a woman that is diseased she will be troubled with leucorrhœa, and it may be with falling of the womb. The bowels are nearly always constipated, yet the stools may appear natural, excepting covered with mucous or slime, which may be colorless but more frequently tinged with blood. This is the acute form. In chronic cases the character of the pain is not so lacerating, but of a dull, aching nature. In this case, the most prominent symptom is the constant discharge of a thick yellowish and it even may be purulent secretion from the diseased surface of the rectum. This secretion is either mixed with the fæces, or else it covers the otherwise natural discharges from the bowels. It sometimes oozes from the bowels, staining the linen. The chronic form is frequently attended with catarrh of the bladder, catarrh of the vagina and uterus, and it may be complicated with Hæmorrhoids. This much for the disease pathologically and symptomatically. We shall now give our attention to the treatment of the disease, or the means to be used to effectually overcome the diseased condition.

I am aware of the fact that we have a local disease to treat, and if it arises from the cause which produces catarrh then we as well have a constitutional trouble to contend with. If the disease is cured it must be by the inter-

nal administration of the indicated remedy, and at the same time by the local application of remedies to the diseased parts. Some may think that the disease should be overcome by the internal use of the remedy indicated by the symptoms.

It may be possible that cures have resulted from this method of treatment, but they are the exceptions and not the rule. Some of the symptoms may be controlled by internal treatment. Indeed, it would be thought strange were they not. Some may say, if some are controlled why not all, and thus a cure effected? This difficulty presents, which prevents the cure of internal medication alone: The mucous membrane in all of the cases before the patient applies to a physician is abraded and even ulceration has taken place, hence the passage of the rough, hardened fæcal matter passing over this diseased surface keeps up a constant irritation, which prevents the healing process. Then in order that a cure may be effected, there is necessity to correct constipation where it exists, and then apply a lotion of Carbolie acid, the strength of which is to be determined by the condition of the parts. It should be applied at no other time than after the fæcal matter has been discharged from the lower bowels. It should be applied through a flexible tube, which can be passed up the bowels above the diseased parts, and the lotion should be forced through the tube into the bowel. This should be done as the tube is slowly withdrawn, so that the lotion will come in contact with the whole of the diseased surface. This need not be repeated oftener than twice per week, unless in the most severe and stubborn cases. After the use of the Carbolie acid lotion in many cases *Calendula*, or *Hydrastis* lotions will be found to answer as good if not a better purpose in healing the bowel.

If, while using the local treatment, the indicated remedies are selected and given, it will be but a short time before two persons are really made to rejoice.

CLINICAL CASES.

J. W. ELY, M. D., WAYNESBURG, PA.

CASE 1.—Arsenicum in Asthma Spasmodicum. Was called June 24th to see Mrs. J—, æt. 32, in a paroxysm of asthma. I found the patient propped up in bed, with knees drawn up; her head and arms upon her knees. She could not keep still; she was almost suffocating. Face very pale and clammy. Pulse small and quick. Feet very cold. Great burning in the chest. Violent thirst; drink taken often and in small quantities. This was the most severe attack she ever had. I gave her Ars. 30x one powder every five minutes until relieved. I left her twenty powders, one to be taken every four hours. She has never had an attack since. Says she enjoys better health than she has for years. She had had asthma ever since a child, and for two years previous to this attack the paroxysms came on every six weeks, always between midnight and early morning.

CASE 2.—Charley E—, æt. 11, was brought to my office July 15th. Had been suffering from asthma for nine years. They had used every remedy from which they could reasonably expect any benefit. He had been treated by several old school physicians, even patent medicines had been resorted to, but to no purpose. Family history good. The family being free from diseases of the respiratory organs. The dyspnœa was most distressing; could not lie down; had to sit propped up in bed. The countenance bore evidence of great distress. Patient greatly emaciated. Skin very pale. Pulse small and quick, loud wheezing. On applying the stethoscope, dry, sibilant and sonorous rhonchi could be heard. The impulse of the heart violent, uneven and irregular. He would have a paroxysm once a week, generally occurring between midnight and early morning. Violent thirst, taken often and little at the time. Cough entirely absent. I prescribed

Ars. 30x, twenty-five powders, one to be taken every four hours. I also had him use the cold sponge bath to chest every morning.

Aug. 20th.—Had only three paroxysms up to this time, and could lie down quite comfortable. I gave him twenty-five powders more, to be taken twice daily. Has had no paroxysms since, though nearly ten months have elapsed.

DR. MACFARLAN'S CASE.

PHILADELPHIA, Aug. 2, 1883.

Dear Doctor: Your postal card was duly received, asking me for particulars of my case of loss of bowel tissue. The facts are that I was called Saturday, January 30, 1869, by Dr. W. B. Davis to see Mrs. Anna B. Kensell, aged 37, of 1112 Hanover street, who was suffering with strangulated femoral hernia of right side, of three days duration, since the previous Wednesday. Hernia had existed for three years. Assisted by attending physician and my students, Drs. H. W. Rice and Sam'l Kennedy, herniotomy was performed, the bowels exposed and stricture relieved by dividing the falciform process of the fascia lata and gubernaculi ligament. The sac was opened, a quantity of fluid escaped, and there was brought to view a blackened loop of small intestine. Finding that efforts at restoration of the bowel to a healthy condition would not take place, as perforation and escape of fecal matter supervened on fourth day, the diseased loop of bowels was withdrawn and held in position at the site of the original incision in the groin, the opening, or incision, being enlarged, and, both ends of the bowels presenting, like the muzzle of a double-barrelled gun. From the date of the operation until the 17th of February, all the contents of her bowels were passed through this artificial anus, at that date the septum between the bowel tubes was separated

or divided and a pad applied over the artificial anus. Feb. 22d she had a movement by the rectum. After that the discharge from groin became gradually less until it ceased entirely and the wound healed. I suppose there was about four inches of the bowel removed. During her treatment the diet was composed of liquid, starchy and animal food, with Aconite, Rhus, and China, separately as they seemed to be indicated by her symptoms.

The above data I copied this morning from my list of that date. The intestinal loop, I remember, was so soft, black and disorganized, that I have estimated the length removed—it couldn't be measured. The patient made a good recovery, and I believe is alive and well at the present time.

Yours truly, MALCOLM MACFARLAN.

PROTECTIVE INOCULATION: KOCH AND PASTEUR.

FROM "THE LANCET," LONDON, ENGLAND.

The controversy which has arisen between the two foremost investigators into the intimate nature of contagion—the veteran chemist of Paris and the younger pathologist of Berlin—is one of which we are only just seeing the commencement. The issues are so important, that it is to be desired that renewed investigation will be undertaken by unprejudiced observers, in the hope that the truth may be revealed. There can be no denying that Dr. Koch has hit the weak points of M. Pasteur's case, and his analysis is all the more vulnerable from the severe and critical manner in which he has dealt with the subject—a style which differs very widely from that of his opponent—a difference partly, no doubt, explained by the admitted diversity in modes of thought, work, and expression between the Gaul and the Teuton. Those who have perused the summary of Dr. Koch's reply, that we have

just published, will note how little agreement there is between himself and M. Pasteur, not only upon the subject of anthrax, but upon those other infectious diseases which have been experimentally studied by the latter. Thus, Koch thinks it indubitably proved that the supposed virus of rabies which Pasteur discovered is identical with that of the septicæmia of the rabbits; and he says the same of equine typhoid too, thereby implying that M. Pasteur is ignorant of the characteristic microbe of septicæmia in rabbits, or that he has been very careless in safeguarding his observations. Indeed, Koch's strongest attack is directed against the method followed by Pasteur in his assumption of specific micro-organisms in the saliva of a hydrophobic child, or in the nasal mucus of a horse suffering from typhoid fever, without taking the precaution to isolate the organism and cultivate it before making his inoculations—the method which Koch claims to be the only safe one for determining the question. It is in anthrax that the most important issues are involved, for it is only in this disease that the practical application of Pasteur's doctrines has been made—viz., that immunity from this scourge can be attained by vaccinating (or rather inoculating) sheep and oxen with the attenuated virus. Koch admits the fact of attenuation, and it may be remarked, agrees with Pasteur and differs from Dr. Klein, in believing that this is due to some change effected in the pathogenic bacilli themselves; but he does not admit that this change is due to the oxygen of the atmosphere, as M. Pasteur thinks, and by a series of carefully conducted experiments he shows how the virus loses its power in cultivation more or less rapidly according to the temperature to which it is submitted. There are graver differences than this, however, which may be summed up in a very few words. The method of vaccination is alleged by Koch to be imperfect. Although an animal previously inoculated with a highly attenuated virus is able to resist the effect of a second and more powerful vaccination, yet this

is not a universal rule, and a certain proportion of the vaccinated animals—a number which Koch places much higher than Pasteur—die from the effects of the secondary vaccination itself. After passing through so severe an ordeal, the survivors should be sufficiently protected, if any real practical value is to accrue from the method. But Koch shows that, although they may resist further inoculations, such animals may still fall victims to spontaneous anthrax. If this be true, where is the protection? and what reliance is to be placed upon the “vaccinations” and “revaccinations” to which so many thousand head of cattle in France and elsewhere have been subjected? Coming from one whose researches upon this and other infectious diseases have received general approbation for the exactitude and care with which they are conducted, such criticisms as are here offered upon Pasteur’s labors must receive attention; for it must never be forgotten that, wide apparently as is the principle upon which Pasteur has based his advocacy for “vaccinations,” applicable as it may seem to be to many human diseases, it has yet to be conclusively proved, even in the case of anthrax, where the conditions and nature of the virus have been so thoroughly worked out.

**MULTILOCULAR CYST OF THE LEFT OVARY.
RECOVERY.**

PHIL. PORTER, M. D., DETROIT.

Mrs. B—, æt. 32. Nervous temperament. Niece of Dr. O. P. Baer, Richmond, Ind. First noticed an enlargement of her abdomen about one year ago, but supposed she was pregnant, although she menstruated regularly. After the expiration of nearly a year, she called the attention of a physician to her condition, who pronounced her disease an ovarian tumor, and sent her to me for an

examination. I confirmed his diagnosis. She had suffered no pain from the growth, and could hardly realize the fact of the presence of a tumor.

On examination I found great distension of the abdominal parietes, the skin as tense as a drum head. Two weeks before I saw her she had received a fall which she thought had caused a rapid increase in the size of the abdomen and loss of flesh and shortness of breath. The girth of the abdomen at the most prominent part was 42 inches. On making the incision, all the tissues were found very thin. The erectus muscle through which I passed was like a ribbon in thickness. Some adhesions to the abdominal wall were separated, and the tumor brought well up in the opening, before introducing the trocar. The fluid of the first cyst was viscid mucoid in character, the second similar, but the third cyst contained a thin serum, with ten or fifteen per cent. of blood intimately mixed with it, which no doubt was caused by the injury the patient received two weeks previous.

After separating all adhesions, the tumors were carefully drawn out through the opening, and the pedicle ligated with carbolized catgut, and divided with scissors. The pedicle was then washed with *Calendula* and *Hyper.* and dropped back into the abdomen. Then the *toilette* of the peritoneum was carefully performed, as some of the fluid from the last cyst had escaped into the abdominal cavity, and the wound closed in the usual manner, and dressed with oil silk and carbolized gauze. No drainage tube was employed.

This patient was put upon Hyp. 200, with an occasional dose of Bry. 200, or Colcynth 200, for the first two weeks. No bad symptoms followed the operation, the mean temperature being 98½ the first week, and the pulse 89; after this, normal temperature and pulse.

I was assisted in these operations by Drs. Miller (who had entire charge of the last case), Olin, Bailey, Polglaise, and Griffin. Miss Sarah A. Henderson, M. D., of

Sandusky, Ohio, Mrs. Hicks, Miss E. E. Bower, and Mr. Martin, of the senior class of the U. of M., were guests.

Later, I shall report several interesting gynæcological cases, whereby I shall be able to show the superiority of the after treatment under the homœopathic principle, over that of the old school.

In the last six months I have performed twelve operations which, under the old method, would certainly call for Morphia; but all pain and restlessness was nicely controlled by the *indicated* drug.

I am satisfied that union of divided tissues is always retarded by Morphine, or in other words, repair is interfered with to a greater extent than heretofore supposed by surgeons. What is often called "chloroform sickness" is nothing more or less than "morphine sickness."

THREE CLINICAL CASES.

(BARRY AND EATON COUNTY MEDICAL SOCIETY.)

WILLIS P. POLHEMUS, M. D.

Mr. President, Ladies and Gentlemen :

I wish to present three clinical cases to you, which may serve "to point a moral" if not to "adorn a tale." There is such a widespread tendency at the present day among the members of our profession to long for the flesh pots of the older school, for their quinine, morphine, chloral hydrate, bromides, and other narcotics and sedatives, that a glance at the other side of the question may not be without profit to us as homœopaths. And thereby the tendency to worship false gods be somewhat restrained.

CASE 1.—Mrs. D——, æt. 30; married six years; one child living, five years old. Was confined two years ago, and lost the child several days after birth; from the grief

caused by this loss she had never rallied. Has been under old school treatment, sedative and tonic in character, for the past thirty months. Her present symptoms are as follows: She has spasms nearly every night, soon after going to bed and as she is about falling to sleep. Clonic, convulsions of the lower limbs and arms succeed each other rapidly. At times only left side affected. Often a condition of almost complete catalepsy is induced. She suffers from much weak faintness, in the stomach, appetite poor, is thin and pale. Menses come too often, blood black, clotted, smells like carion; accompanied with much pain in back and groins. Leucorrhœa, profuse, yellow, sometimes in lumps, irregular as to time. Is sterile, and suffers from a raw, smarting pain in vagina during coition. Headache in and above eyes, runs up to vertex.

But of more importance are the mental symptoms manifested: Memory is failing, especially of recent events. Much silent grief, will sit and cry for hours; broods over the death of her child; cannot throw off her bad feelings. Is very easily affected by sorrow. Her condition is such that friends fear for her reason. Her medical adviser, a well qualified practitioner of the old school, can only relieve her by increasing doses of sedatives, etc., which already include bromide of potash, chloral hydrate and chloroform.

Her husband comes most earnestly asking if Homœopathy can do better. When the case was lost sight of, she had made almost complete recovery under Ignatia followed by Actea.

CASE 2.—Mrs. R——, married seven years; ailing two years; has three children, youngest five weeks old. At birth of child, two years ago, had puerperal fever, was treated by an old school physician; slow recovery. In the following fall she suffered a severe fright from a double murder and suicide in the neighborhood. As a result, she soon lapsed into the following condition: Could see bears, snakes and wolves about her bed, all *seemed* so real, al-

though she knew they were not. Imagined friends were present in opposition to the fact. Had a strong impulse to kill her child, as the mother had none in the above-mentioned case; feared she should do so in spite of herself. Feared to be left alone, but did not wish to visit among relatives or friends. While in conversation her mind would wander off into long trains of thought in which she would forget her companions. Great anxiety about she knows not what. Became so bad that she had sudden attacks of insanity, characterized by all these symptoms in an aggravated form. She and her friends fearing a total loss of reason, and finding their fears were shared by the "scientific" and "rational" physician in attendance, she was put under the care of a less learned member of the same school, from whom she received great relief.

At the time I saw her first, she informed me that she wished to try Homœopathy, as her former alleviation lived too far to be readily accessible, and she naively adds: "His medicine does taste so bad." She feels herself going on into the same condition as she was before. Also complains of the following symptoms: Is very tired, sleep does not rest her, she is sleepy all the time; joints sore and stiff; headache in occiput, extends down between shoulders, also in sinciput, dull in character. No appetite, all food tastes the same. Sore, swelled feeling in right groin, much pruritus vulvæ. Profuse yellow leucorrhœa. Prescribing almost wholly upon the mental symptoms of the previous attack, she received *Stramonium 3x*. Upon this medicament, with occasional doses of Sulphur, she made an almost complete recovery in four weeks.

CASE 3.—Mrs. G——, aged 24. Married five years, in which time she has borne three children. Two years ago, while menstruating, she took cold and suppressed the flow suddenly. Has been quite irregular since. Was confined five months ago, and suffered from what she thinks was child bed fever. Under old school treatment she made a slow and partial recovery. Is nursing her child, but men-

struates profusely every five weeks, as is her usual custom. Present symptoms: Much tenderness of spinal column; sore pain through the shoulders; numb feeling in the left arm; pain in the region of the heart, to shoulder; "pulling down" sensation in heart; appetite poor; stomach bloats; tongue livid and flabby; menses profuse, dark color, bad odor, clotted, last four days; much pain through the hips and back, of a neuralgic character—makes her very weak; leucorrhœa before, after, or all of intermediate period—very profuse, yellow, acrid, bad odor. Mental symptoms: Much nervousness; very excitable, always made worse by the approach of night; the least noise startles her; thinks robbers are in the house at night, but is too much afraid to look for them; memory failing—e. g., she went to the cupboard three times on the morning of this day for some simple articles, forgetting each time her errand; much sore pain in eye-balls; fears she will go crazy, which apprehension is shared by her medical attendant.

She improved greatly on *Actea* 30th, which, with *Sepia* 30th, made an almost entire change in her mental symptoms for the better.

The above records are submitted, not for their rarity, but, on the contrary, as examples of common cases of incipient insanity, in part being hurried to that undesirable goal by injudicious treatment. Coming as they do from the common walks of life, they confirm Dr. Hammond's statement that here is found the majority of insanity's victims.

I hold that such methods of treatment as the old school employs, more than an increasing population, are furnishing the inmates for our two asylums, as well as making a new one imperative.

In all the cases the influence of the puerperal state is manifest as an exciting cause, such observations having been already put on record by Ramsbotham, Playfair, Leishmen, and many other writers on midwifery. Indeed,

Esquirol goes so far as to state that post-partem affections gave rise to insanity in from one-seventh to one-twelfth of all cases observed by him.

In the first two, there is the added effect of shock, grief, in the first tending toward that terrible form of hopeless alienation—melancholia; in the second, fright tends to produce that no less dreadful condition—homicidal mania. The third, simply “Spinal Irritation,” with the added drain of concomitant lactation and menstruation, was, by injudicious and non-homœopathic treatment, being hurried on into a condition of mental unsoundness.

Can we, as homœopaths, do better? The individual experience of our practitioners, the statistics of our asylum at Middletown, New York, I think give this question a most gratifying answer in the affirmative.

The temptation to fly to narcotics and sedatives in nervous diseases is certainly strong, but in the light of the failures of the so-called “scientific medical schools” of to-day, is it best?

Our *Materia Medica* is rich in mental symptoms, and we can, I believe, draw upon its stores with confidence that it will bring health to our patients and satisfaction and success to ourselves.

CORRESPONDENCE.

RICHMOND, Ind., July 26th, 1883.

IT IS NOT A FACT.—In your issue for July, page 49, article: *Is it a Fact*, R. Ludlam, M. D., is made to say; that, Pregnant Women having Leucorrhœa, *never* have nausea. This is one man's experience, and so far, so good; but it does not make the thing an infallible truism. My experience has been very different indeed. The worst case of nausea and vomiting of pregnant women, I ever had, was also, one of the worst cases of Leucorrhœa. It was in a small, nervous, spare and generally pale, delicate woman; just turned of twenty-five years. Had been married about six months when she became pregnant. Commenced being sick in the morning, even before rising; when only about

four or five weeks gone. The family physician (Allopath) was called in; he treated her for two months or more, without the least effect, except for the worse, as she became very emaciated, tremulous and excitable. She was compelled to keep her bed constantly. The sickness was spread throughout the entire day. The doctor finally gave the family notice; that, the woman was in a most dangerous condition, and that he feared he would have to effect abortion, in order to save her life. A consultation was proposed, and rejected, by the friends. I was finally sent for, and in trying to get her early history, I found she had commenced menstruating very early; usually regular, but very free and dark. Was subject to *infant* leucorrhœa from her *third* year; often so profuse as to greatly stiffen her linen. This vaginal discharge kept on more or less constantly until after quickening. The leucorrhœa was variable in character, at times thin and watery, at other times yellow or green and more or less the thickness of ordinary cream. I prescribed tobacco smoke, from a merschaum pipe, on the veranda, adjoining her room. The cure was prompt and permanent, and the leucorrhœa was cured by *Sepia*; giving it high or low, as the condition of my patient seemed to demand it. After quickening she gained flesh rapidly, up to the time of delivery. Leucorrhœa occasionally made its appearance, particularly, when on her feet much. At the seventh month she had some threatening of premature labor, attended with sickness and leucorrhœa for a few days, but *Pulsatilla* controlled all unpleasant symptoms, and my patient went swimmingly forward, had a quick, natural delivery, and a good recovery. In 28 months she was again caught, and the leucorrhœa, which troubled her occasionally when nursing, became more profuse than ever, and morning sickness with vomiting, followed in as before. I gave her *tabacum* for a few days, but as the nausea did not entirely subside, I resorted to tobacco smoke, as in the first case, with the same beautiful results. This was a trying and singular case. She never could bear tobacco smoke when well, as it generally made her sick and dizzy. Hence I was so cautious in having the smoking done outside of her bed chamber, that if it did not do, as desired, I could at once cut off the current by closing the window. The smoke was perfectly pleasant to her, and beneficial beyond all my sanguine expectations. Her leucorrhœa was controlled in this, as in the former attack by *Sepia*. The first child was a boy, the second a girl, both did well. I have had *numerous* cases, where nausea and

leucorrhœa were simultaneous during pregnancy. Having just had a case in a woman of a strumous habit, who had both troubles almost during her entire pregnancy.

I have just conversed with Dr. Emmons of our city, who says, that his experience corroborates mine.

O. P. BAER, M. D.

BOOK NOTICES.

MEDICAL ESSAYS, 1842-1882. By O. W. HOLMES, M. D., Houghton, Mifflin & Co., Boston.

This volume of 440 pages contains nine essays; and the mechanical execution is a credit to *the* publishing house of Boston. We regret that we cannot say as much with regard to the authors method of treating a scientific subject. "Homœopathy and its kindred delusions," is treated by this caustic writer from the stand point of theory alone, not from scientific experimentation. Any experiment, on any subject, to be of the slightest value to the scientific world must be of such a nature, that, the circumstances and materials being given, they can be verified by others and their truth or falsity demonstrated. Where would the science of chemistry be had its experiments been treated by the method of Dr. Holmes? Hahnemann never proposed to submit his discovery to the *belief* or *faith* of any man. He simply asked that his experiments be submitted to the crucible of scientific research under given conditions, and the failures published to the world. Truth is truth, whether Dr. Holmes believes it or not. *Faith* can have no place in Science, and no man ought to know that simple fact better than the author. The simple law of the similars is a verity. Like does cure like, whether he wants it to or not. Homœopathy may be *a priori* the most absurd of all his "kindred delusions," and yet be *a posteriori* true. Light to the blind, and sound to the deaf, may be equally absurd; and Dr. Holmes should not forget that *his belief* cannot change a scientific fact. *In verba magistri jurare* has never aided science one iota, and the skeptical negations of Dr. Holmes will not throw any light on the subject.

In 1842 this gifted author tried his hand at prophecy in the following: "Not many years can pass away before the same curiosity excited by one of Perkin's Tractors will be awakened by the sight of one of the Infinitesimal Globules. If it should

claim a longer existence, it can only be by falling into the hands of the sordid wretches who wring their bread from the cold grasp of disease and death in the hovels of ignorant poverty."

Not seeing it materialize as rapidly as he anticipated, in 1861 he modified it to suit the time. "The infinitesimal globules have not become a curiosity as yet, like Perkin's Tractors. But time is a very elastic element in Geology and Prophecy. If Daniel's 70 weeks mean 490 years, as the learned Prideaux and others have settled it that they do, the 'not many years' of my prediction may be stretched out a generation or two beyond our time, if necessary, when the prophecy will no doubt prove true." We think the author should have re-written this wonderful prophecy. Since it was put forth Boston has had its fair and raised \$100,000 for a homœopathic hospital; and while this edition was running through the press another \$60,000 has been subscribed and donated for its enlargement. Surely a resident of Boston, and an Emeritus Professor of Harvard who knows so much, should know that homœopathy does not "wring its existence from the hovels of ignorant poverty" in Boston. The book is readable and should grace every Medical library, if for no other reason than to enable us to "see oursil as ithers see us."

"The Popular Science Monthly" for September begins with a clear exposition of "The Germ-Theory of Disease," by Dr. H. Gradle, who, in plain words, showing his command of the subject, explains the theory, defines the extent to which it has so far been found surely applicable, and sums up the evidence on which it rests. Dr. Felix L. Oswald continues his pungent prescriptions and recommendations of "The Remedies of Nature" with a paper on "Asthma," and its treatment. In "Fire-proof Building Construction" Mr. William E. Ward describes and recommends a system of building with iron and *béton* without wood, which he has tried and found practicable and effective. "Insanity," by one who has been insane, is a picture, from the inside, of a disease whose moving springs and workings can be only most obscurely perceived from the outside, and offers suggestions, derived from the author's own experience, as to points in which the treatment of the insane and the management of asylums should be improved. Mr. E. T. Merrick presents a different view of "Our Marriage and Divorce Laws" from that which was given by Mr. Stewart in the June number of the "Monthly," especially as relates to conditions in the Southern

States. In "How the Earth was Peopled," by the Marquis de Saporta, the eminent French botanist and palæontologist, discussing the origin and antiquity of man, attempts to show in what way and by what means the human race became scattered over all the continents at the very earliest stages of its existence. In "Insects and Disease" Professor A. F. A. King charges mosquitoes with being the most active and efficient agents in the dissemination of malarial poison. Several other articles, such as "The Chemistry of Cookery," "Agricultural Experiment Stations," "Ways of Preserving Food," and "Primitive Map-Making," are of practical or special interest. The editor vigorously sustains Mr. Adams in his attack on "The Dead-Language Superstition." The late Sir William Logan, of the Canadian Geological Survey, is the subject of a biographical sketch, which is accompanied by the usual portrait.

EDITOR'S TABLE.

DR. R. G. DEPUY (U. of M.) of Jamestown, Dakota, dropped in upon us the other day.

DIED.—The venerable father of Dr. J. C. Wood of Monroe, Mich., recently died full of years and ripe experience.

"OUR society is in a flourishing condition. We are organized under the name of Barry and Eaton Medical Society. We meet every three months. The interest is good. At our yesterday's meeting, we had a paper on Diphtheria by Dr. Carpenter of Woodland, and the inclosed. Dr. C. S. Burton is our president and Dr. Chas. Snell of Vermontville, secretary." W. P. P.

IN his annual address before the Wayne County Medical Society, Dr. Brodle, the president of that learned body dealt with peculiar stress upon the importance of the microscopical school, the "developments" of which, he added, "bid fair to revolutionize the great fabric upon which the present science of medicine is based." If that be so, then the "great fabric" must be an arrant humbug, and the very foundation of the "present science of medicine" must be error and falsehood. We had half come to that conclusion some time ago ourselves, but not on account of the microscopical school so much as from the innate charlatantry that characterize so much of the practice. It is not a comforting thought for the sick to be assured in this official and authoritative way, that the physiclans who are treating them are not sure but they are doing them more harm than good.—*Eve. News.*

We are indebted to Henry M. Smith, M. D., of New York, for the following :

A CURIOUS SCRAP OF HISTORY.—*Transactions of the Medical Society of the City and County of New York.*—At a meeting September 10, 1832, the following persons were proposed for honorary membership: John Sing Darcy, M. D., V. P. Medical Society of N. J., by Dr. Piatt; Dr. C. O. Kelly, Surgeon in the British Navy, by Dr. McCaffrey; R. Dunglison, M. D., of Virginia, by Dr. Caruthers; Prof. Hecker and Dr. Heyfelder, by Dr. Leo Wolf; S. F. Hahnemann, by Dr. Gray.

At a meeting November 12, 1832:

Present—Drs. Cleves, Gray, Piatt, Bedford, I. H. Rodgers, Throckmorton, H. Sweeney, Leveridge, Bowron, D. L. Rodgers, G. Carter, John Stearns, Baxter, Drake, Sheldon, Glibert, Milldoller, W. Anderson, Kirby, James Wright, Stephenson, Sandham, Bernhiesel, Duval, and others.

Jas. W. Anderson, M. D., of the Island of Cuba, and Samuel F. Hahnemann, M. D., were elected honorary members.

At a meeting July 10, 1843, on the motion of James R. Manley, it was Resolved. That the resolution* of this society of November 12, 1832, conferring honorary membership of this society on Samuel F. Hahnemann, † of Germany, be and the same is hereby rescinded.

AYES—James Wright, Fenelon Hasbrouck, James Stewart, William P. Buell, Aaron Wright, E. H. S. Holden, James R. Wood, John R. Van Kluck, Ashley, Isaac Wood, R. K. Hoffman, Kilbourne, Whiting, John Stearns, S. Hasbrouck, Bartlet, Vandervoort, Manley, A. Underhill, J. W. Bradshaw, B. R. Robson, O. White, E. L. Beadle, Thomas Pitts, B. W. Budd, J. H. Cheesman, Marvin and H. D. Bulkley.

NAYS—Benjamin F. Bowers and Benjamin F. Joslin.

On motion of Dr. S. Hasbrouck it was

Resolved, That the resolution of Dr. Manly be published.

* There was no resolution, it was an election by ballot.

† Samuel F. Hahnemann had died at Paris eight days previous to this vote, in the 88th year of his age; had been 62 years a Doctor of Medicine (probably more years than the oldest of these votes had breathed); was the author of nearly 200 dissertations on medicine (more medical works than some of them had ever read). Was the founder of a system of medicine (the Homœopathic) that numbers more followers throughout the world than any other school whatever, and is the greatest boon to humanity even conferred by mortal man.



T. P. WILSON, M. D.,

EDITOR.

H. C. ALLEN, M. D.,

BUSINESS MANAGER.

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THE June No. of the *Popular Science Monthly*, a journal we have so often commended, contains as its leading article a paper upon "Medical Quacks and Quackeries, by Francis J. Shepherd, M. D." The article in question is a mere compilation of stories and statements concerning a class of persons whom the writer is pleased to call quacks and he adopts Dr. Johnson's definition of a quack as "a boastful pretender to an art he does not understand." In these particular instances the art in question is the art of healing and the quacks specified, are all medical. Guided by the definition it seems impossible for the writer to fail to include the entire medical profession, from the days of Hippocrates to Hahnemann. If sober historical facts are good evidences, medical

art was not understood by its many pretentious practitioners for more than two thousand years. It was an art that had no *Materia Medica*, no *Pathology*, and therefore no *Therapeutics* in any scientific sense of the term. The theory of the men of those days have been almost universally overthrown, and their practices almost wholly discarded. It was rarely by good luck, even that any of them stumbled upon any valuable fact or principle. They made great displays of wisdom, they made boastful pretensions to knowledge, they deluded the world by their assumptions of skill, and they gained both money and reputation by attempting to practice an art they did not understand. If to do that is to be a quack, then these men were quacks. There is no escaping this conclusion, for their posterity, the men of to-day, glory in the fact that they have discovered the wrongs, corrected the evils and discarded the errors of their predecessors. And yet this writer upon quacks fails to include this great class of quacks, and satisfies himself by selecting out a few cases here and there and holding them up to view as sinners above other men. Dr. Shepherd is not a man well informed on this question or else he is unjust and untruthful. But the article he writes shows his animus clearly before it is concluded. Of course he is an Allopathic doctor, and as he has the *entree* of the *Popular Science Monthly* he does not miss his chance, but promptly impales Homœopathy, and attempts to prove it the prince of quacks. At the outset he demonstrates his ignorance of Homœopathy. In the art of writing Dr. Shepherd, therefore, is himself nothing less than a quack. He can be easily classified by his own showing as one who pretends to an "art he does not understand." He writes to instruct the public. He only deludes himself and misleads his trusting readers. This is not creditable to the head or heart of even an Allopathic doctor.

In the October No. of the *Popular Science Monthly* the venerable Dr. Edward Bayard presents us an article on

“Homœopathy as a Science.” From the accompanying editorial it is clear that the editor is fairly disposed to offer some atonement for Dr. Shepherd’s article, to which we have already alluded. The editor attempts to wash his hands of any responsibility in publishing the views of Dr. Shepherd on Homœopathy and after disclaiming all feeling of partisanship, he then proceeds to overthrow Dr. Bayard’s position and in effect cast his influence against the Homœopathic school. He would have his readers believe that in undermining Dr. Bayard’s arguments he is causing the Homœopathic system to topple to its fall; if indeed he does not hold that the outcome of the controversy is to place Homœopathy *hors dn combat*. This is common to all writers of that school. If once they condescend to write us down we are thenceforth dead beyond hope. Dr. Bayard’s article is full of many good and strong points. He is to be congratulated for the candor and self-possession which so strongly mark his writing. But Dr. Bayard gives only his own views of Homœopathy, when he says that “Homœopathy as a science is the law of the vital force,” he is talking in a language common enough a half century ago, but wholly out of date to-day. And when he tells us that “disease is the impairment of the equalization of the vital force.” he shows us the force of his early education. The facts of Homœopathy are one thing; the philosophy of Homœopathy is quite another thing. The editor in answering Dr. Bayard very properly raises the question, “Is there any such thing as the vital force?” He could have put it much stronger and said, it is quite universally denied by modern scientists that there is any such thing as a vital force. Dr. Bayard’s facts are true enough, but the homœopathic school cannot be held to endorse his philosophy. The editor of the *Popular Science Monthly* may demolish Dr. B’s. reasons, but he does not, and cannot touch his facts. Homœopathy admits of explanation on modern scientific grounds, and placed upon that ground, the editor would hardly find his task of answering, as easy as when he meets a man schooled in the philosophy of fifty years ago. The

journal in question has done excellent service in exposing the errors and evil practices of the Allopathic school, and we have no reason to complain of the showing it has of late given Homœopathy, but we protest against making the "vital force" any necessary part of our philosophy, or that our practices shall stand or fall as the "vital force" shall be maintained or overthrown. Homœopathy is a simple, straight-forward system of Therapeutics, a plain and easily understood method of healing the sick. It may or may not be explained. Put it to practical test; that is all we ask.

THE SCIENCE OF FIBRIN.

READ BEFORE THE MICROSCOPIC CLUB OF BUFFALO.

BY ROLLIN R. GREGG, M. D., BUFFALO, N. Y.

At the late meeting of the American Institute of Homœopathy at Niagara Falls, I was severely attacked, both publicly and privately, for my opposition to the accepted teachings about bacteria. Under the excitement of mind incident to those attacks it occurred to me to boil and also to rot some blood and see what the effects of both would be upon the fibrin it contained.

The attraction for each other of the granules of fibrin, on coagulating from the fluid state into granules, and their cohesive power after coming together, appear to be very great; and my idea was to first partially and then wholly destroy that cohesive power, and watch the results. Behold what a revelation! Nothing more marvelous was ever seen in the microscopic world; and a new science has thereby been opened to the study of men.

All the forms that the bacterists ever pictured or saw, in their bacteria, are exactly repeated in boiled blood; and there are many more forms found therein than they have ever mentioned.

There are the so-called "micrococci" by the million:

there are spherical bacteria, "aggregated in pairs and in fours," or in any other number that may be wished; there are "chaplets" and "rosaries" in great numbers, and straight strings of beads by the hundred; there are "dumb-bells," "clubs" and "rods;" there are "straight-rods, sometimes [often] of considerable length, which break up by transverse sub-division into separate cells;" there are "threads felted" and "felted into swarms;" there are "spirals" single and double, triple and even quadruple; there are the chains with short and close, and with open and long links; there are stocks with lashes on them much like whips, and also "shepherd's crooks;" there are "tails" and "spikes" and still other forms; and all consisting of the fibrin of healthy blood which had been organized by standing, first into granules, then threads or fibrils more or less of spiral form; and next partially disorganized by boiling, to take all the numerous forms to correspond exactly with what the bacterists have seen in disease and miscalled bacteria.

Rotted blood shows even still more astounding results. It gives far greater numbers of all the forms just named, and many more beside. In it are to be found rings and pieces of rings, hooks and loops, "watch chains" with a loop upon one end and a hook upon the other; crosses and horseshoes, several letters of the alphabet, as I, U, V, X, Y, etc. Indeed there is scarcely anything in the way of form, from a straight thread to a ring and globe, or that a thread or combination of threads or of granules can be put into, that is not imitated more or less exactly by fibrin in rotting blood. I have one specimen which shows a pair of open pincers; others which show pairs of compasses or dividers open; canes with heads and some with hooks; and many exact pictures of the *muscæ volitantes*, or granular threads that many people see at times dancing about before their eyes, and think forebode serious consequences to their vision. These *muscæ volitantes* which have never been explained, I now see are made up of various combinations of granules of fibrin in the fluids of the eye, and cast their shadows upon the retina, to

be thereby perceived. And last, but not least, I have numerous imitations in the form of tadpoles and wrigglers and one of the most beautiful imitations of a fanciful letter K that I ever saw.

In short, as it looks to me now, fibrin appears to contain most, if not all, of the formative forces of the organic world. It clearly shows itself to be but one and the first step in organic matter, from the principle of life within us, as this force of life is but one and the first step from its creator. Thus it is that this new knowledge of fibrin must bring us nearer to the *beginnings* of all living things than ever before; and I am not certain but it will open up to us in a new light the whole question of generation in both vegetable and animal life.

In addition to saying that fibrin appears to contain most of the formative forces of the organic world, I will go farther, and say that this force, or these forces of fibrin appear to be in direct and intimate relations with the other forces of the world, if not with those of the universe. One thing is certain, the attraction of the granules of fibrin for each other, and their cohesive power after coming together, are among the most remarkable manifestations of these forces that is to be found in all matter. Even repellant powers of no minor degree are shown by said granules, under some circumstances. In no other way can we account for the almost infinite variety of forms they give under various combinations, than through the powerful attractions for each other under many conditions, and their repellant powers under others. The attraction of fibrin for oil globules and for some other kinds of matter, also appear to be very marked.

Well, applying these facts to generation, what do we find? In the germ of every organic thing, fibrin undoubtedly exists. In fact, it is through the fibrin in them, that form is given to all germs. Placing a germ then under the requisite conditions, according to kind of moisture, warmth etc., for its development, the latent powers of its fibrin are released and set to work. Those released, and astonishingly

active powers, attract other fibrin and other matter into the substance of the developing germ, until, through those fibrin forces, thus acting, and all directly superintended by the yet superior principle of life, the ultimate being comes.

And here let me tell the scientists, that if they wish to study the buildings up of life in all its steps, and in all its forms, whether vegetable or animal, they must study its buildings down. That is if they will study the disintegration of organic matter under decay, they will find it going down, step after step, in regular order, from the higher or highest organization, down to the next below, and from this to the next lower still, and so on until it disintegrates into its water-gases, and salts or other inorganic matters.

And in this going down it accurately repeats every step, but in the *exact inverse order* of its going up. That is, the *last* step of organic matter under decay, before it dissolves into its inorganic elements, is an exact repetition, but inversely of the *first* step taken to build up an organism; and the first step, after death, that disintegration takes, is like the last one taken to perfect the proper combinations of organizations. This may be stated as positively as though it were a law of nature, and it is not improbable that it is a law.

A rotting leaf or blade of grass shows this principle of disorganization and it is a singular thing that the fact was never carefully studied, and more of life and its organizations learned through it. I have studied this subject not a little, for over twenty years and am not giving fancy sketches.

If we knew nothing as to how a house were built, and should first see one after it was completed, common sense would *not* suggest that we begin at the foundation to tear it down to learn how it was constructed, and involve ourselves in the general ruin—which is much the way however that both life and disease have been hitherto investigated. But we would begin at the topmost shingle and take everything apart whether shingles, boards, timbers or bricks, in the inverse order of their having been put together, then we could learn something of the manner and ways of its con-

struction. And this is precisely what must be done henceforth in regard to life and disease, if we would ever master the mystery that envelops both them and us.

But we must return to our manipulated blood for proof of what is claimed in our main issue, or that of bacteria. After conceiving the idea of boiling and rotting blood, I requested my butcher to bring me some healthy bullock's blood, it not being practicable of course to get healthy human blood in sufficient quantity for extensive investigations. A healthy animal was killed one afternoon, and the blood, about a quart of it, brought to me the next morning. A half pint or more of this was boiled at noon of that day, for about an hour. Then a small drop of this boiled blood was put upon a slide, and at the *same time* a small drop of the same blood unboiled was put upon another slide; so as to carefully compare the two.

Now, as is known, boiling the fluids in which are the real bacteria, kills these organisms; so if they had secured an entrance into this blood, between the time of its being drawn and of my boiling it, (to have developed bacteria in great numbers, as it is claimed they will in a few hours in all fluids in which they grow), my boiled blood should not have shown them at all, or but little if any; while the unboiled blood should have shown them in considerable if not in great numbers. But the facts were all exactly the reverse. In the boiled blood, as already said, all the forms appeared that bacterists ever pictured, or have spoken of, and many more beside; while in the unboiled blood, but little of those forms appeared at all, and where they did, it was clear to see they were uncombined, or loosely combined, granules of fibrin.

There were tens, hundreds, thousands, tens of thousands and even millions, according to kind, in the boiled blood, of the *exact forms* that all bacterists have been telling us so persistently for many years, were found in the blood of various diseases, and are the causes of all the diseases wherein they are found. How was the development of these forms brought

about by simply boiling the blood? This is one of the easiest questions in the world to answer.

As has been stated, fibrin coagulates, or organizes, from the fluid state, into granules, and these granules cohere to each other to form threads or fibrils in great numbers, where congestion takes place under disease, in any part of the body. And the same or a similar action takes place in the blood after it is drawn and allowed to stand quietly a few minutes. It is indeed, to this action of fibrin that the clotting of all drawn blood is due as you know.

Very well, boiling it moderately destroys in part the cohesive power of the granules of fibrin for each other; and gives us an innumerable number of forms just according to whether that cohesive power is entirely killed in some of the fibrils, thus breaking them down in their separate granules, the so-called micrococci of disease; whether it is not so fully destroyed, but enough to break the fibrils up into very short pieces, called bacterium termo, or longer pieces, like rods, clubs, etc., and called bacillus subtilis; or whether it is left still more intact, and then gives us spirals, which are called spiral bacteria; also chains, rings, felted threads, or what not, and all falsely called bacteria when found in disease. And this is all there is of this part of our subject. These granules of fibrin are not, however, all wholly separated from each other without prolonged boiling. In the specimen boiled for an hour, I had to let it stand and rot for two or three weeks before all the fibrils were broken up into short pieces and granules.

Indeed, fibrin possesses a most remarkable life or tenacity of life of its own. In one specimen of the blood boiled for an hour, there is as beautiful an example of organization as could be anywhere found in animal life; and which was apparently the result of the organizing forces possessed by the fibrin, independently of, or separated as it was from all other life, or sources of life. This specimen quite evidently organized on the glass slide, after the drop of boiling hot

blood was placed there, and while it was cooling and the liquid part evaporating from it.

Further details of the rotted blood may not be uninteresting. I poured a half pint of the healthy bullock's blood into a wide-mouthed glass bottle, corked it as tightly as a closely fitting cork would allow, and placed the bottle where its contents would maintain a temperature of 100° to 150°. The first few days there was little change to be seen by the microscope, in that blood. After that, however, the wonders began, and have not yet ceased, although it is now ten weeks since the experiments began. No paper of ordinary length would allow of the half being told of the marvels that have developed in that bottle. There is ten times, if not a hundred times, more life in blood than has ever hitherto been conceived.

At the end of one week changes had begun in its fibrin, by showing much of it organized in a way to give beautiful samples of anastomosing vessels, as though the bottle were full of life—but not as beautiful in this respect as the one specimen of boiled blood had given. As yet few forms of the so-called bacteria had appeared, though there were some to be seen. In ten days the anastomosing vessels were less conspicuous, and more "bacteria" appeared. In two weeks there was still less vascular appearance, and much more evidence of the fibrin parting into separate fibrils, and these breaking up into rods, clubs and granules. In sixteen days nearly all the anastomosing vessels were gone, though there were yet traces of them; and then "micrococci" (granules of fibrin) began to show by the million, and most of the other "bacteria," as rods, clubs, rosaries, chaplets, etc., (fibrils of fibrin), developed by hundreds, thousands and tens of thousands, as the case might be. Indeed, in proportion as the fibrin broke down from its first and higher organization by rotting, in just that proportion did the broken pieces of fibrin appear, and it was truly wonderful the great variety of forms they took. There is scarcely anything in form, as already said, that this broken fibrin did not imitate. From

the film on the surface of the blood in that bottle, I obtained some of the most beautiful imitations of single and multiple linked watch chains, like those worn by both gentlemen and ladies; and others like hair chains.

After that time I examined the same blood every two or three days, for ten days to a fortnight longer, but saw nothing of particular interest, excepting the further breaking down of the fibrin into very short pieces and granules, until there was little else to be seen. From that on, I paid little attention to it, only to condemn my indolence in not throwing the putrid stuff out; but fortunately did not do it, because of an undercurrent of hope that there might something further come out of it. And this brings up another chapter of interest.

[TO BE CONTINUED.]

INEBRIETY IN WOMEN. ITS CAUSES AND RESULTS.

FROM OBSERVATIONS MADE AT THE REFORMATORY PRISON FOR
WOMEN, SHERBORN, MASS.

BY LUCY M. HALL, M. D., PHYSICIAN IN CHARGE.

**** He who discovers and eradicates the sources of contamination which would result in the outbreak of diphtheria or typhoid fever in a household or a community, does a far better work than he who simply cures or conducts to recovery the victims of preventable disease.**

In no department of medicine does this question of prophylaxis assume so high a degree of importance as in dealing with the mighty problems of inebriety, for whether a vice in the beginning, or whether attributable to the action of a diseased nervous organism, inherited or accidentally acquired or whether produced by a combination of causes, inebriety at length becomes a disease in itself, and demands at our hands all the consideration due to any other diseased state.

Moreover, as the results of this condition are not confined to the individual, but are transmissible to the offspring

of the inebriate, burdening the world with beings faulty in organization, in whom the nutritive processes have been perverted from the moment of their earliest action, necessity for prevention of an evil so wide-spread and so lasting, assumes double importance.

Nor are all the conditions antenatal whereby the inebriate's children are defrauded of that which is the birthright of every child, a sound body in which a sound mind may expand and develop. These children are too often, in consequence of the parental vice, poorly clothed, poorly fed, living amid squalor, discomfort, and perturbation, subjected to exposure to cold and wet, to cruel beatings, especially to blows about the head; in short, their congenital deficiencies are so supplemented by post-natal surroundings the most detrimental, that we are often in doubt as to the origin of the defects which we are called upon to note.

I will here state that of eighty-two inebriate married women, I find thirty-two who have been mutilated about the head until from one to twenty scars *per capita* are visible. In all these cases it was alleged that the injuries were received at the hands of drunken husbands, and it is safe to suppose that the husbands did not always escape from the encounter unscathed. Amid such wholesale brutality the children are always the greatest sufferers. I find that of four hundred and eight children born of one hundred and eleven inebriate mothers, eighty-three of whom had inebriate husbands, two hundred and twenty-seven perished in infancy and early childhood; while of the survivors many are infants and young children, having apparently but a frail tenure of life.

From the standpoint of the sanitarian the results of inebriety are too far-reaching, too complicated and perplexing to be fully presented here. In order that the *causes* of this great evil may be more fully understood, a vast amount of work must be accomplished, and each searcher for truth, in his own particular field, must labor patiently to swell the slowly accumulating mass of material from which finally a

basis for more well-directed and efficient work in the prevention or control of inebriety may be evolved.

In the hope of adding something which may aid those who are laboring to the accomplishment of this end, I have directed my efforts toward ascertaining, so far as possible: 1st, The age at which the habit of using intoxicants is most likely to be formed. 2d, Associations, inducements, etc., which led to their use in these cases. 3rd, Condition, occupation, and place of residence at the time. 4th, Intoxicating beverages first used. 5th, Place where they were drunk. 6th, Hereditary influences.

Of the 204 cases examined by me, 132 were committed to the prison for drunkenness, 56 for crimes against chastity and public order, and 16 for crimes against property. Their ages when committed averaged thirty and one-half years. Sixty-five were between thirty and forty-one years of age; forty-nine between twenty-five and thirty-one years; thirty-four between twenty and twenty-six years; and thirty between fifteen and twenty-one years; the remainder were over forty years of age. Fifty-six were serving a first sentence, forty-one a second, forty-two a third, and twenty-six a fourth. Of the older cases many could not tell the number of sentences which they had received. One of them thought she had been committed more than a hundred times. Seventy-three were married, but separated from their husbands; seventy were single; thirty-nine were married, and twenty-two were widows.

Twenty-seven began to use intoxicating drinks before they were ten years of age; eleven began between the ages of nine and fifteen years; seventy-four between the ages of fourteen and twenty-one years; thirty-seven between twenty and twenty-six years; thirty-three between twenty-five and thirty-one years; nineteen between thirty and forty-one years, and three between forty and fifty-one years. The average age was eighteen and one-third years. *More than one-half* had formed habits of intemperance before they were twenty-one years of age, and more than one-third

at the giddy ages between fifteen and twenty inclusive.

One hundred and thirty-two claimed to have drunk socially, and never otherwise; forty-seven admitted that they loved the liquor which they drank; eleven gave trouble or anger as a reason for the indulgence; fourteen were more or less ill when they began, and I regret to state that in three instances it was alleged that the appetite was awakened by the use of stimulants which had been prescribed by a physician. In the other cases a mother, husband, or some officious friend had recommended or urged their use as a medicine.

One hundred and thirty-two began to drink with female friends; twenty-eight with male friends (20 of the 28 were the husbands of the women); three with male and female friends together, and seven alone. A few began by drinking beer in mill or shop while taking lunch with their companions.

When the indulgence commenced, one hundred and fourteen were single; seventy-two married; eight married but separated from their husbands, and ten were widows. Forty-eight were engaged in domestic service, forty-four worked in mills, and fifteen in shops (usually shoe shops). One hundred and ninety-seven resided in the city, and seven in the country. One hundred and twenty-eight began by drinking beer; thirty-seven by drinking whisky (usually as punch at first); twenty began with wine, and eight with gin; eleven were unable to remember the beverage first used. A large number avered that they fell into habits of intoxication by first using a substance familiarly known as *tonic*.* This beverage is harmless in itself, but when drunk in the company of those who were indulging in stronger drinks it was soon supplemented by beer or other intoxicants and thus insidiously the habit was formed. Ninety-one began to drink at their own homes, forty-nine at the homes of friends, and sixty-four in saloons.

* Made of hops, sugar and water, charged with carbonic acid, and colored with burnt sugar.

In but one hundred cases were even the most meager details of the family histories obtainable, but these, no doubt, may be considered to fairly represent the class. Intemperance, transmissible disease, or any family neurosis which would be likely to affect the offspring unfavorably were noted.

Of the fathers, sixty-seven were dead. Of these, twenty-four died of consumption, four of heart disease, two of kidney disease, one of scrofula, and one of neuralgia; one committed suicide. In several cases the cause of death was not known. Fifty-six were intemperate, eight were extremely nervous, and three were insane. Of the mothers, thirty-seven were dead. Of these, twenty-one died of consumption, three of heart disease, one of cancer, one of epilepsy, thirty-one were intemperate, twenty-five were extremely nervous, and three were insane. Of the brothers and sisters, fifteen were known to have died of consumption and two of heart disease; eight were insane, and two simple. Of the grandparents, four were known to have died of consumption and two of heart disease; two were known to have been insane. Of the uncles and aunts, thirty-two were known to have died of consumption, one of cancer, and one of heart disease; twenty were known to have been insane. In all but eight of the one hundred cases examined were one or more of the above conditions found to have existed in the family. In one case—that of an extremely nervous but intelligent girl—both father and mother were very nervous, a grandfather, brother, and uncle were insane, and two brothers were simple.

It may be of interest to add that of these 204 inebriate women, 126 had been guilty of other crimes; yet in but sixteen instances did the first commitment of these crimes antedate the habit of drinking. Fifty-three used snuff in the mouth (in Massachusetts a habit confined chiefly to the mill population); forty-three used snuff in the usual way, thirty-nine smoked tobacco, and three opium. The last named vice is making rapid headway in New York and in

many of our western cities; in Boston only a beginning has as yet been made, but a swift spread of the evil is feared. Six used opium or morphine hypodermically or *per os*.

Concerning nationality sixty-seven were Irish, fifty-two Irish-American, seventeen American, seven negro, seven of mixed foreign parentage born in America, and twenty-two born in other countries. Of the Irish-born forty-five came to America when young, and claimed never to have used intoxicants prior to this time.

To determine the actual effects upon the system of the habitual use of alcohol is a difficult or rather impossible task. Yet nothing can be more obvious than that results the most profound and enduring do follow its use. Boehm tells us that "alcohol must be ranked with those narcotics which, after long-continued use, leave behind them permanent and enduring changes in the bodily organs. These changes may not be recognized by the minute anatomist, but they may be known very unequivocally by persistent anomalies of function."* In no direction in this abnormal condition and action so constant and so well marked as in those most delicate and complicated structures, the brain and nerves. The other expressions of a diseased condition in the inebriate may, often with a show of reason, be attributed to other causes than the toxic action of Alcohol, but the evidences of the fatal deterioration in these organs are unmistakable.

In classifying the cases which have come under my care I have made four divisions, each embracing, beside its representative members, many who presented minor degrees of variation from the type of the class:

Class I. Here an unstable state of the emotions begins to manifest itself. The woman is often depressed in spirits; weeps easily, and is easily consoled. The most trivial circumstances will annoy and excite her. All the currents of her life are disturbed, and are in inharmonious relations with each other. This is partly from the action of Alcohol upon

*Ziemssen's Cyclopedia, Vol. XVII.

the tissues of the system, partly from the moral protest which is goading the victim with a sense of the ruin in which she is becoming involved.

Class II. In this class we have the psychical disturbances more marked. The woman is apprehensive, believes that she is wronged, and imagines every one to be against her, the temper is irritable, and often uncontrollable; the moral sense is involved; the perception of what constitutes right and wrong is blurred and distorted; purposeless lying, deceitfulness, a general absence of integrity and honesty, characterize this condition: and the higher the intellect of the woman the greater the divergence from the normal standards. The patient believes that she can easily reform, and resolves to do so without a moment's doubt or hesitation. The capacity for suffering is active, remorse being a prominent factor in the distress which so often possesses her. The eye is unsteady, and the facial muscles often twitch nervously. Gastric and intestinal disturbances are common in this class, and headache an almost constant accompaniment.

Class III. This is a dual class, and one in which, from the long, continued use of intoxicants, the vital forces have gradually come to "equilibrate around new centres," and the resultant conditions have assumed a degree of fixity, from this persistent abnormal adjustment of the life forces. In this class we find ourselves dealing with persons whose reasoning powers and governing impulses have little in common with our accepted standards. All the higher qualities have hopelessly deteriorated. If the woman is a criminal she has but little comprehension of the significance and extent of her crimes; if of a phlegmatic temperament, the capacity for suffering is diminished, and the impulses are less active than in either of the preceding classes. The brain and nerves seem to have gone through a stupefying process. The will is weak, and the woman is not troubled with regrets or a sense of her failures. The Divine fire which characterizes our humanity has been almost completely extinguished in her, and she has sunk to the level of the

lower animals; in some respects indeed she is below the intelligent brute.

If some intercurrent disease does not end life, the patient will remain in this condition for a long period, finally sinking into a state of complete dementia. The system in these cases seems to have established a tolerance for the poison, and the nutritive functions are less actively disturbed than in patients of either of the other classes.

In the woman of a more highly nervous temperament, we find at this stage a very great divergence from the preceding type.

Here the system is in a state of rebellion against the unnatural and long continued stimulation. The woman is broken, shattered, demoralized. Her condition is one which approaches to a state of permanent intoxication. Her inhibitory centers have become hopelessly impaired in structure and action; she is excitable to the wildest extreme; she weeps at nothing, and blesses and curses in the same breath; her anger is easily aroused, and she becomes ghastly in her rage; the discipline of the prison is irksome and often unendurable to her; she has no control over her passions or her appetites, and she is often aware of this. Said a poor girl of this class to me the other day—she had been returned to the prison after a few weeks of freedom (?)—"I know I told you before I went out that I'd never drink again. I knew then that I could not help myself if I got where the liquor was. Still I am sure I meant to try, but I got drunk the day I left here, and have kept so nearly all the time since. I never will try again, for it is of no use; I wish I had a ten years' sentence."

This is only one case of scores which I could mention. That they have passed the limits of responsible action and are under the control of a diseased organism, none the less real because self-induced, cannot be doubted. Protection and not punishment is demanded in these cases. Absolute control is necessary, but not with the surroundings of a prison or a mad-house, for to consign them to either is an injustice.

There are usually marked physical disturbances in these cases; headache is a prominent symptom, also a dreadful feeling in the head is complained of—a sensation as though it were opening and shutting at the vertex, spinning around, or as though a tight band were about the forehead; a common expression with them is, “my head is crazy.” Fine muscular twitchings and tremblings are observed, also the muscles are relaxed and wanting in tonicity. A prominent and constant accompaniment of this state is the generally lowered tone of the system. The vital forces have been consumed far in advance of the years of the patient, she often having the appearance of being ten or even twenty years older than she really is, and her powers of exertion and endurance partake correspondingly of this prematurely senile condition—gastric catarrh, or gastritis, bronchial catarrh, affections of the heart, liver, and kidneys are frequent but not constant complications. In this stage of her career death often comes to the relief of the wretched patient, and the scene is closed. Otherwise in Class IV we find her parting with the last vestige of her reason, and sinking into the oblivion of hopeless dementia, tossing in her restlessness and wretchedness toward some wilder form of insanity, or revelling in the splendors of untold wealth and boundless possessions, she goes on swiftly and surely, helpless and mindless, to the death which awaits her.

ECZEMA CURED BY GRAPHITE.

FROM THE ALLGEMEINER HOMŒOPATHIC ZEITUNG, TRANSLATED

BY A. MCNEIL, M. D.

BY DR. AMBERG, OF ARNSBERG, GERMANY.

I was called on October 1st, 1882, to the one-year old child of an official who had fever arising from a cold which was removed on the following day by Aconite 3. I found the head and almost the entire face of the child covered by

black eczematous crusts and moist pus, secreting spots. I was told that this eruption had existed three-quarters of a year. The former attendant had considered treatment unnecessary. Friends had said that it would be injurious to heal it as is so frequently expressed by the public. Cream, fat and the like had been used to soothe it. I also advised against a rapid removal by external treatment. I allowed the cream to be continued, and gave *Aethiops antim* 3, with such good results that in eight days the child was entirely changed and beautified. But in fourteen days the cure had not progressed further, and after the discontinuance of the medicine no improvement. New vesicles and crusts now appeared. I then gave 6 drops of *Graphites*, 200 in 80 grammes of water, to be given three times a day and then twice in teaspoonful doses. No further prescription was necessary, for during its use and after effects the eruption was cured and now remains seven months after."

[I ask those who deny the presence of medicine or medicinal action in potencies above the 10th, to explain how chronic eczema disappeared so soon after the administration of the 200th.—TRANSLATOR.]

CARE OF THE INSANE.

READ BEFORE THE HOMOEOPATHIC MEDICAL SOCIETY OF OHIO,

BY J. P. GEPPERT, M. D., CINCINNATI, O.

Centralization has been in the past an agency or the predecessor of decline, the antecedent of too great development of parts of a unit. In nations one seat of power has preceded their obliteration. In arts one school predominating has ignored extraneous worth and prevented growth, and with cessation of growth has begun retrogression. In animal nature the development of one quality has weakened or extinguished others. The *Glyptodon* developed excessively its armor of defense until its carapace became such a bur-

den as to prevent locomotion and efforts for its preservation and its race died from off the earth. So with communities, the neglect of any duties necessary to preservation weakens them, even the neglect of the insane. The State had better not encourage the pursuit of specialties to too great an excess at the inconvenience of a class of its unfortunates.

The mind of man needs recreation. Change of study or variety of pursuit afford that change of activity which is needed for health. The impaired mind specially needs recreation, change, variety. In the tendency to classification that now exists, there is a factor that prevents healthy variety. This method of classification and determination of individuals into communities with a peculiar disease, aggravates the condition of those afflicted. The disease feeds upon the deteriorating entities about it. Where there is not a healthy mental condition, the entities proceeding from the minds of those imprisoned in large asylums have a subtle effect on those brought in contact with each other. We purify other media, as the air, by mingling the pure with the contaminated. The mentally impaired can be better improved under a healthy influence than under an unhealthy.

The State has transcended her eleemosynary duties in providing places for keeping the mentally sick in large groups. This provision relieves the personally responsible of their duties and thus favors the production of like afflicted from the same parentage. It removes from divisions of the State the influence members of these smaller brands of government should exercise for the improvement of the afflicted. It makes impossible personal active interest of relations. It renders possible the kidnapping and imprisonment of sane persons. It makes possible the constant infliction of cruelties that cannot be readily investigated by the public. This system of crowding so many human beings into small compass, many of whom are more humane and fit to be at perfect liberty than those put over them, renders possible that abuse of power, whereby for a money gain, hundreds are abused, starved, frozen, ducked, drowned, ren-

dered physically and mentally greater wrecks than before their entrance into one of the evils of modern life, State lunatic asylums. These asylums have supplied history with some of her most mournful tragedies. The soul-piercing cries of burning victims, the wailings and heart-sickening pleadings of the confined are a strong argument against this perpetuation. Who are these persons actively engaged in securing appropriations for erection of these pandemoniums? Are they philanthropists? Or are they politicians, seekers after gain in a questionable way? Do we find active, thoughtful citizens giving this subject the attention it deserves? What portion of the community know anything of asylums built by the State for them? The abuses are always existing, but they are so carefully covered from the public that the public is shocked when a Tewksbery revelation is made; yet some of the scandalous practices of that institution are not unique to it. Our State offers too great temptation for mercenary men to avoid the portions made by these institutions. Were the salaries about the asylums rendered so small as to exclude money seekers and allow men of large hearts who appreciate and respect the precept, "The love of money is the root of all evil," then would follow improvement in the treatment and condition of the insane. The results of the treatment of insane in large asylums have not been satisfactory. We have no less insanity at this period of the world than formerly. The State at great expense only changes the bearers of inflictions from the sane to the insane. That is on the plea of protecting the public who are sane from assumed dangers from the insane the State positively inflicts on the insane, the many abuses received by inmates of asylums.

We would recommend that all insane persons be kept within their native county, and when no special reasons exist for a change, that the relatives of the insane person to the third generation, be made responsible for his keeping. This disposition of the State to relieve individuals of the crosses of life is not wise. It is as unhealthy for State growth as

fatalism is to mental development or agnosticism is to spiritual life. In this craze for building State lunatic asylums may not the question put by Shakespeare appeal to us:

“Or have us eaten of the insane root
That takes the reason prisoner?”

In the treatment of the insane physical influences are more worthy of attention than heroic drugging and physical force. By a kindly directing will we can divert the mind to those fields of thought that rest exhausted portions of the brain and make a perverted activity assume a useful sphere. The personal interested friends of the victim will always be able the better to appreciate the injurious influences and act more wisely than strangers. Through this method we can do what is asked of us in the following lines:

“Cans't thou not minister to a mind diseased;
Pluck from the memory a rooted sorrow;
Page out the written troubles of the brain;
And, with some sweet oblivious antidote,
Cleanse the foul bosom of that perilous stuff,
Which weighs upon the heart?”

CARDIALGIA CURED BY THUJA.

BY DR KUNKEL, KIEL.

I was consulted on the 10th of March, 1871, by Miss T. *ætas* 13, She was weakly with bloated face and thick lips. She has suffered for years from attacks of Cardialgia. They continue from half an hour to half a day, attended with frontal headache. The use of food of different kinds is of slight influence: when walking, pain in thighs and legs, not when at rest; paralytic weakness of lower extremities; catarrh of the respiratory tract, cough with profuse expectoration, particularly in the day time; involuntary discharge of urine with the cough. I did not learn anything about the urinary secretion. Further, breath fetid, canine hunger even immediately after eating; very depressed mentally, never

satisfied; sleepy in the day time, at night heavy, as if stunned. Leucorrhœa. Strong suspicion of self-pollution; constant dryness of the hair. Thuja 200. (Lehrman's) one dose.

April 21. Two weeks ago she felt exhausted for a couple of days, then occurred urgent pressure to urinate with profuse discharge of urine, mixed with much mucous; general health much better; disposition very good; fluor albus still present; bloatedness of the face less; still many dreams. Sacch. lac.

I did not learn anything farther till Oct. 17, 1878, when I learned that she had been well until the spring of that year. Then the former mental depression set in, the memory was strikingly weakened, sleep again extraordinarily heavy; "when she is awakened, she is quite beside herself;" frequent discharge of urine; besides hardness of hearing in consequence of catarrh of the Eustachian tubes for which she had been treated unsuccessfully at several aural clinics; headache, etc. Thuja 200, three doses in six days.

November 1. Hearing considerably better, the noises still continue, particularly in the left ear; no headache; general health good.

January 22d, 1879. The complaints in her ears gone; general health good. The only complaint is of temporary toothache, for which I gave the apparently indicated remedy Calcarea carb. Since then I have not heard from her.

This case contains two more remarkable coincidences of restoration to health in a hopeless condition, after giving *nothing* twice. Please explain..

A. McNEIL.

THREE PECULIAR CASES.

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

CASE I.—Mrs. L. æt 36, had been in bed with pelvic cellulitis. She apparently had been a sufferer, notwithstanding ample medical attention. There was much tumification of

the abdomen and great tenderness of all the pelvic organs, and the tenderness extended to the abdominal tissues and viscera. There was enlargement of the uterus and ovaries with erosion of vaginal portion of the uterus and anterior wall of the vagina. Hot douches per vagina and hot hops constituted her only possible comfort, when her abdomen had cooled from the absence of the hops, pain became unbearable; so she lived and so she was dying. Every change to cold increased her suffering.

Her bowels were constipated, her menses came too soon and her feet were always cold and felt damp. The evidence of her suffering was ample. Her mental state was gloomy. The hop poultices and hot injections were discontinued and she was placed in warm clothing. Calc-c, S5 m (Finke), one dose, was given.

No more medicine was needed. She was able to work in four months and is now perfectly well. Three days after taking the medicine her menses came on with profuse flow and increase of pain; at the proper time the flow ceased and all the tenderness and previous suffering passed away.

CASE II.—Mrs. F., æt 84, at *The Memorial Home*. Some months before I assumed control of the Home this old lady had an attack of vomiting blood. The matron declared there was over a gallon. The physician then in charge said he never saw so large a quantity of blood vomited, and expressed his opinion that it was from the lung as he did not see the act of vomiting, disputing the matron who saw the vomiting. The treatment was directed to prevent another hemorrhage from the lungs—large doses of astringents. The old lady continued to decline, and when the attendant acknowledged his impotence in the case, and the friends of the old lady outside of the Home made complaint, I was requested to assume the duties of medical attendant of the Home, and this case with others came under my charge. The matron explained the situation and I immediately suspected that the hemorrhage came from an ulcer in the stomach. The

dropsical condition prevented a satisfactory examination, but the subjective history confirmed the diagnosis.

But the important thing now is the dropsy. Her limbs were enormously swollen and her abdomen no less so, and her stomach could tolerate nothing but a little milk.

The dropsy having a hemorrhage for its cause guided me to the selection of China, which was repeated at proper intervals in 77m (Finke); while she was going down rapidly she began immediately to improve. No other medicine has been given and she is as well as anybody in the Home. As she had been so near the *angels* she has the liberty of the house and is a general pet, running three long stairs, visiting all the rooms and chatting and joking everybody. Old people recover when given the right remedy in suitable potency in a surprising manner. Some years ago I supposed that when an old person become dropsical his or her time had come. At present, I do not declare an unfavorable prognosis because of old age, but when the disease causing the dropsy is one hard to manage regardless of age.

CASE.—Mrs. S., at 76 also an inmate of the *Memorial Home* came to my charge the same time as Mrs. F. She was dropsical and asthmatic. The urine was loaded with albumen, and, apparently, she was progressing, to a fatal termination without interruption.

She took Ars. Apis, Apocyn. Lach. with some relief. The latter seemed to give the only relief; finally, she was becoming very large; hands, face, limbs and abdomen all œdematous, while Lach. afforded relief I had decided not to tap. Though she had taken medicine at proper intervals, when there seemed a demand for a repetition, yet the time came when she seemed to get no benefit from the remedy. The suffocation after sleep was the special symptom guiding to Lach. 41m—was the preparation used. Early one morning I was advised as to her condition. She had suffered greatly during the night with pains in the feet and legs, and her feet were getting black. The matron thinking that she was about to die, gave her some whiskey without relief. *The*

great pain in feet and legs, skin turning black, perhaps threatening gangrene, Ars. and Lach. had failed, guided me to Tarantula cubensis, which was given, 12x one dose. The pain subsided immediately, the dark color of the skin on legs became bright-red and in a general way, she felt improved and got up. Next night, she slept well until toward morning, when pain in lower limbs returned, Tarant. cub. 12x was repeated, with perfect relief. The medicine has been repeated by necessity about every day since November 20th.

December 1. There is now a fiery redness of the skin below the knee to the ankles on both legs. tender to the touch and covered with small blisters. Everybody that looked at it thought it was erysipelas. A serous transudation is going on from the surface of both limbs from the feet to about six inches above the knees, which runs down and drips from the heels and also saturates the absorbent dressings in a few minutes. A sheet placed on the limbs as an outer covering must be taken off every hour and another put on as the serum is so great in quantity. A sheet dried shows very little discoloration but is pungent to the smell. There has been no perspiration from any part of body. The œdema appears to be going down.

December 25th. The œdema has gone from the face, hands and thighs. The abdomen has become nearly natural in size, and albumen has not been noticed in the urine since December 1. Urine has been very scanty. The legs are covered from knees to ankles with a profusion of flat ulcers which secrete a serous flow, and large yellow crusts are forming.

December 20. (Edema gone out of feet and ulcers are still flat with red, and in places blue margins and red and bluish interspaces on the skin. Yellow scales are forming. The patient is somewhat prostrated, but says she is more comfortable with the ulcers than with the "bloat" as she nearly suffocated before. Since December 1, she has had an occasional dose of the medicine, as the pain in the legs became severe.

January 1, '83. She shows signs of sinking, though she says she is feeling comfortable except the occasional sharp pain in the ulcers.

It is evident she is going to die, but will she die of exhaustion or will the dropsy return and death occur as usual from such a condition? Such was my query.

January 9. She died of exhaustion.

TARANTULA CUBENSIS.

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

CASE I.—A young man came to me with a bubo in the left groin. He had been disappointed in that he had not obtained relief from the treatment used. His bones ached, his tongue was loaded, and his breath smelled badly. The tumefaction was hard and painful, *bluish and mottled, with great burning and sharp cutting pain*. It was discolored some distance around and the heat was intense. He took *Tarantula cubensis* 12x, one powder dry on the tongue three mornings in succession. He returned on the third day after taking his last powder saying that he was poisoned. He complained of a wild feeling in his brain and a drawing sensation in the scalp and muscles of the face. He was in a state of great mental anxiety and said he felt as if he was going to lose his reason. Mental restlessness was marked in his countenance. He could not keep quiet even after I assured him that he was in no danger. His primary symptoms had nearly gone and the bubo had lost its bad color. The next day he was much improved in a general way and the bubo had nearly disappeared. I saw him again in three days and the improvement was going on rapidly. The chancre healed rapidly and in one month he told me he had never been so well.

CASE II.—A middle-aged gentleman had an abscess on the side of the face just in front of the ear. Suppuration was

advanced and the fluctuation was marked. Silecia had done some good as it had controlled the pain. The cavity was aspirated by a surgeon several times but it continued to refill. After three weeks there was no abatement of the difficulty. The integument took on a new feature, becoming *bluish, mottled with great burning and sharp cutting pains*. The hardness was extending and the opening gave out a bloody thin excoriating fluid of foul smell. He was chilly and nauseated and had symptoms of pyæmia. After one dose of *Tarantula cubensis* 12x an immediate change for the better took place. No more pus formed and he was well in ten days. The discolored localization became a bright red and then faded to the natural color. The nausea and general pyæmic symptoms were greatly relieved within twelve hours. No more medicine.

CASE III.—A lady aged about 30, suffered greatly from a carbuncle on the back of the neck. She had applied many domestic medicines and obtained no relief. The tumefaction seemed destined to suppurate. It was *mottled bluish* and the pain was *intense, knife-cutting and burning*. She was sick at the stomach to vomiting, and at night she was delirious. Her eyes were staring and there was some fever; the tongue was foul and the breath fetid. There was great *tension in the scalp and muscles of the face*. She begged for morphine to “stop that burning and cutting pain.” *Tarantula cubensis* 12x one dose produced quiet immediately and the angry looking tumefaction failed to complete its work; it did not suppurate. The discoloration was gone in two days, and the hardness soon disappeared also. She regained her normal state very rapidly, and she stated to me a short time ago that she had never had her old headaches since that swelling left her, showing how deeply the medicine affected her whole system.

If a part is mottled (Lach.), bluish, growing dark, with those symptoms, *Tarantula cubensis* must be the most appropriate remedy.

HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA: ANNUAL MEETING.

The nineteenth annual session of the Homœopathic Medical Society of the State of Pennsylvania was held in the Aldine Hotel, Philadelphia, commencing September 18th, 1883.

The meeting was called to order by Dr. Hugh Pitcairn, the first Vice-President of the society. Dr. Trites, the President of the Philadelphia County Society, then extended a cordial welcome to the guests, assuring them that Philadelphia physicians would do all in their power to make this meeting a memorable one in the annals of the society. Dr. Pitcairn, after responding to Dr. Trites' cordial welcome, introduced the President, Dr. Pemberton Dudley, who proceeded then to deliver his annual address, which included a suggestion for the reduction or abolition of the initiation fee of new members, in the belief that it operates to diminish, as well as increase the society's income; also, to allow the appointment of any member to but one of the scientific bureaus, and urging that a larger number of such appointments be made; also, that each bureau shall select some specific subject for the "discussion," which shall be also the subject for at least *one* of the "papers" presented and shall have the subject announced in the secretary's annual circular.

The "address" then alluded to the evidences of homœopathic progress in the State, as shown by the hospitals, colleges, journals, standard literature, and the increasing number of its practitioners and laymen, and expressed the belief that the hospital and college improvements in Pittsburg and Philadelphia would give an additional impulse to homœopathic advancement.

The address next refers to the "class legislation," by which all appropriations for medical objects are diverted to the exclusive use of a certain favored class of citizens, while the remainder are left without any such public provision. Particularly is this the fact with reference to the five im-

mense hospitals for the treatment of the insane, with their three thousand beds and their half a million dollars appropriation annually.

The influence of homœopathy upon allopathic literature and practice was next discussed, the speaker dwelling upon the systematic and premeditated spoliation of homœopathic literature for the enrichment of allopathic text-books. Alluding to the fact that the allopathic code forbids a certain kind of practice, because it is "exclusive," no matter whether it be efficacious or not, the speaker asserted that whatever homœopathic practice might be, the homœopathic law or dogma was not itself exclusive. It simply declares a certain general fact of nature, but does not deny or even question the existence of any other fact. Continuing, he said:

"I am not quite done with this subject yet. When it is proposed to unify the schools of medical practice, let me ask how it is possible for the homœopathic school of physicians to be associated professionally with men who hold that medical questions are to be decided, not by the processes of the laboratory and the hospital, but by the methods of the machine politician? According to the allopathic method of deciding certain medical problems, the properties and the habits of the tubercle bacillus, the existence of the invisible corpuscle, the benefit of the antiseptic method and the curative powers of the homœopathic similimum are to be estimated, not by the researches of a Koch, a Norris, a Lister or a Hahnemann, not by the observations of those who honestly and intelligently follow the direction of these discoverers, but by the ballot of a medical society, not one of whose votes would be challenged, even though the voter could not distinguish an eye-piece from an objective, or a steam atomizer from a saw-mill, and not two per cent. of whom could give a correct definition of homœopathy, 'though 'twere to buy a world of happy days,' or to perpetuate their cherished code. If this statement seems overdrawn, let it be remembered that the right to decide by ballot whether physicians shall prescribe on the principle of similars implies also the right to say whether they shall employ anti-parasitic treatment in consumption or antiseptic methods in surgical operations.

"It will doubtless be asked, has not the New York State Allopathic Society already receded from this absurd and untenable position? I answer No. She has simply extended somewhat the

privileges of her members; but she has not surrendered her authority to rescind this action whenever she pleases, nor has she in any way intimated that there is any limit to her arbitrary prerogative. All her members still know that she is their absolute mistress, with power to interfere at any time in their professional relationship.

"It is not pleasant to say things respecting a sister sect of the medical profession, but in no other way can it be shown in what consists the cause of medical sectarianism, and where the responsibility for its continuance rests. If I have torn away a mask from the face of our opponent, it is only to show exactly against what and for what our school is contending. Let the word go forth to every corner of our State that medical unity is possible at any time, even without unanimity of belief. But let it be thoroughly understood that even with unanimity on purely medical questions, there never will be—there never can be—unity or harmony or peace in the medical profession until the right of one physician to control the medical belief or the professional conduct of any other physician is absolutely renounced and forever repudiated. In our relations with our patients we, as a school and as individual physicians, acknowledge no master save the dictates of conscience and of judgment and the laws of the land, and these only will we obey.

"Fellow-members, it is because of the facts I have thus stated that we are met to-day as a distinct organization of physicians, not, only to preach this new medical gospel, but also to defend the liberties of those who accept it. In our deliberations we shall sadly miss the counsels of some who, since we met a year ago, have gone into the more immediate presence of the Master Physician—Ashton, Rousseau, Marsden, Malin, McClatchey. Distinguished among their brethren, learned, faithful Christian physicians, every one. What higher earthly tribute could they merit? So long as their names shall linger on our lips and their memory in our hearts, so long may the influence of their teaching and example be seen in our lives. May this occasion be to us all a season of mutual profit and improvement, and from what we shall gather here may we each be enabled, in the year that is before us, to mitigate pain, to prevent suffering, to avert threatened disasters and to save precious lives. Our mission, as a distinct profession, is of Heaven; our daily work is holy. Let us walk worthy of the vocation wherewith we are called."

Dr. R. E. Caruthers, Chairman of the Bureau of Organization, Registration, and Statistics, reported that the State Society now numbers 170 active and 16 corresponding mem-

bers. During the past year five members were lost by death. Two new societies were formed in Beaver and Schuylkill Counties. Three new medical clubs have been organized,—the Hahnemannian Society, of Reading, the Philadelphia Medical Club, and the Northwestern Medical Society of Philadelphia. Our college and hospitals are in a flourishing condition.

Drs. William A. Phillips, of Cleveland, H. C. Allen, of Ann Arbor, and E. Hasbrouck, of Brooklyn, were then introduced to the society, and extended the privileges of the floor.

The reports of bureaus now being in order, the Bureau of Obstetrics then reported through the chairman, Dr. Millie J. Chapman, of Pittsburgh.

Dr. Caruthers's paper consisted of the report of a case of puerperal convulsions, in which the first convulsion appeared about one hour after labor. Gelsemium and other remedies were prescribed. Chloroform failed to check the convulsions until it was administered just at the first manifestations of the prodroma of the attacks. The patient finally lapsed into unconsciousness, and remained so for twenty-four hours. When she recovered, she had lost the use of the right arm and leg. There was a sensation as if the paralyzed parts were drawn. The urine was retained. It contained no albumen. There was no dropsy. The labor was rather precipitate and no doubt anticipated the normal date of delivery by reason of the preceding attack of cholera morbus. Dr. Caruthers's experience had been, that most cases like the preceding die.

In the absence of the author, Dr. Chapman read a paper on "Puerperal Mania," by Dr. S. W. S. Dinsmore, of Sharpsburg, in which were recorded three cases of this troublesome complication of the lying-in state. Hyoscyamus cured the first case after the failure of Aconite and Veratr. vir. Ignatia and Hyos. were used in the second case.

Dr. J. Nicholas Mitchell having been called away from the meeting, Dr. Chapman proceeded to read his paper on

"Puerperal Statistics." Among the two hundred consecutive cases reported, Dr. Mitchell had had an unusually large percentage of complicated cases, owing to many of the cases having been seen with other physicians and with the students at the college. There were four cases of placenta prævia. All the mothers and one of the infants were saved. These cases were treated by tamponing the crevix with Barnes's bags, removing the placenta, and delivering the child. In a case in which craniotomy was performed, everything went all right, when the mother got up to go to the bath-room, and fell in a faint and died, owing to the embolism of the pulmonary artery. Decapitation was performed in a case of impacted shoulder and trunk presentation. The mother made a good recovery.

The report of the bureau being before the society for discussion, Dr. John C. Morgan expressed his horror at the idea of taking infantile life. In a practice of thirty years he had never been obliged to take the life of the infant to save that of the mother. He had performed craniotomy in a few cases when the infant was already dead.

There being no further discussion, the bureau was declared closed.

Dr. John K. Lee, of Johnstown, being the only member of the Bureau of Clinical Medicine present, at the request of the society read Dr. W. J. Martin's paper on "Clinical cases in which infrequently used remedies were employed." Case 1. A primipara, after recovery from her confinement, could only urinate when on her knees. Pareira brava cured. Case 2 and 3 Pain in the hip and about the sciatic nerve, which was aggravated by motion and relieved by rest. Dioscorea cured, after failure of Bryonia. Case 4. A male patient, æt. 33, was annoyed by a small quantity of urine trickling down the leg after each act of micturition. Picric acid. Case 5. Similar to the last, was cured by Petroleum after Picric ac. had failed. Case 6. A lady contracted cold; cough, with sore chest, scanty menses, rapid pulse and evening fever; chest sore on percussion; cough was dry and

worse at night; violent eructations accompanied the cough. Phos. failed but Ambragrisea cured.

Dr. Lee also read Dr. Joseph E. Jones's paper on "A Rare Case of Ascites," which required numerous tapplings. The total amount of water removed from this case, would fill six barrels. The patient died, but no post-mortem examination was permitted.

The time for adjournment having arrived, the remainder of the Report of the Bureau of Clinical Medicine was laid over until the afternoon session.

AFTERNOON SESSION.

The Report of the Bureau of Clinical Medicine was resumed. Dr. Clarence Bartlett read abstracts from his paper on "Locomotor Ataxia." Attention was directed to the etiological relation between syphilis and ataxia. The discrepancies between different authorities on this subject, were spoken of. The speaker did not believe that the true relations between these diseases were yet understood. Out of fifteen cases under his care, six had had syphilis. In speaking of the diagnosis of the disease, particular stress was laid on the importance of the eye symptoms, the lightning pains, and the absent patellar reflex. None of these symptoms were considered pathognomonic, but their association with each other placed the diagnosis beyond question, even though no ataxia be present. Hydropathic and electrical treatment was recommended in conjunction with the remedies employed. Those recommended were Argent n., Arg. phos., Zinc., Zinc. phos., Alumina, Gelsem., Silic., Ergot, Phos., Bell., Picric ac.

Dr. John C. Morgan next called the attention of the society to the gluten preparations as a remedy in constipation.

By request of the society, Dr. Caruthers read abstracts from the Allegheny County Society's paper on "Albuminuria." The first symptom of nephritis noticeable is usually diminution in the amount of urine passed. The urine then becomes opaque, and contains albumen, casts, blood and epithelium. There is tenderness in the renal region, swell-

ing of the eyelids in the morning, and finally, general dropsy which may, in severe cases, cause death by its mechanical effects. In unfavorable cases, the patient passes into a coma. The usual course of the disease is to recovery, but the disease may become chronic. The first symptom noticed in chronic cases is usually œdema, with anæmia and debility without apparent cause. The peritoneum is the first serous cavity to be invaded. Vomiting and occasionally diarrhœa appear. The cerebral symptoms are of the convulsive form. Albumen is large in quantity. Granular kidney may exist for a long while without symptoms. It usually makes itself known by slight albuminuria, with frequent calls to micturition, the specific gravity of the urine being low. Headache, bronchitis, indigestion, retinal, cardiac, and vascular changes appear. The fatal result comes from uræmia. Reference was then made to the lardaceous kidney. In the way of treatment, the diet recommended was milk, gruel, arrow-root, buttermilk and weak broths. Meat in large quantity should be avoided. In the chronic form care should be taken not to interfere with any organ which may be acting for the kidneys. Perspiration should be encouraged. A mild and dry climate is the best. Remedies: Arg. n., Ars., Ars. hydrag., Benz. ac., China, Eup. pur., Hell., Nitr. ac. Dr. Cooper considers Arsen. hydrogen to be our best remedy for renal hæmorrhage.

Dr. Bernard's paper on the "Treatment of Idiopathic Goitre" was read by Dr. Caruthers. Calc. c., Kali hyd., Spong., and Iodine were among the remedies recommended.

Dr. Ivins then read the following abstracts of the paper on "Phthisis" by the Philadelphia County Society:

Pulmonary Phthisis.—There are now three forms of pulmonary consumption admitted to exist. —caseous phthisis, tubercular phthisis, and fibroid phthisis,—all of which tend to produce similar results, viz., consolidation, followed by destruction of the lung-substance, associated with wasting of the blood and the tissues of the body. The symptoms of each form, however, present numerous differences, and for the sake of clearness and convenience, I will take up each variety separately and treat the symptoms accordingly.

Caseous Phthisis.—This form presents three types of cases, which, in order of frequency, are the chronic, subacute, and acute, or phthisis florida. This latter variety should not be confounded with *acute miliary tuberculosis*, which is a febrile affection, due to the deposit generally, through the body, of the gray tubercle-granules, and is a constitutional, not a local disease.

The *chronic variety* comes on so insidiously that it is impossible to tell with certainty when the first symptoms presented themselves. There is a history of repeated colds of gradually increasing severity; each severe cold is accompanied by chilliness, some fever, pains in chest, loss of appetite, and persistent cough, with expectoration of muco-pus. Hæmorrhage in a varying degree, may also be present. After one of these attacks, it is found that instead of the cold getting better, the cough and expectoration increase in severity and persistency; that there is a daily morning chilliness, with an evening rise of temperature, accelerated pulse, and the train of symptoms so well known. Well-marked physical signs are now developed in the lungs, and as they progress, the severity of the other symptoms, becomes greatly increased, till at last the patient succumbs to the great drain upon the vital forces.

Subacute Variety.—The onset is not so gradual. There is a similar history of a severe cold (catarrhal pneumonia), in an apparently robust individual, with the usual train of symptoms, the patients often being confined to their beds for a week or two, the symptoms go from bad to worse, being interspersed with intervals of repose.

The *acute variety* is one continuous advancement with no remission of symptoms, or severity of the symptoms. It runs its course in a few weeks. It begins as a catarrhal pneumonia involving the whole of one or part of both lungs. It commences abruptly with chilliness and high fever; associated with these symptoms, are profuse and exhausting night sweats, with intense prostration and adynamia; the emaciation is marked, and the appetite wholly wanting; dyspnœa, cough, and expectoration, which is often streaked with blood or is bloody. These symptoms persist and increase in violence, and in a short time, the case necessarily terminates fatally.

Tubercular Phthisis.—The hereditary type of the disease usually comes under this head. These cases begin either by loss of appetite, indigestion, decline in weight, etc., without any physical signs or an attack of hæmoptysis may be the first symptom. Usually, however, the onset is characterized by a short dry cough, which is rather more troublesome at night, preventing sleep, dys-

pnoea, pains in chest, increased respiration, with some nocturnal perspiration. The heart's action is accelerated by slight causes, the pulse is soft and compressible. In the beginning, the bowels are constipated, but diarrhoea soon sets in, appetite is poor and progressive emaciation exists. These symptoms all increase in severity, the indigestion, cough, expectoration, and night sweats becoming very troublesome. Hæmorrhage is the most alarming symptom to the patient (and often to the physician); it varies from merely streaking the sputa, to quantities sufficient, to prove immediately fatal; frequently a quantity of blood is swallowed, entering the stomach, where it is acted upon by the gastric juice, and, when subsequently it is vomited, it has the appearance of hæmatemesis. After the hæmorrhage has been arrested for some days, small-sized blackish clots are expectorated. The hæmorrhage is brought on by paroxysms of coughing, or is due to the prolonged and intense strain which the vessels have undergone. Many authorities, especially followers of the German school under Niemeyer, say that "capillary hæmorrhage, either bronchial or pulmonary, is the cause of tuberculosis." Clinically we admit that hæmoptysis is the initiatory symptom of phthisis to which the attention of the medical attendant may be called, but on close examination, we will almost invariably find that for weeks and months previously, the patient has been gradually losing flesh, has felt unusually weak, that there have been suspicious febrile symptoms, slight cough, etc. Hæmoptysis is due to something already wrong in the lungs, be it tubercular or not; if not tubercle, it is harmless, and probably due to cardiac causes or to some trouble of the general vascular system. As the case progresses, anæmia is marked; there is œdema of the dependent parts, great debility, increased frequency of the pulse but wanting in tone. The urine is more or less febrile in the early stages, and contains excess of tissue destruction; finally it becomes watery and deficient in solids; albumen or sugar may be present. The disease may progress steadily, either rapidly or gradually, from bad to worse, but, as is well known, phthisis, as a rule, does not advance by continuous progress, but by a series of successive invasions, separated by intervals of improvement, followed by exacerbations.

Fibroid Phthisis.—This form of consumption is a disease of matured life, and is extremely rare in patients of less than thirty years. It is the most chronic form, and its early history is that of bronchial catarrh, it being years before the lungs are attacked. The symptoms are about the same as in the other varieties, only far more gradual in their onset.

The complications must frequently met with in the course of pulmonary phthisis are affections of the larynx and trachea, bronchitis, pneumonia (catarrhal) pleurisy, perforation of the pleura with consequent pneumothorax, enlargement of the external absorbent glands or of those of the chest and abdomen, meningitis or tubercle of the brain, tubercular peritonitis, ulceration of the intestines, especially the ileum, fatty or amyloid liver, fistula in ano, Bright's disease in its various forms, diabetes, pyelitis and thrombosis of the veins of the legs.

Diagnosis.—When the disease is well advanced, the abnormal physical signs are usually quite conspicuous, and the cognition of pulmonary consumption presents no difficulty. Besides the mere recognition, it is desirable to obtain, if possible, a correct knowledge of its seat and extent, its stages in different parts of the lungs, and its nature and origin. This can only be acquired by a careful consideration of the history and presenting symptoms of the cases, associated with a thorough systematic examination.

Laryngeal Phthisis.—Under this division of the subject Dr. X. F. Ivins discussed the question whether this manifestation of the disease ever precedes the existence of lung tubercle. He then described the two varieties—acute and chronic—and dwelt particularly upon the differential diagnosis of the disease in its various stages. The treatment, both medicinal and hygienic, was carefully considered, and, in certain instances in which the apparently indicated homœopathic remedies fail to give satisfactory results, he advised local applications as effective aids to the homœopathic remedial action.

This finished the Bureau report. Dr. J. K. Lee, of Philadelphia, opened the discussion by praising the indefatigable industry of the gentleman representing their county society in the preparation of their paper; but he considered the local treatment recommended as innovations that should be checked, as they were in direct opposition to our law of cure.

Dr. Morgan, like Dr. Lee, had great respect for the gentlemen who understood thoroughly the use of instruments of percision in diagnosis. Still these cases, diagnosed so accurately and for which local treatment is recommended, are, some of them, similar cases to those cured by the earlier homœopaths who had no special knowledge of the disease they were curing.

Dr. Ivins replied that he always preferred to cure with the indicated remedy when possible. He had had cases sent to him where good prescribers had failed to cure, and he was obliged to use, in these, local measures.

Dr. Lee thought that this was an acknowledgment of the deficiencies of our materia medica; or is it an acknowledgment of the inadequacy of the law of cure.

Dr. Farrington considered that it was the duty of specialists to improve our materia medica in the line of their specialty. To his mind, the homœopathic remedy never failed in its mission of cure.

Dr. Ivins agreed with Dr. Farrington, and said that where he could find the true remedy he would not give local treatment.

Dr. E. Hasbrouck diverted the discussion to albuminuria by remarking that Fuchine 2^x or 3^x in his hands never failed to reduce the quantity of albumen in the urine, but that was all the good it did.

Dr. Bartlett asked if the gentlemen present, considered it any more Homœopathic to use Fuchsine as a routine remedy in albuminuria, than to use Morphia in like manner to relieve pain. In either case, we might occasionally make an accidental homœopathic prescription.

Dr. Hasbrouck disclaimed any disposition on his part to use Fuchsine as a routine measure, as, in the case just spoken of, he merely administered the remedy for experimental purposes.

Dr. Ivins spoke of Graph. and Fluoric Ac., as remedies for goitre.

Dr. Morgan said that when, in the later stages of phthisis, œdema of the feet and diarrhœa set in, amyloid degeneration of the kidney was present, as shown by an examination of the urine in these cases.

Dr. H. C. Allen thought that routine measures in hygiene were no better than routine measures in prescribing remedies. Each patient should be treated according to his case, and not according to the name of his disease.

Dr. Bartlett, replying to Dr. Morgan, said that he had examined the urine in five cases of pthisis with diarrhœa and œdema of the feet, and had failed to find anything abnormal.

On motion, the discussion on the report of the Bureau of Clinical Medicine was declared closed.

The chairman of the Bureau of Sanitary Science reported that no papers had been received by him. By vote of the society, it was resolved to hold a discussion on the subjects belonging to the bureau.

Dr. Farrington spoke of the advantage of leaving the trap off of the main drain of the house. This main drain should be ventilated by a pipe five or six inches in diameter, running up to the roof of the house. If the main drain is trapped, and there is no ventilating shaft, then all the air between the trap and the house is *dead-air*, and is very poisonous. Each water closet should have its trap or its ventilating pipe.

Dr. B. W. James said that it was not only necessary to have good drainage in one's own house, but also to have the neighboring houses well drained before we can assure ourselves that our hygienic surroundings are perfect. Sewer gases may be forced out of the drain pipes into houses, by the flooding of the sewers with water, through the culverts. This may be assisted by imperfect traps. Health authorities should look after the plumbing. Rules should be adopted by which they shall appoint sanitary engineers. In London and Liverpool, when a tenant rents a house, the owner thereof gives him a certificate of its sanitary condition.

The time for adjournment having arrived, further discussion on Sanitary Science was deferred until the evening meeting.

The society then visited the Library and Reading Room at 1000 Arch street.

A CLINICAL CASE.

 BY C. G. WILSON, M. D., ST. CLOUD, MINN.

Mr. A. B., aged 30, scrofulous constitution. Came to the office Oct. 17, with this history: Caught cold the 15th while working in the rain. In the evening had beating, bursting headache, high fever, backache, unrest. The 16th the headache continued with anorexia and sore throat. Is used to sore throats. Felt very weak. Now the posterior part of the tonsils and pharynx are covered with diphtheritic membrane; neck somewhat swollen and stiff. Lymphatics swollen on left side, on which side the soreness began, and very sensitive to touch. Much ptyalism, breath offensive, fluent coryza.

The remedy was plain and the attenuation and frequency of giving it were based upon Dr. Gregg's successful experience in this disease. Lach. m. one dose. In the evening he was very weak and tired.

18th. Restless all last night. Headache less, tonsils swollen more, membrane about the same. In the evening throat easier. Sweats from least hot drink. Quite hoarse.

19th. Sleepless last night, but feels better generally this morning. *Hawks up mouthfuls of mucus, which tastes sour; dirty yellow color, stringy and hard to raise.* Gave Lyc. ³⁰, every four hours; I think this was a mistake. The patient was improving, and notwithstanding the above indication to which he called my attention without any questioning, the action of the Lach. should have been continued. I realized this fully after leaving the house, and in the evening, on finding little or no mucus raised, gave Lach. m; one dose.

20th. Slept better, can swallow more easily. *Food fills up immediately. Hawks up mucus again with the sour taste.* Uvula much elongated and covered on the end and posterior surface with the membrane. The symptoms were elicited by the indefinite question "How do you feel to-day?" for I was not looking for Lyc. symptoms. It seemed so well indicated, however, that it was given, one dose, mth. attenuation.

21st. Much better every way, throat clearing up. Can move neck freely.

22d. Uvula clear as well as most of the throat, but quite tender, can swallow well, appetite returning.

23d. All right except a little weakness from abstinence of food, etc.

The room was fumigated every morning, with Sulphur, which doubtless had a good dynamic effect also. Placebo of Alcohol 10 gtt. in a teaspoonful of water every four hours. Other cases will be treated similarly but with more confidence in the result.

SLEEP.

READ BEFORE THE HOMŒOPATHIC MEDICAL SOCIETY OF OHIO.

BY R. B. JOHNSON, M. D.

What is sleep? It is that condition of the system where all voluntary actions of the mind and body are at perfect rest. And the importance of this subject will be better realized when we consider that at least one-third of the lifetime of every individual is spent in sleep; and it is as essential to every one, who would enjoy good health, that they should have this sleep as it is that they should have good food to eat. And I do not know but it is more so, for who has had the courage to test the human system to its utmost capacity in this direction and tell us how long life can be sustained without sleep; whereas Dr. Tanner and various others have tested the power of the system in abstaining from food and found that for forty days or more life can be sustained without food, but I doubt whether it can be done without sleep. How important it is then to know how to sleep and get the most benefit therefrom.

In order to consider this subject more thoroughly I shall divide it into when to sleep, where to sleep and how to sleep.

Now it has been said that there is a "time for all things, a time to laugh and a time to weep, a time to live and a time to die, a time to wake and a time to sleep," and the time to sleep is when we can get the most rest out of the same amount of time.

Now when a person is awake and in action he is using up the vitality that is stored within himself, that is he is throwing off the life-giving elements of the system, and is taking on those that tend to bring on decay and death; but when we sleep the order is reversed and we take on those elements we lose when awake, and throw off those that tend to produce death. Now when we examine into the vegetable kingdom we there find the same order preserved, but those elements that are death to the animal kingdom are life to the vegetable; therefore when the vegetable world is sleeping or giving off the element that are detrimental to it, in the greatest profusion is when man can get the most of those elements which are calculated to build up his system and it is an established fact that this is done in the night time, and that then is the time for all to sleep who would enjoy good health. But alas, how many there are who spend their nights in other ways than that designed by the Creator of the Universe! and alas for the results in broken down constitutions and premature deaths.

In the second place the question where to sleep will depend largely upon circumstances, but wherever it is it ought to be in a room that is well ventilated, where pure air can be obtained at all times, and free from malarial influences. In malarial districts it is best not to sleep near the ground as it is there that this poison to the human family lingers, and it is said that it does not rise over fifteen or twenty feet above the ground and that those who sleep above this are apt to be exempt from its influences even in very malarious countries.

To show how people are mistaken in reference to pure air I will relate a case. Was called to see a lady who lived in a very malarious place, who was shaking furiously every

day with ague; she was very indignant to think that she should have the ague when she had taken so much pains to prevent it and have pure air to breathe, and one of her precautions was that she had slept out of doors under an apple tree all summer. Of course she shook, and who would not have done so? Then, as I said before, if in such a country get up as high as you can to sleep, and then, by all means have plenty of fresh air in the room. But now after choosing the proper time and place it will not give you good sleep if certain other rules are not observed about *how* to sleep. But before I speak further of this let me say something of the bed to be used. Now, I am not going to say, as many do, that we must sleep on a hard bed of some kind; but will say of whatever material it is composed have it comfortable. Place it in the room so it will extend north and south so the electric current of the atmosphere will run parallel with the body, and for aged, weak and debilitated or rheumatic persons, insolation of the bed will add much to their comfort and health, and they will arise in the morning much more refreshed and invigorated than they would be were this not done.

Now then, when retiring leave all care of patients finances, or anything else that tends to disturb or distract the mind outside of the bed-chamber. Do not talk with your companion of anything disagreeable or anything that may bring on a discussion, but have everything as pleasant and serene as possible, and thus being at peace with ourselves, fellow-men and our God, we will be prepared to receive and appreciate "Nature's sweet restorer, sleep," and "bless the man who invented sleep."

Now, if we as Physicians, who are the conservators of the health of the people would give more attention to this subject and instruct our patrons therein, we would have more healthy people and a fewer number of nervous and debilitated persons, and we would not be called so often to hear complaints of sleeplessness, nor make so many prescriptions to make them sleep.

TWO CASES OF ECZEMA CAPITIS.

BY S. E. BURCHFIELD, M. D., LATROBE, PENNSYLVANIA.

CASE I.—Nov. 1st, 1881. L. P——, boy about one year old, large head, fat, florid. Has had an eruption *in patches* on his head and neck for two months. The ulcers suppurate profusely, are deep, with wide red edges, tending to spread in rings. The discharge mats the hair and forms into thick scabs on the head, neck and face. All the sores very tender to touch. Cervical lymphatic glands, swollen and hard. Various common remedies were used by the mother without having any curative effects. Being called to see the child I prescribed *Hepar s. c.* ³⁰, in solution thrice daily. In a month under this treatment alone the eruptions were all completely healed, and in the intervening two years the child has been perfectly well.

CASE II.—Sept. 1st, 1882. J. H——, male child aged about four months, Healthy when born. One month ago an eruption appeared on his head, beginning behind his ears. The eruption rapidly spread, soon covering a large portion of the scalp, and all the folds of the neck. The hair was matted into thick tangles. A sticky, acrid, foul, clear fluid exuded from all the sores, making new excoriations and sores where it touched. In the folds of the neck deep ulcers appeared, and the skin was red and inflamed by the discharge. The mother had tried home-cures and various old women's remedies, and still the child's head got scabbier. A noted old school physician and surgeon prescribed for the child without benefit, and shortly afterwards gave it as his opinion that the case was incurable as it stood. The parents not wishing to abandon attempts at getting the scabs cleaned off consulted me as a *dernier resort*. Called to see the child and considered it curable, indeed so great faith had I in my medicines that I asked for a month in which to cure the case. As *Graphites* was plainly indicated, I prescribed, as is my custom with this remedy, the 30th potency. This med-

icine given in solution twice a day for three weeks, completely cured one of the worst cases of eczema capitis I have ever seen. Only a few scars were left to mark the location of the deeper ulcers. The child has continued well ever since, and in fact from a puny infant has rapidly developed into a fine, hearty boy.

RHUS RADICANS.

BY CHAS. B. GILBERT, M. D., WASHINGTON, D. C.

This remedy has been so little used that the following cases are copied from the *American Journal of Homœopathy*, August 15, 1846, p. 100:

CASE I. Miss B. W., aged 52, of scrofulous diathesis formerly subject to sick headaches; sixteen years since left fore-arm and hand became partially paralyzed, supposed to come from glands about the neck enlarged by scrofula; fifteen years since during a severe attack of what was supposed to be sick headache, became apoplectic, followed by nearly complete paralysis of the left hand and arm, since, which they have been useless, pulseless, nearly bloodless, numb, prickling—with occasional turns of severe pain in the whole arm, which were almost insupportable—flabby, diminished in size and greatly so in strength, using the right to help raise the left. She was fretful, touchy, easily discouraged and inclined to weep, excitable, unhappy; general health delicate. July 1st, 3 pellets 3 dilution; passed a restless night with much severe aching of the back of the neck, shoulders, instep and toes of left foot, with severe tingling and prickling of the left arm and hand. Repeated the dose on the evening of the 2d; the pains continued severe through the 4th, and extended to the whole left arm and hand which seemed swollen, and the veins which had usually been perceptible to the sight or feel, became full, blue, hard and painful in the extreme; in addition there was dizziness of the head, slight turns of faintness, great inability and complain-

ing, less than the usual appetite, insecure feeling when walking, or unsteadiness of gait, free motions of the bowels and abundant discharge of pale urine. On the 5th the symptoms began to abate, and on the 1st of August she was doing one-third of a day's work in sewing (was left handed) with steadily increasing strength and was improved in general health and spirits.

CASE II. Mrs. B., aged 55, of sanguine, nervous temperament; has been sick three years; was treated one year ago without avail; has pain on the top of the head in the morning, with swimming in head when stooping or rising, cloudiness of the eyes, soreness of the mouth and throat, dry cough in the morning, attacks of tearing pain, sometimes stinging and sharp, commencing in the stomach and extending to the sides and shoulders and nape of neck, with stiffness; distress in stomach like a weight, bitter from eating; sense of fullness in stomach; eructations; cannot bear even the presence of light cloths; bearing down or pressing pain in bowels; pain in left side as if something adhered to ribs; constipation; pain in hips and legs as if in the bones, like rheumatism; jerking of the feet in the evening; numbness of the arms with prickling in the fingers; fatigue from walking and excessive debility; sleep disturbed; pain in stomach at night; the pains are tearing, stinging and pressing and shifting from one side to the other, and at times on both, some aggravated by movement, others better from lying down and rest; suffering aggravated on change of weather. The attacks had occurred daily at 5 o'clock p. m., and almost always waked her from sleep in the night; there had been no intermission for months. "I was struck with the peculiar stinging, pricking pains of this case as corresponding to those I had experienced in my own person from the above drug. On the 26th of June last, at 4 p. m., I gave 3 globules of the 3d dilution. She had no attack that day nor has she had any since—her health improved and it is now good."

The first case is by Dr. Barlow, of New York, and the second by Dr. Snow, one of the editors.

STRABISMUS.

READ BEFORE THE OHIO STATE HOMŒOPATHIC MEDICAL SOCIETY

BY G. C. MC DERMOTT, M. D., PROF. O. AND O., PULTE MEDICAL COLLEGE, CINCINNATI, OHIO.

Strabismus or squint may be said to be an affection of childhood; at least in true cases of convergent squint it has its beginning at an early age in life, and may exist throughout a life time.

It is the seeming indifference given to this deformity by the physicians generally, that I wish to make a suggestion, viz., *the importance of its early correction*. Hypermetropia is that condition of the refraction in which the eye-ball is too flat from before backwards, or its antero-posterior diameter is too short; the retina lying within the focal distance of the crystalline lens, and as a consequence images formed upon it being indistinct and blurred. To remedy this the refractive power of the lens must be increased, which is accomplished by a greater convexity of its surfaces, the result of the muscle of accommodation upon its suspensory ligament.

In the emmetropic, or normal eye, this effort of accommodation is only called into use for near objects, which at the same time though, requires more or less convergence of the optic axes in order that they may be directed to the same point. Hence it is seen there is a co-ordination between these two muscular actions of convergence and accommodation; and which is not disturbed by the faulty shape of the eye-ball which is merely an imperfect development of an external organ.

In the hypermetropic eye, the accommodation is necessary for vision of distant objects, for which no convergence is required; but the co-ordination of the central ganglia overpowers the visual requirements and the internal recti contract with the ciliary muscles. These ciliary muscles are constantly active during the waking hours, and the internal recti receive more than their share of nerve influence and

are called upon for more than their due share of functional activity; as a result, they may become hypertrophied, or come to preponderate over the external recti, and their state of frequent contraction produces a tendency to structural shortening. The effect of this is, that the axes of the eyeballs, in a state of perfect rest, are no longer approximately parallel, but distinctly and equally convergent.

At the age of two or three years when the child begins to view small or near objects, he requires a still greater convergence effort of accommodation in order to see them clearly, and in doing so he makes a corresponding effort of convergence, with the result that, as his eyes start from a point of acquired convergence instead of from parallelism, their total convergence becomes greater than is necessary, and they are both directed to a point nearer than the object, so that double vision is produced. In order to see clearly, and to avoid the double images, the child renders one eye more divergent, so that it may be directed to the object; and as the two axes have become combined in a relation of convergence, instead of in their original relation of parallelism, it follows that, when one eye turns outward to fix the object, the other turns inward in a greater degree than before, or squints. In some children, in whom the refraction and the acuteness of vision are alike in the two eyes, and in whom the external recti are of equal strength, it is a matter of accident which eye will be directed to the object, and which towards the nose, and the squint is then said to be alternating. Sometimes one eye squints, sometimes the other. But this equality of sight and of muscular power is not common; and the majority of children can direct one eye more readily than the other, or can see with it more clearly. When this is the case, the employment of the best eye becomes instinctive; it is always directed to the object, and the other always squints. The squint is then said to be fixed, and under such circumstances the vision of the squinting eye will usually undergo a steadily progressive deterioration.

It is this amblyopia from non use that complicates and endangers an eye, which compells us to remark that an early correction is most urgently demanded, and should always be suggested to the parents.

When the sight of both eyes is good, and the squint is uncomplicated by paralysis, it is always curable, not only partially and thus correct a manifest deformity; but perfectly, so as to restore harmony of position and movement under all circumstances, by a well-planned and skillfully performed operation or operations.

As long as the squint is alternating, the operation may be postponed without injury; but as soon as the squint becomes fixed, unnecessary delay will probably involve impairment of sight in the squinting eye; and this, besides being a loss to the patient, will interfere with the excellence of the result.

FEUILLETON.

DR. WM. E. PAYNE of Bath, Me., seems to have been the first to give Kali bi. in croup and published an article in the *Homœopathic Examiner* for March, 1846. Now that its use in such cases has been verified so often, it is worth something to his friends that it should be known to whom the credit is due. He was an honor to our school—a Prince among men.

C. B. G.

DR. ROBERT BURNS says, "The true function of a medical society is to gather together and then diffuse knowledge, to encourage independent inquiry, to survey from time to time by the light of mutual reflection, the positions attained, and thus to seek sound guidance in the application of our knowledge to our practical duties." How true the above and still, how little appreciated by the profession, "In union there is strength," yet witness the meagre attendance we have at our State Society, compared with the large number practicing in this State. To save ten dollars, many practitioners will remain at home and accumulate ignorance rather than obtain knowledge on subjects pertaining to their profession.

P. P.

HOT WATER AS A GARGLE—Dr. Ritzy has found hot water systematically employed as a gargle of great benefit in overcoming

the sensation of rawness incident to acute pharyngitis. He found, that the use of hot water paled the red and inflamed mucous membrane more or less permanently. And, so far as unpleasant personal-sensation went, it cured the pharyngitis. He also believes that this simple plan of treatment would prove beneficial in diphtheria, in patients old enough to gargle intelligently. In ordinary tonsillitis hot water, he thinks, would hardly fail to act well. The water should be used as hot as can be well borne, and gargling should be practiced for several minutes at a time, and repeated every twenty minutes.

P. P.

ARTIFICIAL RESPIRATION. The following simple method of producing artificial respiration, is known as McDaniel's and is worthy of the general practitioner's consideration. The method is an improvement on Hall's or Sylvesters, and is given, as taken from *The New Orleans Medical and Surgical Journal*.

"After the invention of the spirometer by Hutchinson, it was soon ascertained that the chest is greater in the erect form than in any relieved or recumbent position. This is a great fact for physiology for pathology and for therapeutics. The chest is a cylinder, and the diaphragm is a piston, whose pump motion varies the chest capacity, and causes an ingress and egress of air. In the recumbent position the liver and other contents of the abdomen press upon the diaphragm and diminish the chest capacity. In changing from the recumbent to the erect position, this pressure is gradually removed and the chest capacity is increased. It is obvious that all that is necessary to cause air to enter the lungs, is to change the patient from any recumbent or any inclined position to the erect one; and all that is necessary to cause the air to pass out of the lungs is to move the patient back from the erect to any inclined or recumbent position. But I have discovered that the increase of capacity in the chest is slow and small in moving from the recumbent position to an elevation of forty-five degrees, and rapid in ascending from forty-five degrees to the erect position. It is, therefore, not essential in practicing artificial respiration to move the patient through the whole range from recumbency to erectness, but is sufficient to use only the upper half of this range, merely moving the patient from a forward inclination of forty-five degrees to the erect position and back again. Every upward and backward movement produces an inspiration, and every forward and downward movement an expiration, and the two together a complete respiratory act. By regularly repeating these acts, artificial respiration is rhythmically performed, and can be prolonged at will. Any

one will find that if he leans forward from the erect position to an inclination of say forty five degrees, he will mechanically and involuntarily expire, and if he moves back to the erect position he will mechanically and involuntarily perform inspiration. He cannot, by any power of volition, prevent the result or reverse it. This simple movement of upward and backward to the erect position, and downward and forward to a sufficiently inclined position, regularly repeated, constitutes my proposed new method of artificial respiration."

P. P.

BOOK NOTICES.

A DICTIONARY OF MEDICINE: Including General Pathology, General Therapeutics, Hygiene and The Diseases Peculiar to Women and Children. By Various Writers. Edited by RICHARD QUAIN, M. D. Third Edition. D. Appleton & Co., New York.

We have purchased the above and added it to our library because it seemed to be a valuable work worth the buying, and so far as we have looked it over, it more than meets our expectations. It is a "Medical Encyclopedia" and in no sense a "Dictionary." Our readers better look it up.

THE AMERICAN HOMŒOPATHIC PHARMACOPŒIA. Second Revised Edition. Boericke & Tafel.

The second edition of this valuable work has been recently published under the supervision of J. T. O'Conner, M. D. The few botanical errors which crept into the first edition have been carefully corrected, and both editor and publisher deserve the thanks of the profession. No medical library is complete without it.

HAND-BOOK OF ELECTRO THERAPEUTICS. By DR. WILHELM ERB. With Thirty-nine Wood Cuts. New York, Wm. Wood & Co.

It is almost needless to say that the author is a distinguished Professor at Leipsic and an acknowledged authority upon the subject upon which he writes. For one in search of the latest information upon this subject there is no better work extant. The present volume is the June No. of "Wood's Library of Standard Authors" for 1883, and is one of the most valuable of the present series. The work is well illustrated, and if carefully studied will enable any one to master thoroughly the whole question of Electro Therapeutics.

THE MEDICAL STUDENT'S MANUAL OF CHEMISTRY. By R. A. WITTHAUS, A. M., M. D. New York, Wm. Wood & Co.

Already our shelves are crowded with works on Chemistry. Those devoted to students are especially numerous. Our first

impression is that another book is superfluous. A careful perusal of this manual will dissipate such an idea. To the medical student this book will prove of incalculable service. The principles of chemical science and chemical physics are well treated in the opening chapters. In this way the student can pass to the consideration of special chemistry and can appreciate the operations and manipulations with which the work closes. We heartily commend it as a text-book of rare value.

THE DISEASES OF THE EYE: THEIR MEDICAL AND SURGICAL TREATMENT.

By J. H. BUFFUM, M. D., O. et A. Chir., Prof. etc., Chicago Homœopathic College. One Hundred and Fifty Wood Engravings, Twenty-Five Colored Lithographs. Chicago, Gross & Delbridge, 1885.

As *Avant Coureur* of the coming year sure to be full of good things comes this new candidate for public favor. We have taken it up with interest, scanned its well filled pages, and now lay it down with a feeling of satisfaction because it has met our expectation. Defects, the work undoubtedly has, but they are none of them serious and can easily be rectified. For the first time we have a representative work in this department. It is well written and handsomely printed, and we congratulate the author upon his success and upon the fidelity he has shown in maintaining right methods in his treatment. The student and practitioner need not hesitate to add this book to their library.

EDITOR'S TABLE.

MARRIED.—At Hanover, Ind., on October 11, by the father of the bride, J. J. Sturgus, M. D., of Connersville, Ind., to Mary, daughter of the Rev. D. D. McKee. No cards. The doctor has just been appointed physician to the Nisqually Agency at New Tacoma, W. T., the terminus of the N. P. R. R. Salary \$1,200. We extend our congratulations; and hope to hear from time to time how "Lo!" takes to little pills.

DIED.—Dr. Chas. H. Crane, Surgeon General of the U. S. Army, died Oct. 10. He had only held the office one year.

DIED.—At Cincinnati, October 8, of gastric fever, Mrs. Crawford, wife of Professor J. M. Crawford, M. D., Registrar of Pulte College.

DIED.—Chas. E. Blumenthal, M. D., L.L. D., of New York, late editor of *The American Homœopath*, died Oct. 11. He was one of the most noted linguists of New York, familiar with Hebrew,

Arabic, and Sanskrit, as well as most of the modern languages of Europe. He was Grand Commander of the Grand Lodge of Knight Templars. His body was cremated at Washington, Pa., and the ashes deposited by the side of his first wife in the country cemetery at Carlisle, Pa.

REMOVED.—Dr. B. A. Bradley from 135 W. 12th to 504 W. 7th St. Cincinnati.

J. T. Martin, M. D., U. of M., has also received a Government appointment, as physician to the Indian Agency at Skokomish, W. T. Salary \$1,000.

DR. N. P. SMITH, of Oakland, Ill., succeeds Dr. Obetz, at Paris.

DR. H. W. HAWLEY removed from Toledo to Cincinnati, Ohio, and formed a co-partnership with Dr. M. M. Eaton.

SHERMAN'S Pharmacy of Milwaukee has recently issued a very neat and extensive catalogue and physicians' price list.

BOERECHE & TAFEL'S Pharmacy at New Orleans, has removed into new commodious quarters, 154 Canal street.

WALTER Y. COWL, M. D., removes to 152 W. 34th street and his laboratory will be at the northeast corner of 9th avenue and 34th street, N. Y.

H. M. LUFKIN, M. D., U. of M., goes to Anamosa, Iowa, where he succeeds Dr. Hall, who is taking post-graduate work in the University of Michigan.

DR. I. T. TALBOT, of Boston is reported by the papers to be recovering from a dangerous attack of septicemia, the particulars of which we are not informed.

CIRO DE SUZZARA VERDI, M. D., has returned from a two years sojourn in Europe and settled at 1121 17th street N. W., Washington, D. C. He will give special attention to nervous diseases.

HALSEY BROS. have dissolved. The Chicago and Detroit pharmacies will be conducted by Tappan Halsey, the junior member of the late firm, while C. S. and G. E. Halsey enter the wholesale manufacturing business at 12 Madison St.

ANY persons having purchased a copy of the *U. S. Pharmacopœia* of 1870, and desiring a list of the corrections since made therein, can procure same by sending a two cent stamp to Wm. Wood & Co., Publishers, 56 and 58 Lafayette Place, N. Y.

Science of September 28 and October 5 contains a very able article on "Climate in the Cure of Consumption," which will well repay perusal. This weekly is becoming a popular and able exponent of the latest developments in the scientific world.

A. McNEIL, M. D., our well known contributor has been appointed professor of *Materia Medica* in the new Homœopathic College in San Francisco. We congratulate the doctor on this recognition of his abilities and wish him success in his new field.

THE meeting of the American Public Health Association in Detroit, Nov. 13-16, bids fair to be a representative gathering. We hope to see a large attendance. Many valuable papers will be read, and the question of Active and Associate members will be settled.

DR. F. H. ORME, of Atlanta, Ga., met with a fearful accident recently by being overturned in his buggy by a runaway horse, and having both arms broken above the elbow. It came near costing the doctor his life, but from late reports we are glad he is happily recovering.

DR. C. LIPPE is preparing a second edition of his Repertory, and incorporating with it Bœninghausen's Repertory which has never been translated from the German. This will make it a very desirable office companion. But its usefulness would be greatly enhanced to the busy man by the addition of different type to distinguish the value of the remedy.

THERE appears to be a lurking suspicion among some of our leading pharmacists that the experiments made by Dr. Smith, of Cleveland, to ascertain the relative purity of the different brands of Sugar of Milk and Pellets, were not quite impartial. To obviate any possible objection of this kind, in the interests of the profession, and the members of the American Institute who furnish the funds with which to continue the experiments; and for the reputation of those men who are using their utmost endeavors to produce pure and reliable pharmaceutical preparations, we suggest the following: That the President of the Institute procure samples from the pharmacies, and that each sample be numbered and the name and number be retained by the president; the number and samples only to be given Dr. Smith. Neither should the pharmacies know when nor for what purpose the samples were procured. This could be safely entrusted to the good judgment of the President. Justice to all interested would be secured by some scheme like this. H. C. A.

THE annual meeting of the Medical Society of the County of New York for the election of officers, occurred October 22. It is needless to say it was a lively session. The ticket of the "Old Coders," although headed by a man of the fame, ability, unblemished reputation and rare personal magnetism of Dr. Thomas, was defeated by a majority of from 150 to 175 in a meeting where 600 members were present. This decided victory for "freedom of opinion" has

ring the death knell of the "Code" on Manhattan Island, if not in the Empire State. It is needless to say that "this is none of our funeral." Nevertheless, when we see the American Medical Association resorting to very questionable means to stifle discussion or prevent an attempt to modify its code; or when the American Surgical Association can deliberately expel one of its ablest members because he would not renounce his opinion at the *ipse dixit* of the Association, we cannot help feeling an interest in the contest at least, or an inclination "to pat the upper dog in the fight." H. C. A.

CORRESPONDENCE.

ABORTIVE TREATMENT OF GONORRHOEA.

Dear Editor:—Who, among our homœopathic brethren has not a "pet" prescription or an injection ready for every case of gonorrhœa that presents itself for treatment? and yet, how often that said "pet" prescription has failed us. Now, I desire to inflict upon your readers *my* "pet" injection, one that is growing in popularity on account of its simplicity and non-irritating properties. It is *aqua feverns*, (hot water) and, when once employed faithfully, according to directions, becomes the "pet" treatment for all cases of *acute* gonorrhœa. One *thorough* application of hot water, in twenty-four hours, is equal in benefit to several injections of *Zinc, Plumbum, Nitrate of Silver, Permanganate of Potassium, Hyper-sulphite of Soda, Hydrastin*, or even *green tea*, during that time.

We reason first, that, two surfaces, in a diseased condition, in constant and close apposition with each other will be, as a matter of course, unfavorable to recovery, hence, to separate these inflamed walls of the urethra by hot water injections, each injection retained by compressing the *glans penis* for a period of five minutes, and repeated for twenty minutes at each *seance* will produce a mechanical result—dilatation of the urethra. Second, it removes all the gonorrhœal discharge, a constant source of irritation to the urethra, and is, therefore, salutary in this regard; and, thirdly, the well-known action of hot fomentations or hot water, upon all inflamed tissues is so beneficial that we need not dwell upon its applicability to gonorrhœa. And, lastly, no danger to be apprehended from two powerful astringent injections, to be followed by cystitis or a stricture.

The indicated remedy should be given internally.

P. P.

Always order this injection to be given with a *good hard rubber* penis syringe and the water at as high a temperature as can be tolerated by the patient, and you will be as highly delighted with the result as your victim.

Respectfully,

P. P.

GYNECOLOGY.

SUB-INVOLUTION OF THE UTERUS.—We have selected a part of a valuable lecture, given by Dr C. Cushing of San Francisco on the above subject on account of its great importance and close relationship to our general practitioners. There is no disease in gynecology, that causes more unhappy homes with distress and suffering than sub-involution and none more susceptible to proper treatment.

The lecturer "considers premature assumption of domestic duties after parturition as one of the most frequent causes of this unfortunate condition, and he formulates the following sound advice to physiciaus:"

"If it is possible to do so, I know of no better investment of time and money than for a woman who is raising a family, to *devote at least a month following her delivery to rest and quiet, and as free from excitement of any kind as may be.* Unless she is confined to her bed by poor health, it is the only opportunity a mother of a family has to remain quiet long enough to get really rested; and I would advise you to inculcate, in the most thorough manner, the minds of your puerperal patients with the idea that a full month must be given up to rest and recuperation after delivery, and that a portion of each day after getting out of bed must be spent upon a lounge or couch for several weeks. Of so much consequence do I consider this advice, that I would again urge you to use all your eloquence to show your patients the advantages to be derived from a month's bodily and mental rest following confinements.

P. P.

SPECIAL NOTICE TO OUR READERS.

Many of our readers have written asking when their subscriptions are due, and we take this method of informing them. On the printed address will be found the date to which they have paid, and this date will be corrected monthly, thus saving time, postage and trouble and becoming a standing receipt to which they may refer at any time. All subscriptions are payable in advance. Our printer needs the money, and early and prompt payments will enable the publishers to furnish a better journal. If you are in arrears please favor us with a prompt remittance.



T. P. WILSON, M. D.,

EDITOR.

PHIL PORTER, M. D.,

GYNECOLOGICAL EDITOR.

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H. C. ALLEN, M. D., Business Manager.

THE SCIENCE OF FIBRIN.

READ BEFORE THE MICROSCOPICAL CLUB OF BUFFALO.

BY **ROLLIN R. GREGG, M. D.,** BUFFALO, N. Y.

[Continued from No. 5.]

From what was observed in the boiled blood, I had said to two medical friends that I believed after the fibrin had given up by rotting, all its higher animal life and organization, it would then take on the forms of fibrin in vegetable life; and that herein might be found the secret or connecting link, in similarity of forms, between the fibrin of blood disorganized in and by disease, and the real bacteria in the lowest order of vegetable life, as in mould, stagnant water, etc.

But after seeing that nothing of the kind took place at the end of four weeks, that idea was given up as the hope of too excited an imagination, and matters settled down to

what was considered cooler thinking on the subject. Two weeks more passed, and my sample not having been thrown away yet, this idea of a second and vegetable life in fibrin, came over me with still greater force than before, and I prepared a new specimen for examination, and behold what another revelation!

New life and organization had been taken on, but in the main, of an entirely different character. There were still myriads of granules of fibrin to be seen in some parts of the field, even clusters of them, containing enormous numbers; but there had been a secondary net-work formed, in meshes entirely different from anything before developed. There were nuclei, or centers of exceeding brilliancy, from which fibres started out in two, three, or more directions, to meet like fibres, from other centres, and thus was the net-work constructed. There were also great numbers of large cells showing "cleavage" or the binary sub-division by which cells multiply—the beginnings and completion of it in much beauty. At this time too, "tadpoles" and "wrigglers," or forms much like them, appeared in large numbers. At six weeks and four days, there were still different developments, the net-work was different, and there were other differences shown, which we must however pass, for still other marvels.

At seven weeks the secondary net-work was entirely gone from most parts of the field, but the centers from which the threads started to make that work were there in all their brilliancy, and what may it be supposed were the appearances then? Many of those centers had a halo surrounding them, much like the sun, or much as this is frequently pictured, though of far greater beauty than ordinary imitations. Nor was this all. The granules of fibrin had re-appeared in great numbers in nearly every part of the field, excepting for a short distance around each of those bright centers; and here the field was entirely clear of granules, as though they had been absorbed or attracted into those centers, and there consumed to keep up the brilliancy of the latter. It was, indeed, no great stretch of the imagination to fancy one's self

in the midst of a process of universe-buildings in a microscopic way, with central suns, and their planetary systems (granules of fibrin). around them, but at considerable distance therefrom. Some of these centers had a halo extending out for more than a quarter, or even less, of their circumference like comets, some half, some three-fourths, and some all around, as though many of them were in process of construction, while some were just completed. All this, I am well aware, sounds much more like romancing, than like sober talk; but scientists can prepare their own specimens, and see how much of this is fancy, and how much of reality there may be as a foundation for such a description. One thing is quite certain, they will be interested in what they see; if not surprised at it.

At this time too, the "tadpoles" and "wrigglers" had disappeared, or nearly so. A long search found but few of them. And in several specimens there was no network to be found now, excepting at one small point, where it showed in much beauty, but in the main different from anything before that. What more changes there may be I know not, but am awaiting developments with much interest.

Thus is fibrin shown to be one of the primary and original creations, at least in organic nature; and its granules are the most remarkable "impersonations of immortality" to be found in this world. In no other way can be explained their various arrangements and re-arrangements again and again into such an almost infinite variety of forms as they show, and all from their own inherent forces apart from all other sources of life.

This fact of fibrin giving up its higher or animal life, and taking on a lower or vegetable life under decay, brings up the whole question of "cultivation" and "staining" of bacteria, about which so much has been said; but it would require too much space to discuss those points here. One thing, however, I will speak of. The fibrin appeared to eat up, or attract to itself, all the rest of the contents of that bottle, the blood corpuscles, fatty matters, albumen, salts, etc.,

and thereby had the food supplied to enable it to develop all the great variety of forms that it went through.

But it may be asked what has all this to do with disease, and the germ theory of its causation? It has just this to do with it. Inflammation and suppuration are always a *rotting* process, and the blood congested in the inflamed parts is rotted by the suppuration. The fibrin in the blood so congested, organizes naturally as stated; first into granules which join to form fibrils, and these into bundles or membranes. Next, suppuration breaks it all up in the inverse order, membranes and bundles into fibrils, fibrils into pieces, and these into granules, thus giving the bacterists all the forms ever seen in diseased products, from micrococci to rosaries, and from rosaries to "motile filamentous bacteria," or "tadpoles" and "wrigglers," or any other forms they have ever seen. And not one of all these forms in disease is bacteria at all, but the organizing and disorganizing particles of fibrin; not a germ in any sense of the word whatever, but simply a *result*, not a cause of disease.

To evade the results of these very damaging revelations the bacterists may, however, do as they have repeatedly done before when criticized, viz: charge me, as they have others, with great carelessness in not preventing bacteria from getting into my specimens from the atmosphere, and from that developing in the rotting blood. Professor Koch, of Berlin, last spring very unjustly charged Dr. Formad, of Philadelphia, with carelessness in his work, though this was evidently done with the greatest care; and simply because the latter, though a strong believer in bacteria, disagreed with the former on some points.

But they must not take that course in this case. It will do them no good if they do. There is too much of this subject to be set aside by quibbles. I grant that I was not very careful in keeping my samples from the air, beyond corking the bottle pretty tightly, and that I opened it freely whenever I wished specimens. But nature is not so exacting as are the bacterists, in requiring conditions almost impossible

of fulfilment, to learn what she does and how she does it. Once the *key* to her work is found and everything is made as plain and simple as it is possible to wish; and she then leads the true observer on step after step to greater and still greater wonders, which are impossible for the human mind, even the most imaginative to conceive without first seeing them.

To confirm this it was perfectly easy to see how all the assumed bacteria of disease are made. The bacterium termo or rod-like bacteria, are made by the fibrils of fibrin breaking up into short pieces or rods; and the micrococci by these pieces then breaking up into the separate granules of which they are constituted. The rosaries are made as follows: A ring of fibrin will form around a globule of oil, many examples of which I have, then under decay, some of the granules or a longer or shorter piece, will fall out of the ring, and the balance of the granules constituting the ring will partly separate, to give it a beaded appearance, when the rosary appears. The chains are made by fibrils doubling upon themselves at or near their middle, and then twisting up, precisely like twisting a piece of twine, then doubling it and letting it twist upon itself—thus making a close twist, or close links, if hard twisted, or long links if loosely twisted. The doubled end forms the loop or ring for that end of the chain, while if not doubled in the middle, the larger end of the fibril will curl, to form the hook on the other end of the chain. The “tadpoles” and “wrigglers” were made in an equally simple manner. The secondary net-work spoken of, when breaking down, would show a separation of all the threads but one or two, from the central nucleus or head from which they started; and if but one thread were left this would form the body or tail of the “tadpole,” and the nucleus its head; or if two threads were left attached to it, then it would be two-tailed as some were.

If it should still be insisted upon that I was careless in my manipulations of the rotting blood, I was nevertheless cautious enough to wash a large clot of blood until everything but fibrin was washed out of it, so I knew I had *noth-*

ing but fibrin to deal with. This I also boiled and rotted, and treated in various ways to see what it would do, and it told much the same story in many particulars, though it was not so rich in developments as the rotting blood, simply because it had nothing else to feed upon as in the latter case. The facts thus gained, I used for frequent comparisons, to avoid errors in conclusions as to what was seen in the blood, and was thus aided greatly in my work.

Furthermore, I was careful to put the thinnest possible film of organized fibrin from a washed clot of healthy blood, upon a slide, and closely examine that; which, by the way, some bacterists have evidently never done. In this way, and with the very first specimen I tried, I obtained a perfect reproduction of some cuts or micro-photographs of "anthrax bacilli," which Dr. Belfield, of Chicago, furnished last winter, in connection with his "Cartwright Lectures," and published in the *New York Medical Record*, the 24th of last February. How any physician of intelligence, who had ever examined organized fibrin, could have furnished such cuts and called them "anthrax bacilli," is entirely beyond comprehension. The only rational conclusion is that the Doctor *never* examined healthy fibrin, to see how it did look.

Why, from the fibrin in the fluid of a blister, caused by friction, on the hand of a perfectly healthy boy of thirteen, I obtained beautiful specimens of "micrococci" and "bacillus subtiles." And this brings up one of the most astounding results in all this chapter of wonders. After that blister-fluid had dried on the slide, its fibrin presented the most beautiful imitations of ferns, mosses and even of corals, I ever beheld. They remained in that form for three or four weeks; but, (and here the great wonder comes in), these forms have now, at the end of six or seven weeks, and on that *dry* slide, more than three-fourths of them, entirely changed, and in the main, present wholly different appearances. There are the most exquisite cactus-like kind of growths that it is possible to conceive of. Now, also, several excellent imitations of star-fish have appeared. How all

this has been brought about on that dry slide, I, of course, know not; but it has been done. This secondary and cactus-like growth appears to have formed and grown on the surface of the fern-like and mossy growths that preceded it, traces of the latter being still seen in the distance behind the former. This shows the fact, that fibrin can be "cultivated," as the bacterists say of their claimed bacteria; and as would appear now, is the *only thing* that can be cultivated in this manner.

And here too, in these manifold developments of the granules of fibrin, we find the long sought connecting link between vegetable and animal life; and it is not impossible that this may settle the whole question of evolution. Possibly, moreover, we may here find evidences of spontaneous generation or something akin to it, but this I cannot yet accept.

Even from the water in which a few choice potatoes were thoroughly boiled for eating, and a drop or two of the water put at once upon the slide, boiling hot, I obtained "micrococci" in great numbers, and "bacterium termo" in less but considerable numbers; and something of the same from the milk of both raw and cooked green-corn. Fibrin is contained in all vegetable structures.

If one wishes to see the most awkward and coarse imitations of vegetable growths, fern-like and otherwise, and at the same time the most delicate and exquisite, they must experiment with water in which potatoes have been boiled. The difference is owing to whether the fluid dries slowly of itself on the slide, or is dried quickly by heat, the latter giving the exquisite forms.

And here I will indulge in a little speculation. Fibrin certainly must have several kinds of life, to go through all these changes or evolutions, and that spontaneously when separated, as it was, from all other life. In no other way can we account for such astonishing developments as I have seen, and herein detailed. Well, when disease attacks us, it of course lowers our vitality, and renders the principle of life

in us incapable for the time of dominating fully over the life and great activity of all the fibrin within us, as it does in health, keeping this up to its higher work and purposes for the needs of our higher existence. Then, some of this fibrin in us, though comparatively little of it, freed from full control, begins to manifest the activity of its own life, and first shows that kind of growth in which it has the strongest life, then the next after that, and so on down. And in this way different diseases show a different loss of control of our life over that of fibrin, thus allowing this to develop in different ways in different diseases to correspond with all the bacterists have ever seen in disease, and called *vegetable parasites*.

Since the foregoing was written I have received from England the *London Summary* of August 22d, 1883, sent me by some one who had marked an article on yellow fever, which starts off thus: "A series of investigations into the origin of this pestilent fever have just been made by Dr. Domingas Frieze, a Brazilian physician. Dr. Frieze has discovered that the blood of the patient contains a minute point, and in one form or another continues in existence after the death of the patient." This "minute point" is the inevitable granule of fibrin from the patient's own blood, coagulated into granules, or "points," by the fever. And the fact of its "continuance in existence," "after the death of the patient," is due to the life of the fibrin which does not die with the patient; but goes on developing into "one form and another," long after animal life has lost all control of it, as I have already sufficiently pointed out.

A few words now in a general way. If half that I have claimed on this subject be true, then it has already passed beyond a mere personal matter, or personal triumph, and becomes a great public question. And being that, the profession in this city may well take an interest in it, as of no little consequence to the future credit of our city. Further, I will say that there is sufficient talent in the profession in this city, if men will only forego all prejudices and examine

the subject solely upon its merits, to settle all points of it right here for the world and for all time. That certainly would be something worth working for, and one man cannot well do it all alone in any reasonable length of time.

Why should this not, in fact, become a national question? Professor Koch and his co-workers in this field have the German government to sustain them and to supply ample funds for all needs; and Professor Pasteur has the French nation at his back, voting him large sums to carry on his work. But this must not be construed as an appeal for national aid in my work. *The truth will stand without national help.* It is error alone that that needs support. But I want to see this subject, this science of fibrin, built up to what it can be made by the talent of this country alone; and not longer see our home talent accepting error for science, simply because it comes from abroad.

It is possible, indeed it is very probable, that I have made some mistakes in my hurried investigations, but after ample allowance is made for many mistakes, there will still be facts and marvels enough left to fully satisfy all reasonably exacting and reasonably critical investigators.

Our knowledge of disease, and of its beginnings and progress is going to be *greatly* extended by thorough investigations into the action of various diseases upon the organization of the fibrin of our blood; and also by the effects of disease upon our blood corpuscles. Nor in this work must the effect of all diseases upon the natural and healthy *proportions* of the constituents of the blood be overlooked. These few points *thoroughly* investigated will lift much of the mystery from three-fourths or more of all morbid phenomena.

NURSING BABIES.

BY J. F. EDGAR, M. D.

“Doctors differ” of course, but the thoughtful, clear headed ones are beginning to see that the digestive troubles

of babies and children are caused by their stomachs being exhausted by too frequent nursing or feeding.

And *they are taught to cry by their mothers or nurses!* Most mothers will at once sharply deny this; but I assert it earnestly—*the baby is taught to cry!*

Baby seldom gets his nourishment till he cries for it. If he cries again from colic, or a bent pin, or any irritation, the nipple is shoved in his mouth to quiet him; at night when the stomach is beginning to get out of order and baby is restless, the nipple is again shoved in his mouth, sometimes every hour—more or less—exhausting the babies digestive powers, and exhausting the mothers as well, also depraving the milk. Then again, the baby being raised in this way, as he gets older and wants to play, but being hungry, comes to the mother and cries till she puts the nipple in his mouth—he nurses a short time, jumps down and plays awhile, comes back and whines for more, gets the nipple again, probably three or four times till he is asleep. Now you all know that is wrong,—try eating that way yourself. If a baby's reactive power wasnt far ahead of an adults, they couldn't stand it any better than you could. But the stomach's "patience ceases to be a virtue" after a longer or shorter time, and the baby has indigestive bowel trouble, and so called "sick from teething," and many of them *die*, and it wasnt the mother's fault—or the doctor's, "for they did every thing they could."

That was it exactly, "did everything they could" to weaken the baby's life force.

I can't leave my weak criticism of the habit of giving the child the nipple every time it cries, till I speak of the expression of a six year old child whom the mother was still nursing, and who got her finger burned, and cried in agony, and constantly, although many soothing applications had been made to the burn.

Suddenly she said, "Mother give me the *titty* quick! that will stop my crying; why didn't I think of that before!" And it did stop the agonizing sobs at once, and after a few

draws from the breast, she jumped down and went about her play.

* * * * *

I have been in labor with this subject a long while; will not some of the profession take it up and help me out with it? The proposition, as I understand it now, is to have regular hours to nurse the baby, and nurse it full at those hours, and at no other time. The hours I have selected are 6 and 11 A. M. and 4 and 9 P. M. thus giving a full night's rest to both mother and baby. At first, baby may waken in the night, but by turning him over, or patting, or a little water to drink,—sweetened if you wish,—for baby will soon learn that his crying will not bring him the nipple till the regular time; and those times ought to have some kind of noise that the baby will learn to recognize as feeding time, and I have this day written the Seth Thomas Clock Co. to see if they can't make an apparatus to strike only at those hours.

The worst crying babies I have ever seen when nursed or fed as I have described in the foregoing, when I could persuade the mother to change, to nurse only at regular periods, long apart, soon changed their temperment and health to that of a child to near what a baby should be.

And distinctly understand that when the baby is nursed it is to receive a full supply; if it is not furnished naturally by the mother, then give her remedies that will increase the flow naturally, and supplement that with artificial food till the desired quantity is attained. And if feeding is resorted to, either wholly or partially, do not use rubber nipples and feeding bottles, but teach the baby to drink it out of a small glass, which he will learn in a day or two, then let him *finish with the mother's nurse at all times.*

Upon another thing let me write my condemnation: the practice of some mothers, who having an abundant flow of milk, waking a sleeping baby in the night, or at other times, to nurse out the swollen breast, because it hurts them. They don't deserve the sacred name of mother. I invite the opinions of the profession on the foregoing subject.

TUBERCLE ONLY A LESION OF SCROFULA.

TRANSLATED BY O. B. MOSS, M. D.

In looking through *l'Art Médical*, I find under the head of General Pathology, the article whose title is given above, from the pen of Dr. Piedvache. Since this article was written, (1880), Dr. Koch has become famous by his researches respecting the etiology of tuberculosis; and even now other well known observers claim that the same kind of microorganisms, which Koch claims to be the basis of the tubercular disease in the lungs, may be found in the sputa and feces of the healthy! Thinking, therefore, that, while these disputes are being carried forward by able pathologists, it might not be amiss to review the subject briefly from the point of view of our French *confrere* I take pleasure in offering the following to the readers of THE MEDICAL ADVANCE:

To the readers of *l'Art Médical*, as to the pupils of Tessien and of M. Jousset, pulmonary phthisis is nothing else than a scrofulous affection. It is the same tubercular products localized in the meninges, the serous coats, the testicle, kidneys, etc.

It is a question of nosology, independent, more or less, of diffusion and frequency of the tubercular lesion in the manifestations of scrofula, constitutional disease, characterized in consequence by the multiplicity of morbid products.

To discover what these are from amongst those affections which have a tubercular nature, is then a question of pathological anatomy, of which the solution is not indispensable to the constitution of the unity of scrofula and to the negation of a so-called tubercular diathesis,—of the *tuberculose*; in a word, following the harmonious terminology in vogue. Do they not also say *scrofulous*? But we shall see this study develop another forced consequence, which is that arthritic and herpetic phthises have existed.

The discovery of tubercle in affections like King's evil, white tumors, lupus, for example, constitutes a potent means

of conviction, a veritable proof by analogy of the absorption of tubercle through scrofula, although, let us not forget, insufficient by itself to carry evidence, unless joined to the totality of clinical characteristics.

The importance of this fact had been well understood by Dr. Thaon, (of Nice,) commented on by M. Jousset (*Art Medical*). He pointed out tubercle in King's Evil, and drew from it a very weighty argument for the place of phthisis in nosological list. This proof appears to me to have been extended and precisely stated in the recent excellent work of Dr. Brissaud, prosector of the course of pathological anatomy for the medical faculty. A short analysis which we will make from it will not fail to interest the readers of a journal which has, whether designedly or not, inspired all these ideas and formulated a long time in advance of all this doctrine.

The German, Friedlander, demonstrated first, in 1871, the anatomical identity of tubercle and certain products of scrofula, particularly lupus. It is just, nevertheless, to ascribe to Bazin the honor of the discovery, in spite of the evasions which we will reconsider. No one will question the scrofulous origin of true lupus; it has incontestably the stamp of that malady.

Continuing the works of Charcot, and under his suggestion, Brissaud found in scrofulous products, in the fungi of white swellings, tubercle exactly identical with that of common phthisis. (*Revue Mensuelle de Médecine et de Chirurgie*, 1879.)

These facts were not satisfactory and could not be easily accepted, for one can not pass in a day from the negation of scrofula, as a lesion, to the complete comprehension of its phases of evolution. Also H. Martin first, then Grancher, pointed out the so-called differences between the tubercle of scrofula and that of phthisis. The full-grown tubercle, that is to say, the gray granulation, was never seen in scrofula by Grancher particularly, which leads to this enormity (only when by chance, as we shall see presently, the granulation is

met with there) that scrofula ceases to give place to tuberculosis. It is necessary, then, that our age should have forgotten every nosological idea, to subordinate the knowledge of a morbid species to a simple problem of pathological anatomy. Strange confusion! One realizes very well nevertheless that it is not the true ground which the mind seeks so much as clinical arguments. The tubercular disease is recognized; says H. Martin, by the generalization of its lesions. According to this statement, how much of phthisis localized in the lungs would be foreign to the so-called tubercular diathesis? And yet, is it a disease usually, and of its nature generalized, of which the lesions can not be localized? For example the purulent diathesis, which can be explained as a single or circumscribed lesion; rheumatic endocarditis, etc. To distinguish a morbid species, one ought to require the sum total of specific characters, a distinct evolution, while attentive observation teaches us that generalized or localized phthisis is a phase, a period or a form of the evolution of scrofula. Primitive phthisis, or phthisis in its incipency, is only an apparent exception which one meets in all constitutional diseases. Tertiary syphilis offers many analogous cases.

Brissaud, to whom it is time to return, takes up judiciously the anatomical constitution of the tubercle. Does it possess a specific element? First the cell of Lebert had its day; the giant cell, which Schuepfel announced a short time in Germany as characteristic, is seen in several other productions; it does not exist as a special element. But they believe generally to-day (Koster, Brissaud) that what is peculiar in this morbid product, is the arrangement of elements, that is their reciprocal relations to constitute what they have named the *primitive* tubercular follicle, visible only under the microscope. It was composed at the centre of one or two giant cells with their ramified prolongations, and at the periphery of a layer of cells called *epitheloid*.

The *casefication* is effected from the centre to the periphery; this is moreover susceptible of transformation into

fibrous tissue, which clearly proves that tubercle has a natural tendency towards recovery. The accumulation of a more or less large number of these follicles, their complete or regressive state, accounts for the diverse forms admitted by Laënnec: miliary tubercles—granulations—unformed tubercles in masses of variable size—encysted tubercles. The *casefication* commences always through the centre of the agglomerations.

Behold then the grey granulation, semi-transparent, divested of its preëminence; the four forms of Laënnec have the same anatomical constitution. And one can no longer argue from the absence of the granulation in caseous phthisis, in scrofulous lesions, to call in question the presence of true tubercle.

But still, is the absence of the granulation constant in cases of this nature? We shall see that it is not, as it is true that it is nothing else anatomically than a mode of grouping follicles, and clinically a form more grave. Brissaud has encountered it in effect sufficiently often in local tuberculization of scrofulous origin, in the uterus and ovaries, in white tumors, in the lungs around the centres of the tubercles of recovery of Cruveilheir, the same centres which Bazin described under the name of pulmonary scrofula. Brissaud relates from this last category two or three curious observations.

The history of the anatomy of lupus is not less interesting. Bazin admitted formerly its tubercular nature, while the Germans considered it as a common lesion, concerning themselves but little about scrofula for which Lebert had not found the proper anatomical element. Unsettled by the works of Auspitz, Bazin changing his opinion, afterwards regarded lupus as fibro-plastic. But Friedlander, taking up the old ideas of French dermatologists, showed tubercular infiltration of the skin in this affection, the same as for scrofulous ganglions and articular fungosities. Nevertheless Volkman imagined this ingenious theory, that scrofulous affections were only tuberculoid.

The return of these German works to France has been extremely unwelcome, though we know that Brissaud has already taken up the investigations and verified with perfect exactitude the conclusions of Friedlander. While the lesion of lupus exists in the skin, the scrofulous *gomme*, tuberculous also, has a sub-dermatic localization. They have not met then so far the granulations formerly classified, but that is not necessary. The French school has returned with reason to the true doctrine of the unity of phthisis: Grancher in particular is a very warm partisan of it. One may then enquire of him, by what claim caseous phthisis is a true tubercular affection more than any other local tubercle lesion, if all the anatomical forms of tubercle are not equivalents? Brissaud goes on to conclude—and it is a marvel to see how a just notion of pathological anatomy could make him understand the higher and more difficult nosological solution. The right path always conducts to the truth.

Does it result, says our author, from the existence of true tubercle in scrofula, that this is going to disappear before that? No, he judiciously replies, because all lesions of scrofula are not tubercular. What results, on the contrary, says he, is that the scrofulous (?) diathesis absorbs to its profit the so-called tubercular diathesis. Scrofula is not an ephemeral malady; it continues for years like syphilis, and tubercle is an anatomical detail of that diathesis; but it does not represent a unique morbid variety any more than it is fatal and inevitable. In other terms, the scrofulous are not more condemned to have tubercles than are the syphilitic to have *gommés*; but both are equally menaced. From the day when one becomes scrofulous as from the day when one becomes syphilitic one is exposed to the superlative manifestations of the diathesis. Does this conception exclude incipient phthisis from scrofula which occurs unexpectedly in a subject reputed to be exempt from every scrofulous accident? Never.

One can only take up here the term diathesis applied

to scrofula, and the incorrect idea that one becomes scrofulous as one becomes syphilitic. It is stately language not unworthy of *l'Art Médical*, to the doctrines of which it is a splendid homage. May these doctrines born of the genius of Tessier be powerful to impress the mind!

I will take the liberty of adding to the discussion of the author an indispensable corollary. Since, in effect, phthisis is an affection of scrofula, and since in another form its characteristic anatomical lesion is found in other scrofulous affections, it still would not be known as an arthritic or herpetic affection; it is a stern consequence. And arthritic and herpetic phthisis are suppressed into naught. Also nothing indeed hinders the herpetic or gouty from becoming phthisical; that is seen every day, because it is possible that they be at the same time scrofulous. But M. Pidoux, the early master of all these phthises, has nevertheless taught us that the most fortunate occurrence for the hepetic or gouty, who have become phthisical, is to see the gouty and herpetic manifestations freely reappear, for then the tubercular malady can be more easily checked. The learned inspector of the Bounes Springs has himself seen there what he has called elements of antagonism. That is remote from this theory for the identification of phthisis with gout or herpes. Brought back to their true point, these very substantial facts usher in a new day more favorable to practical consequences, and merit a special study for which this is not the place.

ANAL FISTULA.

M. RORABACHER, M. D., BATTLE CREEK, MICH.

Without desiring to occupy space or time with a dissertation upon the inception and history of this disease, we will confine ourselves briefly to that which most interests the busy practitioner, viz: The treatment of this most obstinate and perplexing disease.

In the outset let me say that the surgeon is scarce ever made aware of its presence in his patient, particularly in females, on account of delicacy, until it has made considerable inroads into the constitution, and consequently much valuable time is lost, and the disease has become aggravated by delay.

Fistulæ may for convenience be divided into two classes, the complete and incomplete; complete when it has an external perineal opening, and an internal or rectal opening; and incomplete when the sinus or canal does not enter the intestine. Formerly in nearly all cases, resort was had to the knife as a means of cure. This was done by thrusting a probe-pointed scalpel or bistory into the external opening of the fistula, the finger or a round stick the size of the finger into the rectum, and then by one sweep downward and outwards, divide the sinus, sphincter muscle, and all intervening tissues. It is against this treatment that we wish to raise our protest, not only because of its many signal failures and consequent inconvenience to the patient, but because we believe there is a better way, and one far more pleasant to both surgeon and patient.

When the surgeon is made aware of the presence of an Anal Fistula in his patient his first duty is to carefully and slowly examine, by probing, every part of the sinus to ascertain its direction, and branching if any; this determined he should then take a small pledget or tent of fine absorbent cotton, and inclose some finely pulverized Sulphate of Zinc, introducing it into the sinus, making sure that it is pushed to the bottom or to its opening into the intestine. This will not cause the patient severe pain, but simply a burning in the parts for an hour or more. It will thoroughly destroy the pyogenic membrane forming the walls of the sinus. This is the first and most important step towards a cure. After two or three days we shall find this membrane to have completely sloughed out, leaving the opening or canal in a healthy condition for healing, which must be assisted as rapidly as possible. We are now to take another tent of

cotton saturated with plain Cosmoline and introduced into the opening, pushing it to the bottom, to prevent the canal from healing externally before it does at the bottom. This will insure healthy granulations which will soon close up the canal from the bottom whilst it is open externally giving drainage for the necessary discharge. As to internal remedies, the general condition of the patient must govern our prescribing, but material aid will be given by such remedies as Caust., Graph., Silica, Sulph., and perhaps Merc. The patient should not be allowed to walk much during the healing process.

If this mode of treatment is closely followed, failure need not occur, and the terrible abhorrence on the part of patients to the use of the knife obviated.

CHEESY PNEUMONIA OR CHRONIC PHthisIS PULMONUM.

BY G. N. BRIGHAM, M. D., GRAND RAPIDS.

Mrs. Scott has been failing in health for three years. Is now at her climaxis not having menstruated for three months. Has been troubled with a cough for three years and constantly getting worse, and her strength also has steadily diminished and more especially for the last six months. Attending physician has treated her for bronchitis which may have been the character of her disease at first. She has a bad record in family history as most of her friends have died of consumption. Percussion shows dullness of most of the upper third of the right lung and tenderness from percussion stroke. Auscultation gives brochophony and mucus rôles of a suspicious character. Expectorates a thick yellowish muco-purulent matter. My theory is that a chronic bronchitis has progressed downward until casts have blocked the air-cells, and by pressure strangulated the circulation mostly in the capillaries in this part of the lung. This has caused exudation also from the walls of the blood-ves-

sels of a fibrinous nature which are of the nature of tubercle or histologically follow probably the laws of tubercle. In this way a large per cent. of our consumptives come to us. Her temperature is only a little above the natural but her pulse sums up over 100 per minute. She has night sweats very little appetite and is sleepless and nervous. Has chills which begin on the hands and run up the back; hot hands and feet and flashes of heat. Is troubled with an irritable bladder, weakness of chest from talking—says she coughs most in the morning. Gave Sulphur 100 m., (Fincke.) one dose, to be followed in two days by Lachesis 200 at night on going to bed. Reports in one week. Night sweats nearly gone, cough greatly ameliorated—raises less and feels much better. Continue Lachesis at longer intervals. Reports in two weeks. Pulse down to 90 per minute, continues to improve. This patient has now been in our charge for five weeks and seems progressing well. We had grave doubts about her recovery when we took patient owing to her age and antecedents, and so expressed ourselves to her husband. We ordered Trommer's Ext. Malt to be taken three times a day and plenty of out of door exercise. We also ordered her the free use of milk and cream and a good diet; that she should be carefully wiped off after sweating, with alcohol and rubbed dry; that she should wear silk next the skin over the chest and on her feet.

This patient came to us after visiting Detroit, and consulting a physician who diagnosed a tubercular affection of the apex of right lung and selected for her treatment Sulphur 200 and Calcarea Carb. 200 in alternation, which she had taken for one week with a slight amendment as she thought, upon the cruder drugs taken for the three years previous. The improvement, if any, is no doubt, from the use of Sulphur and not the Calcarea. But the quick response from the one dose of 100 m. shows how much better its action, and this supported by Lachesis a valuable remedy for the menopause seems to have accomplished all that could be desired.

HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA: ANNUAL MEETING.

[Continued from No. 5.]

EVENING SESSION.

Dr. B. W. James resumed the discussion by making remarks on the poor ventilation of school-rooms. Frequently the heater and ventilator were on the same side of the room, so that the air came out of the heater and immediately passed upwards, and out of the ventilator without warming the room.

Dr. J. F. Cooper said that in the construction of our buildings, we should see that ventilation should be so attended to, that the inhabitants breathe the air in as natural a condition as possible. In some of the buildings in Europe, fresh air is procured by forcing it in by a fan kept in constant motion. Sufficient attention is not paid to the ventilation of public halls. If the air in these should be surcharged with carbonic acid, many who are compelled to breathe it cannot resist the drowsy influences thus engendered.

Dr. L. H. Willard spoke of impure food and drink. He referred to an epidemic of typhoid fever under his observation which was undoubtedly due to impure milk.

Dr. B. W. James said that while in England a year or so ago, he called on Dr. Richard Hughes, who told him of a number of cases of typhoid fever he was then treating, arising it was supposed from drinking contaminated milk.

Dr. Trites thought that from the discussion this evening, one would be led to believe that to have a house in a sanitary condition was impossible, yet such things were feasible. We should have sanitary inspectors, whose business it was to enforce all sanitary measures in the construction of houses.

Dr. A. R. Thomas said that before we could regulate matters under discussion, we would have to understand the causes of disease. It really looks as if the germ theory of disease will answer many puzzling questions.

Dr. J. F. Cooper then closed the discussion by making a

few remarks; and Dr. A. R. Thomas, chairman of the Bureau of Pathology and Pathological Anatomy presented his report. But two papers were presented by this bureau. One on the "Pathology of the Blood" by Dr. A. R. Thomas, and the other "On the Arrangement of Living Matter" by Dr. W. C. Goodno. These papers were read and referred for publication. No discussion ensuing, the report of the Bureau of Ophthalmology and Otology, Dr. Wm. H. Bigler, chairman, was declared in order.

Dr. Bartlett in his paper "On the Etiological Relation between chronic suppurative otitis media and brain disease" contended that disease of the middle ear, was liable to be followed by cerebral disease, not by reason of suppression of the original disease, but by extension of the primary inflammation to the brain by continuity of structure.

A paper by Dr. Jos. E. Jones of West Chester, was then read by title.

Dr. Pemberton Dudley presented by synopsis, a paper on the "Physiology of the Middle Ear." He explained that under the received theory, that sonorous vibrations are transmitted across the tympanum by the swing of the ossicles, the fact that the ear can appreciate a number of notes at one time, cannot be understood. The additional fact that destruction of the membrane with consequent loss of the ossicular function, does not destroy the auditory sense, furnishes strong evidence that the old theory is either entirely wrong or else at least incomplete. His own view is, that sonorous vibrations do not cause movements of the ossicles *in mass*, but oscillatory movements of their *particles* only, and that in all probability most of the vibrations are transmitted through the tympanic *air*, and not through the ossicles at all, the function of the latter being chiefly and perhaps solely, to "set" or "attune" the tympanic membrane in the first place, and (by pressure of the stapes against the cochlear fluid) the membrane of the "round window" in the second place.

Dr. Bigler read a paper on the "Relation of Ophthalmoscopy to General Medicine" of which the following is an ab-

tract. There are certain general symptoms that depend upon certain conditions of the eyes, and can only be remedied by treatment of these. Such are the head-aches and neuralgia, dependent upon muscular and accommodative asthenopia, and are relieved only by the use of proper glasses. There are certain diseases of the eye, dependent upon systemic conditions, and therefore to be remedied only by attention to these, as disturbance of the sexual organs. Disorders of digestive organs affect the eye, producing muscæ volitantes. Serious deterioration of vision often results from disease of the teeth and jaws. Retinal affections sometimes attend chronic liver complaints. Catarrh occurs in diabetes, and certain forms of retinitis in Bright's disease. Certain abnormal conditions of the pupil are noticed in various diseases of the nervous system. Retinal hemorrhage may point to atheromatous blood-vessels, hypertrophy of the heart, or impending cerebral apoplexy. The changes in Bright's disease, point so unmistakably to it that the diagnosis can be pronounced even before the onset of albuminuria. Locomotor ataxy can frequently be diagnosed by the ocular symptoms before the staggering gait has occurred. Meningitis is frequently recognized first in the eye. Finally, in localizing tumors, clots and lesions in the brain, the ocular symptoms are of the highest importance.

The report of the bureau was now placed before the society for discussion.

Dr. Farrington referred to a case under his observation of a little boy, æt. twelve years, who had a series of nervous symptoms which led his physicians to diagnose brain disease. The fitting of proper glasses cured.

Dr. H. C. Allen believed that specialists often overdid matters. They will have every third or fifth child wearing glasses. He had seen cases in which specialists had prescribed glasses, and afterwards, when these patients had improved in health under homœopathic treatment, they were enabled to throw glasses aside.

Dr. William A. Phillips, of Cleveland, Ohio, said that in

no disease did the general practitioner more frequently fail in his treatment than in chronic otorrhœa. He is also apt to counsel his patients to let the disease alone. Yet this trouble may go on and produce fatal brain disease. Only recently a professional friend called on him and spoke of his little daughter's case of otorrhœa without apprehension, yet the symptoms were such as to show that brain disease had already set in. That child died in a few days. The sooner the discharge can be cured, the sooner will the patient be out of danger. Dr. Allen spoke of cases cured by the general practitioner. Those were cases in which there was apparent myopia after the spasm of the muscle was relieved; then there was no necessity for the use of glasses. Myopia of school children is produced only by continually working at close objects. In answer to a question by Dr. Morgan, Dr. Phillips said that the symptoms in the fatal case of otorrhœa, were headache, fever, rigor, tenderness over the mastoid, and beginning stupor.

Dr. B. W. James thought that these ear troubles should be cured as soon as possible, for there is great liability of extension of the diseased process to the mastoid cells. In some cases, it is advisable to make local applications.

Dr. H. C. Allen said that specialists having their attention directed to certain subjects, were apt to run in grooves. Having their thoughts continually directed to the eyes, they were very apt to neglect constitutional symptoms, and apply topical applications where the general practitioner would cure the patient with his constitutional remedies.

Dr. Bigler disagreed with Dr. Phillips regarding the cause of the trouble in the cases wearing glasses referred to by Dr. Allen as having been cured. These were cases of hypermetropia. Weakness in the muscle of accommodation produced by poor health, caused asthenopia. The remedies building up the general health, the asthenopia was cured.

Dr. Morgan said that in some cases the emmetropic eye may be affected with weakness of the ciliary muscle, and may require convex glasses for its relief.

There being no further discussion, the bureau closed, and the meeting adjourned until the following morning.

SECOND DAY.—MORNING SESSION.

The report of the Bureau of Pædology was called for, and Dr. M. M. Walker, the chairman, responded by reading a paper by Dr. S. F. Shannon on "Gastritis."

A paper on "Hæmorrhage from the Umbilicus," by Dr. J. R. Mansfield, was presented on behalf of the Germantown Medical Society. The paper closed with the report of the case of an infant, five days old, in which hæmorrhage from the umbilical cord set in. Re-ligation of the cord and Hamamelis locally, relieved for awhile. Then styptic cotton, nitrate of silver, compresses, and persulphate of iron were applied, with no avail. At last, a subcutaneous ligature was applied about the umbilicus, but the child soon afterwards died.

Dr. Van Artsdalen then read a paper in which he treated fully of the etiology, symptomatology, etc., of "Cyanosis."

Dr. J. C. Guernsey read a paper on "Convulsions." The following are a few of the remedies recommended, with their indications: *Amyl nitrite*, unconsciousness, inability to swallow. *Hepar* in cases caused by injury after *Arnica* fails. *Bryonia*, cases arising from repercussion of measles. *Camphor*, from suppressed catarrh of the head or chest. *Cuprum*, after the spasm, the child twists and turns until another one comes. *Hydrocyanic acid*, spasms affecting muscles of the face, jaws and back, blueness of the surface of the body. *Platina*, in anæmic children, tonic spasms without loss of consciousness. *Stannum*, convulsions with the cutting of each tooth, worm symptoms. *Stramonium*, spasms better in the light and worse in the dark. *Veratr. vir.*, anæmic subjects, from exhausting diarrhœa. *Indigo*, when there is great tendency to frequently recurring spasms.

Papers were then read by Dr. E. S. Sharpless on "Intestinal Worms," and by Dr. M. M. Walker on "Intestinal Inflammations."

Dr. Hasbrouck, of New York, opened the discussion by

remarking that Pelleterine was his favorite remedy for tape-worm. He knew of no symptom which indicated positively the presence of tape-worm, except the passage of segments of the worm itself. In the treatment of pin-worms, he used injections of salt water followed by inunction of lard.

Dr. M. M. Walker had met with four cases similar to those of Dr. Mansfield, and all proved fatal, and in all, the physician was blamed for not tying the cord properly.

Dr. Skeels referred to endocarditis during uterine life as a possible cause of cyanosis. He believed that convulsions in children are frequently due to mismanagement of the cord at birth.

Dr. Betts spoke of the natural method of separation of the child from the placenta in those cases in which there is no physician to interfere, namely, severing of the cord by violence at a point about three or four fingers' breadths from the umbilicus. This is the point at which we should ligate the cord, and in doing this good silk should be used. He was in the habit of dressing the cord with absorbent cotton in his cases. Some cases of hæmorrhage from the umbilicus, are due to hæmophilia.

The discussion was then closed. The President next called for the report of the Bureau of Surgery, Dr. L. H. Willard, of Allegheny City, chairman.

Dr. John E. James read the records of four cases of carbuncle in which *Hepar* was indicated. The first case was that of a man, aged sixty years. The carbuncle here was surrounded by indurated spots. The pain was intense. After taking the remedy one day, the pain was relieved; healthy pus was discharged from the carbuncle. The small openings over it became more numerous. The entire slough came away in a week, and in a short time the sore was healed. Hardly had this taken place when a new carbuncle began about six inches from the first. *Hepar* was given with a brilliant result. The other cases were similar to the above, and were all promptly cured by *Hepar*.

Dr. L. H. Willard read a paper on "*Bryonia* in Injuries

of the Spine." He spoke of a lad who received a slight injury to the back, and who was permitted to go about as usual. Four days after the reception of the injury, he could not walk or sit up in bed. The spine was sensitive to a very slight touch. *Belladonna*, *Arnica*, and *Pulsatilla* were given with no benefit. *Bryonia* was next given, and the improvement was satisfactory. The remedy was discontinued and aggravation set in. Recovery went on again after the renewal of the remedy.

Dr. McClelland read a paper on "The Radical Cure of Inguinal Hernia." He recommended that an incision be made over the hernial tumor and the hernial sac exposed. Then the hernia is returned without opening the sac if it is reducible. If necessary, open the sac to effect reduction. If it has not been opened, it is invaginated, and the hernial aperture is closed with two or more sutures and dressed antiseptically. If the sac has been opened, it can be removed in whole or in part; stitches introduced, and care taken to secure drainage. Results are more satisfactory when healing by granulation has taken place.

Dr. L. H. Willard reported a case of sub-glenoid dislocation of the humerus, in which the patient could, with the hand of the injured side, touch the shoulder of the opposite.

Dr. Lefever reported an interesting case of a foreign body in the rectum.

Dr. John E. James, in discussing Dr. Willard's case of dislocation of the shoulder, said that he presumed that the ligaments of the joint must have been longer than normal to permit of this motion of the hand. In one case of inguinal hernia in which Dr. James had operated and removed part of the omentum, he neglected to take the precaution to stitch the mass in the ring. While a cure was effected, it was only temporary.

Dr. McClelland referred to a case of inguinal hernia in which he removed part of the omentum, but neglected to stitch the omentum in the ring. The case made a good recovery.

Dr. Willard had used carbolic acid, one to five, to promote rapid suppuration. He did not agree with Dr. James that there were relaxed ligaments in his case of dislocation at the shoulder-joint, as the humerus in effecting reduction went back with a snap. He thought that the explanation of the symptom could be found in the fact that the patient had posterior and lateral curvatures of the spine.

Drs. Hasbrouck, Burr, Walker, Betts, Dunning, Jones, and Phillips, of Cape May, continued the discussion on carbuncle; after which the Bureau of Materia Medica through its chairman, Dr. Pitcairn, reported the following papers as having been presented for consideration by the society.

"A Study of *Piscidia Erythrina*," by Dr. J. C. Morgan; "A Schema of the Proving of Picrate of Zinc," by Dr. H. Pitcairn; "Provings of Jessamine," by Dr. L. H. Willard; "Provings of *Arctium Lappa*," by the Chester, Delaware, and Montgomery County Society; "Verifications of *Baptisia*," by Dr. Joseph E. Jones; "Verifications of *Lycopus*," by Dr. H. H. Reed; "Verifications of *Pulsatilla* and Sulphur," by Dr. R. C. Allen; "The Homœopathic Materia Medica," by Dr. I. Lefever; and "Comments upon Remedies for Post-Nasal Catarrh," by Dr. E. A. Farrington.

Of the last named paper, we give the following abstracts: *Fagopyrum*, is the remedy where each exposure is sure to increase the catarrh, with formation of dry crusts and granular-like appearance of the posterior nares and intolerable itching, which the patient tries to relieve by the use of his tongue. *Esculus hyp.*, cold extending into the posterior nares, and also down the pharynx, with dryness and a scraping or burning feeling, mucus drops down and causes choking; hæmorrhoidal complications. *Sinapis m.*, dryness of the anterior nares, and also in the pharynx; dryness of the posterior nares, with slightly lumpy secretion. *Wyethia*, pricking, dry sensation in the posterior nares; granular appearance of the pharyngeal mucous membrane. *Penthorum sedoides*, when there is a continual feeling as though the posterior nares were moist; sensation of fulness in the nose and ears; posterior nares raw, as

if denuded. *Osmium*, coryza, sneezing, as if from snuff, larynx sensitive to the air; small lumps of phlegm loosen from the posterior nares and larynx; severe pain in the larynx, worse when talking and coughing. *Teucrium*, when there are large irregular clinkers hawked from the posterior nares. *Cinnabar*, when the post-nasal discharge is of a dirty yellow color. *Sulphuric acid*, when the discharge trickling down from the nose is of thin consistence and of a lemon-yellow color. *Saponin*, touch, tenacious mucus extending into the larynx. *Quilaja*, cold in the head contracted in warm, damp weather. *Sanguinarina nitrate*, when there are rawness and soreness in the posterior nares and hawking of thick yellow, sometimes bloody, mucus. *Antimonium sulph. aur.*, excessive secretion from the posterior nares. In syphilitic cases, we think of *Theridion*, *Aurum*, and *Kali hydriodicum*.

It being rather late in the day, discussion on the Bureaus of Materia Medica and Gynæcology, was postponed until the closing session.

In the afternoon the guests took a drive through Fairmount Park, and in the evening attended the banquet, at which Dr. Dudley presided and Dr. J. C. Guernsey acted as toast-master. Addresses were delivered by Drs. A. R. Thomas, McClelland, Phillips, Allen, Farrington, Peck, Hunt, and Maguire.

THIRD DAY.

The society was called to order, and discussion on the papers presented by the Bureau of Materia Medica was declared in order.

Dr. Pitcairn narrated the histories of several cases of post-nasal catarrh with offensive discharge, in which *Ant. Sulph. Aur.* cured.

Dr. Betts spoke in commendation of Dr. Farrington's efforts to bring together the remedies and their indications for certain regional difficulties. These collections may be of use in other ways than that indicated by the author. He referred to the transfer of such indications from the mucous membrane of the larynx and pharynx to that of the genital canal.

We have only partial provings of remedies acting on the latter region. We may make up part of the deficiency by the transfer referred to. In this way we may increase our therapeutic resources, and so be enabled to do away with much of our local treatment. The old-school physicians are doing away with local treatment, and constitutional measures are rapidly coming in favor with them. One of their number uses *Actea rac.* and *Pulsatilla*, and another declares that *Ergot* in post-partum hæmorrhage is useless.

Dr. H. N. Martin did not agree with the last speaker, regarding the transfer of indications from one region to another. For instance, *Pulsatilla* gives a thin, milky, corrosive discharge from the vagina, and a thick, green and offensive discharge from the nose. It may be possible to transfer indications of some remedies, as *Belladonna*, but not all.

Dr. H. C. Allen agreed most heartily with Dr. Betts. He made a plea for the cultivation of a purer homœopathy, and the abandonment of local applications and routine in practice, as exemplified in the treating of diseases by name. The advanced men of the old school, particularly the specialists, are abandoning the local for the constitutional treatment, while some of the specialists of our school are forsaking the constitutional treatment of Hahnemann for the delusion of local treatment. In closing his remarks he referred to sopping the head with water once or twice a day as a cause of nasal catarrh.

Dr. B. W. James used local applications only when necessary. He questioned the propriety of collecting our remedies in domestic treatises, etc. Young physicians, instead of studying the *Materia Medica*, consults in his work on practice, a certain class of remedies, and he finally begins to think that he cannot go out of that class. His experience did not confirm that of Dr. Betts. Remedies that relieve a mucus discharge from the nasal passages are not sufficient to relieve the same character of discharge from other portions of the body.

Dr. Dudley expressed his doubts concerning the significance of the direction to treat patients and not the diseases. He always thought it was the physician's duty to treat the diseases and not the patients. It is our duty to direct our remedy at the unity of the group of symptoms. Each symptom in the case probably has the same central origin. We have to deal with symptoms as the outward expression of an inward disease. We ought to leave the patient for the time being out of sight. Where, however, any dyscrasia exists, that must be taken into account.

Dr. Betts, in replying to the remarks of Dr. Martin, said that the milky leucorrhœal discharge is due to the admixture of mucus from the vagina. The discharge from the uterus in such cases is similar to that from the pharynx when *Pulsatilla* is indicated.

Dr. Martin's experience did not permit him to agree with Dr. Betts regarding the ability of *Pulsatilla* to cure thick greenish discharges from the uterus.

There being no further discussion, the report of the Bureau of Gynæcology was called for.

Dr. Betts read a few extracts from the paper on "Laceration of the Cervix," by the Lehigh Valley Homœopathic Medical Society.

Dr. B. W. James opened the discussion by remarking that the men who cut the cervix years ago are the ones who to-day advocate the sewing up of these lacerations.

Dr. Smedley said that, in order to cure our patients, we must frequently employ local as well as constitutional means. From an extensive experience among allopathic gynæcologists, he had observed that they cured the local conditions quicker than we do, but frequently they are unable to relieve the nervous symptoms of the case. We cannot cure these cases with medicines alone. Educated allopaths now individualize their cases of laceration of the cervix, and they now know when to operate and when not. Some cases in which there is marked congestion of the uterus require to be treated by scarification. In other cases the Nabothian fol-

icles must be opened, but with these measures must be combined constitutional treatment. Cases of dysmenorrhœa must be individualized. The cervical canal changes at the menstrual periods. At times it may be impossible to introduce the uterine sound between the periods, yet this can readily be done when the menstrual flow comes on. Hermann's investigations lead him to state that in fifty per cent. of the cases of anteflexion, there is no dysmenorrhœa. Some patients have dysmenorrhœa without anteflexion. In married women with sterility and dysmenorrhœa, stenosis of the cervical canal may be suspected, and dilatation usually effects a final cure.

Dr. Martin said that he sometimes adopted local measures, but then only the mildest. He then made an eloquent plea for the more thorough investigation of uterine and vaginal diseases by the general practitioner. The eye or throat must receive a thorough examination, but scarcely ever the uterus. Caustics, while they frequently heal erosions, prepare the way for cancer.

Dr. McClelland agreed with Dr. Smedley that members of our school neglect too much the local treatment of these cases. There are certain cases in which the manifestations are purely local, and these, constitutional treatment will not cure.

Dr. B. W. James said that in many cases lacerations healed of themselves sufficiently to give a good result.

Dr. Sartain did not believe that as long as we have *Cimicifuga*, we have any need of the scarificator. Regarding the influence of uterine flexions before gestation in causing cervical lacerations, she could not see how this could be. Some cases of cervical laceration, can be cured by internal treatment, and others require to be healed by operation.

Dr. Smedley did not wish to be understood as recommending scarification as a routine measure, for in truth, it was needed but rarely. Anteflexion rarely causes a tendency to laceration during labor. Where the anteflexion is marked, the fundus bends on the cervix, and there will be a place

where the circulation is poor. In these cases laceration may occur.

Dr. Betts closed the discussion by remarking that we should never, in the treatment of a case, be guided by the dictum of another, but we should individualize each case, and do for that case without fear, favor or prejudice, to the best of our ability. Regarding the benefit to be obtained from the repair of lacerations of the cervix, Dr. Betts said that so successful had been the results of his own operations, that no matter who shall proclaim them useless, he should still keep on operating.

This closed the scientific business of the session.

The Committee on President's Address then made its report, which was accepted.

During the different sessions, the Board of Censors made supplementary reports, recommending for membership the following gentlemen: Drs. P. O. B. Gause, William P. Mullin, Joseph Hancock, E. E. Davis, William T. Maguire, Isaac Crother, J. H. Reading, S. C. Ross, H. D. Saylor, W. P. Weaver, William Tearsley, Sarah J. Coe, J. W. Coolidge, J. S. Skeels and Samuel Brown.

Drs. H. C. Allen and W. A. Phillips were elected honorary members, and Dr. Richard Hughes, of Brighton, England, a corresponding member.

The resignation of Dr. A. W. Koch was presented, but was unanimously not accepted.

The resignation of Dr. H. A. Kimball was accepted.

The election of officers for 1884 resulted as follows:

President, W. R. Childs, M. D., of Pittsburgh; First Vice-President, Charles Mohr, M. D., of Philadelphia; Second Vice-President, H. Detwiler, M. D., of Easton; Recording Secretary, Clarence Bartlett, M. D., of Philadelphia; Corresponding Secretary, R. E. Caruthers, M. D., of Allegheny; Treasurer, J. F. Cooper, M. D., of Allegheny; Necrologist, M. M. Walker, M. D., of Germantown; Board of Censors, J. K. Lee, M. D., of Philadelphia; L. H. Willard, M. D., of Allegheny, and Harriet J. Sartain, M. D., of Philadelphia.

It was unanimously decided to hold the next meeting in Pittsburgh. The Allegheny County Medical Society was made the Committee of Arrangements.

The President announced the Committees and Bureaus for the year 1884, and the session then adjourned.

ACONITE IN CHRONIC CONDITIONS.

BY CHAS. B. GILBERT, M. D., WASHINGTON, D. C.

CASE I.—A young man about 5 ft. 9 in. high, thin, with light hair and blue eyes, was in the habit of being out late at night with "the boys" which finally brought on a dull pain at the base of the brain, that nothing but a good night's sleep would relieve. - He afterwards married and "settled down." He lost his right arm just below the elbow in the late war and is a government clerk. In Sept. 1876, his symptoms were as follows:

Walked into the office in a dull and listless way, looking as though he had not a friend in the world. Very low spirited, and had doubts about getting well. Sudden feeling of pressure upwards in the head; feels in the head as if he would face to the right, to which side he staggers when walking. Wakes suddenly from sleep with an indescribable feeling of fear of something, he knows not what, an "all gone" feeling at the epigastrium, in which, as well as the head, there is a throbbing; draws very short breaths for ten or fifteen minutes (probably not one-half of that, G.), after which attack passes off though it may return before he falls asleep; these attacks sometimes come on while he is undressing, or in the morning while dressing, not through the day. During these attacks the heart is much quickened. Feeling of fullness in left side. Numb, prickling feeling in left arm running up to shoulder. Eyes weak when the trouble is bad and when looking intently at anything white. Constipated. An infinite variety of sensations all over which he cannot describe or even recollect, they are so num-

erous. A few powders of Acon. ³⁰. In a week he walked into the office with a quick, springy step, his head up, and his countenance bright and cheerful; "have not had an attack for a week until yesterday, but I was sight seeing with friends and climbed the dome of the capitol, and last night had a slight attack." Aconite ³⁰⁰.

June 1st, 1879. Had no return and had to be reminded of the symptoms one by one. Turning to *Guiding Symptoms* we find:

No. 2. Vertigo, staggers to the right.

" 3. Fullness and heavy feeling as if something would push out of the forehead.

No. 5. Sensitive to light x x; light dazzles the eyes.

" 8. Anxious expression.

" 17. Palpitation in pit of stomach with peevish anxiety.

No. 29. Anxiety, difficulty of breathing, flying heat in the face, sensation of something rushing into head.

No. 32. Numbness of the left arm; can scarcely move the hand; tingling of the fingers.

No. 36. Numbness, tingling; left side. Formication now in one, now in another part.

No. 42. Direction: towards right side; staggers to right in vertigo.

No. 46. Fine pinchings as from needles here and there.

It is so common to give Aconite for fever, to which I contend it is not homœopathic, and for little else, especially in chronic conditions that I report this case with much satisfaction. Besides it shows what a valuable mirror the *Guiding Symptoms* is, for the case is perfectly pictured there. It has seemed that Aconite is rarely indicated in this climate, Bryonia and Rhus tox, seeming to take the place that Aconite does west of the Mississippi river.

In March last, a plethoric man got chilled in a north-west wind about 4 P. M. When I saw him at 11 P. M., he was going from one side of the bed to the other, grunting and groaning, his joints all swollen and very painful, high

fever (the chilliness had ceased), and very much *afraid* that he was going to have rheumatism. Gave Aconite³⁰⁰ in water, every hour; at 2 A. M. he went to sleep and when he woke at 6 A. M. the swelling and excitability were all gone and much of the restlessness, but his *fever was as high as ever*, and it did not come down at all until he got Rhus tox. when it rapidly and permanently subsided. "Inflammation" is not "fever." Pathologists may *theorize* as much as they please in the dead house, and pathology is good, while Theraputists cure in the sick room by means of the remedy that covers the *facts* of the case—the symptoms. It is much better to know much *Materia Medica* and little pathology, than much pathology and little *Materia Medica*, but better still to know both. However, in the first case detailed above, I didn't stop to ask what remedies affect the solar or other plexus, but the *similimum according to the symptoms*, cured.

INFLAMMATION.

READ BEFORE THE HOMEOPATHIC MEDICAL SOCIETY OF OHIO.

J. C. ANDERSON, M. D. MANSFIELD.

There is no subject that concerns the surgeon so much as that of *inflammation*.

In all his dealings with the mal-conditions of the human organism, inflammation is an universal concomitant threatening to do either the work of destruction or repair. It is the pillar of cloud, and the pillar of fire of which the vigilant surgeon should never lose sight. Here we reach a point which discriminates between art and science. We can readily conceive how an Esculapian may achieve renown by an artistic wielding of the knife, but to meet the exigencies of an inflammation requires none less than a skilled Hahnemannian.

Theories however efficient in order to cope successfully with diseases, must be supported by intelligent environment.

Many of the vague theories of the older pathologists are passing away and more recent investigations into the sciences of pathology and histology have accomplished much that will result in clinical advantage to the practising surgeon. For the sake of brevity we will try to avoid details and take a casual glance at the histology of inflammation.

In the inflammatory process we have three factors principally concerned, viz: 1st, the vessels; 2nd, the blood; and 3rd, the inhibitory nerves

The vessels serve as avenues through which the blood and elements of nutrition are conveyed to various parts of the body, for purpose of repair and growth. They are divided into three classes, viz: veins, arteries and capillaries; the latter of which are the terminal extremities, and claim the greater consideration in this connection as in them are concerned the various phenomena of nutrition as well as of inflammation. The larger vessels are formed of well defined organized tissues which are lost in the capillary system. These capillaries may be considered as semi-organized protoplasmatic cylinders with calibre so small as to admit of but a single blood globule at a time. These lumen, however, seem to be capable of expansion and contraction, which in lieu of the absence of contracted tissues may be accounted for somewhat after the manner of protoplasmic and emboid vibrations.

The second factor or blood may also be divided into the separate parts, viz: The red cells or corpuscles, the white or lymphoid cells and the lymph or fluid part. The lymph is about equal to both the bulk of the red and white cells, and the white cells as one to 800 of the red. They serve as conductors of impressions to various parts of the body and are divided into two classes, the afferent and efferent, the former conveying impressions to the cerebro-spinal axis, and the later in the opposite direction, or toward the capillaries.

In health the white corpuscles array themselves along the anterior portion of the lumen of the vessels as though

to protect these walls from the influence of the red cells which are laden with oxygen. These white blood corpuscles consist largely of protoplasmic substance and from their tendency to penetrate and insinuate themselves through the surrounding textures, have received the name of ameboid or migratory cells.

These white cells are important factors in this connection, as they bear an important part in the inflammatory process which will be referred to hereafter.

The lymph is a colourous aqueous fluid capable of rapid coagulation when at rest and exposed to atmospheric influences. Although much has been written of this substance, yet we may safely say that it is but meagerly understood at the present day. There have been experiments made for the purpose of demonstrating that perpetual motion is not necessary to its perpetual liquifaction, yet we incline to the opinion that at the normal temperature, motion is a necessary concomitant to its normal consistancy. If this be true it also serves an important part in the process of inflammation and assists to establish more plausibly the migratory theory.

Although the nerves are lost in the capillary vessels, yet it is agreed that they maintain an important influence over the workings of the capillary system, conducting impressions to and from the seat of irritation.

As the nerve filaments can not be traced to the capillary vessels it is thought by some that there is no direct communication of the capillaries with the nervous system. This theory has been weakened, however, by experiments performed with some of the lower forms of vegetable and animal life organisms such as the aquatic plant (*conserveæ*) and the protococcus family. In these we have remarkable instances of a purely physical automatism. There is no nervous system to call forth the motions of these active forms, they are brought about by the endowment of the protoplasm contained within the vegetable cell which extends itself into the motile filaments. If we take a higher form of vegetable

automatism as the sensitive plant (*mimosa sensitivæ*) or the Venus's fly-trap (*Dionæa muscipula*) we have an illustration of protoplasmic conductivity. In the Venus's fly-trap, as in the sensitive plant, the contraction is not in the part which is itself irritated, but in a distant part; recent investigations demonstrate the fact that the communication between the part touched and the part which contracts is effected by a continuous thread of protoplasm passing from cell to cell. Through these illustrations we are enabled to glean an idea of the manner in which the nervous system may exert an influence over the capillary and nutritive organs although we may be unable to trace nervous filaments into the substance proper.

The capillaries are formed of connected enlongated cells, lamellæ, which become curved and joined together as a tube.

Through the blending together of stellate cells is formed a very delicate net-work, and through the interstices of this net-work the wandering lymphoid cells find exit to the surrounding tissues.

This migration or passing out of the cells takes place much more rapidly when the parts are in an inflamed condition, partly because of the enervation of the vessels themselves thus widening the interstices, and partly from increased action of the heart. Through this process we are enabled to account for the phenomena of swelling that accompanies any great amount of inflammation; and thus it is that Strickers opposition to the migratory, fails of that plausability that otherwise gave some force to his opposition to this theory.

One of the misleading causes of Strickers experiments in this direction, is that they were conducted principally with tissues that are incapable of inflammatory action.

With the foregoing theoretical hints we may draw the following practical conclusions: 1st, that the seat of an inflammation is largely under the influence of the inhibitory nerves and intimately allied with the functions of nutrition. 2d, that motion is a necessary concomitant of life,

nutrition, repair and growth, and that a condition of stasis is fatal to either. Considering the extreme delicacy of these organs we also learn that but a very slight degree of distortion may set up a condition favorable to the most destruction inflammation, which many with myself have no doubt witnessed in the practice of forcible distention in fractures, in *morbis coxarius*, and other similar examples. Also of the fatal consequences that may follow the indiscriminate use of opiates in cases of deep, injurious wounds, etc., when the organs of nutrition may be paralyzed and the reparative efforts of these delicate organs thwarted in their efforts to heal such wounds. For a practical illustration I only need to refer you to the lamentable treatment of our late President, James A. Garfield.

ANTO-KLEPTOMANIA? (STEALING FROM SELF).

BY J. F. BROWN, JACKSON, MICHIGAN.

I have just had a very curious somnambulistic phenomenon brought to my notice. The patient, if she may be so called, is an Irish woman of the ignorant class, aged 41, the mother of nine children, the youngest about four months old.

The history of the matter under consideration, as given me by her is about as follows: She conceived the idea some during her wakeful hours of laying aside or saving one half of the money given her on Saturday nights by her husband for some special occasions, whenever they presented themselves, in other words "laying up for a rainy day."

This occurred to her some three or four months ago. Soon after this she found that her money had been tampered with on Saturday night, and half of it or about that disappeared. At first she supposed that her husband had taken it from her, but this he persistently denied, and she believed that he told her the truth as no such thing had transpired before during their twenty years married life. She then thought the children or some one else guilty of the theft, but could get no trace of the purloiner nor money.

The thing remained a mystery to her till one Saturday night a short time since, when she awoke in the night and found herself standing in the room, near one of the children's beds, pocket-book in hand, a part of the money gone from it, and the balance of it in her hand. On this occasion it contained the night before \$1.85, the 85 cents was disposed of, and the \$1 was in her hand. This circumstance convinced her how the money had disappeared, but not where; nor has she been able by the strictest search, to find any of it. She says that in all, some \$16 or \$18 have disappeared.

On one occasion she put away a small sum on Saturday night to pay the milkman at his next call, but when it was brought forth, half of it was gone. The most that disappeared at one time was \$1.75.

At one time since she discovered the way in which her money disappeared, she gave the Saturday night's amount to her daughter and told her to put it away without telling her why. She says she did not know exactly where the child put the money but knew nearly where, as they had a certain box where they kept their valuables. Part of the money was gone as usual.

Before she awoke in the night and understood the matter, she and her husband had several disputes about her being up in the night, he asking what she was up for, and she denying being up at all.

She has not told any member of the family of her discovery and seems to be sensitive on the matter partially breaking down at one time while relating these incidents to me. Says she does not drink except occasionally a glass of beer. Says her husband only drinks occasionally. At first I was disposed to be incredulous but the more I talked with her, and questioned her, the more I became convinced she was telling me a truthful story. She applied to me to see if anything could be done to check her propensity to steal from herself.

What is the similitum?

CASES FROM PRACTICE.

BY S. L., NEW YORK.

1. Rev. Mr. B., a Methodist minister, had intermittent fever a year ago in New Jersey, and though frequently suspended, it obstinately refused to yield entirely. Last May he returned to New York city to take charge of an up-town congregation. September 10th, he went in the forenoon to his dentist to have a tooth filled and during the operation he was taken with a most severe chill. Carried home he nearly screamed at every jolt of the carriage. After three hours shaking, a short stage of dry heat followed, and to this succeeded a drenching, sour smelling perspiration with relief of all symptoms. *Sambucus*, 2c., in water, during the perfect apyrexia. Four weeks have since passed, our *Dominie* has attended the annual conference and enjoys his meetings.

2. Mrs. K., wife of a physician, lean, lank, and over forty, labors for years under the idea of having an organic heart affection, which is sure to kill her one of these days. September 12. For a week, patient could not lie down at night, as her heart beat so violently that she was afraid she would choke, and the palpitation could be seen as well as heard. There was bloatedness of the pit of the stomach, perfect dread of eating, as it increased the palpitations, burning pains in stomach and throat, relieved by discharge of flatus. Several drugs seemed to be indicated, but only *Oxalic Acid* corresponded fully and the 2 c., *Oxalic Acid*, gave perfect relief to all the symptoms. The night after taking it she enjoyed a comfortable night's rest. Appetite returned, the heart remained more quiet, but she still complained of a dry titilating cough as if from dust in the throat, coming on paroxysmally at night and waking her from a good sleep. *Calcareo Carbonica*, 2 c., acted charmingly. An invalid for years and still she responded quickly to the simile. Probably *Calcareo phosphorica* or *Calcareo oxalica* will bring her out all right.

Many members of our school have a perfect horror of prescribing *Chininum Sulfuricum* or of *Calomel*, and still we meet often cases where no other drug is the simile. Thus there are cases where our *Nux Vom.*, *Ipecacuanha*, *Natrum mur.*, *Eupatorium* or *Arsenicum*, or any other remedy did well and removed every symptom but the intermittent with a clear apyrexia. Here *Chininum* and nothing else is the indicated remedy and it will remove that symptom whether you give it 1x or 2c. The individuality of the patient decides the potency.

In cholera infantum, when Mercurials are indicated, I often succeeded with *Calomel*, after the failure of the *Solubilis*. Its stools are well-known and the more tenesmus and burning (chafing) the more it is indicated. It is sometimes difficult to differentiate it from *Iris versicolor*, but the latter has more exhaustion and debility from the very beginning of the disease; in fact there is very little exhaustion where the Mercurials are indicated.

CYANOSIS.

READ BEFORE THE HOMEOPATHIC MEDICAL SOCIETY OF OHIO.

BY J. C. TRICH, M. D., FINDLAY.

This is not, strictly speaking, a disease but merely a symptom. Cyanosis proper is characterized by a blue color of the face, extremities, sexual organs, and generally manifests itself soon after the birth of the child. The blue color is most distinctly perceived when the child is exerting its muscles or lungs, especially when crying or nursing.

The more marked the blue appearance of the child, the more irregular is the beating of the heart, the action of which is tumultuous, accompanied by a buzzing noise and bellows murmur; the child frequently faints away or is attacked with suffocative spasms, and the least physical exertion is followed by a labored panting respiration, bloated face, protruded eyes and tremulous intermittent pulse. These par-

oxysms sometimes last two or three hours and terminate by a deep sobbing respiration, after which the breathing gradually becomes easier and the blueness is again confined to the previously mentioned localities. Cyanotic children as a rule cut their teeth very slowly and with difficulty. Later on the disease is characterized by fainting fits, hemorrhages from the lungs, nose or bowels, and dropsical symptoms as in other organic affections of the heart make their appearance.

Some of the mal-formations existing in this disease are: 1st, The foramen ovale in the interventricular septum is not closed; 2nd, the aorta arises from the right and the pulmonary artery from the left ventricle; 3rd, the ductus arteriosus botalli remains unclosed. But by far the greater number of cases belong to the first class named.

Causes.—The proximate cause is the non-closing of the foramen ovale and ductus arteriosus botalli, the pulmonary artery being generally contracted.

Prognosis generally unfavorable.

Treatment.—Unfortunately Homoeopathy can claim but little in the treatment of this affection. The greatest number of cures has been brought about by following the plan first advocated by Prof. C. D. Meigs which is: Place the child on the right side, head and body raised to an angle of about 30° , and if necessary maintain the position for weeks and even months.

On assuming this position the blood in the left auricle, will press the valve of Botalli down upon the foramen ovale, and if the child should belong to the first class named, the chances of a cure are enhanced by compelling all the blood of the right auricle to pass by the *iter ad* ventriculum on to the lungs to be aerated. Professor Meigs claims to have saved at least 100 children by following this course. The purpose of this short paper was not to advance any new theory or plan of treatment, but merely to state that in two instances I have verified Dr. Meigs' plan and should I have any other cases in the future I would not hesitate to pursue it and should expect good results to ensue.

FESTINALENTE.

BY WM. JEFFERSON GUERNSEY, M. D.

The following rules are gathered from observations by men who *ought* to know, and whose success in practice proves that they *do* know, "whereof they speak."

Sympathy for the sufferings of those intrusted to our care, anxious entreaties of friends and relatives and the gibes of skeptical neighbors, all tempt the worried doctor to "hurry up the cure." As a check on this pressure to such ruinous haste, let the reader cut these *rules* out and paste them in his *Materia Medica* and there review them from time to time.

'Tis here that the adage quoted above is proven a truth in verity.

The writer has repeatedly verified every one of the rules, and only regrets that he has so many times, to his sorrow, neglected to be led by them.

RULES.

1. *Never* prescribe until you are *sure* of your choice of a remedy. (Study the case at the bedside, or give S. L. and wait till you reach your office, but do *not* give a *temporary* medicine. The *first* prescription may "make or break.")

2. In the first prescription, or subsequently on changing to another remedy, give but *one* dose and wait. (One dose will often cure a case. If it does not, more can easily be supplied. Some cases are very susceptible and easily aggravated, which may confuse you and must delay the cure).

3. If found necessary to *repeat* a medicine already prescribed, give several doses of the same potency in water, or of a different potency dry.

4. After repeating a medicine, allow an interval of *rest* without medicine.

5. Let the patient have plenty of Sac. Lac. (How can we expect the laity to have faith in the "one dose" system when so many of the profession ridicule it?)

6. Give no medicine so long as the patient continues to improve.

7. Do not be tempted to deviate from Rule 6 because new symptoms arise if the patient is really better.

8. So long as the patient grows *no worse, even if not better*, in a disease that would probably increase in severity without treatment, it is *favorable* and should go without medicine. (Dr. C. Lippe recently related to the writer a severe case of dysentery for which, at the first prescription, he gave one dose of a remedy well indicated. The patient, who had been growing rapidly worse, was found the next day at a *statu quo*. No medicine was given. The next day discovered precisely the same state. No medicine. On the following day the case was almost well. A great many remedies require a rest, and as the *aggravation* had ceased, the Doctor rightly concluded he was "making his point.")

9. If a relapse into the same symptoms follow an amelioration from the single dose, that remedy must be repeated. (See Rule 3.)

10. If *new* and important symptoms appear, be *sure beyond a doubt* whether they do not belong to the remedy just given. If they do, *wait*. (These new symptoms may be an aggravation of the remedy. If you cannot remember them as belonging under that drug, look it up rather than spoil the case by a change.)

11. If there is no improvement and there has not been any, and the case is one that would probably remain so without treatment, review the symptoms to see whether the remedy last given is still indicated before changing to another. If you are satisfied with the *first* choice, *repeat* it as suggested in Rule 3.

12. If the disease is a "periodic" one it is *favorable* if the next attack following the administration of the first dose is in the *slightest degree* lighter, shorter or later; or if it is *markedly* the reverse, viz.: *very much* heavier, longer or earlier. In either case, *wait*.—*Hom. Physician*.

SANITARY MEASURES APPLICABLE TO VILLAGES
AND COUNTRY HOMES.

READ BEFORE THE HOMEOPATHIC MEDICAL SOCIETY OF OHIO.

BY L. P. STURTEVANT, M. D., CONNEAUT.

Science, being the general principles or leading truths relating to any subject, arranged systematically, it becomes necessary for the welfare and stability of that science to have its peculiar tenets presented to the public in such a manner that they will obtain a hearing, and make an impression upon them that will cause the testing of those tenets. And the results arising from such a test will be the measure by which the worth of that science will be determined. In view of these facts, we have a perfect right to ask, how have the truths of sanitary science been received; what have been the results obtained by the testing of the truths heretofore advanced?

As to the reception of the principles and tenets of this science, we know that it has varied according to the times, and manner of its presentment. Some nations have made them a part of their religion; others have incorporated them in their laws, making a violation of them a crime against the government. Later the people became less careful from various causes and accordingly their thoughts were turned into different channels until they were nearly lost sight of. And when they were again awakened to the fact that something must be done to stay the progress of some particular disease or epidemic their efforts were all directed to that end; and when some new trouble arose, or some one fancied that he had found a solution of the problem, a new theory was advanced, until there was and is now such a confusion among, and apparent contradictions between writers and teachers, that the people in common are led to believe that it is all nonsense.

And although there are not the contradictions that are

supposed to exist, yet the manner in which these truths are presented, and the language and terms used by some are so abstract, and by others so ambiguous and learned, treating of bacteria, mycoclenus, micrococci, vibriones, monocels, and other forms that are without forms, that they are in turn rejected. Then again nearly all that is said on the subject is by those living in our larger cities, and deals with those phases that concern them and their clientage as sewer gas, of which we of the country know but little by experience, and therefore they fail to get the ear of a large portion of the people. And if I can present anything new, or bring to remembrance any former thing I will feel thankful. The air we breathe, and the water we drink are the subjects we will have the most to do with sanitarily; air being the principal one. It follows then that we should possess some knowledge of this agent in order to instruct others. In considering this question there are four points to be borne in mind.

* 1st. "The amount of air necessary for the performance of the respiratory process.

2nd. The means of ascertaining when air is impure; and, if impure, what substances are mixed with it.

3rd. The means of purifying impure air.

4th. The diseases due to a deficiency of quantity, and alteration in the quality."

† "The first question can be answered both by calculation and experiment.

By calculation Dr. Parker finds that 2,082 cubic feet of air must be supplied per head per hour to so dilute the products of respiration,‡ and transpiration from the sound body, as to keep the air fresh and pure.

From numerous experiments in which the outflow of air was measured, and the carbonic acid simultaneously determined, he found that at least 2,000 cubic feet per hour must be given to keep the carbonic acid at its normal level of five

*Library of Universal Knowledge.

†I bid.

‡Library of Universal Knowledge.

or six in 1,000 volumes and to remove the *odor humanus* or fetid smell of animal matter."

It is difficult to lay down any rules in regard to the amount of fresh air required in sickness. The vitiation of the air by the products of combustion of lamps, etc., must not be overlooked. * "The composition of dry air may be roughly estimated to consist of four volumes of nitrogen, one of oxygen with a slight admixture of carbonic acid, and a mere trace of other substances."

† "The impurities may be divided into suspended matters, gaseous substances and special impurities.

Among the suspended matters are to be found the germs of organic beings, both animal and vegetable, such as bacteria vibriones, fallen spores of fungi, etc., minute particles of inorganic are also often taken up by currents of air and remain in suspension. Among gaseous substances which merely pass into the air either from natural causes or from manufactories are various compounds of carbon, sulphur, nitrogen and phosphorus, with oxygen and hydrogen which it is unnecessary to enumerate here. Besides which we must notice organic vapor from decomposing animal matter, which has been called carbo-ammoniacal.

Amongst special impurities those caused by respiration are the most important." * "An adult man, under ordinary

*Science in short chapters, W. M. Williams.

conditions, gives off, in 24 hours, from 12 to 16 cubic feet of carbonic acid by the lungs, and a certain additional quantity, not determined by the skin. Watery vapor ranging from 25 to 40 ounces, together with an undetermined quantity of organic matter, which is partly suspended (as particles of epithelium, etc.,) and partly made up of organic vapor. This vapor, when collected and condensed from a large volume of respired air, is found to be nitrogenous, and has a very fetid smell." Here then is a most powerful source of vitiation, and one, over which we can and should have control, by

* Ibid.

† Library of Universal Knowledge.

ascertaining whether our clients occupy small bed rooms, and sleep, as many do with closed doors, and the bed-clothes drawn over their heads, thereby compelled to breathe the same air over and over again.

And who can tell but what many cases of consumption arise from this very source, where no hereditary conditions exist, but are charged to contagion or bacteria, when it should be blood poisoning.

Also many disordered conditions of the whole alimentary tract.

On the other hand I would not be understood to advocate the indiscriminate opening of windows, and exposing the tender surface of the mucous membranes to the damp and chilly air at night, for I think that a fruitful source of throat and lung difficulties; but would advise the entrance of air through other rooms, at a rate not to exceed two feet per second as that to most persons is perceptible and gives the sensation of draft. Another point I would like to make here, as bearing upon the subjects of ventilation and impurities in the air, is that of open fire-places and grates.

"We all know that when air is heated it expands largely, and becomes lighter bulk for bulk than air of a lower temperature; and therefore if two portions of air of unequal temperatures, and free to move, are in contact with each other, the colder will flow under the warmer and push it upward." Now let us bear this fact in mind; also the height of the upper edge of the fire-place, which is on an average of 24 inches, and see what the result will be in a room fitted with one or more windows a trifle leaky, the same number of doors in a like condition, and a fire-place in which coal is burning; from 10 to 20 per cent. of the heat is radiated into the room, the rest is forced up the chimney by an ascending current of air, as is demonstrated by the presence of smoke entangled with it, and this is evidently done by the cooler air which flows into the room from somewhere, and which must get under it in order to lift it. In

ordinary rooms this supply is entirely dependant upon the defective construction, * bad joinery."

"It enters through the crevices about the windows and doors, no especially designed opening being made for it. Usually the chief inlet is the space under the door, through which pours a stream of cold air which spreads out like a lake upon the floor. At the same time more or less is entering at the top and side spaces of the doors and through window crevices. And as it is colder than the air of the room at the place of entrance it immediately falls to join the stream entering under the door. Now when we remember the height of the fire-place which is the outlet of this stream or lake of cold air, is 24 inches we have the extent of ventilation by their aid. Below this level there is an abundance, above it there is none; the cat on the rug, and our feet have an abundant supply"—of fresh air, but as we are addicted to sitting on chairs, our breathing apparatus is brought above the level of ventilation. The atmosphere in which our heads are immersed is practically stagnant, loaded with impurities in suspension and which are being constantly drawn into our lungs, contaminating the blood. And when the season arrives for the abolition of fires a resort is had to patent medicines, or various teas or infusions to "*cleanse the blood*" we are told; which (to use a homely phrase), is like locking the barn after the horse has been stolen. There are two means of purifying the air, viz: removing the cause of contamination and disinfection.

In removing the causes look to the sleeping rooms, to the cellars, the pantry, the wash-house, the back yard and the water closet. Allow no vault to be dug in the ground, but build it of brick, plastered inside with mortar, and a daily use of dry earth as a deodorizer. Do not fail (through a feeling of modesty) to mention these subjects at your daily visits, for in so doing you will render more aid to the cause

*Science in short chapters, W. M. Williams.

of sanitation, than by endeavoring to write long and learned dissertations, on the subject, that are never read, and banish more of the diseases which are directly traceable to these different sources, such as typhoid fever, cholera, dysentery, diphtheria, consumption, scarlet fever, erysipelas, rheumatism, carbuncles, and a host of others than can possibly be done by any other means.

CAPSICUM NOTES.

BY H. N. GUERNSEY, M. D.

There are a few general symptoms of this remedy, whenever found, that are worthy of deep consideration no matter what the pathological condition may be supposed to be.

One of the most important of these in prescribing for the sick is *a sensation of constriction*. It must be *unqualifiedly a sensation of constriction* somewhere, experienced by the patient. For instance a sensation of constriction in the fauces in sore throat or catarrh of the throat or of the posterior nares—the same sensation also in Diphtheria. A sensation of constriction in the chest in asthma or other affections of the chest, coughs, etc. A sensation of constriction in urinary difficulties, as in dysuria, gonorrhœa, etc. A sensation of constriction in the rectum in dysentery, diarrhœa or constipation.

In catarrh of the posterior nares when the secretion is tough and fibrinous requiring great effort to draw it into the mouth, particularly in the morning.

Fifteen years ago I drew the attention of the profession at large to the value of this remedy when there was inflammation of the petros portion of temporal bone, as a "key note," and it still remains, and always will remain, an infallible "guiding symptom."

All affections that commence in the back and gradually spread all over the body, as in intermittent fever where the chill commences, *unqualifiedly in the back* and spreads thence over the body.

Another symptom of great value is a sensation as if cayenne pepper had been applied to the part affected. For instance in the throat or upon any of the mucous surfaces—on the scalp or other portions of the skin.

Samuel Hahnemann observes that individuals of a rigid fibre are not as a rule, favorable subjects for the action of this remedy.

Capsicum is a very searching remedy having a very deep action and should never be prescribed lower than the 30th attention and a much higher insures a more favorable result. We should be very slow to prescribe another remedy after Capsicum. Of course the above symptoms must take superior or inferior rank with others, as the totality is brought under consideration, and its administration must be according to the rules laid down in the organon of Samuel Hahnemann.

CORRESPONDENCE.

To The Editor of the Medical Advance:

In the October number of the Advance, pages 191 and 192, is quite an interesting account of fracture of the cranium in a boy nine years of age. But there is one feature of the case which I think will bear criticism.

It is stated that he was violently kicked by a horse and that the doctors "found him in a comatose condition, all unconscious of the frightful injury he had received. It was found necessary to remove broken fragments of the skull. This was done "after thoroughly anæsthetizing our patient."

Will those doctors be kind enough to give *the reason* for "anæsthetizing" a patient who was already in a "comatose and unconscious condition? It must have been a mistake and should not be allowed to go out to our profession unquestioned.

I have known allopathic surgeons to make this blunder, but the above is the first I have observed in our school. I

hope none of our surgeons will repeat it for, although no great harm may arise from it, they will be subject to ridicule if it becomes known to their old-school rivals. A SENIOR.

Editors of the Medical Advance :

It has not been my privilege to attend, and take part in the proceedings of the Homœopathic Medical Society of the State of Michigan for some years past, nevertheless I have anxiously watched for the transactions to appear in our Medical Journals, hoping to receive partial compensation for what I regard an incomparable loss to any physician who has a desire to cultivate the social and profit by the moral and mental influence which is always so perceptibly felt at those meetings.

In years past it was my good fortune to be present at one of those annual gatherings, when by request I gave my experience with Sulph. High. in the treatment of intermittent fever.

You just ought to have been there! I can smell the fumes of sulphur when I think of the warm reception they gave me.

I must confess I have always felt a secret desire that some of the members then present might in the future have an opportunity of proving the remedy sufficiently, to obtain the much talked of pathological results, or tissue changes.

I feel a deep interest in all Medical subjects, but an especial interest in drug provings as practiced by Hahnemann and his corps of faithful followers, who have given us our large and valuable *Materia Medica*, out of which I would not willingly erase one symptom.

I am confident that any physician who will follow the plain rules as laid down by Hahnemann in his *Organem* will not only gain confidence in our law of cure, but in attenuated medicine as well.

I. DEVER, M. D.

The new Library of the University of Michigan is at last finished, dedicated and ready for use. Over one hundred thousand dollars have been expended in the structure, and it now contains one of the largest collection of books in the United States.

EDITOR'S TABLE.

"It is now over 50 years since I first read the *Organon*. I just begin to comprehend it."

AD. LIPPE.

"Men who cut the cervix years ago are the men who to-day advocate the sewing up of these lacerations."

B. W. JAMES.

H. N. Guernsey, M. D., of Philadelphia, is at work on a book: "The Natural Philosophy of Disease, and the Natural Method of its Cure," with numerous illustrations from practice.

DIED.—A. M. Woodruff, M. D., at Las Vegas, N. M., of hæmoptysis. The doctor went South a year ago to try the beneficial effects of a change of climate for a disease of the lungs. He was evidently improving up to the time of his sudden death. He was a very successful practitioner, one we can ill afford to lose. He was interred in the family vault at Ann Arbor.

INDIANA.—We are to have two new hospitals in our State, and I see no reason why the Homœopaths are not entitled to the medical control of at least one of them. I have a petition in pamphlet form now ready for publication, to go before the senate and legislature, and I want the name of every Homœopathic physician in the State attached to it. Send your name at once and ask your neighbor to do the same, as list closes January 1."

J. D. GRABILL, M. D., Union City.

PENNSYLVANIA STATE SOCIETY.—During a business trip East, being desirous of seeing how they did it in the City of "Brotherly Love," we arranged to take in the Pennsylvania State Society. The officers of the Philadelphia County Society had charge of the local arrangements, and nothing was left undone to make the meeting both pleasant and profitable. Everything was complete. Too much praise cannot be bestowed on the County Society for their efforts. The reader will naturally ask, what effect had this elaborate and faultless programme on the attendance? Well, not much. The attendance was not so large as at Michigan State Society, and would have been considered *fair* in Kansas, Iowa or Nebraska. When we take into consideration that there are over 700 homœopathic physicians in the State, 300 of whom are in the county of Philadelphia, we can only imagine "what might have been," and have come to the conclusion that all the "Kilkenny cats" are not found in Michigan; that even in the city of "Brotherly Love," there are members of the profession who "agree to differ.

Among the visitors we noticed Phillips of Cleveland, Hasbrouck of Brooklyn, and Peck of Providence. The programme was

well carried out, the papers of more than average ability, but some of the best, especially those of Drs. Goodno and Thomas, of the bureau of pathology, went by the board without discussion. One of the most interesting discussions was that on Sanitary Science, which was brought about by a flank movement on the part of Drs. Cooper and B. W. James. When the Bureau was called, Dr. Cooper, Chairman, found himself without a paper, and moved: "That the time allotted to the Bureau be devoted to discussion on Sanitary Science." The subject was broad, and the members improved the opportunity. It was the most brilliant strategic move of the session.

The Homœopathic Library and Reading Room was visited on Tuesday evening. The Association, at considerable expense, has purchased the libraries of the late Drs. Hering and McCiatchey and laid the foundation of a fine library. They need better and more commodious rooms, which will come in due time.

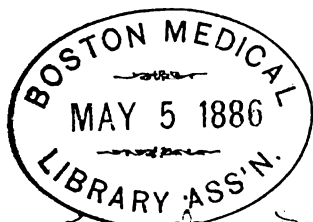
The old college building on Filbert street, in which so much good work has been done, sadly needs *something*. It certainly is not a credit to the school or the State, and the arrangements for a new building and hospital were not premature.

The drive in Fairmount Park, which contains about 3000 acres, and the stop to "water the horses," at the resting place on the beautiful Wissahickon, was charming in the extreme. Sandwiched between the Business Manager and the Managing Editor of the *Hahnemannian Monthly*, we enjoyed it "immensely." We hope some day to be able to extinguish our indebtedness by showing them the College Campus and the romantic Huron.

The banquet was most elaborate. Mine host, of the Aldine hotel, knows how to entertain a State Medical Society. We respectfully suggest, that in future the banquet of the American Institute, be managed by the officers of the Philadelphia County Society.

SPECIAL NOTICE TO OUR READERS.

Many of our readers have written, asking when their subscriptions are due, and we take this method of informing them. Each subscriber can now see the date to which he has paid (see Nov. issue). If our subscribers will promptly remit the small amounts due, we can afford to increase to 64 pages and publish semi-monthly, without increasing the subscription. All subscriptions are payable in advance. Our printer needs the money, and early and prompt payments will enable the publishers to furnish a better journal. If you are in arrears please favor us with a prompt remittance.



T. P. WILSON, M. D.,
EDITOR.

PHIL PORTER, M. D.,
GYNECOLOGICAL EDITOR.

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H. C. ALLEN, M. D., Business Manager.

"THE VITAL FORCE."—In the November number of last year, we took exception to Dr. Bayard's position as set forth in the *Popular Science Monthly*, in his explanation of Homœopathy, that, as a science, it "is the law of the vital force." Dr. P. P. Wells, in a late number of the *Homœopathic Physician*, has discussed the question at some length in his peculiar way. Allowing all he says to be true, it reduces him to the absurdity of attempting to prove a self-evident proposition. When the point at issue is assumed by either party, to say the least, it cuts out the party, so assuming, and argument is ended. We cannot, therefore, follow Dr. Wells, since to our mind, the question is debatable, and worthy of study; and is one which cannot be settled by flippant assertions. It is also clear, that so broad a question cannot be properly discussed in a brief editorial. We are not, however, disposed to leave the controversy as it stands at present. We repeat, that the facts of Homœopathy are one thing; the theories which help to explain them are another thing. It

is a necessity of the human mind to have things explained. The best of all explanations, is a demonstration. A thing which can be demonstrated is a scientific fact. We, however, incorporate much into science so-called, which we cannot demonstrate; and we explain all such things by the help of theories. Many points are settled by the theory of *authority*. An ecumenical council, a synod, a conference or an individual, is often considered sufficient. There are persons who would take Dr. Wells' statement upon almost any question as a final settlement of it. Upon this theory it is only necessary to point out what the authorities say; and most of the hard questions that might otherwise vex the mind of man, are in this way answered and disposed of. Next to the theories of this sort, stand theories founded on *imagination* or *superstition*. Given a series of phenomena, apparently inexplicable, and all you have to do, is to construct an ideal cause. The ocean, the forest and the air, were once filled with imaginary beings, who drove the winds about, made the seas boil and hurled thunderbolts through the heavens. Spirits, malign and benign, filled every unexplored corner of the universe, and became the efficient source of its mysterious phenomena. For centuries, imagination backed by authority, covered the whole ground, and solved all riddles. Subsequently, *Science* came into the field, and claimed her right to answer, these puzzling questions. This she does in two ways: First, by demonstration. She repeats the phenomenon at will and shows every step in the experiment. In this way she curbs and controls imagination and destroys the specters of superstition. But secondly, science must employ theories respecting many things she cannot demonstrate. But such theories are always essentially scientific theories. They hold no relation to the theories of authority or imagination, because in essence, they always correspond with the facts of sciences.

Now to the point at issue. The phenomena of life were easily settled a thousand years ago by imagining a life principle to exist in the living body. This theory came to us

first by authority. The Bible settled the question when it declared that God breathed into man and made him a living being. We had the authority of the Church for it, and that was enough. But the imagination now holds the same theory in place as a convenient solution of life's mysterious problems. It is however a theory, whether true or false, that has in it no element of science. Once it was potent to shut out all investigation. Life was "a sacred mystery," and we could raise no question which the "life principle" could not solve. But during the last century, the investigator has invaded the domain of life and stripped it of much of its mystery. And upon that small part which yet is not capable of demonstration, it has resolutely placed well defined scientific theories, and so, in effect, shut out the old imagination of a "life principle." As scientists we take Matter and Force as our ultimates, and out of them construct, where needed, good working theories, to which we hold tentatively until demonstration shall come up take final possession. We have no need to go outside of the laws which govern matter and force, to understand life and disease, and the nature of drugs and the mode of curing disease. Nothing can help us on with more certainty than Chemistry and Physics, if properly applied. Upon these Homœopathy can stand with no fear of falling. We reject the assumption of a "life principle," first, because it is an unscientific theory; and secondly, because it is not needed to account for the phenomena of life or health or disease. And we more especially object to making it the foundation of the Homœopathic healing art, because it is quite too shadowy and untenable; and we can only lose by resting upon a false foundation. Dr. Wells declares that "without this force as a chief factor, Homœopathy *has no philosophy*; neither can there be without this force included in it, any rational philosophy of life health or sickness." And he adds as his belief that "it is indispensable to a useful and successful practice of this philosophy." But what we want is not a rational philosophy but a *scientific philosophy*; and that we certainly have, and it

as certainly shuts out all superstitious beliefs in the old and exploded notion of a "life principle" otherwise known as "the vital force."

THE PRACTICE OF MEDICINE AS A BUSINESS.

READ BEFORE THE POLK COUNTY, IOWA, MEDICAL SOCIETY

AUGUST 21, 1883.

BY CHARLES WOODHULL EATON, M. D.

The suggestions I am about to offer before you, will, I am sure, excite much mental comment and individual opinion while being read in your hearing. Let me ask at the outset that this comment and opinion be expressed fully and without reserve. Criticism is what the writer desires, and it makes little difference whether that criticism be pro or con, when one is assured it is, at all events, friendly. Further, no one save myself only has known the contents of this paper. It in no sense conveys the sentiment of my immediate colleagues, nor does it voice the opinion of that office of which I am one of the working members. They are in happy ignorance, both Dr. Linn and Dr. Morgan, of the exhibition of crankism which I have prepared for this evening.

Two things, then, in the practical life, not of medicine, but of the doctors of medicine, have arrested my attention. They have not arrested this attention because sought after by the inquiring mind. The challenge has come startlingly, persistently, and in spite of preconceived opinions. They confront one at every turn in defiance of inherited notions of the exalted plane occupied by the professions.

The first is this. There is not among my acquaintance a single successful practitioner who has been out of college long enough to draw the line between theory and fact, ideal and real, and who has given his confidence to me, who is not now planning to get out of the practice of medicine, or

resolving that he will at some future day—not so very distant either. When I say successful practitioner, I mean those whose prominent position as honored physicians, and large earnings in dollars and cents make them the ones ordinarily supposed to be the most fortunate. Those who find themselves not making as rapid strides toward high position and fat practice as they had hoped, are, of course open to the suspicion of having been soured by hard experience. Of these I have nothing to say. My point is the almost unanimous dissatisfaction of those who are already at the top. Dissatisfaction in failure is one thing. Dissatisfaction in success is quite another, and challenges our attention.

Two physicians, occupying positions with which you and I would be abundantly satisfied (at least we think we should), have expressed themselves to me within a week. The way of putting it was characteristic of the men. Said one, "I don't blame any man who leaves the practice of medicine. I have more than once felt like doing so, haven't you?" The other, "Some day I expect to throw up the whole damned business."

If you will allow me, then, I will pin up this proposition before you. That the successful doctors are greatly dissatisfied with (not medicine, but) the practice of medicine. Hold this clearly in mind while we follow up the second fact in practical medical life, which clamors for attention.

Every year you meet many worthy young doctors looking anxiously for a location. I grant that there be many who deserve no location and no success. But they do not form a legitimate factor in the present discussion. They must be left out of consideration now, while we are speaking of the industrious, honest, clever, competent fellows, of whom there is a goodly number. They look the ground over as carefully as their pocket books will admit, and finally settle in what seems to them, all things considered, the most promising field for their endeavor. With what feelings do they make this decision, and open the modest office, and hang out the freshly painted sign? I say, with what feel-

ings, I do not say with what thoughts. For in their fresh and beautiful loyalty to medicine, to Homœopathy, they do not allow themselves any such nihilistic thinking as this paper betrays. But they have feelings which they cannot suppress, and yet do not confess; and the ill-concealed feeling is that, after all, it is a miserable game of chance, instead of a business demonstration, whether they have located well or ill, whether they have before them a business success or a business failure.

But the uncertainty of location is not the end of the misery, it is only the beginning of it. How is business to be worked up? How established in a legitimate and honorable way? If he hopes it may be in part from his church connection, he can but despise himself for making his house a house of merchandise. If from his brother doctor's failures he yet feels a conscious littleness. For the chances are that his neighbor is as competent as himself, and it always hurts an honest man to hear his brother craftsmen traduced, and know that he profits by the misunderstanding or misrepresentation of which his colleague has been the victim. If he is to get business by masonic membership, by the clap-trap of society, by personal display or brag, by rapid driving in and out of the town, going in desperate haste to see "no one no where," still he is degraded by the unconscious consciousness that these methods do not belong to a sturdy straight-forwardness,—that they have a tinge of falsehood and dishonesty about them.

Would you and I be willing to do as a practitioner of this place is doing, i. e., dropping into the homes of her patrons at any and all times, in a social way, to express her great interest in them,—the motive being to get and keep their patronage? Would we be willing to do it? Is the interest and friendship expressed, quite sincere and quite honest? Does she wish to be understood, or does she deliberately wish to deceive and pull the "wool" over their eyes? Which?

Our young man cannot advertise through the press in

such a way that it shall be of any service to him, for the code forbids it, and rightly, for this reason. When merchants advertise attractions, the public is fairly competent to decide what is true and what is not as to goods and prices, and judge between the claims of rival houses. Moreover, it is comparatively a small matter. But where the life and health of themselves, their wives and their little ones is at stake, with the added importance of the matter, they are at the same time left incompetent to judge rival claims in newspaper columns. So reputable doctors agree against advertisements, and depend upon their established character, thus forcing from the charlatan, who spreads his claims in public prints, the confession that he has no established character and cannot depend upon any such broken reed.

In fact, our young graduate is left to succeed or fail on the lucky chance of some prominent case, or the sheer force of months or years of waiting worthiness. Three possibilities stand before him. Methods which lower his self-respect, pluck and indomitable waiting. Which shall he take? Which ought to satisfy him? Which would satisfy a sound business test? Which would satisfy us?

To look at the same thing from another stand-point. A doctor told me recently of his desire to take up for his department the diseases of children. He wished to make that his work. Certainly it was a legitimate desire. Certainly it was a legitimate thing to do. Could he take charge of all the croup in his town, his experience would both insure a better success, and the tabulated results would be worth more for the literature and progress of medicine, than if the same number of cases were divided among a dozen doctors. More than this, he would grow more expert than he of divided attention, in interpreting the signs of speechless infancy. I shall never forget the time when an old lady kindly volunteered to me the information that when a baby smiled in its sleep, it had the colic. I was a graduate in medicine and surgery, yet my face turned as red as my whiskers, because I never had

heard the statement and could neither affirm nor deny. I do not yet know whether it be true or not, and my friend, could he pursue his favorite work, might solve the problem for me.

But though his purpose and ambition are perfectly legitimate and laudable, neither he nor I could devise any way by which he could place his purpose before the people, which would be either legitimate or laudable. He cannot depend upon the fraternity, as can the oculist, for in the present state of affairs, any physician who should refer the children, or infants merely, to another practitioner, would be supposed to advertise his own incompetency, and would cut the nerve of his own reputation. In short, there is no method open, giving reasonable promise of success, by which my friend may honorably take up his preferred work.

Here, then, is the second proposition. There is no legitimate business method by which the young doctor may establish himself in general practice, or in most departments of special work, which will bear an ordinary business test as to risk, probabilities, possibilities, and time demanded in establishing on a paying basis. Now let us couple with this the first proposition, namely: that the successful doctors are greatly dissatisfied with the practice of medicine. These are very grave propositions. Even if we do not admit their whole truth as they stand, I believe we see enough of truth about them to make them very serious statements of an unfortunate condition of affairs in the direction named, which ought not so to be.

What, then is the matter? And what are you going to do about it? These are the questions at the solution of which I do not assume to have arrived. These are the questions I would propose for discussion. But as you may possibly expect the first suggestion of a remedy from the one who is first to make suggestion of disease, I will outline for you my thought in this matter, prefacing only that I do not conceive that I have made a great discovery of the universal panacea. I would only offer a few sentences regarding that which commends itself to me as one way of abating the un-

fortunate conditions, to which attention has been drawn, surrounding the practice of medicine.

It is doubtless true that these conditions are of comparatively recent growth, and are still growing and to grow. There were centuries in which medicine and law and theology were veritable dictatorships. They were looked up to as super-human. Their dictum unquestioned, their authority unchallenged, their attainment possible to but few, they were subject to no such external pressure of jealousy lest they assume too much, and of skepticism as to their wisdom and power to accomplish the best for their clients, born of the diffusion of technical knowledge; nor internal pressure from the armies of young men who now crowd into the professions as the goal of their ambition, thus making competition sharp. Look at the New England clergy of a century ago, and of to-day. As the progress of the human race gives us reason for believing, they are broader, as a class, and deeper, and worthier to-day than they were a century ago; yet possess but a modicum of their former authority. A New England clergyman of eminence, whom all alike delight to honor* has recently called attention, in one of our prominent Reviews, to this decline of authority. Not to be deplored, but welcomed,—not as showing the decline of the clergy, but of their authority only, which but marks the rise of the whole people. Is not this true of law? Is not this more than equally true of medicine? And are we not surrounded by altered circumstances, and confronted with the call for altered methods of conducting our work?

Notice again, the tendency of the world, in all the varied departments of its work toward organization. Persons are everywhere giving away to institutions. The law of the division of labor is projecting its lines of separation among all men, like the reaching out of the spears of ice on a freezing pond or frosty window pane. The government of the Massachusetts Bay Colony has divided into the sharply

*Prof. Geo. P. Fisher, Yale Divinity School.

defined departments of the legislative, executive, judicial. The tutorship of youth has been taken from the preacher and given to schools, colleges, universities. The monied man of the town has given way to the bank. The spinning wheel has been silenced in the hum of thousands of armed and cunning fingered factories. We no longer kill our own beef, or build our own houses, or bury our own dead. Even our wives and mothers no longer make our shirts, our hair is simply clipped by a curious mechanism, and doubtless the very youngster of succeeding generations will be spanked by machinery.

Theology has organized and subdivided into Boards of Mission, home and foreign, Boards of Publication, Boards of this and Boards of that, Sunday schools, choirs, schools of learning, almost without end. Law has done the same. Witness its many courts, from the justice's, to the United States Supreme. Medicine has done the same in the matter of the education of its men only, with the addition of a certain degree of specialization among its teachers, which the necessities of college work have compelled. With the vast majority of the working men in medicine, and in all communities, with exceptions insignificant, there is no organization, no division of labor. The whole work of medicine is piled in one heterogenous and chaotic heap. Any doctor may drop in any town, and with all the other doctors there, on an equal footing, go in for anything and everything that may be gotten hold of,—helter skelter, pell mell, pushing, crowding, snatching, backbiting, inhuman, every man for himself and the devil take the hindmost. Come on young man. We invite you to glory and honor. Join this intensely jealous, intensely selfish, jostling set, and taste the dignity of the profession of medicine. Come join this tribe of Ishmael, where every man suspects every man's hand to be against him, where each one supposes each other one would be glad to tear him down that he might climb by his spoliation; come join the clan so ordering its work that it makes a bid for every influence that tends to degrade the character of its

individual members, and see what a glorious and noble and philanthropic a thing is the practice of medicine. What of theology? Why its clientage is organized into churches who call their men. Law? It has its court and judges in the most insignificant hamlet. It is left to medicine to take possession of the country in true gorilla style. It enjoys that distinction alone.

Is it not time for us to be ashamed of ourselves and learn to do better? Is it not time that we learn the lesson which all the rest of the world has already learned? Is it not time that we understand that the countersign of success is to-day not competition but combination? Is it not time that we devise methods which shall cement rather than sunder us? That shall gather together clinical experience, rather than scatter it to the winds? That shall hinder, rather than help, the incompetent and vicious? "In union there is strength."

We can have before our eyes continually the benefits derived by the staff of a medical school from the organization and division of labor which the necessities of teaching compel, and never see that we might enjoy the same benefits, carried beyond the rudimentary, which is an incident of school work, towards the complete, in every town of any size, without incurring the necessity of establishing a medical school. The advantages which they so reap we see on every hand. Each may work in his chosen department and is thus enabled to be at the head in one thing, rather than good on an average in many things. The reputation of the individual is the sum of their combined reputations, and as all are experts, the resultant reputation is the best possible basis for helping on the progress of medical science. Instead of that fateful and wellnigh fatal isolation which enwraps the rank and file, their close association ensures that interchange of experience, that friction of mind on mind which makes keen for insight and apprehension.

Why may not the same advantages be secured in every town large enough to really demand the services of three or

more doctors? Let them join their forces as a firm under any arrangement of detail which seems best. Call themselves a Medical Institute if they think proper. Or a college if they prefer. For the primary meaning of that term is a society of men engaged in common pursuits, as for instance the electoral colleges of our system of president choosing. Let each man have his department of work. Let them have a building devoted to their business, thus creating a medical center, and at the same time lessening business expenses. I lay great stress upon the creation of a medical center, a place, *the* place where the *medical* work is done. When a man wants to stay a day or two in a town, he goes to a hotel. When you want to buy exchange you go to a bank. When there is need of the establishment of equity we turn to the courts. There should be a place, or places, *par excellence*, to which should turn the thoughts of those needing medical service, as a matter of course in the same sense as when under other circumstances they turn to the hotel, the bank, and the courts. In such a firm, each one may delight in the growing reputation of all the others, and do for their up-building what he could not do for his own,—what they in turn will do for his. In a very large sense, the reputation of the individual will be the sum of their combined reputations. In doubt there is an abundance of counsel, and no fear of conflicting interests. The gynæcologist will not be worn out with worry about an eye he does not understand, the children's doctor will not be compelled to turn from cholera infantum to a gunshot wound. Standing shoulder to shoulder, they pursue their work bearing each others burdens. With but one department of work resting upon the individual, with abundant counsel in their own household, with yoke fellows holding up the reputation of each in those times which try it, with the mental discipline of association, with its warmth instead of isolation's chill they are under the most favorable circumstances for discharging a doctor's duty in the most successful, most manly way, and without that working care which makes

men gray and breaks them down. It frees them from temptation to deceitful ways and petty meannesses.

It puts the medical work into organized business channels, and young men will either enter the work with reasonable assurance of success, as in entering other business houses, or keep out altogether. In other words, it eliminates the haphazard element in the matter of location and establishment of business. Even advertising would be possible, though I should say unnecessary and undesirable. For quacks fight shy of each other. They have the seeds of disintegration within themselves, and could not maintain such organizations. So every such association would by its existence be a guarantee of the standing of each of its members. In classified experience, each town of two or three thousand inhabitants would thus become of equal worth with the present value of a large city hospital. It would tell immensely in the taking of towns for homœopathy. One of our men who is all alone in an Iowa town which the census of '80 put at 3,500 inhabitants, said to me the other day, "Had I had a competent colleague when I broke down under a practice of one thousand dollars per month for three successive months, the old school would never again have had a smell of practice in this town." Living and starving, all told, they now have thirteen "regulars" in that town. Suppose they had had a working Institute of Homœopathy of four members, say, in that town. What think you?

Think, too, what advantages such an organization would afford for the training of the medical student. It is not necessary to take the time to point out how great the improvement would be over the present system of preceptorship. The mere mention of the matter secures its recognition in all our minds. Understand, I do not hold up to your vision a medical millenium. I have not yet to learn that firms have their misunderstandings and quarrels. And large towns would have rival colleges. I can see reasons for apprehending frictions here and there. But these are greatly to be preferred to the individual frictions and

integral rivalries which now obtain as the result of the present methods of medical practice.

But I forbear. I shall weary you. To you I leave further suggestions, pro and con, as to this or other plans. I believe that there is a call for a change in our methods which is thrust upon us by the very progress of civilization. I may have caught a glimpse of the direction in which that change is to come, and I may not. It will do us good to consult regarding it, at any rate. One word of criticism on the plan suggested, and I will yield the floor. It is this. It is utopian. I regard this criticism, however, as constructive, not destructive,—as for and not against. I should be sorry to offer you any plan which would not be utopian. It was a utopian idea of Hahnemann's that he could reconstruct and regenerate medical practice on the one law of similia; a law which was not new, and had been repeatedly recognized before his day. Yet now we are, at least, in partial possession of this promised land. We have entered upon the borders of this utopia. It was a utopian idea of Professor Morse's that he could write messages afar off by the aid of lightning. We now dwell in the midst of that utopia. It was utopian in the extreme, that conception of the possibility of transporting the human voice, preserving its individuality and identity, many miles. But the daily possession of that utopia has ceased to be a surprise. It may be utopian to suppose it possible that the grand multitude of devoted men engaged in the practice of medicine will ever be organized into anything like a compact army, by its combined strength conquering and to conquer. But it is the unexpected that happens, and in all other departments of the world's work we are continually marching into and taking possession of utopias apparently more distant.

To disband the ranks and discharge the practitioners of medicine, of Homœopathy, would be to cause the sending up from every household a cry of despair. There can be no doubt that the world needs and must have its doctors, for whom, after all, it has a warm and kindly place in its big

heart. The service must not be deserted. And if in our day the practice of medicine be found to have drifted, in its daily practical expression, into such position as that the best men find it hardly tenable or endurable, then the duty resting upon our shoulders is not desertion, nor honorable self-discharge, but the removal of those rocks of offense which wear out and exasperate the veteran, and perplex and distress the raw recruit.

MASTITIS AND MAMMARY BANDAGES.

BY PHIL PORTER, M. D., DETROIT.

We have often been amused, from time to time, by reading the many theories put forth by our professional brethren, of the proper treatment of "mammary abscess." and the remedies advocated were almost as numerous as the cases to be met with. While not attempting to give anything better than has already been published, we do desire to present some of the methods of bandaging this part of the body, which to many, is a source of great perplexity and annoyance.

The first we give, is a very simple method of treating mastitis, one employed in England, and in our hands, has given good satisfaction.

First, with this bandage, we use freely, warm olive oil, as an emollient and also, for the purpose of creating external stimulation of the breast, we cut a piece of lint, the size of each breast, allowing it to come well under the axilla, leaving a hole for the nipple to pass through for the infant to nurse, and saturate the lint thoroughly with the best olive oil and envelope the breast; next cut a piece of oiled silk, the shape and size of the lint, and cover this over the breast, so as to prevent the oil from soiling the clothing. In all cases this should be applied *at the first sensation of pain or swelling in the breast.* As the lint—or two thicknesses of old linen cloth that is soft, will do—becomes dry, moisten with more olive oil. This must be persisted in if necessary. The

action of the oil not only prevents the obstruction of the milk-ducts, by its heating and emollient properties, stimulating the capillaries around the base of the gland, but it also causes the milk to flow from the excretory ducts (*tubuli lactiferi*) involuntarily, or what is better understood in the phraseology of nurses and "old ladies," causing the breast to run. If the breasts become very painful, we apply the ordinary supporter of adhesive strap, passing from one shoulder to the other and under the breast. In width, at the breast, two inches, this, to many, is all the support necessary.

When any other bandage is required we resort to one of the different forms given in Dr. C. H. Leonard's book on bandaging.*

The first cut is to represent bandaging the left breast and is indeed, a comfortable bandage for a woman just up from the parturient bed. It not only gives support to the breast but also to the body, and if applied as directed, will remain in place, an important feature in all dressings.

The directions for making and applying some of the different forms of mammary bandages we give from Dr. Leonard's work. Bandages of all sizes should be kept on hand in every physician's office as much as any other necessary part of a practitioner's outfit.

We know it requires some extra effort, on the part of a physician to study and make him or herself, familiar with these bandages, but when once mastered, what a satisfaction it is.

THE CROSS OF ONE MAMMA.

Description.—The bandage is made from a roller, eight yards in length by two inches in width.

*A manual of bandaging, adapted for self-instruction, \$1.50.

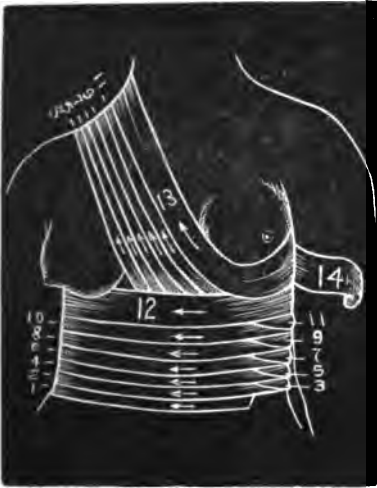


FIG. 64.—Cross of one Mamma.

Application.—Place the initial end of the bandage, 1, below the diseased gland the left for example, and confine by a horizontal circular turn about the body, 2. Continue on around the body till you come to a point below the diseased mamma, when you ascend obliquely across the chest to the opposite shoulder (the right in this case) thus finishing course 3. Course 4 is a horizontal circular

turn about the body, in line of courses 1 and 2; whilst course 5 is similar to that of course 3. Continue on in the same manner till the bandage is exhausted when you confine it by pinning, as usual.

Uses.—As a “sling” or support for an inflamed breast; and also for exercising a compression upon the gland, when occasion may demand it.

TRIANGLE OF THE MAMMA.

Description.—This should be made from a triangle having a base one yard in length and a height of eighteen inches.

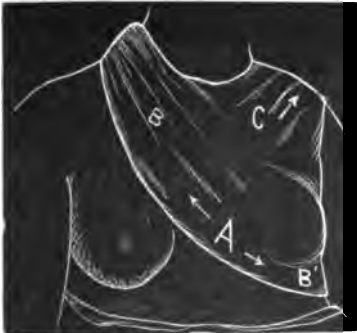


FIG. 65.—Triangle of the Mamma.

Application.—Placing the base of the triangle, A, at the xiphoid cartilage, carry one end obliquely up over the opposite shoulder, B, and the other end B, below the axilla of the diseased side, and tie them together at the back. The apex of the triangle, C, is then to be carried upwards

over the shoulder of the diseased side, and confined to the extremities of the triangle, at the back.

Uses.—Similar to the preceding; but it is more especially adapted than it, for retaining cataplasms and other dressings to the gland, and the region about it. Is more easily applied than the above, and makes an excellent suspensory bandage for the mamma.

BOURSE OF THE MAMMA.

Description.—A piece of lint, ten inches in length and eight inches in width when folded at the centre. Cut then the folded corners A and B off by the dotted lines O-D, and E-F; stitch, then, the whole together from G to F; viz., G-O-D-E-F. This done, to each of the two corners at G, and the two at H, stitch a narrow strip sufficiently long to meet and tie, with its fellow, (the two inferior) about the body, and (the two superior) about the neck.



FIG. 66.

(the two superior) about the neck.



FIG. 67.—Bourse of the Mamma.

forwards and tie in front.

Uses.—As a suspensory of the gland in cases of hypertrophy, or extreme flaccidity of the thoracic walls, or disease. Also useful in confining cataplasms, or other dressings.

CROSS OF THE TWO MAMMÆ.

Description.—This bandage should be made from a roller, twelve yards in length by two inches in width.

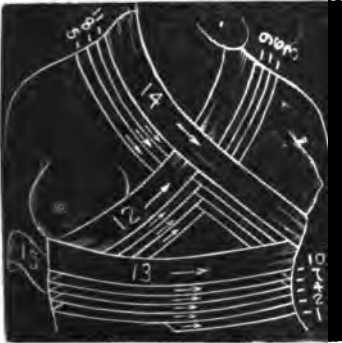


FIG. 66.—Cross of the two Mammae.

Application.—Place the initial end midway between the low extremity of the xiphoid cartilage and the umbilicus, and, going from right to left, confine it by a single horizontal turn, 2. Continue on in the same course, till you come to the right side of the chest when you mount obliquely upwards across the chest to the left shoulder, thus finishing course 3. Course 4 is a horizontal turn about the chest. Continue on about the body, horizontally, till you get to the left scapular region, when you mount obliquely upwards across the back, to the right side of the neck, and then descend obliquely downwards across the front of the chest, below the left mamma, thus finishing course 5. Course 6 is made similarly to course 3; course 7, to course 4; course 8, to course 5; course 9, to course 6; course 10, to course 7; course 11, to course 8; course 12, to course 9, and so on until the roller is exhausted, when you confine as usual.

Uses.—In case of disease of both breasts where suspension is required; also for compression, and for the retaining of dressings. It is not a very stable bandage, besides being open to the objection of cording the neck somewhat. For retaining topical dressings, or for suspension, the triangular mammary caps, see figure 65, would be preferable.

NOTE.—Mayor's system may be used in making this bimammary bandage by simply applying the Triangular Caps of the Mammæ, one to each gland; the two apices being confined as described upon page 78, or else tied or pinned together. This would then be known as *The Bimammary Triangle*.

Two Bourses may also be employed; each being made and applied similarly to that one described above (see Fig. 67).

PROCEEDINGS COLLEGE OF PHYSICIANS AND SURGEONS OF MICHIGAN.

DETROIT, NOVEMBER 26, 1883.

Under "Miscellaneous Business" Dr. Gilchrist offered the following:

Resolved, That this preamble and resolutions be signed by the president and recorder of the College of Physicians and Surgeons, of Michigan, and sealed with the seal, and, together with such additional matter as they may see fit, be sent to the board of auditors of Wayne county, this state, without delay.

WHEREAS, The Homeopathic physicians of this city and county are entirely without representation in the city and county; and

WHEREAS, We are informed that a county physician is soon to be appointed by the board of auditors of Wayne county; and

WHEREAS, The patronage of Homeopathic physicians is estimated to represent at least one third of the taxation of this city and county and is therefore justly entitled to representation in city and county appointments; therefore

Resolved, That the president and recorder of the College of Physicians and Surgeons, of Michigan, a medical society composed of Homeopathic physicians in the city of Detroit, and county of Wayne, be instructed to request the board of auditors, of Wayne county, Michigan, to appoint some nominee of this association, county physician, to fill the vacancy soon to occur by the termination of the present incumbent's term of office, as an act of justice to a large portion of the tax-paying interests of this city and county.

Dr. Porter moved as a substitute, that this society nominate Dr. Bailey, for the position of county physician, and that the chair appoint a committee of four including himself to visit the Board of Auditors in the interests of our nominee. The substitute was accepted by Dr. Gilchrist and carried unanimously. The president then named Drs. Gilchrist, Porter and Gaylord to form said committee. Dr. Porter, the lecturer for the evening, wished to be excused from reading his paper, as, on account of press of business he had not been able to finish it in a manner which the subject merits. On motion of Dr. Gaylord he was excused; and the society opened under the head of "*clinical reports*."

Dr. Bailey related an obscure case of "venereal sore"

which he could not fully diagnose. From the description given by him it is supposed to be either an "herpes progentialis" or a chancroid. The consideration of this case, gave rise to quite a lively discussion as to the proper treatment of chancroid, some of the gentlemen advocating the use of caustics, others condemning it; but all agree that if used at all they should be employed with care as much trouble may result from too frequent applications.

Dr. Gaylord reported the following: An elderly lady while crossing a street tripped and fell, striking upon her nose; was taken to her home, complaining meanwhile of great pain in back of head and neck. This happened on Sunday. To-day (Monday) there is complete anaesthesia of scalp covering vertex and occiput, and also of back of neck. Dimness of vision in right eye and constant humming or buzzing noise in head. The pain and humming are increased by lying *on the back*. Dr. Gilchrist pronounces it a case of concussion and thinks it will prove troublesome.

Dr. Porter reports two cases of interest. The first was sent to him by Dr. Olin and presenting the following condition: Canadian French, 27 years of age, had been married; two years ago she had, what the attending physician pronounced chronic diarrhoea, which had continued off and on until the present time.

At the commencement of the diarrhoea she had suppression of the menses, which condition still exists. She presented a healthy appearance, no cachexia or scorbutic indications were visible, but on making an examination he found the perineum entirely gone, down to the sphincter ani, a recto-vaginal fistula about two inches above the outlet, and a stricture of the lower portion of the sigmoid flexure, in extent about one inch, which would admit of the passage of a uterine sound only. The uterus was fixed in position, but no cellular infiltration was detected. No history could be obtained that would indicate pelvic cellulitis, or syphilis. The patient had never missed a days work, and could not remember having had any discharge or ulcer about the

vagina. The doctor proposes to operate on the stricture first, after which he will operate for the relief of the fistula and for the restoration of the perineum.

The second case was one which he said was outside his usual line of practice but will relate it on account of its interest to the general practitioner.

A boy five years of age, was run over by a public wagon, sustaining fracture of upper third of femur and some internal injuries. About three weeks after the accident the doctor noticed a swelling over the region of the greater curvature of the stomach, painful to the touch, elastic and resisting. The child vomited stercoraceous matter for two or three days. Bowels usually move regularly, but occasionally has an attack of diarrhoea lasting for about twenty-four hours. Ordered emollients which was followed for a week. At present no tenderness or pain. On pressure tumor did not recede much, does not feel like a hernia, cannot detect any separation of recti muscles. The child is restless from weight (5 lbs.) attached to leg, but not from the tumor. Urine mixed with blood, and associated with tenesmus vesicæ. Is greatly emaciated. It is now six weeks since accident; shall remove dressings from leg to-morrow. Would like to ask members what they would pronounce the tumor, and if they ever saw a similar case? Dr. Gaylord thinks it is a hernia. Dr. Gilchrist was of the same opinion at first, but has changed his mind. It is rather large for a rupture, and yet the stercoraceous vomiting and history would seem to indicate that form of difficulty. Dr. Porter thinks one point should not be lost sight of, namely, that the tumor did not make its appearance until three weeks after the injury, and the swelling came on by degrees, and was painful to the touch. The doctor stated that he would be pleased to have Dr. Gilchrist see this case with him to-morrow.

Dr. Gilchrist moved that the Recorder be instructed to send the transactions of this society to some medical journal for publication. This was carried unanimously.

On motion adjourned.

J. M. GRIFFIN, Recorder.

DETROIT, DECEMBER 3, 1883.

Meeting called to order by the Vice-President.

Dr. Wm. R. McLaren, was elected lecturer for March, 1884.

Dr. Phil Porter, the lecturer for the month, read a paper (his second and last) on "*Peri Uterine Cellulitis*." The lecture being an interesting one and exciting considerable discussion.

Dr. Gilchrist stated that while he was greatly interested in the paper as read, he could not fully endorse all that the author said regarding the classification nor treatment. He thinks that much confusion would be avoided if only two divisions of this disease were made; has seen many cases, and in his opinion absolute rest should be enjoined, and such means used as will *hasten* the formation of pus in the *acute* and *retard* it in the *chronic* cases. Hot water should be used guardedly, and if used at all should be employed in the early stages *before* supuration had obtained. *Cal. carb.*, has served him well as a prophylactic, preventing the formation of pus. *Silicea* is indicated in secondary formations.

The Doctor spoke of a peculiar pain in the epigastrium, produced by this drug (*Silicea*) when given frequently, would like to know if any of the gentlemen present had observed this peculiarity, and also if they can tell him what will relieve it?

Dr. Craig is of the opinion that most cases of *Peri Uterine Cellulitis* will recover if proper remedies are employed; has used a mixture composed of Aconite and Hamamelis, locally, with good results. He thinks that many puerperal inflammations are produced by a clot of blood or shred of membrane remaining in the uterus. *Apis mel.*, has served him well in many cases, and he thinks that we would obtain better results from this drug if more attention was given to the proper preparation of it.

Dr. Porter, is sorry these two gentlemen were not present at his last lecture, as in it he referred to some points that they have mentioned, and making the two divisions sug-

gested by Dr. Gilchrist. Thinks the gentlemen misinterpreted him, as he is speaking of *Peri Uterine Cellulitis* and not of *Pelvic Cellulitis*, and he maintains that there is a vast difference between the two diseases.

Dr. Lasse does not think hot water should be considered as a poultice, nor as producing the same effect. He thinks the idea is to get the contraction produced by extreme heat.

Dr. McLaren, reported a case of *Peri Uterine Cellulitis* which he cured, notwithstanding a number of physicians gave an unfavorable prognosis in the case. Pus had formed and was escaping. He introduced a speculum and injected Iodine 1x50, into the opening from which the pus was seen to escape. Also used the Iodine externally bathing the abdomen with it, and gave the same remedy internally. A speedy recovery was the result.

Dr. Gilchrist adds, that in the above case, which he saw with Dr. McLaren, the Iodine was prescribed on strictly Homœopathic indications.

Dr. Porter wishes it understood that he does not lay down any set form of treatment for these cases, but that each one must be carefully studied and the *proper homœopathic remedy selected*. He can not see why Dr. Craig should use the Aconite and Hamamelis together; does not think it the proper thing to do.

Clinical Reports.—Dr. McLaren presented the following case for counsel: Woman, married, always enjoyed good health, but for the last few years has suffered with membranous dysmenorrhœa; can discover nothing abnormal about the uterus, either as regards its size, appearance, shape, or position. Never had leucorrhœa. The Doctor stated that he had used every remedy he could think of as having any bearing on the case, but with negative results. At last he decided to dilate, which was done by using a sea-tangle tent, giving his patient relief for three (3) months, after which the trouble returned, and during the last attack the uterus expelled the membrane exhibited here to-night. Among the remedies given were, Bromine, Borax, Cauloph, Helon.

Dr. Porter thinks that Dr. McLaren is asking us to prescribe for a name which we as homœopaths will not, and can not consistently, do. He, for one could not prescribe unless he could have more symptoms.

Dr. McLaren then stated that the woman seems to be in perfect health, aside from this trouble and presents no more symptoms than he has given.

Dr. Craig, "If a given remedy will remove a false membrane from one mucous surface, why will it not from another? Why will not Kali Bich or any remedy used in membranous croup relieve such a condition as we find in membranous dysmonorrhœa?"

Dr. Gilchrist, "because this is not a false membrane." On motion adjourned. J. M. GRIFFIN, Recorder.

THE TRAINED NURSE AS A TEACHER.

May I tell you what a good trained nurse may teach, and can teach? How to recognize a fever, how to compare the local temperature of the several parts of the body, and how to equalize them; she knows that ever so many feeble children might have been saved, if but the feet and legs had not been allowed to get cold; how to bathe, when, and when to stop; how to regulate the position of the head—I remember quite well the case of inflammatory delirium which would always be relieved by propping up the head—how to treat intelligently an attack of fainting; how to render cow's milk digestible by repeated boiling, or lime-water, or table, or farinaceous admixtures; how to feed in case of diarrhœa; how to refuse food in case of vomiting; how to apply and when to remove cold to the head; how to ventilate a room without draught; and a thousand other things. She will also use her knowledge and influence in weaning the public of the use of nostrums, concerning which hardly anything is known except what you have to pay for the promises of the label. She will break the public of the indiscriminate use of quinia, with its dangers possibly for life; cure you of the

tendency of making the diagnosis of malaria the scapegoat of every unfinished or impossible diagnosis; she will teach you that the frequent and reckless domestic use of chlorate of potassium leads to many a case of ailment, to chronic poisoning possibly in the shape of Bright's disease, or to acute poisoning with unavoidable death. These are but very few of the things she can do, and but a little of the knowledge she can best distribute. With the aid of the class of women who frequent our training-schools, the public at large must and will gain, in a short time. Let the number of the schools be increased, and increase the number of pupils, and every one of them will be a teacher and an apostle of sound information on sanitary and hygienic subjects. And let nobody leave this place to-night without intending to aid an institution as helpful as this.—*Popular Science Monthly*.

ALLOPATHIC POVERTY.

BY A. MACNEIL, M. D.

There are a few individuals that have been associating themselves with us who are very energetic in their efforts to form a union with the dominant school of medicine. It occurs to many of us that we have no objections whatever to those persons forming that union for themselves. The only difficulty is in getting in to that body, as we are not aware that the school is eager to receive them. In order that such persons may go in a state becoming to them I have no doubt that a brass band, even one as expensive as that of the New York Seventh Regiment, will be hired and paid for by the homœopathic school to escort them over to the allopathic camp. It is well that we should know what is the repast to which we are invited to participate, not by the host, but by the would-be guests. I therefore translate an article from the "Allg. Wiener Medizinische Zeitung" of February 20, 1883. It being a report from the clinic of Prof. Nothnagel of the University of Vienna, one of the greatest author-

ities in medical therapeutics, of which our allopathic colleagues can boast.

The Professor in lecturing on pleuro-pneumonia says: "In my opinion we can only speak of therapeutics of acute infectious diseases, when we have specific remedies, and it is to be hoped that medicine (regular) will in the course of time reach to that degree of perfection. Such specific remedies we possess in Quinine in malaria, Salicylate of soda in acute rheumatism of the joints and Iod. kalium in syphilis. As we have come to the conclusion that croupous pneumonia is in many cases an acute infectious disease, so we must therefore seek for a specific remedy for it. The *indicatio causalis* cannot be overvalued, and we now turn to the symptomatic indications. Digitalis and Veratrin are administered to reduce the temperature. But, however, Digitalis does not reduce the temperature, except as it reduces the frequency of the pulse, and is therefore unnecessary in pneumonia. Traube has only introduced it experimentally. Veratrin causes a rapid fall of the temperature, but it frequently results in collapse, and consequently I emphatically warn you against its methodical use in pneumonia. We must not do anything against the fever except when it reaches a dangerous length or height, for in many cases the fatal result arises from a failure of the activity of the heart. Anything which depresses its activity must therefore be avoided, and in very many cases the high temperature does it. This we can control only by the anti-pyretic process. But it does not follow that we must stimulate in every case of pneumonia. We must individualize, not treat routinely. We should stimulate only when we see that we have a cachectic patient or when in the course of the disease a failure of the heart is discovered. Lately the Iodide of potash has been administered on the first and second days, but I cannot discover any favorable effect of it. The symptomatic treatment must only be directed against the irritation to cough, the pleuritic stiches, etc. We have in our cases no reason to depress the temperature or to stimulate, we must therefore

treat them expectorily. I deny that the expectant treatment of pneumonia is general, only it is applicable in the individual cases also."

Prof. Nothnagel speaks very confidently of Quinine as a specific in malaria and Iodine salt in syphilis. But we should remember that by other illustrious authorities of his own school, that their drugs have been pronounced as of doubtful value. I can quote well known names, showing that Quinine produces deafness, blindness, insanity and death. And Prof. Zeissl of the chair of syphilis of the same university recommends expectant treatment in syphilis, (*vide* his work "Syphilis" Band II. page 354,) Prof. Kaposi, also professor of Dermatology and Syphilis, in Vienna University says. Hebra and Kaposi Haut Krankheiten, Band II, page 526, "Although their ulcers (chancres) owe their origin to a specific virus, yet we are still in our complete ignorance of the physical and chemical nature of this virus and as all empiricism has left us so far in the lurch, we are not able to offer a specific remedy for chancre." He therefore prescribes same treatment as in ulcers of the legs, viz., a palliative one.

It is for such as this that homœopaths are asked to give up their tried remedies that fail only in unfavorable cases because we are not sufficiently acquainted with them. Ask the homœopath that *knows* that he can cut a case of pneumonia short off in any stage, to give up his treatment and adopt the treatment of those who openly acknowledge that no treatment at all is better than theirs. Ask him to give up his treatment of intermittents, which he has proven reliable in a thousand cases for a treatment, that those who are best acquainted with it, viz. its professors acknowledge is dangerous to sight, hearing, reason and life. Ask him to give up the specific remedies for syphilis, in which he has a time honored confidence, for that which their most illustrious professors whom I have quoted prefer no treatment to. Verily! I recommend veteran lightning rod peddlers to go to those men to get their soft cheeks indurated up to the mongrel standard.

CLINICAL REFLECTIONS.

BY AD. LIPPE M. D., PHILADELPHIA.

NOSEBLEED, CASE I.

A child (girl), six years of age, was brought to me some four years ago with violent nosebleed. Her mother stated that the child has had repeated, and now more frequently returning generally nightly recurring attacks of nosebleed for which both Schools of Medicine had been consulted, and the child had had therefore a variety of treatments. For the purpose of *fully taking in the situation* the nose was examined, and there we found in the right nostril a very large polypus. Merc. corros. subl. was administered in a High Potency, and the nosebleed ceased; it did nevertheless return less violently at much longer intervals, always worse at night, and the remedy was again administered on these occasions, till finally there was no more nosebleed, and the polypus was also no more. About 18 months later the bleeding began again, now from the left nostril, worse at night, a very small polypus had made its appearance, but after the nosebleed was again checked by Merc. corros. subl. the polypus also disappeared, and the rapidly growing little girl enjoys perfect health.

Comments.—Hahnemann taught us how to apply the law of the similars for the cure of the sick, how to ascertain the sick-making properties of drugs, how to examine the sick and obtain a correct description of each individual case and thereby find ourselves enabled to find the similar remedy among the proved remedies constituting a reliable *Materia Medica* of his own creation, to which were added such drug provings as were made at later periods; he also advised us how to administer the similar remedy in appropriate doses. Guided by these simple methods we could not fail to see at once the similarity of Merc. corros. to the case, and we therefore cured this individual case of nosebleeding. In our days we find a professed Homœopath, a member of the International Hahnemannian Association—which was founded over

three years ago for the avowed purpose to protect our healing art from growing departures—contending that he has found a *specific*, for nosebleed, which will cure it under all circumstances. The day has long passed by when medical men were found bold enough to declare that they had found a *specific* for the cure of a disease or for a single symptom of a diseased condition; medical men of all schools have found by the only reliable test, the clinical experiment, that such claims as *specifics* in the sense above mentioned are "*Chimeras*." Nevertheless the Gothamite with *his* highly potentised nostrum, a specific for nosebleed, is not only permitted to remain a member of the I. H. A., but the absurd claim is sustained and defended by members of the I. H. A. to the detriment of the claims of the infallibility of the methods of our healing art called by its founder "Homœopathy."

NOSEBLEED, CASE II.

A lady over 50 years old had suffered for many years from hypertrophy of the heart; she had been much relieved by the homœopathic remedies administered to her. On the 14th of February, 1882, she called at my house at noon to await my return to the office at 2 P. M. She had scarcely arrived before she was for the first time attacked by a violent nosebleed. When I arrived at 2 P. M. I found her, having lost a very large quantity of blood which was rapidly flowing from her nose, in a fainting condition. *We took in the situation* and concluded that this now very dangerous nosebleed must be controlled at once, her heart's condition led us to administer at once a remedy controlling a variety of hæmorrhages, *Cactus grandiflorus*. We put a few pellets of Cact. gr. C. M. (Fincke) on her tongue. In less than five minutes she was enabled to lay down in a very exhausted condition, the nosebleed had ceased. We provided her with a small bottle of this remedy with the request to again take a few pellets should this alarming nosebleed return. Three months later it returned, but was promptly checked at once by taking the remedy; since then she had no return of it and her heart-disease is at present much better than for many years.

Comments. The *specific* for nosebleed was not known then, and if it had been known it would not have been administered on the vague assertion of a professing homœopath that *this specific* would cure all cases of nosebleed. The prompt action of *Cactus grandiflorus* in this grave and alarming case might have induced us, were we not a consistent homœopath to proclaim it "a specific for nosebleed." But as one of the great requirements of our healing art is to "*individualize*" we are fully impressed with the correctness of Hahnemann's methods and shall in the future as in the past continue to *individualize*. In this case we find in the provings of Dr. Rocco Rubini, of *Cactus gr.* symptom 33 "*profuse epistaxis* which ceases in a short time." The many heart and chest symptoms of *Cactus gr.* are so well known and so well rendered by its prover that it has become an indispensable remedy in many heart diseases, but it would be preposterous to declare *Cactus gr.* a specific for hypertrophy or any other disease of the heart. The true healer will carefully discover the similar, but still differing symptoms, for instance, between the heart constrictions peculiar to *Cactus gr.* and *Lachesis*, here we find the repeatedly confirmed differences. *Cactus gr.* has the painful sensation as if the heart was held and clutched by an *iron hand* (Symptom 64, "sensation of constriction in the heart, as if an iron hand prevented its normal movement"). This symptom was confirmed first by Dr. Dunham, *Homœopathic Monthly* I. 4. *Lachesis* has "constriction of the heart as from an iron band." If we desire to *develop* Homœopathy it behooves us to keep on "*individualizing*;" if we desire to make it a failure, if we progress backwards without reflection, we return to the old, but easier method of prescribing by generalizing. Prescribe for pathological conditions, for names of diseases, and if we progress backwards into the last century without reflection of course we talk about *specifics*, or introduce old exploded notions in therapeutics. The above cases are only given to prove the infallibility of Hahnemann's methods which were the result of his "*inductive philosophy*." Hahne-

mann *investigated* first, and then under his inductive method, now adopted by all truly scientific men, he "*progressed.*" Other men of a different sort, only seeking "labor saving methods" *progress* and want others to also progress *without* method on *reflection*, and by and by prove by their own actions that they are "false prophets." *Liber Genesis, Caput III, 19. In sudore vultus tui vesceris pane.*

NATURAL APPETITES.

In order to distinguish a poison-stimulant from a harmless and nutritive substance, Nature has thus furnished us three infallible tests :

1. The first taste of every poison is either insipid or repulsive.
2. The persistent obtrusion of the noxious substance changes that aversion into a specific craving.
3. The more or less pleasurable excitement produced by a gratification of that craving is always followed by a depressing reaction.

The first drop of a wholesome beverage (milk, cold water, cider fresh from the press, etc.) is quite as pleasant as the last; the indulgence in such pleasures is not followed by repentance, and never begets a *specific craving*. Pancakes and honey we may eat with great relish whenever we can get them, but, if we can't, we won't miss them as long as we can satisfy our hunger with bread and butter. In mid-winter, when apples advance to six dollars a barrel, it needs no lectures and midnight prayers to substitute rice-pudding for apple-pie. A Turk may breakfast for thirty years on figs and roasted chestnuts, and yet be quite as comfortable in Switzerland, where they treat him to milk and bread. Not so the dram-drinker: his "thirst" can not be assuaged with water or milk, his enslaved appetite craves the wonted tipples—or else a stronger stimulant. Natural food has no effect on the poison-hunger; Nature has nothing to do with such appetites.—*Popular Science Monthly.*

HOW DO YOU TREAT HARD CHANCRE?

MANAYUNK NOV. 1888.

Dear Doctor—I am collecting statistics of the results of Homœopathic treatment in Venereal Diseases. Will you aid me by answering the following questions:

How do you treat hard chancre? Remedies most frequently used, indications, potency? Do you use local treatment, if so, what? Are you able to prevent secondary symptoms? How do you treat secondary manifestations? What remedies in skin affections? What in affections of mucous membranes? State potency and dose. Same for tertiary syphilis. How long do you keep a patient under treatment? What is average duration of your cases? Hereditary syphilis. How many cases, forms of the disease, treatment, results?

Yours fraternally,

W. B. TRITES, M. D.,

Lecturer on Venereal Diseases, Hahnemann Medical College, Philadelphia.

If Dr. Trites is in search of statistics of the homœopathic treatment of venereal diseases, we fear he will be unsuccessful. "A rose under any other name would smell as sweet;" but a chancre cauterized by a man receiving his degree from a homœopathic college, would not necessarily constitute it homœopathic treatment. The homœopathic physician can suppress syphilis by the cauterization as well as any other physician. The treatment of Ricord will not materially differ in results because applied by a professed Homœopath. We were taught at college, that the treatment of syphilis was one of the exceptions of the law of cure; and for years we faithfully followed our instructions. We are convinced that under that treatment, secondary and constitutional symptoms are, in the majority of cases, unavoidable; hence we have abandoned it for the safer, milder, more scientific (because more homœopathic) method of Hahnemann and Dunham. Under this treatment we do not interfere with the "blossom"—the local chancre or bubo—hence there is no secondary, tertiary, or hereditary syphilis to treat, or would not be if all cases were treated in this way. If our law of cure be able when rightly administered, to rob cholera, croup and yellow fever of their terrors, why is it not

able to cope with ague, gonorrhœa and syphilis? Hahnemann says it is; and Dunham and Hering and every other homœopathic physician who has faithfully followed his instructions, corroborate his statements. And yet many of our homœopathic practitioners, who rarely find it necessary to resort to palliative measures in croup, diphtheria, pneumonia, or cholera, do not hesitate to suppress ague with quinine, gonorrhœa with astringent injections, or treat hard chancre with caustics. Below we give the treatment of Hahnemann and Dunham to which we respectfully refer Dr. Trites for facts if not for statistics. It is *our* homœopathic treatment.

H. C. A.

"The syphilitic miasm is much more general than the miasm of *sycosis*. For the last four centuries, it has given origin to a vast number of chronic affections.

The treatment of *syphilis* is only difficult when there is a complication with the psoric miasm, after it has broke forth from its latent condition. Sometimes, but rarely, *syphilis* is complicated with *sycosis*; whenever this complication exists, it never exists without the additional complication of *psora*.

In the treatment of syphilis, three different conditions may occur. First, the syphilitic disease may exist in its genuine form, together with the chancre, or, in case the chancre should have been removed by external applications, it may exist with the bubo, which must then be considered as the representative of the chancre;* secondly, it may exist without being complicated with another miasm, though both the chancre and the bubo may have been removed; and thirdly, it may exist in a state of complication with another chronic miasm, either with the chancre or bubo, or after their removal by local applications.

The chancre generally appears between the seventh and fourteenth day after the infection has taken place; it rarely

*In rare cases, the bubo is the first and immediate result of impure coition, without any previous chancre; generally, however, it is consequent upon the removal of the chancre by local applications, and is, in this case, a troublesome representative of the latter.

appears either sooner or later, and generally affects the parts which have been first tainted with the virus. The chancre first appears in the form of a little vesicle, which is soon changed to a painfully stinging ulcer, with an elevated border. This ulcer may remain upon the same spot during the life time of the patient, and, although it may become enlarged, yet the secondary symptoms of syphilis will never make their appearance as long as the chancre remains.

The allopathic physician, not knowing that the entire organism has become infected with the syphilitic miasm, even before the appearance of the chancre and immediately after the impure coition has been accomplished, looks upon the chancre as a simply local ulcer which ought to be removed by the external application of desiccating and cauterizing substances, and which will remain quite harmless, provided it is not left too long on the skin; for, in this case, the absorbing vessels might carry the poison into the internal organism, and, in this way, produce a general syphilitic affection, whereas these evil consequences might be avoided by a speedy removal of the chancre. This is both the doctrine and the practice. By this practice, the physician deprives the internal disease of its vicarious symptom, the chancre; and, by the removal of the chancre, he forces the disease to embody itself externally in the more troublesome and speedily suppurating bubo. And after this too has been removed, as is foolishly done, by external treatment the disease is forced to manifest itself throughout the organism with all the secondary symptoms of a fully developed *syphilis*. This *unavoidable* development of the internal syphilitic disease generally takes place after the lapse of two or three months. So far from relieving the patient, the physician positively injures him.

John Hunter asserts:* "Not one patient in fifteen will escape *syphilis*, when the chancre is removed merely by local treatment;" and in another part of his work, (p. 551—553) he assures us: "that the local removal of the chancre, should

*Treatise on the Venereal Diseases, Leipzig, 1787, p. 581.

it even have been accomplished ever so speedily, was *always* followed by an outbreak of the internal syphilitic disease."

"The same doctrine is emphatically taught by Fabre, who says 'that the local removal of the chancre is always followed by *syphilis*; that Petit had cut off a portion of the labia of the genital organs of a woman, which had been affected, for some days, with venereal chancre; that the wound indeed healed, but that the syphilitic disease nevertheless broke out.'

It is incredible that physicians, in spite of the experience and emphatic statements of such great observers, should have shut their eyes to the fact, that the venereal disease existed already in its fulness in the organism before the chancre had made its appearance, and that it was an unpardonable mistake to remove the chancre by external applications, and to consider this local removal of the chancre a complete cure of the disease. On the contrary, by this local removal of the chancre, the syphilitic disease was not only forced to ramify into its secondary symptoms, but the physician deprived himself of a sure and infallible indication of the thorough and permanent cure of the internal disease. As long as the chancre existed, the organism was yet tainted with the syphilitic virus; whereas the disappearance of the chancre consequent upon the internal administration of appropriate remedies, was a sure sign of the internal disease having been completely and permanently cured.

"In my practice of fifty years' duration, I have never seen syphilis breaking out in the system whenever the chancre was cured by internal remedies, without having been mismanaged by external treatment; it mattered not whether the chancre had been left standing for years, increasing all the while, as every vicarious symptom of any other chronic miasm will do, for the simple reason that the internal disease is progressing all the time, and induces a consequent development of the external symptom.

"As soon as the chancre is removed by external remedies, the syphilitic disease which is engrafted upon the whole

organism as soon as the infection has taken place, manifests its series of secondary symptoms.

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“Hence it is that the internal disease is most efficiently and most permanently cured while the chancre or the bubo are yet in existence as its vicarious types. Of this genuine and unadulterated syphilis it may be said, *that there is no chronic miasm, nor a disease produced by a chronic miasm, which is more easily cured than syphilis.*

“In that stage of the syphilitic disease where the chancre or the bubo are yet existing, one single minute dose of the best mercurial preparation is sufficient to effect a permanent cure of the internal disease, together with the chancre, in the space of a fortnight. Of course such a cure can only be effected when the syphilitic disease is not complicated by some psoric affection; it is especially in young persons of a cheerful temper that a speedy cure may be anticipated; *psora* being in a latent condition in such persons, neither syphilis nor sycosis can become adulterated by that miasm. A few days after the medicine has been taken, and without the use of external application, the chancre is changed to a pure ulcer with a little quantity of laudable pus, which heals of itself without leaving the slightest cicatrix, or even spot, the color of which is different from that of the sound skin. This is a convincing proof that the internal disease has been completely annihilated. Inasmuch as the chancre is the external indication of the internal disease, this disease cannot be considered cured as long as the internal remedy has not acted sufficiently to remove even the slightest trace of chancre from the skin.”—*Hahnemann's Chr. Dis.* Vol. I p. 115.

“Touching this disease I desire to say, that in so far as my experience in the treatment of it is concerned, I have not found it less amenable to treatment than other constitutional maladies. The patient, otherwise in vigorous health, who presents himself for treatment, without having previously saturated his system with drugs, and without having

undertaken to eradicate the morbid poison by caustic applications to its primary local manifestation, the chancre—such a patient, if Mercury be indicated by his symptoms, will be cured as readily and by as small doses as though his disease were something of a totally different character. (A prejudice to the contrary exists.) And my professional experience satisfies me, that in these, as in other cases, the high potencies, and infrequent doses, produce a more speedy and effectual cure than low potencies and frequent doses do. But inasmuch as I do not regard the chancre as the “fons et origo mali.” but rather as the blossom and product of a constitutional infection which already prevades the system, I am not in so great haste as some are to destroy the chancre, well satisfied if, under internal treatment, I perceive it gradually heal by healthy granulations, no other symptoms meantime appearing. Above all, I dread the local treatment by caustic, the much-vaunted method of Ricord. For observation has satisfied me that even a majority of his patients, discharged as cured through the local cauterization, present, after the lapse of from one to eight weeks, all the signs of secondary syphilis, and become candidates for, and victims of, the ‘constitutional treatment.’

It is not every case, however, of so-called chancre, for which Mercury is indicated.

That which is now denominated chancroid, and which, being a shallow and flat bottom ulceration, shows a tendency to spread irregularly and indefinitely, having never well-defined outlines nor a lardaceous bottom; but exuding a thin, serous discharge, and which is probably not at all syphilitic in its origin, does not call for Mercury, and is not benefitted by it; indeed is rather aggravated. I have found the totality of the symptoms to indicate *Nux vomica* more frequently than any other drug, and under this a speedy cure to follow.

The form of chancre in which *Mercurius* is indicated is the regular indurated Hunterian chancre, with the lardaceous base.”—*Dunham's Mat. Med.*, Vol. II, p. 225.

ALCOHOL AS A REMEDY.

I do not intend to deny that the use of mild alcoholic tonics, as a substitute for the frightful remedies of the mediæval Sangrados, is a decided improvement, but, still, it is only a lesser evil, a first step of a progressive reform. Alcohol lingers in our hospitals as slavery lingers in the West Indies, as the witchcraft delusion lingers in Southern Europe. Has alcohol any remedial value whatever? Let us consider the matter from a purely empirical stand-point. Does alcohol protect from malarial fevers? It is a well-known fact that the human organism can not support two diseases at the same time. Rheumatism can be temporarily relieved by producing an artificial inflammation; a headache yields to a severe toothache. For the same reason the *alcohol fever* affords a temporary protection from other febrile symptoms—i. e., a man might fortify his system against chills and ague by keeping himself constantly under the stimulating influence of alcohol. But sooner or later stimulation is followed by depression, and during that reaction the other fever gets a chance, and rarely misses it. The history of epidemics proves that pyretic diseases are from *eight to twelve* times more destructive among dram-drinkers than among the temperate classes; rich or poor, young or old, abstainers are only *centesimated* by diseases that decimate drunkards. On no other point is the testimony of physicians of all schools, all times, and all countries, more consistent and unanimous.

Is alcohol a peptic stimulant? No more than Glauber's-salt or castor-oil. The system hastens to rid itself of the noxious substance, the bowels are thrown into a state of morbid activity only to relapse into a morbid inactivity. The effect of every laxative is followed by a stringent reaction, and the habitual use of peptic stimulants leads to a chronic constipation which yields only to purgatives of the most virulent kind.

Does alcohol impart strength? Does it benefit the exhausted system? If a worn-out horse drops on the highway,

we can rouse it by sticking a knife into its ribs, but, after staggering ahead for a couple of minutes, it will drop again, and the second *deliquium* will be worse than the first by just as much as the brutal stimulus has still further exhausted the little remaining strength. In the same way precisely alcohol rallies the exhausted energies of the human body. The prostrate vitality rises against the foe, and labors with restless energy till the poison is expelled. Then comes the reaction, and, before the patient can recover, his organism has to do double work. Nature has to overcome both the original cause of the disease and the effect of the stimulant. —*Popular Science Monthly.*

CLINICAL NOTES.

J. T. KENT, M. D., ST. LOUIS, MO.

CASE I.—W. B. says he has had several chills and that they are increasing in severity. The first he noticed of his departure from health was a peculiar burning of his skin, his face swelled and looked red, especially about the eyes. He thought it was erysipelas. The burning and itching were intense. It felt so badly that he could not resist pinching and scratching. His eyes closed from the rapid swelling and his neck got too big for his collar; over the chest the itching and burning were almost maddening. He applied cold water to his face which gave him comfort and reduced the swelling so he could open his eyes. In spite of the itching and burning he must keep in a warm room. In spite of the local relief from cold the general state was made worse from cold. The urticaria went back and the chills came on beginning in the hands and feet. Chill 12 to 1 for several days, then 10.30 a. m. every other day. Chills begin by a dry cough which lasts until fever is marked. He climbed upon the heater and piled clothing over him during the chill and did not become even comfortably warm until the fever warmed him. Thirst only during chill, for large quantities of water. Bones ache during chill and fever.

Fingers cold and dead during chill and the numbness wears off during the fever. Gushing diarrhœa during chill. Fever is not very marked and there is no sweat. During *apyrexia*, he must wear heavy clothing to keep warm; he is much affected by weather changes. Great restlessness day and night. The amelioration from warmth is a marked feature of his whole case. *Rhus tox 1 M.* cured. No more chills.

The beginner might think of *Apis* in the above case on account of the urticaria and the thirst during the chill, but there was no suffocation attending the eruption, and the amelioration from warmth must exclude *Apis*. *Rhus* has no characteristic place for a chill to begin, nor special time, but the gushing diarrhœa and aggravation from cold generally and more especially the chill beginning with a dry cough must point to *Rhus* as the most appropriate remedy.

Where there is a gushing diarrhœa during chill or fever, and urticaria, *Elaterium* should be consulted. It is characteristic of *Hepar* to have urticaria during the chill, of *Rhus Ignatia*, and *Apis* during the fever, *Rhus*, *Hepar*, and *Apis* during *apyrexia*, of *Elaterium* after the chills have been suppressed. But I have never seen the urticaria crop out incompletely during the *apyrexia* and seem to get relief by a gushing diarrhœa, in cases cured by *Elaterium*. It has been only a clinical observation.

CASE II.—Mr. T—, aged 35, a travelling man, with syphilitic history, came back from one of his western trips, with the following symptoms. Numbness in fingers and soles of feet, with much awkwardness of all his motions. The staggering was marked and he walked on a wide base. He could not distinguish between small objects with his fingers. His manual movements were irregular and would miss his purpose. His movements thus far were not more irregular by closing the eyes. His staggering was no worse when walking with his eyes closed. The reflexes, tendon patellæ and ankle joint were abolished, and he had to wait a long time for his urine to start. Fulgurating pains coursed through his limbs and back and he was in a general way going down

in bodily health. He says he has had these symptoms three months and they have grown stronger every day. His visual apparatus has been defective a long time but there are no new symptoms traceable to the probable nervous state. Every seven days he got one powder dry on the tongue—Alumina met. 200 of Lehmann, no other medicine. A change for the better took place after the second dose. He took four doses in all. Every homœopathist conversant with our literature must see a resemblance between this case and the one cured by Bönninghausen. While the symptoms in both cases are analogous to signs of sclerosis of posterior root-zones, yet, the essential features are wanting. But the action of the remedy, as applied for a purpose, is just as demonstrative. While it, in my judgment, is evident there was no sclerosis, it is highly probable that a disturbing factor was at work in the tracks of co-ordination, the posterior lateral columns; and in time a grave pathological change would have been established.

CASE III.—Rheumatism, aching and soreness in muscles and joints, compelling him to move after a few minutes and find a new place in which he seems more quiet. Rhus 1 M. Next day no improvement and no change in symptoms, except growing worse generally. The pain in the ankle joint feels as if sprained, joints and muscles sore to touch. He says, "I move all the time; when I get into a new place I feel better but very soon the bed in the new place feels like iron and I must move. The moving I am compelled to do not from an innate restless pain but from the hardness of the bed as it seems to me." It must be observed that Rhus tox could not cure this case, yet at my first visit the language was calculated to deceive. Arn. must be the most appropriate remedy. The soreness which gradually grows worse by the pressure of the bed and the peculiar pain and soreness as of a sprain precluded any other remedy. Arn. 1 M. was given in water. The pain and soreness were gone at the end of three days. Sulph 6 M., one dose finished the cure. He was out of the house on the eighth day.

CASE IV.—Mrs. P., aged 35, rheumatism many months in lower extremities, after failure to cure with strong remedies, Quinia, Salicylic acid, Colch. and Iodide potassium, concluded to try linament. Strong applications were made with relief to the lower extremities. I was sent for, the messenger saying Mrs. P. was dying. I found her sitting upright in bed with great pain in the cardiac region, quick, sharp, irregular pulse, smothering breathing, clothing all removed from neck and breast, choking and gasping—covered with perspiration and very palid. She got Lachesis 41 M. (Fincke) in water. Immediate relief followed, and she was able to lie down; although she was relieved of the more distressing symptoms, it was evident that she was in great danger as the pain in the heart remained only slightly abated. The danger in these cases need not be mentioned here, and I will only say, it appeared to be as usual a dangerous case of rheumatic endocarditis from metastasis. She took Abrotanum 6th and 12th. Recovery was gradual from the beginning with the remedy and finally complete. She says that she now enjoys better health than ever.

KALI BICHROMICUM IN HEADACHE.

T. L. HAZARD, M. D., SALAMANCA, N. Y.

Was called Aug. 25th, 1883, at 1 A. M., to see Mrs. G—, 37, but having a case of labor on hand did not reach her until 5 A. M., when she was much better. She had been having a severe attack of headache, to which she had been subject all her life. It is evidently hereditary, as her mother has always been subject to sick and nervous headaches, and a sister has suffered for years in the same way. These attacks came on every few days and for months had been continually growing more frequent and more severe. The pain was located chiefly in the forehead, just above the eyes; but there was likewise some in the occiput. It was so severe

as to compel her to go to bed and remain perfectly quiet; was somewhat relieved by pressure and lying down. *Always before the attack she became blind.* The blindness lasted but a short time, and as it passed off the headache began with terrible violence. If the pain did not immediately appear, she would continue to have repeated attacks of blindness until the headache came on. The menstrual period is premature, and is always preceded for three or four days by one of these headaches. Has always been exceedingly nervous. Four years ago she lost her husband and only child, since which time she has been more nervous than ever.

From the relief from "keeping perfectly still," Bry. was given with but slight improvement. Gels. did no better. On the evening of Aug. 27 I was again called and found the original condition greatly aggravated. Evidently the similimum had not yet been found. The most peculiar symptom, and evidently the most important one for selecting the remedy, was the amaurosis which always preceded the headache and passed away as the headache appeared. I gave Kali bi. 6x. In an hour and a half the pain had nearly ceased. She slept well that night and had no return of the headache for nearly a month, when an attack was caused by walking four miles during her menstrual period. Since that attack, with the aid of an occasional dose of Ignatia, she has continued to steadily improve in health and strength, having had but one attack, and that a comparatively light one, in four months, and in neither of the two attacks since August 27 has she had amaurosis. Her last two menstrual periods have been regular. She eats well, sleeps well, is less nervous, feels better in every way, and enjoys life more than she has for years. And all this in spite of the fact, that an Allopath had told her six months ago that she need expect no relief until after the menopause. This case verifies our *Materia Medica* teaching in the University of Michigan, viz: That the selection of the remedy is of the first importance, the vital question; the attenuation a matter of personal experience, a secondary affair altogether.

PULSATILLA IN MALPOSITION OF THE FÆTUS.

CHARLES B. GILBERT, M. D., WASHINGTON, D. C.

In the Institute transactions for 1868, Dr. H. N. Guernsey requests, in his report on Obstetrics, that observations in regard to the action of Puls. on malpositions be recorded.

Mrs. S. 29 years old, medium size, dark brown hair and eyes, pleasant disposition, came under my care April 12th, 1863, pregnant since the last of November, and apparently with dropsy of the amnion. She had been very miserable from the first, though very well at the time of conception. The child lay exactly across her with the head on the left side. I prescribed for her from time to time, as her symptoms seemed to indicate, but though much better in many ways the position was the same. But on June 12th she had depression of spirits, but becoming cheerful when a friend came in to cheer her up; abdomen alternately hard and soft; swollen feet and ankles. Now she got Puls. 200, (Lehrman) a dose morning and evening, and in thirty-six hours the fœtus had dropped its head into the pelvis and kicked its heels up into the liver which got many a hard dig after that, though the motions when becoming severe were much controlled by different remedies; her mood became cheerful, and she felt better in every way. See also *Investigator* VI.—139, *British Journal* XXXIX—422.

There are some, I presume, who will deny that Puls. 200 can regulate the muscles of the uterus while they would be willing to acknowledge it from the tr. To such I wish to quote from Croserio in regard to the use of Puls. in cases of post-partum hemorrhage:—

“Dr. Kollenbach, of Berlin, affirms that he has never obtained any effect from the employment of *Puls.* or even of *Secale*, when he has administered them to excite the expulsive contractions of the uterus during labor; this positive

assertion on the part of an honorable colleague would have made me doubt myself, and, notwithstanding my fifteen years' experience, *always* followed by the same result, I should have hesitated to recommend so decidedly this remedy under these circumstances, and should have feared that I had not well observed my cases, and awaited new experiences; but seeing the doses used by this practitioner, I am no longer astonished at the difference in our results. Dr. K. commonly used the tr. and never above the third dilution, from three to five drops at a time; he has given five drops of the tr. of *Puls.* to a woman in labor; the woman experienced nothing but great uneasiness without any increase of the pains! This effect of a dose truly poisonous, will cause no astonishment, if we consider the excessive susceptibility of the woman at this time, and that the augmentation of the expulsive pains is a reactive effect of nature; how, then, shall this reaction take place from the effects of so enormous a dose upon a vital force, exhausted, so to speak, through the pains and other circumstances of labor? Nature outraged, confined by this mass of poison, can no longer react regularly; besides, the crude drugs exercise a violent general action upon the whole organism, which hinders it, so to speak, from perceiving the particular affinities with the different organs.

In this manner the observations of the Berlin physician and their contradiction to my own are explained: and this contradiction furnishes a new proof of the necessity for employing the high dynamizations in the circumstances under consideration: for if I have only proposed the numbers under thirty, it is that I may not shock the ideas generally accepted by the Homœopathic public, for I am convinced that the 200th and above would be much more in their place than the dilutions ordinarily recommended in this work, committed, as they were in great part, to writing before I had recognized the advantages of the high preparations."

PERSISTENCE OF FORMS OF DISEASE.

A disease remains the same in essence, no matter whom it attacks or what its severity be in the individual case. Each contagious disease breeds only its own kind, and no other. When we experiment with an isolated, disease-producing germ it causes always one and the same affection, if it takes hold at all.

But evidence is beginning to accumulate that, though we can not change one species into another, we can modify the power and activity, in short, the virulence, of parasites. Pasteur has shown that when the bacteria of chicken cholera are kept in an open vessel, exposed to the air for many months, their power to struggle with the animal cells is gradually enfeebled. Taken at any stage during their decline of virulence, and placed in a fresh soil in which they can grow, be it in the body of an animal or outside, they multiply as before. But the new breed has only the modified virulence of its parents, and transmits the same to its progeny. Though the form of the parasite has been unaltered, its physiological activity has been modified: it produces no longer the fatal form of chicken-cholera, but only a light attack, from which the animal recovers. By further enfeeblement of the parasite, the disease it gives to its host can be reduced in severity to almost any extent. These mild attacks, however, *protect the animal against repetitions*. By passing through the modified disease, the chicken obtains immunity from the fatal form. In the words of Pasteur, the parasite can be transformed into a "vaccine virus" by cultivation under conditions which enfeeble its power. The splendid view is thus opened to us of vaccinating, some day, against all diseases—in which one attack grants immunity against another. Pasteur has succeeded in the same way in another disease of much greater importance, namely, splenic fever. The parasite of this affection has also been modified by him, by special modes of cultivation, so as to produce a mild attack, protecting against the graver form of the disease.

Pasteur's own accounts of his results, in vaccinating, against anthrax, the stock on French farms, are dazzling. But a repetition of his experiments in other countries, by his own assistants, has been less conclusive. In Hungary the immunity obtained by vaccination was not absolute, while the protective vaccination itself destroyed some fourteen per cent. of the herds.

Yet, though much of the enthusiasm generated by Pasteur's researches may proceed further than the facts warrant, he has at least opened a new path which promises to lead to results of the highest importance to mankind.—*Popular Science Monthly*.

AMERICAN INSTITUTE.

The next session of the American Institute will be at Deer Park, Md., a delightful summer resort on the line of the Baltimore and Ohio R. R. The location is central and of easy access from all parts of the country, north, east, south and west. There are three express trains, daily, each way, and you are landed at the foot of the hotel lawn, about three hundred yards away, thus avoiding the annoyance and inconvenience of cabs and omnibus lines. The hotel is one of a number owned by the B. & O. R. R. Co., and under the efficient management of W. J. Walker, Esq., Supt. of the hotels of the company. It can accommodate about six hundred guests. The dining room will seat five hundred. The table is bountiful, all that could be desired, and well served. We dined there on Sunday, the 16th of September, the last dinner served in the hotel for the season, and even during the confusion of closing he must be extremely fastidious, who could find fault with such a table or such a service. The rooms are large, well ventilated, well carpeted, well furnished. The halls are spacious and from the broad verandas, the view of the valley and surrounding mountains is charming. The dancing-hall in which the sessions of the Institute will be held, will only accommodate about two hundred. It is

scarcely as large as the parlors of the International in which we met last year, but there was always room and some vacant seats to spare. To accommodate the Institute the house will be opened one week earlier than usual. We will have it all to ourselves. There will be no other societies to occupy engaged rooms, as did a Dental Society last year at Niagara. Deer Park is situated on the crest of the Alleghanies about three thousand feet above sea level. The mountain air is bracing the scenery delightful, the roads excellent, and the opportunities for walking, riding or driving unsurpassed; the drive to Oakland, six miles west, being highly spoken of. But the fine trout fishing and splendid shooting should be taken *cum grano salis*. The stream just in front of the hotel, in the valley, is said to contain fine trout, but it is owned by ex-Senator Davis of West Va., and public fishing is prohibited. Besides, members of the Institute do not go to these annual gatherings to *angle* for game of this kind. They have "other fish to fry," other work to do. On the whole we think the selection a fortunate one, and the Institute under many obligations to the efficient chairman of the R. R. Committee, Dr. Cowperthwaite, of Iowa City. H. C. A.

A PROVING OF *EPIPHEGUS VIRGINIANA*.

READ BEFORE THE OHIO HOMŒOPATHIC MEDICAL SOCIETY.

BY RALPH MORDEN, M. D., GROVEPORT.

Orobanche virginiana (Linn). *Beech Drops*. *Cancer Root*. *Earthclub*. *Clapwort*.

Nat. Ord., *Orobanchaceæ*, Broom-Rape Family.

E. virginiana.—Stems slender and bushy-branching, with small and scattered scales and two sorts of flowers, scattered in loose spikes or racemes, with minute bracts. Upper flowers conspicuous, but seldom ripening fruit, with tubular four-toothed corolla, and long filaments and style; lower flowers small and short, seldom opening, but fertilized in the bud.—

GRAY.

1.—1882.—April 1st, 5:30 P. M., took one drachm of tinc. 6 P. M., some pain in right temple, also a very slight pain in left temple. Lasted until going to bed.

2.—May 15th, took half a drachm of tinc. No marked symptoms for an hour; then took half a drachm more. In fifteen minutes marked pain in right temple, with slight pain in left, which lasted for three hours, and then left a dull, heavy pain in temporal regions, worse in right side.

Also viscid saliva, and almost constant desire to spit. No marked change in pulse.

3.—June 23d, took 60 drops of tinc. No symptoms for an hour; then repeated this dose. Almost immediately felt slight pain in left temple, sensation of fullness in fore part of head, peculiar, sticky, viscid taste in the mouth.

3:30 P. M., marked pain in both temples as if from pressure of the finger-ends in the temporal fossæ; worse in left side, and lasting until evening.

4.—1883.—February 1st, 1:30 P. M., took one drachm of the 1x. In twenty minutes slight pain in left temporal region; viscid taste and saliva.

2:30, repeated the dose. In fifteen minutes sensation of fullness in the head, scalp felt tight, could not read because the words seemed to be blurred; and when I went to write could not make the letters I wished to; also found myself using the wrong words. Occasional piercing pain in right temple.

By 8 P. M., had taken two more doses as above. Headache in right temple, full feeling in fore part of head, eyes smarting, saliva viscid.

Had headache in left temple during the night, in bed, especially on raising up.

February 2d.—Morning: Felt better; no pain in head, but a sensation as though something was wrong there, especially in the fore part; very bitter taste in the mouth.

11 A. M., took half a drachm of 1x. 2:30 P. M., severe pain in middle of forehead which came suddenly and lasted only a few minutes.

2:45 P. M., took half a drachm more. From that time until retiring had severe headache in fore part of head, worse in right temple.

5.—February 7th, feel as well as usual and free from pain. At 8:40 A. M., took half a drachm of tinc. In five minutes had severe pain in middle of forehead. At 9 A. M. it was severest in the right temple. Working in the open air makes it worse.

9:45 A. M., took another dose as above.

10:30, severe, continuous pain in right temple.

11 A. M., same pain still severe, some nausea, general languid feeling.

February 8th.—Headache occurred occasionally all day, with pain in left shoulder and knee.

Felt, for several days, uneasy feeling in fore part of head, also had difficulty in passing stool, although the fæces were soft.

6.—I induced a young friend of mine to take some of the drug, but as soon as the head pained he desisted, and could not be induced to go on with the proving. He described his head pain as a pressing in the temples from without inwards; none on the left side. He also had the peculiar condition of the saliva which I have endeavored to describe.

I find the 1x dilution produces more marked and lasting symptoms than the mother tincture.

Clinical applications of Epiphègus :

1. Mrs. S., æt. about 26: Nervous temperament. Slight figure; dark hair and eyes. For a long time has been subject to headache whenever she went from home "a-visiting," or was subjected to any excitement, or from any extra physical exertion. The pain was through the temples, and all over the head; it was always accompanied by great nausea and vomiting, which did not relieve.

Gave Epiphègus 3x, 5 gtt., in water, twice a day between the attacks; and when she felt the paroxysm coming on I directed her to take the above dose every twenty or thirty minutes.

She complained that the medicine gave her palpitation and made her feel very weak. Said she thought it would have killed her. I then reduced the dose. Result: entire relief, and for a long time she would always carry her "head-ache medicine" with her when she went visiting, which she can now do with an immunity before unknown to her.

This case occurred over a year ago, and only once has she had an attack, and then it was in a mild degree.

2. Mrs. D., æt 35 or 40, consulted me last fall. Said she had been subject to "sick headache" from her girlhood whenever she went away from home, or underwent any unusual exertion. She had never found any relief until she had a night's rest.

Prescribed as in Case 1, and did not hear from her for several months, when she said she was very much better, but had not continued with the medicine "for fear it would injure her health." Has since, under direction, continued the remedy, and is now entirely exempt from her headaches.

3. Mr. N. came in the night for medicine for his wife. Said she had come from town with a terrible headache. Could give no symptoms. Prescribed Epiphègus 3x, which entirely relieved after the third dose.

4. Mr. K., æt. 38, had been complaining of headache for some time. I had given Nux vom., on account of gastric disturbances, with only temporary relief. Epiphègus 3x cured permanently after the second dose.

"I have treated a number of other cases with marked benefit, and have not failed in any case where the headache was induced by going from home, or from exertion. Have tried it in cases of headache coming on at the menstrual period, but have failed to obtain any results."

The late Dr. E. C. Beckwith was the first to direct my attention to Epiphègus.—[Dr. Morden has made a very good beginning. Provings with the attenuations, should now be made so as to bring out some of the finer characteristics of the remedy.—H. C. A.]

THE VILLAGE DOCTOR.

It may be that your finely-educated and well-informed city physicians know better what a sick man needs, but they do not begin to know as well as the old village doctor what that sick man wishes. It may be that your beloved and well-brushed M. D. cures more diseases, but he has never learned how to make his patient forget the disease he cannot cure. Your city physician is a business man. He is always in a hurry. He yanks your door-bell, startling you from a refreshing nap. He brushes by the servant who opens the door to him, and comes into your bed-chamber with the air of a constable whose duty it is to throw you and your family out into the street—a constable who enjoys doing his duty because “business is business.” He strides to your bedside and jerks your hand from under the coverings, as if it held something that had been stolen from him. You are afraid of him, and wish he would get through and go away. He orders you to put out your tongue much as a Prosecuting Attorney would if he expected to find some evidence of crime upon it. He flips out a massive gold watch that marks the quarter seconds, counts your pulse, says you are a very sick man, and coldly tells you that if you have any business matters to settle you would better be about them. He orders your terrified wife to bring a spoon and a glass of water while he is directing a Latin prescription to his friend the druggist, who charges him no profit on personal purchases. He doesn't want the spoon and water; he only wishes to order somebody to do something.

If you want a physician to cure your ills, the city M. D. will do. But if you want somebody whose warm sympathy will make you forget that you are sick, come here and try the old village doctor. He never rings a bell. Why should he, since he knows every nook and corner in every house in the village? He is, so to speak, a member of every family in the village, and a most heartily welcome member, too. With his little leather medicine-case, containing a few staple drugs,

not forgetting plenty of calomel and the necessary instruments for cupping, he enters at the back door as gently as the perfumed breath of a bright May morning. The figure may not be just the thing, for the doctor grooms his own horse, and his perfume is of the stable; yet there is something kind and sympathetic in his manner that seems to smell sweet to the soul. After his brief chat with the housewife in the kitchen he finds his own way to the little front bedroom, the wife following, wiping her hands and bare arms on the wrong side of her long calico apron. If his patient be asleep he stealthily tip-toes back to the kitchen and says he will wait. Seated on the door-step just outside the open door, he whittles, and talks in low tones with the wife as she goes on washing the breakfast dishes. Piece by piece he learns every symptom, every little particular of his patients last night; and then, when the conversation ceases and the wife goes quietly up the narrow back stairs to make the children's little bed, the old doctor sits and peels long curly shavings off the yellow pine stick, softly hums a good old Methodist hymn, and thinks and thinks what he should do next for his sick man.

Half the forenoon is gone when the good wife comes to the door and says, in the same old subdued tone to which she has habituated herself: "Doctor, he is awake now." The old doctor slowly lifts himself, unkinks his stiffened joints, kicks his legs out to straighten down his trousers, shuts his big bone-handled knife, brushes the shavings from his shiny clothes, and goes to the bed-room. The sick man slowly turns his head toward the doorway, smiles sadly, puts out his long, white, bony hand to him and whispers hoarsely: "Well, doctor?" which is a sick man's favorite form of asking how his doctor thinks he is getting along. The old doctor raises the blue paper curtain and slowly draws a chair close to the bed. "Oh, you're looking ever so much better to-day. We'll have you out hoeing potatoes in a day or two." The old doctor knows this is false; knows that no human power can prolong the man's life a month, but he is

one of these great good men who live above the necessity of telling the truth on all occasions. "You're getting on nicely. Don't you see you've got more color in your hands? And your eye looks brighter than it has for a month. A very sick man couldn't sleep as you did this morning. Why, I've been here two hours and you've been sound asleep and snoring every minute o' the time; ain't he, Mrs. Sandford?" The poor wife is almost afraid the doctor exaggerates, but there is something so wholesome in the old doctor's manner and so encouraging in his words that she quite forgets her troubles, and becomes even chirper in her efforts to assure her husband that the doctor is right. While the little woman moves softly about, gently dusting this and that piece of furniture, turning the shutters so that the sunbeams creeping toward the bed may not climb up and get into the eyes of the sick man, the old doctor urges on the conversation, adroitly turning the subject from sickness and trouble, and even from health and prosperity, with which the sick man might make painful comparisons. Soon the room is changed from a chamber of death and despair to a panorama of scenes pictured by the doctor in his relation of his recollections and experiences. The sick man turns his head to catch every word. He is an interested listener while the old doctor sits there and relates as actual personal history a hundred and one things that never happened to any body. Why should he stop to ask himself whether truth is mighty so long as he can see that falsehood is prevailing over his patient's despair, and causing him to forget whether he is sick or well?

A writhing of the sick man's face and the placing of his thin, clammy hand upon the breast tells of a sharp pain. Quick, the opiate? There, he sleeps! Now all is well. Ah, yes, he sleeps. He will not wake again. Death came to him as in a pleasant dream. He knew it not, and hence he died but once. Kind-hearted, warm old doctor! Dear old coward, who never fights disease, but surrenders at its first approach, and labors lovingly to smooth the way to death! Blessed old bungler, who gives no dying man the warning

that would turn his latest hours to business cares and save his heirs a world of worry and loss! Who does not love this doctor?

VERIFICATIONS, VERATRUM ALB. AND ARNICA M.

J. N. LOWE, M. D., MILFORD, N. J.

CASE I. Miss F., aet. 19 yrs., was suddenly prostrated with symptoms of acute indigestion, nervous prostration, and headache; evidencing the following concise phenomena: Vital depression; coldness of the cutaneous surface; a vasomotor congestive tendency, with a corresponding impairment of the normal functions of innervation, circulation and digestion; without thirst and sweat.

Veratrum alb. 200, one dose dry. Decided reaction (vital) in from ten to fifteen minutes. Improvement continued to complete restoration without repetition of the dose.

It will be noted that the "red letter" symptom, (cold sweat,) was absent in this instance; nevertheless *Veratrum alb.* 200, acted illustriously—and gave us the quick, sharp, and decisive result, which we desired. If we had assayed palliation or substitution, we should have widely missed our mark, and perhaps kept an innocent patient invalided, for an indefinite period of time.

CASE II. ARNICA M. IN CARDIALGIA. Mrs. A., aet. 35 yrs. *Symptoms.*—Sore all over; pressive cutting pains in epigastrium; nausea and retching; precordial pressure; oppression of chest; spasmodic griping in stomach; offensive eructations. Gave Arnica mont. 20c. Continued until three powders were taken. Result: a prompt dismissal of the complaint.

When the 'Law of the Similars' is challenged—thrown into the crucible, and tried in the court of material agnosticism—these plain cases, with plainer characteristics, are always true in furnishing strong testimony to the truth; and without the vaunted material molecule, are able with "naught" to confound that "which is." Mahomet, "must go" to the mountain.

CORRESPONDENCE.

Medical Advance :

In your December number, page 336, "A Senior" desires to know the reason an anæsthetic was given to the boy who was already in a comatose and unconscious condition. Doubtless the physician who reported the case will be quite ready with an answer. I, of course, know nothing about this case only what appears in these pages, but say that the important disideratum generally during a surgical operation, is to keep the patient *quiet—immovable*. This lad, though comatose and unconscious, may have been thrashing about violently and this the anæsthetic effectually controlled. Therefore, it appears that the proceedings may not have been justly deserving the pointed criticism of "A Senior."

WM. D. FOSTER.

Kansas City, Mo.

Medical Advance :

In the last number of THE ADVANCE, there are some admirable rules of practice laid down by W. J. Guernsey, M. D. "Rule 3. If found necessary to repeat a medicine already prescribed, give several doses of the same potency in water, or of a different potency dry." Now, for the benefit of one reader, at least, will Dr. Guernsey please explain the difference between a *dose in water and a dose dry* on the tongue? Can a few pellets of any potency, prepared in water, and repeated at intervals of one, two or three hours, be considered a single dose? Or what are we to infer from rules three and nine? A.

Medical Advance :

I am somewhat surprised that Dr. Rollin R. Gregg should find it necessary to construct a fibrin theory to account for bacteria. The compositions of the substances discussed, (bacteria and fibrin) are in no way similar. Fibrin is a nitrogenous body, muscle forming, destitute of cellulose, whereas, bacteria is mostly composed of cellulose, and

destitute of fibrin. The former (fibrin) is soluble in the alkalis, the latter is not. There is nothing more clear, chemically and botanically, than that bacteria belongs to the vegetable kingdom, and nothing more certain than that fibrin is an animal product. Since these facts are indisputable there can be no foundation for his theory.

THOMAS TAYLOR, M. D.,
Microscopist Dept. of Agriculture, Washington, D. C.

BOOK NOTICES.

NATURE OF MALARIA, and its peculiarities of origin as to place. By J. W. DOWLING, M. D. A reprint from the transactions.

The author has evidently bestowed much thought on this subject and it will well repay a careful perusal.

THERAPEUTIC HAND BOOK OF THE U. S. PHARMACOPŒIA. By R. T. EDMS, M. D. Wm. Wood, & Co., N. Y.

This very convenient concise and practical reference book is well arranged for the busy practitioner (of the other school). It is printed in the excellent workmanship of Wm. Wood & Co.,

PHYSICIANS SPECIAL RATE CHECKS. By W. J. GUERNSEY, M. D., Philadelphia

This is a very ingenious device, by means of coupon tickets, to cut off the doubtful patrons. "A delicate way to insist upon payment from suspicious persons." It ought to save many times its cost every week.

PHYSICIANS ERASABLE TABLET CALL BOOK.

Dr. Leonard has also, from his practical brain, presented the profession with a very convenient erasable tablet call book, to be used until filled and then the names drawn off into a day-book or the old fashion ledger. This tablet will accommodate sixty names and is made in the form of any ordinary memoranda book with a pocket on the inside for papers. It is not thicker than a letter and consequently does not take up much room in the pocket.

MANUAL OF GENERAL TECHNOLOGY, including prescription writing. By Edward Curtis M. D. New York: Wm. Wood & Co.

This is one of "Woods Pocket Manuals" and is devoted to the Pharmacology of the Old School. It could not fail to be of interest to a physician of that practice. The best method of prescribing Allo-

pathic drugs is well set forth. The dangers as well as the follies to which their methods are liable are clearly described, but the one great folly of combining drugs is elaborately explained and enforced as though it had not been demonstrated a thousand times to be both useless and unscientific. Still here is a book worth reading, for if we ourselves don't do it, we like to see how others do it.

FOR MOTHERS AND DAUGHTERS. A Manual of Hygiene for Women and the Household. Illustrated. By Mrs. E. G. COOK, M. D. 12mo, extra cloth, \$1.50. New York: Hygienic Publishing Co., 917 Broadway.

This is a sensible, motherly, sisterly book, written in a clear, plain, yet delicate style; a book which ought to be in the hands of all women, and girls old enough to need its counsel. It treats of topics on which hinge more of the world's woe than it has an idea of, because so much of silent suffering finds no voice except the sigh; no record except in pale cheeks and broken constitutions. Men can do no better thing for their own comfort and prosperity than to promote whatever is calculated to bring health and happiness to woman, for that will bring joy to the household. What can more sadden, discourage, and hinder a man than the chronic ill-health of his wife and daughters? We fancy if husbands and fathers could appreciate the worth, to them and their families, of the contents of this book, thousands of copies would find their way to the hands of wives, and would constitute a present more valuable than silks, furs, or diamonds.

The work opens with a chapter on the importance of physical culture, which is followed by chapters on the bones and muscles; the brain and nervous system; the structure and care of the skin; hygiene and ventilation; intemperance; a chapter devoted to bread and butter, in which there is a careful analysis of the processes of digestion, in which this matter is made plain and practical. A large portion of the book is devoted to the subject of displacements and other diseases to which women are subject. The feeding of children; the rights of children; the question of education, etc., are all discussed, and the work is fully illustrated by a number of fine engravings. It is a handsome volume of over 300 pages, beautifully bound, and would be a most acceptable present to either wife or daughter.

UTERINE THERAPEUTICS. By HENRY MINTON, A. M., M. D. A. L. Chatterton. Publishing Co. New York: 1884.

On the title page we find the following: "I hold every man a debtor to his profession, from the which, as men of course do seek to receive countenance and profit, so ought they of duty to endeavor

themselves by way of amends to be a help and ornament thereunto.—Bacon." This, we take it, is intended as an apology to the profession, for forcing upon them another literary effort; and, no wonder the author feels a certain amount of timidity, when he realizes how some works have been received, especially from a gynecological standpoint. Yet, this work, so different from others of our school, requires neither apology nor explanation. It speaks for itself, and is competent to stand on its merits.

After a careful examination of its pages, we feel like saying, as did SOLOMON, "the end of a feast is better than the beginning of a fray." Yes, indeed, from the first page to the last is this work worthy of every practitioner's praise. It is a "dish for the Gods," seasoned with pure homeopathy and garnished with *verified* symptoms—a rich boon to us all.

It is a work for which there was the most urgent need, and while we recognize that a treatise of this nature and character must, to a greater or less extent, be one of compilation, still it contains such a complete review of the symptoms of uterine disorders, with their treatment, that we are compelled to acknowledge our deepest and most profound gratitude to its author.

The general arrangement is modeled after "Bell on Diarrhœa" or "Allen on Intermittents," and he could have selected no better plan. The book is written in a clear, concise manner, and yet not brief enough to tire or confuse the reader, and is intensely interesting to any one who has given gynecology special attention. The work, as the name indicates, is one of therapeutics, and as we pass through it, we miss many familiar cuts and plates, always employed in gynecological works, to attract the eye or demonstrate some pet theory—the use of an instrument or operation—not to mention sections of frozen anatomical subjects, with the poor uterus so changed in its appearance that we almost fail to recognize the organ. These omissions, however, only enhance the value of the work in our estimation.

This work requires no recommendation at our hands—only praise—and we, therefore, desire simply to express our sincere thanks to DR. MINTON for this book. Chatterton is making his mark as a publisher.

PHIL PORTER.

EDITOR'S TABLE.

MARRIED.—Dr. H. W. Roby and Miss Sarah Collier, of Topeka, Kansas, December, 1883. The doctors of Topeka made the happy couple a handsome wedding gift. We send greetings.

Dr. Rufus J. Hyde and Miss Laura Caldwell, at the residence of the bride's parents, Eaton Rapids, Dec. 5th, 1883.

Miss Anna L. Laub, M. D., (U. of M., class of '83,) to G. F. Bartholomew, Esq., and now resides at Valparaiso, Ind.

M. P. Austin, M. D., (U. of M. '81) and Miss Mary E. McDonald, all of Minneapolis, Dec. 25, 1883. • A happy New Year to the happy pair.

DIED.—Sept. 25, 1883. John W. Byrket, M. D., in Chihuahua, Mexico, where he had gone in search of health.

REMOVALS.—E. D. Bottorff, M. D., from Philadelphia, Pa., to Ash-
tabula, Ohio; C. C. Pillsbury, M. D., from Atkinson, Ill., to St. Clair,
Mich.; J. G. Gundlach, M. D., from St. Louis, Mo., to Ottawa, Ill.;
C. P. Alling, M. D., has located at 112 E. Swan street, Buffalo, N. Y.;
W. A. Hubbard, M. D. succeeds the late Dr. Hurlburt at Marion, Ia.

Dr. J. F. Edgar has removed his Pharmacy to 23 East Short
Street, Lexington, Ky. The doctor can fill all orders.

M. M. Eaton, M. D., and wife have gone to Jacksonville, Florida
for the winter.

DR. F. J. DICKEY locates in Shreveport, La.

The present number contains sixty-four well filled pages.

DR. HERING used to say: "Some people will persist in being
animals, and using only the five senses. They do not believe it and
therefore it is not so."

SIDNEY SMITH is quoted as saying: "Never try to reason the
prejudice out of a man. It wasn't reasoned into him and it cannot
be reasoned out of him."

THE Popular Science Monthly still holds front rank. It is as
good as a large library every year, and costs only \$5.00. If you do
not read it take our advice and do so.

THE PHYSICIAN'S MEMORANDUM BOOK, by J. A. Miner, Ann Arbor,
Mich. is a convenient visiting book. Its clinical columns are often
very useful at the bedside. We use it.

THE PHYSICIAN'S DIARY, for 1884. The *Medical Record* visiting
list of Wm. Wood & Co., is up to the usual standard of excellence;
handsome, concise, compact, well-arranged.

CORRECTION.—In our last issue Dr. J. F. Brown's article on
Auto-Kleptomania was incorrectly given as Anto-Kleptomania.
This is chargeable to—well, charge it to the devil.

A WESTERN paper says: "Sam Weldom was shot last night in
the rotunda by Harry Parsons." Next to the heart, the rotunda is
about the worst place in which a man could be shot.

PHYSICIANS VISITING LIST, for 1884. P. Blackston & Son, & Co.,

Philadelphia. A most valuable and complete pocket companion for the busy doctor to just put it right down so it will not be forgotten. Price \$1.00.

Dr. M. H. PARMELEE writes to the Toledo Bee a very interesting and valuable article on "The Old and The New Code." It discusses the historical side of the question with great clearness. It should be offered to the profession in pamphlet form.

PRACTICE FOR SALE.—In one of the best towns in Southern Ohio, county seat, population 3,500, two railroads, one just graded, will be in operation by June 1, 1884, good country and free pike roads. For particulars address, Medicus, care Medical Advance Publishing Co., Ann Arbor, Mich.

DR. GILLARD'S Sanitarium, at Sandusky, was full the entire season. It will be enlarged for 1884. The doctor has all the modern appliances for using electricity in chronic diseases, and apparently is doing good work. Physicians who do not make a specialty of chronic diseases would do well to consult him.

A New Insane Asylum is to be established at Westbro, Mass., and the Legislative Committee have agreed to recommend the placing of it into homœopathic hands. To this the Allopathic School has offered no objection, and it is likely the Legislature will so order. We are indebted to Dr. Talbot for the above information.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF PA., 1883. This is a well presented volume of 382 pages and out promptly on time. There are a large number of valuable and exceedingly practical articles, of which the members may justly be proud. Such a volume should spur other state societies to renewed efforts.

THE 33d Annual Meeting of the Homœopathic Medical Society of the State of New York, will be held in the Common Council Room, City Hall, Albany, N. Y., on Tuesday and Wednesday, February 12th and 13th, 1884. The session will open at 10 A. M., on Tuesday. The Annual Address will be delivered by the President, Dr. Everitt Hasbrouck, of Brooklyn, on Tuesday at 8 P. M.

A. P. HOLLETT, Secretary.

"It is reported that all the anatomical material which a medical school (a regular (?) medical school too) in a neighboring state, has been able to "raise" thus far this season, is limited to a nine-months old babe. This innocent little infant has been doing duty for the entire class. Cadavers seem to be scarce in that neighborhood, but just wait until those students get their degrees!"—*Medical Age*.

EDITH, the only daughter of Dr. Moses T. Runnels, who died of laryngeal diphtheria on Wednesday morning was an unusually bright and loveable child of about four years, who had endeared herself to all who knew her. She was sick a week, and the most careful nursing and skillful treatment were powerless to arrest the course of the disease. She was buried at Crown Hill, yesterday afternoon. Her parents have the sympathy of all who knew her—*Indianapolis paper*.

BUTTER TEST.—Physicians are often called upon to display their knowledge of chemistry in various ways, and to assist them we give the following, as taken from the *Sanitarian*. "Sulphuric Acid is said to be a simple, but certain test for adulterated butter. Fresh, pure yellow butter, by the slightest contact with Sulphuric Acid, turns almost a pure white, while butterine made from animal fat, changes to a deep crimson. When lard or other oils are used, the colors are diversified—showing all the tints of the rainbow.

FOR SALE.—Adams' Electropathic Institute, corner High and Spring Sts., Columbus, O. This is a rare chance for any physician who makes or desires to make a specialty in the use of electricity. Bath tubs with hot and cold water for electric baths. The most complete stock of apparatus and batteries for therapeutic purposes in the state. Good business, well established, reputation widely known, location the very best in the city. Will sell for a very little more than the fixtures will invoice. Good reasons given for desiring to sell. Address, F. S. Adams, M. D., Columbus, O.

SANITARY.—Dr. John Honeyman, in the *Sanitarian*, claims that houses built with low ceilings are healthier to live in, and more economical. In a long paper, on the subject, he demonstrates the fact that high ceilings are pernicious to health. He states I can "prove that, other things being equal—that is, that, giving two rooms of different heights, but of the same capacity, having the same size of chimney opening, the same area of window, door, and opening, the lowest will be the cheaper, the more commodious, the more comfortable, and the healthier dwelling of the two."

A LIVE MEDICAL SOCIETY.—The College of Physicians and Surgeons, of Michigan, a report of the transactions of which appears in this number, is the only Homœopathic society with which we are acquainted that has weekly meetings. Its members are active and enthusiastic, and are doing good work, both for themselves and the profession. Officers elected for 1884 were Phil. Porter, M. D., President; E. P. Gaylord, M. D., Vice-President; J. M. Griffin,

M. D., Recorder; J. G. Gilchrist, M. D., Corresponding Secretary; R. C. Olin, M. D., Treasurer. Any Homœopathic practitioner in the State is invited to attend the meetings and participate in the discussions. Every large city should contain such a society.

ABSORBENT COTTON AS A DRESSING FOR THE UMBILICAL CORD. FROM THE AMERICAN JOURNAL OF OBSTETRICS.—We give an extract of a letter written by Dr. Babcock, of Evansville, Ind., on the above subject, which for simplicity and convenience of application, is indeed worthy of consideration. There are few physicians, who cannot carry with them, in their buggy or otherwise, a quantity of the absorbent cotton. The experience of Dr. Babcock, is, that the cord came off perfectly clean, and left no "smell nor irritation," and one—the first—dressing was all that was necessary. The cord must be enveloped in quite a pad of cotton, no grees or oil applied, and left alone until the cord drops off, which is, in about four or five days. The Doctor thinks this method will diminish umbilical hernia, and keep the child sweet and clean, and is, we think, an improvement over the "rag" usually employed for a dressing. While the cotton dressing is nothing new, to many of our practitioners, we consider it of enough importance, to again be presented.

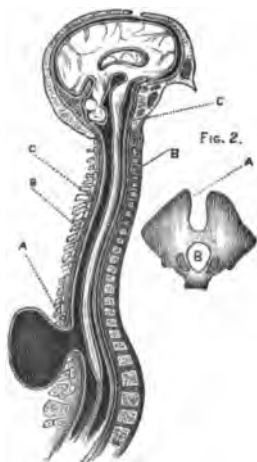
P. P.

PREMATURE SEXUAL DEVELOPMENT.—The following cases are taken from the *American Journal of Obstetrics* as of more than ordinary interest. The first case is a child of two years and seven months old, who began menstruating, when only *four months* old. Her periods are regular and last from four to five days. She now weighs forty-nine pounds. Her form and features are of those of a girl twelve years old. The mammary glands are well developed, about the size of small oranges. The mons veneris is covered with a full growth of hair and is quite prominent. The external labia is similar to a well developed woman. The child has never shown any disposition to handle herself, and is quite modest with her mother and especially so with her father. Her likes and dislikes are of a child much older. Parents not related. Family history perfect. The only case of the kind known in their family. The future of this child, particularly the sexual history will be extremely interesting. In a Brooklyn Museum they have, what they call a "Baby Venna" on exhibition. She is only three years old, and weighs sixty-five pounds. Her features are of a young lady, and the mammary glands are fully developed. The vulva has changed and the pelvis widened to the size of a girl of eighteen, but she has never menstruated.

P. P.



FIG. 1.





T. P. WILSON, M. D.,
EDITOR.

PHIL PORTER, M. D.,
GYNECOLOGICAL EDITOR.

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H. C. ALLEN, M. D., Business Manager.

"Of my merit you yourself must judge
All is I dont drink no speret,
An I haint signed no plodge."

WE are honored with a copy of an "Introductory Address, delivered before the Medical Class of Dartmouth College," by Louis Elsberg, A. M., M. D., Professor, etc. Among the many things it contains we find the following as worthy of notice.

"I counsel you to beware, from the very beginning of your studies, *and through life*, of all 'one idea'-ism, all isms and all pathies! Exclusive sectarianism, whether in the ordinary everyday occupations, whether in politics, in religion or in medicine, leads not to the true, and not to the good. Evil is its only fruit. In the State, fanning the blaze of unscrupulous party-warfare; in the Church, instituting persecution for conscience' sake; in the Healing Art, sacrificing thousands suffering with remediable ills, it wraps the cloak of self-sufficiency around its hideous nakedness and with charlatan effrontery proclaims aloud: 'Within my circle is the truth and there is no truth outside.' I beg you to avoid its narrow platform! From to-day on, keep ever present before your mind the

proper estimate of a Physician. Etymologically, the word implies a student of nature, nature's scholar. A Physician is a man who, free from the influence of exclusive systems, makes use of every means—medicinal and surgical, physical and psychical—that has been discovered or invented, that is capable of curing the sick or alleviating their suffering. He accepts no unproved theory and rejects no proved remedy from any source. He utilizes for the benefit of his patients ascertained truths, whether derived from scientists or quacks. From the air above and the waters below; from the artificial chemical laboratories and the bowels of the earth, he draws his weapons. His surgical appliances embrace nearly every material under the sun. Creation yields him its minerals, its herbs and animal substances; its light, its heat and electricity. The varying seasons and the different climates; the various occupations of men and their very thoughts and feelings,—all he employs as his legitimate tools! Accord to no man the name of Physician who bases his medical practice upon any exclusive system; keep yourselves free from everything that would make you deserve to be called, and never allow yourselves to be called, by any sectarian designation. Gentlemen, I beg each one of you to resolve to become no 'allopath,' no 'homœopath,' no 'hydropath,' no 'electropath,' nor any other 'ath;' but to resolve to become a physician!"

If this were not offered as serious advice it would excite our laughter. It is quite on a par with Lowell's character, who puts forth his claims for excellence in the lines we have above quoted. These words should have been placed on the title page of the Address, and they might well be chosen as the motto of the "most modern" of the allopathic school. This is the latest fashion out. But this address is a curious example of the contradictory states of mind an allopathic professor will get into. The author throughout dogmatically states his views upon a variety of subjects. Upon Pathology and Chemistry and Physiology he gives his views with great freedom. He even gives us figures, which represent his ideas of health and disease, and he dogmatically states to his hearers without any apology, the truth as he understands it, upon a score of important points. He is very brave and wise and communicative, until he touches the question of

therapeutics, and all at once he is as limp as a Medusa out of its element. As to "the *modus operandi* of drugs," having no opinion of his own, he outlines the views of others, including those of Hahnemann, and then magisterially lays them all aside as "too confined;" "too limited to embrace within their scope the whole range of nature"—as though "the whole range of nature" had to be embraced in the law of therapeutics. No wonder he cannot find the simple truth when he is ranging the stellar universe for that which lies before his feet. But he makes bold to assert that, "the right course to follow, diverges from all these one-sided generalizations." What a comfort it must be to his students to find out that positive knowledge of the healing art is an *ignis fatuus* and that all there is to it is an attempted *reductio ad absurdum*. The point of absurdity is certainly reached when his students spend their money and time, hoping to learn something positive about the healing art, and are finally turned loose upon the commons to browse as best they may along the high ways, and by ways of the world to become no "ath" and follow no path. All such poor victims, together with their so-called teachers should be safely housed within the protecting walls of an institution for "The Feeble Minded" where they would be "free from everything" that would make them liable to being charged with knowing anything about the art of curing disease.

A RINGING APPEAL.

INTRODUCTORY ADDRESS DELIVERED AT THE LONDON HOMŒOPATHIC HOSPITAL, OCTOBER 5, 1883.

BY J. COMPTON BURNETT, M. D.

In medicine, as at present known to the world, the only really catholic practitioner of medicine is the broad-minded scientific homœopath. He alone is not sectarian, but progressive and universal. As we go on, if you will do me the honor of listening to me, I shall hope to show you that we

practice homœopathically, not, as our calumniators tell you, because we are narrow sectarians and desirous of holding a distinctive position by ourselves, but because we have gone over the entire field of drug therapeutics, and *tried all systems and methods*. Mark you what I say, because this is very important. We have gone over all systems and methods of the drug treatment of disease; we have studied their various merits and demerits, and this in a genuinely catholic, non-sectarian spirit, and having thus covered the whole ground, we find Homœopathy *the best*. Let your minds dwell upon this point a little, for it alone explains the seeming paradox of our position. At the first blush it seems perfectly obvious that a medical man who adopts a peculiar mode of practice must necessarily be a sectarian. We, as homœopaths, are bitterly reproached with this. Many of the best of the profession say to us, "Drop your name and all will be well, and the breach will be healed. We have no objection to *you*, but to your name." Then why not drop the name? I will tell you. *We cannot drop it, because Homœopathy is practically unknown to the bulk of the profession and exists as a separate thing*. It is really not we who keep the name alive, but the ignorance of the profession of the subject. When the entire profession advances up to the present standpoint of Homœopathy, then the word medicine will *include* it; and having no separate existence, it could not, in the nature of things, have a name to go by, except as the heading of a chapter in history. What Homœopathy now means is the most advanced point in therapeutics, and this extreme van cannot be given up till the entire profession have reached it. When we say we are homœopaths, we do not mean that there is in medicine nothing else but Homœopathy, but we mean that in the curiation of disease by medicines we have found the law of similars our *best* guide. We have arrived at this extreme point, not by springs and bounds, or in a hurry, but after going over all the rest of the field and leaving that as less advantageous. Hence our being homœopaths is *not* the outcome of narrow sectarianism

or love of a distinctive name from any motive whatsoever, but the result of a broad, eclectic, catholic survey of the entire field of therapeutics. We do not say there is nothing but our homœopathic advance point; by saying we are homœopaths we indicate our position in the great field of drug therapeutics, and in indicating our own we characterize the position of others. And our characterization signifies that all other modes of using drugs are *far* behind us. We do not say the others have no existence: no, we merely say they are *far* behind us, and hence do not exist for us, just because we have something better—so much better that we wax warm in our zeal, we become enthusiastic, and beckon to our allopathic friends in the *rear* to come on, to press forward to where we *are*. Now, our orthodox friends in the rear have no knowledge of the topography of the region occupied by our army in the van; they remain behind, where we used to be *lang syne*, and steadfastly refuse to believe we are anywhere at all. We shout back to them that we are in a glorious country with immense resources, and ask them to join us and help us to occupy it and cultivate it for the advantage of humanity, and therefore of us and of them. But they will not believe us. So, remember that if any of you medical students aspire to be in the very van of therapeutic science, you *must* find yourselves with us. You cannot help it. Of course, you may abjure the birthright of a free manhood, and join the crypto-homœopaths. Well, they serve a purpose. So did Judas. And to whom, think you, comes the serene satisfaction of duty done? Not to the crypto-homœopaths, who merely serve as a kind of co-operative asses' bridge; they are what schoolboys call sneaks, and a sneak's reward is theirs. I envy them not. They will do nothing great; they will never feel great, they will never feel *noble*, they will never *be* great; for no sneak ever yet became great. That divine afflatus which makes a noble heart bound on to greatness of aim comes not to the sneaky crypto-homœopath. If we aim high we *may* mount to goodness and greatness of soul and deed, but the sneak is a miserable

groveller even when at the highest. Some of you may not share these sentiments. Well, I am content to hold them with the choice few; or, if need be, alone. Now, if the profession at present, for the reasons given, cannot be our judges, and if only medical men can be admitted judges of medical questions, how are the claims of Homœopathy to be settled? How is the world—*i. e.*, our fellow human beings—to know whether our opponents or we are right? The *only way at present* open to us is to show that Homœopathy cures better than other systems of drug treatment. Gentlemen, there is *no* other way open to us; either we must be false to therapeutic truth and to our common humanity, or we must follow this course till better times dawn, till the general profession advance to within speaking distance of us. What, do you say you would recommend an appeal *ad populum*? Did you not yourself admit that only medical men can adequately grasp the subject? Yes, I do admit that; but we must do our best, and our best *at present* is to convince the people, and so *compel* the profession to listen to us and give us fair play. But an appeal *ad populum* is beneath our dignity, and is unprofessional. Well, if so, then that dignity is a false sheen and no reality, and the profession is an enemy of mankind. As for me, I will prefer the *mens conscia recti*, and will do my duty. You may hiss these sentiments if you like, but I hold them, and I will express them, and am prepared to stand or fall by them. What! do you tell me that I can hold that our Homœopathy is a great life-saving truth, and yet I dare not proclaim it? What! do you mean to tell me that Homœopathy cures disease better than any other known mode of drug healing, and yet I must hush it up because an interested, prejudiced editor calls it a “fad”? Do I read that Homeopathy minimizes the hideous ravages of small-pox and robs cholera of its terrors, and yet I may not make it known? It is known to me—thanks to the immortal Hahnemann—thanks also to my honored master and predecessor in this chair, Dr. Hughes—it is known to me that *Aconite* will jugulate a simple fever, and shall I seek to

hide this knowledge, of which I and mine have the immense advantage, and thus, hiding knowledge, put myself on the level of a common nostrummonger? Why should you and I have the boon of such knowledge and not others too? Are we priests of the Dark Ages, that we should band ourselves together to shut up the knowledge of the curative action of drugs, and our mode of finding it out, within our own magic Druidic circle that we call the profession? Do those of you who are such strong professionalists really mean that? If you do, then you are at liberty to burn my doctor's diploma, or throw it into the nearest gutter; for if that is the spirit of the profession of medicine, I would rather be outside it. If that is really the aim of the medical profession, it becomes in the aggregate merely a huge co-operative association of nostrumsellers; and then to be professional must mean not to impart any knowledge of outsiders, to the end that profits may never grow less.

J. MARION SIMS, M. D.

Dr. James Marion Sims, although not of our school, was indeed a benefactor to his race, and in recognition of his devoted service to mankind, we feel called upon to pay more than a passing notice to his memory.

To us, it is doubly a sad duty, to record Dr. Sims death, as we were personally acquainted, and under obligations to him for past kindnesses. We met him at Paris in 1880, and had several conversations on matters pertaining to gynecology, and when we left for Vienna and other places of interest, on the Continent, he gave us letters of introduction, which were like talismanic signs, admitting us to opportunities, without which, we could not have obtained the benefits we did. This obituary is, therefore, but a slight testimonial of our appreciation of his kindness, when he knew we were of the homœopathic school, and his words of advice, relative to special practice, made an impression, never to be forgotten. How little did that man fancy, by his few words, he was shaping the destiny of another!

Dr. Sims was nearly seventy-one years of age. In 1835, he entered into general practice at Montgomery, Ala. It was in this city that the light of his genius first shed its rays and Marion Sims name became prominently associated with medical science.

Energetic and assiduous as a practitioner, he at once gained the confidence of his patients and of those who met him in consultation. Having always the higher objects of the profession in view, he never descended to those lower arts of attracting business, by which the practice of some physicians has been disgraced.

His indefatigable and persistent labor, in the mechanical branch of medicine, soon gave him notoriety. By a mere accident, as it were, he was led to conceive the idea of a perineal retractor, which was called Sims speculum, and is known the world over. While at Montgomery he established a woman's hospital, where he revived the operation for the relief of genito-urinary fistula, with success, which gave him reputation all over the United States. His mechanical ingeniousness displayed in making gynecological instruments, at once pointed him out as a rival of the celebrated Sir. J. Y. Simpson, of Edinburgh. T'is true some have questioned his priority, in claiming his speculum as original, as an instrument similar in construction was disinterred from the ruins at Pompeii, and described nearly a century ago, yet, even if this be true, to Dr. Sims must be given the honor and credit of reproducing the lost speculum. He moved to New York in 1850. Here he devoted his entire time to his speciality, and soon became celebrated throughout the world, from his bold writings and innovations upon surgical grounds.

The great success of Dr. Sims, both as a writer and a practitioner, lay, we believe, in the practical character of his work. He was a man who thoroughly went into and was fully acquainted with all the minutiae of the treatment of diseases peculiar to women, down even to the details of nursing, and the preparation of the patients food. Evidence of this will be found all through his writings.

In 1860 he went to Paris, where he published a work on gynecology, which is now one of our standard text books.

During his stay in Europe he performed several operations, which were original with himself, at Vienna, London, Paris and many other places, receiving the highest encomium and decorations from the French, Italian, Belgian, Portuguese and Spanish governments. France conferred on him the Order of Knight of the Legion of Honor, and the Belgian government the Order of Leopold I. He was elected an honorary member of almost every scientific society in Europe.

In 1868, he returned to New York, but remained only for a short time, returning to Paris in 1870, and became an interested organizer of the famous American Ambulance corps, in the Franco-Prussian war. Unfortunately he became late, in life, involved in a quarrel, or misunderstanding, with some of his New York colleagues, Drs. Emmet and Thomas, over some matters pertaining to the management of the Thomas Hospital, which so embittered his life, that he never became reconciled to his own home and practice again.

He was honored by the profession, who elected him to the highest position of their gift, President of the American Medical Association, and the Fellows of the American Gynecological Society also paid him a compliment by electing him chief executive officer of their organization.

PHIL PORTER.

THE THERAPEUTIC VALUE OF MOTION.

BY G. H. PATCHEN M. D., BURLINGTON. IOWA..

So much has been written about the value of *rest* in the treatment of many forms of disease that its therapeutical importance is generally understood and appreciated. But the fact that *motion*, in an active or passive form, possesses an equal if not greater therapeutical value, is scarcely comprehended by a large majority of the profession, and even if comprehended, the principles governing the details of its

application are so little understood as to render it of very little, if any, practical value.

It seems difficult to account for this lack of definite knowledge when we consider that many years ago, Ling, the celebrated Swedish physician, devised a complete system of therapeutics consisting only of active and passive movements based upon a most thorough and perfect knowledge of physiological and anatomical laws.

Ling's methods have been in operation for more than forty years with the most satisfactory results, frequently curing forms of disease that drugs alone were not able to overcome. They are especially adapted for the treatment of a large class of chronic diseases for which, by the use of drugs alone, there seems, often, to be so little help.

Rest and motion are, in reality, only relative terms. Absolute rest of the *entire* body is almost a practicable impossibility, and, were it possible, it would in a short time prove a dangerous remedy. Motion, in some form or degree, is an absolute necessity to the perfection of those physiological and chemical changes upon which health depends.

Rest causes stagnation of vital process and diminished vigor of general vital function, and, while it may be necessary, temporarily, for the repair of an injured part, or on account of an highly inflamed condition of certain organs, the restoration thus brought about is always at the expense of the general vitality.

In the presentation of cases for treatment it is often an important question to decide whether motion or rest should be employed.

As a general rule it may be safely stated that rest should be made use of in the treatment of all acute conditions of disease, where the normal activities are in excess, while motion, in some definite form or degree, should be employed in all chronic conditions of disease, where the normal activities are deficient. But the line separating these distinct principles can not be too rigidly drawn. There are many conditions, both in acute and chronic forms of disease, where rest

of a part can be most judiciously combined with motion of other portions of the body.

From a remedial standpoint there are various kinds of motion, each producing distinct effects; but they all may be considered under the general heads or classes—active and passive.

Active motion comprehends all movements that originate in the will of the patient and are executed by the patient himself without assistance. This definition would, of course include all kinds of voluntary exercise, even that pertaining to labor. But it is not our purpose to consider the merits of general exercise as a remedial measure (although without doubt it has many), as its effects are not definite or specific enough to enable them to be successfully employed for therapeutic purposes.

Active movements promote nutrition and increase the strength and endurance of the muscles brought into use, and the afflux of arterial blood towards them. Thus by judicious use of them the nutrition and consequent functional activities, of any portion of the body, where muscle exists, can be increased. Another, no less important result of the proper employment of active movements is the *derivative* effect that can be induced by directing the afflux of blood from any part to a group of muscles more or less remote. Thus a congestive headache can be relieved by making use of such movements as will direct a flow of blood to the feet and legs.

Chronic cases of congestive headache, that are caused by constipation and torpor of digestive organs, can be cured by the use of such movements as will cause a flow of blood to the abdominal region, and, at the same time, strengthen the digestive functions and increase the peristaltic action of the intestinal tract.

Passive motion comprises all movements by which the whole, or any designated portion, of the body is moved by some external source of power and independently of the will of the person operated upon. There are many varieties of

passive motion, each having more or less distinct effects. Massage, which includes several distinct forms, such as rubbing, clapping, knocking, pulling, stretching, etc., is, perhaps, the most familiar. Vibratory motion is another valuable form. Its special province and effects will be considered further on.

Passive movements promote secretion and excretion. Continued pressure upon a part (which, perhaps, might be called a paradoxical form of passive motion) as every one knows, will cause absorption or wasting away of the part to which it is applied. "It is a fact, confirmed by the experience of many years with the movement cure, that all passive movements, as pressure, vibration, stroking, etc., done either by the hand or with instruments, increase the absorption of the diseased organic parts, which may be vascular glands, or other natural parts of the body."

The fact that motion, in some form or degree, is absolutely essential to the perfection of all the various vital processes that are necessary for the maintenance of life and health, is too little appreciated. But a studious investigation of what is constantly taking place within the body, will make it very plain and demonstrate its importance. We shall find that, at least, three distinct forms of motion contribute to the proper action of all the various physiological changes. First we notice the motion that accompanies all the chemico-vital changes incident to nutrition. This includes all those complex phenomena associated with the digestion and assimilation of food, the oxidation of the blood, and the reduction of waste matters to their simplest forms in order to insure their speedy exit from the body. Vital chemistry, in its physical aspects, does not differ from any other, and motion to some extent—at least a change of form and place—is necessary to all chemical changes whether occurring outside or inside of the body.

The next form is that of involuntary muscular action. This motion is widely distributed and subserves a most useful purpose. To this class belong all of the rhythmic move-

ments of the various organs and regions of the body, such as those of the chest, heart, arteries, diaphragm, abdominal muscles, alimentary canal, &c. These movements are associated with organs and regions that maintain and control the most important vital functions. By a most beneficent and wise arrangement, their action is, to a very great degree, independent of the will or of voluntary control and is in constant operation. They assist to a great extent the movements of the first class, and, although limited in degree, yet, by means of their continuous action, their aggregate effect is considerable.

Movements of the third class are derived from the action of the voluntary muscles. This includes every variety of muscular exertion and is very comprehensive in its effects. While, undoubtedly, life might be indefinitely prolonged by the combined assistance rendered by the first and second classes of motion, it is very certain, that, unaided, they are not sufficient to maintain life and health in their most vigorous perfection. No matter how strong the constitution, it soon becomes enfeebled unless frequently reinforced and invigorated by voluntary exercise. Again, in this relation there is a very important physiological fact very little understood, which is, that *muscular action* is the *natural counterpoise to nervous action*, and, for this purpose alone, it should be in daily use. Foster calls the muscles "Master tissues of the body," and truer words were never spoken. From this fact the observing physician can derive therapeutic hints of inestimable value.

Voluntary muscular exercise contributes, in many ways, to the perfection of physiological processes. It directly accelerates the circulation and oxidation of the blood; increases the functional activities of the liver and intestinal canal; promotes the absorption of ingested fluids; hardens muscle, and increases its growth and strength; promotes the nutrition of all portions of the body; overcomes the action of gravitation which would cause stagnation of the blood and other fluids and consequent congestion and inflam-

mation in various organs and, in many other ways, shows itself to be an indispensable factor in the problem of life and health.

This hasty review of physiological processes, enables us to see to what extent vital phenomena depend upon mechanical agencies and how readily they may be affected by them

If, as is undoubtedly the case, disease is nothing more or less than modified vitality, occasioned by some imperfect or diminished action of the mechanical part of vital activities, might it not be reasonable to infer that it can be removed and health re-established by such mechanical processes as will restore the deficient physiological action in those parts in which it is lacking.

The inference is both logical and practicable and embodies the fundamental principles of the movement cure. Movements, in some of the forms previously mentioned, can be so applied as to affect any organ or organs of the body, increasing vital action where it is deficient and decreasing it where it is in excess, thus restoring that harmonious equilibrium of the different organs upon which health depends. When the patient possesses a considerable degree of strength, the single or active movements may be used. When the debility is great and nervous action excessive, the passive and passive-active or duplicated movements are most effective. Duplicated movements are those made by the patient with assistance. They are of two kinds. In one the power to make the movement is partially supplied by the operator. In the other the movement is made entirely by the patient, but the *quality, amount and duration* of the movement is entirely under the control of the operator. Duplicated movements are the most important, in a therapeutic sense, of all others. "They may be confined mainly to any particular anatomical division or physiological function, to the nerves, to the muscles, or may influence all together. They are adapted to the most feeble invalid, or to the strongest persons, and need never produce effects beyond the requirements of the invalid or the intention of the operator."

There is one form of passive motion of great value in the treatment of many of the severer forms of chronic disease which seems to be but little known by the profession, but I am sure it will grow in favor, as a therapeutic measure, when its virtues are better understood. I refer to vibratory motion already spoken of. Its nearest analogue is massage, but it is much more important and effective, producing results that the latter can never hope to obtain.

Its proper administration requires the use of mechanical, rather than manual power, because, in order to secure the best results, the vibrations must be given with a rapidity that would exhaust the strength of the most willing hands. Motion at the rate of 1,000 or 1,500 vibrations per minute, continued for five or ten minutes at one application, is necessary in many cases.

Many machines have, at different times, been devised for this purpose, but, undoubtedly, the most ingenious and successful, are those invented by Dr. Geo. H. Taylor, of New York. For convenience of application and effectiveness of purpose, they leave nothing to be desired. They can be applied to any part of the body; their application causes no pain and they are capable of giving vibrations at any desired rate of speed.

In a therapeutic sense, vibratory motion means a great deal and has a wide range of application.

When a disease becomes chronic, it is because the vital powers are so enfeebled that they are no longer able to maintain, to a sufficient degree, some of the three forms of activities that we have found necessary to health, and there is, consequently, stagnation or obstruction, some where, that needs to be removed. If the chemico-vital processes are, from any cause, insufficient, the obstruction will be the result of improper oxidation, or imperfect reduction of waste matter, and an important vital part may, in this way, become affected. If the motions of the second or third class become deficient, there will occur inactivity or congestion of different organs, which will result in serious disease. In either case

there will be deficient heat, deficient respiration and sluggish capillary circulation.

As we have shown these conditions to be greatly influenced and controlled by movements subject to mechanical laws, it follows, in accordance with the law of the correlation of forces, that vibratory motion may become a sovereign remedy for any and all states which these conditions may induce.

What are some of the effects of vibratory motion? If we subject a portion of the body, say the leg, to its action for a time, what is the result? The entire mass is in a state of rapid vibration, say at the rate of 1,000 vibrations per minute. The first effect experienced will be a sensation of heat. The sensation is real. The foot and entire limb become warmer; the skin is red and itching. There is evidently more blood there than before, and it is in a more active state of circulation. The limb feels much as it does after a brisk race except there is no feeling of exhaustion or fatigue, because no demand has been made upon the nerves or will power for support of voluntary exertion of any kind. Where does the heat come from? From several sources. In accordance with the correlation of force just mentioned a part of the motion to which the limb has been subjected has been transformed into heat and a considerable degree of heat has been also developed by the friction of the fluid and semi-solids of the leg against each other. Although unaware of it, by any immediate sensible effect, other important changes, in addition to the production of heat, have been effected. A portion of the motion has been transformed into chemical energy, and all the chemico-vital activities have been stimulated and quickened. The oxygen, held in solution by the blood, comes into more vigorous and immediate contact with oxidizable material and a more perfect oxidation and elimination of waste material is the result.

That oxidation and elimination of waste material is increased by the action of vibratory motion, is proven in several ways. First and mainly by the appearance of eliminated

matter. The urine soon becomes greatly increased in quantity, and is of a clearer color. There is more urea and less uric acid. The skin becomes softer and more moist, showing increased elimination of insensible perspiration. Tongue becomes less coated, and the sallow complexion assumes a more natural color, all of which effects are ample evidence of more perfect reduction and elimination of obstructing material. Absorption is increased. Swellings and even scrofulous enlargements become less, and gradually disappear. Rheumatism vanishes. Pains and inflammations of parts contiguous to the point of application, are lessened and healthful action gradually restored. The capillary circulation is accelerated. The frequency of the pulse is often lessened from five to fifteen beats per minute for some time after a treatment, showing less obstruction in the circulation. The nutrition of the muscles is promoted and conversely nervous activities are soothed and diminished. The appetite is increased, and the sleep becomes more prolonged and tranquil. There is soon noticed an exalted feeling of strength and vigor, and, in almost every way, there appear signs of improvement, which, with proper management, will continue until health is fully restored. There are other very important effects to be derived from the proper use of vibratory motion, and as its power, to cure many kinds of deformities, paralysis, neuralgia and other nervous affections, but a consideration of these subjects must be left to some future occasion. The object of the paper is to show the possibilities of motion, in its various forms, as a therapeutic agent, and, to encourage study and investigation of its merits and methods. It will amply repay investigation. Did space permit cases illustrating the different effects and methods of application could be furnished in abundance. In order to use motion, as a therapeutic agent, with the greatest success, its effects and best methods of application must be most thoroughly understood. This requires an immense amount of study and experiment. But happily this arduous task has been so greatly lightened by such eminent and enthusiastic explorers in this

line of medical thought and practice, that we shall do well enough to accept as true the results of their experience, and endeavor to properly apply them to cases in hand.

Like other powerful remedies, its misuse will be followed by harmful results. Until individual experience with it, in a variety of cases, has either confirmed or corrected theoretical knowledge of its application, it should be cautiously used and the effect of each administration closely observed. Properly administered it cannot fail to do good.

NERVOUS PREGNANCY.

BY J. M. FACKLER, M. D., PLYMOUTH, O.

I was called in the night of July 16th, to a case of supposed pregnancy. On arriving at the house, I found two women that had borne a large family very much excited over the case. They had everything arranged in due order for the expected baby. I was introduced to the patient who gave me the following history: "I am the mother of six children and am sixty-five years of age. I ceased menstruating at forty-five." She said her time had come; and that she had been in pain all night. Was certain that she had felt motion at four and a half months and had frequently felt great motion of the child ever since. During the first months had sickness at the stomach as she had with her other children. Her abdomen had gradually enlarged and she was positive that she would have a baby and that very soon. I watched her pains carefully for some time. They had all the appearance of being genuine labor pains and everything appeared all right except her age. I placed my hand upon her abdomen during a pain. I could distinctly feel a using of the abdominal muscles. Her abdomen was full and large enough to be pregnant at full term. I made a careful digital examination, and discovered not only the absence of any presentation, but a normal cervix, resembling that of an unimpregnated uterus. I informed her that she

was not pregnant. It almost created a panic in the household. Some of the parties present denounced me as a quack, and were for sending for another doctor. I took the field against all of them and gave them to understand that I knew what I was doing. I ascertained that her bowels had not moved for three days. I informed her that I would give her a cathartic, and call again in three or four hours. She still persisted with her belief of pregnancy and also with her pains. The two lady attendants said that if I left they would have the baby before I returned; and that I had better not go. I gave her a good dose of Podophyllin and on my return I found that her bowels had moved three or four times freely. Her pains had been regular all the time during my absence. I made another careful examination, and then explained the whole case to her and she gave it up. I gave her some medicine and told her to get up and when it was bed time to go to bed and sleep all night. I informed the lady attendants to put up the little clothes that they had out airing and go home. My patient went to bed and slept soundly all night and when I called in the morning she said that she felt like a new woman.

CURES BY DR. KUNKEL.

FROM THE ALLEG. HOM. ZEITUNG.

BY A. M'NEIL, M. D., JEFFERSONVILLE, IND.

I received a letter December 26, 1882, from Schwerin, saying that Frau St. has been sick for five and a half years, and confined to her bed. She is 45 years old. Different diagnoses have been given by her attending physicians. One said she was ænemic, another that her blood was too thick. The cause of her sufferings is fright from a thunder storm at night. On the following day she could not speak. There is paralysis of the lower extremities, but whether it set in immediately after the fright or followed later is not clear from

the letter. However, there is paralysis now. She is sleepless, has internal anguish, violent pressure in the pit of the stomach, as from a stone, accompanied by difficulty of breathing and attacks of suffocation. Hot internally, and externally freezing; internally constant restlessness and anguish. I sent Cuprum 10x, six doses, a powder every evening.

On the 31st of the following March I received the following letter. "I communicate the joyful news that my wife has been well now for six weeks. She can now do her own housework. The night after taking the last powder she was very sick. She also passed the next night very badly and vomited a bowl-full of green bile. After that she became better every day. I would have written you sooner, but I wanted to see if the cure would be permanent."

Cardialgia. June 24, 1881. N.—A waiter, æt. 26, has suffered from stomach troubles as far back as he can remember, but he first had a violent attack of cramp in the stomach when twelve years old. His mother suffers in the same way, but not so intensely. He has constant pressure in the pit of the stomach, but particularly after eating heavy food, and violent pain which he says is constriction. In such an attack he rolls on the ground in agony. It very frequently continues ten to twelve hours, and at times even longer. In lying down there is some amelioration of the pains. Sometimes immediately after dressing himself in the morning, and while yet fasting, has the "most fearful" pains. During the attacks the pit of the stomach is swollen and hard. At night he is on the whole more free. Stools, hard like stones, often very scanty, knotty, and difficult to discharge. Eructations relieve. At times sweetish taste. Plumbum 10x, six doses, one every seventh evening.

July 5.—Essential improvement. The pressure on awakening in the morning has entirely disappeared. The pressure in the stomach has not been noticed much only two days. No more violent attacks. Stood still hard. Continued the prescription. After the use of the last six powders the

patient has been free from his sufferings and since then they have not returned.

Procidencia Uteri. Frau Z.—æ. 44, consulted me on the 29th of April, 1882. She had suffered in 1868 from rheumatism of the joints. She had three and a half years ago a difficult delivery with hernia umbilicalis and falling of the womb. She also had hemorrhoids during her lying-in. The uterus came out on every slight exertion and she must then go to bed. She also complained of palpitation on walking, depression of spirits, disposition to weep, at times paralytic weakness of the legs, and vertigo on rising from a seat. In the Spring there is always an aggravation of all her symptoms and great weakness. The spleen is sensitive on pressure and enlarged. Natrum mur 10x, six doses, one every seventh evening.

I first heard from her on the 1st of July. She feels considerably better, perceives no falling of the womb. Same prescription.

September 11.—There was continual improvement, but now she is not so well. The uterus comes down and threatens to protrude, headache particularly when sitting, and in the morning on awakening, restless when sitting, heat going upwards to shoulders, coldness between the scapulæ. Sensation of going to sleep of the left leg when sitting, passing off when moving. Sepia 10x, six powders, one every seventh evening.

December 13.—Essential improvement, or rather no morbid phenomena remain. She has danced vigorously without any ill effects. The eyes which I forgot to mention, felt burning, became red, etc., are essentially better. Prescription continued.

February 13, 1883.—She sent word she was perfectly well (To many this case may appear incredible, but as I have cured one of not so long continuance, it is to me perfectly credible. A. McN.)

Eczema. M.—æ. 28, has suffered for years from an *eczema* of the right cheek, which itched but little and is painless. At

times it disappears spontaneously. Then his general health suffers, the tongue becomes coated, bitter taste, etc. He is full blooded, has suffered what was probably pneumonia. Almost every year he has had shorter or longer periods of nose-bleeding. Usually he is quite well, however. When he looks downwards he has tearing in the head. June 23, 1881, one dose Calcarea carb 200, but as this was unavailing only increasing the suppuration, I gave him Antimon, crud 200, one dose.

August 24.—The cheek has improved considerably, less pus, more for last three days; Sac. lac.

September 23.—I saw him and the *eczema* had entirely disappeared and no gastric troubles had ensued.

(I ask every reader to decide in his own mind if these are *cures* or not. A. McN.)

PROGRESS AND REFLECT.

BY AD. JIPPE, M. D.

The Medical World has of late been treated to a series of new discoveries, made by a prominent member of the International Hahnemannian Association, and as this Association was originally created to help eliminate from the American Institute, erroneous departures from time to time offered by some of its members and not combatted or rectified by the Institute itself, it is the strangest sight in all medical history that the I. H. A. is now standing sponsor to a heresy never before thought of earnestly. It is true that Law half a century ago offered to amend our universal law of cure, but the heresy died out very soon. And this Internationalist publishes a new manifesto in the November number of the *Homœopathic Physician*, page 357. The clinical notes are ostensibly an offset (not an answer) to a paper on epistaxis, published in the August number of the *Homœopathic Physician*, page 233, and the questions asked the discoverer of new laws and methods are answered in a very singular manner. The discovery of the new law was, "that morbid products of a dis-

ease highly potentized will cure the disease itself," and we were then and there puzzled to know how to treat epistaxis under that newly discovered law; puzzled, because if it were a law it had to be universally applicable. The discoverer, and Gotham is overflowing with them, now goes back on his own newly discovered law, and tries to foist on the profession, "*specifics for specific diseases.*" An unproved remedy is declared to have been discovered, and homœopathised by a Gothamite, and he offers it, not to the profession at large, not a bit of it, he offers it to the few select doctors (not healers) who are not afraid, have not been afraid "to progress and reflect afterwards," to progress into the dark ages long before Hahnemann's days, really out of sight even of a regenerated Allopathic School. The newly discovered specifics will regulate the "circulation" either way, stop the flow of blood, or start it like the spigot to the homœopathising apparatus. No matter what causes epistaxis, no matter what the character of the discharge is. Here we have it. Epistaxis of all sorts is always and invariably cured forever by a nostrum homœopathised by a new discoverer in Gotham, the name of said nostrum only to be divulged to the few pathologists who will progress backwards, labeled I. H. A. into the last century of darkness. As the discoverer of all sorts of new laws, methods and nostrums seems to be utterly and totally ignorant of homœopathy and its history, we shall for the last time attempt to say a few words to this new prophet, although he is labeled I. H. A. The common tribe of physicians claimed *in the last century* that Peruvian bark was a *specific* for intermittent fever. A thinking allopathist by the name of Dr. Cullen, who investigated before he advanced, asked the question in his then very celebrated work on *Materia Medica*, and says, whereas, Peruvian bark does cure some cases of intermittent fever, but does not cure others, we must *investigate under what circumstances it will cure that disease.* Samuel Hahnemann solved this question by proving *the tincture of Peruvian bark* on himself. It then became an established fact that the law of the similars was the only law of cure, and on

reflection Hahnemann progressed and proved more drugs and left us his gigantic master work his *Materia Medica*, and in his *Organon* he left us the key for the application of the unerring law of the similars for the cure of the sick. It is evident that the proving of drugs was the first step taken to demonstrate the possibility of applying any law of cure; it is also evident that this had to lead to "Individualization." The above mentioned discoverer, has, if he ever knew anything about the history of homœopathy, undertaken to promulgate new laws, new methods, not in harmony with, but entirely antagonistic to Hahnemann's teachings. This modern prophet wants the lazy physicians to progress and accept specifics and the homœopathisation of medicine by means of potentization. The plain fact is that a member of the I. H. A. offers a new system of practice, a caricature never before heard of and asks to have this caricature acknowledged by the I. H. A., and the medical world in general as "Homœopathy." Whatever the merits of these new discoveries and methods may be, it is certainly evident that homœopathy can have nothing to do with it, and no thinking member of the medical profession, with just a little logic within his grasp will progress and then investigate this latest of all caricatures of a medical system.

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SEWERAGE.

The following remarks were made at the late sanitary convention in Ionia, by Dr. T. P. Wilson, of Ann Arbor, in reply to Dr. Lyster, of Detroit, on sewerage:

Dr. Wilson: "I suppose a man might as well be out of the world as out of fashion. It will not add to my reputation to say that I am opposed to the principles and practices of the sewerage system. It does not seem to me to be based upon science or common sense. Let us for a moment look into the necessities of the case. Upon a given area upon which a city stands, it is necessary that the rainfall—sometimes abundant—must be disposed of. This can sometimes be done best by open gutters, and so conduce to the cleanli-

ness of the city. There can be no serious objection to conducting this water through properly constructed pipes placed in the ground.

"In addition to this, we have the slop waters of the kitchens, dish water and wash water from the laundry. This water contains soap, grease, dirt, and a small amount of animal and vegetable substance, and without any special risk all this might be thrown into the gutter, or underground pipes, and along with the rainfall conducted into a flowing stream, without detriment to the river.

"Besides these, we have to deal with animal and human excreta, which must be disposed of by removal. The products of the stable we wisely gather up and use for fertilizing the land. Why should we not connect our stables with the sewerage and thrust the offal down the pipes, and have it all discharged into the river? Every one knows that that would be expensive and wasteful. But in disposing of human excreta, we act more unwisely still. To extravagance and cost we add untold danger. Stop and think a moment why it is that the sewerage of the city is so dangerous; breeding disease and destroying life. Is it the rainfall? Is it the slops from the kitchen or laundries? No, it is the human excreta that makes the sewage and the "sewer gas" so poisonous. Deliberately we connect our water closet with the sewers, and contaminate the whole system; and send into the adjacent river a flood of corruption that makes that river, for miles, a breeder of pestilence. We spoil its fair waters for fish and beast and man. And we boast of it all, as the perfection of sanitary science.

"I do not hesitate to say that this is all wrong. It might be endured if there were no other way of disposing of human excreta. We know, however, there is a better way. Earth-closets have abundantly demonstrated their utility. If our sanitary engineers would stop a little while in their work on sewers and perfect the method of removing the excreta of the closets in a dry form, we would save a large amount of money, we would greatly increase the amount of our fertilizing

material, and we would almost certainly escape the contaminating and disease producing effects which are due to our sewers. This city (Ionia) is facing this question to-day. It is proposed that she shall have a system of modern sewers, with water closet attachments. Her streets are to be dug up and pipes laid down that shall carry their contents into yonder beautiful river, making the water inexpressibly foul along the banks of the valuable farms for miles below your city. This will be an expensive way of depreciating much valuable property; and it will amount to placing under your fair city a prolific breeder of disease and death, for which you will pay large taxes and still larger doctors' bills. All this can be avoided in the manner described; and I counsel you to the wiser course.

"Dr. Lyster's paper needs no words of commendations. It is an admirable statement of a bad thing, and could not be better, unless after describing so well the sewer system at present in vogue, he advised you to discard it."

Aprpos to the same subject we publish the following from the Springfield (Mass.) *Republican*:

"The public generally will watch with interest Boston's experiment of leading its sewage into deep tide water. The entire cost has been \$4,544,282, and the building of the sewerage is spoken of as "one of the greatest engineering feats of the age." It may seem a little hypercritical to express a regret on this inaugural day of great enterprise that Boston did not see fit to include in its plans all the possibilities in the case. London has taught the world that a nuisance can be turned into a profitable product available for agriculture. The market gardeners about the city eagerly take up all the sewage fertilizers turned out at the London works, and find them even better than what they buy in the market. At Pullman, the infant city of Illinois also, the revenue derived from the sale of the manipulated sewage is a good and fair interest upon the money invested in the works, to say nothing of the incalculable benefit to the community in the solution of a serious difficulty.

THE PRESENT STATUS OF ANTISEPTIC SURGERY.*

BY WM. TOD HELMUTH, M. D.

CALENDULA OFFICINALIS.

I must say, as far as I have observed, by actual results in the treatment of wounded surfaces—for I have never given any microscopical trial to ascertain its value as a germicide—that the *calendula officinalis* has given me equal, if not better, results than *carbolic acid*, and while I acknowledge the fact that since the “bacteria craze,” and the “carbolic excitement,” I have yielded to the popular cry and used *carbolic acid* in different proportions and in different solutions, yet I am convinced, other things being equal, that *calendula*, from its peculiar action on suppurating surfaces, is a medicine that sooner or later must receive the attention which its virtues deserve. I am quite aware of the following facts, that in the past five years, when I have been employing *carbolic acid* preparations upon wounded surfaces that have not appeared to be progressing as favorably as I thought they should, I have substituted *calendula* with surprising results. In many cases of breast amputations and large wounds, I have employed merely cleanliness and the solution of *calendula*, one part to four of water, with a most satisfactory termination of the cases.

LISTERINE.

Before closing, I wish to say a word regarding a preparation called *listerine*, which has answered my expectations, as vulnerary, in some instances better than *carbolic acid*, and, in others equally as well as *calendula*: This substance is composed of *thyme*, *eucalyptus*, *baptisia*, *gaultheria*, and *mentha arvensis*, *benzo-boracic acid*. I have never used it internally, but have employed it quite extensively in general and hospital practice, as a safe and most agreeable disinfectant and

* Being the conclusion of a paper presented to the American Institute of Homœopathy, June, 1888.

healer. I placed a quantity in the hands of Dr. J. M. Ward, of the Hahnemann Hospital, and desired him to note its usefulness in operations, and to give me a record thereof. His communication reads as follows:

"I write this letter for a double purpose, not only to tender thanks, but to afford you an idea of our estimation of the efficacy of *listerine* as a disinfectant. It has been used in quite a variety of surgical cases with marked benefit.

"A case of resection of the entire ulna and a portion of the radius, by yourself, was afterward treated at each dressing by syringing the wound with a 'solution of *listerine*.' In another case of yours—a 'carcinoma of Douglas' cul-de-sac of the vagina,' lifeless in its nature, and considered by you a case in which operative procedures were out of the question, accompanied, however, by its characteristic malignant odor—at your suggestion, *listerine* was used with complete success, in the abolition of the odor entirely, so that the room of the patient was made pleasant for the victim of the disease, and more agreeable to the physicians and friends.

"In a case of tracheotomy, by Dr. J. M. Schley, *listerine* was used as a dressing with the best of success. Dr. L. L. Danforth after excision of the coccyx, which recovered speedily—*listerine* promoting the granulating process, and acting as an agent of importance in the cleansing of the wound. From observation of its practical value in these and other cases, I can recommend it as a most valuable disinfectant, and worthy the careful attention of an operator as a promoter of the healing process, and in securing proper disinfection of the wound. I attribute much of its worth to the fact of its being a compound, and one that contains a number of the most valuable agents of disinfection, and aids to the healing of wounds.

"It cannot but be regretted that its expensiveness will, to a certain degree limit its usage, and surgeons thus be deprived of its medicinal qualities. Could this be overcome, its reputation will rapidly extend, and its introduction be largely increased."

In addition to this I have employed the *listerine* in the case of septicæmia following injury to a large and pendulous fatty tumor, in the dressing of ovariectomies; as injection, into old sinuses; and also in the preparation and preservation of wet specimens. In a remarkable specimen of removal of a parovarian cyst, showing the expansion of the broad ligament, the ovary and the Fallopian tube, I packed the cyst with absorbent cotton, saturated with *listerine* (one to four), and found it not only perfectly preserved, but flexible and soft (not hard and shrunken as we find in most preserved specimens) after several months. The cost of the article is rather against its general use in large hospitals, but in the smaller institutions and in private practice, it is worthy of general introduction.

THE DYNAMICS OF SANITARY SCIENCE.

OR THE RELATIONS OF THE NATURAL FORCES TO THE ETIOLOGY
OF EPIDEMICS.

BY E. R. EGLESTON, M. D., MT. VERNON, O.

Here is the difficulty: On the one hand, we have Boards of Health, municipal, state, and national; Bureaus of Sanitary Science, in local, state and national Medical Associations; irresponsible experts; individuals with scientific proclivities; the man with a theory to establish;—all these, and more, are clamoring for the public ear. And yet is it not true that their songs are pitched upon the same or a similar key? It is unquestionably true, at any rate, that a single theme is twanged and thrummed into our ears unceasingly—*Filth!* Filth in the air we breathe; filth in the earth beneath; filth in the lakes and seas; among the flowers and trees; in ocean waves and haunted caves; in swamp and brake, on hill and moor, in city, town, village, hamlet, everywhere is festering filth. Sometimes keen, frosty, purifying winter heaps up or concentrates the mortal miasm; again in

some mysterious fashion it bursts its bonds, and, sweeping down from bleak hills and hill-sides, takes up its destructive march. Or, yet again, the genial, vivifying heat of summer is but the train which explodes the myriad magazines of mortal miseries. On the other hand are the few who are not satisfied with these explanations as exclusive causes for the outbreak of epidemic disease, or for the low, degenerative states of the human economy which are seen to prevail over wide areas, nor for the excessive degree of susceptibility to disturbing influences which at times obtains, and they seek in the orderly procession of Nature's methods, in which from the fructification of the germ at one extreme, to the final chemical and mechanical dissipation of its result at the other, there is neither "variableness nor shadow of turning," a key to the momentous problem of public health.

Now, again, here's the difficulty. Neither view offers complete explanations. It is beyond dispute that decomposing vegetable, animal and refuse matters are a fruitful source of disease; but this fact affords no explanations for typical phenomena, for virulence or malignity. It is true that extraordinary heat, excessive humidity, prolonged extremes of heat or cold, or other unusual phenomena which impose upon the human economy conditions unfamiliar, are sources of disease; but they represent more nearly individual weaknesses and proclivities than the phenomenal degenerative types which fail of explanation in the causes assigned. In another view of the case it must be admitted that influences purely atmospheric perturb the plane of health average;—the seasons characteristically disturb; fluctuations disturb; extremes disturb; while opinions of no mean weight bear heavily in favor of disturbing influences from without—from the varying interdependent relations existing between members of the solar system. But all this inadequately explains the complication. The fact is that neither the ground more commonly taken by sanitarians, nor that held by believers in occult influences—both in the sense of exclusiveness, to a degree, is correct, for the claims of one are neces-

sary to more completely substantiate the claims of the other. Nor do both together cover the ground, for there are still the factors known only by aid of the microscope—animalcular and fungoid germs and products, which also belong to natural conservative processes; and are found in almost all atmospheres, and in all putrefying decompositions.

Sanitary Science inaugurates its investigations by collating certain facts—disease phenomena. Praiseworthy effort is made to trace the relations between these phenomena and certain causative agents. I say *certain* causative agents, because therein lies a criticism. It being assumed that a specific disease originates in a specified miasm, the effort is made to prove the relationship without the often determining characteristics of intervening phenomena. When typhoid-fever is epidemic, for instance, it being assumed that matter in a state of putrefying decomposition is the cause, it is taken for granted that such conditions exist. But it may happen that no such conditions can be found—then what? It does not satisfactorily answer the question to refer to poisonous germs wafted by the winds from long distances, which lacks the precision so essential in investigations of this character. Again the assumed cause may be found, and in startling abundance, but there is no typhoid-fever. Why not? It is evident, in this case, that like causes have not produced like effects. It is safe to say that emanations from decomposing animal and vegetable substances are sources of disease, because the air becomes laden with deleterious substances; but the sanitarian must be able to say under what peculiar conditions the poison peculiar to typhoid-fever is generated. He alludes to favoring atmospheric states;—what are they, and how do they modify decomposition?—He alludes to an epidemic predisposition;—what is that, and what produces it? He alludes to individual or class susceptibility;—what influences determine the susceptibility? But the most puzzling query of all for Sanitary Science to answer is this: What is the cause of the widespread states of low vitality, or conditions of least resistance to disturbing in-

fluences, which so almost invariably precede, or are contemporaneous with, the march of all destructive epidemics? Scarcely less puzzling than the preceding is the query: Why are the grand epidemics periodic, or cyclical? The fact is admitted by sanitary scientists that cholera is endemic in India; that it occurs sporadically every year; that it becomes epidemic and terribly destructive once in about eleven years. May it be that drainage, ventilation, collections of decomposing matter, or hygienic regulations reach a climax of badness in about such periods, or may it not be that other factors with intermitting power determine the question of pestilential virulence? Let us see. Physical science admits the cholera cycle in India, but it likewise admits contemporaneous phenomena;—as, epidemics of other diseases in other parts of the world; extraordinary vicissitudes of temperature; sudden and extreme meteorological disturbances: a disorderly progression of the seasons; marked electrical and magnetic variations; sun-spot activity, and the recurring positions of the planets. These are facts, and period after period of the same length brings a recurrence of the same phenomena. Are they but accidental coincidences, or are they the like effects from like causes which the scientist must endorse?

Without consuming more time with what may be termed the *mechanical* side of the question, and presupposing that it has also its *dynamical* side, I proceed to it at once, and shall attempt to show that electric, magnetic, ozonic, and atmospheric states are subject to extreme disturbances, on account of an inherent unstableness, as well as on account of influences external to the earth and its atmosphere; that such disturbances predispose to disease; that the resulting diseases are typical, epidemic, or endemic, and degenerative. The following preliminary propositions are taken as starting points:

I. Atmospheric, or Positive Electricity, is subject to extremes of fluctuation—(a) as to present quantity; (b) as to locality; (c) as to intensity; (d) as to polarity. These fluctuations exert an influence upon the nervous system of ani-

mal life, prejudicial or otherwise. It tends to establish an equilibrium with negative states.

II. Terrestrial, or Negative Electricity, is subject to the same fluctuations, under the same categories, and tends to an equilibrium with positive states. Its varying intensities and conditions characteristically affect the vitality of animal existences through the agency of the nervous system.

III. The interdependent relations existing between atmospheric and terrestrial electricity are subject to deviations and perturbations. While it is true that the positive and negative reciprocities are maintained more or less perfectly, it is still true that remarkable temporary fluctuations obtain, so great, indeed, that total change of polarity may occur. Disturbances of these relations which exceed the not very well defined boundary which marks individual tolerance, produce proportionate disturbances in the animal economy.

IV. Atmospheric Pressure, of itself, is in some degree responsible for the varying conditions of animal bodies; while if taken in connection with the electrical and other phenomena which invariably accompany its changes, we may take for granted its predisposing power in epidemics.

V. Ozone, or superoxygenated oxygen, is the product of the action of free electricity upon atmospheric air. Its presence in a normal degree in the atmosphere, conserves health; if excessive or deficient in quantity, its effect is destructive, at one extreme by superoxydation, at the other by carbonization. In presence of epidemic conditions one or other of these ozonic states prevails.

VI. Assuming that interdependent relations exist among members of the solar system; that these relations are subject to variations according to the varying positions of planetary and other bodies; that these may produce excessive maximal or minimal states of electric tension which tend to supervitalize or devitalize animal bodies; and that these conditions may operate through long periods of time, and over wide areas of the earth's surface, it is claimed that electric

FIBRIN AND BACTERIA.

A REPLY TO DR. TAYLOR.

I am somewhat surprised that Dr. Thomas Taylor should assume so much, either under or over the high sounding title of "Microscopist, Dept. of Agriculture, Washington, D. C.," as he did in the January number of the *ADVANCE*; and at the same time, in one short paragraph, give so much evidence of knowing so little about fibrin as he does therein. I would respectfully recommend him to read up on the subject and learn of Liebig's discovery; "that the characteristic solid constituent of muscle, which has been usually known under the designation of fibrin, is in reality essentially conformable in all its chemical relations with coagulated albumen; and is at any rate much more nearly allied to it, than it is to the fibrin of the blood." Let him learn this I repeat, then he will not assert so confidently that "fibrin is muscle forming." And if he will read other authors he will find that fibrin is almost the only food of the serous membranes and their allied structures; while albumen is the only food, aside from a little of the salts and fatty matters of the muscles or muscular cells.

Again, if Dr. T. will read that greatest of all authorities on Physiological Chemistry, Professor C. G. Lehmann, and find him saying that, "it is a chemical fact that pure fibrin is incapable of complete solution;" he will be less willing to allow his pen to betray his want of knowledge by saying that "fibrin is soluble in the alkalies." But if he is not satisfied with the foregoing let him rot blood for six months under constant warmth of 100° to 200°, and see its fibrin go through all sorts of net-work, cellular and other formations, and the fibrin-granules come out at the end of that time unscathed in all their whiteness and purity. If he watches this process closely too, he will learn much of the secret of cell-development, which has already been seen and another great point gained. Or if that is not enough then let him try the

destruction of fibrin by digesting it for months in chemically pure nitric acid; or boil it for weeks, then burn it black and to a crisp, triturate that to an impalpable powder and treat it with the strongest nitric acid, and at the end of all that still find its granules as pure and fresh for further work as ever. This may open his eyes a little more to the true nature of fibrin and what it is capable of doing. While doing that, moreover, he should not overlook the fact that every time he allows or brings fibrin back, no matter how, from its successive net-work, cellular, or whatever other formations, to its primary granules, these ever and always present the same size, the same color, the same everything, even to motion in many of them, that he has seen in disease and called micrococci; if he has ever seen the latter.

After Dr. Taylor has familiarized his mind with the truth of the foregoing statements, I would next request him to make the following experiments. Let him stir some fibrin out of fresh warm blood, wash it in water first thoroughly boiled, until the blood corpuscles, salts, fatty matters, everything in fact but fibrin is washed out of it, leaving it a pure, beautiful white. Then he will know that he has nothing but fibrin to deal with, and little or nothing to mislead him; and he may know from the use of his microscope, if he does not know it already, that his mass is made up entirely of threads of fibrin interwoven with each other in every direction to make up the mass. Then let him take an ounce or more of this, put it into a cup containing two or three times its bulk of distilled water, or water that has been first boiled two or three hours, set the cup aside for the fibrin to rot, and watch the results daily. In twenty-four hours he will see that his threads of fibrin are even then breaking up a little into rods and spirals, from a quarter to half an inch in length under a power of three to four hundred, and already beginning to show not a little motion. In twenty-four to forty-eight hours longer he will find both rods and spirals appearing in greatly increased numbers and showing the most violent activity; the former often darting and the latter whirling spirally in

such rapidity that it is difficult, impossible sometimes, to see what they are until they slow down to a more leisurely movement. The rods come from the straight threads, or straight parts of the threads, of fibrin, breaking up into the lengths named; and the spirals come from the spiral threads, or spiral sections of fibrin threads, breaking up in like manner; and both taking an independent motion characteristic of the form they have. By watching them still further he will see that, as day by day passes, these rods and spirals break up into shorter and shorter pieces, each of which again takes up an independent motion of its own, but spiral or fish-like, according to whether it is crooked or straight. In the progress of this watching he will see produced all the so-called bacilli and spirochaetes of disease that he has ever seen, in hundreds and thousands sometimes in a single view; and all in rods or spirals of broken threads of fibrin. Within a month I have seen in different specimens of rotting fibrin, hundreds of Kock's bacilli tuberculosis, or such as look precisely like those in a specimen prepared in Ebuth's laboratory in Germany last summer, and recently brought to this city by the physician who saw it prepared. I would defy any microscopist in the world to tell the two forms apart. Following up his observations many days longer he will see these shorter rods and spirals of fibrin breaking up still more, until, finally, they break up into millions of their primary granules, each of which again takes an independent motion. I have many times seen tens of thousands of these granules of fibrin at a single view, and all under the most violent activity.

There are two or three other points of interest in this connection. I have seen hundreds of rods of fibrin breaking in two, or almost broken in two, in the middle, (which is the reason of such being called *Schizomycetes*), but still held together slightly; and each trying to establish a separate motion of its own, until they fully parted, and each would then go off independently. Another point is, that in the breaking up of the rods of fibrin they will keep on breaking

until they are reduced to what appears under a fourth objective about the sixteenth of an inch in length; and remain at that length without further breaking, longer by several days, than at any other step in their disintegration down to the granular stage. And still another point is, that after the rotting process has gone on a week or ten days, these rods of fibrin are softened, so they will then begin to take color into them, but not before. And this is suggested as the reason why Koch did not succeed in staining his assumed cholera bacilli, as it has been said that he did not, when he went to Egypt last summer. Pure and uncomplicated cholera is a terribly rapid disease as all know, and not a disease of suppuration; hence it comes and ends in death or convalescence, before the rods of fibrin which may be formed in its secretion, have had time to soften, or the rotting by suppuration to soften them, to enable them to take coloring matter. The "rice water," or characteristic discharges of cholera, being mostly nothing but serum from the blood, they of course contain more or less fibrin, which must organize, as is its great function to do under all favoring circumstances, into rods etc., and these he found in those discharges but not yet softened. In all the suppurative diseases on the contrary, where a week to ten or more days are given to the suppuration, and especially in tuberculosis, the fibrin rods are softened and can then be colored, or will take color.

Now, it will not do the slightest good for Dr. Taylor, or any other professed microscopist or scientist, to pooh at, ridicule or deny all this. The experiments are too easy of repetition and verification. I have repeated them all dozens of times, and made many hundreds of observations with essentially the same results every time. If Dr. T. begins with stirring fibrin out of fresh blood, and washing it most thoroughly, then sets it aside in distilled water to rot, I repeat that he will *know* that he has nothing but pure fibrin to deal with; and may know that this is made up of an enormous number of threads, both straight and spiral combined. Very well, there is no other possible way that these threads are or

can be disintegrated by the rotting process, excepting by their being first broken up into pieces, or into rods and spirals, and these breaking by successive stages into shorter and shorter pieces down to their ultimate granules. And there is *nothing else* in the decomposing mass that stands for or represents the broken threads of fibrin, excepting these rods and spirals of the same, either with or without motion. The fibrin threads are not dissolved, but are broken up in successive sections as described. The broken pieces of the threads of fibrin are therefore *necessarily* present and *must be accounted for*, but I repeat there is nothing seen in the whole rotting process that does or can account for them, but said rods and spirals. Precisely the same is to be said when the rods and spirals break up finally into the ultimate granules that constitute them. Millions of granules of fibrin then appear, and as I have already said, I have seen tens of thousands of them at a single view, and all of them in the most violent activity. The bacterists, however, would call all these micrococci. But what has become of the fibrin-granules all this time if these falsely assumed micrococci are not they? Remember that the granules of fibrin *cannot be destroyed*. Rotting them six months does not destroy them; the most powerful acids do not destroy them after months of immersion therein; then where are they, and what are they in our rotting specimen, if they are not what have been so long supposed to be micrococci? The size, the form, the color, the demeanor, the everything about them is right to show them to be fibrin-granules and nothing else. Besides, they correspond in every particular with the free granules of fibrin to be found in fresh blood, and seen in every specimen of perfectly fresh fibrin that can be prepared. And this they are and not micrococci.

In conclusion allow me to further say that, after Dr. Taylor, "M. D. A. W. D. C." has learned all these things and a hundred times more about fibrin, he will know better than to rely upon his own sad want of knowledge, or misuse his official position and title in attempting again to so cavalierly

set aside, or throw distrust upon, the results of over twenty years of study by another, whose foremost and only thought or care all that time has been to go to the bottom of this whole subject and find the *truth*, no matter whose theories it might uphold or overturn.

ROLLIN R. GREGG, M. D.

BUFFALO, Jan. 30th, 1884.

AN INTERESTING CASE IN MEDICAL JURISPRUDENCE.

BY F. H. ORME, M. D., ATLANTA, GA.

The case here given is one worthy of preservation in the annals of medical jurisprudence—the facts having been furnished to the writer by Col. H., of the bar of Atlanta, he having been the counsel for the defendant.

Miss A., of T. county, was a pretty blonde, but with a reputation for virtue that was not above suspicion. In course of time it was observed without suspicion by her neighbors, that her figure was undergoing a not uncommon change—her abdomen becoming protuberant, while her waist steadily broadened. The usual time for this sort of development having passed, the young woman herself having given no indications to the contrary, a new addition to the community was looked for. Instead of this appearance, after a short retirement Miss A. was seen about the neighborhood with about the same proportions she had shown before the above mentioned enlargement had taken place. The altered condition was not accounted for. No mention was made of a child. "Murder" and "infanticide" were terms that were at first whispered, and afterwards became open charges. Every member of the community was "down on her," no sympathy was shown, no friend attempted to defend her. The evidence of her guilt accumulated with the putting of this and that together, a hue and cry was raised, and a true bill of indictment was found.

When the case was called for trial the young woman appeared, without giving indication of embarrassment. Upon being questioned by the people, she replied that she was without counsel, and without the means of employing any. Col. H. was appointed to defend her. He suggested to her the importance of his moving for a delay, that he might have opportunity for acquainting himself with the case, and preparing himself for her defence. She insisted that there should be no such motion, and, after a brief interview the case was put at once upon its trial.

The testimony proved her questionable character for chastity, her gradual enlargement, and the general opinion of all the women of the vicinity that she was pregnant—no one having expressed a doubt of it, and the defendant not having been heard to make denial. One witness had seen something suspicious behind the back-log in the chimney place; a colored preacher had found a baby in a bag, near a creek, and had buried it, but was not sure that he could point out the place; the little ten year old brother of the accused even, was placed upon the stand to testify that he had, at a certain time, heard the cry of an infant. The evidence was all one way.

At this stage of the proceedings, her advocate observed that the defendant was surprisingly calm, and approaching her, remarked that she saw how the case stood, and asked if she had any witnesses with which to rebut this mass of testimony. "Yes," she answered, "I want Mr. Brown, one of the jurymen, put upon the stand; his wife had a case just like mine." Mr. Brown, being sworn, testified that his wife had once gone through the same course of enlargement, everybody supposing, as she and he did, that she was pregnant, and at the expected time she was delivered of a shapeless, fleshy mass, the result of a false-conception, a blighted ovum, or a mole, such as has been known to occur in the virgin womb.

The testimony of the former witnesses when analyzed by the skillful advocate was shown to amount to nothing more

than an *impression* that the woman was with child, due to the augmentation of her size. The cry that the little brother heard, when inquired carefully into, as to the time of its occurrence, was connected in time with a certain camp-meeting time, which was proved to have been nearly a year before the supposed birth, and possibly the whole story was prepared for him, or imagined, or he may have mistaken the cry of some other animal.

The composure of the accused under such a weight of evidence was now accounted for—she was conscious of her innocence, and had an abiding confidence that she would not be convicted. An effective speech from the counsel caused a general revulsion of feeling; the ill-will which had been felt by all was changed to sympathy for one who had been unjustly subjected to a cruel prosecution, and a prompt verdict of acquittal was readily obtained.

Lesson: "Things are not (always) what they seem."

DEADLY WELL WATER.

A novel suit, which will test the responsibility of the Brooklyn city authorities to allow water in a pump well to become "stagnant, impure, poisonous, unclean and dangerous to human life and health," is pending trial in the Supreme Court of that city. The plaintiff is John Danaher, a resident of DeKalb avenue, who sues to recover \$10,000 for the loss of his sons, Charles M., aged six years, and Thomas P. Danaher, eleven years, whose deaths were, it is alleged, caused by drinking impure water from a well near the plaintiff's residence. The complainant alleges that the city has charge of the wells, and therefore should prohibit nuisances in them and preserve the public health.

Health Commissioner Raymond has, within the last year and a half, condemned as dangerous to health the water of fifty wells, of which thirty have been closed by order of the Common Council.

SPINA BIFIDA.*

READ BEFORE THE HOMŒOPATHIC MEDICAL SOCIETY OF OHIO.

BY C. W. CARROLL, M. D., SIDNEY.

One of the most frequently seen of congenital malformations is spina bifida.

It is a protrusion of the spinal membranes and arachnoid fluids through an imperfectly developed vertebral canal, hence it is properly called a hernia of the spinal theca.

It is caused by a lack of development of the neural arches of the spine; very early in intra-uterine existence, the sub-arachnoid is deprived of its natural support.

Ranke considers the absence of the lamina and spinous process of the vertebræ to be due to the non-separation of the ectodema from the medullary layer in the lumbar and sacral region.

It is not our purpose to consider those malformations which are wholly incompatible with life, such as a complete deficiency of all the lamina of the spine or extensive fissures of the bodies of the vertebræ. But we desire to direct your attention to the character of the tumors. These sacs are generally covered by healthy integument, occasionally we find it greatly modified. Cases have been seen in which the skin was hard and coriaceous, sometimes much thinned, but rarely it is altogether wanting. When the skin is congenitally deficient a fibrous material occupies its place, if this be absent a bluish red membrane is exposed to view, the spinal dura mater.

The derma many times is at first normal in thickness but owing to the pressure exerted from the accumulation of fluid within the tumor, it becomes thin and membranous. Even the dura mater has been wholly wanting leaving only the arachnoid forming the sac or tumor. The fluids may

*See frontispiece.

ooze from the sac when the coverings are thus deficient, even when no aperture exists, but under these circumstances ulceration occurs and the sac finally bursts.

The tumors contain only cerebro spinal fluid. In figure one at A is represented the connection of the internal arachnoid or cerebro-spinal fluid. The external heavy dark line B, represents the sub-arachnoid fluid which is between the external and internal layers of the external arachnoid membrane, while the broad dark lines, C, passing through the column is the internal cerebro-spinal fluid and this communicates with the interior of the sac. Not only is the liquid of the canal in direct communication with the tumor, but often does the spinal cord, cauda equina, or some of the spinal nerves attach themselves to the posterior wall of the tumor. I believe you will observe this intimate connection of the cord with the sac where the tumors are sessile more often than in the pedunculated variety.

The symptoms of spina bifida are comparatively few but quite prominent. The tumor is always in the median line and invariably attached to the bones, the aperture in the canal can readily be felt if the tumor be not too well covered or tense. When the integument becomes attenuated the tumor is rather translucent, rendering somewhat visible the cauda equina or the spinal nerves only.

The contents of the sac can in some instances be pressed back into the canal which also is connected with the ventricles of the brain—hence increasing the tension of the fontanelles or the size of the hydrocephalous. Other malformations frequently accompany spina bifida the most common of which is club foot.

The violent symptoms showing great disturbance of the cerebro-spinal center occur just before the fatal termination, as the tension of the tumor increases convulsions or paralysis is produced; death usually occurs shortly after these conditions set in and being the result of this functional disturbance of the cord.

Although the greater number of cases of spina bifida

have a fatal ending, there are others with favorable terminations. Where such termination occurs the tumors do not increase disproportionately with the growth of the child and closure of the orifice happily takes place, and indeed sometimes, though rarely, there happens that an almost miraculous cure has followed spontaneous rupture of the sac. The great barrier to successful treatment of this malformation is the imminent danger of exciting a diffuse inflammation of the membranes of the cord and brain. Even slight injury to the cord or spinal nerves might terminate in gangrenous softening of those parts. We therefore learn that much depends upon a few favorable conditions.

It can truthfully be said that in the greater number of cases of spina bifida, it is a most delicate question as to what course of treatment we should pursue. When the child otherwise seems in good health and the sac free from ulceration, slight pressure ought to be produced by a well-protected shield, in hope at least to arrest further progress of the tumor.

We might be so fortunate as to find the orifice between the sac and the canal obliterated. When such is the case active surgical measures are highly commendable; ligature or excision either are followed by satisfactory results.

The mode of treatment now in vogue is injection of the sac by an Iodine solution; the American method is to withdraw a portion of the fluid from the tumor before injecting. In evacuating the fluid care should be taken to avoid any injury to the cord, a small trocar or aspirating needle should be used and never ought the operator enter the tumor in the median line but to one side and pointing to the center of the sac. In case the tumor refills as fast as the fluid is removed, we must abandon the procedure for the result could only be fatal.

Sir Astley Cooper's method of treatment is certainly a good one, that of frequent tapping and the constant application of light pressure.

Wishing to call your attention to one of the most rare

and peculiar forms of spina bifida, we present a case which came under the care of Prof. H. H. Baxter, Cleveland. Child twenty-one months old; spina bifida of the occiput, figure 3 represents shape of head and tumor and their corresponding proportions. This child, during the greater part of life, took nourishment freely and seemed rather healthful, with this exception and the hydrocephalic condition that you see indicated by appearance of the head.

The sac was considerably pedunculated and the covering consisted of integument, cellular tissue, dura mater, and arachnoid membranes. The postmortem also revealed the brain almost liquid with numerous patches of pus, the sac contained more than two quarts of fluid. Figure two represents the occipital bone convex surface; A is the deficient portion of bone through which passed the membranes and fluid extending within an inch of foramen magnum which is marked B. Many of the bones both in face and cranium were well-developed. This is one of only six or seven cases of which we have any knowledge.

REMEDIES ADMINISTERED DRY, AND IN SOLUTION.—THE DIFFERENCE.

J. N. LOWE, M. D., MILFORD, NEW JERSEY.

It has already been well said (and we accept the saying)—viz.: that the technique in the preparation of homœopathic remedies has the aim to enable the drug molecules to come in the most intimate contact possible with the tissue elements, especially with the nerve-cells of our organism. For this reason the medical substance is “atomized” as it were, *i. e.*, divided into the smallest constituent particles; in this state then, brought in contact with the mucosa of the oral cavity, it is able not only to penetrate the tissues and directly to act upon the ramifications of the nerve-fibre, but transferred to the blood, also to come in contact and enter into relations, according to the laws of chemical and physi-

ological affinity, with those tissues which possess the susceptibility to react upon it. Upon the *irritation* of the drug-molecules as cause, a *change of function* of the respective tissue-elements follows as effect or reaction. But, if a functional change in a tissue-part is produced by contact with the drug-molecules, it manifests itself through the entire chain of subsequent effects, even if the drug irritation or the impetus of all these motions and reactional results has not become an object of cognition; indeed the vegetative processes within our body, even if the attention is directed upon them, take place as it is well-known, mostly outside of the sphere of our consciousness or, into the region beyond consciousness. All that is perceptible to us are certain terminal results in the chain of occurring effects which received the impetus from specific drug-molecules when they come in contact with cellular elements of our organism. The determinant processes of motion, *e. g.*, within the domain of our nervous system, are always molecular processes only, *i. e.*, they are based solely upon vibrations, or other motions of the minutest material particles within the axis-band of a nerve-fibre, and escape all perception and control, even upon application of the most sensitive instruments, although the muscular activities resulting therefrom are very conspicuous. For the reception of this atomized medicinal substance, or potency the mucosa of the oral cavity fully suffices, and it is not at all necessary that such a drug preparation should enter the stomach, in order to develop its effects. It is, moreover, for this very reason more reliable in its action, since the substances introduced into the stomach are altered, more or less in their nature, and liable to chemical changes by the digestive secretion and the process of digestion."

When a patient is in a state of delirium, or is unconscious and moribund, medicine necessarily should be administered in solution. But in such instances, it occurs to us, the quantity should be simply large enough to be readily absorbed in the oral mucosa. However, we have no *dictum*, nor *ex-cathedra* dogmas, to impose.

A physician and correspondent of the *U. S. Medical Investigator*,—a few years since, stated that in a case of metrorrhagia which he had had in charge—the flow was promptly controlled when he gave a certain remedy dry upon the tongue—after the same remedy had no effect, given in solution. For the sake of becoming more fully and decisively, satisfied, he again gave the remedy in the same potency in solution; the flow promptly recurred—and again was controlled, and permanently, from a like potency of the same remedy administered dry.

The demonstrations of our past experience impel us to believe, that Dr. W. J. Guernsey's "Rules," embrace the truth. To those who do not pursue a strictly legitimate course of pure homœopathic principles and practice, they are of little worth. To profit by them presupposes quite an accurate knowledge of the *Hom. Mat. Medica*, and an undeviating adherence to the "Law of Similars." This *au fait accompli*, can only be acquired by much dilligent study, and hard work. There is nothing "come easy," "slip-shod," or casual, concerned in the acquirement of a competent understanding of the philosophy of human existence—the philosophy of homœopathy—homœopathic therapy, and practice.

ARSENICUM AND BAPTISIA.

A COMPARISON.

BY S. LILIENTHAL, M. D.

ARSENICUM.

Asthensia accompanied by great restlessness and anxiety, even sometimes by frantic desperation.

Great tranquility and cheerfulness, followed by terrible restlessness and anxiety, worse after midnight; dread of death when alone.

BAPTISIA.

Asthensia with excessive prostration and exhaustion of strength. Mental fog.

Mentally restless, but too lifeless to move; confusion of ideas as if drunk; feels scattered about and cannot get the pieces together.

ARSENICUM.

BAPTISIA.

Tormenting delusions and hallucinations.

Low muttering delirium.

Stupor broken by anxious moaning.

Stupor and unconsciousness.

Great weight in head, which feels confused as soon as it is moved. Periodical headache.

Dull, heavy, pressive headache, with feeling of fullness and tightness of the whole head, with drowsiness.

Whirling vertigo and buzzing before ears.

Vertigo and weak feeling of entire system, especially of lower limbs and knees.

Swelling of the lids, pain on moving the lids, as if they were dry and rubbed against the eyeball.

Eyeballs feel sore and lame, with great confusion of sight.

Tickling, itching, burning eyes. Photophobia, vision obscured and weakened.

Eyes feel swollen, slight lachrymation with burning.

Ophthalmia in all its different parts.

Partial paralysis of lids, cannot keep them open.

Buzzing, singing, roaring in ears, with hard hearing as if the ears were stopped.

Dull hearing; roaring in ears with mental confusion.

Profuse, ichorous, offensive otorrhœa.

Cannot bear the smell or sight of food.

Soreness extends to posterior nares; when sneezing and blowing nose, epistaxis.

Stoppage of nose alternating with fluent coryza, causing burning and smarting at nostrils.

Sunken, yellow, ghastly features; skin around mouth livid, face cold and sunken.

Flushed, dusky features, with a besotted expression.

Swelling and inflammation of the lips; bleeding of the lips;

Cracked lips, with bleeding and ulceration of the bowels;

ARSENICUM.

painful tumor in the lip, with jaw dropped, sordes on teeth and tearing, biting, burning pain, lips.
worse by touch, in the air, at night.

Swollen, bleeding gums; painful to touch; teeth seem longer, become loose, sensitive to pressure.

Tongue dry, as if burnt, deprived of sensibility, excoriated at the tip with biting, burning pain.

Great dryness of the mouth and excessive thirst, but drinks only a little at a time.

Bad odor from mouth with malignant ulceration.

Teeth and gums sore, by pressing with fingers large quantities of blood ooze out.

Dry, parched, thickly coated tongue; feels as if had been scraped, and sensation extending to fauces.

Mouth and tongue very dry; aphthæ and putrid ulceration of the buccal cavity, with salivation, slight pain; fœtor oris.

Esophagitis, sore throat when swallowing as from an internal swelling; spasmodic constriction, as if a ball came up in the throat.

Gangrenous inflammation of throat.

Taste gone or bitter, sour, putrid.

Appetite abnormal or lost, with cravings for acids or coffee.

Esophagus feels as if constricted from above down to stomach, can only swallow water.

Dark putrid ulcers in throat, painless.

Filthy taste; foul or bitter, nauseous taste.

Averse to nourishment or stimulants, but constant desire for water.

Nausea, periodically returning, with sensation of great weakness, worse during rest and motion.

Vomiting with great anguish, often immediately after eating or drinking.

Feeling as if it would be a relief to vomit.

Retching and vomiting; desire to vomit, but without nausea.

Epigastric and umbilical region sensitive to touch; constant

Sinking, gone feeling in stomach, fainting.

ARSENICUM.

painful burning in region of stomach, with great anguish and feeling of weakness, feeling as though the stomach were distended.

Burning pains, confined to single parts of the abdomen, or general, especially in hypogastric region; great thirst and restlessness, tossing and turning.

Diarrhœa, stools scanty, though irritation is great, of dark color, very offensive followed by great prostration.

Burning in bladder and urethra; urine scanty; great desire, but inability to pass urine; urine turbid, cloudy, mixed with pus and blood; albuminuria.

Yellow, acrid leucorrhœa; increase of menstrual flow, even metrorrhagia in feeble cachectic women.

Constant tickling in trachea, provokes a cough, a feeling of rawness, soreness and burning in chest; scanty, tenacious mucus hard to dislodge.

Cough dry, fatiguing, paroxysmal, worse at night, by drinking, motion and in fresh air.

Asthmatic constriction of the chest, dyspnœa, whistling respiration, burning in chest, periodically recurring, worse at night.

BAPTISIA.

Constant burning distress in epigastrium, severe, colicky pains in umbilical and hypogastric region, rumbling in bowels.

Constant aching distress in stomach and abdomen; right iliac region sensitive; pain in liver and gall-bladder, worse walking.

Fetid exhausting diarrhœa causing excoriation; thin, watery, offensive diarrhœa, day and night; involuntary stools, often painless.

Urine very highly colored and scanty; alkaline, fetid.

Menses too early and too profuse; lochiæ acrid, fetid.

Aphonia or hoarseness; painful swallowing or speaking, and as if she wanted to raise much.

Tickling in throat provoking cough; elongated uvula.

Asthmatic oppression of chest, with frequent yawning, worse from motion, better after rest; dyspnœa with a tight cough; sharp pains in chest when taking a long breath.

ARSENIOUM.

Precordial anguish, restricting respiration; irregular, violent palpitation, worse when lying on back.

Restlessness of limbs; excessive weakness and exhaustion of limbs; cold limbs.

Sleep does not refresh; tossing, twitching, jerking in disturbed sleep; vivid, anxious dreams.

Incomplete intermittent, fever often at night, thirst only during sweat; sweat at the beginning of sleep.

Inflammatory swellings with burning, lancinating pains; dropsies; atrophy; burning, corroding discharges.

BAPTISIA.

Throbbing of heart, whose pulsations seem to fill the chest.

Aching in limbs from his finger ends to his toes. Entire system feels weak and languid.

Excessive drowsiness, restless sleep with vivid, frightful dreams.

General fevers more than intermittents.

Prostration, with disposition of fluids to decompose; discharges and exhalations fetid.

Rhus has too much of an erethistic character to be compared with Baptisia; we find nowhere in the Sumachs that blood decomposition so characteristic of the latter; in the secretions we find acidity instead of fetor, and notwithstanding its paralytic tendencies, we meet everywhere amelioration from motion, a symptom which we could not expect in the extreme prostration of Baptisia.

The number of drugs which devitalize and decompose the blood is a large one; we need only mention the snake poisons and the Carbons, and still what a difference is between them, how each preserves its own individuality. Compare the putridity of the vegetable charcoal with the putrefacient power of the rattlesnake, and this again from the erethistic Lachesis and Naja. How the different mineral acids, of such great value in zymotic diseases, show their individuality and cannot be taken hap-hazardly one for the other. It is just this individualization of the drug which we miss in all our works on *Materia Medica*, and then we need

a comparative *Materia Medica* to point out their modalities. Such works are far more the need of the day than these continual squabbles on account of high or low potencies; such works would convince everybody of the great benefit inherent to Homœopathy, and that these can only be available by relying strictly on the law of similarity, and by prescribing carefully according to it.—*North American Journal for February.*

EUPATORIUM PERFOLIATUM.

FROM THE SECOND EDITION OF THERAPEUTICS OF INTERMITTENT
FEVER.

BY H. C. ALLEN, M. D.

CHARACTERISTIC.—Adapted to diseases of old people; worn out constitutions from inebriety.

Pains; osteocopic, affecting the back, limbs, head, chest, particularly the wrists as if dislocated, the eyeballs; the more general and severe the better adapted. Like Bryonia, they are accompanied by headache, constipation and pain in hepatic region, but here the similitude ends.

In Bryonia, the perspiration is profuse, easily excited by motion, and the pains compel patient to lie still upon the painful side.

Pains as if broken; come quickly and go away as quickly (reverse of Stan.).

Vertigo; sensation as if falling to the left (cannot turn the head to the left for fear of falling, Col.).

Followed well by Natrum mur and Sepia.

Aggravation. Motion; drinking; uncovering.

TYPE.—Tertian; double tertian; rarely, double quartan, and then only when changed from original type by Quinine. All types may be cured by it. Anticipating.

TIME.—7 A. M.; 7 to 9 A. M.; 7 to 9 A. M. one day, lighter chill at 12 M. next day; 10 A. M.; 12 to 2 P. M.; 5 P. M. Will

cure without reference to time, when totality of symptoms are present.

PRODROME.—Insatiable thirst, but drinking causes nausea and vomiting, and hastens the chill. Sick stomach and thirst night before paroxysm. Thirst, sometimes for warm drinks (Casc., Ced.), from one to three hours before the chill; he knows the chill is coming because, "he cannot drink enough" (knows chill is coming because she is thirsty, Caps., Cinch., Nat. m.); yawning, stretching, pain in cack, especially above right illium, and the bones of extremities as if broken. Colicky pain in the upper abdomen (Coc.); painful soreness of the eye-balls. must be covered, before and during chill (covered during entire paroxysm, Nux v.). Hungry, (Cina).

CHILL.—With intense thirst; but drinking water increases the nausea, and causes bitter vomiting (drinking causes vomiting, Ars.—drinking increases the chill—Caps.). Chilliness with excessive trembling and nausea (from the least motion). Chilliness in the morning, heat throughout the whole day, but no perspiration. Chill may leave for a few minutes and return again, but no heat in the interval (reverse of Ars., which has alternate chill and heat). Shivering increased by motion; tense throbbing headache; pain in back and bones of extremities; moaning with pain; distressing pain in stomach and spleen. Yawning and stretching; more shivering than the degree of coldness warrants. Must be warmly covered (Nux. v.). Begins in or may spread from the back, or run up the back, (begins in back between the shoulders, Caps., Polyp.—begins in lumbar region, Eup. purp. Lach.). At close of chill nausea and vomiting of bitter fluids and bile, aggravated by drinking, or after every draught vomiting (Caps.—sour vomiting at close of chill, Lyc.).

HEAT.—Preceded by thirst, which is often felt most between chill and heat (Ars., Cinch.), or there may be little thirst, when cephalalgia and bone pains are increased; trembling, faint from motion; great weakness; cannot raise the head while fever lasts; cheeks mahogany red; throbbing headache; internal soreness from head to foot, all over

the body (Arn.); sleep with moaning. Seldom any nausea during this stage, but bitter vomiting (sour vomiting, Lyc) occurs at close of heat if absent at close of chill. Heat and lachrymation. Much shivering even during heat. "*A swallow of water will make him shiver*" (will make him shudder, Caps.). Pain in scrobiculus cordis. Fever in the forenoon, preceded by thirst early in the morning, but no chill; attended by fatiguing cough, and not followed by perspiration.

SWEAT.—Generally scanty, or absent altogether, in which case the *headache continues for several hours after the fever is gone* (Ars.). When there is much perspiration, *it brings relief of all pains except cephalalgia*, which is increased (sweat relieves all pains, Nat. m.). *Coldness during nocturnal sweat* Perspiration; at night giving no relief; during sweat the slightest movement of patient, or jar of bed, will cause transient chill to run through the frame, especially along the back on uncovering (Nux. v.); not debilitating if profuse (reverse of Cinch. and Carb. v.) *When chill is severe, sweat is light or wanting and vice versa.*

TONGUE.—Coated white or yellow. Taste, insipid, bitter; food has no taste (Dros.). Desire for ice cream; thirst. Paleness of mucous membrane of mouth (Fer.). Cracks at the commissures of the lips (Nat. m.). Canine hunger after Quinine.

APYREXIA.—*Imperfect; very little remission.* Jaundiced hue of skin and conjunctivæ; *loose cough*; if any sweat, it is attended with chilliness and worse from motion and uncovering. *Bone pains are present in every stage, and only gradually disappear with disappearance of sweat*, feels worse morning of one day, and afternoon of next. The severity of vomiting has relation to the time of eating; the nearer the meals the surer to vomit: first of ingesta, afterwards of bile, which is usually bitter. "*Eupatorium perf., both by its pathogenesis and clinical verification in practice, is one of the most valuable of the Materia Medica in the treatment of western intermittents.*"—J. S. DOUGLAS.

To this statement I would add that its efficacy is not

bounded by latitude. Sometimes it corresponds to the genus epidemicus, and will alone cure every case, particularly if occurring in autumn. It vies with Arsenicum, Cinchona and Natrum mur, as one of our sheet anchors in this disease; its symptoms are "clear-cut" and well defined; its action prompt and decisive. It has cured in all potencies from tinct. to cm. "Eupatorium has been a favorite remedy with the most successful practitioners where remittent and intermittent fevers have prevailed epidemically in *miasmatic districts, along rivers, at fisheries, on marshes*, and their several neighborhoods."—C. J. HEMPEL, *S. C.*, I., p. 696.

EUP PURP.

Type.—Double tertian.

Time.—Different times of day.

Prodrome.—Bone pains in arms and legs. Dry, hacking cough in spells.

Chill.—No thirst, or thirst for lemonade and acid drinks. Chill begins in lumbar region, thence extends over body. Nausea as the chill is leaving, but no vomiting.

Heat.—Long-lasting; thirst, bone pains, as the heat is passing off (Cina., Cinch.)

Sweat.—Chilly, when changing position ever so little during sweat.

Apyrexia.—Vertigo, with falling to the left.

Urine; profuse, urging, scalding.

EUP PERF.

Type.—Tertian.

Time.—7 to 9 A. M. one day; 12 M the next.

Prodrome.—Thirst several hours before, with bone pain and pains in back.

Chill.—Great thirst for cold water. Chill, with bone pains, pains in back, gaping, stretching, throbbing headache. Bitter vomiting at close of chill. Drinking hastens chill and causes vomiting.

Heat.—With sleep; moaning, increased headache. "A swallow of water will make him shiver." (Caps.)

Sweat.—Bone pains disappear with disappearance of sweat.

Apyrexia.—Jaundiced hue; great weakness; anæmia. Light chill and profuse sweat, or shaking chill, and light or wanting sweat.

PRACTICAL NOTES.

BY S. L., NEW YORK.

1. G. S., 25 years old, compositor and steady at his work, took it in his head to quit work and instead of paying his board to his mother, whom he tenderly loved, squandered his former earnings and his savings. No entreaties of his mother changed his mind, he was full of grand, wise ideas; labored under the delusion that the world is coming to an end and that he is appointed the judge over mankind. During all these four months he steadily lost flesh, though his appetite was enormously increased, quantity he wanted, not caring for quality. His mother brought him before my clinic, and on account of the last symptom he received Iodum, 200, three powders; one each night and placebo's. These placebos, he took for three weeks and his mind has fully regained its balance.

We find under Iodum ill-humor, aversion to work, fixed, immoveable thoughts, but here instead of the mental symptoms; it was the physical symptom; voracious appetite and increasing emaciation, which led to selection of the remedy.

2. J. M., 80 years old, has nearly every winter a bronchial catarrh, easily relieved by the usual treatment. This year it seemed more stubborn and failed to yield. The poor old man could not lie down; as soon as his head touched the pillow, a spasmodic cough-paroxysm set in, and after all he expectorated only a little phlegm. After the paroxysm he fell from sheer exhaustion into a dose, his head resting on his hand, as leaning backward would also produce cough, though less severe. During the day he felt moderately comfortable, but weak and feared his end was close by. After the failure of many remedies the study of our *Materia Medica* led us to *Croton tiglium*, 200, which has among its symptoms (Clotar Müller); cough much worse at night when lying in bed, compelling the patient to jump out of the bed and sleep in a chair or to walk about the room on account of sense of suffocation.

We find this symptom neither in Allen, Hering or Lippe, but we can vouch now for the accuracy, for the first night after taking a powder of Croton father M. remained the whole night in bed and slept good, as the few light paroxysms did not disturb him. Without any other medicine he is now fully recovered and enjoys his life again.

 DR. SWAN REPLIES.

MR. EDITOR:—In the article "Clinical Reflections," in the January number of *THE ADVANCE*, the writer refers to a "specific for nose-bleed, *which it was asserted, would cure all cases.*"

No such assertion was ever made. In an article in the November number of the *Homœopathic Physician*, I referred to a drug which I had found efficacious in every case of epistaxis that I had treated. There was no claim for a specific, for I do not believe in specifics—except that a drug may be called a specific for a case, in which all the symptoms are covered by the drug action. I like *honest* criticism, but do not think it honest to put words in the mouth of another, that were never expressed, and then attacking him on the falsehood. Of course his statement will be read by hundreds, who will never know that it is not true. The same writer sometime since stated that I claimed that the potentization of morbid products made them *Homœopathic to any disease*. What I did say, was, that it *made it Homœopathic to the disease which produced it*, and Hahnemann is my authority for that.

SAM'L SWAN, New York.

 BOOK NOTICES.

RECEIVED: *Uterine Therapeutics*. By HENRY MINTON, M. D., A. J. Chatterton, Publishing Co. New York.

COUGH AND EXPECTORATION: A Repertorial Index of these Symptoms. Edited by E. JENNINGS LEE, M. D., assisted by GEO. H. CLARK, M. D. A. L. Chatterton. Publishing Co., New York, 1884.

A MATERIA MEDICA OF DIFFERENTIAL POTENCY. By B. F. UNDERWOOD, PH. D., M. D. A. L. Chatterton Publishing Co., New York.

A TREATISE ON INTRACRANIAL DISEASES; inflammatory, organic and symptomatic. By C. P. HART, M. D. Published by F. E. Boericke, Hahnemann Publishing House, Philadelphia.

AN OBSTETRIC MENTOR; a handbook of homœopathic treatment required during Pregnancy, Parturition and Puerperal Season. By CLARENCE M. CONANT, M. D. A. L. Chatterton Publishing Co., New York.

HARVARD AND ITS SURROUNDINGS: Published by MOSES KING, Cambridge.

This small volume of 100 pages is profusely illustrated, and gives an admirable history of this first American college. Price, \$1.

KING'S DICTIONARY OF BOSTON: With an historical introduction by GEORGE E. ELLIS, D. D.

This volume of 518 pages gives a very complete history, both past and present, of Boston and its institutions. It is apparently free from the suspicion of being "written up" for the benefit of its advertising patrons. We wish we could say as much of many similar works of other cities.

PRESIDENT'S ADDRESS MEDICO-CHIRURGICAL SOCIETY, NEW YORK: By DR. E. P. FOWLER, pp. 34.

This address was delivered in 1882, and we have long waited for the opportunity to give it the notice it deserves. This we cannot do even now as we have not the requisite space. The abilities of the author are unquestioned and he has exhibited them to both good and poor advantage in this address. His labored attempt to demolish Homeopathy or at least to prove the teachings of the Organon fallacious is not likely to do much injury with studious and thinking minds, but this address may, if read, mislead those who depend upon others to do their thinking. If all the doctor says is true, it simply leaves us in the quagmire pretty much where Hahnemann found medical science and art when he came into the world. This will not do for we know that the Organon has done much to lift us out of the bog and to place our feet on solid ground.

HOMŒOPATHIC PRACTICE AND PRINCIPLES OF MEDICINE: By W. H. DICKENSON, M. D., Professor of Theory and Practice of Medicine in the Homœopathic Medical Department of the University of Iowa. Mills & Co. Des Moines.

Our examination of this work has been done with unusual care. We desired to be fully acquainted with it before offering any opinion as to its value. We do so now, believing that we are warranted in giving it our heartiest commendation. With so much excellent medical literature crowding the market, it is no small matter to offer the public a book so comprehensive and important as this. The author, however, after several years experience as a med-

ical teacher, is well qualified to write upon medical practice, and we believe that he has given to the profession a first-class practical treatise. Its 730 pages are well filled besides being well printed and substantially bound. We shall give it a foremost place among our text-books on practice, and have no hesitancy in commending to our readers as representing in the main the best of modern scientific methods in treating disease. As a work on general practice we have extant nothing better.

ST. NICHOLAS. Edited by MRS. MARY MAPES DODGE.

The *New York Tribune* once said: "In the avalanche of immoral literature that threaten's the children, some strong, vitally wholesome, and really attractive magazine is required for them and *St. Nicholas* has reached a higher platform, and commands for this service wider resources in art and letters, than any of its predecessors or contemporaries." The reference to the wide resources in art and letters commanded by *St. Nicholas* was never more fully illustrated than by the extraordinary list of attractions which that magazine announces for 1884. The following will be some of the leading contributors: Louisa M. Alcott, Captain Mayne Reid, Maurice Thompson, Charles Dudley Warner, Elizabeth Stuart Phelps, Julian Hawthorne, Mary Mapes Dodge, Rose Hawthorne Lathrop, George W. Cable, Susan Fenimore Cooper, "H. H.," W. O. Stoddard, J. T. Trowbridge, Hjalmar Hjorth Boyesen, Frank R. Stockton, Joaquin Miller, Mrs. A. D. T. Whitney, Celia Thaxter, Lieut. Frederick Schwatka, E. S. Brooks, Chas. G. Leland, John G. Whittier, C. P. Cranch, and scores of other distinguished writers. The best artists and engravers illustrate the magazine. It has been truly said that the reading of *St. Nicholas* is "a liberal education" for the boys and girls who are fortunate enough to have it. In no other book or periodical is instruction so happily blended with recreation and amusement. The price is \$3.00 a year, or 25 cents a number.

A DIGEST OF MATERIA MEDICA AND PHARMACY. By ALBERT MERRELL, M. D. P. BLAKISTON, Son & Co., Philadelphia.

In some particulars this is the most remarkable work on *Materia Medica*, which has appeared in years. The bold innovations, and the advanced positions so frankly assumed by the author, will make it a ready target for criticism. If favorably received and fairly tested they will revolutionize the therapeutics of the Allopathic school. In the preface the author says: "Truth is the property of no one school of medical philosophy, and as each possesses special merit, it is the duty, as it should be the pleasure, of progressive and concientious physicians to dispassionately examine all remedies and

curative methods and exercise in perfect freedom the right to adopt such as commend themselves as useful for the cure, palliation, or prevention of disease. In this spirit this work has been written, and though not willing to unqualifiedly indorse any single dogma of existing schools it is conceded that to fairly determine their relative merits, the special remedies and methods of each should be employed, whether what is claimed as their fundamental principle is admitted or not." He has also found the common sense proposition enunciated by Hahnemann about one hundred years ago, that "a definite knowledge of their action can only be obtained by the employment and study of drugs singly, i. e. not mixed with one another as in the conglomerate pharmaceutical compounds of the day." He honorably gives Hahnemann credit for the preparation of remedies by trituration and recommends the decimal triturations from the first to the tenth. This is, according to many in our school, the limit of drug power, the line at which the microscope ceases to detect the presence of the drug. But he not only advocates the single remedy, but says, "it should be administered in small doses, repeated until the desired effect has been produced, and then withdrawn." Doctor Merrell should have taken one step further and advocated the proving of drugs on the healthy as the only rational basis for a *Materia Medica*. Perhaps he will do this if a second edition be called for. Now it only remains to be seen whether such *outsoken* (not unheard of) innovations in the practice of ancient physic will be accepted and adopted by the profession, as facts, on the author's *ipse dixit*, or whether he will be disciplined by the American Medical Association for his presumption.

EDITOR'S TABLE.

DR. R. B. RUSH, of Salem, O., made us a brief visit, and looked over the University, and especially the Homœopathic Department.

J. P. SUTHERLAND, M. D., appears as the new editor of the *New England Medical Gazette*. If he had not already been there some time *incog.* we might extend congratulations, as it is we wish him and his Journal success.

DR. R. G. DEPUY, of Jamestown, Dakota, against whom a huge black-mailing scheme was set up, has come out triumphant before the courts and is receiving the congratulations of his friends. The papers call for the speedy punishment of the black hearted conspiritors.

DR. FOOTE'S POTENTIZEE. This is a new instrument invented

by Dr. Geo. W. Foote, of Stamford, Conn., and is warranted to make the highest attenuations on the Hahnemann Centesimal scale with great celerity and exactness. The Doctor will tell you all about it if you write him.

INDIANA INSTITUTE OF HOMŒOPATHY. This long established and model society, will hold its Eighteenth Annual Session in Indianapolis, on April 30 and May 1st. Our readers will do well to make a note of it, and when the time comes take it in by all means. Our Hoosier brethren never miss fire.

THE St. Louis Periscope, of Homœopathic Medicine and Surgery a monthly journal edited by Prof. E. C. Franklin, A. M., M. D. The initial number first received promises well for the new venture. We have no doubt the editor and publisher are competent to give their patrons their money's worth. We heartily wish them success.

THE NORTH AMERICAN REVIEW, for February, maintains the excellent reputation of this standard periodical. It addresses itself to thinking men in every walk in life—to all who would reach well-digested, non-partisan conclusions on subjects of public interest, it is invaluable. It has the reputation of impartially presenting both sides of the question, thus insuring the broadest view of all matters in controversy, and enabling the reader to judge understandingly, on which side in the conflict of opinion, the truth lies.

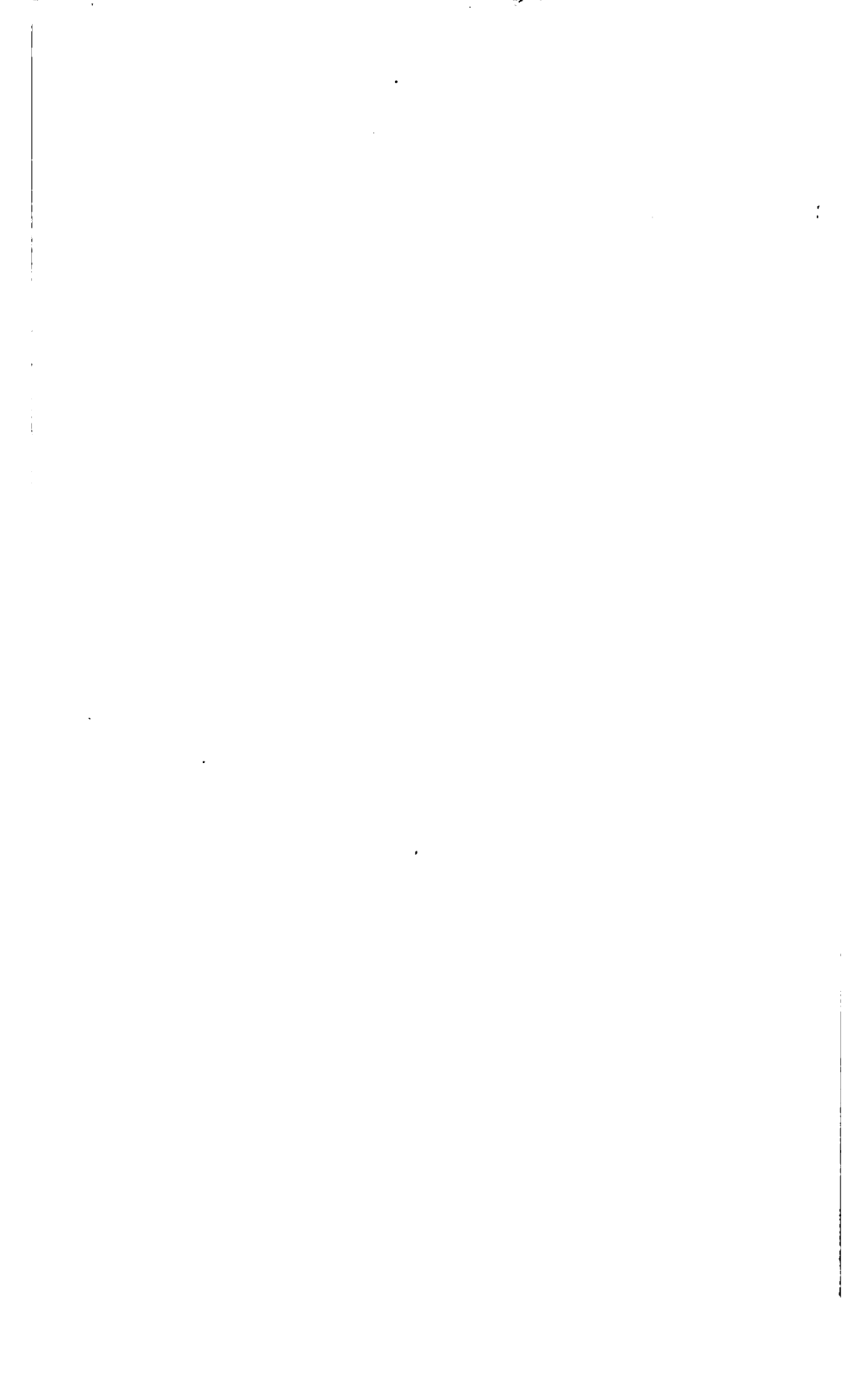
DR. McLAREN, of Detroit, reports a case, (see page 362) of dysmenorrhœa, in which there are no symptoms. This case must be anomalous. Hahnemann says: "It is as impossible to conceive as to demonstrate by human experience that, after the removal of every symptom of a disease embraced in the totality of perceptible phenomena, anything but health should, or possibly, could remain, or, that after such removal the morbid process of the interior could still continue to be active." *Organon* §8. If the Doctor will carefully and prayerfully study the taking of the case" (*Organon* §83—110 inclusive) and Dunham's anamnesis, he never will see another case of disease *without symptome*.

NO MORPHINE. In a letter of recent date Dr. F. H. Orme says: "I believe you know that my injuries were an oblique fracture at the middle of the right humerus, and an oblique and comminuted fracture at the surgical neck of the left humerus. This latter was exceedingly painful, and difficult to manage, and required the fourth setting before I was satisfied with it. Although the suffering was terrific and long continued, and although advised by physicians to take narcotics, I determined to go through without them, and *did so*. I made a more satisfactory recovery in consequence, and avoided

the danger of the "opium habit" which is so popular. Am now in my usual health, with a little increase in weight, and friends tell me I "look better than ever."

"*The Century* has the effect of greater luxury in editing than any of the rival magazines."—*The N. Y. Nation* and *Evening Post*, Dec. 6, 1883. "From the very start this magazine boldly took up a forward position, and it has boldly and splendidly maintained its place. With each number has been clearly manifested its aggressive and intelligent enterprise, and far-reaching have been the results. During the past year, *The Century* has outdone its former work in almost every one of its departments. Some of its engravings have been amazingly fine; several of those in the December number are particularly so—the portrait of Peter Cooper especially. And its reputation has been, to our mind, as much widened by its improved excellence on the literary side as on the artistic.

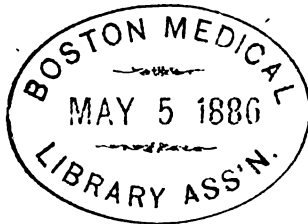
AMERICAN PHARMACY ABROAD.—The aggressiveness of American enterprise received a very striking illustration at the late International Pharmaceutical Exhibition held at Vienna, in the display of products from the laboratory of our energetic countrymen, Messrs. Parke, Davis & Co., of Detroit, Michigan. We notice in the reports as published in the domestic journals, and from the special correspondence of foreign journals, that this display while exciting much interest from its scientific features, attracted more than ordinary notice from its artistic beauty and finish among the non-professional visitors. This lay interest was, doubtless, largely due to the special attention given the display by the Emperor and the Archduke Karl Ludwig. These royal visitors manifested unusual interest in this exhibition of American taste, and took occasion to especially compliment the firm, through its representative, on its enterprise and skill. We congratulate Messrs. Parke, Davis & Co. on the distinguished recognition of the artistic excellence of their laboratory products. Their intrinsic worth needs no commendation from us; this has long been conceded by the profession. The gold medal awarded them by the Vienna Exhibition is but an endorsement of the esteem in which this scientific commercial house is held in this country, where it is best known.—*Hall's Journal*. The writer of the above might have added, had he known the firm as well as we do here at home, that as manufacturers they are not only *enterprising* but *honest*. The utmost care is taken, especially in the preparation of their *Normal Liquids* to secure uniformity of strength and quality. The members of the homœopathic profession who find it necessary to use fluid extracts, will find these much more reliable.





Eng^d by Geo E Perine N. York

Wm Geo Helms



T. P. WILSON, M. D.,
EDITOR.

PHIL PORTER, M. D.,
GYNECOLOGICAL EDITOR.

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H. C. ALLEN, M. D., Business Manager.

THE WORLD MOVES.—The *College of Physicians and Surgeons*, of Detroit, has decided to take up the *Organon* for consecutive study. This is a step in the right direction. By a careful discussion of the principles of the *Organon*, and the study necessary to enable them to discuss it understandingly, many of the members may be enabled to see new therapeutic light. And we sincerely trust that the study will enable them not only to *see* new light but to *practice* it also. There are other homœopathic societies that might with advantage follow this example. If we are to judge by their practice, so far as many members are concerned, the *Organon* might as well have been written in Sanscrit. It, however, requires something more than a simple reading, something more than a discussion: it demands years of study ere it is mastered. A student would be poorly prepared for an examination in mathematics who had only *read* Euclid's Geometry. It must be studied. After fifty years of

hard and original work by the most careful observer the medical world has yet produced, the *Organon*—the foundation stone of the science of therapeutics—is given us as the result of his experience. Hering, Dunham and Haynel quenched their thirst at this fountain. Guernsey and Bayard and Wells take counsel from its teachings. Lippe says: "It is now over fifty years since I first read the *Organon*. I just begin to comprehend it."

And it is possible that even Hahnemann "builted wiser than he knew," when he gave us its almost prophetic instruction.

Take for example his masterly advice how to examine a patient, which at the time it was written was an unheard of innovation in the history of Medicine.

"In chronic diseases the investigation of all symptoms should be conducted as carefully and circumstantially as possible, and made to penetrate the minutest details, because they are most peculiar and most unlike those of acute affections, and also because they can never be too accurately considered for the purpose of successful treatment. Again, chronic patients are so inured to suffering, that circumstances however *characteristic and decisive in the selection of the remedy*, are rarely if at all, mentioned by them, but rather considered as a part of their unavoidable condition. It rarely occurs to them that other small or great deviations from the healthy condition, might be connected with the main disease.

"A physician *accustomed to exact observation*, may approach the true condition of an *epidemic* so closely that he is enabled to construe a *characteristic image* of the same, and even to discover the appropriate homœopathic remedy.

"By writing down the symptoms of several cases of this kind, the sketch of the disease will gradually become more complete; without being enlarged by *additional phrases*, it will be *more closely defined* (more *characteristic*), and made to embrace more of the peculiarity of such collective diseases. General signs, such as want of appetite, sleeplessness, etc., are specified and defined. More prominent and special

symptoms will be made conspicuous by proper notation and constitute the *characteristics of the epidemic*.

"When all the prominent and characteristic symptoms, collectively forming an image of a disease, have been carefully committed to writing, the most difficult part of the work will have been done."

"The search for a remedy consists in the *comparison* of the totality of the symptoms (of the sick), with the symptoms of our proved drugs. In making this comparison, the *more prominent, uncommon and peculiar* (characteristic) features of the case, are especially and almost exclusively considered and noted; *for these in particular should bear the closest similitude to the symptoms of the desired medicine*, if that is to accomplish the cure. More general and indefinite symptoms, such as want of appetite, headache, weakness, restless sleep, distress, etc., unless more clearly defined, deserve but little notice on account of the vagueness."

To thus examine a patient and carefully record the symptoms is the most difficult part our work. To simply write down a train of symptoms is of little use to the physician or patient. But the difficulty consists in selecting the symptoms which are *guiding* or characteristic of this particular case. Dunham says: "To select the remedy after a masterly examination and record of the case is comparatively an easy matter." But to take the case after the method of Hahnemann, requires a greater knowledge of the natural history of disease, of human nature and of the *Materia Medica*, than is possessed by most of us.

But it has been said that this method is "impracticable," "inconsistent with our modern business ideas," "would be impossible to do a large business if we wrote down the symptoms, etc., etc." Just here is where Hahnemann was right, and we are wrong. That it is exact and scientific, no one will deny. Can it be put into successful practice? There is the rub. Those who have tried it, do a large business and pronounce it a success. It is the first attempt to reduce the practice to a systematic basis. Our Oculists have adopted it

in their measurements of vision. Our general practitioner has established his *office hours*, and to those who will give Hahnemann's method a trial, we predict its adoption. It is not only the most accurate, most scientific, but by far the most expeditious method ever yet proposed. It will do away with routine prescribing. It will be the death-knell of alternation. It will kill the gigantic fraud known as "dilutionism," because under this plan our practitioners will learn Hahnemann's great lesson that it is upon the *selection of the remedy*, not the dose—the perfect simillimum, not the attenuation—that the cure-work depends. H. C. A.

THE DYNAMICS OF SANITARY SCIENCE.

OR THE RELATION OF THE NATURAL FORCES TO THE ETIOLOGY
OF EPIDEMICS.

BY E. B. EGLESTON, M. D., MT. VERNON, O.

[Concluded from the January No.]

Among the various circumstances which may excite or depress the evolution of electricity within the body, may be mentioned the ingestion, or not, of proper quantities and qualities of nutriment; its perfect or mal-digestion and absorption; its complete or incomplete assimilation; the prompt rejection or retention of waste, and the conservation of the force so generated. These are important matters in view of the high or low degree of resisting power which is their immediate result, because the body will well or ill endure the exciting or depressing external influences accordingly. The living body is electrically positive, and so is the atmosphere. It may be taken for granted that if the evolution of positive electricity in the animal body is normal in degree, then, the atmosphere being electrically positive also, no antagonism exists between them. But an electrically positive extreme imposed upon an already positive object at a mean, must impart to it of its abundance, until no antagonism exists;

hence the object becomes positively charged to an extreme degree. So, likewise, if a positive influence of low degree be brought to bear upon an object at a mean, the influence withdraws force from the object until their antagonism disappears, with the result that both are below a mean. The inference is plain, that the human body being overcharged with positive electricity from an extremely positive atmosphere, or having its norm degraded by an atmosphere of low tension, loses in resisting power and falls an easy victim to pestilential influences. For, whatever may be claimed and admitted as regards extreme conditions of the atmosphere, it is beyond question that animal existences are conditioned to a mean.

In general, much that is true of positive atmospheric electricity, is also true of negative Terrestrial Electricity. But in special terms marked differences exist, and notably so as regards the relations of the latter with animal life. Here there are no antagonisms, but there are reciprocities. In the former case we observed a struggle, so to speak, between varying degrees of a positive force, a struggle for equalization; but in the latter we have to deal with both positive and negative states, and the struggle is for an equilibrium. It is to be presumed that the positive electricity of a living animal body at a mean bears a close reciprocal relationship with the negative electricity of the earth upon which he stands, at its mean. As long as the equilibrium prevails, or is modified only by a wave-like oscillation which represents the inherent elasticity of the polar forces, no marked disturbances may occur on this account, but once the boundary of elasticity overreached, and the struggle begins. The animal frame, evolving positive electricity and receiving in kind from the atmosphere, may evolve too little or receive too little, on account of depressing conditions in both, to preserve an equilibrium; or the negative states may be overpowering, or so small in degree as to almost lose their counterbalancing power; in either case, the loss of equilibrium is the loss of the conservative element which is the

prime condition of a healthful animal existence. There being given, then, such conditions of least resistance, on which are imposed other material or immaterial elements of excitement or depression, are not the requirements of pestilential activity more or less completely met?

In the reciprocal relations existing between the electric states of the earth and its atmosphere there are elements which may assist to a comprehension of this matter. In the outset it is fair to assume the existence of an equilibrium between these forces. Having previously assumed the possibility of a state of equalization between a positively electrified animal body and a positively electrified atmosphere; and that an equilibrium may exist between a positively electrified living animal body and the negatively electrified earth upon which he stands; and that modifications of these conditions which tax the powers of resistance beyond a certain degree are prejudicial to animal existences, we now inquire as to the probable effect of fluctuation in electrical reciprocities. A chief characteristic of electricity is its instability—that is, it is in a state of constant fluctuation, or ebb and flow. Now if, as seems to be the fact, it be generally accepted that solar heat is positive electricity, then it follows that the earth in absorbing the heat rays become less and less negatively electrified, while at the same time the objects upon its surface become more positively electrified. Whether it might be within the range of natural possibilities that the unbroken accession of positive electricity through the solar heat rays would at least neutralize negative states, may not be a question based upon strictly legitimate premises, but common observation gives the hint for the extended idea, in the arid, treeless desert; in the drooping, stunted, fruitless vegetation in times of drought; and in the lassitude, weakness and prostration, mental and physical, of all animal life, which obtains in seasons of excessive dryness. Whatever the possibilities may be, the fact is that the universal regulator, moisture and its evaporation, are happily always present in some degree, so that the tendency toward an equili-

brum finds in it a means for its accomplishment. The positive heat rays are poured upon the negative moist earth, but instead of being absorbed, a large proportion is carried back by the vaporization of water, the absorption of the residue being within the limit of excess. Other factors are at hand as means to preserve an equilibrium: Darkness—or the absence of solar rays; so much of positive electricity as has been absorbed during the presence of heat rays is parted with again to the atmosphere, to further evaporation, and to the uses of organic formations; vegetable growth, vast quantities of electrical energy being exhausted in these processes. Students of meteorology are well aware that during what is known as *high barometer*, or high pressure, when cooler purified air is being poured down upon the earth's surface from the upper regions, that a more highly positive condition of the atmosphere obtains. Of course, then, the upward currents, which are displaced, and which are loaded with moisture and poisonous materials, have had their positive state neutralized, and the more so the longer the air has remained in contact with the earth's surface. There being portions of the earth's surface whose meteorological state is that of perpetual high barometer, others that of perpetual low barometer, still others where it is periodically high or low, and again others where there is constant fluctuation, it may be appreciated, by inference, at least, what a tremendous tax is laid upon animal life, the resisting powers of which are conditioned to a mean. The animal whose habitat falls within range of these barometrical variations might become habituated, doubtless, to the new condition if it were perpetuated sufficiently, but just there is the difficulty, it does not perpetuate itself; but instead, this extreme may be followed almost immediately by the other. Under such conditions animal life necessarily loses in resisting power. There being given, then, the struggle of animal life to equalize its electric state with that of a positive atmosphere; its struggle toward an equilibrium with the negative electric earth; its struggle to maintain harmonious relations with

the fluctuating high and low degrees of electric tension which exist between the earth and atmosphere; then if to these conditions there be added other elements which shall prejudicially excite or depress, are not the predisposing factors for epidemic activity present in a degree that shall determine an outbreak?

As preliminary to a study of the effects of electricity upon an animal body, it must not be forgotten that it is charged positively to its norm, and in that state its charge is not phenomenal, becoming so only as the charge is increased or decreased, so that its range is above or below the norm. Let it be borne in mind, also, that it is only positive electricity which is appropriated, the effect of negative electricity being of a neutralizing character exclusively.

Positive electricity has the property of a general stimulant. Like other stimuli, the stage of excitement, from either an overdose or a too prolonged application of it, may run over into spasmodic action, hyperæsthesia, anæsthesia, paresis or paralysis. It may be inferred that active or hyperasthenic inflammatory affections are made possible, because the body is electro-positive in excess. On the other hand, negative electricity has the property of a general depressant. Under its action, and because of its abstracting power, all of the bodily functions are performed less vigorously in proportion to the loss of positive power. It is to be inferred, then, that when adynamia, zymosis and sepsis characterize the type of prevailing diseases, it is because the conditions are—*not* electro-negative, but of a positive grade below the norm, and that in proportion to the abstraction or neutralization of positive electricity.

In making these distinctions I hope it is observed that emphasis is laid upon this proposition: That no such thing as a negatively-electrified living animal body exists or can exist. It is as well to say that under certain circumstances the absorptive and secretory organs have exchanged their functions; as well to say that the circulatory fluids are interchangeable, as between arteries, veins and lymphatics; or

that the biliary secretion may act as a solvent of albuminoids. Such anomalies have no existence; then why the claim that so anomalous a phenomenon may present itself as that of a being which has a prime condition of its existence an electro-positive state, may under any sort of circumstance, have its prime condition changed to a diametrical opposite?

The process of abstraction or neutralization of positive electricity results in chemical changes, which are those of decomposition—dissolution; hence they are electrolytic, and are representative of diseases of degenerative type. It is true that over-charges by positive electricity likewise result in degenerative changes, and the criticism might be urged that retrograde metamorphoses being characteristic effects of either class of phenomena, the distinction is a practicable one, but I think upon reference to some other recognized conditions it will appear to be not well-founded, for the latter will be seen to be consecutive to previous stages of exaltation. Defective nutrition or non-use of an organ eventuates in hyper-sensitiveness, functional degradation, powerlessness, and atrophy, successively; over-nutrition or over-stimulation of an organ eventuates in hyper-sensitiveness, functional degradation, powerlessness, and atrophy, also successively. Why, then, is the premise unsound, that hyper-excitation by positive electricity, and electro-positive abstraction by negative states, should each result in annihilation of vitality, and that through a series composed of the same steps, but by opposite directions? Another good illustration of the point involved may be found in the trophic changes incident to some affections of the spinal cord, the same or a similar degeneration resulting from either atrophic or hypertrophic diseases. Now mark the stage of these processes at which the peculiar epidemic disease element finds its proper nidus or the peculiar elements necessary to its development. In conditions representing the abstraction or neutralization of positive by negative electricity, it is at that point where the vital resistance is unequal to the onsetting morbid force; in con-

ditions representing electro-positive force in excess, it is at that point where the vital resistance is unequal to the onsetting morbid force. They are precisely the same.

TOTALITY AND INDIVIDUALITY.

VERIFICATIONS.

BY J. T. KENT, M. D., ST. LOUIS, MISSOURI.

CASE I.—THUYA: A lady who suffered from sycotic excrescences became reduced from repeated hemorrhages. When she would go for some time without the loss of much blood her totality of symptoms was similar to Thuya, but an exhaustive flow would add several symptoms to the original picture and mask the individuality of the true chronic disorder. One symptom in particular was a cold feeling in the left side of the head; another, cold damp feet. These would make a young man most naturally think of Calcarea, but a closer study must result in a conclusion that Calcarea could only result in a failure to cure until Thuya had removed the sycotic nature of the disorder. The cold sensation is not found under Thuya, but the case made a good recovery, because it was similar to the ruling features of the case. Now because Thuya removed the individuality of a case with the cold left side of the head, it is no sign it will even remove that symptom. It only shows that the individuality of a disease must be known; such information is best acquired by observation in the wilderness of symptomatology. The pathologist might score this as a victory for himself, but he only has learned it from a careful individualization of symptoms.

When the evidence of a chronic miasm is suppressed by acute symptoms, the acute symptoms should be removed by a remedy corresponding to the acute or last appearing symptoms, after which the individuality of the chronic miasm will be manifested by its true expressions or symptoms. These little things were well known to the great Hahnemann, and are taught in the *Organon* and *Chronic diseases*.

No Homœopathist can make a truly homœopathic prescription when the individuality of a disease is unknown, or only partly known. The individuality can only be known by observing and knowing all the symptoms. When a woman calls for treatment with a pessary in her vagina, she will most likely fail to obtain a correct remedy because her symptoms are masked or changed so that the totality does not express the individuality of the disease. The pessary should be removed, and the disease permitted to express itself in the language so well known to every true Homœopathist. After a week the symptoms will most likely express the individuality, in its totality of symptoms, and then an appropriate remedy can be found. There is no other way known. These things were all known to the great Hahnemann. The ignorant pretenders use supporters and smile at the *Organon*, and go on with their failures; they seem to glory in their ignorance of the true healing art.

The physician who does not individualize uses Morphine to stop pain and reports his ignorance to the society, having the audacity to ask what remedy he should have used. The question asked, no less than the failure, shows that he is not acquainted with the teachings of the *Organon*. Each case must be studied with a view of its own individuality. The physician who is not competent to direct the appropriate remedy is not acquainted with the individuality of his case; and with such ignorance of his case, how can even a more competent physician inform him what an appropriate remedy might be? The questioner could prescribe for his own case as a general thing if he would individualize correctly. These are the ones who are wise enough to direct remedies on their knowledge of pathology, only to fail, and then have the audacity to ask for the right remedy to be pointed out.

CASE II.—MUREX PUR: Mrs. K—aged 40, a midwife. She complained of the abdomen; she believed she had a tumor. Severe knife-cutting in region of uterus running up to left mamma; pains, undefined, running up and through the pelvis, worse lying down; aching in the sacrum, dragging

down in the uterine region as if the uterus would escape. Empty, "all-gone" feeling in the stomach. Greenish-yellow leucorrhœa, with itching in labia and mons veneris; intense sexual desire. The os uteri was said to be ulcerated and eroded, and it was sensitive to touch. The contact of the finger with the cervix brought on the sharp pain that she described as running to the left mamma. The uterus was enlarged and indurated. She had been the mother of several children; had had several abortions, and was accustomed to hard work. She had been treated locally by a specialist of acknowledged ability, and she had taken many remedies of his selection as well as from her own medicine case, all very low. Her catamenia quite normal.

To take up the important and guiding features of this case we must compare several remedies, but principally Murex and Sepia.

The cutting pain in the uterus has been found under *Curare*, *Murex* and *Sepia*, but Murex is the only one producing a cutting pain in the uterus going to the left mamma.

The "all-gone," empty feeling in the stomach is characteristic of both Murex, Phos. and Sepia.

Throbbing in the uterus, belongs only to Murex. The dragging down is common to both Murex and Sepia, but the sexual teasing only to Murex. Both have a yellowish green leucorrhœa. Pain in sacrum is common to Murex, Sepia and many others. "Enlargement of bowels" is found in *Allen* under Murex, not mentioned in Minton's *Uterine Therapeutics*. The pains in Murex go upward and through, worse while lying down. In Sepia the patient is better lying down, and the pains go around.

Murex 200, one dose was given. She was much worse for several days. Then improvement went on for two weeks. The remedy was again repeated. One year later she complained of a return of her symptoms. One dose was followed by relief, since which time she has made no complaint, but praises the individualizing method.

CASE III.—SILICEA: Frank H——, a compositor in the *Globe-Democrat* office, St. Louis, came to my office to have a tumor removed by the knife. It had been removed twice and was called a *recurrent fibroid*. It was the size of a hen's egg, and very hard, located in the left side of the neck, not connected with the parotid, though growing a little below it. I advised him to give me time to prepare him for removal. I took his symptoms and found that he was better by wrapping up even the head. He was timid in going into a new enterprise, though abundantly able to perform the task. *He lacked confidence in his own ability, yet when he had begun he would do well.*

He took Silicea, 5m., April 1, 1883. Six weeks later he called, and the tumor was reduced one half. Sil. 72m. dry, one dose. Six weeks later almost gone. January 23, 1884, Sil. 72m., one dose. The tumor has disappeared. This prescribing has been commented on by a large number of friends, who think the one dose business a mystery. He got no Sac. Lac., as I had his confidence. I did not prescribe for the tumor, but the patient. My prescription could not have been different had the tumor not been present.

The tumor was not included in the totality of symptoms as it was not a symptom; it furnished no part of the guide to a remedy. The symptoms expressive of the whole state existed prior to the tumor, and it was the language of this pre-existing state that I must read, as out of this pre-existing state grew the tumor. I must interpret the language or expressions of *cause*, not *effect*. The man who is guided by pathology can use the knife. To use the knife is but to acknowledge one's ignorance of a method, by which he can avoid cutting.

CASE IV.—PHOSPHORUS: Mrs. G——, widow, 42 years of age, was afflicted with periodical attacks of Choreic Spasms. I called at the house one day and removed a tumor from the hand of her mother, and the excitement brought on the most intense spasmodic jerking of the whole body. *Whenever a thunder storm is raging she has these attacks*, said her mother.

They last two or three hours. I administered Phos. 5m. dry, one dose. Thunder does not affect her now. She never had another attack. Her whole constitution and mental state have changed. She considered herself an invalid and expected no relief.

CASE V.—SEPIA: Mrs. K——, a married woman, 28 years old, came to me from the country, with what a gynecologist had called a prolapsus. She was a tall, slim woman, otherwise in good health. She was wearing a Hodge pessary. She could not walk or stand long without her “ring.” She came to the office in a carriage. I removed the ring and gave her Sac. lac. At the end of a week I had noted the following symptoms:

The urine passed slowly, and she must wait a long time for it to start. Sepia., Lycop., Arn., Hepar, Zinc, Cann., ind. She was greatly constipated, and always felt a lump in the rectum, even after stool, Sepia. She complained of a hungry, empty feeling in the stomach, Sepia, Murex, Ign. Hydrastis and many others.

She always had a bearing down in the pelvis, as if the uterus would issue from the vagina, Sepia, Murex, Lillium tig, Nux, Natr., Puls, etc. She must press on the valva with a napkin for relief, Sepia, Murex, Lillium. She often crosses her limbs to prevent the uterus from escaping, Sepia. Tall slim and fallow, Sepia. She got Sepia C. M. (Fincke), one dose dry and Sac. lac. It is three years since this case called, and she has never needed a physician since; she was an invalid before. The one dose cured her.

CASE VI.—LILLIUM TIG: The above lady went home and sent me a similar case. She called it “a case just like mine.” She was a short stout woman, dark hair and eyes. She had worn a Hodge pessary for a year. She was unable to be about at housework, without the pessary. I removed the pessary and informed her that she would need to visit my office every day for a week or so. She was given Sac. lac. and every day I noted symptoms, until at the end of a week I believed I had the symptoms that expressed the indivi-

duality of the disease. The most marked feature was her mental state. The remedy that would cure this case must have mental symptoms of prominence in its picture. She complained of a wild feeling in the head, and feared she would lose her reason, Lillium. Bearing down in the pelvis as if the uterus would protrude, Sepia, Lillium, Murex, Natr., m., Nux., v., Puls, Pod, and others. She must press on the vulva with the hand to prevent the parts from protruding, Lillium, Sepia, Murex. There were some flying pains going through the pelvis and down the thigh like those found in Lillium. She took Lillium tig. 30, for a day in water, and then Sac. one week. She had then improved so much that she had walked over the Zoölogical garden, which she had not undertaken even with the pessary *in situ*. She was sent home with a few powders of Lillium 200, to use as per instructions, viz., to be used when she felt a return of the difficulty. One year later she wrote me that she had taken one of the powders, and was keeping the others with great care. For this last case I was presented with a check of \$50, over and after the full payment for my services. The husband said it was the cheapest doctor bill he had been called to pay. One gynæcologist had receipted a bill for \$200, and this was but a small part of the "*sick expenses.*" It may not pay as well to practice pure homœopathy, but it is the honest way.

BELLADONNA IN TOBACCO POISONING.

The efficacy of Belladonna, in bad effects from smoking, was graphically demonstrated to the writer by the following incident in the army, he being at the time (1862) hospital-steward of the 27th Pennsylvania Regiment, in winter quarters at Hunter's Chapel, Va.

One afternoon the orderly sergeant of Company C called at the tent of the assistant surgeon of the regiment, the late Dr. Max Heller, almost beside himself with a furious headache. He stated that having made a bet of being able to

smoke ten strong cigars within one hour, he did smoke eight in forty-five minutes, when a furious headache compelled him to desist. Being present at the time in the tent, Dr. Heller turned around to the writer remarking: "See here, Adolphus, give him some of your pellets; I cannot do anything for him." I had a pocket case of two hundredth potencies along, and inexperienced as I was at the time, gave the man six pellets of Belladonna³⁰⁰, dry on the tongue. Within less than fifteen minutes the sergeant called again, and a more astonished face I never saw before. He protested that the pain had ceased entirely, and wanted to know what wonderful medicine I had given him. Since then I have had frequently occasion to administer Bell. for bad effects from smoking, and invariably with good success. A. J. T. in *Jan. Bulletin*.

CLINICAL VERIFICATIONS.

BY D. B. MORROW, M. D., SHERMAN, TEX.

If observant homœopathic physicians would truthfully collect their clinical experiences, the virtues of homœopathic medicine would be so well defined as to make its practise a pleasure. This they do *not* do, but are homœopathic quacks. "As much an allopath as an homœopath, using the most appropriate system, &c," read none, think little, spend most of their time telling Maunchausen stories of their wonderful cures, and never add anything to the general stock of knowledge.

CASE I.—VARIOLINUM: During the winter of 1882 and 1883, we had here a little small-pox epidemic, the allopathic city physician treated all the cases (excepting one which occurred in the practice of Dr. H. C. Morrow,) and mistreated that one, as he probably did all the others, since one-third of all the cases died.

Georgie Upton, a child of five years, not vaccinated, seized with fever and violent spasms, for which I prescribed as indicated, small-pox a square away, but no chance to take it.

The fifth day an eruption was out, saw it with Dr. H. C. M., the blisters were thick and confluent in many places, palms, soles, throat, and palate—fever subsided, and child comfortable. Only one of the family of five had been vaccinated. The mother had a child in arms; were poor, living in two small rooms; and because of the opposition in our clientage to our visiting them while attending small-pox patients, we determined to turn the case over to Dr. W. the city physician.

We had a third trituration of Variolinum, from Luytie's which had been standing uncorked in a drawer for a year, of this a small portion was dissolved in *aqua dest.* and diluted in alcohol, making a fifth potency; of this potency we gave ten drops in a small glass of water, and administered two teaspoonsful to every member of the family, and left a small bottle of Swan's c. m. m. potency of Variolinum with the request that they administer another dose before Dr. W. was called. This they did not do. And with the further request that when Dr. W. abandoned the case, this medicine should be administered, a dose each hour until better. Then a dose every three or four hours until recovery was assured, when it was to be discontinued.

The city Dr. confirmed our diagnosis; pronounced it the worst case he had seen, and vaccinated the family, and they said "it took;" but of this latter statement we are doubtful, because we have done considerable vaccinating here and have yet to see a healthy vaccine pox.

A time arrived in the progress of this case when Dr. W. said, "all that can be done for the child is nursing," and the nurse said "he can't live until morning," and went to attend to other cases. Then Mr. Upton gave the Variolinum as directed. He said that in twenty minutes after the first dose, the child was better, and in an hour he considered him out of danger; patient made a good recovery, but was badly marked about the nose and mouth. The worst feature was in the throat. There was no bad odor about the patient during dessication. Mr. U. had two very small sores on his

head, supposed to have been varioloid. None of the other members of the family had any disease whatever, while all other vaccinated parties who were exposed, had varioloid. The facts in the case made all the old women in the neighborhood deny that it was small-pox.

CASE II.—THUYA: Mrs. George Piere, wife, second husband, aged 35, sanguine, red hair, emaciated, had a severe neuralgia over, and in, and about left eye; had suffered for several weeks continually. Her allopathic doctors said nothing could be done but to take large doses of Morphine and Quinine, and to keep on taking it. The domestic doctor of the neighborhood was dosing her on Chlorate of potassa, for a sore throat. Eye bandaged, could bear no light. Relieved the pain in about five minutes by means of magnetic passes, so that she stripped off the bandage and looked straight into the flame of a kerosene lamp without pain, and had the first good sleep that night for weeks. At a subsequent visit in daylight, she said: "Now there are my hands." The palms were exfoliated, hacked, bleeding and sore. Said it must have come from vaccine some years before, when she had a very sore arm, and since then had been troubled with sore bunches about the rectum and genitalia, which one of the doctors had once removed with scissors. These were not now present. Hands and neuralgia worse ever since. Thuja 200, followed by Sulph. 200, and Arsenic 200, quite restored her to health.

CASE III.—APIS-SYPHILINUM: Letta Keam. This was a bright little girl of 5 years, enjoyed usual good health with the exception of enlarged and irritable tonsils. Had just recovered from a mild tonsillitis, when her father who was preaching in "the Territory," obtained some good scab from a good Indian brother, and on his return to the bosom of his family vaccinated them all. There was a snow fall and the family was exposed incident to packing for a move to the Territory. Mr. K. called for croup medicine, Aconite was sent. Next day was summoned to the case. Feverish, a croupy cough, tongue indicated mercury. Tonsils much en-

larged and tender, rubbed her nose, ground her teeth, and had slight perspirations. Her palms were in much the same condition as Mrs. P's, only not so sore (pityriasis palmaris). Mercurius iod. and Bell. reduced the tonsils; Kali bich. Phos. Aconite, Hepar sul. Spongia, were of no use and she died of asphyxia after fresh cold caused by "the old women removing two or three flannel wraps while she was sweaty." All the family were sick with their arms. Mere. iod. relieved them, but the other two children still had a croupy cough. At this time my attention was called to the palms which were just getting sore. It came as a watery blister, and spread until the epidermis was thrown off. On this indication I gave Apis and followed with Arsenicum. Recovery was speedy. It is probable a similar condition to the palms existed in the mucous membrane of the larynx of Letta, and that a few doses of Apis would have saved her life. The family returned to allopathy. Other cases might be narrated, but enough to show that vaccine may be *worse* than small-pox, and that Variolium in any potency is in my opinion a much safer and more certain prophylactic. There is a form of pemphigus prevalent here, looks like a pock, is often confluent, and persistently reappears. Treated a year and lost my reputation trying to cure a family of five who all had it, with non-specific medicine, becoming more disgusted than they. I gave Thuja 200, all went, but returned. I then gave Swan's Syphilinum c. m. m., a few doses, and that pemphigus was cured. The family claims it to be from impure vaccine, but the large quantity of "Old Adam" inherited may be an equally good explanation.

CASE IV.—STRANGULATED OVARY: S. Thomas, aged 25, brunette, grass widow, one child, deceased. Suffered much with pains at the monthly menses. Lay crouched up like a dog for four or five days. Severe pains in left side, which extended to back and chest, chills and a great deal of nausea. Ipecac. relieved; indicated by the nausea and a wheezy bronchial cough. Not so bad at next month, yet painful. Had a hernia at the left inguinal ring. Placed on

her back the hernia disappeared, but pain continued. Introducing my finger through the ring, could feel at top a round, smooth, firm little body, very sensitive, and made the patient retch and gag painfully when I pressed upon it. Diagnosing this as the left ovary caught in the ring. I flexed the limb to remove as much tension as possible and reduced it. No pain or nausea at any subsequent period. Several other doctors had treated this case a long time and two or three had fitted trusses on to that ovary, which, of course could not be worn. All these cases live in the city of Sherman, Texas.

CASE V.—ARSENICUM: Mrs. S. M. J., aged 65, a grandmother. Had suffered a long time, some fifteen years, with ill health, some trouble about the genitalia. Had been examined numerous times by different doctors and operated upon with only temporary relief. Disgusted with doctors, had settled down to be sick until she died; but through the urgency of her daughter and other friends in our clientage, concluded to try me, but would not be examined.

Got a good rehearsal of symptoms, most remembered during all those years. Dizziness, in bed or out was prominent, sudden smotherings in the house, doors and windows had to be thrown open. Had ague a great deal. The trouble was a small tumor with a sinus that discharged a watery fluid all the time. Urine burned and scalded, and was intermittent, and parts looked blue to her. Gave Ars. as antidote to ague, medicine and dyscrasia, followed by Sulph. Cornin and Silicia. Steadily improved, "better than for years" &c. Was treated by letter. A year later, while visiting her daughter, she permitted me to examine, and I found a small polypus growing from the mouth of the urethra. She said it had grown much smaller under treatment. I snipped it off with small scissors, and she declared herself cured.

CASE VI.—Maggie B., blonde, delicate, small. Returned from boarding school at St. Louis, sick. Had always employed a homœopathic physician; was now forty miles from one, so

an allopath was called by the mother, but Maggie refused to take the medicine (very properly). So Dr. H. C. M. was called. Found her suffering from a fever, with complete stoppage of urine, with small ulcers in the labia and all the parts very sensitive. He drew the urine with a catheter; administered what seemed necessary and returned to town. He could not leave other patients again so I visited her. Found her still suffering; could not introduce catheter because of extreme sensitiveness and a spasm of spincter that, as the mother said, was like pushing against a bone. Administered chloroform, which relieved spasm of spincter, and urine was all voided. She urined and complained; perspired some. One cheek, hand and foot were cold, the other hot. Puls. having these symptoms, was administered without relief. Merc. and Ars. were no better. Caustiem did not relieve. Having to return to town, was summoned back immediately. This time she refused chloroform. Induced her to take a warm sitz bath, which was partially successful. Next day I sat and watched through the day. At 2 P. M. her cheeks flushed up carmine red, which gradually paled off toward night. One cheek hot as before, the other red and cold. Tongue coated white, costive, two or three degrees of fever. Motion of ale. very little if any increased. Administered Lycopod. 200 in water, and left the room. In twenty minutes was called by the mother. Maggie had voided the urine naturally, and had a natural stool.

Left orders to give Lyc. and Lach. on alternate days, and returned to town. Did not visit patient again. She made a good recovery in about two weeks. In this case the following symptoms are confirmed: Typhoid fever, with constipation, waking with a peevish mood, scolding, screaming, *nervous* irritation. Burning heat with short breath, pale face and starting while asleep, circumscribed redness of face. *Burning in female urethra during micturition, so bad as to cause her to cry out.* And the following added: Ulcers in labia; liability to pass urine; one cheek cold, the other hot and red, circumscribed. Alternating heat and coldness of cheeks.

One cold, the other hot. One foot cold the other hot, the patient not knowing it. One dose of Lycopodium would have probably cured the case quicker than any more or other medicine.

BY O. P. BLATCHLEY, M. D., PLANO, ILL.

CASE I.—NAT. MUR: June 30, 1882. Anthony O., aged 21. Ague 18 months ago in Michigan, was treated allopathically without benefit, changed climate three times, tried many infallible cures; no relief. Fever, tertian, chill 10 to 11 A. M., Nat. mur. 30. Complete cure as soon as began the remedy; no chill after first dose Sept., '83. Has had no ague since.

CASE II.—RHUS TOX: Oct. 10, 1882, Mrs. L—, aged 58. Five years ago handled ice; next day could not move, was lame; three days later facial erysipelas; three days later terrible pains all over, and especially in region of heart. Was treated for about five months by the best allopath in town, and gradually recovered, but never could sleep at night, unless under strong narcotics. Must jump out of bed, and walk fast for a few minutes, from ten to fifty times each night; worse in stormy weather. The woman has a wild restless expression. Rhus tox, 3x, three times a day.

October 20, no relief. Rhus. tox, 30x, three times a day. Oct. 30, cured. Jan. 10, 1884; no return of trouble.

CASE III.—CALCARB: June 29, 1882. George C—, aged 38. Father died of Phthisis at 47. Has been failing three years. Treated in New York City, Meridan, Ct., and Port Chester, N. Y., but failed all the time. Present symptoms. Cough with enormous expectoration of pus; colliquative sweats day and night; loathing of food; pulse 112, temperature 103; right lung gives loud mucous râle in upper portion; pad like protrusion over epigastrium; cold feet and hands. Gave Cal. carb 30x.

July 27. Reports himself as perfectly well.

September 15, 1883. Has not coughed or seen a sick day since treated.

BY T. RYAL, M. D., ASHLAND, O.

CASE 1.—Little girl, aged five years. Nervous temperament. Had been under treatment by a Homœopathist eight weeks—six weeks for whooping-cough, and the past two weeks for the present trouble. On the evening of October 21 her temperature was 105°, and pulse 144. The physician in charge reported that the temperature and pulse had been at this rate in the evening for four days, and probably longer, as no record had been kept; the morning temperature ranged from 104° to 105° during the same time, and the morning pulse 120 to 130. Patient would start up suddenly every half hour or oftener; pale and red face alternately; tongue, two white stripes on the side with a red streak in the middle; tenderness over the right ileo-cæcal region; abdomen distended; frequent desire to urinate with difficulty in starting. Gave Bell. 1,000, two powders, the second to follow two hours after the first; then placebs. The next morning, the 22nd, temperature, 102; pulse, 116. Evening temperature, 103; pulse, 122. Bell. 1,000, three powders, one every two hours, followed by placebs. On the morning of the 23rd, temperature 101, pulse 108; evening, temperature 104, pulse 126. Thinking that the increased fever symptoms this evening arose from the fact that the mother had violated orders in giving solid food, I gave Bell. 1,000, three powders, one every three hours, followed by placebs. On the morning of 24th, temperature 99½, pulse 108; evening temperature, 103½, pulse 126. Bell. 1,000, one powder every three hours followed by placebs. On the morning of the 25th, temperature 104, pulse 126. Realizing that we had an aggravation from the medicine, I gave one powder of Hepar 100,000, to be followed by placebo. Evening of the same day, temperature 102½, pulse 114; placebo continued. Morning of 26th, temperature 98½, pulse, 100; evening temperature, 102½, pulse 126. On the 27th and 28th gave Arsenicum without any benefit. On the morning of the 29th, I gave Gel. 1,000 three doses, one every two hours, followed by placebo. An hour after taking the Gel. I was sent for in great haste to see the child. They

reported that her pupils had dilated very much, also that her face had become very red, which had in a great measure disappeared when I arrived, which was about two hours from my morning visit. I took her temperature and found it normal; her pulse 103. As the sudden change in the child's appearance was evidently from the effects of the Gel., I made no change in the medicine. Patient rapidly convalesced without further medicine for eight days, when she was encouraged to walk and eat Dutch cake, when I was again called and found the temperature 102, pulse 126. Gave Bell. 1,000, two powders, followed by placebo. In 24 hours the fever had disappeared.

The above case had been eight weeks under treatment by a low potency man who gave Bel. 1 x, Gel. 1 x, and Ars. 1 x, as he thought the symptoms of the case indicated. We learn from this case that high potencies relieve patients of the bad effects of low potencies, and that high potencies produce very marked changes in a few hours. I think that this patient could not have recovered under the use of low potencies.

CASE 2.—*Arnica*.—Mr. T.—, aged 43. Had jumped out of a buggy and alighted on a stone with the right half of his right foot which produced a numb sensation. About the middle of the following night, which was about ten hours after the accident, I found the patient in great distress; he thought that one of the bones of the foot was fractured or luxa I gave *arnica* 1,000, one powder. In a few seconds he stated that he was partly relieved; in about half an hour he was asleep and slept soundly till morning. He stated that he could walk on his foot with very little inconvenience the next day, and had no further trouble.

CASE 3.—*Hepar*.—Little boy, aged 6 years, son of a Homœopathist. Coughed during the spring and summer, worse in wet weather, took cold easily, complained of being cold and chilly, slight eruption on face. I gave *Hepar* 100,000, one powder at bed-time. He had two or three hours of restlessness during the night. The next day four or five

evacuations, and in the evening an eruption was manifest on different part of the body. I saw him about ten days after taking the medicine, when he seemed to be well; his father also stated that the boy was well. How very strange that some Homœopathists do not believe in the efficiency of high potencies.

SEVEN COMMON SURGICAL FOLLIES.

READ BEFORE THE WEST CHESTER MEDICAL SOCIETY..

BY JOHN B. ROBERTS, M. D.

In complying with the request of your committee, I shall offer, this evening, some criticisms on a number of prevalent surgical methods and opinions which I believe to be fallacious. If I cast down and trample in the dust any idols dear to the hearts of my hearers, I trust they will receive my iconoclastic doctrines with the thought that my own folly has, in many cases, been my teacher, and that I do not attempt to force conviction upon the members of this Society with any other weapon than words.

If any one of you will watch with careful scrutiny any series of operations done for various lesions and by various surgeons, you will have frequent opportunity of observing the commission of the seven follies that I shall describe. Sometimes you will see a single operator committing nearly every one of them in as many minutes. I call them the ether folly, the incision folly, the sponge folly, the styptic folly, the suture folly, the adhesive plaster folly and the dose folly.

The ether folly is almost universal. Often have I heard physicians say of a patient, "He couldn't be etherized; I had to give chloroform." Now, the fault was not with the patient, but with the doctor. I doubt there being an individual or animal in the world that cannot be anæsthetized with ether properly administered. It must, however, be given in large quantity and with little air. If given in small quantity and with much air, as chloroform should be administered, the

excitement stage will only be overcome with much difficulty and loss of time. When the napkin saturated with ether has once been placed over the patient's nose and mouth it should not be removed. As it becomes necessary to replenish the anæsthetic, let the etherizer turn up the corner of the ether napkin and quickly dash upon it a fluid ounce of the anæsthetic; or let him pour it on the outside of the napkin, and cover this with a large, dry towel. To remove the napkin entirely from the face, while the stoppel is being taken from the bottle, and the ether slowly poured out, is too ridiculous for credence. Yet it is the usual method. During this interval the patient takes two or three inhalations of pure air, and thus neutralizes the effect of most of the ether previously inhaled. There is one symptom, however, that demands removal of the ether towel for a moment. It is the blue and congested face, due to spasm of the respiratory muscles, that often occurs soon after the commencement of etherization; when this is seen, the patient should be given an opportunity to take *one* deep inspiration of air. The towel should then be immediately replaced. A tendency to retch does not indicate cessation, but continuance, of etherization, since a fully etherized patient never vomits. If food actually comes up into the fauces, the patient must be given a chance to expel it, lest a particle get into the larynx. This, however, takes but a moment, after which the ether must be quickly resumed. If the trachea becomes full of rattling mucus, the patient should be turned on his abdomen with the head dependent and the ether perhaps removed from his face for a moment, until the mucus has an opportunity to escape from the mouth. I do not advocate giving ether carelessly, but I assert that it is usually given inefficiently. More danger is to be found in this long-continued inefficient etherization, than in the prompt method I describe. To gain the patient's confidence, I get him to breathe deeply with his face covered with a dry towel for about a minute before pouring on the anæsthetic. Squibb's ether is in no way superior to that of other reputable manufacturers.

The incision folly is not quite as common as the one just discussed. Still it is often exhibited in both hospital and private operating. It consists in making a cramped cutaneous incision, instead of one sufficiently large to fully display the tissues needing examination. A cut of the skin three inches long is no more dangerous in itself than one two inches long. Indeed, in many cases it is less so, because the surgeon, having sufficient room to see, does not tear and stretch the underlying tissues, so rudely; hence less suppuration occurs and more rapid union is possible. In opening abscesses, as in general operating, a free cut is more satisfactory to the surgeon and more beneficial to the patient than a mere puncture or button-hole incision. Let us keep from this folly, then, by using a keen edge and a free hand in making cutaneous operation wounds.

What I term the sponge folly is the habit of employing sponges for absorbing blood from wounds, when napkins or towels are always obtainable, and are far less liable to introduce septic material into the wound. Sponges, while too expensive to be thrown away after each operation, are cleaned with great difficulty. Servants and nurses, therefore, not appreciating the importance of thorough cleansing and disinfection, often neglect this duty. Hence I prefer towels, and if I do an operation at a patient's house, always use clean towels obtained there. Thus I secure an almost certain immunity from purulent or septic dirt in the articles used for absorbing blood. Perfectly clean surgical sponges are the rule. At the Polyclinic I use, for this purpose, to a considerable extent, Japanese paper napkins, which are thrown away after being once used. Absorbent cotton is too expensive for such uses, except to a limited extent, and, besides, has a tendency to leave filaments entangled in the wound.

The styptic folly is the commonest and most ridiculous of the surgical traditions of the present day. When occlusion of each bleeding vessel by ligation, torsion, or acupressure is not required (and it seldom is for arteries smaller than the facial), moderate direct pressure is all that is demanded.

Styptics should not be used, because not needed, and because, in many instances, they impede union of the wound. After an operation let the surgeon tie the large vessels, wipe away the clots, put in the sutures, apply moderate equal pressure by compress and bandage, and he will have no need of hot water, alum, tannin, or that vilest of all styptics, Monsel's solution.

The objections to styptics are these:—

Their traditional reputation leads to their use when ligation, torsion, or acupressure is needed. If they fail to arrest the bleeding, valuable time has been lost, and the pasty clots often formed by their use render isolation and ligation of the vessels difficult. Many styptics, though not all, delay union by irritating the cut surfaces and inducing suppuration.

In my hospital and college work, pressure and ligatures are the only hæmostatic agents I require. Indeed, pressure will often take the place of many ligatures. I recently excised an entire breast, with part of the great pectoral muscle, and only needed three or four ligatures. I have often, however, seen many unnecessary ligatures applied in such cases. In these days of absorbable ligatures, the practice is not as objectionable as in former years, when many long strings, to act as setons, were left hanging out of the wound.

The suture folly next claims attention. I do not refer to the erroneous opinion, long held, that sutures should not be used in the scalp. This tradition has been disproved so often that few surgeons would now hesitate to use sutures as freely in the scalp as elsewhere. What I call the suture folly is the adherence of many to the theory that silver wire only should be employed for suturing purposes. Nothing could be more fallacious. Do we use silver hare-lip or acupressure pins? Why, then, employ silver sutures, when iron wire is stronger and far cheaper? When large and gaping wounds require the sutures to stand much tension, silver wire, if used, must be very thick. Iron wire of much smaller diam-

eter, and therefore much more flexible, gives an equally strong suture, and in addition to being better adapted to the purpose is much cheaper. I recollect that, in hospital practice, nearly eight years ago, I discarded silver wire, which cost one dollar for each small coil, and bought, at a hardware store, enough iron wire, for ten or fifteen cents, to last many months. The nicest iron wire I have seen, and which I now use for the purpose, because it is strong, very flexible, and free from elasticity, can be bought for five cents a spool. If it becomes a little rusty, it can be rubbed clean in a moment should the operator object to the smaller amount of oxide of iron upon it.

The adhesive plaster folly is common. You all have seen stumps, after amputation, enveloped more or less completely in strips of adhesive plaster placed between the sutures. Of what use are they? They obstruct free drainage, become softened and loosened by the pus, if there is much discharge, give more or less pain when removed, and do no good. If the flaps are properly made, the sutures correctly applied, and the stump neatly and evenly bandaged, the adhesive plaster becomes useless, and is merely a disadvantage to the patient's comfort and recovery. Adhesive plaster has little or no value in surgery, except for making extension, and preventing motion in cases of fracture.

I believe that operative surgery will be greatly improved as a scientific entity, when sponges, styptics, silver wire and adhesive plaster are discarded in the dressing of wounds. If you have these articles for this purpose, in your offices, I pray you to throw them away. They are needless, worthless, and detrimental. It is our natural adherence to what is traditional that impedes progress in this as in other branches of scientific learning. We need, indeed, a Leo and a Constantine to destroy these valueless relics of ancient surgical worship, as we need an Alexandrian fire to consume the thousands of worthless splints and instruments that are still described in surgical text-books to the confusion of the student and the damage of the community.—*The Polyclinic.*

INTERESTING GYNECOLOGICAL CASE.

PUNCTURE OF THE GRAVID UTERUS WITH ESCAPE OF THE INSTRUMENT INTO THE ABDOMINAL CAVITY.

BY PHIL PORTER, M. D., DETROIT.

Last July we were called in consultation with a physician who desired our assistance in removing a catheter from the abdominal cavity.

The following is the history of the case: Mrs. R—, age 32, pregnant three months. Owing to the distressing symptoms of nausea and vomiting, attendant upon her gestations and the alarm of the husband and attending physician, from the rapid emaciation of the patient, the doctor was prompted after a consultation with another practitioner, to produce an abortion. With an ordinary gum elastic catheter, No. 11, he proceeded to introduce the instrument into the cavity of the uterus, and although obliged to use some force, the instrument passed in readily enough about four inches. Then withdrawing the stilet he curled the catheter up in the vagina, left it. At the time of the introduction of the catheter the woman complained of a good deal of distress and sharp pain in the hypogastric region and at once commenced vomiting, which was kept up until the physician returned two hours later. On examination he was horrified to find the catheter had disappeared. On placing his hand over the abdominal wall, the parietes being very thin, he was able to detect the instrument as it rode over the top of the intestines. The patient at once presented that peculiar anxious expression that is almost always present when the peritoneum has been wounded. The doctor, becoming alarmed, at once sought our professional aid in the matter.

Judging from the message sent that we had a case of cesarean section, we fortunately included some ovariectomy instruments in our gynecological hand case, and promptly responded to the call. On arriving at the scene of action, we

found a neuro-hysterical woman, small and very much emaciated, a cold and clammy surface with constant nausea and vomiting; pulse 130, temperature 103.°

Realizing that the patient had been suffering for twelve hours and that her chances were rapidly being exhausted we decided upon first cleaning out the entire uterine cavity, hoping thereby to find the catheter curled up in its interior. Twice before we have been led to suppose that an instrument had escaped into the abdominal cavity, through the uterus, when it was found in the interior of that organ.

After placing the woman on the table, an examination revealed a case of retroversion, which, no doubt, accounted for the reflex nausea and vomiting, which patient had been suffering from. Had this been corrected in the first or second month no doubt the woman would have escaped all this mutilation.

After forcibly dilating the cervix, we succeeded in cleaning out the contents of the uterus, except the placenta which we did not think it wise to remove at that time. Not meeting with our anticipation in finding the catheter, we proceeded at once to open the abdomen, which was done in the usual manner for laparotomy, and the lost instrument found tucked in under the lower and posterior border of the liver. Performing the operation as rapidly as possible owing to the feeble condition of the patient, who twice became cyanosed, and was with difficulty resuscitated. Closing the abdominal incision with silk-worm gut sutures, we placed the patient in a bed, which had previously been warmed with some bottles of hot water, and gave her a hypodermic injection of whiskey.

The recovery of this patient was rapid and gratifying, the third week she being able to attend church.

The doctor's mistake was, in not recognizing the position of the uterus and passing the catheter up through the anterior wall which was at this time (gestation) easily punctured.

We account for the disappearance of the instrument by

suction, the anti-peristaltic action of the intestines being sufficient to draw the instrument up into the abdominal cavity.

Strict antiseptic precautions were employed—that is, *cleanliness*—nothing else. Time consumed for the laparotomy, as taken by one of the assisting physicians, was just eleven minutes. From the nature of the case, we are compelled to omit the name of the physician who called us and the location.

ALCOHOL AND LUNG DISEASE.

SIR—In your valuable suggestive notice of the Harveian Society's "Alcohol" report, which I regret I did not see until to-day, you seem to credit the committee with the conclusion that alcohol rather antagonizes lung disease. Allow me to explain that this is not so. Our inquiry showed, I think conclusively that, excepting pneumonia and pleurisy, lung diseases carry off a smaller proportion of persons given to excess in alcohol than of the general population. But we go no further, and I have not the slightest doubt, as one of the committee, that alcohol only "protects" from death by lung disease those whom it carries off by other maladies. Section 36 of the report contains a recognition of this displacement of the mortality from the more common diseases, and in opening the discussion upon the report at the society I pointed out more fully that the heavy demands of phthisis, bronchitis, etc., amounting to about 35 per cent. of the whole adult mortality, could not be satisfied after alcohol had exacted its tax in the shape of liver, kidney and brain diseases. The positive effect of alcohol in producing or predisposing to lung disease, as to which I have personally no doubt, can only be brought out by other methods of inquiry, which did not come within the scheme of the committee.—
T. MORTON, M. D., in *Lancet*.

HOW I BECAME A SURGEON.*

BY WILLIAM TOD HELMUTH, M. D., NEW YORK.

In the year eighteen hundred and fifty-three,
A few months after I took my degree
(Which styles me a "regular" H. M. D.),
On the Institute books I enrolled my name.
Being young in years and unknown to fame,
(The inference there I hope you'll excuse);
Well, I borrowed the money and paid my dues,
Which, as far as my recollection can get,
I think I have not repaid as yet.

Be that as it may,
Without more delay

I went to the Institute that very day,
To hear what the old fellows all had to say.
Williamson, Hempel and Kirby and Gray,
Bayard and Joslin, McManus and Small,
Dake, Hering and Pulte, I heard them all.
Throughout that meeting I could not but feel,
That the spirit which ruled those men was—zeal:
Zeal for the system and zeal for the dose;
Zeal for applying *similia* close;
Zeal for the proving of medicine pure;
Zeal in proclaiming each wonderful cure.

My friends, 'twas this zeal, right be it or wrong,
That laid the foundation so broad and so strong
Of this Institute young—as it was in those days—
Now crowns it with glory and honor and praise.
Excuse the digression, the moments are fleeting,
And let me get back to that Institute meeting.

My nature's susceptible—very, I own it,
And years and gray hairs suffice not to tone it.

So the zeal of the rest
Enveloped my breast;

And as nothing but symptoms and provings would stand
At the meetings in those days, I too took a hand;
And to show to the members of science my love,
I asked the committee for something to prove.

*Read at the Banquet of the American Institute of Homœopathy at Niagara Falls. See frontispiece.

After some months' delay,
 On one beautiful day,
 And if I remember aright 'twas in May,
 There came to my office a nice little box,
 With a nice little letter from J. Redman Coxe.
 "Dear Doctor," he wrote, "I enclose you a vial
 Of wondrous secretion; pray give it a trial.
 The bottle is small, in unpacking don't break it;
 The liquid is viscid; before you can take it
 Heat gently, then wipe off the vial and shake it.
 Then pour out exactly ten drops in a spoon,
 And swallow it quickly, and if very soon
 Queer symptoms develop—just write them to me,
 As ever of old, your friend, J. R. C.
 P. S.—If you knew all the trouble I had
 In procuring a dog undoubtedly MAD,
 You'd drink the solution with infinite pleasure
 Regarding each drop as a wonderful treasure."
 "Good gracious!" I said to myself, then a pause:
 A stiff'ning sensation surrounded my jaws
 I seemed to be looking at things in a fog
 And the atmosphere round me smelt strongly of dog.
 And just at that moment I felt that my zeal
 Was ebbing quite rapidly out at my heel.
 But I plucked up my courage and worked at my chin,
 Its suppleness seemed as it ever had been,
 And the thought flashed across me 'twere better that I
 Should ask a few doctors this virus to try,
 If bad opisthotonos came with each breath,
 To end in convulsions and coma and death,
 With meekness the pleasure to them I would give,
 Enroll *them* as martyrs— and *I* myself live.
 The difficult question was, who should I ask
 To enter upon such a dangerous task?
 Who would assit me to prove? was the topic;
 Who, who would engage in the act philanthropi?
 There was Kellogg and Talbot and Dowling and Cook—
 I carefully noted these names in my book—
 And Angel and Ludlam. I thought *they* might do,
 At least, to develop a symptom or two.
 Each man was ambitious and brim full of knowledge,
 All eager for glory and just out of college.

Allow me to mention,
 'Twas not my intention
 To cause such a terrible sequel.
 To tell it e'en now,
 I truly avow,
 I scarcely can find myself equal.

But I made a dilution as Boericke makes,
 And gave to each vial just two hundred shakes,
 Increasing succussion as, Jenichen did,
 By pounding the vials on pads made of kid.
 Then I sat down and wrote each of my friends:
 "Dr. Helmuth's kind greetings this vial he sends
 For a proving, and trusts that with infinite care
 Each prover will give it a trial quite fair.
 Must take it when fasting," I finally wrote,
 "And as it develops each new symptom note.
 'Tis slow in its action, as often appears,
 For the virus is known to be latent for years,
 But when the zymosis you once can detect
 The prover will never know what to expect.
 Be careful in using." In closing I said,
 "No more is obtainable--Doggy is dead."

My letters were posted and day after day,
 I waited to hear what the provers would say.
 Not a line, not a symptom, however, appeared.
 My reason was staggered; I really feared
 That though I was acting as sly as a fox,
 That I might be victimized sadly by Coxé.
 The virus most certainly taken they had,
 But nobody yet seem inclined to go mad.
 So I musingly muttered, "These provers won't die,
 They took it--I alter my mind--so will I;"
 And immediately swallowed a dose of the same
 As my friends who were patiently waiting for fame.
 Yet tortures terrific we had to endure--
 Incubation was slow zymosis was sure.

Remorse consumes my soul to-night,
 When I, in guilt arrayed,
 Behold, oh, dreadful, dreadful sight!
 Those wrecks that I have made.
 Those lovely youths, so fair and true,

HOW I BECAME A SURGEON.

Great gifts of promise had;
 No matter how they seem to you
 They are all raving mad.

The briny tears course down my face;
 The deed, indeed I rue it;
 And though a melancholy case,
 I did not mean to do it.

KELLOGG'S PROVING.

Kellogg took the first dose— he sits over there—
 He rolled in convulsions and lost all his hair;
 By turns grew facetious, then solemn, then cunning,
 And finally took to atrociously punning.
 He barely recovered— an imperfect cure;
 Now' he's constantly crying: "*Insure men, insure!*"

TALBOT'S PROVING.

On Talbot it acted quite strangely, poor fellow!
 My oldest companion grew dropping and yellow.
 He ran off to Boston one night by the boat;
 The very next morning he cut a child's throat,
 Then departed for Europe, and since he came back,
 Has continued at windpipes of children to hack.

DOWLING'S PROVING.

Ten drops at a dose given twice to young Dowling,
 Gave symptoms quite pathognomonic and howling:
 Developed so quickly that I grew afraid,
 That in dosing himself a mistake he had made.
 His body began very soon to expand,
 And his heart grew the biggest in all of the land.
 The Institute knows it, so why need I tell
 What Lake George and New Brighton remember so well.

COOKE'S PROVING.

The strangest developments came from our Cooke;
 He thirty-five drops of the medicine took;
 From being loquacious he grew quite laconic,
 And then was overwhelmed with a mania masonic,
 Society's devil, he laid up in chains;
 Now carbolic acid for cancerous pains
 Is the latest of symptoms; they all have been queer.
 And brake out quite suddenly year after year.

AN ANGELL'S PROVING.

On Angell, with whom many songs I have sung.
 At midnight, by lamp light, while yet I was young.
 The virus but one single symptom defined;
 'Twas pity for those who were going it blind.
 In his letter he states, "that he'll certainly try
 To put all he knows into somebody's eye.
 He was writing a book and its title would be
 Instructions to people to healthfully see,"
 It finally came, as you all may have seen;
 'Twas published by Campbell and done up in green.

LUDLAM'S PROVING.

When Ludlam was young he was shy of the girls;
 Would blush to his eyes at a shake of their curls.
 If him you desired to worry and vex,
 'Twas only incumbent to *mention* the sex.

I find from my book,
 In toto it took

Five drops to develop a genius,
 So new and complete,
 Each woman he'd meet

He declared was an absolute Venus.
 From that time to this, all he says or he does
 In public, or private, or lecture-room "buzz,"
 Has only one object and only one aim,
 The attempt (tho' 'tis futile) the fair sex to tame,
 He carried them round like an autocrat Turk,
 To list to his teachings and help in his work.

THE AUTHOR'S PROVING.

But listen, my friends, how it acted on me:
 I went into fits, and then went on a spree,
 And when I recovered I scarcely could see;
 From that very moment my pretty left eye
 Close up to the internal canthus did lie,
 And there it remains by day and by night,
 Impairing my beauty and marring my sight.
 Strabismus convergens, if but in one eye,
 Is a source of most constant discomfort, and I,
 Beholding the wreck of those beautiful boys,
 Saw them losing their reason, deprived of the joys
 Of exuberant manhood, and shrieking with pain,

Said "*damn it.*" Excuse me; I never again
 For friendship, or science, or money or love,
 Will ask your committee for something to prove.
 I did my whole duty, have had quite enough;
 Give somebody else all your poisonous stuff.

Then, then it was, fellows, I first saw the light,
 And surgery beautiful dawned on my sight.
 I studied its present, I delved in its past,
 And found what my spirit had yearned for, at last.
 Found science and art in proportion so grand,
 The effort of mind with the dexterous hand,
 Combining themselves with such exquisite care,
 And yielding results so remarkably fair,
 That I bowed down in silence and bended my knee,
 And claimed the department belonging to me.
 I saw what I thought was my pathway in life.
 Discarded all provings and stuck to the knife;
 And though I've been fairly successful, 'tis true,
 There's one thing in cutting I never can do.
 I may cut out a bone or extirpate tumors,
 I may amputate limbs and evacuate humors,
 Kill every bacillus and aspirate sacs,
 Apply plaster jackets to carious backs,
 Make beautiful noses by art rhinoplastic.
 Cure pulsating tumors with bandage elastic,
 I may stretch every nerve, perform herniotomy,
 And advocate still supra-pubic lithotomy,
 I may do all this cutting with ecstasy—but
 I never will dear old acquaintances cut.
 And I hope in return that wherever I be
 No dear old acquaintance will ever cut me.

COLLEGE OF PHYSICIANS AND SURGEONS OF
 MICHIGAN.

DETROIT, Dec. 24, 1883.

On motion the subject of miscellaneous business was taken up. Under this head Dr. Porter brought up the consideration of professional cards, their proper form and use, as laid on the table at the last meeting. He thinks this society should take some action in the matter, not for the

purpose of disciplining those physicians whose cards were presented, because as they are not members of this body we have no authority over them, but simply to lead in a much needed reform; and he hopes that each member present will place himself on record in this matter. The cards referred to, read as follows :

No. 1.
M. D.
 Surgeon and Physician.
 Obstetrics and Diseases of Women and Children a Specialty.
 Teeth Extracted.

No. 2.
M. D.
 The Doctor has been in practice thirty years, and
 fifteen years in Detroit.

Dr. Bailey thinks if a man is in general practice, his name, address, and office hours are all that are necessary in his card; but that one devoting himself to a specialty has a right, if he wishes, of mentioning that fact. For a number of years he included "Diseases of the Rectum," with the other matter on his card, and did not think he was violating the code, as he really does pay special attention to the treatment of those diseases. But of late he has not mentioned it. Considers it in very poor taste for a physician to mention so many specialties, and as to mentioning the number of years one has practiced, it is very improper.

Dr. Olin most heartily despises, and discountenances anything that savors of quackery. He has on his card simply his name, address and hours, but thinks a specialist, as in Dr. McGuire's case, should have the privilege of mentioning his specialty, if he wishes to do so.

Dr. Griffin endorsed what had already been said, and stated that he had a lot of matter on his first cards that he soon became ashamed of and has since used a plain card.

Dr. Porter thinks it proper for a specialist to mention his specialty, but insists that a man who treats "Diseases of Women and Children," practices "Obstetrics," and "Extracts Teeth," is not a specialist and does wrong to fill his card with such a statement as we find in "No. 1" of the cards exhibited

Dr. McGuire says we practice medicine with three objects in view: First, for the benefit of our patient; Second, for the benefit of ourselves; Third, for the benefit of the profession. A specialist may mention his specialty, because by so doing he invites to his office just the kind of work he wants, and is not apt to be bothered with calls to do general work. And it is a convenience to the patient requiring the services of a specialist. He does not confine himself to any one form of a card, uses them both with and without a notice of his specialty.

The question thus arose as to the propriety of a specialist doing general work, and the unanimous expression was that there were cases in which it was eminently proper. As for instance, that of a man consulting an oculist and while under treatment for the eye trouble, some other trouble should develop and require immediate attention, it would be an injustice to the oculist to ask him to discontinue his treatment while the patient consulted a general practitioner, and an injustice to the patient, to compel him to hunt up another physician and pay an extra fee for something that the oculist could as well relieve.

After transacting some other business relating to the finances of the society, an adjournment was had.

DEC. 31, 1883.—Dr. Gilchrist, the lecturer for the month, read a paper on "*Erysipelas*," considering, first, the Semiology; second, the Etiology; third, the Pathology; fourth, Prognosis, and fifth, the Treatment.

In speaking of the etiology of this disease, the lecturer stated that there should be no question as to its contagiousness, and while he is not willing to accept the theory of germ implantation, he is at a loss as to what is the real cause. He thinks the mean organisms may be carriers of the disease, but does not believe them to be the cause. Imperfect elimination of the excretions of the body, he mentions, as being a frequent cause. All things seem to point to the material character of the poison, but the question is, what is the poison?

He thinks the proof of the germ theory is purely presumptive, and while bacteria may be a cause, it is not a specific one.

As to the semiology, the Doctor spoke of the necessity of recognising the disease early, and in cases of traumatisms, should be apprehensive when the wound became dry. He emphasised the value of the thermometer as a means of diagnosis in this as in other diseases, and in differentiating between the allied affections, erysipelas, septicæmia and pyæmia.

Prognosis is always uncertain, but under judicious homeopathic treatment, is much more favorable than under the old school.

The treatment is chiefly medicinal. He does not countenance the use of any medicated topical application whatsoever, but spoke of non-medicated applications, such as dry flour, cotton batting, etc., as being useful in some cases.

Calendula was mentioned as being the best antiseptic, because a vulnerary. When the swelling is excessive, he recommended making numerous small cutaneous incisions to relieve the tension and let out the secretions. When suppuration obtains, open freely and secure perfect drainage. The diet should be non-alcoholic, nutritious and abundant.

A number of remedies were mentioned, but the two most frequently indicated are *Arsenic* and *Rhus tox.*

Dr. Younghusband, being present, was invited to participate in the discussion, and spoke at some length, complimenting the lecturer on the manner in which he had presented the subject, and stated that he fully agreed with him, in the statement that erysipelas, septicæmia, and pyæmia were allied affections, even though each has its characteristic peculiarities. He considers these three diseases sisters, and their mother is lymphangitis. In fact he believes them to be lymphangitis, having their origin in the lymphatics. He also thinks that puerperal peritonitis should be included in the sister-hood. He stated that leucocytes will not be found in the tissues, primarily in this disease, but that the lymph

spaces or sacks will be found to be packed full of micrococci, giving the tissues the appearance of being injected, this leads him to believe the prime cause of these diseases to be the micrococci. He thinks those who denounce the germ theory are unfair, because they simply denounce the theory and know and acknowledge their inability to prove that it is not the true one.

Dr. Gilchrist thinks argument on this question is futile as both parties are well provided with authority. He acknowledges the value of the teachings of some of those who advocate the germ theory, but thinks they should not be accepted in toto. The truth he believes to be somewhere between the two extremes.

Dr. Gaylord thinks there is not much that he can add to what has already been said on the subject, but fully agrees with the lecturer that medicated topical applications are not to be used in erysipelas; has known many agents to have been used, but rarely, if ever, followed by good results. Painting the part with collocation has benefited some cases by lessening the sensitiveness and swelling.

Doctor Porter believes that most authors agree that this disease is really lymphangitis. He understood the lecturer to say that the disease rarely if ever affected the chin, but he (Dr. Porter) has had three attacks and all on the chin. He also agrees with the lecturer that the thermometer cannot be estimated too highly as a means of diagnosis, and is surprised at the ignorance of the value and use of this instrument as displayed by some physicians. The hour being late Clinical Reports were omitted.

On motion adjourned.

JAN. 21, 1884.—The society convened at the usual hour with the President, Dr. Phil Porter, in the chair. Dr. J. G. Gilchrist, the lecturer for the month, presented a paper on "Purpura," which was listened to with marked attention on account of the rarity of the disease. The lecturer stated that purpura was a condition in which there was a circumscribed effusion of blood in the upper layers of the skin and

under the epidermis proper, usually occurring without any special constitutional associations, and yet it may accompany some disease during its course and often followed with hemorrhages from the mucous membranes or into a serous cavity. The ætiology of this disease is somewhat obscure. It has been known to attack children of tender age—but a few days old—and again people of all ages. Women seem to be much more susceptible to the hemorrhagic attacks than men. Not infrequently the disease is associated with Bright's disease and diseases of the heart, also with phthisis, rheumatism, diseases of the liver, leucocythæmia and different fevers, and in fact the hemorrhages may come on in patients of the most different constitution and general condition, from that of health to the most debilitating disease.

The anatomical character of purpura is confined, principally, to the capillaries of the skin and mucous membrane. The hemorrhage is due, no doubt, to the rupture of the capillary blood vessels over a small space and the blood being deposited into the connective tissue, filling the spaces between the follicles of the hair and the lymphatic cutaneous ducts, which are abundant in all parts of the skin and mucous membranes. The peculiar color that is seen from the effusion of blood, and the changed condition of the hæmatin set free from the red corpuscle, of green, blue and yellow tints are characteristic of this disease. From the formation of hæmatoidin there is often left permanent pigmentation of the skin. *Post mortems* reveal, in fatal cases, extravasation into the pericardial, pleural and peritoneal cavities. Extravasation into the muscles and even into the bones and periosteum may occur.

Pathology seems to settle upon three conditions: (1) On an alteration in the coats of the blood vessels; the delicate membrane covering the capillaries offering but slight resistance to the arterial pressure: (2) a changed condition of the blood itself; the salts not having their proper proportions, and (3) both of these conditions combined.

The varieties were treated under their respective names:

Purpura simplex, purpura rheumatica, purpura hæmorrhagica and symptomatic purpura.

The prognosis is generally good, but frequent attacks are apt to occur.

A number of remedies were mentioned, those most frequently called for being Arnica, Carbo. veg., Bell., Crocus, Ipec., Cinchona. Styptics are sometimes called for to control the hemorrhage.

In the discussion that followed Dr. McGuire stated that he had seen but few cases of purpura hemorrhagica, and in these Phos., Phos. acid and Cinchona had served him well.

Dr. Walsh has seen a number of cases, one in particular being a peculiar one. It followed an attack of scarlet fever, and the peculiarity of the case was that even slight pressure upon any part of the body would produce hemorrhage from the part. There was constant hemorrhage from some part of the body, but the patient's appetite was insatiable and the great amount of food taken, kept up the strength until the hemorrhage could be controlled.

JAN. 28, 1884.—Society met at the usual hour with Dr. Phil Porter in the chair. Dr. Gilchrist, the lecturer for the month, being out of the city, no paper was presented, and the college opened under the head of "*Clinical Reports from Practice.*" Dr. Bailey called the attention of the college to a peculiar symptom which he had noticed in his boy, who for the last two or three years, since having the measles, has been subject to sore throat. During the last few days he has had an attack of tonsilitis on right side; noticed nothing unusual until last night he found the boy's fore arms were covered with a rash having the appearance of measles, except that the color was a dark purple. This rash was unaccompanied by any itching or burning, and disappeared on pressure. Would like some physician present to explain the cause of the eruption.

Dr. McLaren states that while he is unable to account for the eruption, he should feel no alarm on account of its presence; has noticed an eruption of the character described

above on the chest, in cases of follicular tonsilitis, but does not remember having seen it on the arm. Should think of Baryta Carb. or Iodine in connection with the treatment.

Doctor McGuire related a case of retinal hemorrhage in which Secale 200 was used with good results, controlling some of the most distressing symptoms in a remarkably short time after its administration.

The patient presented for treatment and an examination revealed loss of vision in one eye and strong threats of impairment of vision in the other. Lach. and Phis. did well at that time giving considerable relief.

About two weeks ago the patient returned complaining of violent headache in the region of cerebro-spinal axis, running up into the eyes with scintillations before the eyes denoting congestion. Phis. and Lach. were given this time but with negative results. Verat. Vir. would control the headache in a measure; Bell. the same but no other effect would be produced by these remedies. The headache was aggravated by lying down and was accompanied by great sensitiveness of the brain and cord. Secale 200th was given at this time and complete relief obtained within twenty-four hours. There has been no return of the trouble.

Doctor Porter stated, while he did not consider this meeting a high potency convention or a branch of the I. H. A., he felt called upon to report a case wherein the 200 of Sulphur, one dose, had relieved a chronic condition that had existed seven years.

The patient had been treated for morbus coxæ senilis, a condition often occurring in advanced life and associated with a scrofulous diathesis; and had just left her bed, where she had been suffering from counter extension of a weight attached to the foot.

On examination the doctor found there was shortening of the right leg, but it was due to a tilting of the pelvis, and no symptoms of hip joint disease could be detected. The doctor could not give a diagnosis, further than to say the tilting

of the pelvis was probably due to a neurotic condition of the lumbar muscles of the back.

The Sulphur was prescribed simply on account of its similiarity to the other symptoms, such as pain, leucorrhœa, gastric, aggravation, amelioration, etc., with no regard to the prominent complaint of the patient. The relief was so marked and astonishing that the family could hardly realize the fact. The patient has returned home and last week a letter was received, stating that she was never better in her life.

Like Dr. McGuire, I desire to report this case, simply on its merits. As a rule we are both prescribers of low potencies, but these two cases we present for what they are worth. Please do not understand me, however, as apologizing for administering a high potency, for the best cures I have ever had in my practice, have been through the 30ths and 200ths.

Doctor Bailey would like to know the experience of the gentlemen present with Tarantula in spasmodic conditions. The doctor mentioned one case that he prescribed for without seeing the patient, and the only symptoms he could elicit was that the patient would suddenly fall in a fit, and was addicted to the use of alcoholic stimulants. Gave Tarantula 30 every alternate day one dose. The patient has had but one attack since and that one about six months ago.

Doctor Porter has used it in the 12th in one or two cases of epilepsy, and has always been satisfied with the effect. The symptoms that leads him to select this remedy is that the patient in falling always turned to the left.

Doctor McGuire remembers the first time he used the remedy, from the peculiar results that followed its use. The case was one of locomoter ataxia and a prominent symptom was cold feet. Could not get them warm. Gave Tarantula 30 and when next he saw her, was told that the feet were so hot, she had to keep them out of bed. The remedy was discontinued, and the patient instructed to take a dose whenever the feet were cold. This was done, one dose being sufficient to keep the feet warm for three weeks.

Dr. Foster related a case that he treated without seeing the patient. The man was living in another city and wrote him that he had had an attack of mumps followed in two months by swelling of the testes and enlargement of the spermatic veins; had consulted a number of physicians in his own town but was told nothing short of an operation would return him. Wished Dr. Foster's opinion. The doctor wrote him that he could not give one without seeing him, but sent some powders of Ars. 30, which the man took, and reported that the mumps had returned and swelling left the testes. The man made a good recovery except that the spermatic veins are still enlarged.

Dr. Porter suggests suspensory bandage to assist the varicose condition of the parts as the spermatic veins are not supplied with valves and therefore slow to lessen their calibre, if not assisted by a support or position. The doctor begged the privilege of calling the society's attention to Dr. Foster's report, especially that part which referred to the Cleveland physicians, as coming through the patient. We should always regard with suspicion any second-hand remarks relative to a pathological condition or diagnosis, when coming from such a source. We doubt whether any physician would suggest, or even think of castration in a case of parotitis.

Dr. McGuire related an interesting case of "Graves Disease." The case came to him for treatment some time ago. Examination revealed paralysis of superior rectus muscle. Came back soon after with ptosis and immobility of the eye; subject to severe headache. Elicited the fact that she ran against clothes line and fell, striking the head upon some hard substance; since then had seen double. R. Arnica, followed by Conium which relieved the headache and vomiting, but measurements since then show protrubrence of the the eyes. Has tried Digitalis in various potencies, also Verat Vir.. Amyl Nit.. and Galvaniasm.

Under the head of miscellaneous business, Dr. Porter exhibited a new female catheter he had constructed, which

would, he thought, avoid producing cystitis, when compelled to resort frequently to catheterization. The objection to the old instrument was, first, the eyelet or clot was too large and lessening the calibre or diameter of tube, allowed the bladder to contract more firmly around that portion of the catheter and forcing the mucous membrane into the slot; compelling the operator to resort to some force to remove the instrument. This would soon set up an inflammation; second, the old instrument is so short that the patient is always more or less liable to be soiled with urine. This catheter has the same calibre its entire length, and is perforated with thirty-six small holes, too small to admit any portion of the mucous membrane, and in addition has a coupling attachment of part hard rubber with the balance soft rubber tubing, to carry the urine to a vessel along side of the bed.

Dr. Porter offered the following resolution, which was accepted: "That this society shall take up for consideration, at every meeting, under the order of miscellaneous business, Hahnemann's organon; commencing with the first paragraph and continue the subject." J. M. GRIFFIN, Recorder.

SIMPLE DIAGNOSIS OF DIABETES MELLITUS.

Dr. Charnaux, of Vichy, after a large number of observations, writes as follows:

Every time that a new patient presents himself at my office for consultation and often passes his tongue over his lips in the course of conversation, I suspect him of being a diabetic subject. All diabetic patients continually moisten their lips with the tongue in conversation.

It may well be that some people do this for some season or other, outside of the disease just given, but, as a rule, it is almost an infallible symptom of polyuria diabetica.

This year I have examined 134 diabetic patients, each one of whom presented this peculiarity.

This symptom is, of course, easily explained by the dryness of the mouth and mucous surfaces in this condition.

WILLIAM TOD HELMUTH.*

THE POET SURGEON.

William Tod Helmuth, M. D., of New York City, was born in Philadelphia, Pa., October 30th, 1833. He is the son of John H. Helmuth of the same city. He received his education at St. Timothy's College, Baltimore, Md. In 1850, he commenced the study of medicine, and graduated in 1853, and immediately commenced the practice of his profession in Philadelphia. It was during his early life that he conceived that taste for surgery, which has remained with him from that time to the present. In 1854-'55, he officiated as Dispensary Physician of the Homœopathic Medical College; a report of his services, as such, is to be found in the *Philadelphia Journal of Homœopathy* for the latter year. During this period he was also Prosecutor of Surgery to Dr. Jacob Beakley. In 1855, being then 22 years of age, he was elected Professor of Anatomy in the Homœopathic Medical College of Pennsylvania, and, in the same year, he published a work entitled "Surgery and its Adaptation to Homœopathic Practice," consisting of 650 pages. During this time he was also a contributor to many literary periodicals.

In 1858, he removed to St. Louis, and, shortly after, became one of those who originated the Homœopathic Medical College of Missouri, in which institution he was offered and accepted the chair of Anatomy. He was subsequently elected one of the Surgeons of the Good Samaritan Hospital, a position which he held till he removed to New York city. In 1862, he published a monograph on "Diphtheria," which soon passed to a second edition. In 1866, he delivered the annual address before the American Institute, and in 1867, was elected President of that body, then holding its session in New York City. In 1868, with a view to perfecting himself in surgical science, he made a tour on the continent of Europe. In 1869, he organized the St. Louis College of

* See Frontispiece.

Homœopathic Physicians and Surgeons, being its Dean and Professor of Surgery until he left the West. In 1870, he received a pressing call from his professional friends to take the chair of Surgery in the New York Homœopathic Medical College, being also appointed Surgeon to the Hahnemann Hospital and to the New York Surgical Hospital.

Dr. Helmuth is a member of the American Institute of Homœopathy (its President in 1867), of the N. Y. State Hom. Med. Society, the Hom. Med. Society of the County of New York, of which he has been president, a fellow of the Medico-Chirurgical Society, of which he has been Vice-President, and an honorary member of the societies of Massachusetts, Rhode Island and Connecticut. In a late visit to Paris he was elected a member of the "Société Médicale Homœopathique de France."

Amidst his professional duties he has managed to contribute many and valuable additions to homœopathic and other literature, both in prose and verse. In 1864, he started, in connection with H. C. G. Luyties, Esq., the pharmacist, *The Western Homœopathic Observer*, which he conducted during seven years, till he left St. Louis. He has also given to the public a valuable monograph on "Cleft Palate;" also two other brochures entitled "Interesting Surgical Cases" to the New York Society, and "Ten Cases in Surgery," besides many other monographs and miscellaneous literary productions, both in poetry and prose. In 1870, he removed to New York, entered upon the professional duties of the college, and became associate editor of the *New England Medical Gazette*. In 1873, he joined Dr. T. F. Allen in the editorship of the *New York Journal of Homœopathy*, the organ of the New York Homœopathic Medical College, conducted under the supervision of its faculty. During the greater part of this time he was busily engaged in the publication of his greatest work, containing about one thousand pages, and illustrated with over four hundred wood-cuts, entitled "A System of Surgery," which is now in its fourth edition. His articles have been for the most part surgical; and in all the homœo-

pathic journals are to be found his contributions to medical science.

Since his residence in New York he has, besides lecturing regularly and holding clinics at the college, contributed to general and surgical literature. Essays upon "Nerve stretching" "Excision of the rectum" with cases, "Reports of his surgical clinics," "A contribution to Gynecological Surgery" first published in the *American Journal of Obstetrics*, and an elaborate treatise on "Supra-pubic lithotomy"—which operation Dr. Helmuth holds superior to all other of the *cutting* methods of removing stone from the bladder—have been given to the profession, while numerous interesting surgical cases coming under his observation and his knife have appeared in many of the medical periodicals. Besides these medical productions he has published a miscellaneous collection of prose and verse, entitled "Scratches of a Surgeon" and a little weels, "A Steamer Book" designed for light reading when crossing the Atlantic.

Many of his poems are familiar to all, or at least to most of the homœopathic profession; one of the latest and best appearing in the present issue of the *Advance*. Since the year 1855, he has lectured every year—save one year during the war when all business was in a state of semi-dissolution—making nearly thirty years of active service in the lecture room.

It is believed that the first amputation recorded in the American homœopathic periodicals made by a Homœopathic Surgeon was reported by him.

He had no capital to start with in life, but commenced unaided, after graduation, without a dollar. He has experienced the full meaning of hard work and hard knocks, having worked his way up from the bottom to the top of the ladder, by the sheer force of indomitable energy, dash, brilliant talents, and extraordinary skill in his chosen branch of science.

In 1859, he was married to Miss Pritchard, of St. Louis, by whom he has two children. Whatever may be the posi-

tion to which Dr. Helmuth may attain, he can always carry with him the satisfaction of feeling that he is indebted for it to none but himself. Without interest or influential friends to back him, having no favoritism extended to him, he boldly grasped the difficulties of his position, determined to succeed, and has done so by an uncommon display of "pluck" in combination with rare ability. Although comparatively young, he has probably done more for surgery and its literature in the homœopathic school than any other man in the country.

SURGICAL CASES.

BY C. C. HUFF, M. D. JAMESTOWN, DAK.

CASE I.—H. C.—Aged 42, farmer. Injury consisted of a deep, and clean cut wound of the posterior part of the leg, caused by a mowing machine. The seat of injury was at or near the point of muscular and tendinous union of the Tendo Achillis. On examination I found the entire muscular portion of the parts involved cleanly cut, to the complete exposing of both bones of the leg; hemorrhage had been considerable; was at the time bleeding profusely, and was only checked by the ligation of several small muscular arteries. Neither of the principal arteries were injured. After thoroughly satisfying myself that all hemorrhage had ceased, I allowed a short interval of rest, after which I adapted the edges of the wound, and closed it with eight silk sutures. The patient remained for a short time in my office, and was then removed to his home. After being carefully placed in bed I applied a carbolized dressing of Olive Oil and Carbolic Acid, and left the patient comfortable and in good spirits.

On my return home, I had a plain splint made, which when applied, would extend the foot and cause relaxation of the muscles involved. This splint worked nicely, and the wound healed very quickly, without a drop of discharge, and

on the thirteenth day after the accident the patient was able to walk, and improved steadily, all traces of his injury being removed.

CASE II.—M. B.—Aged 45, minister. An injury of the left forearm, caused by the explosion of a shotgun, the patient was shooting wild geese when the accident occurred, being probably half a mile from his house, reaching the same in a short time, unassisted. I was hastily summoned, and on arriving found the patient suffering from a frightfully lacerated wound of the forearm, the skin, superficial structures, and anterior muscles being very severely torn and burned. The longitudinal portion of the wound was seven inches, and transversely at the widest part it was three inches; the whole surface of the wound was more or less rough and uneven. At the radial side of the wound the artery could be clearly seen pulsating. There was but little hemorrhage, due partly to the burning no doubt, and the application of moderately warm water soon checked that. I resolved to save the arm if possible, and did not deem it justifiable to handle the wound much. After cleansing the wound as thoroughly as I deemed it prudent, I dressed it with lint saturated in carbolized oil, placed the hand and arm in a posterior splint, and gave Arn. 3x internally. This treatment was kept up for ten days, with occasional changes to Acon. 3x and Ars. 3x, as conditions presented.

The progress of the case was slow for a week, then improvement began and steadily increased, the edges of the wound gradually approximating, except a portion of the Ulnar side, which seemed to delay for some reason. During the operation of dressing one day I discovered a small dark spot underneath the tendon of Flexor Carpi Ulnaris Muscle. In probing I found a hard substance which required considerable force to remove; when removed it proved to be a piece of the gun stock of considerable size, it had entered the arm at the time of the accident and penetrated the tendon going so deep as to cause the tendon to close over and cover it entirely. The injury to the tendon was such that before long

it gave way; after that the wound continued to heal rapidly, and in fifty days from date of injury the patient was discharged, cured, and at no time was there a great amount of actual pain in the wound proper. Most all his real suffering came from the Ulnar side of the hand, ring and little fingers. This pain he described as a drawing, pulling sort of pain, that seemed to draw the fingers up, yet they always remained in place, with their fellows. Constant and careful passive motion was kept up during treatment and the patient has very little impaired motion.

BOOK NOTICES.

LECTURES ON FEVERS. Delivered at the Chicago Homœopathic Medical College, with a few additional lectures. By Prof. J. R. Kippax, M. D., LL. B., Professor, etc. Gross & Delbridge. Chicago: 1884.

We have here a fine volume of 460 pages, and we are prepared to give it a hearty welcome, for, in all respects, it is a substantial addition to our medical literature. It is well written, elegantly printed and substantially bound; and we have placed it among our books of ready reference. Heretofore we have taken Loomis (allopathic) on fevers, and a smaller work on continued fevers, by Wilrose, also an allopathic work, as the best of modern works on the subject, but on a careful comparison of these, we find Kippax's work to include all the good points of the other authors, with a large amount of important information not known to those authors. Dr. Kippax is a decided germ-theorist, and he makes the fullest possible use of the theory in his ætiology of the disease he is treating. On this point we take emphatic issue with the author. We could wish he had taken his position upon the question less dogmatically; but, we are not disposed to quarrel with him, nor to flatly deny that he is right, but we shall hold for the present, and probably for a long future, that the theory is unproven. In pathology and diagnosis the author has left nothing to be desired. His charts of the various fevers are admirable, and are of immense service to the medical student. The indications for remedies are very full and well chosen, while the comparative drugs in brackets add a many-fold value to the indications given. This is really a grand work, and our readers may buy it at sight, and hold us responsible for all damages.

EDITOR'S TABLE.

DIED: T. W. Robertson, M. D., of Battle Creek, of pneumonia, age 36. The profession in this State will receive the announcement with extreme regret.

DIED: W. C. Leech, M. D., of Marion, Ohio, died February 4. The doctor was widely known as a caustic and instructive writer, and leaves a large practice.

REMOVED: H. L. Clark, M. D. (U. of M.) has removed from Grass Lake, Michigan, to Fremont, Ohio. What is our loss is Ohio's gain. We predict success for the doctor in his new field of labor.

REMOVED: Geo. B. Foster, M. D., from Detroit to Mt. Clemens as resident physician to the Mineral Springs Bath Co. Dr. Sasse, who has held this position for the last four years goes to Germany for special study.

A good, well-established practice in a thriving village with a fine farming country surrounding it, for sale cheap. Will introduce successor. For particulars correspond with L. R. DANIELS, Sherwood, Mich.

POPULAR SCIENCE MONTHLY for March, 1884, is unequalled for interest and value. Its many articles are brim full of the best. The highest standard of excellence is maintained by editor and contributors and we commend this journal to the household as well as to the office. If we can keep our science popular, we can help to bring the world up to the high plane of general intelligence and we can hold it there if the people will only read.

TRANSACTIONS of the American Institute of Homœopathy, 1883. J. C. Burgher, Secretary. This ample volume is the best of evidence of the growth of the Homœopathic School. It does not in all respects meet our ideal of what work in the Institute should be, but we find in it so much to admire that with all its faults we hold it in high estimation, and we regard the book as a full return for the expense of membership. This consideration alone should induce thousands who are not members to send in their names without fail to the next meeting at Deer Park. Don't forget it good reader.

ANNUAL Address Before the Homœopathic Medical Society of the State of New York, February 12, '84. By Evart H. Hasbrouck, M. D., Brooklyn, N. Y. We confess to an inborn fear of addresses coming from the above quarter. We have seen some such that gave us far more pain than pleasure. President Hasbrouck has, however, given us something worth reading. It is a genuinely good

thing. It takes us back to former times when men in high places talked sensibly about Homœopathy. Not for a long time have we found a better campaign document than this. It ought to be scattered broadcast for it is candid, clear and convincing.

NORTH AMERICAN REVIEW.—Whether the United States are to regain their former pre-eminent rank as a commercial and naval power on the seas, is a question that no American can contemplate with indifference. The subject is discussed with marked ability in the *North American Review* for April, by the Hon. Nelson Dingley, M. C., who opposes the project of admitting foreign built ships to American Register, and by Capt. John Codman, who is well known as a zealous advocate of that measure. Judge J. A. Jameson in the same number of the *Review*, discusses the question, "Shall Our Civilization be Preserved," pointing out the means that are at hand for withstanding the various agencies, physical, moral and intellectual, which threaten to overturn our existing civil and social institutions. Dr. Felix L. Oswald writes of "Changes in the Climate of North America," with special reference to the increasing frequency of disastrous floods." An interesting number.

OUR COLLEGES:—Several colleges have held their commencements this month. Up to date the following have reported:

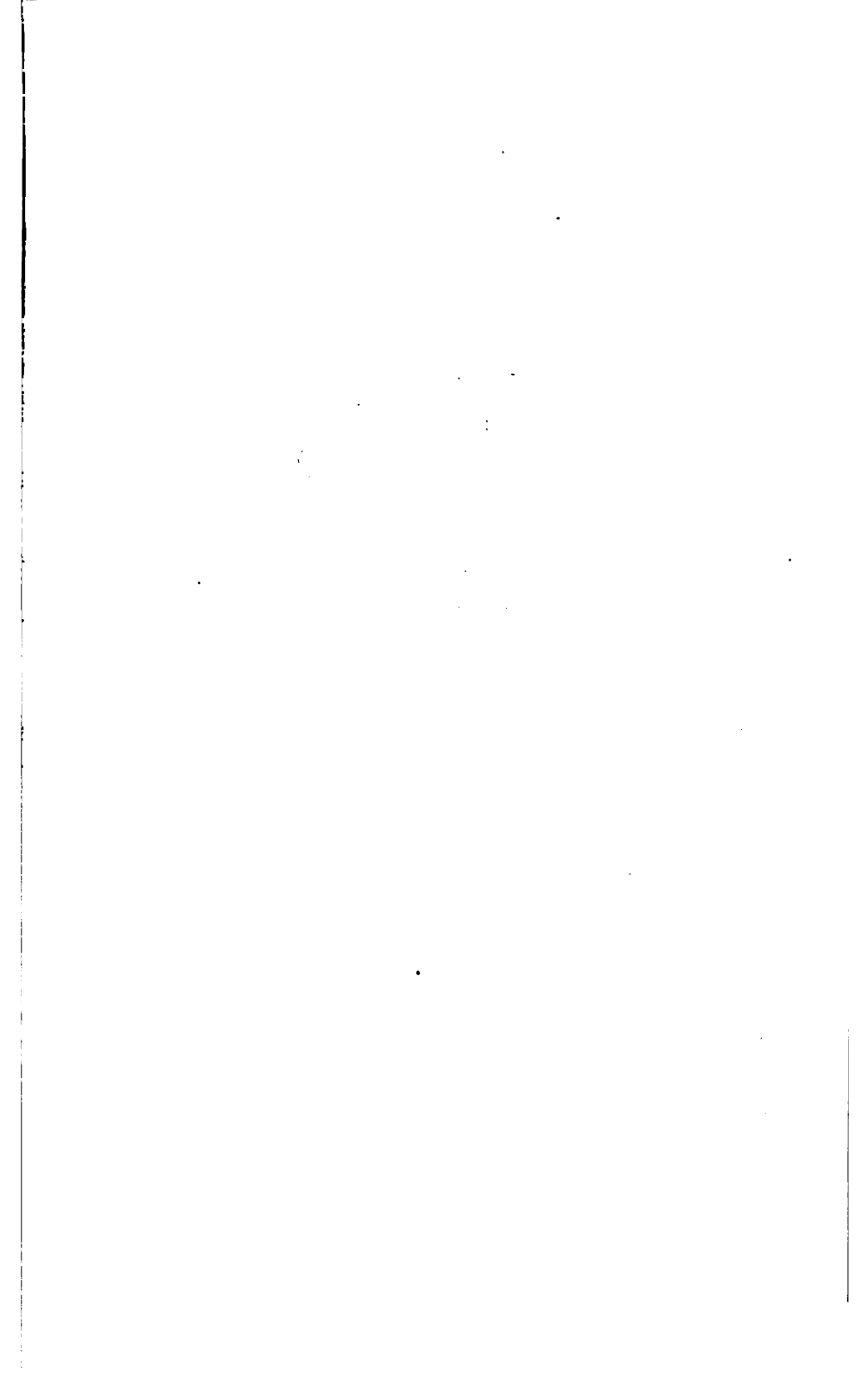
Hahnemann, of Chicago, heads the list in point of numbers with 127 graduates, eight of whom are *ad eundem*—one in 16. Prof. Ludlam says in his annual report: "No feature of the college work is more gratifying than the fact that this institution is now recognized as of the superior kind, to which pupils who have taken their first and second terms in a preparatory or a *provincial* medical school may come for their final instruction." "Provincial medical school" is good. The dean must have been in his happiest ironical mood when he wrote it, particularly "that superior kind."

New York comes next with 52 graduates, six of whom are *ad eundem*—one in nine. Among the latter we notice the name H. W. Hartwell, M. D., (U. of M., '83) Department of Medicine and Surgery.

Chicago, has 39 graduates and the largest class in the history of the college.

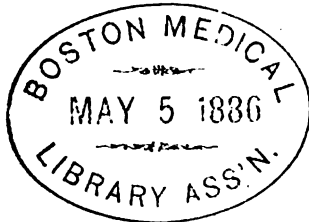
St. Louis, March 6, fourth on the list in point of numbers has 20. The honorary degree was conferred on Professor Edmonds. The class validictory was delivered by Alice B. McKibben.

University of Iowa, March 4, has a graduating class of 12. The annual address was delivered by Prof. T. P. Wilson, M. D. The exercises were held in the Opera House which was filled.





JOSEPH H. PULTE, M. D.



T. P. WILSON, M. D.,
EDITOR.

PHIL PORTER, M. D.,
GYNECOLOGICAL EDITOR.

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H. C. ALLEN, M. D., Business Manager.

PRINCIPLES OF MEDICINE, No. 1,—*Introductory.* We have on all hands a surfeit of medical art. Each school of practice has its own cherished and much venerated methods of treating disease. We are supposed to have the principles and practice of medicine taught us by our writers of text books; these are sometimes spoken of as the Science and Art of Medicine; but when we come to open a book which treats of Therapeutics we fail to find any principles laid down. In several pretentious volumes before us, written by different authors, the title page of each is "Theory and Practice of Medicine," but there is nothing pertaining to theory in either of the works. There are also several other works entitled "Practice of Physics," "Practice of Medicine," "Clinical Medicine," etc., in all of which the art, the practice, the method of curing diseases is fully explained, but there is an utter absence of information of the principles upon which

the art is supposed to rest. This seems to be all wrong; at least it is a very unsatisfactory state for medicine to be in.

If we inquire into the cause of this we will find it originating in two things; first, the allopathic school is confessedly without principles such as its practitioners and teachers would care to formulate, because such as they have are contradictory, incoherent and therefore unrelated. The allopathic school can, in the nature of things, have no system of principles. This accounts for the fact that they have never attempted to teach the Principles of Medicine. A well-known author of that school, Williams, in his "Principles of Medicine," treats of nothing but General Pathology and Therapeutics. In the second place the homœopathic school is not without principles in its teachings, but as these are the things most controverted, as they form in fact the great bone of contention over which the various factions have warred so many years, the authors of text-books in the Homœopathic school—those who have written upon Theory and Practice—have been almost as reticent upon the question of Principles as their Allopathic confrères. By way of special treatises upon Medical Principles, Hahnemann's *Organon* must take precedence. It is, and always will be, a masterly exposition of Medicine, so far as the principles of Therapeutics are concerned. Dunham's fragmentary writings, the works of Joslin, Rau and Hempel have each in their way treated of Medical Principles, and are all worthy of careful study. But none of those, in matter of comprehensiveness, meets the wants of the modern student. Investigation to-day takes a much wider range than in former years. The Principles of Medicine must be discussed from the stand-point of modern science. Not philosophy alone but chemistry and physics have important light to contribute and it cannot be otherwise than a mark of wisdom to admit these important factors into the discussion. If the readers of the *ADVANCE* will patiently follow us from month to month we will endeavor to outline this subject and so suggest how it might

be amplified so as to place the art of healing *en rapport* with modern thought.

DEAR PELLET:—Your arrival at our sanctum brings much pleasure. You represent the Ohio Hospital for Women and Children, for the benefit of which you inform us a fair is to be held—at least some flowers, and a luncheon are to be had. Pleasant information, that, to a hungry editor two hundred and twenty-five miles away from the seat of war. More than that, the exact locality of the luncheon does not appear recorded on your sweet face. If it be up town, down town, over the river or on the hill-top is what no fellow can find out by you. Think of it, gentle Pellet, a man with his vitals gnawed by the demon of hunger and not knowing which street car to take. If fortune should place a stray policeman in his way and the right route be found imagine if you can the mental condition of a man who upon his entrance is presented with a menu of thirty distinct articles by two hundred ladies. Dear, sweet Pellet, your table committee—Cincinnati's most charming dames and damsels—could have but one effect upon a famishing man, his appetite would be forever lost. Is this your deep design to feed the multitude through their astonished eyes? Would you—could you ask a man not in the regular army to face so many charming waiters and venture to take his pick? In our opinion every decent man would go hungry to his grave rather than discriminate. Our devil says he would have gone through the course with every individual waiter; but then our devil was born hungry and besides that he is wealthy. At this juncture the editor's wife puts in her oar. "Don't you see, my dear, the thing has gone by two weeks ago?" Then alas there is nothing left but to light the colored fires and ring down the curtain with many thanks to the fair editor of The Pellet and many good wishes for the success of our many friends in Cincinnati who are so ably maintaining their Hospital over whose dome you may be sure floats the banner of Similia.

FIBRINE AND BACTERIA.

 REPLY TO DR. GREGG.

 BY THOS. TAYLOR, M. D., WASHINGTON, D. C.

On page 438 of your interesting monthly of February last, I find what is called a reply to my short paper on Dr. Rollin R. Gregg's views relating to Fibrine and Bacteria. I judge from his reply that the Doctor rides a high horse and ignores the modest professional buggy, but I hope nevertheless to convert him to more accurate views than he at present entertains.

It will be remembered by your readers that I stated in my few remarks of Dr. Greggs' experiments that fibrine is soluble in the alkalies and that cellulose, the external cell-covering of bacteria, is not, thus giving a test for bacteria as distinguished from fibrine. I also said that "fibrine is a muscle forming substance and cellulose is not." Dr. Gregg in his answer denies that fibrine is soluble in the alkalies or that it is muscle forming and quotes Liebig as saying that, "fibrine relates chemically more to coagulated albumen than it does to the fibrine of the blood." Suppose it does. Both are soluble in the alkalies. "Digested at the temperature of the living body in dilute solutions of ammonia or of potassium or sodium-hydrate, fibrine dissolves." Arthur Gamgee, p. 36. Edition 1880.

"Coagulated albumen is soluble in caustic potassa." Dalton's physiology, p. 84. Edition 1861.

"It is highly probable that the animal organism possesses power to transform albumen into fibrine or caseine or vice versa. * * * The principal bulk of an egg is albumen * * * yet from these are produced the fibrine in the chick's muscles, also the horny tissues and feathers. In suckling a young animal, it is evident that caseine must be similarly transformed, or if we reverse the examination, the parent gets her milk (so rich in caseine) from blood which contains none." Symington, Brown's Chemistry, Boston, 1855.

"When fibrine is subject to a solution of nitrate of potash at a high temperature it becomes soluble and very much resembles albumen." Johnson, Thurner's Chemistry, Revised Edition.

"Fibrine is soluble in a six per cent. solution of potassium nitrate if digested with it for some time at a temperature of 30° or 40°. It is similarly soluble in sodium chloride and in a ten per cent. solution of magnesium sulphate." "In water containing one part hydrochloric acid per 1,000, fibrine dissolves in a few hours at a temperature of 40° * * * and is converted into acid—albumen." Physiological Chemistry of Arthur Gamgee, M. D., F. R. S. Published by McMillan & Co., London, 1880.

"Fibrine * * * sparingly soluble in dilute acids and *alkalies* and in neutral solutions. * *" Fowne's Manual of Chemistry, 1873.

"Fibrine is soluble in water at ordinary temperature, passing into *solution* only at *very high temperature*, or after a *great length of time*, and then becoming totally changed in character."

"In *dilute alkalies* it swells up * * * and is *more soluble* than in dilute acids. In neutral saline solutions * * * it swells up * * * and gradually dissolves."

"Suspended in distilled water at 70° it becomes more opaque and loses its elasticity. Its solubilities are thus identical with those of coagulated albumen."

"Fibrine—Gluten.—Fibrine receives its name from the circumstance that it enters largely into the composition of the muscular fibre of the animal." "It is best obtained by whipping a quantity of fresh drawn blood with a bunch of twigs * *. It is not soluble in the acids, but dissolves readily in dilute solutions of the *alkalies*. Fibrine obtained in the above manner from either venous or arterial blood appears to possess essentially the same properties, and when turburated with solution of nitrate of *potash* at a high temperature, it becomes soluble and very much resembles albumen." Fowne's Manual of Chemistry, p. 491, 1873.

"Muscular fiber properly consists of a substance which is soluble both in potash and acetic acid. Page 584, Mulder's Physiology, 1849.

"If we dissolve coagulated albumen in dilute potash lye, digest the solution some time at 60° to 70°, and then precipitate with acetic acid we obtain a snow-white precipitate."

"Fibrine * * * in coagulated state forms the principal constituent of muscle." * * * "In fresh condition it is easily dissolved in acetic acid and in alkalies." Löwig's Organic Chemistry, 1853. Philadelphia, A. Hart, publisher.

I might quote Foster and fifty others but enough has been given to prove that Fibrine and coagulated albumen are soluble in the alkalies and are muscle forming.

The Doctor says that "If he will read authors he will find that fibrine is almost the only food of the serous membranes and their allied structures; while albumen is the only food * * * of the muscles or muscular cells."

"Muscles—* * * Their structure is always fibrous." * * * "The chief substances contained in them are fibrine, albumen and gelatine. *The two latter substances* are contained chiefly in the *membranes which* envelope the fibers." Johnston, Turner's Chemistry, p. 498, edition 1867. The Doctor in writing of his experiments says: "If he watches fibrine of rotted blood go through all sorts of net-work, cellular and other formations * * * he will learn much of the secret of all-development which has already been seen and another great point gained." Are we to understand from this, that Dr. Gregg is the first to make the observation, that the substance of living fibrine conforms to a law common to every form of protoplasm, (there is no dead protoplasm)? "Blood rotted for six months" cannot on any known principle produce living cellular fibrine. The forms therefore which he observed in rotted blood are not living cell formations. The motions of fibres or granules is no positive indication of life. The openings he sees may be simply holes such as are common to baker's bread. But the Doctor has discovered that the granules of fibrine no matter how treated with acids and

fire are always present, the same size, the same color, the same everything, even to motion in many of them, and he infers that when I have seen such granules in disease that I have called them micrococci. This is the conclusion the Doctor arrives at after twenty years study in his special branch and discovery! Dear Doctor I am sorry that you have spent twenty years in your fibrine studies. It has narrowed your vision, ruffled your temper, and prevented you from reading up the most common place experiments relating to bacterian culture.

Did you even try to cultivate fibrine granules—*your bacteria*—either before or after you burnt them to test their powers of reproduction? Had you done so, you would have saved your midnight gas and may be an aching head. Since you are gifted in giving advice, please take a little and read up Mulder's Physiology, where you will find your little granule and fibre depicted, and even the cells of fibrine portrayed in picture form. How different a thing are bacteria proper from your fibres and granules. The simplest of all the forms of bacteria—spherical bacteria, an agent which from the very inception of life upon the earth, has continuously performed a function without which the successive generations of plants and animals could not have existed; and stupendous as is its work, it is an agent so minute that twenty million individuals of its class might be inclosed within a globe small enough to pass through the eye of a cambric needle.

Let us theoretically put the Doctor's discovery to a common test. Let a portion of his fibrine and granules be subjected to a sufficiently high temperature in water to sterilize the mass, and place a portion of his wigglers thus treated in a properly, sterilized, clear, nutrient fluid (after the fashion of Pasteur) for a sufficient length of time, to give his fibres and granules a chance to reproduce their kind. At the same time put a drop of water containing real bacteria into another sterilized fluid as above. It will be found after the lapse of a few days, that the fluid containing the *Doctor's bacteria* will not cloud the water or his bacteria be increased in numbers.

Whereas in the second experiment the real bacteria will have clouded the nutrient fluid and the bacteria greatly increased in numbers, thus demonstrating the erroneous character of Dr. Rollin R. Gregg's philosophy. It will be remembered that the Doctor's bacteria are not affected by boiling or burning, or the action of nitric acid.

With regard to cellulose, a substance destitute of nitrogen, convertible by nature or art into starch, dextrine or glucose, a very different substance from fibrine, the latter contains the elements of bacteria, but the former does not. Now since I have shown that fibrine is soluble even in water under the conditions stated, the soluble parts however small, would supply sufficient food for the propagation of bacteria, and when we take into consideration Dr. Gregg's exceedingly loose method of conducting his experiments, the presence of real bacteria in his solution is easily accounted for. Scientific men who conduct bacterian experiments, would not give his methods a moment's consideration, well knowing that any watery solution of protides would supply food for bacteria.

The Doctor desires me to test his experiments; such experiments generally considered are a common place matter with me but not for the purpose of entering into competition with nature in creating living things. The most we can do is to supply suitable food to the ever present spores, and in this way admit of the possibility of their reproduction.

BACTERIA VS. FIBRINE.

BY FRANCIS R. DAY, M. D. CHICAGO.

Since April, 1882, various journals have from time to time published articles from the pen of Dr. Rollin R. Gregg, of Buffalo, on the "Science of Fibrin," in which he boldly challenges the existence of bacteria or micro-organisms, and attempts to prove that all the great workers in this department of biology have been laboring under delusions, and have

been investing little bits of fibrine with the most dreadful powers.

In the January number of the *MEDICAL ADVANCE*, Dr. Taylor, of Washington, tried to put Dr. Gregg on the right track, but failed utterly in his endeavor. In fact, a fibrinous exudation seems to have covered Dr. Gregg's entire field of vision so as to prevent the perception of truths established by other observers.

In his experiments, made with a view to building up a "Science of fibrin" he has taken the most approved methods for developing myriads of the bacteria of putrefaction. No more successful measure could be adopted for that purpose than to rot a quart or two of beef's blood in an iron pot exposed to the air for six months at a constant warmth of 100° to 200° F. Any microscopist who could not find any quantity of micrococci, bacteria termo, and spirillum, in such an infusion might as well sell his instrument and go into some other business.

If Dr. Gregg were to examine water from a stagnant pond, or decomposing urine he would, no doubt, find the same forms which he calls "granules, rods and spirals of fibrin."

Does the doctor think that by the microscopical appearance alone, he can prove that those forms are derived solely from the threads of fibrine? Upon his observations alone does he *dare* to deny the existence of all pathogenetic and non-pathogenetic bacteria?

He calls for others to verify his experiments; would it not be well for him to verify the work of others? Let him cultivate his bits of fibrine by the gelatine method through successive generations, let him inoculate an animal with the youngest progeny, and produce the symptoms of disease.

Let him examine the blood or tissues of this animal and find microscopic forms identical with those cultivated. Before he casts aside the germ theory of disease *in toto*, let him read Prof. Gradle's work on "Bacteria and the Germ Theory of Disease," or Section vii of Zeigler's "Text book of Pathological Anatomy," or "The Cartwright Lectures for 1883,"

and there learn a few facts about bacteria that have been established on a basis that he can never shake with his "Science of fibrin."

Will he not believe these men? Has he verified the works of Koch, Pasteur, et al. and found them wrong? Does he deny the existence of the bacillus anthrax? Does he think that he can work in this department of science with a $\frac{1}{4}$ inch objective? If he answers these questions in the affirmative, I can only sigh sadly to myself; "alas! the fools are not all dead yet."

ABNORMAL CELLS IN TRICHINOSIS.

BY L. YOUNGHUSBAND, M. D., LL. D., DETROIT.

Two specimens of pork, supposed to be trichinous, were sent me for microscopical examination, one from Niles, and the other from Dr. O. R. Long of Ionia. In the former I found several trichinæ; in the latter only two cysts, after a very long and careful search. I sent some of the Ionia meat to my friend, Dr. C. Henri Leonard, of the Michigan Medical College, an enthusiastic worker on such cases, who made a strict examination without finding a single cyst. He found a fungoid growth, the character of which lead him to believe the animal had been seriously affected with actinomycosis. I saw the same fungus myself but supposed it to have grown on the meat after death. Dr. Leonard may be right in his views. At a somewhat later date, he saw and carefully examined the Niles pork, but not until his opinion of Ionia meat had been published. He declared both kinds to be so badly diseased as to be unfit for food, and in this I think all agree with him, except Prof. Stowell of Ann Arbor.

We both found the muscles of each kind very full of peculiar looking oval or lemon-shaped cells, which we pronounced abnormal and pathological. Several slides were shown to different physicians in this city, and all, as I am informed, declared these peculiar cells to be associated with some disease.

A reporter of the Detroit Times, called upon Dr. Leonard and myself to get information on the subject of trichinosis and our views on the diseased pork.

The publication of those interviews created a stir among microscopists through the State. The opponents of our views had stated that the only dangerous element in connection with this pork was the parasite; that the meat itself was far from being an agent injurious to health. They brought Prof. Stowell from the University to settle the matter, which he tried to do in his own way, but made a "bad mess of it." He declared the Niles pork normal with the exception of the million of parasites in it, and the cells pronounced peculiar and abnormal by the Detroit doctors, were nothing more nor less than adipose tissue, such as is formed in very fat healthy animals. This decision was supposed to be a "settler," coming from so distinguished a personage, and a timely hint for certain ones to take a back seat.

The Ann Arbor professor with his confrères of the Griffith Club of Microscopy had this decision published in one of the daily papers as a joke, over which they had a hearty laugh. These gentlemen evidently forgot the old adage, "who laughs last, laughs best."

From the outset, I took the ground that these cells were abnormal and of degenerative nature, produced by these parasites. Since, I have fully demonstrated the truth of my position in regard to them, it is now well understood and conceded on the part of nearly every one having examined my slides, that these cells are abnormal and not healthy adipose tissue. The testimony I produce is so absolutely true that Prof. Stowell dares not deny nor attempt to refute it. My large experience in examining pork with trichinæ in it establishes me in the opinion held by other investigators that the muscular tissue in trichinosis consists of an enormous increase of the protoplasm of the sarcous elements, which by confluence produce globular masses of a high degree of luster, apparently destitute of structure and in appearance *greatly resembling fat*.

In microscopy more than in any other science, we fre-

quently meet with things having great resemblance to each other, when judged by the sense of sight only, though greatly differing in nature or essence which the microscope is utterly unable to detect. What are we to do in such cases? We invariably have recourse to reagents or tests furnished us by the chemist. Now, to the vision even aided by the best objective in the world, no one could positively say these peculiar cells were composed of fat, although greatly resembling it. They looked like adipose tissue to me as they did to Prof. Stowell. I said, I will test them on this point, I therefore immersed the section in turpentine, an excellent solvent of fat, but this agent could not dissolve them. I also tried to dissolve them in the oil of cloves, a powerful solvent of adipose tissue, with like results. But there are other methods of testing for fat. I carefully washed these same slides undissolved by turpentine and oil of cloves, immersed them in a certain dilution of carmine, and mounted them in Canada balsam. I then examined the mounts under the microscope. The sight was a beautiful one. Many of these cells, which before treatment had a high degree of luster resembling fat were stained a beautiful deep red. But fat cells cannot be stained by carmine as all histologists know. It requires such reagents as iodine and osmic acid to do it. I notice in these same slides, that some of these peculiar looking cells are only half stained—the other half looking as bright as ever, showing that a fatty metamorphosis simultaneously with colloid metamorphosis is also not infrequently found in the same cell. Hence we see that in these peculiar cells we have two pathological degenerations, viz. fatty, and colloid, and these conditions are the outcome of parenchymatous myositis, set up by the action of the embryos of trichinæ. In these slides I find the colloid degeneration greatly in excess of the fatty degeneration. Such colloid cells are ever present in typhoid fever, frequently found in typhus, acute miliary tuberculosis, uræmia, small pox, scarlet fever, and from what I have learned in my examination of these and other specimens of such pork, I am sure they are nearly always to be found in trichinosis. Prof.

Stowell's blunder consisted in not making a careful examination of the slides. The slides I mounted, were exhibited and carefully examined by experts attending the Wayne County Medical Society. I am informed by gentlemen who were present at that meeting, that these slides sustained the position taken by Dr. Leonard and myself. I am also informed that the subject as discussed will be printed in *Detroit Lancet*.

CURES BY DR. KUNKEL.

VERIFICATION OF THUJA.

[From the *Allg. Hom. Zeitung*, of Kell.]

The cases of gonorrhœa, in which Thuja o. c. c. is the remedy, are not frequent, at least they have not occurred very often in my practice, even if not exactly seldom. That Dr. C. W. Wolf, advises Thuja in every recent case is to me incomprehensible; it is routinism. There are no new ideas against forms of disease. We are not by any means limited to such procedure as to experiments. The patient who has a sycotic gonorrhœa is affected in his general health; spirits depressed, aching weakness, lame feeling in the lower extremities, sleeplessness, etc., are the usual concomitants of a sycotic gonorrhœa. Thuja restores the general health in an extraordinary short time, while the local complaint goes off gradually. Next to Thuja, in these cases, is Phosphoric acid.

It is otherwise when scrofulous (psoric) individuals are infected. The general health is unaffected, but the affection will not yield to the usual treatment and the squirting doctors say it belongs to the ingeious category of the "obstinate."

Of course in these cases the drugs must be employed more concentrated. For awhile the suppression succeeds, perhaps, but on every occasion, of cold, coition, error in diet, the gonorrhœa returns. It is diagnosed a "new infection." Only the antipsorics can cure these thoroughly. The process is first increased discharge, very gradually a decrease. The same thing prevails in malarial patients who contract

gonorrhœa. In these, as in the former cases, a transfer of virus is not necessary to cause gonorrhœa. In many cases coition itself does it. On the other hand, we cannot certainly believe in a communication of "psora" by coition.

Whether malarial gonorrhœa occurs everywhere, as frequently as here, is doubtful, as in this place although intermittents are not frequent yet malarial sickness very often happens. The treatment of this (malaria) most frequently requires *Natrum mur.* indicated by the following symptoms: Of the first importance, cardiac phenomena; increased impulse, irregular; also intermittent beat of the heart with normal sounds; often great prostration; aching of the legs, particularly of the knees; depressed lachrymose disposition, but very changeable; chlorotic condition with chest: horripilations; aggravation of the condition in the forenoon; pains in the loins; constipation; sleepiness in the day-time; weakness of digestion; momentary relief of the gastric pains by eating, etc., etc. These symptoms have often guided me to the right remedy, viz., *Natrum mur.*

(I believe I am the first to have called attention to gonorrhœa, being frequently under the control of the epidemic remedy, and I am glad that the distinguished Dr. Kunkel's experience is corroborative of mine, for the malarial gonorrhœa he speaks of is really saying, in different words, that the remedy which is curing intermittents, etc., also cures gonorrhœa. A. McN.)

GONORRHŒA.

K.—Consulted me on April 4, 1881. He had suffered for 14 days; had used injections ineffectually. His general health is affected. Paralytic weakness of the legs; always depressed and irritable; sleeps badly; always restless and tossing about in bed; appetite unchanged. The prepuce begins to be œdematous. Thuja 10, one dose.

April 8.—Improvement of the general health; discharge less; no œdema; *Sac. lac.* After ten days there is no trace of the complaint, although it was impossible for him to observe a proper regimen.

W.—A man of 33 years has had gonorrhœa for ten or twelve days, The discharge is scanty. On urinating the pain extremely violent, even to fainting. He feels very much affected; aching of the legs, etc.; six or seven years ago had an attack with more copious discharge, but not by any means as painful. On the 20th of June, 1882, he received Thuja 10, one dose.

July 1.—At first the discharge increased, then ceased entirely; now there is a slight secretion; some pain in urinating; general health, “nothing at all ails him;” Sac. lac. In fourteen days the disease had entirely disappeared.

Henry P.—Consulted me about his two-year old daughter on February 1, 1880. She has been sick for a year. She was vaccinated about a year ago, whether successfully or not did not learn. She is restless and sleepless; cries much; frequent urination often painful; vulva often red; canine hunger; abdomen extremely swollen (a regular toad’s belly,) which increases and is often hard. She cannot eat all the time. One dose of Thuja 50 (of my own preparation.).

I did not hear from her till January 10 of the same year. She was perfectly well, all functions normal, the toad’s belly had disappeared.

OPHTHALMIA GRANULOSA.

B.—actor, 25, has suffered for a year. He was treated for eight weeks in an ophthalmic clinic where his eyes were cauterized, but without any benefit. There was much suppuration, particularly, at first. Now mostly in the morning. General health, bad; weak; aching of the legs; sleep bad, with difficulty of falling asleep and sleepy on awakening in the morning; slow and difficult discharge of urine; spirits depressed. I can not learn the etiology. Thuja 10 for six days. At first increased suppuration; general and local improvement; sleep normal; improved immediately and refreshed in the morning; discharge of urine not much; suppuration inconsiderable and only in the morning. The granulations and vascular injections as good as disappeared.

Sch.—A girl of 8 years was brought to me on January

12, 1880. She has suffered for four years from itching of the genitals, so that she rubs herself against a chair at every opportunity. From this scratching there occurs "spasms" i. e. jerking in all the limbs with stiffness. After these jerkings, headache. Bad smell from the moun; restless sleep; frequent urination. She is now suffering from varicella, coming in new crops and leaving grass-like vaccination marks. Thuja 10, for six days.

February 14.—The itching has entirely disappeared. For the first couple of days, "little sick." Now nothing abnormal.

ASTHMA.

Paul B.—actor, six and one-half, was vaccinated the year of his birth. Before that well nourished, since then emaciated. Through the entire winter slimy diarrhoea, eruption on face and scalp. When the eruption, is temporarily removed by external applications, there is always aggravation of the diarrhoea and the general condition.

In his third year he was attacked by measles. Since then asthma day and night, whistling, wheezing, respiration even in sleep. The attacks always occur from the least cold, but always when he has not a cold. At these times the eruption continues, but disappears spontaneously; then he is always "intensely" sick; repeatedly after such disappearance he has had gastric fever.

August 2.—Thuja 10, one dose.

September 12.—He returned. He had no fever, neither paroxysms. There is nothing abnormal observable, except in the morning on awakening he is somewhat irritable; Sac. lac.

December 16.—Until a couple of days ago entirely well. Since then some whistling respiration, particularly at night; grinding of the teeth, etc. Investigation revealed undoubted helminthiasis, which was removed by some doses, say Cina 6. He has remained sound and well; as I have repeatedly convinced myself by observation.

A. McNEIL.

DRUG PROVING.

BY AD. LIPPE, M. D.

The first object is to procure the drug or other matter to be proved in its purity; then to make a full statement as to how and where it was obtained and how it was prepared. The preparation of chemical substances was always given in detail by Hahnemann, so as to insure the reproduction of precisely the same chemical substance in the future. Plants should be collected by the prover, if possible, at the right season and where they grow on their original soil; for instance, a flower taken from the *Cactus grandiflorus* growing in a hot-house will not make a good preparation, either for provings or as a curative agent. This preparation should be made, as it was made, on the spot where the *Cactus* grows wild, and at the right time and season, when the flower opens at night and fills the atmosphere with its fragrance.

If the drug be taken from the animal kingdom, the animal should, if possible, be preserved and subsequent supplies should come from the same species, and under similar circumstances. The few drops of poison taken from the *Trigonocephalus Lachesis* by Dr. Hering, in Surinam, over fifty years ago, has sufficed so far to supply all the demand for *Lachesis*. What is more, the identical snake from which the poison was taken is still preserved in the Academy of Natural Sciences of Philadelphia. Preparations taken from the same species of snake, while confined in cages in menageries or any public institutions, cannot reasonably be expected to have the same medicinal power as those from the wild snake brought alive to Dr. Hering by the Indians in the country where it was caught.

THE DOSE.

We know that one contact with an infectious disease, one inhalation of malarious air, one sudden mental emotion, will cause a succession of phenomena and symptoms, which finally end either in a full recovery, by what is termed the

crisis or throwing off of the diseased condition of the organism; or else, if the organism be in too feeble a condition to resist the influences, or if the efforts of Nature to bring about this crisis have been interfered with by violent means, (*i. e.*, energetic treatment), the system succumbs to the overpowering influences, and death is the consequence.

This observation of the natural causes of natural diseases must serve us as a guide in ascertaining the sick-making properties of drugs. If we wish to ascertain the artificially diseased condition drugs produce upon the healthy, we make our experiment by taking one dose of the drug; and as we do not expect an immediate effect from a contact with an infectious disease, experience teaching us that it requires days, hardly ever less than three days, before the effects of such a contact become perceptibly developed, so we cannot reasonably expect an immediate perceptible development of the sick-making effects of the one dose of the medicine to be proved. If there is no effect perceptible after, say five days, we will have to proceed just as we do when we administer medicines for the cure of the sick; finding ourselves not susceptible to the drug to be proven, we must take either a lower or higher preparation; and when no effects follow this, we may take the potentized drug in a watery solution until an effect is perceptible. When the question arises what preparation of the drug we should take in that *one* first dose, we may as well consult Hahnemann, who tells us, in paragraph 128 of his *Organon*, that substances, if proved in the crude state, by no means show the richness and fullness of their sick-making powers; that the dormant powers of the drug are developed by potentization; and that we obtain a better knowledge of the properties of drugs if we take a few pellets of the 30th potency. Fifty years ago, the 30th potency was the highest potency known, since then innumerable experiments, both on the healthy and the sick, have fully established the fact that a greater degree of sick-making power is developed

by much higher potentizations. When Hahnemann advised a few pellets of the 30th potency as a proper dose for testing the drug, knowing that its medicinal powers are developed by potentization, his followers tried the experiment, and ascertained that the highest known potencies are endowed with a proportionately higher medicinal property than the crude substances or lower preparations possess. All depends upon the only reliable test, experiment; whoever will make this experiment honestly, will find that a single dose of the highest potency will cause a succession of symptoms much more distinctly marked, much more characteristic than any other preparations before used, even in the single dose or in repeated doses. We have, for instance, this day, no other provings of *Theridion* than those made by the 30th potency, we have provings of *Lachnanthes* made by the highest potency than known (76m.) and the symptoms obtained in this manner have been confirmed by clinical experiment.

REGIMEN DURING THE PROVING.

The prover will do best to continue his usual diet and habits in general, as a deviation from them would necessarily cause some changes in his condition, and these might erroneously be attributed to the effects of the drug he proves. At the same time, he should for this same reason, avoid all possible mental excitement and, above all, any exposures to the changes of the weather or to cold. Such exposures, during the development of the sick-making properties of a drug, might, as we know it did in several deplorable instances, fix upon the prover ailments for life. We know that a person suffering from an acute disease has to be very careful not to expose himself to influences of mental disturbance or the weather, which in his ordinary state of health, would effect him only temporarily; but which, during an acute illness might, and often does, leave their marks, disturbing his health during the rest of his life.

THE DAY-BOOK.

The prover would do well to give first a description of himself—age, sex, temperament, former ailments or diseases, habits and the influence which changes in the weather have on him. Next, a full description of the substance or drug proved, how and where it was obtained and how it was prepared. Next mention the dose and the time of the day. This self-examination should be as carefully conducted as the examination of a sick person. A daily journal should be kept, in which nothing is omitted; some symptoms, or groups of symptoms, may often reappear, they should be very distinctly related again, as these frequently recurring disturbances, however long they may continue, often denote the most characteristic symptoms of the substance or drug proved. And, as in the examination of the sick, so in proving, the experimenter should describe very minutely under what circumstances certain symptoms appear. Also state whether food, changes in the weather, exercise or rest in certain position, cause new, or aggravate, or ameliorate old symptoms.

Finally, let us remember that the proving of drugs of all kinds and by many persons, will not only increase our ability to cure the sick, but will also forever settle many, as yet, disputed points, such as the possibility of finding a drug which can produce symptoms forming the exact similar to a known pathological condition—a disease. Proving will settle forever the disturbing posological question; provings, and their practical utilization, will confirm the infallibility of the only Law of cure—*Similia similibus curantur*.

HOMŒOPATHIC DEPARTMENT OF THE UNIVERSITY
OF IOWA.

Last evening, March 4, 1884, occurred the seventh annual commencement of the Homœopathic Medical Department of the State University. The opera house was packed to its

fullest capacity. On the stage were President Packard, Professors Cowperthwaite, Dickinson and Clark of the department, Dr. Baker, of Davenport and Dr. Stillman, of Council Bluffs, also some members of the Board of Regents. The following is the programme as given:

Music—Overture..... University Band
 Invocation..... Rev. H. M. Thompson

CLASS VALEDICTORY.

D. W. Dickinson, Ph. B..... Sanitary Needs

MUSIC.

Selections from "Bohemian Girl,"..... Instrumental Quartette
 Conferring of Degrees..... By the President, J. L. Packard, LL. D.

MUSIC.

Selection..... University Band Sextette

ANNUAL ADDRESS.

Prof. T. P. Wilson, M. D., U. of M..... The Old and the New Prophets

MUSIC.

Waltz, "I'm Duftigen Gruen,"..... Instrumental Quartette

BENEDICTION.

MUSIC.

Gallop..... University Band

Mr. Dickinson, the class valedictorian acquitted himself to the entire satisfaction of the audience as well as of friends. Mr. Dickinson will be remembered as a graduate of the Academic department of University with class '81. The flowers were elegant, the ladies of the class, especially, receiving very beautiful baskets. The music of the evening was splendid, especially when we take in consideration that the members of the quartette had had scarcely any practice. Dr. Wilson's speech was highly appreciated. The following is a short synopsis of what he said:

The advent of prophets into the world's arena, has marked most of the great epoch's of the world's history. A thousand instances might be cited, in which their coming has changed the entire tide of human affairs. The time of their coming was always peculiar. The ancient prophet was sure to come when, for a long time, the current of events had remained unchanged, or, when some gigantic wrong reigned supreme. Then the people cried, when will a prophet arise?

For they knew that, when the prophet came, there would be a revelation wide, deep and lasting. Kings would be dethroned and empires overturned. Yet the ancient prophet was seemingly the prophet of human forces. From whence he came perhaps none knew, but his words smote like a hammer, they burned like fire, they rent in twain like the lightning's flash. The ancient prophet was an iconoclast. He broke all laws and customs, and fearlessly shattered every sacred image. But they tell us the race of people is dead and we must henceforth go on in darkness. Look now at this picture and see if it is so. The speaker then sketched the office and work of the signal service. The chief officer sits in his cushioned chair at the capital, and holds in his hands the iron reins, that are curb and bit on the horses which are of fire, and they go in and out with all the velocity of thought, and gather up the facts of nature from all quarters of the land, and bringing them all in, they lay them at the feet of this man, and bid him prophesy of the morrow. And so the events of to-morrow are known to us through scientific prophecy. And if to-morrow, why not fifty or a hundred years hence? Already our modern prophet is able to tell us how many will be bitten by mad-dogs the coming year, how many will commit suicide, be burned up with coal oil, and be disappointed in love. In the lap of the living present, lies the coming future. Religious systems, political parties and governments, might forecast their future, if their leaders were only wise. Heine in Germany, Mirabeau in France, and Garrison in America, were true national and modern prophets—they had true divining powers. Their prophetic declarations were all fulfilled. When will our teachers and leaders become wise enough to foresee what the future has in store for us? What a happy day will it be, when the nations of the earth shall no longer bow down in ignorance, and crawl in the dust of superstition, but rather standing up in the liberty wherewith knowledge shall make them free, shall look with perceptive vision over the universe, and behold what lies in the prolific womb of the future, as

easily as we now behold what lies entombed in the mighty mauseleums of the past.

The following is a list of the graduates: Francis Keller, George W. Barr, Alfred Thomas, Will C. Meredith, D. W. Dickinson, Bessie E. Perry, Mrs. Carrie Wilbur, Charles W. Pyle, Albert T. Huxley, Fred A. Remington, Mary A. Meyers, O. W. Hartman.

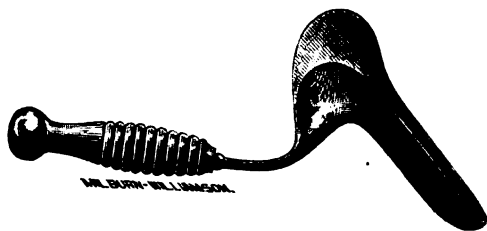
GYNECOLOGICAL INSTRUMENTS.

BY PHIL. PORTER, M. D.

NEW SPECULUM.

We trust the profession will pardon our audacity and assumption when we claim for this instrument an *improved* Sims' speculum or perineal retractor.

Recognizing some faults in the old time honored speculum that has made for its originator a name now famous the world over, we determined to correct them, if possible, and yet retain the superior points of the old instrument.



With Sims' retractor we found the blade at a right angle with the handle which prevented its being used in the dorsal position, on an ordinary gynecological chair or table, for operations in the vagina, and owing to the peculiar shape of the speculum, the patient's clothing must be thrown well back from the hips, exposing her person, which is an objectionable feature in our American practice. We also found it necessary, when working in Sims' position, to construct a flange or shield on the upper side of the blade, to pre-

vent the overhanging buttock from obstructing our view. We then decided to do without the extra blade—a superfluous article—and place a handle at an obtuse angle with the blade, which would not only obviate the above objections of Sims', but give us an instrument much better to manipulate and not awkward to hold.

The advantage of this speculum over Sims' can be better appreciated when employed by one familiar with the old instrument.

UTERINE DRESSING FORCEPS.

We also present to the profession a pair of uterine dressing forceps which more than meets our expectations. The special advantage of this forceps over the others is, its pelvic curve near the points, which prevents the hand from obstructing the operator's view when working about the cervix.

The sliding clasp on the right hand side, with the large thumb piece, enables the physician to fasten or retain any dressing, stem, tent or bougie, without holding on to the instrument.



The spring is made very soft, to avoid tiring the hand, a fault that is usually associated with all spring forceps.

FEMALE CATHETER.

As before stated in this journal, we have had constructed a catheter for evacuating the female bladder of which we now present a cut.

The greatest objection to the present form of female catheters is the large eyelets or slots at the point of the instrument, which allows the bladder to contract firmly around that portion, and, as the calibre of the tube is less at that

part, the mucous membrane will be forced into the apertures and the tissue injured more or less as force is used to withdraw the catheter. Let this be repeated for several days and cystitis follows.



This instrument is perforated with thirty-six small holes which provides plenty of space for the escape of the urine and the size of the tube is maintained its entire length, not presenting any surface or space for the bladder to contract about.

We have also had an attachment or coupling piece added which permits the use of small rubber tubing, of any desired length, to convey the urine from the bladder to a vessel along side of the bed, thus avoiding soiling the patient's clothing.

SANITARY NEEDS.

D. W. DICKINSON, JR., M. D.

How people shall be born and reared so that they shall attain the highest social and physical development is a vital question.

A man's life is a march from the cradle to the grave and each step should mean an advance physically, mentally, morally, and death be the result of physiological decay. That we have fallen far short of securing this is patent to all, so much so that the sigh for relief is heard upon all sides and eyes are opening to the enormity of man's deterioration. Intelligent people are asking: How did he become so? What are the causes which have operated to produce this result? and what is still keeping him in this condition?

Created in the image and likeness of God, originally he was perfect; nor can we cast the blame entirely upon that far away Adam of Eden, but must recognize that each one is in a large degree the Adam for himself and progeny.

Emerson says: "We are all entitled to beauty, should have been beautiful if our ancestors had kept the laws; as every lily and every rose is well. Because of this our bodies caricature us and satirize us."

In our greed for gain; in cultivating our minds to cope with great problems; in drinking the cup of pleasure to its dregs, we lay too great a burden upon our bodies. The strain is too much, and the machinery either ceases to move, or, marred and unsightly, it goes creaking and groaning reluctantly along.

True we know more about rules of living than formerly, and lay greater stress upon their observance. Our advancements in science have furnished us weapons to skillfully combat the lurking miasm and destroy its effects. With all our knowledge and resources we should be a long distance farther on toward the millenium of correct living; but we have allowed certain morbid influences to continue in existence for ages, and many others to creep gradually in. It is well that we reflect upon our condition and see if we cannot seize this dilemma by the horns and work out a radical cure for ourselves and generations yet unborn.

There is a universal natural law called heredity, which has exerted its power upon the human race for good and for evil from all time. The evidence of its influence is more striking and cumulative in the lower orders of animate nature because increasing diversity multiplies the factors which modify each other and obscure the relations between cause and effect. In the varieties of fruit, the many roses, the different breeds of horses and cattle, you behold its action. In man, look at the family of Bach in music, Titian in painting, Fox in diplomacy, and see how constantly genius is transmitted through successive generations. Much of our life is pre-determined. What it shall be is almost entirely in

human hands. The instinct, the impulse, the bias are parental. Its power in disease is equally great.

See that fair maiden of twenty with the hectic flush upon her cheeks, grown so thin that a breath of air seems sufficient to waft her away, with voice so feeble and faint that each word seems the last. When were the seeds of that disease planted? We say at her birth.

Behold that statesman now in the prime of life, just reaping the rewards of years of toil; with mind still vigorous to win future renown, but with a body that will not bear him on. There lurks within a gnawing, lancinating pain which will not down—a malady which is slowly but surely sapping his vitality. When did he receive the germs? We say at his birth.

There is a child with face as blank as the mind which gives it expression, with incoherent speech and uncouth movements, an example of heredity.

While pre-existing tendencies are the maintaining causes, there reside in the air, food, water, and in the manifold influences of human society the exciting causes, which determine the appearance and variety of disease. Pure atmosphere to breathe; uncontaminated water to drink; unadulterated food to eat, and pure society are essential to health. From the Pontine marshes of Rome and the flats of the Potomac rise noxious vapors; a pall for the deaths they entail. A pestilence rides upon the wind sweeping down the people like grass before the blade. In a hundred preventable ways we inhale the seeds of disease. Man has but one companion in his omnivorous habit. He sends his ships to every clime to cull articles to please his palate unmindful of their injurious effect on his stomach. "Hunger is physiological, appetite is pathological," and he becomes a gourmand, a dyspeptic, and suffers from many dire complaints that he may gratify the latter. Are these all? Cannot heredity with the manifold modifications his environment can cause be enough for man to encounter and subdue? *Yes*, enough but not all.

For six centuries the improper use of narcotics and

stimulants has exerted its power among civilized nations, feeding and augmenting a depraved sensual appetite.

From that day to this they have swept down the decades like a whirlwind with ever increasing fury and force, until, like a devil incarnate, they defy all restraint and threaten the very bulwarks of existence. First came tobacco from the west, then tea and coffee from the east. The fanciful dreams of a morbid De Quincy gave opium a push into the stream of appetite. There is alcohol the king of these poisons, wine hoary with age, and the anæsthetics, chloroform, ether, and chloral hydrate, which have been added to the list within the last half century. The history of their introduction and habitual consumption is replete with sad but intense interest. Like a kite against the wind they seem to flourish by opposition. Under the erroneous name of stimulants they become necessary to life, second only to food and air.

By every device known to ingenuity, people have sought to hide and neutralize the visible marks of their ravages. They have allowed their use with silence and apology rather than argument. It is not necessary to an intelligent body of readers, to argue the evil results of their abuse. Their very mention pictures to the mind the mental wrecks they have caused, the base passions they have aroused and the splendid physiques they have marred and ruined.

We can not now claim to have mentioned all the causes of mental and physical degeneration, but only the principal and most preventable ones. It is inconceivable that man, having been given an inquiring spirit to search, an intelligence to apply, and an inborn hope to use efficiently means for counteracting these noxious influences, should be disappointed and foiled.

The past has demonstrated in the use of cinchona in fevers and vaccination in small-pox what can be done. The last few years have seen all nations awakening to the fact that proper sanitation will rob man of half his ills. In the past they have turned a deaf ear to the warnings of sanitary

science, but now an interest is growing in the investigation of causes, in making efficient quarantines, and in preventing the spread of disease. The progress is too slow. Movements are made as though it were a doubtful experiment. The citizen does not realize his duties to the nation, to the profession, and to himself in this question. His first duty is the safety of the republic, then the promotion of the six precepts set forth in the preamble of the constitution. Inasmuch as public health is essential to domestic tranquility, to the general welfare and even to justice, it is of the highest importance that this receive his attention and legislation. We have progressed so far as the formation of a National Board of Health, and some State Boards have been created. In their short existence they have done a grand work, but a grander is in prospect when they shall have received due recognition. A law giving less than plenary rights to a board is but a mockery of power and will inevitably bring such a body into unpleasant complications with citizen, council and government. When we say they may simply advise such and such a measure; when we say they cannot put their hands in the public purse to carry out projects of reform we make of them a figure head. When statistics show one hundred thousand deaths and two hundred thousand cases of prolonged sickness from neglect in one year; when an enumeration of the most preventable diseases includes the worst scourges of mankind, can we be too prompt in instituting measures for their eradication? Will millions spent in maintaining a profession whose duty shall be to enforce sanitary precautions, overbalance the untold amount lost in the lives, time and work of these citizens? If "all a man hath he will give for his life" is true, the acts of society are inconsistent.

This is the great mystery of humanity, "Health is nature's simplest faith." While its laws are fixed, irrevocable and eternal, yet they are easily understood. If long life, unalloyed happiness, ecstatic pleasure are the recompense for simply walking in its broad paths, and premature decay, pain and sorrow and ungratified desire, the certain penalty

for wandering in the tangled by-ways that stretch far away from it in unknown lines, why need anything be said as to wherein their interest lies. But the sanitarian, while abashed at the simplicity of his lessons, yet knowing the stubborn incredulity of the world, realizes the magnitude of his undertaking. Ask the dying millionaire all that he has for a new lease of life and he clings to his gold. Ask the legislator what are the most important considerations affecting existence and he will reply, mental and physical health, yet he scarcely recognizes that this momentous question needs any legislation.

The state appropriates millions for, and points with pride to its public works, many being homes for the victims of disease, but the unostentatious work which shall bring moral and physical health to its citizens is almost wholly forgotten. Look at the charity lists of the legislatures—nearly all in the interest of existing evils, and but little towards aborting or preventing them.

It is a sign of advancing civilization when public attention is directed in a practical way to the hygiene of the people. The world is beginning to see that the introduction of sanitary science has opened a new chapter in human history, a history which will be read in aftertimes with admiration and amazement; admiration for the physician's wise endeavor; amazement at the opposition to so beneficent and far-reaching a measure. We are not looking forward to a physical millenium, but to a lessened mortality and stronger life for man. To this end the people must join hands with the physician in a persistent work. "Eternal vigilance is the price of health," and each working in harmony will bring health to the nation. It is health "that beautifies the babe, ennobles the man, glorifies the woman, which no wealth can purchase, no ancient lineage or exalted station secure." Health is the priceless talisman of beauty; health is the patent of nature's own nobility; health is the crowning glory of womanhood and of all humanity, the source of all earthly happiness, the mainspring of every human pleasure.

ULCERATION AND PERFORATION OF THE INTESTINE AND APPENDIX VERMIFORMIS.

BY E. R. ELLIS, M. D., DETROIT, MICHIGAN.

It has been my fortune to see four cases of this remarkable complaint, and as the symptoms and diagnostic marks are so uniform in all, I wish to recount them.

On being first called to a case of this kind, the physician may surmise that his patient has colic, if he see him early in the attack. At his next call he will find greater urgency of all the symptoms and may then suspect that there is local inflammation of the intestines, or peritoneum, or both. The pain is usually quite circumscribed at first, and may be felt to proceed from a given point not difficult to determine. From this point it will radiate or extend, more or less, over the entire abdomen. There is not much, if any, febrile action manifested by heat of surface, although the pulse will usually be more frequent but small.

The ulcerative process, before it results in perforation, may be going on, I have reason to believe, for many months and even years, without causing any alarm or even being suspected by the physician or patient. But when the perforation is complete, and thereby the liquid contents of the bowels allowed to escape into the abdominal cavity, a crisis immediately comes which can only end in the speedy death of the victim. He goes into a collapse which in some respects, resembles that of cholera, except that there is no diarrhoea. There will be a cold sweat on the forehead and vomiting of blood or a substance looking like tobacco-spittle. He will be pulseless, and that with the intense burning sensation internally, may lead the physician to inquire if the patient may not have taken Arsenic, accidentally or otherwise, although the absence of diarrhoea would contra-indicate such a conclusion. But in any event the patient will be a corpse in from 18 to 20 hours from the time the perforation occurs. When this takes place the physician in reviewing the case, may rest assured that he has had a case of perfora-

tion of the intestine, or appendage, and for his own satisfaction and the satisfaction of the friends of the patient should ask for a post-mortem examination. Some 18 years ago I was asked to make an autopsy in the case of a boy of 10 or 12 years, the son of a physician, who had died in a manner very sudden and unusual. On opening the abdominal cavity from one to two quarts of fluid, of a sero-purulent character, poured out. In the vermiform appendix was found an ulcer about the size of a white bean which completely perforated that tissue. In contact with it was a small fecal or calcareous substance which had formed, to all appearance, at that point, and which had given rise to the ulcerative process. In the month of January of the present year I was called to a young man of 18 years whose case presented all the conditions above recounted. He died in 18 hours to the astonishment of his parents, who supposed him to be in prime health and strength. I explained the matter as being undoubtedly that of perforation of the intestine or vermiform appendix and solicited an autopsy. This was granted, and next day in company with Dr. H. P. Mera, of this city, it was held, when a case of perforation of the appendix, precisely like that above mentioned, was found.

Twelve years ago I had one of these cases where the perforating ulcer was in the small intestine near its junction with the colon; and six years ago a similar one in the transverse colon, both terminating fatally in 18 to 20 hours from the time when the perforation was completed. I said above that this ulcerative process might have been going on for months, if not for *years*. The evidence of it is this: in *all* of these four cases the ulcers had an ancient appearance being perfectly *black* like an old tooth which has been undergoing decay for years. In one of the above the patient had had puerperal peritonitis *four years* before, and had never been fully well afterwards, having at times a sudden and severe pain at the spot attended with pallor of face and usually temporary faintness. Indeed the latter was present in all the cases recited above. Parents could recall having frequently

noticed, for a year or two, in the lost children—for three of the above cases were children—expressions of pain in the bowels with clapping their hands to the abdomen for a moment, with marked palor of countenance and faintness. All these symptoms and manifestations however are likely to be overlooked until after the death of the patient. Then it may be clearly seen from the rapid termination of the case that you have not had any natural disease to contend with, and this explanation will be quite sure to secure for you a post-mortem examination. This is a part of the transaction you should not omit, for otherwise the friends of the patient will never be fully satisfied regarding the cause of death, as nearly every doctor to whom they recount the circumstances of the case, will give it a different name.

In two instances of sudden death in this vicinity, which, from all the manifestations *must* have been of the character presented above, the attending doctors disagreed to such an extent as can only be considered a discredit to our profession. "Inflammation of the bowels," "Heart disease," "Dry cholera," "Biliousness," etc., were the varying conclusions arrived at. An autopsy alone will convince all.

CHICAGO HOMŒOPATHIC COLLEGE.

The eighth annual commencement exercises of the Chicago Homœopathic Medical College were held at 2 o'clock, March 6th, in Haverly's theatre. President Foster gave his annual report, speaking of the past year as a prosperous one, in the number and quality of students and in finances. As many as 2,400 patients received treatment at the college dispensary, 900 of the cases being surgical. The County Hospital, so near at hand, gave unsurpassed facilities for medical education. Thirty-nine students composed the class of 1884, and all had been found worthy of diplomas.

The faculty valedictory was then given by President R. N. Foster, and although long, did not flag in interest. He spoke of the class before him as just born, Alma Mater hav-

ing cut the cord that bound them to herself, and sent them forth to a more independent life. Only experience could nurture them. The path to success was a straight line, with no deviations of quackery. Medicine was a tact as well as an art, and when the young doctor had settled in a live place, let him attend to business and his patients would attend to his reputation. A Homœopathic doctor was never a cyclone but a gentle and refreshing breeze. Though pursuing his profession with enthusiasm and singleness of purpose, he should not neglect the other relations and amenities of life. After the "Song of the Spinning Wheel," Dr. George Zimmerman gave the class valedictory, a well-written and well-delivered address, with touches of pathos and humor that were appreciated. He emphasized the claim on the doctor to be pure, a bringer of sunshine to the sick room. The faculty had left no stone unturned. Might the noon day of his classmates be aglow from the sun of success and songs of suffering relieved make happy the twilight of life. An address by the Rev. Dr. Thomas was another enjoyed feature, embodying as it did some laughter-producing descriptions of old-time practice. Of the three chief professions, law was unchanging, a certain quantity, while as to the doctor of medicine and the doctor of divinity, it was sometimes uncertain just where they were. A man with a bad lawyer would only lose a case, and without a minister could come to God and heaven, but what the suffering outside world wanted unanimously was to get cured when ill, and the value of a skillful doctor was above price. A sacred and high function was that of the physician, a helper of morals and souls as well as bodies. In conclusion, Chicago was congratulated on its character of a great center for medical education. The college quartette and orchestra again officiated pleasantly, and the exercises terminated.

SPEECHES AND VIANDS.

Concluding the literary exercises of the Chicago Homœopathic College yesterday was the social reunion of the grad-

uating class, juniors, alumni, faculty and guests, in a banquet at the Grand Pacific Hotel in the evening. About 150 ladies and gentlemen assembled in the parlor of the hotel to pass into the ladies' ordinary about 9 o'clock. Music during the supper and speeches, was furnished by an attending orchestra and the quartette of the graduating class.

STRAWS.

BY H. M. BRODERICK, M. D., DECATUR, MICH.

[The remedies appended are merely suggestive.]

Nature often points out the articles of diet through the patient's craving for such.

In diseases of the nervous system there is often an increase of appetite, Nux., Cina., Lach.

In mental derangements craving is a bad sign.

In exhaustive diseases, diarrhœa, typhoid, typhus, and some severe diseases of the brain, when the patient after complete loss of appetite for days, suddenly and eagerly swallows everything offered, an unfavorable prognosis should be given. Such a symptom, instead of being hailed with delight by the anxious attendants should be regarded as an extremely unfavorable if not a fatal symptom, by the physician. It should call our attention to Hellebore.

In phthisis pulmonalis the teeth are of a pearly color.

Grinding or gnashing of the teeth indicates some irritation of the intestines as worms; Cina., Merc.: when in old people, it precedes apoplexy; Bell., Op.

Pale gums indicate chlorosis; Ferrum: blue in cyanosis and scurvy; Merc.: brown or black in typhoid; Rhus., Bry, Bapt., Arsenicum.

A bluish or slate colored strip on the gums in lead poisoning, Sulph. acid, Plat.; a pink line in phthisical persons, Phos.

In diabetes the gums recede from the teeth rendering them loose. When they are spongy looking and of a bright red color, soft and compressible, they indicate caries; Merc., Aur. m.

A bright, dry, shining tongue indicates irritation of the mucous membrane of the stomach and bowels; Ars., Bell., Ant. t.

A dry, yellowish, or bright red tremulous tongue is found in cholera; Arsen., Bry., Carbo., Iod., Rhus., Verat.

A dry, rough and cracked tongue, with elevated papillæ, shows the abuse of mercury; Sulph., Nit. acid.

A very bright red tongue in violent inflammation of intestines, or in the second stage of pneumonia; Ant. t., Sulph., Rhus., Hyos.

A white, light coating in rheumatism; Arnica, Laurocerasus, Hydrastis.

In suppurative inflammation of the liver a curdy or creamy coating of tongue in streaks; if it adheres firmly the disease is not abating, but if it begins to clean from the edges, it indicates a speedy recovery. If it cleans in the middle first and then becomes coated again it is unfavorable.

A dark brown or black, fissured or cracked tongue with red edges is found in typhoid; Rhus., Bry., Bapt., Ars., Hyos.

In acute nervous diseases a tremulous tongue indicates danger; Hyos., Bell.: but in chronic form it is not so unfavorable.

When the patient in showing the tongue does not return it to the mouth, it indicates disease of brain; Hell. Hyd., Ac.

A clean red tongue with papillæ prominent; Arum, Rhus., Nux.; or a furred tongue with the papillæ appearing through the fur indicates scarlatina; Bell.

A reddish tremulous tongue in mania a Potu; Bell., Hyos.

A thick yellow fur on the tongue with bitter taste; Cham., Pod., Merc., Dul., Hydr.

A pale, flabby tongue with large papillæ, indicates gastric derangement; Nux. v., Colch.: also met with in chlorosis; Sulph., Ferr.

A sharp pointed tongue is met in irritation and inflammation of brain. Stram.

Ptyalism is sometimes a symptom of pregnancy; Jaborandi. It is a favorable sign in confluent small-pox.

The saliva of pregnant or lying in women is milky; is frothy in hydrophobia, epilepsy, apoplexy or tetanus. It is a blue color in poisoning by lead. It has sometimes been observed to be yellowish in liver complaints and jaundice.

Waterbrash is a symptom of induration of the pancreas; Nux., Carbo., Merc.

Salty eructations in hysteria; Ign.: in hæmatemesis; Puls.

Sour eructations in cancer of the stomach; Carbo. Nux., Con.: sweetish precedes hæmatemesis; Acon. Kreos.

Eructations of sulphuretted hydrogen, indicates that ulceration of stomach has begun, or an abscess has opened into it; Hepar.

Vomiting: The sooner it occurs after eating, the higher up in the intestines is the disease seated.

In great debility of the stomach, green substances are vomited. Acon., Ant. t., Cham.

In contractions of the intestines, hernia, peritonitis there is vomiting of fæces. Opium.

Rumbling of the bowels and emission of flatus are good signs, in fevers, diarrhoeas, dysentery and cholera.

If vomiting ceases after eating small portions of food, it indicates ulceration of the bowels; Mur. ac.

Constipation in old people is conducive to health and comfort. It occurs at the beginning of most acute diseases. When it suddenly occurs during a disease instead of diarrhoea, it is an unfavorable symptom. Irritation, congestion, or preternatural collection of blood in the bowels produces diarrhoea.

Persons who eat much and exercise but little, seldom have alvine evacuations. Nux., Sulph., Bry., Pod.

If feces pass quickly and free from odor, it is favorable; but unfavorable if delayed and fœtid except in scrofulous phthisis.

Purging occurs in dentition; Arsen., Cham., Ipec.,

Rheum.; in measles, Apis., Merc., Scilla; in small-pox, Amm. c., Camph., Ham.; in gout, Nux. Colch.; in childbed fevers, Col., Ipec., Merc.; in inflammation of peyers and mesenteric glands and typhoid fever; Bapt., Apis., Arn., Carbo. v., Merc., Mur. ac.; Rhus.; if it be preceded by vomiting it is a good sign.

If diarrhœa occurs soon after eating it indicates inflammation of the mucous membrane; China. Ars.

If pain before stool, it indicates irritation, inflammation or ulceration of the rectum or colon. Col., Rheum., Pod., Lep., Merc.

Tenesmus occurs in inflammation of colon; Bell.; or rectum, Aloes; hemorrhoides, Ars., Nux. Sulph.; worms, Acon., Stann. Sulph.; dysentery, Merc. c., Mag. c., Kali. b., Nux., Nit. ac.; in abscesses, Merc. Sulph.; in retroversion and impregnation of uterus, Puls., Dulc., Cham., Sulph.

Diarrhœa is unfavorable in the last stages of consumption, dropsy or cancer of the uterus.

Long lasting diarrhœas occur in chronic enteritis, Amm. c., Hyos., Pod.; in ulceration and tubercular diseases of the bowels; Iod.

Pain on going to stool may be occasioned by inflation of the rectum or acrid fevers; Pod.

The sphincters act with great force in cholera and catarrhal affections; Ars., Merc., Sulph.

Involuntary evacuations indicate paralysis of the sphincter, and occur in apoplexy; Arn., Hyos.: in concussion and organic disease of the brain; Arn.

The quantity and appearance differs. If it is a whitish brown, it shows a deficiency of bile; Pod., Merc. Lept.: it may contain a mealy sediment which indicates irritation and ulceration of the bowels; Pod., Nit. ac.

The meconium is brown. In the child at the breast the feces are pale; in adults small, soft and round; in old age hard and globular. In children it is yellow; in adults brown, and in old dark brown. Green herbs give a green color; black fruits, iron and tomatoes give a black color;

Rheum gives yellow, and Sulph. an odor of sulphuretted hydrogen.

If it be profuse with diminution of strength it is called colliquative; Amm. c., Cal. c., Ferrum, Euphorb., Elaterium. Zanthox.

If undigested food passes with the feces, it indicates irritation or inflammation of the stomach and is called lienteria; China., Nit. ac., Ferr., Ars., Pod.

Serum resembling clear water, sometimes like mucus and sometimes turbid, is passed in irritation of the bowels, or where there is suppressed secretion of some organ, or from saline purgatives or mercury; Bry., Puls., Opium, Jalap.

Watery evacuations are bad in chronic discharge from the testes, Pod.; nor do they relieve except in dropsy.

False membranes, or even parts of the intestines may be passed and still recovery is possible; Puls., Canth.

Pus is passed in ulceration of the rectum or large intestines; and in abscess of any abdominal organ opening into the tract; Phos.

The stool is fatty in phthisis, Cal.; and bloody in irritation, congestion, inflammation and ulceration of the intestines and liver, Ant. c., Merc. c., Carbo, Ipec., Ham., Nit. ac.; piles, cancer and fungus growth, Ars., Ham., Hydras., Sang.; if it be clear and red it is from the lower part of the rectum, Ars., Ham., Ipec.; if dark brown it is from higher up, Ham., Acon.; if relief follows its passage it is favorable.

MENORRHAGIA.

BY L. B. RICHARDS, M. D., STAFFORD SPRINGS, CONNECTICUT.

Hamamelis—*Nux vomica*.—Jan. 10, '83, received telegram to call on Mrs. E. On my arrival found a "regular" in attendance; had been for two days. It was a case of menorrhagia at the climacteric; had received ergot in appreciable

doses; nearly all sorts of local applications; was then "packed" and a large stick of alum was in the cervix, but still the flow continued. Found I was to act as counsel with the attending physician.

There was no pain, and the character of the flow could hardly be ascertained; recommended Hamamelis internally, and if they desired, a local application of Pond's Extract of Hamamelis. It seems they had not much faith in my prescription, but soon sent for another "regular;" and again the next morning for still another "regular;" but the patient went on from bad to worse for two more days, when the husband resolved to use my prescription, which he did with a happy result; for in a few hours afterwards the flow ceased.

In March she had another attack; the "regular" was again called, and again was she tamponed, and injections used. Even tincture of iodine thrown into the uterus with no other result but to cause severe pain. Again was I telegraphed for. This time I resolved to treat the case or not treat it. The "regular" was dismissed.

The only symptoms I could find on which to base a prescription were, "*awaking after 2 a. m., with inability to sleep again*;" and the fact of her always eating highly seasoned foods. Gave a dose of Nux v.; left powders of Sac. lac. and one powder of Nux v. to be taken at 9 p. m.; all local applications discontinued. Called next morning; patient had slept well all night; first time in several weeks; flow very much lessened. Left Sac. lac. and one powder, Nux v. for 9 p. m., which was probably a mistake, as she reported next morning "did not sleep quite as well as the night before, but the flow had entirely stopped."

Was called again in May; sent Sac lac. and one powder of Nux v; flow ceased in a few hours, since which time she has been well, except soon after the last attack mentioned had an uncontrollable desire for sour things only, fresh horse-radish in vinegar especially, which Nux v did not relieve, but a few powders of Hepar did.

JOSEPH HYPPOLYTE PULTE, M. D.*

Dr. J. H. Pulte, was born October 6th, 1811, at Meschede, in the Prussian Province of Westphalia. His father, Hermann Joseph Pulte, M. D., was the medical director of the government institutions for the education of mid-wives, and as these institutions had to be organized all over the newly-acquired provinces, he was especially deputed for that purpose, besides presiding over the institution confided to his care.

Completing a classical course at the gymnasium of Soest, and a medical course at the University of Marburg, he accepted an invitation from his eldest brother to accompany him to America, where he intended to locate in St. Louis, Mo.

In the spring of 1834 he sailed for the United States to reach St. Louis *via* New York. On his journey through Pennsylvania, however, the Doctor was induced by a personal friend to stay in Cherryville, Pa. Here he formed the acquaintance of Dr. William Wesselhoeft, at that time residing at Bath, nine miles from Cherryville. Dr. Wesselhoeft was the first to induce him to test the merits of homœopathy by actual experiments. These trials were so successful that Dr. Pulte became enthusiastic in his devotion to the new doctrines, and at once entered with great zeal upon the study of homœopathy; henceforth he did not shrink from any hardship or exposure necessary to acquire a complete knowledge of the same. It was difficult and expensive in that early time (1834) to procure the means of prosecuting the study of homœopathy. There were then no text-books; a greater part of the facts and practical knowledge existed only in manuscript sent to America from Europe, and circulated to be copied and studied.

The first attempts at a more systematic treatment of Asiatic cholera were thus transmitted to the Northampton County Society of Homœopathic physicians, in manuscript, from Europe, and by its members copied and studied. Dr.

*See frontispiece.

Pulte soon joined a society of homœopathic practitioners who had united themselves for mutual advancement in knowledge, under the name of the Homœopathic Society of Northampton County; this was the *first* one of the kind on this continent. It was no doubt in these days a difficult task to belong to a society and to do justice to its requirements. But the members were seldom found missing at these friendly gatherings; their example being more worthy of imitation by many homœopathic physicians to-day. The greatest accession to the society was made when Dr. C. Hering, of Philadelphia, joined its number and took up his residence at Allentown, to preside over the academy, which had been formed by this small band of Hahnemann's disciples. Dr. Pulte recognized in Dr. Hering the man of genius, and submitted cheerfully to the moulding influence which such a mind would naturally have over others. Besides attending to the numerous meetings for scientific and other purposes, frequent occasions would offer where public addresses had to be delivered, or poems to be read. He never shrank from any work thus laid out for him.

Six years of great activity of body and mind were thus passed, giving and receiving instruction, healing the sick; but during which he never relinquished the intention of joining his brother in St. Louis and bringing him into the light of the new doctrine. He did not, however, carry this into execution until the academy was dissolved. After the closing of this institution, the various physicians connected therewith, went to different and larger fields of labor.

Dr. Pulte took up his march again westward to St. Louis, whither he intended to go six years previous. He travelled in company with an intelligent Englishman, Edward Giles, whom he made a convert to homœopathy theoretically, but who wanted practical proof.

He tarried in Cincinnati to give his friend Giles an opportunity of witnessing cures by homœopathic remedies. For that purpose he opened a private dispensary, where some of the sick children of the poorer classes congregated to get

relief. This was during the summer, and summer-complaints prevailed. Mr. Giles was astonished at the speedy cures, and it seems so were also those more nearly concerned; the poorer classes told the richer, and the latter also soon sought the doctor's aid. In less than six weeks' time Dr. Pulte was in full practice in Cincinnati, and on account of the numerous engagements he had to fill, relinquished the idea of going to St. Louis.

In the autumn of this same year he was united in marriage to Miss Mary Jane Rollins of Pittsburgh, a lady who soon shared his enthusiasm for the science of homœopathy, and who ever after rendered him valuable aid in preparing his medicines and assisting him even in his professional duties. Much of the success of Dr. Pulte in Cincinnati was due to the sustaining sympathy and strength of character of Mrs. Pulte.

In 1846 he published his work on history, in German, entitled *Organon of the History of the World*. His purpose in this work was to develop a philosophy of history and its elevation to the rank of one of the natural sciences. The work was regarded with favor by Humboldt, Guizot, Schelling, Bryant, Bunsen and Lepsius. In 1850 he published a work on domestic practice, which had a large sale in this country, and was reprinted in London and translated into Spanish. Its arrangement was entirely original, and the book seems to have pleased the public so well that no book of similar size and import in the homœopathic literature has had such a circulation throughout the world as this. He was one of the editors of the *American Magazine of Homœopathy and Hydropathy*, during the three years it was published, and in 1853 he published the *Woman's Medical Guide*. This book was also republished in England and translated into Spanish. Dr. Pulte was the first to urge the practicability of girding the world with the telegraph. During a visit to Europe in 1848, he brought the subject to the attention of several governments, and through Humboldt was in a way to secure important aid from the Emperor of Russia, when the Hungarian war broke out and the project was frustrated.

A memorial upon the same subject, proposed by Dr. Pulte was presented to the United States Senate, by Salmon P. Chase, and received attention from that body. The doctor's plan was to carry the wires across Behring's Strait, and thence across Asia to the principal cities of Europe. The same idea was afterwards taken up by Major Collins, and in another way has since been carried into effect. During the prevalence of cholera in Cincinnati, in 1849, the doctor had the pleasure of seeing the homœopathic treatment triumphant beyond any other. Homœopathy, after this trial of 1849, was firmly established in the whole West and South, many physicians of the old system embracing this method of practice, more or less through the agency and influence of Dr. Pulte.

In 1852, Dr. Pulte accepted and filled the chair of Clinical Medicine in the Homœopathic College of Cleveland, and he afterward filled the chair of Obstetrics in the same institution. In a public address called the "Science of Medicine," during this time, he pointed to the cell as the real starting point of the pathological development; here already were indicated the principal features of that pathological edifice which Virchow afterward erected into his famous cellular theory.

In 1845, the centenary year of Hahnemann's birth, he was appointed to deliver the annual address before the American Institute of Homœopathy, which met in Buffalo, New York. In the same year he was solicited to accept the Professorship of Homœopathy in the Michigan University. Dr. Pulte was not only a learned and thoroughly practical physician, but was also a very intelligent and public-spirited citizen, and aside from his professional duties found much time to devote to public affairs.

He was recommended to President Johnson for the Austrian mission, by the Hons. Bellamy Storer, Alphonso Taft, A. F. Herr and others, and was promised the support of the Hons. Carl Schurz, B. Eggleston, W. S. Groesbeck, and other prominent statesmen, in case his name should be sent to the Senate.

He was the author of numerous poems, written and published chiefly in the German language.

In the fall of 1872, Dr. Pulte delivered his last course of lectures at Cincinnati, at the college which bears his name. The writer had the pleasure and privilege of hearing these lectures, and can bear testimony that they were highly appreciated by the class. In 1873 a severe illness led to his withdrawal from the active practice of his profession. A maxim of the doctor's was, that "the height of all pleasure was an increase of knowledge;" and he may be said to have spent his whole life in the pursuit of this greatest pleasure.

Dr. Pulte died February 24, 1884, at the advanced age of seventy-two years. He suffered much during his last illness, which was characterized chiefly by inability to sleep and to take food. He remained conscious, however, and in full possession of all his faculties until within an hour of his death, which he awaited with a calm and Christian-like spirit, and which came at last like a slumber. The remains were conveyed to the Spring Grove Cemetery, and borne to the vault by twelve of the profession of Cincinnati, who acted as pall-bearers. This sketch may be fittingly closed by simply adding the motto of Dr. Pulte's family: "*Virtute ad astra.*"

S. R. GEISER, M. D.

"SUCCESSFUL TREATMENT OF MEMBRANOUS CROUP AND DIPHTHERIA."

BY J. E. WOOD, M. D., WEST CHESTER, PA.

Under the above caption Doctor Falligant, of Savannah, Georgia, proceeds to give his successful treatment of these two, much to be dreaded diseases, in the March number of the Hahanemannian Monthly. I am pleased with the fact that he cured his cases, but with *what* he cured, or the *modus operandi* of cure, I am unable to learn anything that will be of service to me in the treatment of similar cases. For instance he says that, "his treatment consisted of Hepar sulphur 1x, Spongia tinct. five drops; Kali bich. *crude*, 1 grain, in a tum-

bler of water—of these three solutions he gives—(does not say how much) every half hour day and night incessantly. In addition I employed the steam atomizer, putting in the supply cup *some* lime water, into which I dropped some 20 or 30 drops of turpentine dissolved in sulphuric ether, which being prepared with one part turpentine to 6 or 7 parts of ether, was equivalent to using about 4 or 5 drops of turpentine at a time. The atomizer was used from five to ten minutes every hour, day and night, until the case was relieved.”

This he gives as his general treatment of all cases of membranous croup.

He says, “that in several cases of diphtheria I have since used the same local treatment with the atomizer, and with remarkably satisfactory results. In these diphtheric cases I usually give belladonna tinct.; nitric acid (5 drops in a tumbler of water) in alternation every hour (and in violent cases every half hour) and I use in the throat with a brush or atomizer as may be advisable, a solution of $\frac{1}{2}$ brandy, $\frac{1}{2}$ water, and 15 grains of potassium chlorate to each ounce of the liquid; I generally apply this latter every hour to every two hours in light cases, and in severe cases I use the mixture of turpentine and alcohol every fourth hour.” This constitutes his treatment of diphtheria.

Now I am at a loss to understand how the homœopathic physician is to learn anything about the action of remedies by such mixtures of medicine as he proposes; and to know to which one of the series is to be attributed the cure of the case or cases. It has been my lot to be called to very bad cases of membranous croup, such as the parents were without any hope of recovery, and I confess that I saw nothing in the case to flatter me that I was soon to fill the parents' hearts with joy instead of sadness. The child was breathing as in the last stages of membranous croup, struggling and fighting to get its breath. I saw that something must be done quickly, if at all, accordingly I took a preparation of Kali bichromicum 1-10th and put enough of it in a tumbler of water to make it quite yellow, and strong enough to produce emesis, this I

proceeded to give in teaspoonful doses every five minutes until emesis was produced, then at longer intervals, after which the child was relieved and soon got well. Now was it not the Kali bichromicum in Dr. Falligant's prescription that cured his case? Then why envelope the medicine that cures in the midst of a multitude of others internally, and several others through the medium of an atomizer?

His treatment of diphtheria is also objectionable in the same sense; not that he cures, but that it is impossible for him or any one else to say what remedy did it. When I am called to a case of *Angina faucium*, I examine the throat carefully, and if I find it not much inflamed, with fungus spots forming on the tonsils or pharynx, I at once give Kali bichromicum 1-10th as I would in croup, and in the course of two or three days the deposit disappears. The remedy is the more strongly indicated if it should be accompanied by a stringy expectoration. Belladonna 1x is an excellent remedy for this affection if the throat be a bright red color and extend up on to the hard palate, and Apis mel. 1x, if accompanied by a stinging pain. I trust the Doctor, in the further treatment of cases, will individualize more carefully, so that we may know the remedy that cures; but I must confess that his report of cases reminds me of an old man that came to my father's mill more than fifty years ago who brought a mixture of several kinds of grain to be ground for feed, which he denominated a *jumble compound*.

CLINICAL NOTES.

BY J. T. KENT, M. D.

Eryngium aquatium 30, cured a lady who had suffered with the following urinary symptoms: For two years she was compelled to pass urine about every half hour night and day; the urine was scalding. There was burning during and sometime after passing urine. She was greatly reduced in flesh from the continued painful urging and loss of sleep. She often lost her urine in bed because she became so

exhausted it was impossible for her to awake in time to accommodate the call. The urine was not examined chemically but was high colored and strong smelling.

After taking the remedy during the day she arose only twice the following night, after which she slept well and rapidly recovered her strength and flesh. She was upwards of fifty years of age. No cause could be discovered for the irritable bladder.

I have seen similar bladder symptoms cured with this remedy (*Eryngium aq.*) when used in the θ , $3x$, $6x$, $12x$, $30x$, in a surprising manner. *The continuous teasing, and dribbling, drop by drop, smarting and burning night and day*, I have often seen disappear under its use.

It is uncommon for the exaggerated sexual desire to be present, unlike *Canth.*

The patient is generally better in a warm place, unlike *Apis*.

CORRESPONDENCE.

Medical Advance :

The letter from your correspondent "A," (January number), escaped my notice until to-day or a reply would have been attempted at an earlier date.

1. "Explain the difference between a *dose in water* and a *dose dry* on the tongue." The answer to this query may be found in the *ORGANON*, § 286. "In using a solution of this kind, a much greater surface supplied with sensitive nerves, susceptible of medicinal influence, is brought in contact with the medicine." Besides this advantage we thus obtain a higher potency of the medicine; and, (a fact noted by many observers), a medicine when prescribed the second time to the same patient will act better if given in a *different* manner.

2. "Can a few pellets—prepared in water, and repeated—be considered a single dose." A *dose* is "the quantity of medicine given, or prescribed to be taken *at one time*," (*WEB-*

STER). If an entire powder of pellets, say of two grains, be taken *at once* that is a dose; if it is divided into three equal parts and but one part taken at a time, at certain intervals, each part becomes a dose; and so if the powder is dissolved in several spoonfuls of water, whatever quantity is taken *at one time* constitutes a dose whether it be a tea or tablespoonful, or the whole of the solution. I have heard a directly opposite definition given to the word but this has been the result of confounding the word *prescription* with *dose*. A prescription is that which is ordered for or handed to the patient after consultation to be taken "as directed." A dose is a fraction or the whole of that according to the manner in which it is taken, and each prescription may thus contain many doses.

3. "What are we to infer from rules three and nine?" The former is explained in the above. Rule nine reads "if a relapse into the same symptoms follows an amelioration from a single dose, that remedy must be repeated." If one dose had had a beneficial effect the choice of it must have been a wise one, and after its good effects cease, or if a "relapse into the same symptoms" occurs what more rational thing can be suggested than to give the patient more of it.

There is no graver error committed by us than that of yielding to the temptation to constantly administer medicine. Let us carry smaller medicine vials and more Sac. lac.

WM. JEFFERSON GUERNSEY,

4430 Frankfort Ave., Phila.

February 15, 1884.

Medical Advance :

As Chairman of the Bureau of Materia Medica for our State Institute, I have been exceedingly troubled to assign work to my associates; and in corresponding with the chairmen of the same section of other States to see by what rule they were guided, I found that my troubles were their troubles also.

In our own State, and in many others, it has been the custom to select some drug for proving, thereby somewhat enriching our *Materia Medica*. But really, what does it amount to?

Most of us chairmen of this, the most important of Bureaus which our State organizations possess, have been raised to the position of chairman or director of the section, from the rank and file of the profession by the appointment of our local President, not because of our knowledge of *Materia Medica*, but (perhaps) for the reason that our Bureau had not made a satisfactory report in previous years, and they thought it had come our turn to assume its command this year and see what we could make of it.

Now, supposing this to be the case, I would respectfully ask. How fit are we to assume the local Directorship of this Bureau? How do *we know* what drug to have our local Bureau prove? And suppose we do prove a drug, what does it amount to?

In many cases our Bureaus do not contain more than four to six observers; and in the matter of drug proving, what does their *dictum* prove?

If their labors are recorded in the Transactions of their respective States—which they undoubtedly will be—there must be many individual symptoms finding their way into the “proving” which have occurred to but *one* of the observers, *not to the whole body of provers*, and hence may be unreliable as guides to cure sick people, being of value only as individual curiosities; whose place belongs in an Encyclopedia, but not in the winnowed and sifted *Materia Medica*, the hand-book of the every-day practitioner.

Now, if you agree with me so far, you will probably ask, what are we going to do about it? And in answer I propose the following plan for your careful consideration:

In the first place, our State Bureaus of *Materia Medica* are altogether too small to have much authority regarding a proving which is to be incorporated into our *Materia Medica* as established facts, and to be taken from thence as remedies

for the cure of the sick. We need *more* workers in this department of our art; and not only more workers but *co-operation in their work*.

We have twenty-six Homœopathic State Societies, besides the American Institute, Western Academy, American Pædological Society, and the American Ophth. and Otol. Society, which is certainly material enough for us to be enabled to make harmonious conclusions concerning the value of drugs if we would only act in unison.

Assuming that each of these societies has a *Materia Medica* Bureau in its organization of only four members, we would have a total working force of one hundred and twenty, whose *dictum* on any one drug would be of such a character that the profession at large would *per force* respect, and would command confidence.

Let this force, if you please, be divided into a northern and southern regiment, and prove or re-prove those drugs which are indigenous to their latitudes, or *vice versa*; so shall we be enabled to determine definitely what acclimatization influence, if any, drugs possess over provers who live in localities where the plants grew.

Let this force be under the control of some of the first scholars in *Materia Medica* in the country, who will agree upon a plan of action, the new drugs to be proven, or the old ones to be re-proved, who will also constitute the *Board of Materia Medica of the United States*, whose duty it shall be to scrutinize the work done by local or State boards. It seems to me that were such a plan as this pursued, so much *more* good could be accomplished by having the work throughout the whole country systematized, and under the guidance of a Board of Mat. Med. Directors composed of able men, who are wholly competent to direct this work, than is now made possible by the custom at present pursued, by allowing each State to proceed in a go-as-you-please manner; with its local board composed of men who have no special aptitude for this, the most important branch of medicine.

Consider also the very great advantage such a system

would be to this supervising board. They would be as generals having an army under them. They could formulate their plans with the assurance that their *Captains* (i. e. the chairmen of the different State Bureaus of Mat. Med.) *would carry them out*; so that necessarily a much more orderly and systematic method would be the outcome, instead of the disorder which prevails at the present. It seems to me also that did each State know that it was a part of an integral U. S. Board, they would have much more enthusiasm in their special work than they have to-day; for men like to be governed, if they be but governed well.

Let this Supervising Board be elected by the physicians at large, or by the members of the American Institute, as you see fit, and let them not be harassed by restrictions. Throw upon them the burden of formulating a plan of action—as is thrown upon generals in the army—and we, their captains, the Chairmen of the different States, will carry out their orders: Then, and not until then, will our work amount to something.

I beg of you, my dear Doctor, to give this plan your earnest consideration, and to let me know of its imperfections, *with suggestions for improvement*. The plan was forced upon me, as I said before, by the difficulties of selecting a subject for my own local Bureau to work at, and I find that my difficulties are not mine alone, but are common to other Chairmen. We are ripe for orders from a Supervising Board, and ready to obey them, and to carry out the plans of those who know much more than it is possible for individuals to know: receiving from them the answers which perplex us to find to the questions we must put to ourselves. "Shall our local Bureau prove a new drug this year, or re-prove an old one. If so, what shall it be?"

ARTHUR A. CAMP,

[The above plan of Dr. Camp meets our cordial approval. Instead of tearing down this edifice in order to perfect it, this would do it after the plan of the Austrian provers.]

BOOK NOTICES.

RECEIVED: PROCEEDINGS OF THE NAVAL MEDICAL SOCIETY, containing the annual address of the President, DR. A. J. GIBON, U. S. N.

HISTORY OF TREPHINING: By W. D. FOSTER, M. D.

THE REASON OF THE FAITH THAT IS IN ME: By SAM'L SWAN, M. D.

DETERIORATION OF THE PURITAN STOCK AND ITS CAUSES: By JNO. ELLIS, M. D.

ANTISEPTIC SURGERY: Definition and Historic Mention, By J. H. McCLELLAND, M. D.

DO HOMŒOPATHS "TRADE UPON A NAME?"; By F. H. ORME, M. D., Atlanta, Georgia

ALLOPATHIC OPINIONS OF HOMŒOPATHY: By F. A. WEBSTER, M. D., Norfolk, Virginia.

THE NEED OF CERTAIN IMPROVEMENTS IN PRESENT METHODS OF CARING FOR THE INSANE: By H. R. STILES, A. M., M. D.

ANNUAL REPORT OF THE GRAND MEDICAL EXAMINER, EMPIRE ORDER MUTUAL AID, N. Y. By H. M. DAYFOOT, M. D., Rochester, N. Y.

LEONARD'S PHYSICIAN'S OFFICE-DAY-BOOK.

This is a neatly, as well as practically arranged form, for a busy practitioner's day-book. It will accommodate twenty-five fresh names every day and is good for four years. In the back part of the book is arranged a place to keep a complete record of all obstetrical cases, which in itself is worth the price of the book. An obstetrical record, is a valuable addition to any physician's library. The price of the day-book is \$2.50, post-paid to any address. P. P.

ACONITE FROM A PHYSIOLOGICAL BASIS: By Wm. OWENS, M. D.

This monograph, the author says is written, "with an honest purpose and sincere desire to improve the facilities for the therapeutic application of the Homœopathic Materia Medica." Whatever the object may have been, or however honest the intention, it is very doubtful if the schema be an improvement on that of Hahnemann, certainly not on those of Dunham and Hering. Far better to present the simple facts, and allow each man to make his own deductions, and draw his own conclusions, in his own way. The "Physiological Basis" may be a favorite one for Prof. Owens, while another man equally honest, equally earnest, may not be able to apply it at all.

H. C. A.

EDITOR'S TABLE.

REMOVED: Geo. M. Ockford, M. D., from Vincennes, Ind., to Revere, Massachusetts.

We are indebted to the *Hahnemannian Monthly* for the likeness and sketch of Dr. J. H. Pulte.

Dr. George H. Higgins is associated with Nicho. Francis Cooke, M. D., at 58 State street, Chicago.

REMOVED: W. K. Knowles, M. D., has removed to Bangor Me. and taken the office and residence of the late Dr. Gallupe.

M. M. Eaton, M. D., has returned from his annual winter hegira to Jacksonville, Florida, and resumed practice in Cincinnati.

The Central Homœopathic Medical Association of Iowa celebrated the 129th anniversary of Hahnemann's birth day on the 10th of April. Thanks for a cordial invitation.

THE Governor of Kentucky has recently appointed Drs. Wm. L. Breyfogle, J. C. McReynolds and J. A. Lucy, members of the State Board of Health. Resignations will now be in order.

• We regret to learn of the serious illness of P. G. Valentine, M. D., Editor of the late *Clinical Review* of St. Louis. Typho-malarial fever with brain complication. We trust he will soon be at work again.

OHIO STATE SOCIETY.—The 20th annual session of the Homœopathic Medical Society of Ohio, will be held in Cleveland, May 13th and 14th, 1884. Every physician in the State should be present. There will be much business transacted of importance to all. Are you on a bureau? If so, send your topic at once. If not on a bureau, volunteer papers will be very acceptable.

H. E. BEEBE, M. D. Secretary.

MICHIGAN STATE SOCIETY.—The fifteenth annual session of our State Society will commence on Tuesday, May 20, at 10 o'clock A. M., in Royal Templar Hall, Detroit. In behalf of the Society, I earnestly request you to be at the meeting, and assist in making our society worthy of its name, and securing for it the position it has a right to claim among sister societies. I am requested by the President of the College of Physicians and Surgeons of Michigan to call your attention to the fact that a regular weekly meeting of the College occurs on the evening preceding the opening of the State Society, May 19, and that all members of the State society, actual or prospective, will be heartily welcomed to the privileges of the College. The Bureau of Microscopy has arranged for a soiree, or microscopic exhibition, on Tuesday evening, when a large number

of microscopes will be used, and a fine display of histological specimens made. In view of all these facts, it is very sincerely hoped that nothing of an ordinary character will prevent your attendance. The Corresponding Secretary, Dr. L. T. Van Horn, of Homer, Michigan, is prepared to furnish all who make application to him certificates entitling the holder to reduced fare over all the roads in the State, except the Wabash. In writing, pray state over which road the journey will be made.

J. G. GILCHRIST, Sec.

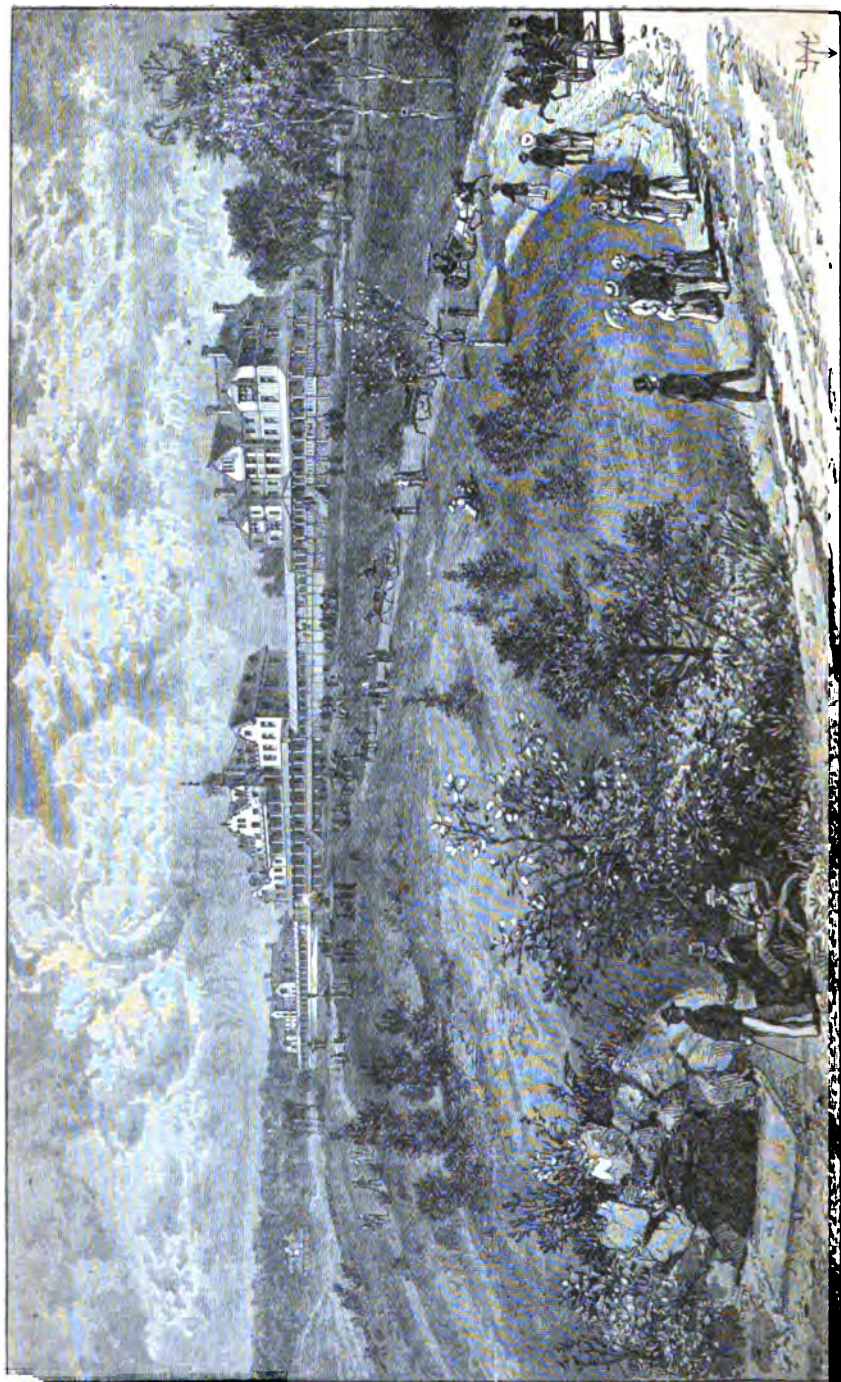
AMERICAN INSTITUTE OF HOMŒOPATHY.—I have the pleasure to announce, officially, that the Institute will convene in its 37th annual session at Deer Park Hotel, Md., on the Baltimore & Ohio railroad, the third Tuesday (17th day) of June next, at 10 o'clock, A. M., and continue in session four days.

The President, Secretary and Chairman of the committee on railroad fares and hotel rates and accommodations met Mr. W. J. Walker in conference at Deer Park, March 8, 1884, to complete arrangements for the meeting, with the most satisfactory results. The entire hotel (which has a capacity for accommodating six hundred guests), together with the extensive grounds, walks, drives, groves, etc., have been secured for the exclusive accommodation of the members of the Institute, their families and friends who may accompany them, to the exclusion of all other guests while the Institute is in session. The hotel will be in readiness to receive the members of the Institute Monday, June 16th, *but will not be reopened for the general public until June 22.* Hotel charges \$2.50 per day, a rebate of *fifty cents* from the regular rate. The annual banquet, and music will be furnished by the hotel management. The rooms, *cuisine, menu.* and attention to the wants and comfort of the guests are guaranteed to give entire satisfaction to the most exacting. The railroad fare over the great trunk or main line of the B. & O. R. R. and its branches will be full fare one way (*half fare*). Efforts are being made to secure reduced rates on other roads.

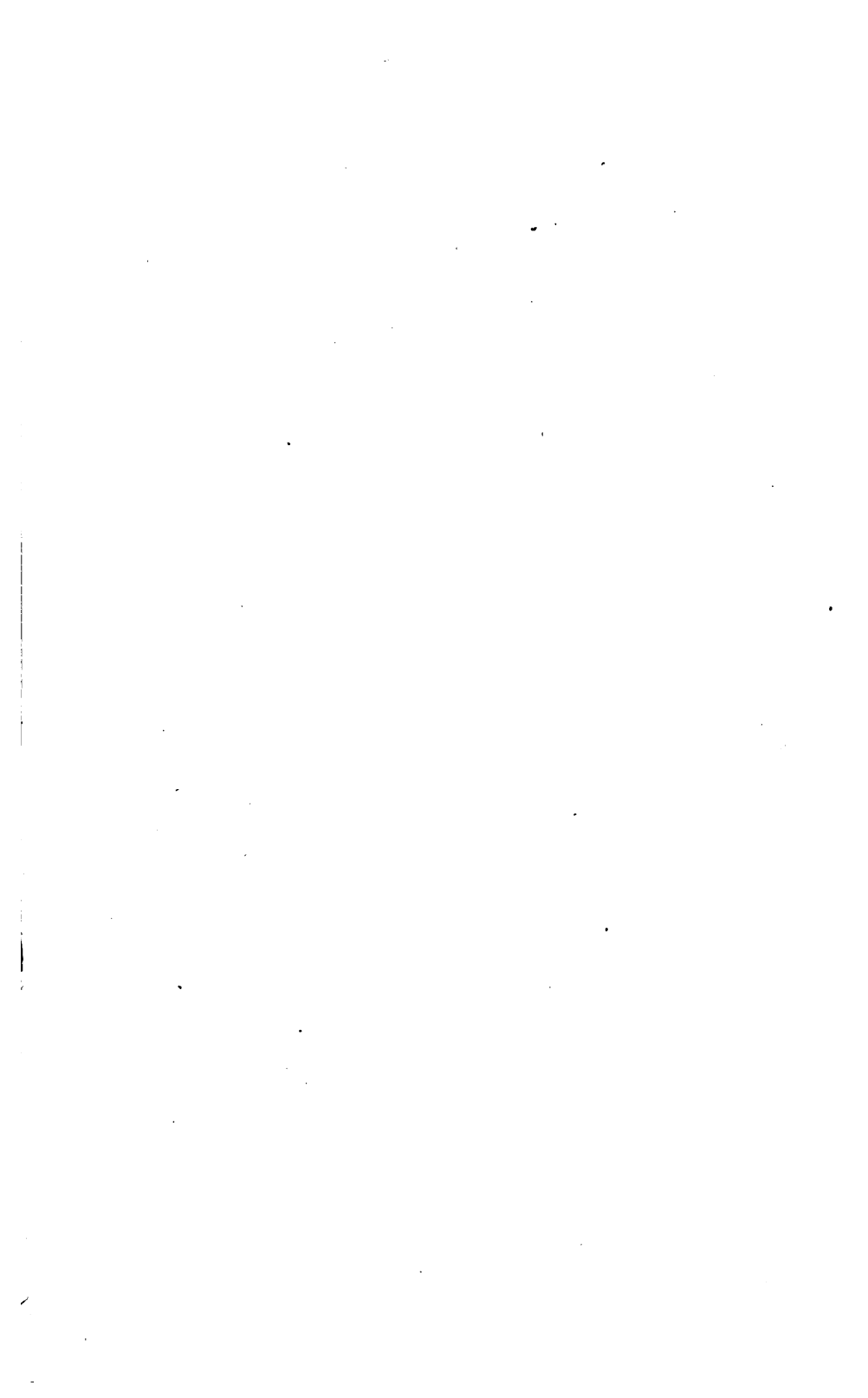
The members of the various bureaus are at work; and their respective chairmen anticipate full reports. Sufficient information is already in the hands of the Secretary to warrant the statement that the attendance will be larger than usual, and that one of our Trans-Atlantic colleagues, (Dr. Richard Hughes, of Brighton, England), and possibly others will be present. Full particulars of the arrangements will be given in the forthcoming announcement.

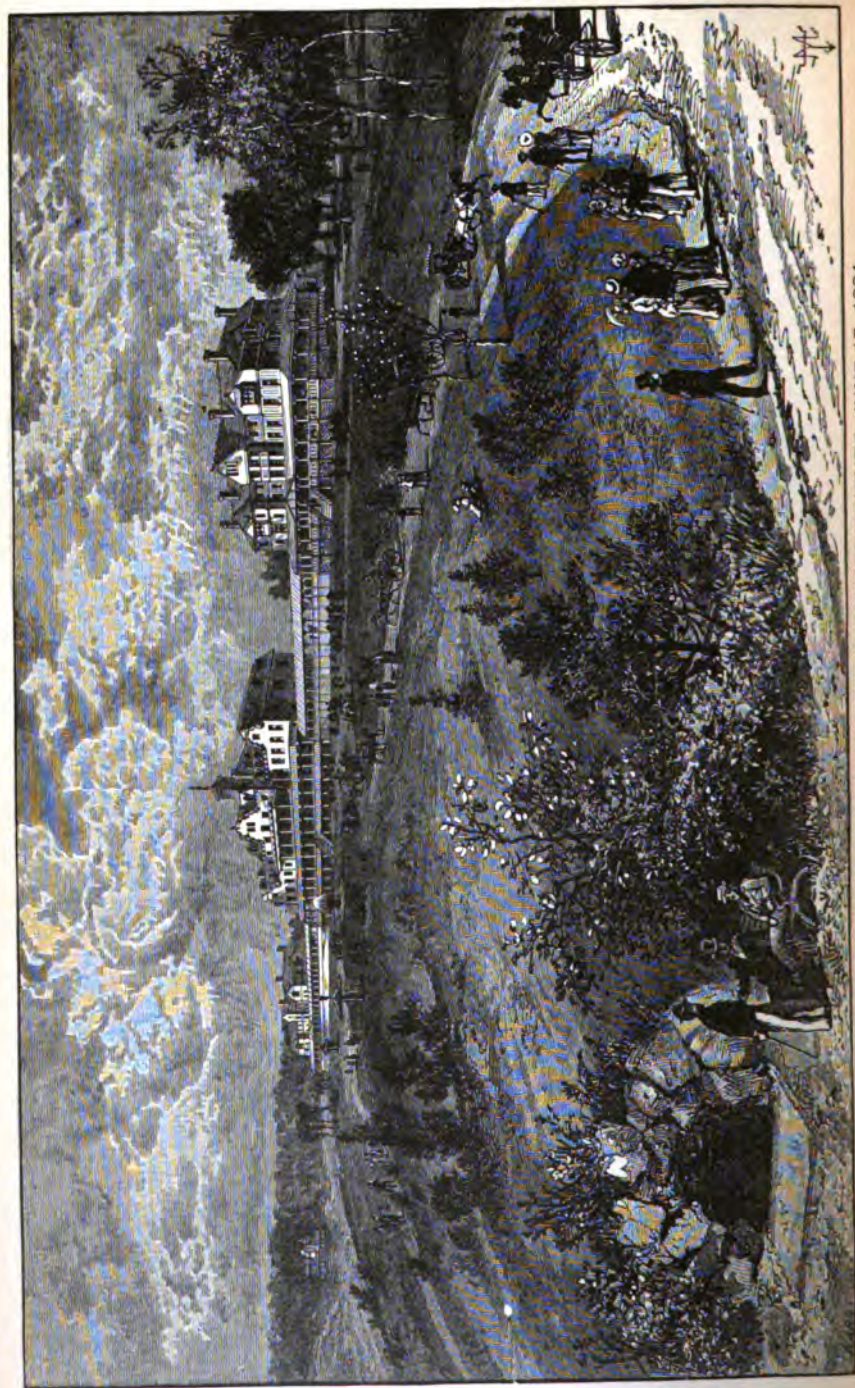
Blank applications for membership may be obtained from the undersigned on application.

J. C. BURGHER, M. D.,
General Secretary.



DEER PARK HOTEL, MD., PLACE OF MEETING OF AMERICAN INSTITUTE, JUNE 17, 1884.





DEER PARK, MD., PLACE OF MEETING OF AMERICAN INSTITUTE JUNE 17, 1884.



T. P. WILSON, M. D.,

EDITOR.

PHIL PORTER, M. D.,

GYNECOLOGICAL EDITOR.

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H. C. ALLEN, M. D., Business Manager.

THE VITAL FORCE.—The reader will remember, that Dr. Bayard, of New York, published some time since, an able exposition of Homœopathy in the *Popular Science Monthly*. In that article he attempted to commit the entire Homœopathic School to the ancient and obsolete theory of “the vital force.” What is exactly to be understood by “the vital force,” was not defined by Dr. Bayard, nor has it since been defined by his friends and defenders. We have taken it, however, as synonymous with “the vital principle;” and this, we are informed, means the principle or force upon which life depends—the cause of life, or in other words, life itself. To the position assumed by Dr. Bayard, we took exception in a late editorial. Our criticism drew from Dr. P. P. Wells—a gentleman in almost all respects the most competent in the profession to discuss the subject—a masterly reply, published in *The Homœopathic Physician*. To Dr. Wells we made answer, as the readers of this journal know, reas-

serting our unbelief in the existence of such a principle, and pointing out the fact that scientific men—especially physiologists—generally discarded the theory. We did not hesitate to pronounce the theory untenable and unscientific, but also one entirely apart from all that is understood as Homœopathy. Imagine our surprise, when, upon opening the last number of *The Homœopathic Physician*, we found another Richmond in the field, and ourself confronted by a third champion of the vital force theory. Dr. B. Fincke shies his castor into the ring, and comes gallantly forward to defend the vital force. Whether this means that Drs. Bayard and Wells have handed over their gloves to their valiant confrère and retired from the ring or not, we know not. In any case they have every reason to be satisfied with Dr. Fincke's championship. If it were a case of life and death, the cause could not be more vigorously, offensively and defensively maintained. We have no desire to meet Dr. Fincke on the ground he has chosen, for it does not seem to us likely to throw any light upon the question we are considering. If the existence of the vital force is so very "self-evident" it needs no argument to support it, and without much waste of words, it might be demonstrated so that we all could see it. Now will Dr. Bayard or Dr. Wells or Dr. Fincke please give us the much needed demonstration? What office does the vital force perform in the living structure? Electricity, light and heat we know by their phenomena. Leaving them out of the account, we cannot explain many things which we observe. Scientifically speaking, we know whence they come and whither they go. We assume the existence of an all-pervading ether, because it is necessitated in explaining a vast group of phenomena. Now, if the vital force stand upon the same basis, let us have an end of the controversy and let us have the demonstration. It may be true as Dr. Fincke says, "The vital force is a fact which every birth, every death and daily life can testify to;" but if so, what is the specific form of that testimony? If the vital force exists in living structures, surely our physiologists should take some

cognizance of it. It could scarcely escape their recognition. In fact, if it was "self-evident," they would not be likely to overlook it—much less would they discard it. True, the older physiologists were devout believers in this principle; but this was in consequence of their inability to otherwise explain the phenomena of living structures. The later physiologists, however, have thoroughly investigated the body, and find no occasion for a vital force hypothesis; least of all, do they find it displaying itself with all the remarkable plainness asserted by Dr. Fincke. Says John William Draper, (*Human Phys.* p. 25): "Such a preposterous doctrine will not bear the touch of exact science for a moment. It is only a relic of the old metaphysical system of philosophizing, which accepted a name in lieu of an explanation." Says Carpenter, (*Human Phys.* p. 25): "By resting in the assumption of a 'vital principle' or 'organic agent' as affording a sufficient account of all that is mysterious in the nature of life, we really remove it from the domain of scientific inquiry; just as if the visitor to a cotton factory were to give up in despair any attempt to acquaint himself with the meaning of the several processes that go on before his eyes, and were to regard it as a sufficient account of the transformation of raw cotton into woven calico, that it takes place by the agency of a 'calico making principle.'" If now we examine the well-known writings of Dalton, Küss, Marshall, Kirkes and Foster, not to mention the writings of many others who are authors of modern text-books upon physiology, we find they make no mention of a vital force, for they find none, and see no need of it in the human economy. In Hahnemann's day the vital force theory was everywhere prevalent. That he accepted the theory and assumed it in his writings is true enough, but should that bind us to a belief in it after modern physiological investigation has assigned it to the tomb of the Capulets? Since Hahnemann's day many scientific theories have been exploded and many new scientific facts have been discovered, but neither one nor the other has disturbed the foundations of Homœopathy. Dr. Fincke dares

us to produce a philosophy of Homœopathy founded upon science. We hope to be able to make at least some small contributions to that end. Let us build it, if at all, upon solid foundations.

THE HOMŒOPATHIC DEPARTMENT of the University of Michigan, is completing its ninth annual course of lectures, under circumstances, that can not be otherwise than gratifying to its many friends. That its unquestionable success should excite wonder and admiration, is but just and proper. It cost twenty-five years of hard work and thousands of dollars to place this department upon the campus. When the forth coming history of that memorable struggle shall be read, it will then be seen what toil and sacrifices were necessary to give Homœopathy "a local habitation and a name" in the University. And we are glad to know, that most of the noble men who fought this battle for justice and truth, are yet alive to enjoy the fruits of their labor. They have lived to see this institution put upon a durable basis, with as little prospect of failure, as the University itself. It was never the fault of the legislature of Michigan, that Homœopathy was for so long a time kept out of the enjoyment of its just rights. And when the legislature found at last a way to have its wishes in this respect obeyed, it provided ample means for the maintenance of the school. It was perhaps natural that, in the formative process, mistakes should be made and that among the friends of the school, differences should arise, and that these should lead to controversies and strife, so that the impression became wide and deeply impressed upon the public mind that war and not education, was the being and end of the Homœopathic Department of the University of Michigan. This was untrue and hurtful, but it did not prevent the idea from being maliciously kept afloat. There has never been in this institution, at any time, any more antagonism than is common to the history of all such schools. Nor has there been for over three years past, any serious disagreement in or about the department. It is

time therefore, that this false impression of strife in Michigan, should be laid aside. A "Higher Standard of Medical Education for men and women," has from the first, been the supreme object of this school. Endowed as it is by the state, it is the only medical college that can afford to put the requirements up to the highest standard. This it has done, and maintains those requirements, and at a sacrifice, of which not many men even dream. A few of the points gained by our school are worthy of notice. First, the preliminary examination, though not so high as that of the Boston school, is of such a character, as to ensure students capable of pursuing their medical studies. It effectually keeps out a class of ignorant persons, who should never be allowed to undertake the study of medicine. It has kept many students away from our school, but that requirement will nevertheless stand as it is, so long as this department continues. In the second place, the practical work of the school is of the highest importance to students. What we demand, is a large amount of laboring work. This includes Chemistry and Histology. The amount of practical work that is done by our students in Chemistry alone would show how thoroughly educated they must be in elementary science, and not one of them is allowed to graduate who is not competent, and has exhibited his skill in, analysis of urine. The chemical laboratory of the University, where all this work is done, is not excelled in any institution in this country. The work in Histology is in all respects equally thorough. Practical work with the microscope, is here a necessity. Every kind of tissue, normal and morbid, is put under the strictest investigation. Besides this, each student is taught the art of staining and mounting, so far as to become a ready adept at the work. Of how much value all this is to the scholar, one can scarcely estimate. The profession may rest assured, that our students not only do all this work, but that they become in no small degree enthusiastic in the performance of it. Let it be remembered, that we have definitely taken as our motto "The Higher Medical Education of men and

women" and we propose to show how far we can make that motto good. Other and more important facts we must leave for a future number.

PATHOLOGICAL PRESCRIBING: A "SCIENCE FALSELY SO-CALLED."

E. J. LEE, M. D., PHILADELPHIA.

There have been from Hahnemann's day to the present, those in the homœopathic school, who desired to base their prescriptions upon the pathological condition, presumed to be present in a case under treatment. These would-be pathologists, embrace two classes—the one holding to this view from a lazy desire to make homœopathic prescribing an easy routine affair; the other, from a belief that pathology is the only true basis upon which they could build a rational therapeutics. In other words, one class is lazy and insincere; the other, diligent and sincere; yet both are, as we think, wrong. To the first class, we have naught to say, unless to repeat Hahnemann's warning, that "in a science in which the welfare of mankind is concerned, any neglect to make ourselves masters of it, is a *crime*;" to the second, we say: while respecting the opinions of all sincere and diligent laborers in the medical vineyard, we nevertheless believe the facts of science are against your views.

But a few words as to pathology in the Old School. It has been made much of by the allopath, and why? because, forsooth, he has no system of therapeutics worthy to be called scientific.

To cure disease, says he, we must know its nature; we must learn what each disease is, its causes, its characteristics and its conditions; then, and only then, can we rationally combat it. "Pathology dictates the maxims of rational practice," says Aitkin. This is, in brief terms, about the allopathic idea of the practical scope of pathology; and very plausibly it reads, but can one act on it? Is it true

even when judged by allopathic practice? Do we know anything of the internal nature of disease?

If pathology is the only rational basis for scientific therapeutics, and if it be, at present, anything approaching an exact science, then surely those diseases whose pathology is considered best-known, should be most amenable to treatment; and conversely, those whose pathology is unknown, or especially dubious, should be but poorly handled. We all know that this relation between pathological knowledge and curative ability does not exist in the Old School. Let any doubting Thomas briefly review in his own mind a few diseases whose pathology is considered best known, and see if the curative power of that school has increased with its boasted pathological knowledge. To be fair, let him take almost any of the acute diseases these being considered definite in their course and self-limited as to time; to judge allopathy upon its treatment of acute disease, is to give them an opportunity to show up their best work; to judge them upon their chronic cases, would be really *cruel*. To any one who thus briefly reviews allopathic practice of today, judging them out of their own records, it must be evident that pathology has not advanced them to a better curative skill.

If then, pathology does not afford allopathy the great assistance in curing that is claimed for it, it is well for the homœopath to ask, how does it aid us, and what is the proper sphere under our law? No one will deny that the thoroughly equipped homœopathic physician should be well educated in physiology, diagnosis and pathology, as well as in therapeutics, though the latter should be the chief corner-stone of medical education; all these to be used under and subject to our law. He who places any branch of medicine in an improper sphere, or to a wrong use, *misuses and perverts* it: He who misuses pathology cannot justly decry him who neglects its use altogether. Of the two errors, in our school, the abuse of pathology is the greater. Every

branch of medicine has its proper sphere and use under our law; in that place it does much good; out of it, incalculable harm:

Said the late Prof. J. H. P. Frost: "In its full and proper sense, pathology includes *all* that can be discovered of the patient's deviation from the normal standard of health; and comprehends alike *all the 'symptoms,' morbid conditions, their consequences and their causes.* Such pathology (which alone is worthy of the name of science,) becomes the perpetual study, *in the living subject,* of the homœopathician, and this all the more as he renders himself liable to be called a 'symptom-coverer.' This pathological condition does not exclude *post-mortem* examinations; it may end with them, but it never begins with them. It embraces alike the purely *subjective* or *sensational* symptoms; all *physiological* or *functional* deviations, and all *objective* or *external* morbid changes in form or color, in structure and in tissue. And if the practitioner of the 'symptom method' overlook any of these causes, indications, or consequences of disease; if he fail to 'render unto Cæsar the things that are Cæsar's,' and neglect to give to *each class* and *particular evidence* of pathological deviation *its just value,* in making his prescription, his diagnosis and his prognosis, he will come to grief, and his patient with him. Indeed, we think it cannot but be obvious to every intelligent and candid mind, that no class of physicians more anxiously study and weigh the *just value and due relative importance* of pathological conditions, and consequently that none are more thorough students of pathology, properly so-called, than are those of the 'symptom-method' persuasion."

That learned and veteran homœopathist, P. P. Wells, M. D. said:

"But if the symptoms are the only guides to the selection of the curative, what becomes of the vaunted pathology of which we hear so much, and so often, from those who

are slightly informed as to its nature, place or importance in our practical duties. To guard against the *wrong use* of this valuable science was another occasion for giving us this eighteenth section [of *The Organon*]. To put it [pathology] as a teacher in the selection of curatives, to the exclusion of the symptoms from that function, is to put it where it has no place in a rational system of healing, certainly none under the control of a natural law, which discloses the curative relationship as existing in the similiarity between the symptoms of the drug and the disease. Where, then, is the practical use of this so highly prized science of pathology? In the duty of prescribing for the sick, its use is limited to aiding a right understanding of the nature and value of the symptoms revealed in the case in hand. Beyond this it has no function in the process of prescribing. Pathology, to illustrate, teaches a difference between inflammations and neuralgias. Both are attended by pains of the severest kind, but this science teaches that these have a different significance and often different importance, as the case in hand belongs to one class or the other. A knowledge of the science of pathology will enable us to relegate our case to its proper class, and there its function ceases. It cannot go beyond this; and having decided the case a neuralgia, say the remedy is *Aconite* or *Bell.* or *Bry.* or *Colocyn.* or *Hyos.* or *Lach.* or *Merc.* or *Nux.* or *Puls.* or *Rhus.* or *Spig.*, or either of the many remedies which a given case may demand for its cure under the law. To attempt to give to this science this decision [*i. e.*, the choice of the remedy,] is to impose on it a function wholly out of the sphere of its legitimate use."

The lamented Carroll Dunham wrote:

"Physiology and pathology themselves teach us that the science of pathology can in no sense serve as a basis or foundation for the science of therapeutics." Again: "But these advances in pathology, great as they have been, have not altered the relation which the phenomena of natural dis-

ease bear to those of drug disease. These phenomena respectively, whether rudely apprehended, or clearly and fully understood in all their relations and inter-dependencies, still bear the same relation to each other expressed by the law *Similia Similibus Curantur*. And we can imagine no possible development of the sciences of pathology and pathogenesis which could alter this relation."

Thus we see that the pathological condition of any case is included in the totality of the symptoms of that case. As a *part* of this totality, the pathological state is known and given its full value; as a something outside of, and separate from this totality it has no place nor function, save to do harm.

The real homœopath is a student of *minute* pathology; the allopath and his homœopathic imitator are students of superficial pathology. To illustrate, to the true homœopath every case of the same (nosological) disease is a study, to the allopath it is not so. To the real homœopath every syphilitic ulcer is a study; he notes its size, color, rapidity and shape of growth, its discharges and its general concomitant symptoms; to the allopath, and his homœopathic imitator, a chancre is a chancre, and for it he has his specific. To the real homœopath every case of pneumonia is a separate study, though he knows they are all of inflammatory nature, and in their gross features very similar; but he is not satisfied with a superficial knowledge of these gross features; he dives deeper, and then he discovers that each case of pneumonia is different from every other. These minute differences are to the true homœopath the guides to the selection of the proper remedy.

Hypothesis has no part nor lot in the homœopathic prescription; the homœopath does not attempt to translate the simple, truthful language of the symptoms into the ever changing, and always unintelligible, jargon of pathological diagnosis. A diagnosis of the symptoms of any given case might indeed point to fatty degeneration of the heart, or

to a cirrhosis of the liver, or to some other artificial classification; nevertheless, the true homœopath administers the remedy indicated by the totality of the symptoms, not stopping to ascertain whether or no that remedy has ever caused fatty degeneration or cirrhosis. Any attempt at a pathological basis, for homœopathic prescriptions, must at once exclude mental and subjective symptoms, and these are often our surest guide to a proper selection, even though they be pathologically insignificant.

Having endeavored to briefly outline the sphere and use of pathology as a part of that totality of symptoms, which our law alone recognizes as the true basis for a correct homœopathic prescription, let us examine a few of the arguments adduced by those homœopaths who believe that pathology is the only true basis for therapeutics.

One of these would-be pathologists, whom we select as a specimen of his class (not, indeed, because of any especial merit on his part), writes: "*Muriatic acid*, the acknowledged remedy for zymotic blood-poisoning, when debility, with erethism, prevails, gives us bitter putrid eructations, gulping up of contents of stomach into œsophagus, sometimes going down again; empty sensation in stomach, extending through whole abdomen, but no hunger; morbid longing for alcoholic drinks; vertigo, with nausea; heaviness in occiput, with obscure sight, worse with effort to see—all symptoms hinting squarely to nervous debility."

"*Nitric acid*: *Liver and spleen enormously enlarged and deranged* is the key-note to the dyspepsia, curable by Nitric Acid." (Then follow some general dyspeptic symptoms).

"*Lactic acid* is frequently prescribed in the Old School in atonic dyspepsia, as well as in irritative dyspepsia, and cases of acidity and heartburn are quickly relieved if given before meals." (Here, too, follow some dyspeptic symptoms of a general nature).

Then continues this *teacher of homœopathy*: "We see

from such comparisons that superficial prescribing will not do, and the totality of the symptoms means the pathological state which we have before us, be it a functional or already an abnormal organic one. We may be lost in a wilderness of symptoms, if we fail to consider the pathological characteristic which gives us the key-note to all the other symptoms. Thus, and only thus, our *Materia Medica* must be studied, as in no other manner its study becomes easy, its strict application more definite."

"Superficial prescribing will not do," says this learned homœopath; and by superficial prescribing, we take it, he means "*symptom covering*." Now, it has just been shown that the totality of the symptoms includes the pathological condition of the patient; the pathological condition told in the simple, truthful language of the symptoms (felt and seen,) untrammelled by any hypothesis. How then can "symptom-covering" be "superficial prescribing;" is not the term more applicable to him who prescribes on a pathological hypothesis?

Which is most superficial, to study every case as a new and separate disease, giving due importance to *all* symptoms; or to treat all cases of the same (nosological) disease as similar, basing such treatment upon a few general features common to all and ignoring the many features wherein they differ? What is the practice of these would be pathologists and teachers? They are those who see nothing in a gonorrhœa or a leucorrhœa or an otorrhœa but the discharge; this they endeavor to dry up, modelling their treatment after the foolish ostrich, who hides only his head, hoping that his body may not be seen. It is said that a professor in an homœopathic institution teaches his pupils that Phosphorus is *the* remedy for broncho-pneumonia, and Bryonia *the* remedy for pluro-pneumonia! There is indeed a kind of "superficial prescribing" that will not do,—*nor heal!*

"Superficial prescribing will not do, and the totality of the symptoms means the pathological state," says our

teacher. This, put in plain Anglo-Saxon means that quinia is pathologically the remedy for intermittent; morphia, for neuralgias and kindred pains; cathartics, for constipation. Carry out this list fully, and you have the precept and practice of the liberal-minded, would-be pathologist of to-day, who is often wrongly called by the honorable name of homœopathist.

“Liver and spleen enormously enlarged and deranged, is the key-note to the dyspepsia curable by *Nitric Acid*,” says our teacher. Here the hypertrophy of liver and spleen is the pathological key-note, around which what would otherwise be a “wilderness of symptoms,” to this mock-healer, are now evenly and orderly arranged. As Nitric Acid has never, so far as therapeutics are aware, caused any hypertrophy, “enormous” or otherwise, of spleen or liver, it will be seen that our scientific friend bases his “pathological key-note,” without which he would “be lost in a wilderness of symptoms, upon a clinical or empirical hint.” Truly, a noble path to guide one out of a “wilderness of symptoms;” it has only been trodden for some few thousand years.

“It is in the nature of the science of pathology that it always *ought* to be in advance of one certain knowledge regarding the treatment of disease,” declares Dr. Aitkin, a high authority—for some. If this be acknowledged, then the question of the use of pathology in homœopathic therapeutics is settled; *for pathology is not “in advance of our certain knowledge regarding the treatment of disease;”* nor will it ever be in that position, *if our law be true.* And those who believe pathology is thus in advance, cannot believe in the truth of our law.

The gentleman, whose pathological vagaries we have been noticing, once declared that: “when men like Dr. Carroll Dunham, and Dr. ———, make an assertion—men who never left anything undone in their lives, I believe it. Dr. Dunham knew his pathology as well as any one.” Having such an high and just opinion of Dr. Dunham, (who please

remember, "knew his pathology") we hope this gentleman will listen now to him, "who being dead yet speaketh."

Dr. Dunham wrote "And those of our school who insist upon pathology as a *basis* of therapeutics, who look upon the single objective symptom and its nearest organic origin as the subject for treatment, and who deride the notion of prescribing upon the totality of the symptoms, and claim to be more than mere symptom coverers, in that they discover and aim to remove the *cause* of the disease—these colleagues are as false in their pathology, according to the highest old-school authorities, as they are faithless to the doctrines, and impotent as to the successes of the founder of the homœopathic school."

SEWER GAS AND BAD PLUMBING.

Sewer Gas is not a new thing. It was an old-time superstition that every cesspool had its familiar spirit, which assailed the inmates of adjoining dwellings. During the fifteenth century the Paris sewers were said to be infested by a basilisk, the glare of whose demon eye struck dead all who dared approach him. Even medical men accepted this belief, and, though many workmen in the sewers died from malaria, nothing was done to protect them.

Sewer gas may be known by a faint, sickly odor, often hardly perceptible, which causes headache and nausea, if breathed for any time. It is far more dangerous than a foul stench, because so little noticeable. The contents of drains, cesspools, and sewers decompose and develop gases, which being light and expansive find their way readily into houses especially at night when doors and windows are closed and pure air carefully excluded. Every inch of unventilated waste pipe in a house, when lined with soap or grease can create this gas. If plumbing is badly done and if there are cracks or joints made with putty instead of lead, or if traps dry out or are easily syphoned, sewer gas can more easily

enter and do mischief. So also where there are fires or stoves, the draft sucks the foul drain air into living rooms, even through very small openings. If the supply of pure air is abundant in a house, then these foul gases will be diluted and made less potent in their influence. If, however, as is the rule, there is no ventilation, but skylights and windows are closed tight and the dwelling is redolent with the fumes of cooking and odors from the cellar, then the sewer air is intensified and its presence less perceptible. Its effects are most felt by weak persons: Men who are out of doors much of the time or away from home, suffer less than women and children who lead a more sedentary life and are constantly subject to its influence. Yet in many business offices, merchants, lawyers and others are debilitated in consequence of the proximity of foul plumbing fixtures.

Where sewers are small, well flushed, with a proper grade and properly ventilated, and when not filled with waste steam to promote decomposition, or with their ends below tide level to cause back pressure, there is little risk of trouble from foul gases. But these conditions are rarely found. Hence the need of a trap to disconnect the house from the sewer. With such plumbing as is found in most modern houses, it is not desirable to allow the sewers to "breathe through house drains," as some few persons recommend. It is the duty of the public authorities to ventilate the sewers by perforated man-holes at frequent intervals. If there are enough of these they will give great relief to the sewer air, without annoyance.

All amateur schemes for ventilating sewers by connecting the latter with huge gas lamps, furnaces, factory fires, etc., are futile, and have failed in practice. The length of the sewers is so vast—341 miles in New York—and there are so many openings at street corners, etc., that devices of this kind must be multiplied indefinitely to do any good, and their cost would be enormous.

What is the remedy for sewer gas? 1st. To make sure that the plumbing of a house is well executed, of good ma-

terial and that it is properly trapped and ventilated. Lead soil pipes are never to be permitted, nor if possible any underground or concealed drains. Tile and brick drains, such as are found in old houses beneath cellar floors, are almost invariably defective, and they should be replaced by cast iron pipe carried along the cellar wall. The soil pipe—of full size, with the end left open—should be extended through the roof. This extension must be of cast iron and not of galvanized iron or tin. A trap should be placed on the main drain between the house and the sewer or cesspool, with an air inlet on the house side, open at the ground, so as to flush the entire system of plumbing with pure air. Traps are to be placed on all fixtures and each should be air piped to prevent syphonage. No soil pipe or ventilating pipe should connect into a chimney flue unless carried up through the flue above the top of the chimney. No refrigerator waste pipe or overflow from a tank or cistern should connect directly with a sewer or cesspool. Pan water closets are objectionable, or any closet without a cistern to keep it well flushed. Lastly, all plumbing work should be periodically examined, say once a year.

Every cesspool should be open at the ground level, and also ventilated by extending the soil pipe, of cast iron and not galvanized iron, above the roof of the house, with the end wide open for ventilation. Keeping such receptacles tight, as is common, is putting a powder magazine, or charnel-house, in proximity to one's home. Leaving them wide open supplies positive protection. A cesspool should *never* be placed under a house, nor less than 100 feet from a well, and should be regularly cleaned out and disinfected.

If possible, plumbing fixtures should be located apart from living-rooms. Where water closets are situated in the interior of dwellings they should have a ventilating shaft of galvanized iron carried to the roof and kept heated by a gas jet. With such provisions and a fair amount of ventilation by openings through sky lights, by open fire places, etc., there will be no risk from sewer gas. Even if a leak occurs under

such conditions, the sewer air is so diluted as to be harmless.

Sewer gas cannot be cured by chemicals. Disinfection as ordinarily practiced is only a sham. Prof. Chandler says: "Disinfectants are useful in sick-rooms, but not for counteracting sewer gas. The use of these modern abominations, which pretend to kill the germs of disease, patent disinfecting machines, water closet purifiers, etc., is pernicious. The man who uses them virtually confesses that his house is unclean and that the bad odors need to be hidden or perfumed. Pure air, and plenty of it, is the best cure for sewer gas."

CARE OF THE INSANE.

BY SHELDON H. TALCOTT,
Superintendent of Middletown Asylum.

The insane are sick people, and their sufferings, while some times apparently imaginary, are, to them, realities of the most formidable nature. They think themselves the victims of persecution; that their friends have deserted them; that their fortunes are broken; that their homes are ruined; that their prospects are blasted; that their bodies are full of incurable diseases; that their lives are useless; that their souls are lost; that the favor of both God and man is turned away; and that they are doomed to perpetual torment. Surely such sufferers demand our warmest and most unremitting sympathies. These persons are irresponsible, and seek to perform the most horrible and shameless acts. They do not hesitate to accomplish suicide or homicide, or both; and they work with vigilance, cunning and restlessness.

It is evident that strict discipline is necessary to protect these people against harming themselves and others. The strong hand of authority must be placed upon them, yet that hand works best and most effectually when clothed with a velvet glove. The exercise of kindness toward the patients in an asylum depends largely upon the heart and

spirit of the managing power. The ruler of an asylum should have wisdom, firmness, benevolence, and these qualities must be made manifest at all times. He should persistently inculcate in the minds of subordinates, the doctrines in which he believes. He must preach a sermon on the text of kindness every day of his life, and hold revival meetings in the evening, if necessary.

He must exercise profound watchfulness over his wards, to see that his rule of kindness is carried out. This is accomplished by having, on his staff, assistant physicians who carry his messages in their hearts and on their lips. The supervisors of the wards must also be familiar with the physical wants of every patient, and know of the care bestowed upon each and every case.

The superintendent must have a grounded faith in the efficiency of kindness, and then he must have written reports of the condition and actions of all disturbed patients sent every night and morning from the supervisors to the superintendent. Thus a full knowledge of each critical case is had, and a complete record for reference is kept.

The attendants should be selected with care. The young, the bright, the cheerful, the kind—these alone should be employed. When employed their duties should be clearly pointed out, and a solemn promise exacted, that under every circumstance and provocation, they will refrain from striking or injuring a patient. It should be clearly understood that the slightest infraction of this promise will be followed by dismissal and disgrace.

When restraint is absolutely necessary, however, let it be applied on a physician's order and in the most careful and judicious manner. Make the restraint as mild and gentle as possible. For suicidal and homicidal patients, padded mittens are the best, and usually sufficient. The wearing of these mittens is in reality no more "restraint" than wearing a pair of boxing gloves; but they prevent patients from killing themselves and others.

If a patient is restless and is wearing out his strength

and destroying his chances for recovery, and needs to be placed in bed for treatment and the conservation of the life forces, then a simple canvass bandage around the body, with attachments to the sides of the bed, will accomplish the purpose. These are the mild and successful means we have employed for the care of disturbed patients, and these means must be used gently and temporarily. All restraint must be kept in reserve and only used as a dernier resort.

Moral suasion should be the prime and principal means for quieting the excitable. A few words of quiet petition, requesting the patient to exercise the virtue of self-control for his own personal benefit will often suffice. The promise of a favor will often keep an excitable person under good self-control. I have had maniacs keep still for the sake of attending a promised dance. The insane may sometimes be shamed into silence by telling them that they are disturbing others. In fact, the insane must be treated like sick children. They must be made to feel that they have friends in those who care for them. Their fears must be silenced by kindly words. Their hope and pride must be stimulated by encouraging conversation. Shaking hands and inquiring after their health, their past experiences, their plans and hopes for the future, will please and stimulate many of the cases of abject melancholy.

The insane pine for notice as much as do children and dogs. And they thoroughly appreciate these kindly attentions, though they make no sign at the time. It is a pleasant surprise to be told by a patient that their improvement dated from a kind word spoken many months before.

Beautifying the wards with pictures, curtains and neat furniture, has an effect on both patients and attendants. Music, pleasant games and entertainments have their refining influences. A pretty dress given to a patient who has lost all pride, will sometimes afford marked happiness. One of our most destructive lady patients, who tore her clothing constantly, was furnished a bright red and white dress, and

from that time she was quiet and tore no more clothing. Sleigh riding or carriage riding is most beneficial.

These means must be unremitting, not spasmodic. All discouragements must be forgotten or swallowed up by a swelling enthusiasm for one's work. Attendants must be taught they are missionaries doing God's service as well (or better perhaps), as those who carry Gospel messages to the heathen that sit in African darkness.

When I think of what has been and is being done for the insane, in our American asylums, I feel like saying to the thoughtless and ignorant carper, who snarls and bites at the heels of the workers in these institutions, what the gardener, in Thompson's Seasons, said, concerning his toils :

" Ye little know

The care, the vigilance, the labor and the skill
Which day and night are exercised, and hang
Upon the ticklish balance of suspense."

During the past summer, I visited asylums in England, Scotland, Ireland, France, Switzerland and Italy. Our American asylums compare favorably with them all.

CHRONIC DIARRHŒA.

BY A. M'NEIL, M. D.

Dr. Payton R. Mayo, 328 Fulton Street, Jeffersonville, Ind., a retired allopathic physician, came to me for treatment of a diarrhœa he had contracted in the Mexican war, in which he was a company officer, and afterwards surgeon. The Doctor was wounded in six places. He is 67 years old, and has exhausted the resources of the old school, which in the 37 years of his disease has given him no substantial benefit. When the discharges exhaust him he takes large quantities of extract of logwood, which control them, but do not ameliorate his condition. In a short time the attack returns. He does not eat fruit, or vegetables, but confines himself to cold fat pork and Irish potatoes. Has a great craving for

vinegar, which he uses immoderately. Has great thirst for water, but drinking it causes nausea and vomiting. His bowels are not under his control, but pass off involuntarily so that he is compelled to wear a napkin. He is emaciated to 95 pounds stripped; when he entered the service he weighed 190. Has taken much calomel, quinine, *Fowler's solution of arsenic*, etc. Urination frequent, copious and painful, has to get up three or four times a night. The discharges from his bowels are painless, but are attended by prolapsus ani, which also comes when walking, and is very painful. Always sleeps with his feet outside of the bed clothes summer and winter. The rectum when prolapsed reveals many ulcers red and elevated looking, he says like straw-berries and surrounded by a black base. Sometimes has a sensation of a ball starting from rectum and going up to the stomach, and there causes vomiting. Says there is albumen in the urine.

After giving him Arsenicum in higher potencies, with but little benefit, gave him on Sept. 1, 1883, Arsenic 9x, six pellets every two hours.

Sept. 21.—Is very much better. Sac. lac.

Oct. 2.—Moved twice a day, natural in character, but a bad attack of colic last night. Arsenic 30, one powder.

Oct. 5.—Diarrhœa this morning with frequent copious discharges; gave six powders, Arsenic 12, one every three hours.

Oct. 8.—Five passages to-day; two last night. Arsenic 12, four pellets every three hours.

Oct. 31.—Is better, appetite good. No vomiting or gastric troubles. Arsenic 15, twelve powders, one every three hours.

Nov. 6.—Has three or four painless movements a day. Some prolapsus, ulcers healed, "eats like a dog." All of these potencies had been prepared by myself from B. and T's 6th. Gave him Arsenic 30, twelve powders, one every three hours.

Nov. 20.—Bowels natural, drinks much, but water re-

freshes. Is getting strong. Ran 100 yards without exhausting himself. Arsenic 100, one powder.

Nov. 22.—Prolapsus troubles him. Arsenic 100, six pellets every three hours.

Dec. 5.—Night of second, had a violent attack of diarrhœa. Arsenic 100, in water every three hours for a day and a half.

December 7.—Feels well, bowels natural, prolapsus with every movement of bowels.

January 3, 1884.—Had a bad attack Christmas night, which he attributes to turkey. Thirst, nausea and vomiting. Arsenic 200, one powder.

Jan. 14.—Well, except prolapsus when bowels move. Says he can outrun any man of his age in the county.

Jan. 29.—Had diarrhœa for ten days. Has an ulcer on right great toe, lost the nail, painless. Arsenic 4x, in one dose.

February 2.—Bad attack this morning early. Arsenic 100, in water every two hours.

February 29.—Weighs 120. Says he can eat at any time. Still has prolapsus when his bowels move and when he walks. Still careful in his diet, not for fear of diarrhœa, but of pain in stomach, etc. *Bowels natural.*

I have given particulars so as to invite investigation for there was a time when it would have been difficult to convince me that this report was true. I ask anyone to show that this case is not a cure. Whether the microscope or spectrum analysis would reveal molecules of Arsenic or not is immaterial, but Dr. Mayo was cured, and if there is anyone who thinks he was not let him say so, or forever after hold his peace.

There was nothing in the case demanding any special skill. The indications for Arsenic were such that any practitioner calling himself a homœopath could not mistake. It cured when administered in the minimum dose and was allowed to exhaust its action before another dose was given in mouth, so that each administration proved its efficacy.

MUREX-SEPIA.

BY J. T. KENT, M. D., ST. LOUIS, MO.

Editor Medical Advance:

Please ask Dr. Kent, where he got the symptom of *Murex* p. 478 of ADVANCE, "pains in *Murex* aggravated while lying down." If he is right I must rectify *Murex* in my *Therapeutics*, p. 792, where it reads, "ameliorated by eating and lying down." According to Dunham, *Hom. Review*,—IV, p. 405—the mental symptoms are greater when sitting than when walking; when walking they cease and reappear again when sitting down. Page 406, Hering's patient was obliged to go to bed and lie there. The excessive fatigue and debility in the lumbar region lead more to relief from lying down, and still there is that mental symptom. Perhaps Dr. Kent will kindly clear up the point as it seems he copied that symptom from *Minton*, p. 227, "all pains come while lying down," and which can only be taken from Hering's second case, where she felt no comfort in any position. Another question is whether *Sepia* has relief from lying down. *Minton* gives under *Sepia*, amelioration *on or after* rising from bed or from a seat, which may lead to aggravation during sitting and lying. In the study of symptoms we cannot be too critical.

S. LILIENTHAL.

The "empty, all-gone" feeling in the stomach is relieved by lying down, but that is not in harmony with the general conditions of *Murex*. In *Sepia* this symptom is relieved by moving about, and aggravated by the smell of food.

The flushes of heat in *Sepia* are brought on by motion (Hg). In most remedies we have opposite conditions. In *Sepia* some complaints disappear during violent exercise, and others are better by rest. (*Allen Encyclop.* p. 649. "She felt best when at rest, and while lying.")

In *Murex* the flushes come on in bed, as well as when moving. The headache of *Sepia* is made better in the open air if it is pleasant, and by *violent* motion.

Murex.—“A sensation as of the creeping of a snake over the entire region of the short ribs, upon the left side; great depression of spirits; it seems to her that she was hopelessly ill. *She was obliged to go to bed and lie there.*”—Dunham, *Science Therapts.*, page 384.

These are not the *uterine pains* so fully brought out and cured by Murex, but a myalgia unlike the cutting pains in the uterus that come on when in bed, and are relieved by sitting and walking, until fatigue comes on when she must lie down for relief, and the cutting pains in the uterus come on again, going *through and up diagonally*, compelling her to get up and walk. I have seen Murex 200, produce this state, and when I find it in practice, I am sure that Murex and Murex only is the remedy.

With the pains there is not the restlessness of Rhus. It is the pain not the restlessness that compels motion by walking. In one of my proverbs: “The cutting pains in my lower belly wakens me in the night and compels me to get up and walk. When walking the bearing, down comes on which makes we want to hold myself with my hand.”

This proverb would lie down to get relief from the sensation that her uterus would issue from the vagina, and after lying awhile her pains would begin to come on. This, I have many times verified in practice. But I never saw it expressed until I examined *Minton*, page 227. In *Allen*, Vol. VI, *Murex*. General Symptoms: “Pains worse when sitting than when walking; and those which I cease to feel while stirring about return almost immediately on sitting still.” Under *Inferior Extremities*.—“Pains in hips and loins * * * * * but that of hips still continues even when not lying down.” I interpret that to read, worse when lying down and better from walking, although not entirely relieved by walking.

The aches and pains of *Sepia*:—The headache is worse from shaking the head, but better from violent exercise. So with many of the pains of the body, but the distressing bearing down pains are better from lying in bed. The dragging down of *Sepia*, which is so much like Murex that I am unable

to distinguish between them, is relieved by lying down; comes on while standing, is relieved by sitting and crossing the limbs and goes off while lying down. Again Sepia has apparently the opposite—page 624, *Allen's Encyclop.* near the bottom of page.—“At 9 A. M. the dragging and pressing sensation in the abdomen returned; *pressure as though the contents would issue through the genital organs.* The pelvic distress was noticeable the whole night at waking intervals, and relief only momentary by lying on either side with the legs flexed on the thighs and the thighs on the abdomen. I waked this morning without the distress, but it returned on stirring.”

* * * * * I cannot but conclude that generally Sepia is better by lying down. Except some of the rheumatic, aching pains which are first made worse (by slow motion) but finally made better by violent walking. Clinically, whenever I have been able to observe, Sepia cures the prolapsus that has the horrible bearing down as if parts would come out if it is accompanied by the “all-gone” sensation in the stomach, a lump in the rectum with constipation, the patient wants to hold the vulva with a napkin, and the dragging down is relieved by crossing the limbs, sitting and lying. These are the symptoms as they are found, and Sepia cures not once in awhile, but always, if not given too low.

See Dunham's *Science Therapeutics*, page 365. “Whereas on the other hand, the Sepia pains are worse from 9 A. M. to noon, and are *relieved* by repose; being aggravated by motion and repose.” This refers to the prolapsus pains in his (Dunham's) contrasting it with Liliun, which grows worse during repose like Murex, page 319. “The *pains* are dull; pain like paralysis is predominant, amelioration from *warmth and violent* motion. Aggravation by repose and at night.” This shows that Dunham fully comprehended the two kinds of pain or distress produced and cured by Sepia. Dunham says that the majority of pains produced by Sepia are aggravated by repose, but plainly states that the uterine suffering is ameliorated by repose.

THE "ALL GONE SENSATION" OF SEPIA.

Some readers of the *Advance* have asked why I gave Sepia for the "all gone feeling" in the stomach. In reply I have taken the trouble to copy from my MSS. repertory the extended individualization I make in those remedies. It may be of use to somebody. I do not offer it because it is better than others, but because it has served me well in the treatment of gastric complaints. It might be much extended, but this is as far as I have verified. This much I know:

Empty, "all gone feeling," in stomach: Actea, Agar, Alum, Amb., Am. c., Ant. c., Ant. t., Apoc. c., Bap., Bar., Bry., Bufo., Calad., Calc. p., Carb. an., Caust., Con., Croc., Crot. t., Dig., Gels., Glon., Grat., Gamb., Hell., Hipp., Hydr., Ign., Ipec., Kalm., Kali b., Kali c., Kali iod., Lac. can., Lob., Lyc, Mag. m. Meph., Mer. iod., Mur. ac., Murex., Nat. c., Nat. m., Nicc., Op. Petr., Phel., Phos., Plb., Pod., Ruta., Sang., Sen., SEP., Stan. Staph., Sulph., Trill., Teuc. m. v., Verbas., Verat. a.

Empty, with sensation of burning: Actea., Agar., Am, c. Phos., (Bap., Calc. p.)

— — — of sinking, before breakfast: Actea, Kali. iod.

— — — of sinking, in uterine troubles: Murex., Sep.

— — — nausea: Actea. Calc. p., Lyc., Kali b., Nat. c., Phel.

— — — pressure: Am. c., Lyc., Petr.

— — — trembling: Actea., Agar., Am. c., Lyc.

— — — distension of abdomen: Bry., Kali b., Kali c., Lyc., Petr., Phos., Sep., Sulph.

— — — rumbling in abdomen: Mur. ac., Crot. t., Phel., Verbas.

— after eating, coming on; Carb. v., Olean., Sars.

— not relieved by eating: Carb. an., Kali iod., Lyc.

Mur. ac.

— and qualmishness: Kali iod., Mag. m.

— — — not relieved by eating: Mag. m., Sang.

— worse after eating: Kali b., Lyc.

— and coldness not relieved by warmth: Kali iod.

— in the evening : Calc. p., Dig., Op., Pod.

— — — — at 7 p. m.: Calc. p.

Emptiness, sensation of in stomach, 2 p. m. with loss of appetite, Grat.

— in the morning : Apoc. c., Actea, Hell., Kali b., Kal. c., Ign., Nat. m.

— — — — at 8 a. m.: Kali. c.

— — — — at 11 a. m.: Hydr. Op. SULPH.

— — — — at 11 a. m., with a dull pain: Hydr.

— — — — at 2 a. m., with tenderness over the abdomen : Pod.

— — — — without hunger, faint feeling: Nicc., Phos.

— with gnawing : Ign., Murex., Op., Sep.

— — — — in uterine troubles : Murex., Sep.

— — — — and sighing : Ign.

— at pit of stomach, which disappears with rumbling in left hypochondrium : Verbas.

— with gnawing as if life was becoming extinct : Dig.

— — — — throbbing in colon : Ant. t., Calad., Kali c., Mag. m., Nat. c., Nat. m., Sep., Sulph.

— before going to sleep : Dig.

— extending into abdomen : Mar.

A CASE OF HÆMOPHTYSIS COMPLICATING VALVULAR DISEASE OF THE HEART.

BY J. W. DOWLING, M. D.,

Professor of Physical Diagnosis and Diseases of the Heart and Lungs, New York Homœopathic Medical College.

Miss T. J.—a remarkably healthy looking and blooming young woman was sent to me, by her family physician for examination and diagnosis. The history of her case, which is somewhat remarkable, was as follows:

She was born of healthy parents—whose family history on both sides was good and ancestors long lived. As a child

she was healthy, passing through the ordinary diseases of childhood nicely. At the age of eleven, she developed a cough, resulting from a cold, which continued, with no apparent intermission till she was 18 years of age. Many physicians were consulted and various methods of treatment resorted to, but with no relief whatever. During these seven years she was otherwise in good health, aside from a slight dysmenorrhœa for the first 24 hours of each menstrual period; the menstrual menses first making its appearance at the age of 14.

In May, 1881, she was suddenly startled by her brother who grasped her neck from behind. She involuntarily threw her head back. She says there was a sensation "as if something has snapped here," and placed her hand over the lower portion of the sternum. Then commenced a violent paroxysm of coughing lasting about a minute. This was followed by quite a free expectoration of bright red blood.

Strange as it may seem, the cough which had been continuous for seven years immediately disappeared. Two days later there was another slight hemorrhage. Although much alarmed at the "spitting of blood" she suffered no inconvenience from it, and was quite surprised and delighted at the disappearance of the cough.

A year later there was a return of the cough which lasted for a few days and was accompanied by another hæmoptysis, which was followed by a relief to a feeling of chest oppression, from which she had suffered during the continuance of the cough as well as by an entire arrest of the cough paroxysms. She has had six of these paroxysms from that time to the present, the last occurring quite recently; and for these hæmorrhages I was consulted.

Careful questioning developed the fact that years ago, prior to the onset of the cough, she had a mild attack of articular rheumatism, which was thought but little of, the pains being slight, and supposed to be "growing pains." Several years later she had another attack, more severe in

character, this occurring about one year prior to the first hæmorrhage.

Although very active and inclined to run up-stairs, she acknowledges a little shortness of breath on extra exertion and after such efforts she "can hear her heart beat." She complains of a pain beneath the left shoulder blade which extends around the left side of the thorax to the sternum. Her appetite is good, bowels and menses regular. She sleeps well, is not troubled by dreams. Has had no cough since the last hæmorrhage. She is well nourished, of full weight, and of a cheerful and happy disposition.

PHYSICAL EXAMINATION.

Inspection revealed a beautifully rounded chest, the two sides being perfectly uniform, and a uniformity of the respiratory movements of the two sides. The vital capacity of the lungs, measured with Lowne's spirometer was about 20 cubic inches below normal, an extreme effort at inspiration and expiration being made. The percussion and breathing sounds over the entire lung area were found to be perfectly normal. Liver and spleen dullness, normal. The superficial area of cardiac dullness was increased laterally about three-fourths of an inch, and the apex of the heart was in the fifth intercostal space, three and a half inches to the left of the middle line of the sternum. Over the left border of the heart was distinctly felt a præ systolic thrill. The impulse of the heart was somewhat forcible but perfectly regular. The pulse was regular but slightly compressible. Auscultation of the heart revealed quite a loud præ systolic murmur heard with greatest intensity at the apex, the sound produced by the closure of the mitral valves being loud and sharp, followed by a very feeble second sound. Slightly to the right of the apex was heard a soft systolic blowing murmur. Although neither of these murmurs was conveyed to the back, the heart sounds were distinctly heard through the lung at the angle of the scapula. The murmurs were not heard at the base of the heart and were not conveyed to

the neck. The second sound at the pulmonary orifice was intensified, being very much louder than the second sound at aortic orifice.

DIAGNOSIS.

Stenosis of the mitral orifice with slight insufficiency of the mitral valve, with dilation of the auricles and excentric hypertrophy of the right ventricle.

That I might be sure as to my diagnosis, I had the patient exercise around my office for a few minutes. The result was rapid breathing and an intensification of the thrill and murmurs and great rapidity of the heart's action.

COMMENTS.

The præ systolic thrill was undoubtedly owing to the passage of the blood from the auricle to the ventricle through a constricted mitral orifice.

The præ systolic murmur arose from the same cause. The systolic blowing murmur was produced by a return blood current through the mitral orifice into the auricle during the systole of the ventricle, owing to incompetence of the mitral valves. The dilatation of the auricle and excentric hypertrophy of the right ventricle were owing to the obstruction to the blood current at the mitral orifice. The diminished vital capacity was owing to capillary and venous engorgement of the lungs, resulting from the mitral obstruction, the size of the air vesicles being necessarily diminished by this overloading of the capillaries and veins.

How shall we account for the valvular disease, the long continued cough, the hæmoptysis, and the sudden subsidence of the cough after the bleeding? The patient had a history of rheumatism dating back prior to the onset of the cough. There was undoubtedly an endocarditis as a complication. This resulted in chronic valvulitis with deformity of the mitral valve. It is an anatomical fact that a large portion of the blood distributed to the mucous membrane lining the bronchioles finds its way into the pulmonary veins [is not discharged through the bronchial veins] and is

carried with the pulmonary blood into the left auricle. If there is imperfect emptying of the left auricle from any cause, in addition to the resulting pulmonary engorgement, there will be hyperæmia of the mucous membrane lining the smallest bronchial tubes. This in itself frequently gives rise to sufficient irritation to produce quite an obstinate cough. If in addition there is a catarrh resulting from other causes, the cough is obstinate and continuous. Our patient, contracted a cold which resulted in a cough. This cough continued without evidences of pulmonary trouble for seven years. Suddenly, from a severe nerve shock, she was siezed with a violent paroxysm of coughing, and a sensation in the præcordial region as if something had given way. This was soon followed by a hæmoptysis. The bronchial vessels were unloaded by the bleeding, the patient being young and vigorous the vessels contracted and the bronchial hyperæmia which had kept up the cough subsided, and until the occasion of another exciting cause the cough disappeared. Each subsequent attack of coughing was relieved the same way.

I had no hesitancy in assuring the physician having the case in charge, that in my opinion the hæmorrhages, instead of being a cause for alarm, were really salutary in their effect.

MAN'S MICROSCOPIC ENEMIES.

Man has suffered long from their ravages in person and estate but he has usually attributed his misfortunes to every cause but the real one. Entrenched as these foes of his are, in the citidal of littleness, he has mostly overlooked them, and has only of late years begun to hunt out their significant secrets, which are closely interwoven with famine, pestilence and pain. From his beginning he has struggled on through an unseen mist of organic atoms, wrestling hard all the while with the manifold evils these have wrought, and generally unwitting of the miasma that environed him and that was bringing woe on himself and his household, and work-

ing sad havoc among his stock, crops and chattels. He can face the lion or the tiger, and may conquer with gun or spear; but how can he dislodge those infinitely more fatal foes from their microscopic lairs; how overcome their countless multitude.

The largest of the wild beasts fall back before him into the thickest forests and dismal solitude, or their kind becomes extinct. The mammoth and mastodon, for instance, have vanished from the face of the earth; but the small vermin of the world defy extirpation. Rats and mice have for thousands of years feasted and sometimes fattened at man's expense, and yet he has all along been busy hunting them down, trapping, poisoning, plotting against them, devising cunning schemes, setting eager dogs after them, encouraging patient cats to watch at holes and crevices. The insect phylloxera is eating up the vineyards of sunny France in spite of the Academy of Science and its money prizes offered for a remedy. In North America the Colorado beetle gets copious doses of arsenic and other compounds, and yet it survives. Consider then, that these small creatures, which man finds it so much harder to subdue than the great beasts of the field are yet of gigantic size when contrasted with the microscopic plants that are in league with his implacable enemies, famine disease and death.

HOMŒOPATHY AND ALLOPATHY.

Dr. F. W. Stillwell, in the *Rochester Democrat and Chronicle*, of February 29, 1883, says: In the discussion between the different schools of medicine, I see but one champion of Homœopathy in this city. Dr. Biegler is the only one who has a good word for it. The stamp of quackery is put upon all the teachings of Hahnemann and he is the only one of his followers who dares to deny the charge. A heroic dose of courage administered by a hard shell allopath might prove of benefit to some of them. Counsel or no counsel seems to be the question which stays most of the so-called

“old code” gentlemen. Whether it’s not better to stick to blisters and plasters and suffers the ills of an empty pocket or recognize those “little pill fellows” who are revolutionizing the world. Suppose they do, what benefit is Homœopathy going to devise? What has brought about this state of brotherly love? What have they ever done for the scholars of Hahnemann that they should ask Homœopathic physicians to prop up their tottering gods and fortunes? Never has the new school been so strong and popular as to-day. Never since the birth of small doses, have they done so much good or its workers been more in earnest, and because of this rapid progress, begging allopathy wishes us to counsel with them: They, who for a life time, have scoffed and sneered at the teachings of Homœopathy. May the ghost of Hahnemann forever haunt the physician who does. For pneumonia complicated with pericarditis, whiskey and brandy is their favorite remedy. Typhoid fever, bronchitis or measles all require the same prescription. Does Homœopathy sanction any such treatment? The action of the “new code” gentlemen proves that brandy as an elixir vitæ is sadly in need of a pair of new legs. As long as new school physicians keep quiet about the results of their practice, all is well, but let them dare to explain the principle such cures and it is what quackery, humbuggery, or any other pet name which ignorance and bigotry choose to construct. It is that which will debar any Homœopathic physician from a hospital controlled by Allopaths and deny them professional courtesy and society. No man lives, has lived, or ever will live whose teachings have advanced so rapidly and found so many followers as those of the venerated Samuel Hahnemann. The allopathic boast of a superior knowledge of drugs and diseases is all bosh, and smacks more of the almighty dollar than it does of brains. Judging from an article written by Dr. Southerland in the February number of the *Medical Gazette*, cowardice and fear are prominent symptoms among the paralysed ranks of Allopathy. Dr. Southerland writes that a short time ago the managers of St. George’s hospital, London, issued a

public appeal for aid, stating that many of the beds were unused for the lack of funds for their support. Major Morgan on learning this offered the managers nearly five thousand a year for five years on the modest condition that the occupants of said beds should receive homœopathic treatment. To this honorable proposition the practitioners in power returned an unconditional refusal. I think this talk of the "codes" resembles that of those managers. They want homœopathic physicians to fill their pockets with gold by calling them in counsel, but to the dogs with their little pills.

A CASE OF INTUSSUSCEPTION.

BY J. W. ROCKWELL, M. D., AKRON, OHIO.

By the unanimous vote of the N. E. O. M. S., I send you for publication the report of a case of intussusception, which I reported to the society at its session held in this place, April 19th.

Case—March 11th, Charley B., aged seven months, having just recovered from measles, was taken during the night with vomiting and purging; stools thin and watery. I was called up about 8 A. M., and found the above history of the case with the following condition, much coughing with loose rattling of mucus in the bronchial tubes; child very peevish with anxious look, refused the nurse but would take a small amount of milk. Was called again at 4 P. M., found the child passing pure blood of a bright color and rather copious, cough less and respiration more free and easy.

March 12th, 9 A. M., hæmorrhage very much less, had vomited but once or twice during the night, respiration more difficult, takes but little nourishment, seems very thirsty, and somewhat hoarse. March 13th, 9 A. M., hæmorrhage has enurely ceased, stools consist of pinkish mucus, accompanied by slight tenesmus. Great hoarseness could hardly make a loud noise, much cough with much rattling in throat and lungs, face pale with anxious look.

March 18th, 10 A. M., stools of thin fecal matter, no mucus, no vomiting, sleeps better, takes more nourishment and is better every way.

March 19th, 4 P. M., patient very much better. Slept well during the night, stools of fecal matter of a creamy consistancy, respiration free and easy, no cough, takes his rations all right and seems about well. I left with the request that they should let me know if he required any further attention.

March 21st, 1 P. M., was called in great haste, baby taken suddenly worse. Had been all right since the last visit, had had a natural stool the night before. The cause of the great alarm of the parents was the protrusion of a large tumor from the anus. I found the child with the same old anxious look, great straining, with a tumor about the size of a small walnut, and of a dark red color, covered with mucus, protruding about one and one half inches from the anus. It was very easily replaced and I could pass the finger in and around it on every side, showing that it was not adhered to the lower part of the rectum but had descended from higher up.

March 22nd, 8 A. M., the tumor had come down several times during the night, considerable mucus had passed the bowels, but no fecal matter. I gave the tumor a thorough examination: it protuded about two inches, and was of a dark red color with mucus. There were two openings in the tumor one upon each side, with a firm septum dividing.

The one at the left side (of the patient,) I could pass the finger to the second joint, at which depth it formed a pouch. Into the other the finger could be passed the full length. I diagnosed intussusception of the ileo-cæcal valve which had become prolapsed down through the colon and rectum. The opening to the left being the cæcum, the one to the right the ileum.

While the tumor was down the child would worry and cry almost continually, but was quite most of the time

while it was retained within the rectum. 5 P. M., about the same, abdomen somewhat enlarged, slight tympanitis.

March 23d, 10 A. M., Dr. O. D. Childs visited the case with me and coincided in the diagnosis. Great tympanitis with a strong tendency to peritonitis. Refuses all nourishment, great thirst for cold water. 5 P. M., no material change since morning, abdomen a little less tympanitic, stools still mucus with a small amount of fecal matter.

March 24th, 9 A. M., tympanitis very much less had several thin watery stools during the night, rested comparatively well, less thirst. 5 P. M., patient very restless with anxious frightened look, thin watery stool every fifteen or twenty minutes, great prostration.

Patient died at 11 P. M., from prostration, the thin watery stools continuing to the very last. Thirty-six hours after death, I held a post mortem, Drs. Childs, Murdock, Wilcox and Jamison being present, which confirmed the diagnosis. About six or eight inches of the ileum had become invaginated into the colon and had been forced down through the whole length of the colon and rectum. The whole of the colon was forced upon the invaginated portion of the ileum, lying in folds which were easily drawn off during the examination. there being no adhesions, and but slight indications of there having been any inflammatory condition, except in the invaginated portion of the ileum.

THE THERAPEUTIC USE OF HOT WATER TAKEN INTERNALLY.

1. The water must be hot—not cold or lukewarm. The reasons for this are principally that cold water depresses, and that lukewarm water excites vomiting. By hot water is meant a temperature of 110° to 150° Fahrenheit, such as is commonly liked in the use of tea and coffee.

2. As to the quantity of water. The commencing amount should not be less than a half a pint, which amount must be gradually increased with the capacity of the patient,

until the specific gravity of the urine stands at 1,015 to 1,020, the best standard of health. If on examination of the urine the specific gravity stands at 1,030 more hot water should be drunk. On the other hand, should it fall to 1,010, the amount should be decreased.

3. The time for taking hot water is an hour or two before each meal and half an hour before retiring.

4. The water should not be drunk too fast. It should rather be sipped, so that the stomach may not be so rapidly distended as to make it feel uncomfortable.

5. The length of time during which this hot water treatment should be continued is six months, this time being usually required to thoroughly wash out the liver and the intestines.

6. The amount of liquid to be drunk at a meal should not exceed eight ounces. This amount should not be exceeded in order that the gastric juice may not be unduly diluted, or the contents of the stomach prematurely washed out.

It is claimed that under this treatment the feces became black, the discolorization being due to the washing of the bile down its normal channel. While this blackness may last for more than six months the fetid odor of ordinary feces is abated and the smell approximates that of the feces of healthy sucking infants. The urine became as clear as champagne, free from deposit on cooling and free from odor. The various secreting organs are said to improve as to their functions and a general feeling of well-being takes possession of the hitherto overlaid and consequently inactive body.

The following is a summary of these general conclusions on the therapeutical drinking of hot water as given by Dr. Cutter: He claims it to be the foundation for all treatment of chronic diseases. It excites downward peristalsis. It relieves spasm or colic of the bowels by applying the relaxing influence of heat inside the alimentary canal, just as heat applied outside the abdomen relieves. It dilutes the ropy secretions of the whole body and renders them less adhe-

sive, and tenacious. It is an inside bath. It dissolves the abnormal crystallized substances that may be in the blood and urine. It washes down the bile, mucus, yeast and waste and thus leaves the stomach fresh and clean for the function of digestion. It promotes elimination everywhere.

It is necessary in conducting this treatment that the stomach should be rid of the hot water before meals, and this for reasons which are too obvious to require mention.

While we think it possible that Dr. Cutter has attached undue value to this means of cure, we can not dispute the fact that the number of cases to which it is applicable is great. We should think it peculiarly applicable to the case of those who habitually gorge themselves, and whose systems are always overloaded with matter which the emunctory organs, constantly overtaxed, are unable to eliminate from the system. The thorough washing out which copious draughts of hot water would favor must be very beneficial in cases of this kind.—*Therapeutic Gazette.*

TOTAL FAILURE OF VACCINATION.

TESTIMONY OF THE REGISTRAR GENERAL OF ENGLAND.

The Registrar General, in his Annual Summary for the year 1880, tabulates the Small Pox Mortality of London for the last thirty years, as follows:

Decades.	Estimated Mean Population.	Small Pox Deaths.
1851-60	2,570,489	7,150
1861-70	3,018,193	8,347
1871-80	3,466,486	15,551

It is absurd to say in the face of these returns, that Vaccination has saved thousands of lives, or that the mortality would have been greater but for Vaccination, or that the deaths accrue, as Dr. W. R. Carpenter maintains, from the "unvaccinated residuum," seeing that in the first decade, when but few, comparatively, were Vaccinated, the mortality was not half as great as in the last, when over 90 per cent. of

the infant population had received the benefit of the State-endowed prophylactic.

These facts, coupled with the additional one that during the year 1881, 2,371 persons died in London of Small Pox, 615 of whom were under five years of age, show an enormous increase of that disease, are utterly subversive of the claims of Vaccination, and call loudly for a repeal of the despotic law by which it is enforced.

CORRESPONDENCE.

Editor Medical Advance:

I am in receipt of a letter from a young friend of mine who has recently finished his first course in one of our homœopathic Medical Colleges. His previous studies and especially his knowledge of genuine Homœopathy enabled him to judge of the quality of the teaching he received at the college. The result of his observations is well indicated in the following extract. "I have attended one course of lectures at — College. For God's sake, for the sake of Homœopathy, for the sake of all that is good, I implore you to warn young men against going there. Prof.—is the only homœopathist in the College. Prof.—calmly remarked to me the other day. 'In the future medicine must be practiced in accordance with the Principles of Physiology strictly and that alone.' Prof.—is nothing but a beer bloated blackguarding Allopath. Prof.—laughs at our using such remedies as Carbo veg. or Lycopodium, simply because 'you can eat them with impunity.' Dunham says the provings of Carbo veg. were made with the third centesimal trituration, yet this Prof. refuses to credit its symptoms. Prof's—and—and—take every opportunity to throw a bad light upon Homœopathy. Prof.—said to me concerning a patient 'damn your Arsenicum, give her 20 grains of Bromide of Potash and some Morphine.' This College is doing Homœopathy more harm than any Allopathic College in this country. I like all my Professors as men, but as dishonest Hom-

œopaths I despise them." Now Mr. Editor is this a dream or a sad reality? M. B.

FIBRIN AND BACTERIA.

Medical Advance :

My article in your February number, on the above named subject, appears to have stirred up a hornet's nest, or, rather, a bacterist's nest. But I do not see anything very terrible in results thus far. Well, as Hahnemann so forcibly said : "The agitation of thought is the beginning of truth ;" and that is what I am after. I should like to answer both Drs. Taylor and Ray in full at this time, but previous engagements for papers on this and other subjects, to several scientific and medical societies, render it impossible to tender these critics my full compliments short of two or three months.

To Dr. Taylor I will say now, however, that I ride a sufficiently "high horse" to keep my head above the borders of the bacteria ruts, so as to see and know a little something as to what I am about, instead of remaining floundering therein and learning nothing, as he seems to prefer to do. Also that there must be much larger and more numerous "holes" within his cranium, where there should be brains, than "are common to baker's bread," to allow him to make such foolish remarks as he does on this point. "Holes" consisting of rods and spirals, from an eighth to half an inch or more in length, under a fourth objective, lying sidewise or at all angles towards one, perfectly white in color instead of transparent, and swimming or whirling along at times with the most rapid motion, then slowing down, but starting on again soon, violently, is a decidedly rich suggestion, the richest I have heard in a long time, and could only have come from a "clear gone" bacterist. Don't talk any more to me, Doctor, about loose methods," after such an exhibition of your own worse than "loose" ideas. By the way, who told you anything about the "openings" which you assert I see and call rods and spirals? I said nothing whatever about "open-

ings" of any kind, certainly not of "openings" in motion, and never saw anything of the kind in my life. Dear Doctor, if you do not know more about microscopy than to talk of "holes" in a drop of fluid under a cover glass, that show active motion, I would suggest that you stop "reading up the most common-place experiments relating to bacterian culture," and study something else twice twenty years or more, if that will teach you better than to make such a suggestion to any microscopist, or write such stuff to a reputable medical journal that has many intelligent readers like THE ADVANCE. And it might not be out of place to suggest that you resign your official position for the credit of our country, until you do learn better. Nor will it help you out of your "holes" to again misrepresent me as showing a "ruffled temper." That is a favorite dodge with shallow men to represent an opponent as out of temper, I was in too good humor pointing out your "want of knowledge," to be disturbed by other emotions.

To Dr. Ray I will say that I am in no such mortal terror of bacterists and their absurd theory—near relative of the whilom blue grass craze—as he seems to be; and that I "dare to deny" the teachings of Koch, Pasteur, *et al*," as bearing upon the "existence of all pathogenetic and non-pathogenetic bacteria," in the sense that they teach their existence and effects. But let me be clearly understood on this point. I do not deny the "existence" of the *forms* of so-called bacteria as they have described them; nor do I dispute that they have seen such forms in countless numbers, as they claim they have. Indeed, on more than one occasion have I asserted there was no question that they had seen certain forms, under the requisite conditions, and had described them accurately. The only dispute I have with them or other bacterists is as to *what those forms are*. I have asserted a hundred times or more, and now re-assert with more emphasis than ever before, that *all* the so-called bacteria by name are nothing more nor less than granules, rods and spirals, or other combinations of fibrin. And when I

get the time to attend to this matter again, I will endeavor to make the facts so plain and clear that a "wayfaring" doctor, "though a fool, shall not err therein."

To both Drs. Taylor and Ray I will say that they may just as well dispense, first as last, with their pretensions and high, patronizing airs and nonsense about setting other men right until they set themselves right. This whole question is *going to be settled upon a true and far-reaching scientific basis*, wholly different from what they believe; and I have not the slightest fear of the result.

ROLLIN R. GREGG, M. D.

BUFFALO, May 5, 1884.

AN INTERVIEW THROUGH THE TELEPHONE
WITH DOCTOR G. H. G. JAHR, CHEVA-
LIER, ETC., PARIS, FRANCE.

From our Special Correspondent, P. P.

While perusing the brief yet interesting note by Dr. Wm. Jefferson Guernsey, on prescribing we were prompted to have a little talk, and if possible more light on the subject of prescribing, through some of our departed trans-atlantic brothers who had given more years to the practice of medicine than we had. Remembering that Jahr commenced the practice of Homœopathy in 1827, and having had an unusually successful career we concluded to "call him up" for an interview and directed the central office to connect us with the ground wire.

In response to our call we soon received a "letter" from the Doctor, when we asked, if he had read Dr. Guernsey's article on prescribing, in the December *ADVANCE*.

His reply was that he had not, but being acquainted with the Doctor he could believe, knowing of the author's experience and success, that their opinions would harmonize.

"Will you please give to the readers of *THE ADVANCE* some of your views regarding the proper manner of prescribing homœopathic remedies?"

"This is indeed a difficult matter. You cannot expect to dispose of such an extensive subject in this manner when it requires volumes, and even then proves unsatisfactory?"

"Well, can you give us a few rules on prescribing?"

"I would much prefer your consulting my *klinischen anweisungen* (clinical instructions) for advice."

"Thanks, but we desire something more brief for this occasion. Will you tell us what remedy you found most useful in the cholera epidemic in 1849?"

"I was in the habit of treating the well-known precursory diarrhœa with the globules of *Veratrum album* 12, dissolved in a cup full of water, of which solution a tea-spoon full was to be taken after every evacuation."

"Can you give us from your clinical record a report of some cases?"

"Yes, one case I remember well was one who was tolerably familiar with homœopathy, (this expression is applicable to a great many of the so-called homeopathic physicians, ED.) a vial full of globules saturated with *Veratrum album* 12, with instruction to use it for himself and his family if occasion demanded, this gentleman was the first to make use of this remedy; for one morning, while attending to his business in the city, he was violently attacked by the premonitory diarrhœa. Not having his vial with him and being two far from his home, he obtained *Veratrum* 12, from the nearest homœopathic pharmacy, and immediately took two globules dry on the tongue, with the intention of repeating the dose if another attack should take place. The globules had scarcely melted on his tongue when the urging which he still felt, abated, so that when evening set in, he had not only had no discharge from his bowels, but not even an intimation that his bowels would be moved. This gentleman witnessed the same result in similar cases not only in his own family, but likewise among his friends, to whom, if he chanced to hear of their being attacked by this ominous diarrhœa, he gave two globules of *Veratrum* dry on the tongue, and afterwards learned from them that to their amazement the diar-

rhea was soon controlled. Another case which illustrates the action of the proper remedy when given, was a poor woman who had consulted me on account of this diarrhoea and had it arrested at once by a few globules of *Veratrum 12*, but two days afterwards committed the indiscretion of eating a quantity of cucumber salad, after which she was not only attacked with a violent diarrhoea, but likewise with even vomiting. Residing at some distance from my office she sent for one of my colleagues, who gave her first *Cuprum* and afterwards *Arsenicum*, a few drops of the lower attenuations, without effecting the least change for the better. For this reason she again sent for me in the greatest hurry. On my arrival I found her attacked with true cholera; she had rice-water evacuations by the rectum and mouth, the pulse was collapsed and she was tormented by an inconceivable nervous excitement which according to her statement, set in after she took the last medicine (*Arsenicum*.) After examining all her symptoms I made up my mind that *Veratrum* was still indicated as the most appropriate remedy. I intended to give her *Veratrum* in solution, but not being able to obtain any pure water in the house, which was a wretched dwelling, I placed two globules of this medicine dry upon her tongue, leaving at the same time a prescription of *Veratrum 12*, to be dissolved in water by the apothecary, of which solution she was to take a teaspoonful every half hour. On my second visit, four hours later, the prescription had not yet been sent to the apothecary; but nevertheless, a remarkable improvement had taken place in her condition, the pulse had returned, the countenance had resumed a more natural expression, the vomiting had ceased, the skin was warmer and the rice-water discharges had changed to a brown, watery diarrhoea. Having the prescription filled, I ordered a teaspoonful every two hours. Next morning her health was fully restored."

"I suppose you could relate many such cases during that fearful scourge in Paris?"

Yes, thanks to that opportunity, however dreadful, Homoeopathy gained its first foot-hold among the people and en-

listed in its ranks men worthy to be called homeopathic practitioners, not pretenders, but honest laborers.

“Will you give us some of your methods of selecting the appropriate remedy?”

“This comes from long experience and hard study. Even in cases where practitioners, who are the most conversant with our *Materia Medica*, sometimes hesitate between two or three remedies. The method of prescribing the single dose has the advantage in cases where the remedy had been improperly chosen, but administered in a single dose, of enabling the physician to give another remedy with much less loss of time and with more certainty of success, than in cases when the former medicine having been given in repeated doses, must necessarily mingle its effects with the action of the new medicine, whose influence is thus greatly interfered with. From my long practice I might relate more than a hundred of such cases where *one* dose of a *single* remedy achieved a final result in the space of two months that twenty impatiently administered drugs could not have done in two or three years. Observation, however, has shown to a certainty that in chronic diseases, where one remedy alone is capable of achieving the whole cure, slight symptoms of an incipient improvement will, according to my observations, show themselves in the first week or in the first fortnight, and if these preliminary symptoms do set in, the physician cannot watch subsequent aggravations with too much care, unless he means to spoil everything by the premature exhibition of another remedy. On the other hand it is likewise an established fact that, where even the discriminating eye of the most careful observer does not even perceive the slightest signs of a beginning improvement in fifteen or twenty days after the exhibition of a remedy in chronic diseases, nothing better can be expected of this drug, and some other remedy will have to be chosen.”

“Why do not the homeopathic physicians of to-day meet with the same results in practice? They at least pretend to follow the above rules.”

"I can only answer that question by stating that their observations are not made with sufficient correctness, hence the poor results. It is much better to adopt the advice Hahnemann gave in the commencement of his practice, and which his first disciples followed without an exception for upwards of twenty years, until the advent of the specificists in the homeopathic school, namely, to administer the remedy in *one* dose, or, in chronic diseases at most in three doses, which, being given in rapid succession, at intervals of two or four days, were intended to represent *one* dose, and then to watch the result of this treatment; I say it is much better to follow this course than to order several doses at once to be taken in water. The best cures which I ever performed, were achieved with such doses, which I preferred to any other method of exhibiting remedies in chronic diseases as well as in acute, non-febrile affections. Even in febrile inflammations of internal organs, after having subdued the fever and the intensity of the inflammation by means of a watery solution of Aconite or of some other suitable remedy, of which solution I never gave more than a teaspoonful at a dose, which sufficed in my hands to cure the worst kind of inflammations. I prescribed for the remaining morbid symptoms, a single dose dry on the tongue."

"Are not many of our physicians now following this same practice?"

"No! I am sorry to say they are not, and this is the stumbling-block to their success. Our art is and always will remain *an art of observation*, which has for its object, not only to investigate the effects of drugs upon persons in health, but likewise to examine every individual case in all its aspects, and, after administering the proper remedy, to *examine him again*, in order to find out what further course the disease will take. For if a physician is ever so well acquainted with the remedies at his command, all he can do in spite of his patient's case, and of the most careful selection of the remedy, is to *hope* that the right remedy has been found; he cannot positively *know* this till he sees what effect the remedy produces."

"How are we to know that we have selected the proper remedy?"

"There is no more certain way, than to give only one dose of the remedy by way of trial and afterwards to observe and watch the patient, in order to satisfy ourselves whether we have entered upon a road that we can pursue further without hesitation and with perfect confidence."

"Yes, but Doctor how do you account for the good results which follow the alternation of drugs?"

"It is true. I too have seen excellent results obtained by my colleagues, when I was in practice, by this method, but I have always asked myself whether they would not have reached their object more speedily by giving first the most *suitable remedy by itself* and after this remedy had exhausted its good effects, administering the other remedy for the remaining symptoms."

"How did you treat cases of typhoid fever?"

"After having subdued the fever and the intensity of the inflammation by means of Aconite or some other drug, I then prescribed for the remaining morbid symptoms, one dose dry on the tongue of Mercurius 30, or some other remedy."

"Did you not believe in alternating in malignant diphtheria?"

"No sir. And in corroboration of this statement, I wish to give you the experience of my friend, Dr. Kallenbach, who gave his diphtheritic patients when the first severe epidemic broke out at the Hague, Apis and Lachesis in alternation, but who afterwards when he wished to find out which of these two remedies really affected the cure, saw those of his patients to whom he gave Apis alone, recover in three or four days instead of six or eight under the former prescription, whereas those who had received Lachesis alone, did not improve at all. I could give you any number of instances if they were needed, to convince homeopathic practitioners who really desire to make progress in the difficult art of always selecting the right remedy."

"Why is it that our beginners in Homœopathy do not

appreciate the importance of the study of *Materia Medica* as they did in your time?"

"I can only explain that upon one theory, and that is with the present flood of homœopathic literature that is forced upon the profession from year to year, makes the careful study of our pure *Materia Medica* almost impossible to the younger members. Overwhelmed as they are by the accumulated mass of drugs and clinical observations they scarcely know which way to turn for at least one ray of light in the chaos spread out before them and instead of singling out a few remedies from Hahnemann's *Materia Medica Pura* for their particular study, they prefer having recourse to some clinical guide or repertory where they can pick out what they require for the time being. To the experienced prescriber to whom these repertories are like sign-posts in the field of practice, to the beginner they never fail to confound simply because he does not know how to distinguish the truly characteristic and essential from the accidental and non-essential.

At this juncture the Central office interrupted our conversation by stating that Dr. E. M. Hale had been waiting some time to hold a controversy with Dr. Jahr, over his (Hale's) work on "New Remedies," and therefore we were obliged to discontinue this interesting interview.

BOOK NOTICES.

TRANSACTIONS OF THE NEW-YORK CHIRURGICAL SOCIETY, 1888. Vol. III.

The present number comes to us well freighted. A matter worthy of imitation is the printing of abstracts of papers and full report of discussions. The science and art of surgery makes very substantial progress in the energetic and skillful hands of our New York friends. Their enterprize in the production of this volume is every way commendable.

ANNALS OF THE BRITISH HOMŒOPATHIC SOCIETY AND THE LONDON HOMŒOPATHIC HOSPITAL. February, 1884.

The present number is full of valuable contributions. They treat respectively of Koumiss, of some special cases of Enteric Fever, of comparisons in the treatment of Diphtheria. Report of cases of

Skin Diseases, some additional cases of Typhoid Fever and a case of Aneurism of the Abdominal Aorta. These papers are some of them followed by brief discussions which leave us to wish they had been reported more fully.

AMERICAN DRUGS AND MEDICINES. Quarterly, devoted to the Medical, Pharmaceutical and Botanical History of American Drugs, and the Plants yielding them: By J. U. & C. G. LLOYD, 180 Elm street, Cincinnati, O.

This is an illustrated 32 page quarterly. The engravings are on wood, and although very good, lack the beauty of the colored life-like engravings of Millsbaugh (American Medical Plants), now running through the press of Boericke & Tafel. The list of contributors promises well, and represents all schools of medical practice—Hale, Bartholow and Scudder—being an earnest of the somewhat cosmopolitan character of the journal. The first number contains engravings of "Clematis vir.," "Phalictum dio.," "Anemone patens," the Pulsatilla Nuttalliana, or American Pulsatilla, and others. It is well printed, and the low price of \$1.00 a year should ensure many subscribers. We wish the publishers success in their new enterprise.

H. C. A.

COUGH AND EXPECTORATION. A Repertorial Index of Their Symptoms. Edited by E. JENNINGS LEE, M. D., assisted by GEO. H. CLARK, M. D. New York: A. S. Chatterton Publishing Co., 1884.

This work consists of Part I, which treats of cough symptoms; of Part II, which treats of expectoration and a supplement containing remedies omitted in the body of the work, etc. That the task of arranging this has been great is seen at a glance and that the work has been well done we can well believe. There need be no question as to the value of such a work. It is almost indispensable to the busy doctor, for peculiarities can at once be found in prescribing for coughs, that might otherwise baffle a long search or not used because not readily found. Too much cannot be said of the thoroughly practical character of such a repertory. Give it a place on your table and the result will justify the cost a thousand fold.

BACTERIA AND THE GERM THEORY OF DISEASE. By DR. H. GRADLE. W. T. Keener, Chicago.

If one desires to become thoroughly posted on all the latest facts and theories relating to micro-organisms he cannot find anything so well fitted for study as this little book. It is truly *multum in parvo*. In a clear and condensed manner the field of modern research is gone over and all the most recent facts are carefully noted.

Since so much is being said and written upon this topic at present, Dr. Gradle's work is most opportune, and we would urge upon our readers its great value for it is a reliable resumé and condensation of every thing that has appeared up to date, concerning the microgerms and their relation to disease. While we have taken great pleasure in reading this book it has by no means convinced us of the truth of the theory, which makes Bacteria disease producing agents. Upon that point we claim to be medical agnostics.

A TREATISE ON SYPHILIS IN NEW BORN CHILDREN AND INFANTS AT THE BREAST. By F. Diday. Wm. Wood & Co., New York.

The importance of the subject treated in this book is best known by those who have had much to do with hereditary syphilis in children. There are few general practitioners however, who do not have to often deal with this form of disease. It would be difficult, no doubt to find any who have not seen cases of this kind and to all such Diday's work cannot fail of being of permanent interest. The author discusses every possible phase of the question or rather questions, but in no dogmatic spirit; but yet, with a clear conviction of his own opinions. The proofs and limitations of diagnosis are worthy of careful study. The conditions of transmissibility are faithfully marked out and practical illustrations are crowded in on almost every page. When, however, we come as inevitably we must to the question of all questions the treatment of this disease, we observe at once that Diday has nothing new to offer us. It is the old, old story: Mercury and Iodide of Potassium. There are the same worn out theories and the usual illustrations which are supposed to prove the value of this ancient "anti-syphilitic treatment." How long will it be before these learned gentlemen, who like M. Diday, are wise enough in some things, will learn the simple truths of therapeutics? How vastly might they improve their work if only they would.

A TREATISE ON UTERINE DISPLACEMENTS: By S. J. DONALDSON, M. D., New York. Published by Otis Clapp & Son, Boston, Mass.

This work is a small monograph of 80 pages, intended, we should judge, from the author's preface, as an offset for the "hastily written and consequently betraying crudity and incompleteness" of a previous effort of Dr. Donaldson's, *Contributions to Practical Gynecology*.

After a careful examination of the work we came to the conclusion that this book, like the former, was "hastily written, and con-

sequently betraying crudity and incompleteness," and that the author was in a transitory state of either giving up the use of pessaries altogether in the treatment of uterine displacements, or an advocate of the one pessary only, shown on page 74. We trust the good Doctor will not inflict upon suffering women this kind of an instrument very long.

Although the title of the work would lead us to expect some therapeutical treatment in addition to the mechanical, such is not the case. The anatomy and etiology of the subject is simply a compilation up to date. The author's criticism of Dr. T. Gillard Thomas is quite severe, and yet proper, but we were amazed when we came to the treatment of his subject to find he had likewise dropped into the same error. From the Doctor's language and manner of handling his subject, we cannot but think he will soon publish another work, stating in the preface, as in this book. "the work had scarcely left the press before I regretted its publication." P. P.

A MATERIA MEDICA OF DIFFERENTIAL POTENCY: B. F. Underwood, Ph. D., M. D., New York. A. L. Chatterton Publishing Co., 1884.

In this volume of 215 pages the author attempts to settle the vexed question of dose, and like many other writers on the same subject, his attempt ends in signal failure. He says that "among the authors consulted are Pereira, Wood, Ringer, Bartholow, Phillips, Hering, Hempel, Hale, Hughes, Ruddock, Lilienthal, Jahr, as well as many others of all shades of opinions." How a writer on homœopathic Materia Medica could find anything to aid him in the "selection of the appropriate remedy, and attenuation" from Pereira, Wood, Ringer, Phillips, etc., is incomprehensible. And what, we would like to know, have Hering, Hale, Jahr or Lilienthal done that in such a search they should be classed in such company? The author makes the somewhat startling assertion, and quotes Meyer and Pereira in proof of it, that Aconite is not homœopathic to fever. He also says that Aconite, for instance, should be used "in the early stages of simple inflammatory fevers, inflammation of serous membranes, pleuritis, pneumonia, tonsillitis, acute rheumatism, erysipelas, etc., in the low or lower attenuations, and in the higher attenuations it is a nervous stimulant and is adapted to the disturbance of the brain and nervous system, dry cough, etc." He asserts that "clinical and empirical symptoms agree or harmonize with the generic force of a drug, hence for them low potencies should be used." This is the only attempt to formulate a law of dose or deduce a rule for the administration of high or low attenuations. His *ipse dixit*, drawn

from his experience, is all he gives us. To arbitrarily say that such a drug should be given in certain diseases in *high*, and in others in *low* attenuations, is a very easy and simple method of settling a vexed question.

Dr. Underwood evidently bases his classification of drugs as to dose on their peculiar action on the nervous system. This assertion is not more absurd than that Aconite is not homœopathic to fever, because some allopathic writers have been unable to find the products of inflammation in cases of death from poisoning with Aconite. We have no recorded cases of albuminuria from poisonings with Apis, and yet it has cured many cases of albuminuria. Spigelia has not developed organic valvular diseases, but it has notwithstanding cured many cases of organic disease of the valves. We do not think the classification here offered a practical one. We would not like to be confined to the "low or lower" attenuations of Aconite and Bryonia in pleuritis, croup or pneumonia, because the author thinks it is the rule to follow. The author appears to be earnest and honest in his opinions, but like many others on this same question we think he is honestly mistaken. It is doubtful if this book will aid much in the settlement of the question of attenuations. The publishers have done their work well. H. C. A.

EDITOR'S TABLE.

Dr. W. W. Walker has removed to Port Sarnia.

Dr. E. F. Beckwith has taken Dr. Walker's practice at Muir, Mich.

McGregor, Ia., is reported in want of a first class physician. Address Rev. A. S. Church.

MARRIED.—Mr. Theodore Engelbach and Miss Emily Maier of New Orleans, March 27, 1884.

It has been suggested that beef tea was invented about the time Henry VIII. dissolved the Papal bull.

The Cincinnati Homœopathic Medical Society passed appreciative resolutions upon the death of Dr. J. H. Pulte.

T. ENGELBACH who has been connected with Boericke & Tafel's pharmacies for the last 15 years, now succeeds them as proprietor. We wish him success.

W. E. Vananda, M. D., (U. of M.) has recently enjoyed the pleasure of a trial for mal practice, and what is still better he completely defeated his enemies. Congratulations, doctor.

REMOVED: C. C. Pillsbury, M. D., locates at Ypsilanti instead of Mt. Clemens. Dr. Folsom, formerly of Minneapolis, takes Dr. Pillsbury's place at Mt. Clemens.

Dr. Thomas Young to Columbus, Ohio.

The Twentieth Annual Session of the Homœopathic Medical Society of Ohio will be held in Cleveland, May 13th and 14th, 1884. We would like to see every Homœopathic Physician in the State at this meeting.

H. E. BEEBE, Secretary.

Hahnemann Medical Association of Iowa, will hold its 15th Annual Session in Des Moines on May 28, 29, 30. R. F. Baker, M. D., of Davenport, President; S. E. Nixon, M. D., of Burlington, Sec'y. A big rally is looked for.

The Minnesota State Homœopathic Institute will hold its 18th Annual Session in Minneapolis, May 20, 21. President, Henry Hutchinson, M. D.; Secretary, Arthur A. Camp, M. D. The bill of fare is appetizing. Our Minnesota doctors turn out well.

STATE SOCIETIES.—A State Society for Texas was organized in Austin, May 1 and 2. The bill of fare was excellent.

Michigan State Society in Detroit, May 20 and 21.

Wisconsin State Society, in Milwaukee June 4 and 5.

Owing to continued ill health Dr. S. S. Lungren, of Toledo, Ohio, has been compelled to give up his practice and will visit Europe for a period of two or three months, sailing on the "Amamie" of the Cunard line April 30th. We wish the Doctor and Mrs. Lungren *bon-voyage*.

HAHNEMANN'S BIRTHDAY. It appears that our brethren of Minneapolis and St. Paul, also kept in due remembrance the 129th birthday of the founder of Homœopathy. Judging from the card, they had a big, big time. Dr. W. E. Leonard is our informant and he can be relied on.

A good well established practice in a live city of 5,000 inhabitants, in fine farming country well settled, together with a fine home, also office furniture, fixtures, and medicines, can be had for \$3,000, \$2,200 cash, balance on long time. For particulars address, J. M. LARRABEE, M. D., Maryville, Nodaway Co. Mo.

The compliments of Prof. A. C. Cowperthwaite and wife to the members of the American Institute and their families Deer Park, Monday evening, June 16, 1884. Assisted by the following officers of the B. & O. R. R. Co.: J. G. Pangborn and wife; G. H. Dearborn and wife, and W. J. Walker and wife.

The First Annual Announcement of the Hahnemann Medical College of San Francisco, session 1884-85. This looks like business.

If the early bird catches the worm the early announcement like this should catch some students and we sincerely hope the new College may catch it full of them, and that there may never, never, never be a row in the faculty.

THE IRVING LIBRARY.—Mr. John B. Alden, of New York, is publishing a large amount of the choicest literature at a price that is the wonder of the age. History, poetry, romance, science and religion are included, and all of the first quality, most of it in fact standard works. What is often paid for single books, will here purchase a considerable library. Send Mr. Alden, (18 Vesey street, New York) your name and see what he can offer you.

At the 33d Annual Meeting of the Homœopathic Medical Society of the State of New York, Feb. 12 and 13 last, the following officers were elected: President, Edward S. Coburn, M. D., 91 Fourth St., Troy; Vice Presidents, Henry C. Houghton, M. D., 12 W. 39th St., New York; H. M. Dayfort, M. D., Rochester; A. P. Hollett, M. D., Havana; Secretary, John L. Moffat, M. D., 17 Schermerhorn St., Brooklyn; Treasurer, H. L. Waldo, M. D., West Troy. The next semi-annual meeting will be held at Binghamton, Sept. 9 and 10, 1884, and the Annual Meeting at Albany on the second Tuesday and Wednesday of February next.

T. P. WILSON, M. D., Dean of the Homœopathic Dept., Michigan University.:

DEAR SIR—At their annual meeting, the Faculty of the New York Homœopathic Medical College carefully considered their position in regard to endorsing the diplomas of other colleges, which, you remember, was discussed in the Intercollegiate Committee at the last meeting of the Institute, and unanimously resolved—that, hereafter the Dean of the New York Homœopathic Medical College will endorse, without examination of the applicants, the diplomas of all Colleges represented in the American Institute of Homœopathy.

EDGAR V. MOFFAT, Secretary.

M. MALHERBE, in a recent *Thèse de Paris*, remarks that the frequency of the pulse in this disease is not always in proportion with the elevation of temperature. The temperature often becomes very high without a corresponding change in the pulse and inversely, the pulse may become very much accelerated without any extra elevation of temperature. In any febrile affection where, with a high temperature, the pulse remains almost normal in frequency, typhoid fever should be thought of. The prognosis is not generally bad when the pulse remains at 80 or 90 beats per minute, even when the temperature amounts to 104° or 105°. But when the pulse is very frequent in conjunction with this high temperature, then the

prognosis is grave. When, on the other hand, the temperature suddenly falls, while the pulse remains very frequent, the prognosis is equally grave. P. P.

CANADIAN medical schools maintain a higher standard of education than those of this country.—*Medical Era*. The high standard above referred to belongs almost exclusively to the Province of Ontario. It is provincial not national, applies only to Ontario as the Board of Health laws apply only to Illinois. The matriculation examination is the highest of any on the continent, but in attendance on lectures the requirements are not so high as at the University of Michigan. The Ontario law requires attendance upon four courses of six months each—24 months—while the University of Michigan requires three courses of nine months each—27 months. The amount of practical work demanded of the student is much greater in the University of Michigan than in the Ontario colleges.

One hundred and fifty-eight students graduated from the two Chicago colleges this spring.—*Medical Era*. Query: How many would have graduated under the requirements of Ontario or University of Michigan?

SEC'Y OF BOARD OF U. S. EXAMINING SURGEONS, }
COVENTRY, Vt., Jan. 7, 1884. }

J. A. McARTHUR, M. D.:

Having used your valuable combination of Hypophosphites of Lime and Soda for more than a year, I would like to report to you one case in particular and then ask a question.

In June last I was called to see a young man aged 18, whose mother and one brother had died of phthisis. I found him suffering from severe pleuritic pain, night sweats, severe, distressing cough and profuse expectoration, characteristic of first stage in phthisis. Tongue coated, pulse 128 to 130, temperature 105 deg. at night. Profuse crepitus in lower half of left lung, dullness on percussion over almost entire left side. Intercostal depression marked on left mammary, extending backward into left axillary region. No appetite, and general facial expression of rapid emaciation, etc. I began the use of your Syrup Hypophos. Comp., and continued it four months, using some other means for night sweats and such other conditions as seemed to require special attention. To-day the young man is about the farm doing light work. Appetite excellent; no cough; no night sweats; the wasting of lung substance is arrested, leaving dullness in left lower lung; vesicular murmur gone. The disease is arrested at least, and he has increased in weight 43 pounds. I have used the Syrup in five other cases during 1883, with the most gratifying results.

HO ! FOR DEER PARK.

It must be clearly apparent that the Baltimore & Ohio Railroad Company is determined to leave nothing undone to render the Annual Institute of Homœopathy at Deer Park, in June, the most memorable in the history of the organization. Not only has the week to be spent in the mountains been planned to insure the greatest enjoyment, but in the journey to this lovely resort every detail has been carefully looked to. At no extra expense whatever to those participating, advantages have been vouchsafed which cannot but meet with the heartiest endorsement. A special train of magnificent new cars, and with every facility for the fullest enjoyment, will be run from Chicago to Deer Park for the exclusive use of the members and their families. The train will leave the new Baltimore and Ohio Depot, on the Lake Front, foot of Madison street, at four o'clock, June 15, and will run through on special time, arriving at Grafton in good season the following morning for breakfast, thence on to Deer Park. Stops for brief inspection will be made at the most noted centres of picturesque interest in the Alleghanies, and arrival at destination will be before noon. It is particularly important that it be known at the earliest possible date the number to be provided for on the special train. To this end it is urgently requested that notification be sent to Prof. A. C. Cowperthwaite, Iowa city, Ia., of intention to go upon the Special, and the sleeping car accommodation desired. First in will be first recorded on the sleeping car charts. The Railroad Company will do all within its power to add to the pleasure and convenience of the Association, and only requests in return that co-operation which will leave not the slightest question as to a successful result. A general officer of the Company will visit Chicago for the express purpose of accompanying the party to the mountains, and throughout the entire journey officials of the road will pay every attention to details, looking to the fullest satisfaction of all. The programme for the entertainment, especially of the ladies, during the session of the Institute at Deer Park, will be announced hereafter; and if, in its entirety, the week in the mountains is not voted beyond all comparison the most attractive and enjoyable known of any meeting, it will be by no means the fault of the Railroad Company and management of Deer Park. Those who cannot arrange to go upon the special train can leave Chicago on the regular trains of the B. & O., leaving Chicago as follows: 8:10 A. M., daily, except Sunday; 5:10 and 11:10 P. M. daily. The rates are exceedingly low, one half the regular fare or one usual fare for the round trip.





F. H. ORME, M. D., ATLANTA, GA.



T. P. WILSON, M. D.,
EDITOR.

PHIL PORTER, M. D.,
GYNECOLOGICAL EDITOR.

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H. C. ALLEN, M. D., Business Manager.

PRINCIPLES OF MEDICINE, No. 2.—That Medicine is a science and not simply an art has been again and again denied by those who were high in authority. But to give it place in the list of modern sciences it is necessary only to show that Medicine in all its departments rests upon scientific principles—that is upon natural laws. By the slow but sure processes of evolution, Anatomy, Physiology and Pathology have come to a development that entitles them to be called sciences. They have simply come out of a condition of chaos into a condition of orderly arranged facts. They are sciences because we no longer guess them; we know them. They each follow well-known laws in their development. If now we can demonstrate that therapeutics rests upon law, we shall succeed in placing Medicine on a plane common to all the accepted natural sciences. The desirability of this cannot be questioned by any one. From Hippocrates down, this has been the dream of medical men. By

finding and applying such a law we give exactness and consequent success to therapeutics it could not otherwise have. But no natural law can be said to be self-evident. Every such law is built out of an aggregation of facts, and these facts must first be fully understood. A blind faith may accept an alleged law upon some irresponsible *ipsi dixit*, and indeed, this is the general attitude assumed by most minds, but the genuine student of Medicine demands knowledge before he is willing to give his belief. If, then, Medicine is a science, its facts are capable of demonstration; and for its enforcement it can have no higher authority than Nature. For over two thousand years medical art proved of little avail because it was hopelessly entangled in the meshes of elaborately woven theories, any one of which being broken, only gave place to other and more intricate theories out of which the physician could find no means of escape. It is not difficult to see, however, in the past history of Medicine a steady process of evolution in which more and more medical art was working toward that state of freedom, which could be obtained only by abandoning the false teachings of false philosophies and allying itself to science. Anatomy and Physiology broke the shackles of ignorance and superstition with which they were bound so many centuries and became realities when they went to the dissecting room and laboratories and proved the facts upon which they are built. It was reserved to Hahnemann to lift *Materia Medica* out of the quagmire of superstition and to give it a solid foundation. In the track of these must follow a scientific Therapeutics. Empiricism, the legitimate precursor of all the sciences must here, as elsewhere, give way to the reign of law. It is the province of the Principles of Medicine to discuss and elucidate the laws which we obtain in the cure of disease.

UNIVERSITY OF MICHIGAN, HOMOEOPATHIC DEPARTMENT.

—The tenth annual announcement of our school is out. It will repay those who are interested in medical education to compare the opportunities here offered with those of other

schools. No doubt each of our medical colleges has its strong points. There must be something worthy of the attention and patronage of the profession in every school that hopes to obtain permanency and success among our educational institutions. Of the Ann Arbor school—for by this title is our school most widely known—it is enough to say that it offers and can secure A HIGHER MEDICAL EDUCATION FOR MEN AND WOMEN. That “higher medical education” includes far more than we have room to even specify in this brief article. The University of Michigan undertook at an early date to practically solve the problem of co-education. It is years since its doors were first fully opened to women. And now, as our worthy President remarked, they blossom like June roses in all our halls and recitation rooms. In every department of the University they hold place and power. In our medical school they have full rights and privileges, and we can truthfully say, that their presence and co-operation in no sense detracts from, but in all respects enhances the rights and privileges of others. This much is settled: Whatever doors are closed against women, this University will keep its doors open to all without regard to sex, color or nationality, or any other false standard of requirements. It does, however, demand *qualification*. Every student must possess a fitness in moral character and in educational acquirements. If English is his mother tongue, he must master it before matriculation. Once admitted, the student finds a comprehensive curriculum spread out before him and he will be invited to enter upon nine months of earnest labor. This may seem a heavy task, but it is not so. The brief vacations scattered here and there give needed rest and tend to sharpen the zest for subsequent study. The collegiate year is divided into semesters, each having its own work, and at the end of which the student makes his final examination of that half of the year. Of the ability of the faculty it would not become us to speak. As teachers of long experience in other schools before coming to this University, the professors of the Homœopathic Department may justly claim the confidence of the

profession and respect of the students. Of the clinical work of this school something demands to be said. Because Ann Arbor is a city of only 10,000 population it is asserted that we cannot give adequate clinical instruction—that we have not the material in patients, etc., such as may be found in our larger cities. To all this we need only reply that our clinical hours are always more than full. If we had more patients we could not utilize them. Our Hospital adjacent to and opening directly into our amphitheatre, together with our out patients, give us an abundance of diseases and operations. It cannot truthfully be said of our school that it lacks in clinical advantages. We have repeatedly been urged to set forth more fully than is done in the annual announcement the status of our school. For years the medical profession has loudly demanded a higher standard of medical education. We desire to have it known that as part of the University of Michigan, and amply endowed by the State, our school offers what is so earnestly desired, and we tender in good faith, with an ability to make our tender good, A HIGHER MEDICAL EDUCATION FOR MEN AND WOMEN.

F. H. ORME, M. D., OF ATLANTA, GA.

The professional life of Dr. Orme commenced with his entrance as a student into the office of Dr. J. B. Gilbert, of Savannah, Ga., in April, 1850. (Dr. Gilbert had been a student with the late Dr. John F. Gray, of New York, who was one of the first to learn of homœopathy from Dr. Gram, the first to prescribe upon the homœopathic method in America. Dr. Gilbert had been graduated from the University Medical College of New York, and settled in Savannah in 1842—being the pioneer of homœopathy in Georgia).

Receiving his diploma from the University Medical College of New York in the spring of 1854, Dr. Orme at once formed a partnership with his preceptor's successor, Dr. Wm. H. Banks, a physician of large practice in Savannah.

His first year was one of severe trial, being the year in which the most violent epidemic of yellow fever ever known to the city occurred. Eight physicians and two medical students, engaged in assisting their preceptors, lost their lives with the fever during that season. This was a fearful mortality among physicians in a city of about twenty thousand people. But two physicians escaped the fever—both men of advanced years. Of course Dr. Orme suffered from it, having a very severe attack, from which, with careful attention, he recovered. (He also had it again during the epidemic of 1858).

He was, during two weeks of the worst of the plague, the only one of five homœopathic physicians in the city who was able to attend to patients. This threw upon him more than he was able to attend to—but he did nobly, with the result of being well established in practice by the end of the season—Homœopathy having made a good record in its grapple with the disease.

From considerations of health and family, he moved to Atlanta in 1861, at which point he has continued in his profession, to which he is strongly attached, doing much for the spread of Homœopathy in the south.

He was a member of the Homœopathic Yellow Fever Commission, composed of eleven prominent physicians (four of whom are ex-presidents of the American Institute of Homœopathy) which met at New Orleans in 1878.

His membership of the American Institute of Homœopathy having commenced in 1859, he will class with the "seniors" from June, 1884. Since his connection with the Institute, he has furnished many valuable papers to different bureaus, and held positions of honor. He takes much interest in this national organization, of which he is one of the Board of Censors, and considers it a labor of love to do any committee or bureau work assigned to him.

Being located at the capital of his state, he has been instrumental in defeating many bills introduced into the Legislature, which were unjust and unfavorable to homœopa-

thy; at the same time influential in the passage of our present laws.

He was the first president of the Atlanta Medical Club, and in sundry ways has contributed largely to the spread and respectability of Homœopathy in Georgia. Although his practice is such as to occupy the most of his time, his contributions to medical literature are by no means few. This is but a brief sketch of a very able, influential man, who by his exemplary character, exceptionally clear and forcible writings, and devotion to his work, to his family and to his friends, is a worthy representative of a noble profession.

Dr. Orme's family consists of his wife (who was Miss Ellen V. Woodward, of Beaufort Dist., S. C., whom he married in 1867), a daughter of sixteen, (Lillie), and a son (Frank) of thirteen.

MICHIGAN HOMŒOPATHIC MEDICAL SOCIETY,

SYNOPSIS OF PROCEEDINGS.

Tuesday morning, May 20, the fifteenth annual session of this Society began in the Royal Templar hall, Detroit. There were about forty members present when the society was called to order by the president, Dr. R. B. House, of Tecumseh. Dr. Phil. Porter, president of the College of Physicians and Surgeons of Michigan, in behalf of the profession of Detroit, extended a hearty welcome to the society. He noticed the significant fact that on this, the fifteenth annual session, the homœopathic profession in the State were fifteen times stronger in number and influence than when this society was organized; and, with pardonable pride, pointed to the rapid extension of the system of practice in the State, and especially to the position it had obtained in the University. He thought much of this progress was to be attributed to its medical societies, which should be encouraged and maintained, not alone from a scientific stand-

point, but for the purpose of cementing together the members of the profession. He concluded a short and practical address by warmly thanking the members present for attendance, and wishing them a pleasant and profitable session.

Dr. House, in replying to the address of welcome, referred to the many new faces that had been added to the society since the last session in Detroit, five years ago. He was sure that the hospitality of their Detroit brethren would be thoroughly enjoyed as doctors only knew how.

After the roll call, the secretary read the minutes of previous session, made up, he said, through the courtesy of THE ADVANCE and *Counselor*, as he had never been able to obtain any minutes from the former secretary.

Dr. Porter moved that a committee of two be appointed to examine the minutes as prepared by the secretary. The Chair appointed Drs. McGuire and Wilson.

The report of the secretary showed an expenditure during the year of, \$14.51; while that of the corresponding secretary was \$11.25. On motion, the reports were accepted and referred to the Auditing Committee. On account of absence, on motion, the report of treasurer was deferred until afternoon. The president appointed Drs. A. R. Wheeler, of St. Louis, B. H. Lawson, of Brighton, and L. M. Jones, of Brooklyn, as auditing committee.

Report of reception of delegates to this society being in order: Dr. E. P. Gaylord, delegate from College of Physicians and Surgeons, made a brief verbal report of prosperity, and much interest taken in the weekly meetings of their society. Dr. J. G. Gilchrist made a verbal report as delegate from Iowa State University. Dr. W. A. Phillips represented the Cleveland Hospital College, and Dr. T. P. Wilson, the University of Michigan. The committee to examine the secretary's minutes, reported them correct, except such as referred to Dr. Morley, as it does not appear that he was a member, and, on motion, his name was stricken from the minutes wherever it appears, after which, the report of the committee was adopted.

On reports of delegates to other societies, Dr. Gilchrist and Dr. Bailey reported as delegates to Ohio State Society, and Dr. Gilchrist as delegate to the Legislature to secure the passage of asylum bill.

On motion of Dr. Wilson, the reading of papers was limited to fifteen minutes, and the discussion thereon to five minute speeches.

BUREAU OF SURGERY.

Dr. Gilchrist read a paper on "Resection vs. Amputation," in which he claimed many advantages for the former over the latter. In all cases in which there was any doubt as to which operation should be performed, the benefit of the doubt should be given the patient. The paper was briefly discussed by Dr. Bailey. A member asked for Dr. Gilchrist's method of dressing in resection of shoulder or hip, to which he replied that he was not a believer in or advocate of the use antiseptics. He dressed with *Hypericum* at first, and later with *Calendula*, which was our great vulnerary. These had given him good results, and, under our law of cure, he thought we should use them instead of the fashionable antiseptics of the other school.

This closed the Bureau of Surgery, and the Bureau of Ophthalmology was taken up by a paper by Dr. T. P. Wilson, on "The Relation of the Specialist to the General Practitioner in Eye Diseases," in which he contended that, although this department was now so generally given up to the specialists, it was one to which the general practitioner not only could but should successfully apply himself. Especially was this true in all the diseases—the majority of all the affections of the eye—of the external structures, such as inflammations of the conjunctiva, cornea, iris, etc., while the diseases of the deeper tissues and the errors of refraction would still be left, and very properly left, to the specialist. The study and successful treatment of the latter required special preparation.

Discussed by Drs. McGuire, Phillips, Gilchrist, Bailey and Wilson.

The President called the society to order promptly at 2 p. m., with a report of the Board of Censors, and Drs. Farnsworth, Cleveland, Cooper, and Kasselmann were elected members.

The Bureau of O. and O. continued its report with a paper by Dr. McGuire on "Jequirity in Granular Lids."

Dr. Wilson asked the author what he meant by applying it in a slovenly manner?

Dr. McGuire replied, "applications by means of rags, etc."

Dr. Wilson—But De Wecker recommends it to be applied with a linen rag.

Dr. Phillips had only tried it in four cases, successful in three, but failed in one. In reply to a question, Dr. Phillips said he had never succeeded in a single case in curing granular lids with internal remedies alone. Had treated some cases that he could control for a year or a year and a half, and was then compelled to resort to topical applications. Bureau closed.

Bureau of Pathology had a single paper, by Dr. T. P. Wilson, "What of The Baccillus Tuberculosis," which was read and referred.

The committee reported the following names as chairmen of the respective bureaus for next session. Pathology, B. L. Cleveland, East Saginaw; Surgery, H. L. Obetz, Ann Arbor; Ophthalmology and Otology, T. P. Wilson, Ann Arbor; Mental and Nervous Diseases, A. A. Allen, St. Johns; Pædology, R. C. Olin, Detroit; Materia Medica, C. C. Miller, Detroit; Theory and Practice, W. E. Clark, Three Rivers; Gynæcology, Newton Baldwin, Ann Arbor; Microscopy, J. G. Gilchrist, Detroit; Registration and Statistics, A. R. Wheeler, St. Louis; Necrologist, F. Woodruff, Detroit.

A committee was appointed to memorialize the next legislature to secure the passage of a law providing for the better payment by the courts of law for suitable expert medical witnesses, their payment being at present left to the discretion of the judges.

THE PRESIDENT'S ADDRESS.

The president, Dr. House, then delivered the annual address, in which he stated the conviction that Homeopathy had made considerable progress during the past year, not only in the State of Michigan, but all over the world, and that the present outlook was most gratifying. A brief glance back over the present century, at the commencement of which Samuel Hahnemann introduced his new system that was to revolutionize the world of medicine, showed results of the most encouraging nature. Hahnemann, in common with other reformers, had endured insult, misrepresentation and persecution, but the fruition of his labor was now to be seen in the twenty thousand practitioners and their twenty million patrons, who had endorsed his method. "The compounding of forty or fifty drugs for a solitary prescription," said the speaker, "is no longer tolerated as a scientific procedure even by the old school. Their heroic doses are being discarded and the divided dose is being recommended by the leading minds of that school." The cordiality of the medical profession at large toward Homœopathy at the present time was referred to as an indication of the gradual substitution of that system for the old one of hap-hazard admixture of drugs. Forty-one years ago

HOMŒOPATHY WAS INTRODUCED

into Michigan by the Rev. J. D. Perry, through whose instrumentality Drs. Thomas Blackwood, of Washtenaw county, and S. S. Hall, of this city, were converted to its faith and practice. During these forty-one years the single lay practitioner with his book of domestic practice and a few remedies had grown into a respectable array of 500 physicians, many of whose patients belong to the wealthy and cultured classes. The state university with its world wide reputation supported a first-class homœopathic department. The homœopathic hospital upon the campus afforded clinical privileges to students in surgery, ophthalmology, otology, gynæcology and therapeutics; the legislature has at its last session placed the new asylum for the insane being built at Traverse

City, under Homœopathic control, and successful medical societies had been organized and were doing their legitimate work in the onward march, notably the College of Physicians and Surgeons of Michigan, of this city, with its frequent meetings for discussion and interchange of thought and experience upon the various medical and scientific topics of the day. An epitome of the history of the State Society was given showing steady progress and development during the past fifteen years, and a plea for its future harmony and success concluded an interesting address, which was listened to with marked attention.

On motion, Drs. Lawson, Wilson and Olin were appointed a Committee on the President's Address.

Dr. Gilchrist moved that the corresponding secretary, Dr. Van Horn, act as treasurer *pro. tem.*

In the evening a very interesting and instructive microscopic exhibition was given at Dr. J. D. McGuire's residence by the Bureau of Microscopy, assisted by a large staff of volunteers, which brought together between the hours of seven and eleven o'clock most of the members and their friends. Some ten or a dozen powerful microscopes were available, in which were exhibited multitudes of choice mounts, mostly pathological specimens. Dr. Younghusband exhibited a fine colored specimen of the dreaded bacteria, which looked quite harmless under a one-sixteenth objective. One instrument was lighted by electricity from a small battery standing alongside upon the table, while each was superintended by its owner or some other person competent to explain the examples shown.

WEDNESDAY MORNING.

The session opened at 9 A. M.: Bureau of Theory and Practice with a paper on "Diabetes," by Dr. Clark, of Three Rivers. It was discussed by Dr. Reynolds, of Grand Haven, who took some exceptions to the treatment as given by the author.

Dr. J. C. Wood had had some experience in the treatment of this affection, and thought we should use opium as

a palliative for the troublesome cough, which often occurs in the later stages. The Allopaths use it successfully as a palliative, and succeed in prolonging life in some cases.

Dr. Chase, of Caro, asked in what strength the author used Phos. Acid?

Dr. Clark replied, ten drops of tincture in water.

Dr. Nottingham objected to the use of opium or morphine in any form as a palliative. It was bad treatment and would do more harm than good. We had much better palliatives in our homœopathic remedies. *Coccus cacti* had relieved these coughs for him in a number of cases.

A motion was made to appoint a committee to nominate the officers of the society, which was lost.

The Treasurer's report was read, and on motion referred to the Auditing Committee.

Bureau of Pathology was now called. A paper by Dr. Warren was read by title and referred. Dr. Arndt read a paper on "Chemical Thermometry," and another on "Facial expression in infants, as a symptom of disease." In the discussion of the former paper, Dr. Gilchrist called attention to the importance of the clinical thermometer as an aid in diagnosis, and illustrated on the board the differential diagnosis of pyæmia, septicæmia and erysipelas as given by the thermometer. The papers were then referred. Dr. Arndt reported as delegate to the Western Academy, and gave as the reason why the Academy could not accept the invitation to hold its next session in Detroit, in connection with the State Society, was that there were so few members from this State.

The Board of Censors reported favorably on the application of Dr. Sprang, of Buchanan, who was elected.

The Bureau of Nervous Diseases reported with a single paper on "Hysteria," which was read by the author, Dr. E. A. Bagley. Among the remedies recommended by the author, for this hydra-headed affection, no mention was made of the animal poisons, especially *Tarantula* and *The-ridion*, two of the most frequently indicated in the worst

forms of the disease. The paper was referred to Publishing Committee.

The Bureau of Materia Medica, presented a proving of "*Secale Cornutum*" by H. C. Allen, assisted by the students of the University, which will be published in the form of a monograph. The provings were made from the attenuations of Bœricke and Tafel—2," 6," 12," 30," 100," 200,"—and verified many of the toxicological and clinical symptoms, of which our present symptomatology is entirely composed. This is the first attempt to prove *Secale* on the healthy, and although fragmentary, is a very fair beginning. Dr. Claypool took exceptions to provings made with the higher attenuations, thought that the attenuations would cure symptoms similar to those produced by the crude drug, but they were not capable of producing reliable symptoms on the healthy.

Dr. McGuire thought the symptoms were wholly subjective. In our provings we wanted more objective indications, as our Materia Medica was already too cumbersome for practical use. We have too many subjective, too few objective and tangible symptoms in our Materia Medica at present.

Dr. Nottingham had made some of his best cures with the higher attenuations of *Secale*, and was much pleased with the proving.

Dr. Gilchrist thought many attached a different meaning to objective symptoms than he did. He was always very suspicious of subjective symptoms either in a proving or a patient. He knew that patients suffering from subjective symptoms, as in hysteria, frequently exaggerated or even fabricated symptoms, hence he considered the objective symptoms, when they could be obtained, as much more reliable.

Dr. Phillips had no confidence in provings made with the attenuations. Had given five provers Gelsemium 10x and five others Placebo, and those taking the Placebo had about as many and as reliable symptoms as those taking Gelsemium. In one prover he had seen the characteristic action of Gelsemium on the eyelids in a very few minutes.

AFTERNOON SESSION.

Began with a report of the Board of Censors, recommending Dr. Snell, who was elected.

Bureau of Gyæncology. Paper on "Pelvic cellulitis," by W. E. Clark, who recommended the indicated remedy and external application of hot poultices. He also advocated the use of stimulants in certain cases.

Dr. Baily asked where he would apply the poultices?

Dr. Clark replied, not to the chest or shoulders; would apply on abdomen.

Dr. Baily also objected to the use of stimulants as both unnecessary and un-homœopathic. In his experience they were injurious, and always retarded convalescence. Dr. Baily read a paper on "The relation existing between diseases of uterus and rectum."

Dr. Porter presented a paper on "Ovariectomy," and exhibited a dried specimen of a multilocular cyst which, when first removed weighed 42 lbs. He entered very fully into the etiology, histology, and differential diagnosis of ovarian cysts, and from its histology argued that it was not beyond the pale of possibility to remove them by internal medication, and asked for an expression of opinion on the subject. Dr. Allen said that well authenticated cases were on record cured by internal treatment. The late Dr. Galupe cured one case with *Podophyllum*; Dr. Dunham one with *Colocynth*; Dr. Gilchrist one with *Colocynth*; Dr. Guernsey one with *Apis*, after Dr. Atlee had pronounced it incurable by operative measures, and had actually made the abdominal incision, but from the extensive adhesions was compelled to desist.

Dr. Porter said that he had tried internal treatment in a number of cases, but had never seen any beneficial results. Perhaps he did not know how to select the appropriate remedy.

Dr. Obetz considered the disease entirely beyond the reach of internal treatment. He had carefully looked through the various authors, *Bilroth*, *Kieth*, *Wells*, *Atlee*, etc., etc.,

and they all were unanimous in pronouncing it incurable by internal medication.

Dr. Nottingham, objected to the authorities quoted by Dr. Obetz. They belonged entirely to the other school, and we should not expect to find any cures by internal treatment recorded by their authorities. If the doctor expected to find cures made by constitutional remedies he must look for them in the records of our own school of practice. The other school did not attempt to treat them remedially; they turned them all over to the knife.

Dr. Obetz had seen a number of cases, and he had searched in vain for a single case cured by the internal remedy. He declared emphatically that you might as well pour your medicine into the gutter as give it to such patients. It was totally useless. All such reported cures were simply mistaken diagnoses.

Dr. Woodruff objected strongly to the sentiment expressed by Dr. Obetz. He did not think the doctor understood, or at least did not practice, the law of cure he professed to follow. The case cited by Dr. Allen as cured by Dr. Dunham had been diagnosed by some of the best known gynecologists in the old world as well as in New York. Besides, very few men were presumptuous enough to dispute the diagnosis of Carroll Dunham. It was very evident to him that the doctor did not know how to select his remedy, or he would not make such a sweeping statement. The following is the case reported by Dr. Dunham:

"On October 10, 1864, I was requested to visit Mrs. C. E. H., aged about thirty-eight years. She gave the following history: She had been always in good health, married ten years, but never pregnant. While traveling in France in 1854, she was attacked with what was then called acute peritonitis. She was confined to her bed several years. Partially recovering, she consulted Trousseau, who discovered the right ovary inflamed and somewhat enlarged. From this time she was more or less unable to walk, and suffered much from a tumor, which gradually developed in the pel-

vis, between the uterus and the rectum, and which was pronounced by Trousseau to be an enlarged and prolapsed ovary.

In 1863 she came to New York, and placed herself under one of our most experienced gynecologists, who, confirmed Trousseau's diagnosis, pronounced the case incurable, and advised a sparing resort to anodynes to mitigate severe suffering. I found Mrs. H. confined to her sofa; she had not left her room for a year. A firm, elastic tumor occupied the space between the uterus and vagina anteriorly, and the rectum posteriorly, completely occluding the vagina, and rendering defecation very difficult. It seemed not to be adherent to the walls of either passage. Attempts at walking induced paroxysms of acute pain across the hypogastrium, in the sacral region, and around the hip-joint; from here the pains extended down the groin and along the femoral nerve. The pain was relieved by flexing the thigh upon the pelvis; and always induced or aggravated by extending the thigh. Even without the provocation of motion there were frequent and severe paroxysms of pain as above described. The appetite was not good, and digestion feeble; but the general condition of the patient was good. Nervous sensibility was very great. The pains had been ascribed to the pressure of the tumor upon the sacral nerves.

The patient had a dread of taking opiates, and had used them sparingly. I was requested to mitigate the pains, if possible,—no hope being entertained of a cure. With no definite expectations of accomplishing a radical cure, I prescribed Colocynth; a few pellets to be taken whenever a paroxysm of pain came on, and to be repeated every hour during the paroxysm. This prescription was based on the result of the Austrian proving of Colocynth, which confirm and amplify the provings of Hahnemann.

November 1. I learned that the paroxysms had been less frequent, much shorter, and milder; the remedy appearing to control them.

March 1, 1865. The patient walked half a mile to my office and reported that she had had no pain for a month. She could walk half a mile daily without fatigue or pain, and had resumed the charge of her household after an interval of nine years. She thought the tumor had become somewhat smaller. Being about to sail for Europe, she desired some more Colocynth, that she might be provided in case pain should return.

June 9, 1869. Mrs. H. has just arrived from Europe. I find her perfectly well. There has been no return of pain since 1865. The tumor disappeared from its position between the vagina and rectum in the autumn of 1865, and was plainly perceptible in the abdomen, about as large as a Sicily orange. It has since disappeared entirely, and nothing of the kind can now be discovered. Was this really an ovarian tumor? No doubt appeared to be entertained by the eminent physicians who preceded me in the case. Did the Colocynth cause its absorption? The patient has no doubt on this point. Why should it not have done so? Because we have no record of any action of Colocynth, except on the intestinal mucous membrane, and on certain plexus of nerves? Fortunately, the action of remedies is not restricted to the measure of our imperfect *a priori* knowledge of them.

A reviewer in the *British Journal* takes exception to a statement of mine, that a remedy, when indicated by a well-marked group of symptoms, will often remove, not merely those, but also other groups apparently unconnected,—in fact, the whole disease. This case is in point. And yet I can hardly doubt that, in such cases, a complete proving, were it possible, would show that the remedy does produce likewise these seemingly unconnected symptoms,—in fact, a picture of the whole disease. Indeed, on examining the Austrian proving, we find Frelich reports two brief provings on women, both of which show the action of Colocynth on the ovaries. Had we well-instructed women-provers, how much more we should know of the action of drugs!"

The papers were referred to the Publishing Committee and the bureau closed.

East Saginaw was selected as the next place of meeting.

Officers elected for the ensuing year were: President, Phil Porter, M. D., Detroit; V. P., B. H. Lawson, M. D., Brighton; second V. P., L. M. Jones, M. D., Brooklyn; Secretary, J. G. Gilchrist, M. D., Detroit; Cor. Sec., L. T. Van Horn, M. D., Homer; Treasurer, G. A. Robertson, M. D., Battle Creek. Censors: Drs. D. J. McGuire; W. E. Clark; A. R. Wheeler; B. L. Cleveland; J. N. Reynolds.

This closed one of the most successful meetings in the history of the society. There were no "axes to grind," no "wires to pull," no injured members to be "vindicated." There were many able papers presented and the discussions were interesting and practical. The future of the society is certainly encouraging.

HOMŒOPATHIC HOSPITAL.

The annual meeting of the corporation of the Massachusetts Homœopathic Hospital was held yesterday afternoon in the hospital building in East Concord street. The annual reports of the treasurer, executive committee and board of trustees were submitted. The last mentioned summarizes the work of the year: The following officers were elected for the ensuing year: President, Charles R. Codman; vice-presidents, Rufus S. Frost, Henry S. Russell, Liverus Hull, Otis Clapp; trustees (in addition to those of last year), John R. Hall, David B. Flint, Edward Whitney, Mrs. Edward Whitney, Mrs. A. W. Taggard, Geo. H. Quincey, Asa P. Potter; secretary, Ellen Frothingham; treasurer, Isaac Fenno; assistant treasurer, Miss Hellen Collamore.

In their annual report the trustees express the hope that within a few months there may be ready for use a much needed addition to the surgical wing of the hospital. The original \$5,000 appropriated for a building fund has been increased to \$61,153.56, of which sum \$50,000 is the gift of

a donor who declines to make his name public. To fully carry out the contemplated improvements the building fund should be raised to \$76,000. Ground was broken for the addition in July last, and the work is proceeding rapidly. The remaining \$15,000 necessary to complete the work will undoubtedly be soon subscribed. The current expenses of the hospital for the past year were \$11,718.42—\$400 less than the previous year. The income of the hospital has been \$9,629.29, leaving a deficiency of \$2,089.13. The number of patients treated during the year was 277, of whom 10 died. During the seven years the hospital has been established 1,399 cases have been treated, with a death rate of only five per cent.

CLINICAL CASES.

BY BENJAMIN A. BRADLEY, M. D., CINCINNATI, OHIO.

CASE I.—Mrs. M., aged 36 years. Married, has five children, no miscarriages. Came to me, complaining of pain in the small of the back with a sense of weakness when walking or on her feet, has cramps in the calves of her legs at night, bowels inclined to be constipated, has had prolapsus uteri since last baby was born, slight acid leucorrhœa, which is worse after coition for a day or two, menses regular, has a small nodule in left breast, the size of a bean. Prescribed *Sepia* 3x, a powder twice a day for a week, and then report, at the end of that time she came in and reported that she felt much better, prescribed *Sepia* and placebo in alternation for one month, at the end of that time *she came in, said she was once more well again.*

CASE II.—Mr. T. P., aged 23 years, single. Came to me saying that he had a thin, milky discharge from his penis during the day, and in the morning the lips were stuck together; there was no unusual sensation on micturating. On examination could not find any stricture, discharge more profuse after drinking beer. Advised him to abstain from drink-

ing beer for awhile, and prescribed Kali bich 3x, a powder three times a day, for ten days, until he came into the city. He then reported that he was nearly all right again, and so I prescribed placebo, a powder night and morning for a week, at the end of that time he reported that after the taking the fifth powder he found himself cured.

BY BENJAMIN EHRMANN, M. D., CINCINNATI, OHIO.

In compliance with the request for interesting or unusual clinical cases, I offer the following:

CASE I.—A maiden lady aged 60, suffering from a cold and painful hemorrhoids, sent for me, for which Nux vom. Sulphur and Sac. lac. were successively prescribed with benefit. Now I learned that she was continually annoyed by a "bad smell" from her body and clothes, that followed her wherever she went, in spite of daily washing and bathing, to her great mortification. This symptom had existed for years as well as an inveterate constipation, for which she received no benefit from any treatment. Psorinum^{cc}, was prescribed, one dose every six hours for two days, followed by placebo, until I saw her again on the fifth or sixth day, when I learned that the "bad smell" had entirely disappeared, and that the bowels acted without an injection every day since, a thing which had not occurred for many years.

CASE II.—A peculiar sick headache came incidentally under my observation. While on my way up stairs to see a patient, I was hailed by the mother of the patient who was sitting in the parlor in a distressed condition and exclaiming: "Oh doctor! I have my sick headache, my brain feels bruised-like all over and as if it were drawn down to the root of my tongue." Recollecting this to be a symptom of Ipecac, and without questioning her I put a few pellets of the thirtieth potency on her tongue, and then went up stairs to attend to the patient I came to see. When coming down in about ten minutes, the mother met me with a cheerful countenance and said she was entirely relieved.

Whenever I met this lady at any time afterward for years, she did not fail to tell me that she has had no headache, since I put those pellets upon her tongue.

CASE III.—Several months ago I was consulted by a merchant from Burlington, Iowa. Advised to do so by his wife, who many years ago lived near Chilicothe, O., and knew of me, when I practiced there about 36 years ago. This patient had been under the treatment of several allopathic doctors for months, and was getting worse all the time, until I sent him medicine in accordance with his description of the case. Two months afterward I received a letter from my patient's brother-in-law, and as this is the case I herewith wish to present, I will simply copy the letter. "Dear Sir: My brother-in-law, Mr. S., has derived so much benefit from your treatment, that I thought I would also consult you in my case. I am now 57 years of age; have been engaged in active business since a boy. The last few years I have worked harder than ever, at selling goods, keeping books and making out bills, etc., and I presume I have over-taxed my powers. About three months ago I took a dislike to my business and with the greatest difficulty could force myself to my daily task. I am all the time thinking that *something dreadful is going to happen* to me; can't sleep, have no appetite, can't read, and, in fact, life has almost become a burden to me, and I fear, if I do not get relief *I shall lose my mind*. When the spell of despondency comes upon me my feet are icy cold, and my head aches. I have frequent desire to urinate, and weakness afterward, etc." (The italics are mine.) I prescribed Calc. and administered it according to Hahnemann's direction for one month. When this was all taken I received the gratifying report, that the medicine acted like a charm and that he was entirely restored.

CASE IV.—More than 40 years ago a middle aged, stout built man called on me for relief of a periodic asthma, that had troubled him about 17 years, and for which many doctors, Allopathic and Thompsonic, were called in vain. The

attacks came about every four or five weeks. He felt as if the blood from the extremities was flowing to the chest causing a pressure, as from a great load, and compelling him to walk as fast as he could for fear of suffocation. He often walked eight or nine miles before he was relieved. For the last three years he was under Thompsonic treatment, where he received teaspoonful doses of the tincture of Lobelia, with only palliative effect. I mention this fact especially because Lobelia, the fifteenth potency, cured the patient permanently in about five or six weeks. A few doses given according to Hahnemann's advice was all that was necessary to cure this obstinate case.

BY EDWARD MAHONEY, M. D., LIVERPOOL, ENGLAND.

February 9, 1880. Mrs. H., aged about 50. Had pleurisy six and a half years. Previously to that considered herself in good health, but has been subject to sick headaches when menstruating, ever since menses appeared, with depression of spirits before and during their flow, and since menstruation ceased has been subject to headaches on waking during the winter. Irritable temper.

Systolic murmur at heart, loudest at apex. Bronchitic râles over both lungs posteriorly; ascites, with extensive œdema of both legs and thighs, and red inflammatory blush over greater part of right thigh. Great emaciation of chest and upper limbs. Tenderness in renal region with sediment in urine. *Nat. mur.*³⁰, one dose.

February 20. Took the *Nat. mur.* on the 10th, and felt very ill for two or three days; headaches disappeared for four days, but there was some return of them two days since; none this morning, and she feels much better in herself. Has a sensation from the back up to the head, sudden before micturition, and accompanied by dread; cutting pains after micturition. One day during the past week she passed black urine after suppression for twenty-four hours (took some gin). Has involuntary micturition when coughing. Is constipated, and has taken one or two Gregory's

powders. The ascites is less and the inflammation has disappeared from the right thigh.

March 17. Steady improvement until now, when headache returning, and ascites not diminishing, I gave another, and the second dose of *Nat. m.*³⁰.

March 31. Able to get out of bed, though she can't walk on account of the distension of the abdomen. Appetite improved; sleeps better; cough gone; breathing much improved. The skin has lost its unnatural hue. *Sac. lac.*

April 30. Troubled much with flatulence, as above stated great emaciation of chest and upper limbs; lower limbs swollen; ascites. *Lyc.*⁶.

June 26. Ascites gone; anasarca gone; able to walk out, and in fact, up to date continues well.

Remarks.—This case appeared to me about as simple, and at the same time profound an illustration of the deep wisdom and practical bedside utility of the genius and teaching of Dr. Samuel Hahnemann as one could well wish to see. Truth, I believe, is always profound and at the same time simple, and unless that which is presented to us has these two marks, we may well question if it be the truth. These two marks (characteristics) of truth, are, I believe, well brought out in this case. I may say first of all as to the circumstances, not referred to in the detailed report, they were in every sense discouraging, disappointing and disheartening. The woman was a dispensary patient, living in the locality and after the style of such persons; an acknowledged drinker; the reverse of obedient; in the *paulo post.* of life, when therefore, according to pathological teachings and especially after such a life, material changes in the tissues would be commencing. The peculiarity of feminine sexual life, menstruation, was already past, yet the symptoms which had been connected with that function, gave the key note to the simillimum of the case. She had also had abundant treatment or maltreatment, during the previous six and a half years, allopathic and pseudo-homœopathic, external and internal applications, moral arguments, and had finally

pretty well reached the conclusion, that for her, at least, there was no remedy.

The pathological condition actually present, namely: systolic cardiac murmur, bronchitic râles over both lungs posteriorly; ascites with extensive œdema of both legs and thighs and red inflammatory blush over right thigh; great emaciation of chest and upper limbs, was, I hope, sufficient to satisfy the hungriest materialist, yet, if we look at the treatment, one dose of the 30th potency (an entirely immaterial attenuation) of a substance taken in its crude form by most civilized (?) persons many times a day, reaches the root of a complicated, mental and physical condition, which had for years defied the combined assaults of both friends and physicians.

What, however, constituted the real essence of the case and made it so good an illustration of the truth and power of the Hahnemannian doctrine of psora, was that the remedy was selected on account of subjective symptoms existing some thirty years before she was supposed to have any disease whatever, namely, at the commencement of menstrual life, and what confirmed me in the opinion that Nat. mur. was the remedy to begin with, was the fact that the headaches incidental to that function, had continued since the function itself had ceased. Here, then, I argued is a case of untreated psoric miasm of over thirty years' duration (for she was now fifty), and whatever else may have been done, this has clearly been left undone. It is the longest of her diseases; it is there; it is constitutional in the sexual sense as well as the antipsoric; therefore, it must be treated first; and the immediate result again confirmed the truth of Hahnemann's teachings, for we find after the one dose, "felt very ill for two or three days, and headaches disappeared for four days," but there was some return of them eight days later, then two days later again; we have "none this morning and she feels much better in herself." Hahnemann's words in the English translation read: "But when the remedies whose action lasts for a long time, have to com-

bat a disease of some duration, or one of very long standing, and consequently the dose ought to continue its action several days successively, then we may see during the first six, eight or ten days, from time to time, some of those apparent aggravations of the original malady which last during one or several hours, while the general amendment develops itself sensibly in the intervals. When these few days are once passed, the amelioration produced by the primitive effects of the remedy continue, without interruption, for some days longer."

The sensation in the back, upwards, the dread and cutting pains after micturition, may safely be attributed to the *Nat. mur.* which has: "Drawing pain in the back from below upwards." "Afraid of becoming mad; imagines he will die; apprehensive about the future," and "cutting in the urethra shortly after urinating." This one dose, too, produced steady improvement for more than a month, and one more dose of the same power was all that was required for that combination of symptoms which was traceable to the psoric symptoms which had just manifested themselves at the commencement of menstrual life, and a few doses of *Lyc.*^s, cured all else except the valvular affection of the heart, which I cannot say was entirely gone when she passed from under observation, though she was to all intents and purposes well, and continued so for twelve months, after which, circumstances necessitated her going into the country.

BY H. N. GUERNSEY, M. D., PHILADELPHIA.

CASE I.—Last winter I was called in consultation to a case of diphtheria. Its history ran thus: Doctor was called about six days previous to my first visit, and thought he had a case of croup to deal with. Could discover nothing wrong excepting a croupy cough, high fever, restlessness, and much rattling in the larynx, until the face and neck began to swell, left nostril began to bleed, and on examination of the fauces again, found deposits of diphtheritic membrane involv-

ing the tonsils, back part of the uvula and all the visible portions of the throat. On my first visit I found the left side of the face and neck considerably swollen, of an ashy gray color, left nostril discharging, dark blood running down the cheek, though completely obstructing the nose on that side; child very weak; small, faint pulse; croupy cough. We at once decided to administer Bromine³⁰⁰ in water every three hours. Next day bleeding of nose had ceased and a general improvement of the child manifest. The next day swelling of the face and neck better, and the child seemed to be in a safe condition. After a few days the croupy cough not improving any more and the membrane in the throat remaining stationary, Lac. can.^{cm} was given, which seemed to make a clean sweep of what remained in twenty-four hours and the child convalesced rapidly. No adjuvants were used in any form whatever, the child subsisting on ice and ice water until it had sufficiently recovered to take food.

From the above case a hint is thrown out that besides Bromine for diphtheria *beginning in the larynx and coming upwards*, Lac. can. may be thought of. I seldom have any trouble with this formidable malady when no interference is interposed to the practice of pure and simple Homœopathy.

CASE II.—Not long since I was called in consultation to a case of typhus, and found the following conditions: Cerebellum, the most suffering organ, giving her severe aching pain day and night; very little sleep, and of a disturbed character. Great sensibility of this organ so that the slightest noise increased her suffering greatly. Eyes inflamed and running water, causing an itching sensation. Extreme photophobia, the least ray of light causing great pain in the eyes, and also increasing the pain in the cerebellum. Great thirst, dry mouth and dry lips. Urine seldom, usually once per day and with very great difficulty. Repugnance to all kinds of nourishment except water. Pulse very small and weak, great prostration, face sunken and pale, and life was despaired of by all observers, among whom were old and experienced nurses. We agreed, after much study, and com-

paring of remedies, to give Nux v.^{ss} in water every three hours until next morning, when we found she had had a little better night in some respects. No more medicine was given for *seven* days, the improvement continued gradually and on the eighth day the critical urine and perspiration was fully established; a suitable diet partaken of, quite sufficient for the time. A *grand* recovery resulted in good time.

CASE III.—Was called to visit a gentleman with one of his periodical headaches which he has had every few weeks since a child. Symptoms: The pain all through the head is excessively severe, and every pulsation of the arteries aggravates this suffering almost beyond endurance. The only partial relief he can get is to seize the neck with both hands and compress the carotid arteries almost to suffocation. He took one dose of Bell^{40m}. Soon went to sleep and has had no trouble since. Experience proves to me that he will soon lose the paroxysms altogether, and it is doubtful if he ever has another.

CASE IV.—Last winter a gentleman called on me with a diseased eye. Symptoms: Almost constant pain over the left eye, of a bruised, sore nature, and an appearance as if he had cataract fully developed. Of course he was blind in that eye. History: Had a terrible blow over that eye some six years since, and it has never been well since. I at once gave him Arn.^{40m}, and he has had one dose per week ever since. To-day the pain is all gone, his head and eye are in a natural state as to sensation, he can see to read with that eye, and there is only a thin veil over the pupil instead of that thick, heavy cataract appearance as at first.

But why take the time and the paper for the purpose of multiplying clinical cases? Has not the time come to push on in the teaching and application of our principles as a law of cure? It seems to me we are more at fault, in these days, with the application of the *Materia Medica*, than we are in its knowledge. A perfect knowledge of the latter would be of *no* avail without a proper knowledge of the former. By those of us who practice the true scientific art of healing, the

blind are made to see, the deaf to hear, the lame to walk, the insane to become rational again. We dissipate tumors of all kinds, open occluded passages and remove all morbid and material growths and accretions that result from disordered vital forces. It remains for us to remove the bounds of incurable diseases and to declare the possibilities to all, because we are following on in that true stream of science which flows from the infinite to the finite.

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

It was on a hot August morning, on one of those hot summer days, so very enjoyable in the City of Brotherly Love, in 1853, that a gentleman summoned me to go with him and see his very sick wife. While we were walking to the hotel where she was, the husband informed me that they had left New York in the night, had intended to go to Washington, that his wife sickened as they approached Philadelphia, that he had to take her to the hotel, but that he had to take the next train for Washington, as he had to go there unavoidably on very important business; that he was, much against his wish, compelled to ask me to attend his wife and do everything I found necessary to be done. When I reached the sick-room I found the lady in spasms, such as I had never read of, or seen before or since. When she heard water poured out, or when water was offered her, or if a looking-glass was presented to her she suddenly jumped to her feet, the muscles of the body were rigid, the spine was rigid and stiff, but her arms, hands and facial muscles were convulsed, she groaned and upon being approached she attempted to scratch and bite the person coming near her; the eyes were wide open, her look was savage. The attacks lasted from two to five minutes, then she gradually relaxed all the muscles and assumed a horizontal position. Upon close interrogation I learned that her spasms were preceded by an ineffectual and extremely painful desire to pass urine (strangury). This information made the choice of the remedy very easy. Gave her a dose of *Cantharides*³⁰⁰, (Jenichen)

on her tongue. The spasm became less frequent and less severe all day, but in the night she became worse again; she had not passed any urine all day. A second dose of *Cantharides*³⁰⁰ had the desired effect, she passed urine freely and gradually fully recovered under careful nursing. She received no more medicine. During her convalescence I learned the cause of her malady. Preparations was made by her and her husband to go to Washington and she had walked that day much more than she was in the habit of doing, her feet were swollen and intensely sore in the evening. By advice of a friend she applied oil of turpentine to her feet with the results here stated.

Comments.—Upon first seeing the patient it seemed possible that she suffered from hydrophobia, but her husband declared positively that she had never been bitten by any dog or by any other animal, certainly never by a mad dog. It was only after a patient and rigid examination that the fact was discovered, that strangury preceded these strange spasms. If guided by the materialistic pathological school, the first step to be taken would have been the hasty introduction of the catheter to empty the bladder and attempt thereby to obviate the possible return of the strangury. After obtaining a full picture of the disorder, which is the first and most difficult task of the healer, the second task of selecting the truly homœopathic (similar) remedy was a comparatively easy one. There could be not the slightest doubt, but that *Cantharides* covered the totality of the symptoms. It was also evident that after the first dose of *Cantharides* had exhausted its effects another dose had to be given, and the final disclosure that turpentine was the cause of the disorder, accounted for the necessity of repeating the dose, as no doubt some turpentine was still retained in the feet. And finally, as to the dose administered. The dose dispute has again become a burning question. In 1846 we took the liberty to call the attention of the profession to the superior healing powers of the higher potencies in a letter dated, Carlisle, Pa., April 7th, 1846, and published in the

Homœopathic Examiner, page 417. Although the successful experiments with these then considered high potencies, as well as by much higher potencies, later made, were confirmed by such members of the profession as were versed in the tenets and practices of our healing art, we find ourselves at this date confronted by men who boldly demand with the late president of the American Institute of Homœopathy that a "*limit*" should be fixed by statute as to the possible curative powers remaining active in a certain potency—says the late president—the 12th. Whether anyone is fit to decide in this burning question, who is capable and willing to strike out all the accumulative testimony deposited in our journals by an increasing number of experts from 1846 till 1883, has to be left to the better judgment of just and honest men. We lay this case before our professional brethren as one more of the many proofs that the only possible hope of "*a cure*" is in following out explicitly the laws and methods of that healing art given to the world by that immortal philosopher, Samuel Hahnemann.

THE CULTIVATION OF BACTERIA AND FIBRIN.

BY ROLLIN E. GREGG, M. D., BUFFALO, NEW YORK.

About "cultivating" fibrin, or its rods and granules, as they claim to have done with the various forms of bacteria, I have not yet tried it to any great extent. And for the very good reason, that since I commenced my investigations in treating both blood and fibrin in numerous other ways in which errors could be avoided, to see what could be thus learned, I have been so greatly taxed with that and my professional duties, that I have not dared to undertake more.

Besides, all the assumed "cultivation" of bacteria are wholly vitiated and nothing is to be learned by imitating errors. To illustrate, the so-called bacteria are nowhere developed, either naturally or artificially, excepting in putrid-

ity, or by rotting. Very well, putridity or rotting does not go on excepting in *organic* matter; and *all* organic matters contain fibrin, which, by rotting, is disintegrated into every form of assumed bacteria. Pasteur uses chicken soup, Koch and others use beef or other animal broths for their "cultivations," all of which, of course, contain fibrin; and from which no other forms showing life or motion can be obtained under rotting, excepting such as are obtained in the same length of time from rotting pure fibrin in distilled water. Fibrin, then, being in all animal broths, and "cultivating" the so-called bacteria in them under warmth being a rotting process, the fibrin therein is disintegrated precisely as it is in a clot of blood, or pure fibrin, in distilled water; and precisely the same forms are obtained in the one case as the other.

Thus, you will see that all "cultivations," carried on in any kind of organic matter, are vitiated from the very beginning. You can get the same identical forms, I repeat, and all of them, from disintegrating the purest fibrin in the purest water, and even many of such forms can be obtained from fibrin in chemically pure acids, like nitric acid, etc., as I have repeatedly done. And here let me tell you, that nothing in all my scientific reading and research so astonishes me as the fact, that scientific men, the world over, have, without exception, overlooked all these facts and wholly neglected to consider the forms of fibrin that are everywhere and inevitably present in every instance where decay is carried on.

I see by one of the newspapers sent me, that one of your members exhibited "some micrococci from a solution of common turnip." Well, he had the granules of fibrin to deal with even there. Kirkes and Paget say, fibrin exists in the juices of all vegetables, and I have confirmed this assertion to a considerable extent. I found quite an abundance of fibrin in the juices of the leaves of the common plantain, in geranium leaves, etc., etc. So you see all vegetable infusions, in which bacteria are said to have been

"cultivated," contain fibrin to be broken up by rotting, precisely as is the case with the fibrin from the blood; and yield the so-called bacteria in broken pieces of fibrin. You know that infusions of hay have been used for the purpose, and here it is the broken fibrin from the hay that has been perverted into proof that bacteria are vegetable. In a scientific work published only last year, the title of which now escapes me, it is asserted that "eighty per cent. of crude gluten is fibrin;" and that there are no longer any grounds to regard animal and vegetable fibrin as different, or words to that effect. Lehrmann says: "The blood of herbivorous animals contains more fibrin than that of the carnivorous," which must come wholly, of course, from their vegetable food. You will, therefore, understand that I do not rely upon guess-work as a basis for any of my positions. And you will also see that the whole question of "cultivation of bacteria," as hitherto carried on, is a very uncertain matter and of no scientific value whatever, because nothing has been done to eliminate the precisely similar forms of fibrin, in a single instance, where bacteria have been "cultivated" in either animal or vegetable solutions.

From all this and much more I *know* that fibrin can be cultivated or grown; that is, made to take many different forms under different conditions. And I am entirely confident that the assumed cultivation of bacteria in mineral solutions, that is, in sea-water, in solutions of salt with ammonia, etc., etc., is or will be fully explained by such growth or changes of form in fibrin.

But what is even more than that, I have little fear in predicting that one of the greatest fields for science to work in in the future, is going to be in this very direction, of furnishing, or feeding, fibrin in solution, and then watch the various other matter in solution, and watch the various growths that will thus be produced. Unless I am greatly mistaken, much of the organic world that is now all mystery to us, is thus going to be opened up in a way that we have hitherto little dreamed of.

PROCEEDINGS OF COLLEGE OF PHYSICIANS AND SURGEONS.

DETROIT, FEBRUARY 18, 1884.

College met at appointed hour, President, Dr. Phil. Porter in the chair.

Dr. McGuire, the lecturer for the month, read an interesting paper on "*Ephiphora as Symptom.*" It was stated that Lachrymation, Epiphora, or watering of the eye is misleading to the general practitioner, often leading to fatal delays in the treatment of serious diseases; and for this reason the subject was chosen. Attention was called to the diseases of this class not frequently met with by the general practitioner. The Dr. referred to the Lactrymal apparatus as being simply a *hydraulic system*, and that it was necessary in order to maintain the perfect working of the system, that each part should remain in a physiological condition; hence the importance of recognizing anything abnormal. The lecturer objects to slitting open the canaliculus, thereby converting it into an open channel, on the ground that the physiological and philosophical function is destroyed. Dacrocystitis often results from the early symptoms not being recognized. Reference was made to different intra-ocular conditions, which give rise to this symptom and which have a tendency to destroy vision.

Discussion:—Dr. Gilchrist thinks the paper one of general interest to us as physicians. Mentioned case of Dacrocystitis that he treated, in which the swelling was enormous. *Silicea* seemed to be the remedy indicated, gave it in^{cm} and speedy relief was obtained by the patient, which, at that time of his life in practice, twenty years ago, surprised him very much. This was the first high potency he ever gave.

Dr. McGuire objected to accepting this cure, as due to the remedy, for often this disease would make a spontaneous recovery. He thought we should always make great allowances for diseases of this nature when they make a

rapid change, either one way or the other, and not attribute the cause to the remedy, he had seen them alter in appearance in twenty-four hours when nothing had been given.

Dr. Gilchrist simply desired to state, that had he not often had similar results since that time, he would not have mentioned this case. No further discussion followed.

FEBRUARY 25, 1884.

Dr. Gilchrist appearing for Dr. D. J. McGuire, read a paper on "*Veneral Contagion*" confining himself to a consideration of the two forms *chancroid* and *syphilis*. It was stated that contagion was dependent on three facts: 1st, Exposure. 2nd, The poison must be brought in contact with an absorbent surface. 3d, A lack of protection on the part of the person exposed.

A peculiar and interesting property of the poison is its potency, for the smallest quantity often being mixed with, say an ounce of water, is capable of producing the characteristic sore.

The doctor spoke of there being two parties among pathologists, one believing in the dualistic theory, that is that there are *two* different poisons; the other claiming that there is but one. The first, in his opinion, is right. Many seem to think the term *syphilis* applies to the initial sore, when it should be used only to express the morbid condition *producing* the sore.

Some time was given to a consideration of the diagnostic differences between the two diseases. In this connection the lecturer emphasized the fact that the multiple ulcers come on *successively* in *chancroid* and *simultaneously* in *syphilis*.

The discharge from a chancroidal sore differs microscopically from that of a syphilitic, the former showing debris or waste material, while the latter is shown to contain building up material. The first property of contagion of syphilis was said to be bioplastic.

As to the prognosis of syphilis, the Doctor claimed that it is, as a rule, *incurable*. No case can be pronounced abso-

lutely cured until the *grandchildren* have been examined and no traces of the disease found in them.

But little was said concerning the treatment. In chancroid the first thing to be done is to counteract or neutralise the poison by *heat*.

Discussion.—Dr. Sasse, Mt. Clemens, Mich., thinks the best treatment for syphilis is by means of the cold water bath. That is, water at about 65° F. He does not hesitate to pronounce the case cured if the patient can stand a severe water course. Also thinks it may be cured by *nature*, the patient taking no medicine. The water treatment is supposed to set free the syphilitic germ, and not only it, but the mercury as well, provided that drug has been given. Has never been able to decide as to whether there are *two* poisons or only *one*.

Dr. Gaylord. When we see a child with enlarged glands are we to suppose there has been syphilis in the family?

Dr. Gilchrist Either that or struma, which also may result from syphilis.

Dr. Gaylord. Knew a man, who, while in the army, was vaccinated; soon after syphilis, or what was thought to be it, developed. Another gentleman was vaccinated on the same day, the same virus being used, and died from syphilis in a few weeks. Now the first person is in doubt as to whether he has the disease at present, for all symptoms disappeared long ago. How is he to know? Can he marry with safety?

Dr. Sasse. If he can stand a severe course of water treatment as now practiced in Germany, you may say he is well.

Dr. D. J. McGuire. Seldom sees it in its early stages. The cases that come to him are usually tertiary involving the eye. Uses *Iodide of Merc.*

Dr. Bailey. Believes in the dualistic theory. In treating chancroid uses severe measures. If indurations appear he endeavors to induce suppuration.

Dr. Porter. Bumstead claims to cure syphilis by what he calls the "continued treatment." Sims also claims that it can be cured. When he (Porter) was in the Marine hospital service, he obtained good results from *Iodide of Potassium*. Thinks Mercury is the specific. *Question*. Does Dr. Gilchrist know of any remedy that has any effect upon the copper colored spots?

Dr. Gilchrist. *Nitric Acid* has been used, but does not know of anything that will remove them. Does not believe in *sypphilinum* at all.

Adjourned.

MARCH 19, 1884.

Dr. Gaylord was elected lecturer for June, 1884.

Dr. S. A. Jones of Ann Arbor appearing for Dr. McLaren, the lecturer for the month, read a paper entitled "A Criticism on the Proving of Opium," in which he stated that many symptoms given under that drug in our text books were unreliable and unworthy of consideration. Quite a general discussion followed, the members all taking a part in it.

Dr. McLaren thinks the lecturer should have gone a little farther and given us the *reliable* symptoms.

Dr. Bailey would also like to hear from Dr. Jones, as to the symptoms that *he* knows are reliable. Thinks the simple fact of symptoms having been given by Hahnemann, or any other man, does not prove that they are true.

Dr. Gilchrist looks upon medicine as a *progressive* science, many things that were accepted as true years ago have since been rejected as false. No *one* man has the ability to take up a drug and say that a certain set of symptoms are true and another false. Many symptoms of *illegitimate* origin have, by clinical experience, been proven *true*, and others that were properly developed are found to have no clinical value.

Dr. D. J. McGuire does not presume to discuss the paper because, 1st, "he has not the ability," and 2nd, "we all feel doubtful as to the value of the provings of our remedies." What we want is a way out of the trouble.

Dr. Jones has been disappointed in many cases where he relied on the symptoms as given in our books. No man can tell what to trust and what not, in our *Materia Medica*. Will only arrive at the truth after years of labor. Does not want anything that he has said to-night to detract from Hahnemann.

Dr. Sasse. Perhaps to the many fallacious symptoms revered under opium, is due the number of failures to cure with that drug.

Dr. Jones. Hahnemann says that of all the remedies in our *Materia Medica* it is the one least called for. With reference to *dose*, he thinks it is just as legitimate for a homeopath to give teaspoonful doses of the mother tincture in certain conditions as to give the highest potencies. Has given *Morph. sulph.* in certain cases, particularly in Renal Lithiasis. This last remark led to quite a discussion as to the best remedies in these cases.

Dr. Gaylord uses Santonine in one grain doses, with best results.

Dr. Bailey has been pleased with the action of *China* * *

Dr. Gilchrist has tried *Laudinum* in a number of cases, but with poor success. Thinks more of *Ars. Apis. China*, and *Lycop.* Does not use *Opium* in these cases because it stops the peristaltic action of the ureters.

Dr. Avery thinks it is a mechanical trouble, and potencies *useless*. Would use morphine.

Dr. Porter, from the chair, endorses what Dr. Avery says with regard to its being a mechanical trouble, which, when relieved by remedies, such as *Apis, Santonine*, etc., is brought about by the mechanical action of an abundant flow of urine, produced by these drugs. He does not approve of Dr. Jones' treatment. Adjourned.

MARCH 24, 1884.

Dr. McLaren, the lecturer for the month, read two short papers. The first treating of the value of instruments in diagnosing lung troubles. The second being a description of two cases of persistent and long standing cough.

In the discussion Dr. Younghusband stated that while he believes in many cases the stethoscope may help us in our diagnosis, he does not think it is always to be relied upon as he has known of its misleading many physicians in a number of cases. He thinks the *microscope* is a more certain means of diagnosis.

Dr. D. J. McGuire is glad to know of a certain means of diagnosis in these cases, for certainly many serious mistakes are made by those supposed to have special skill in auscultation and percussion.

Dr. Gilchrist thinks there is a fine appreciation of sound to which the ear must be educated, in order to detect any little abnormalities that may exist in the lungs. As for him he makes no pretensions in that line.

Dr. McLaren referred to a case reported by one of the members, who had claimed a cure of a chronic disease by one dose of the 200 of *Sulph.*, when the patient had, for years, resided in a sulphur district. Thought the imagination of both the doctor and patient had to be largely drawn upon to believe in the diagnosis. The physician who had reported the case not being present, no attention was given the remarks by Dr. McLaren, and a motion to adjourn was made and carried.

J. M. GRIFFIN, Recorder.

A doctor dressed a boy's injured elbow, and gave his mother directions for after-treatment. The mother neglected the directions, and a deformed elbow was the result. The mother brought a suit for damages; and, notwithstanding the fact that the doctor could prove the mother's negligence, he was advised by his lawyer to "settle." The ground for this advice was, that in Ohio "A child of tender years, injured by the fault of another, is not deprived of a right of action by reason of contributory negligence on the part of the parent or guardian." The surgeon must not only give the necessary directions, but see personally that they are carried out.

OVARIOTOMY—RECOVERY.

BY PHIL PORTER, M. D., DETROIT.

In the fall of 1883, Dr. R. C. Olin, of this city, brought Mrs. K —, age 37, to consult me in regard to an enlargement of the abdomen, the Doctor having suspected an ovarian tumor. Placing the patient on the table, under an anæsthetic, with considerable difficulty—as the lady was very fleshy, weighing over two hundred pounds.—I succeeded in diagnosing a cyst of the right ovary.

After repeated efforts for relief, from internal remedies, an operation was advised, but listening to the suggestions of so-called friends(?) she visited a quack, known here as the "spit doctor," who supplied her with powders composed of lobelia, capsicum and hydrastis, which caused an excessive flow of saliva, which the said "doctor" informed her, was "parts of the tumor being spit up through the mouth." After several months' trial of this disgusting treatment, she consulted Dr. Olin again to see how much the tumor had diminished in size, but to her astonishment and chagrin, on comparing her present measurement with the former, which I had given her, she found she had rapidly increased in size. Realizing the discomforts of the increased growth, and the foolishness of delaying the operation she presented herself for relief by surgical measures.

Preparing her in the usual manner for all laparotomies and examining her with reference to adhesions, I proceeded in the usual manner for an ovariectomy.

With the assistance of Drs. R. C. Olin, C. C. Miller and H. H. Crippen, I removed a large unilocular ovarian cyst, meeting with no obstruction until the pedicle was reached; here to my utter amazement I found a very short and broad pedicle, in width, nearly five inches, and very vascular, as well as œdematous. In treating the pedicle I departed from my usual method. Seizing the pedicle at the base of the cyst at right angles to the vertical axis of the pedicle, with a pair of

long handled, lock clamps, which included half of the width, then on the opposite side, I applied another pair, so that the points met, which included the entire pedicle. Immediately below these clamps, with well cleaned silk ligatures, I ligated the pedicle in five different sections. Then depressing the abdomen I applied Billroth's large pedicle clamp, crowding the mass of pedicle in between the jaws of the clamp, and with a wet sponge placed on the left hand side of the pedicle, I divided the tissue with cautery below the first clamp, but above the ligatures, which delivered the cyst. Then loosening the handles of the clamp and observing no hæmorrhage, I again drew the tissues of the pedicle within the jaws of the clamp and again tightened the blades. With the cautery iron at a dull red heat I slowly cooked all that portion of the pedicle above the large clamp. With the second iron I then burnt away that portion of the pedicle already cooked, and with the third iron I completed the cautery, down to the margins of the clamp. By this method, that portion of the pedicle between the blades of the clamp was converted into a glue like substance which will never slough. Loosening the clamp, but still retaining a hold upon the pedicle, no bleeding was observed.

With this method no foreign bodies are left in the abdominal cavity, the ligatures having been removed with the first portion that was divided by the cautery.

Then cauterizing the divided ends of some large bands of adhesions, which were quite vascular, I proceeded to perform the *toilette* of the peritoneum.

Inasmuch as the pedicle was of unusual width, and very vascular, I was especially well pleased with the result of the cautery treatment.

The closing of the abdominal incision was in the usual manner of ovariectomy, and one of Keith's drainage tubes was left in the lower angle of the wound.

Recovery was complete with no interruption; the temperature never going above $99\frac{1}{4}^{\circ}$.

The antiseptic treatment was *absolute cleanliness*.

The after treatment consisted of the administration of first, *Hypericum*, followed several days later, by *Nux. v.* 30th.

The drainage tube was removed on the fifth day. The tumor weighed forty-two pounds.

SUB-CELLULITIS.

READ BEFORE THE WAYNE COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

BY O. P. BAEK, M. D., RICHMOND, IND.

Permit me to offer for your deliberate consideration an interesting case of sub-abdominal abscess, known by the many names of sub-cellulitis, peri-proctitis, para-metritis, pelvic-cellulitis, peri-uterine-cellulitis, peri-rectal-cellulitis, or, in other words, an inflammation of the intermediate cellular or areolar tissue, lying between the uterus and rectum, which suppurated, and discharged through the rectum, to the extent, of at least, one-half gallon, of greenish-yellow, offensive pus. This case came under my immediate treatment, from one of our city allopathic physicians, who had been treating her for a week or more. The doctor did not define the case, for prudential reasons. The disease is not a common one, and often-times presents very different aspects, and uncertain characteristics, so much so, that the profoundest medical expert may be mistaken.

The cellular or areolar tissue is the most common of all the tissues of the human body. It fills all the interstices between the various organs, vessels and muscles; gives form to different parts, and by its elasticity, contractility, and inherent fluid contents of its areolæ, amply facilitates organic motion. Pathological, or morphological changes, such as filling up with fat, serum or adipose tissue, or morbid growths, gatherings etc., may deprive the parts of all motion. This tissue is subject to every variety of both external and internal injuries, such as contusions, frictions of one section upon another, falls, direct blows and continued pressures,

in consequence of the universality of its position; hence its frequent liability to irritation, congestion, inflammation and consequent suppuration. It is the great, if not the only lubricator of the human organism; hence the great nobility of its office. It allows of no intrusion without resentment. The suffering it induces, is always commensurate with the physical value of the parts involved. Oftentimes, gatherings in this tissue, are very obscure and insidious; burrowing between, or below some important internal hidden muscles or organs, or even, the aponeuroses; and in consequence of the ambiguity and indirectness of symptoms, may easily mislead the physician.

The case I am now about to describe to you, was of this uncertain character. During its inception and early development it was under the care of an allopathic physician, as stated above.

On my introduction to the case, I made inquiry as to the history of the attack, and found that the patient, a lady of good constitution and well-to-do in life, disposed to be corpulent, particularly over the abdomen, had been house-cleaning, and wound up with an all night dance. Soon found herself stiff and sore, which rapidly increased, followed by pains over the entire body, fever, chills, thirst, loss of appetite, general debility, nausea, retching, vomiting, constipation. Urine hot, scanty, cloudy and sedimentary; while the whole region immediately over both ovaries and uterus was intolerably sensitive and considerably tumefied.

On making a digital examination per-vaginuum, I found the parts dry, hot, and exceedingly painful, (vaginismus) very much shortened and narrowed. Uterus tightly pressed down against the symphysis pubis, and both ante-verted and ante-flexed, discharging a thick, heated, greenish-yellow leucorrhœa. The bladder was apparently full and pressed upward, while the rectum was pressed both forward and downward. I then introduced my second finger into the rectum, which was very much contracted, painful and throbbing.

Finally I placed my thumb in the vagina and brought finger and thumb together, revealing unmistakable evidences of fluctuation. I now explored the rectum as high up as it was possible with my finger, and became satisfied that the preponderance of weight, as well as weakness, was towards the walls of the rectum, and that the great probability was, the abscess would soon open into the rectum, about three inches up. From this examination, I had not the least hesitancy in saying that I had a formidable, pure case of sub-cellulitis, involving both vagina and rectum.

I prescribed Phosphorus 3rd, every hour, to be aided by hot water injections, and fomentations over hypogastrium. I visited the case twice every day, and sometimes oftener, until it broke, which occurred on the fourth day. The break resulted as was anticipated, not more than three inches up the anterior wall of the rectum. The discharge amounted to fully one-half gallon of greenish-yellow, offensive *pus*.

The pain, which had been of the most aggravating and persisting character, both day and night, caused transient spells of despondency, hysteria, and delirium. This now all suddenly disappeared, and my patient became as joyous and happy, as though she was the recipient of a princely gift. I now gave her Hepar. sulph., with an occasional intercurrent remedy, to subdue stray symptoms, until the discharge of pus had entirely ceased.

Since that time she has been taking such appropriate remedies as were indicated by different symptoms as they presented themselves.

For more than a week after the abscess broke, she was almost free from pain; but as the abnormal pressure was removed, and the parts began to assume their normal positions, more or less nervous irritability came, only involving the left ovary and thigh, for which I have given her China, Colocynthis, Pulsatilla and Conium as they were demanded. She is now convalescing rapidly, rides out each day, eats, sleeps and enjoys herself. Will soon be well.

CORRESPONDENCE.

Editor Medical Advance:

For once in my life I have spent some time in attending medical conventions. Already this summer I have taken in several such and to say that I am tired is to put it mildly. It has made me well nigh sick listening to the papers which have been reported by the members of the several bureaus. Now and then I have heard a bright and original paper but the most of the papers reported have been taken bodily out of our text-books. I wish I could specify a few of these papers that were filled with this second-hand material and not hurt the feelings of the men who wrote them. If you will look at the proceedings of these societies you will easily distinguish them. But what I want to know is, if this foolish waste of time cannot be stopped. Will it be so next year and forever, that in order to have a paper for the convention a man must give us such stale stuff? Do these gentlemen imagine their hearers are ignorant of first principles, and need to be taught their a b c's? Is it a fact, that they are incapable of writing an original paper? If so, then Mr. Editor for the Lord's sake, ask them to write nothing. Please gentlemen don't insult our intelligence and waste our time after this fashion. Quit this text-book business or quit the business altogether. FRIDAY.

Editor Medical Advance:—In your editorial, "Principles of Medicine," April number, you threaten to "endeavor to so outline the subject, (Principles of Medicine) and so suggest how it might be amplified, as to place the art of healing *en rapport* with modern thoughts." Now Doctor, please *don't do it*. If there is any one thing that more than another has hindered the progress of Homœopathy, and over which friend and foe alike have stumbled, it is the attempts, by outlines and amplifications, to explain the unexplainable. Such efforts in the past have covered the great truth with such a mass of rubbish as to completely hide it from all

but the dilligent. If I had the power and could do the cause of medical science the greatest possible good, I would wipe out of medical literature every word that was ever written, by Hahnemann or his followers, to explain the principles of the law of similars. It is a great, simple, natural law. So great and so simple that efforts to explain it only confuse.

What would be the effect of writing article upon article, and book after book, to explain the principles of the law of gravitation? Time is better spent inventing perpetual motion. You have only to let go the apple under proper conditions and it falls toward the center of the earth, that is all there is known about it, and the more you try to explain the principles the more you mystify the whole thing.

It is the same with the so-called homœopathic law of cure, You give the pellet, according to that law, under proper conditions, and the patient is relieved, and recovers; you don't know how, nor why, and your efforts to explain, or outline or suggest explanation, will not satisfy you nor benefit your readers, and may result, as many another effort, with the best intention, and from the purest motive, has done before, viz.: hide truth, divide friends, and confirm enemies.

I firmly believe, were it not for the thick cloud of mysticism which has been thrown around this great law by efforts to explain it, the law itself would no more be contradicted to-day than is Harvey's great discovery of the arterial circulation.

I would urge every one to investigate, observe, record, and give the profession the benefit of all the facts and every condition which modifies them, but let every physician do his own guessing and theorising.

Now next in importance to wiping out what has been written is to oppose any more; I therefore close by repeating, what I began by saying, Dont.

CHAS. A. CHURCH, M. D.

PASSAIC, N. J., May 1, 1884.

[NOTE.—Our likes and dislikes primarily depend upon the shape of our heads. They are decided before hand by our phrenological development. The higher reasoning faculties are located in the upper portion of the forehead. One may have fine intellectual development without having any taste for philosophy, but such a liking is possible only with a fair development of the region of reflection. Bearing these facts in mind, we have the key which unlocks the troubles of our correspondent. If his ideas are any index of his cranium his head lacks relatively in the antero-superior portion. This by no means discounts his intelligence, but it explains his horror of philosophy. If Sir Isaac Newton had been of like mind with our correspondent he would have made sorry work with his falling apple. He did just what Dr. Church protests against: he reasoned and wrote, and so placed the law of gravitation upon an enduring base. "The proper conditions" are the things we are after and they cost thought. We must break the shell if we would get at the meat; we must crack the nut if we would find the kernel. It will not do to turn aside these vital questions, though they be knotty, as the boy did who being asked how digestion was accomplished, said, "O I put the puddin in my mouth an it tslips down down ath eathy." It is to clear away the "mysticism" that we labor. If similia is a "natural law" it can be investigated and understood. It is demonstrated as a fact, but what is its philosophy? That is the question.—ED.]

Editor Medical Advance :

The Indiana Institute of Homœopathy has just closed its last annual session in this city. The attendance was not near as large as on many former occasions. Upon the whole it might be said, however, that the deliberations were both interesting and instructive. But to particularize, it might also be claimed that many of the papers read, including the President's address, were entirely too lengthy. The busy and enterprising practitioner cannot patiently listen very long to

the reading of a paper that deals with dead issues and visionary theories that are unprofitable alike to himself and to his patients. He must have diet that furnishes mental nourishment and useful information, or else he gets nervous and goes home before adjournment, perhaps never to return again.

As instances, I will give you the outlines of a few of the uninteresting and unprofitable papers read. In a paper on *nina*, the author started out with a prolix preface, claiming that this valuable agent had been entombed, but *he* came to resurrect it, by pointing out its many uses. He then proceeded to describe every pathological condition and every natural movement that has ever been observed in a child, and for all these *things*, *Cina*, with *him*, like *Aconit* with *Hempel*, is generally indicated. But its special indications are convulsions, resulting from an engorgement of the alimentary canal of undigested food, cherry seeds, buttons, etc., etc. A few doses of the 200th is all that is needed to allay such spasms. To the credit of the society be it said, that after brief discussion the paper was wisely rejected, with the opinion preponderating that a dose of castor oil would be more efficacious in such cases.

In another paper read on the "Mortality of Children," the author put forth a laborious effort to present a long array of hospital statistics, supported by the observations of eminent practitioners, that mothers' milk is by far the best food for babies, and that the milk of grass-fed cows and goats is the next best diet for them. While this paper did not contain anything that was ridiculous, it nevertheless presented nothing but universally admitted facts; its reading was therefore a total loss of time to the society, and it should have shared the same fate with the foregoing one, instead of being referred to the committee on printing.

So long as State medical societies are measured by the length and number of papers presented at their meetings, instead of the merit of such papers, so long will true progress in medicine move slowly, and grand and great objects be deferred. Nothing can be accomplished by presenting papers

before a State society composed chiefly of extracts from text and other books commonly read, filled in with meaningless or unsupported assertions, exploded theories, weak-minded chaff and bad grammar. But such papers should always be brief and to the point, without any effort at display, and should be the result of our best efforts after an exhaustive research of the subject in hand, and a deliberate and mature reflection of all its claims and bearings. And right here it might just as well be admitted that not every practitioner, although perhaps as successful as many others, is capable of preparing a paper of merit. All such should attend the meetings as listeners and not presume to instruct others who possess special ability in this direction. This course has been pursued by your correspondent for five successive years, and as an attentive listener only he has no regrets.

There is another very discourteous practice indulged in at our society meetings that deserves a more severe stricture than it has ever yet received, and that is whenever a new idea or method is presented by any of the progressive members, the fossils come at once out of their shells and tell you, "if you would only study Hahnemann's Organon thoroughly you need not resort to any new methods." And this they say with an air of superiority which implies that no one, except the antideluvians, had ever read that valuable book. If we were to admit that Hahnemann was the omega as well as the alpha of Homœopathy then this attempt at restriction and uncalled for tyranny might be admissable, and we might then just as well as not come to a "dead halt" at once. Further progress and development in our science would not only be unnecessary but impossible. But as our school of medicine is one of progress, it would perhaps not be out of place here to tell the aforesaid fossils, by way of a little wholesome retaliation, that they too *should read*, not only a book, but the history of all the ages, and there learn that all the discoveries of new laws and new truths have only seen the beginning of a work that succeeding generations have carried on into fuller development. And thus must it be

with Homœopathy, if it is to survive and prosper. The Alopatic medical society of Indiana has a committee of enquiry, or some such a name, to whom all papers are referred before they can be read in open meeting, and by this means a vast mass of ignorance can be hidden. Some such a plan should be suggested to certain of our own medical societies.

D. HAGGART, M. D.

Indianapolis, Ind., May 2d, 1884.

HOW TO LIVE LONG.

Old age is of two varieties—premature, and that caused by the lapse of time. Premature age, as engendered by various mental and physical excesses, comes not within our present notice. The principal characteristics of old age, as demonstrated by anatomical research, are a deposition of fibrinous, gelatinous, and earthly deposits in the system. Every organ in the body during old age is especially prone to these ossific depositions. These earthly deposits have been found to consist principally of phosphate and carbonate of lime, combined with other calcareous salts, according to the research of Dr. Williams. “That man begins in a gelatinous and terminates in an osseous (or bony) condition,” has been truly observed by a French physician. From the cradle to the grave a gradual process of ossification is undoubtedly present; but, after passing middle life, the ossific tendency becomes more markedly developed, until it finally ushers in senile decrepitude. These earthly deposits in the various organs during old age materially interfere with the due performance of their respective functions.

Hence we find imperfect circulation in the aged, owing to the heart becoming partially ossified, and the arteries blocked with calcaerous matter, interfering with that free passage of blood upon which nutrition depends, so the repair of the body naturally becomes impaired thereby.

Both Bichet and Baillie considered that the great number of persons over 60 suffer more or less from arterial

ossification. When the heart's valves become cartilaginous they consequently fail to propel the blood to its destinations—this fluid being further obstructed by the ossified and contracted condition of the arteries themselves.

In youth, on the other hand, nutrition is perfectly carried out, there being no blockades to impede the circulating system upon the due performance of which physical reparation depends.

Bearing the above facts in mind, we plainly perceive that the real change which produces old age is, in truth, nothing more or less than a slow but steady accumulation of calcareous matter throughout the system.

Having arrived at the predisposing causes of senile decay, it yet remains for us to go still further, and seek out their origin. The two principal sources of old age are fibrinous and gelatinous substances; secondly, calcareous depositions. According to the recent researches of Mr. de Lacy Evans, the origin of the former may undoubtedly be traced to the destructive action of atmospheric oxygen. Fibrine has been said to contain 1.5 per cent. more oxygen than albumen. Now, oxidation converts albumen into fibrine, fibrine itself being but an oxide of albumen.

Although unquestionably fibrine nourishes the organs of our bodies by repairing the waste, yet a great deal of this substance accumulates in course of time, lessening the calibre of the blood-vessels, and thereby causing their induration.

It therefore follows that, as time goes on (old age), fibrinous and gelatinous depositions become noticeable. Consequently, as fibrine is an oxide of albumen, so also is gelatine an oxide of fibrine, due to the action of oxygen on the fibrine deposited by the blood. A further effect of oxidation causes part of these substances to be decomposed, and subsequently eliminated through the kidneys as compounds of ammonia and urea. There is always a continual struggle progressing in our systems between accumulation and elimination. Thus it is that the fibrinous and gelatinous accumu-

lations of old age are chiefly traceable to the chemical action of atmospheric oxygen.

The calcareous deposits next claim our attention, being proved by anatomical investigation to be peculiarly a characteristic of old age.

PASTEUR CURES HYDROPHOBIA.

For some time past, Louis Pasteur was known to be at work on the microbes of the rabies virus, with the expressed hope of curing the terrible malady. He now announces that he has been successful in his researches, and invites any one bitten by a mad dog to present himself at the laboratory of the Ecole Normal for treatment. The patient, Pasteur promises, will not only be protected against the effects of the previous bite, but rendered proof against hydrophobia in the future.

Pasteur's method closely resembles that followed in his previous investigations of virus microbes, notably the anthrax or charbon microbe. Briefly stated, his researches show that the rabies virus is chiefly localized in the brain of the animal dying from acute hydrophobia, and increases or decreases in power according to the kind of animal inoculated with it. Starting from a rabid dog, for instance, the virus on being transmitted to monkeys loses its strength. The first monkey dies, but if a second be inoculated from the first, a third from the second, and so on, the virus becomes so weak as to be almost harmless. If, on the contrary, rabbits are experimented with, the virus increases in power; so that starting from the almost inert virus from the last monkey, and inoculating rabbit after rabbit, the virus regains its maximum power. In this way Pasteur obtains virus of various degrees of attenuation, as a Homœopathist would say, and his treatment simply consists in inoculating the patient successively with three different attenuations of the rabbit virus, beginning with the weakest, and ending with the strongest. After the operation the patient is cured and becomes completely insusceptible to hydrophobia.

REASON WHY CONTAGIOUS DISEASES ATTACK
ONLY ONCE.

Professor Tyndall, viewing the question from the modern standpoint, thus explains the immunity obtained against a second attack of a contagious disease: One of the most extraordinary and unaccountable experiences in medicine was the immunity secured by a single attack of a communicable disease against future attacks of the same malady. Small-pox, typhoid, or scarletina, for example, was found as a general rule to occur only once in a lifetime of the individual, the successful passage through the disorder apparently rendering the body invulnerable. Reasoning from analogy, I have ventured to express the opinion that the rarity of second attacks of communicable disease was due to the removal from the system, by the first parasitic crop, of some ingredient necessary to the growth and propagation of the parasite.

The cultivation of micro-organisms which is now everywhere carried on, enables us to realize the smallness of the change which in many cases suffices to convert a highly nutritive liquid into one capable of supporting microscopic life. Various important essays bearing upon this subject have been recently published in the *Revue Scientifique*. M. Boulsy there draws attention to the results obtained by M. Raulin in the cultivation of the microscopic plant named *Aspergillus niger*. The omission of potash from Raulin's liquid suffices to make the produce fall to one twenty-fifth of the amount collected when Potash is present. The addition of an infinitesimal amount of a substance inimical to the life of a plant is attended with still more striking results. For example, one part in sixteen hundred thousand of nitrate of silver added to the liquid entirely stops the growth of the plant. And now we come to the important application of this fact, which has been indicated by M. Duclaux. Supposing the *Aspergillus* to be a human parasite—a living contagium—capable of self-multiplication in the human

blood, and of so altering the constitution of that liquid as to produce death, then the introduction into the blood of a man weighing sixty kilogrammes of five milligrammes of the nitrate of silver would insure, if not the total effacement of the contagium, at all events the neutralization of its power to destroy life. An index finger here points out to us the direction which physiological experiment is likely to take in the future. In anticipation of the assault of infective organisms, the experimenter will try to introduce into the body substances which, though small in amount, shall so affect the blood and tissues as to render them unfit for the developement of the contagium. And subsequent to the assault of the parasite he will seek to introduce substances which shall effectually stop its multiplication. There are the strongest grounds for hope that in the case of infective diseases generally such protective substance will be found.

BOOK NOTICES.

OBSTETRIC MENTOR. By CLARENCE M. CONANT, M. D., A. L. Chatterton, Publishing Co. New York.

This is just what it purports to be, an obstetric mentor for pocket use and ready reference at the bedside. It is well arranged, well printed, on good paper; a credit to both author and publisher, and every homoeopathic prescriber should have it. It will save him much time and trouble in looking up a case.

HAND BOOK OF ELECTRO THERAPEUTICS. By DR. WILLIAM ERB, professor in the University of Leipzig. With thirty-nine wood cuts. Wm. Wood & Co. New York.

We find in this work beyond question a most admirable presentation of the subject of Electro Therapeutics. It is well adapted to the wants of the student who desires the fullest and latest information on the uses of electricity in the treatment of disease. The directions are simple and well illustrated, and the clinical reports of cases add a practical value that no mere desertation however learned can equal. It will not do to say that electricity is a cure-all, but its importance to the physician even the general practitioner cannot be well over estimated. Erb's work may properly be placed in the front rank of text books, and is one of the best of the series of Standard Medical Authors.

SOME OF THE DISEASES OF THE RECTUM AND THEIR HOMOEOPATHIC AND SURGICAL TREATMENT. By MORTIMER AYERS, M. D. Chicago: Duncan Bros., 1884.

We are pleased to find in this little work much of importance. It is truly a valuable addition to our growing literature and every one who reads or rather studies it, with care, will feel in common with us a sincere gratitude toward the author. There is no doubt that just this sort of a book is wanted by thousands of practitioners and they cannot better supply their want or better show their appreciation of the book than by obtaining a copy. Our only criticism would concern the quantity and not the quality of the work, we should be glad to see the anatomy and physiology of the rectum more fully discussed by the author.

VETERINARY MEDICINE AND SURGERY, AND DISEASES AND INJURIES OF THE HORSE. By F. O. KIRBY compiler and editor. Wm. Wood & Co., New York.

The editor and more especially the publishers have done excellent work in producing this book. All lovers of the horse will be pleased to read it with care. A knowledge of the diseases of the horse is so often called into requisition that a reliable guide like this is of no small importance. It would give us pleasure to commend Mr. Kirby's book without reservation but our knowledge of sick horses is such from practical experience that we must dissent from the medical treatment the editor recommends. It is without warrant and as needless as the heroic treatment the human race too often get at the hands of doctors. In horses no less than in man it is the will power that cures. For our part such drugging and drenching as is here followed looks like sheer cruelty to animals.

THE JUNE CENTURY.

Though there are four profusely illustrated papers in the June Century, and four full-page pictures, this number of the magazine is perhaps even more notable for its literary features than for its pictures. Of special interest is Miss Fanny Stone's "Diary of an American Girl in Cairo during the War of 1882." It is a vivid and remarkable narrative of the life of General C. P. Stone's family during the month that mother and daughters were exposed in Cairo to the greatest uncertainties and dangers, while General Stone was at his post with the Khedive, and aiding in the English operations against Arabi. General Stone, in a prefatory letter, severely criticises the English attack upon Alexandria. President Eliot, of Harvard, discusses the question, "What is a Liberal Education?" in which he claims that the sciences and English should be given leading places in the school and also in the college course.

The *North American Review* for June opens with an article on "Harboring Conspiracy," by Prof. Henry Wade Rogers, who examines, in the light of international law, the diplomatic history of the United States and the national constitution, the question as to how far our government may and must go in suppressing plots against governments with which we are at peace. Henry D. Lloyd, in the same number of the *Review*, shows how every branch of production is coming under the control of "Lords of Industry." corporations and monopolies. Elizabeth Stuart Phelps has an article marked by rare philosophic force upon the "Struggle for Immortality." Other articles of not less importance are: "Sociological Fallacies," by Prof. W. G. Sumner; "The Rise and Fall of Authority," by President J. C. Welling; "Walt Whitman," by Walker Kennedy; and symposium on "Expert Testimony," by Rossiter Johnson, Dr. W. W. Godding, T. O'Connor Sloane and Charles L. Dana.

Vol. XIV ends with the current number. Vol. XV begins with July. We do not like to send out bills. It looks like a dunn; and many men do not like to be dunned. We would if possible avoid the necessity; and have printed on the mailing address the date to which subscriptions are paid. Subscriptions are due in advance; and when paid in *advance* to the *ADVANCE*, the publishers are enabled to make better terms and the printers do better work. Small items are easiest paid, and if our subscribers will note the date and remit promptly, it will enable us to increase the quantity of reading matter without increasing the price, and save us the necessity of sending a bill.

EDITOR'S TABLE.

C. B. Pillsbury has removed to Ypsilanti, Mich.

G. A. Hall, M. D., has removed to 2400 Prairie Ave., Chicago.

B. A. Bradley, M. D., has removed to 55 Everett St., Cincinnati, Ohio.

Hahnemann College, San Francisco, opened its first session June 3, with a class of "about 20."

Wallace McGeorge, M. D., has removed from Woodbury, N. J. to 1921 Chestnut St., Philadelphia.

We are pleased to learn that Drs. Farnsworth, of East Saginaw, are about to issue a Directory of Michigan. Let some one in each county send a list of physicians at once, that we may have a reliable work when printed.

A recent committee appointed to report suitable resolutions on the death of a brother member speak of him in feeling terms as "our diseased associate."

Drs. Breyfogle & Pierce have dissolved and Dr. Chester A. Mayer has formed a partnership with Dr. Breyfogle. Dr. Pierce has opened an office on his own account.

Business pressure has compelled Dr. Gilchrist to resign the position of secretary of the state society to which he was recently unanimously elected, and the executive committee has appointed Dr. Grant, the late efficient secretary to the position.

We regret that we were unable to accept the following invitation of Dr. and Mrs. Talbot: "Dr. and Mrs. I. T. Talbot request your presence at the marriage of their daughter Edith, to William Leavitt Jackson, Wednesday evening May 21, at eight o'clock, First Church, Marlborough and Berkely sts., Boston Mass."

Prof. W. A. Edmonds M. D., has been selected to fill the chair of Practice in the St. Louis college, left vacant by the illness of Prof. Valentine; and H. H. Schott, M. D., takes the chair of Pædology. These are both good appointments and will materially strengthen the teaching force.

ELECTRIC LIGHT.—Doctors are to be furnished with an apparatus to be attached to their carriages which will give them material assistance in their nightly journeys through the country. The *Swan* light is best adapted to this purpose. Quacks will, however, be expected to use the *Duck* light.

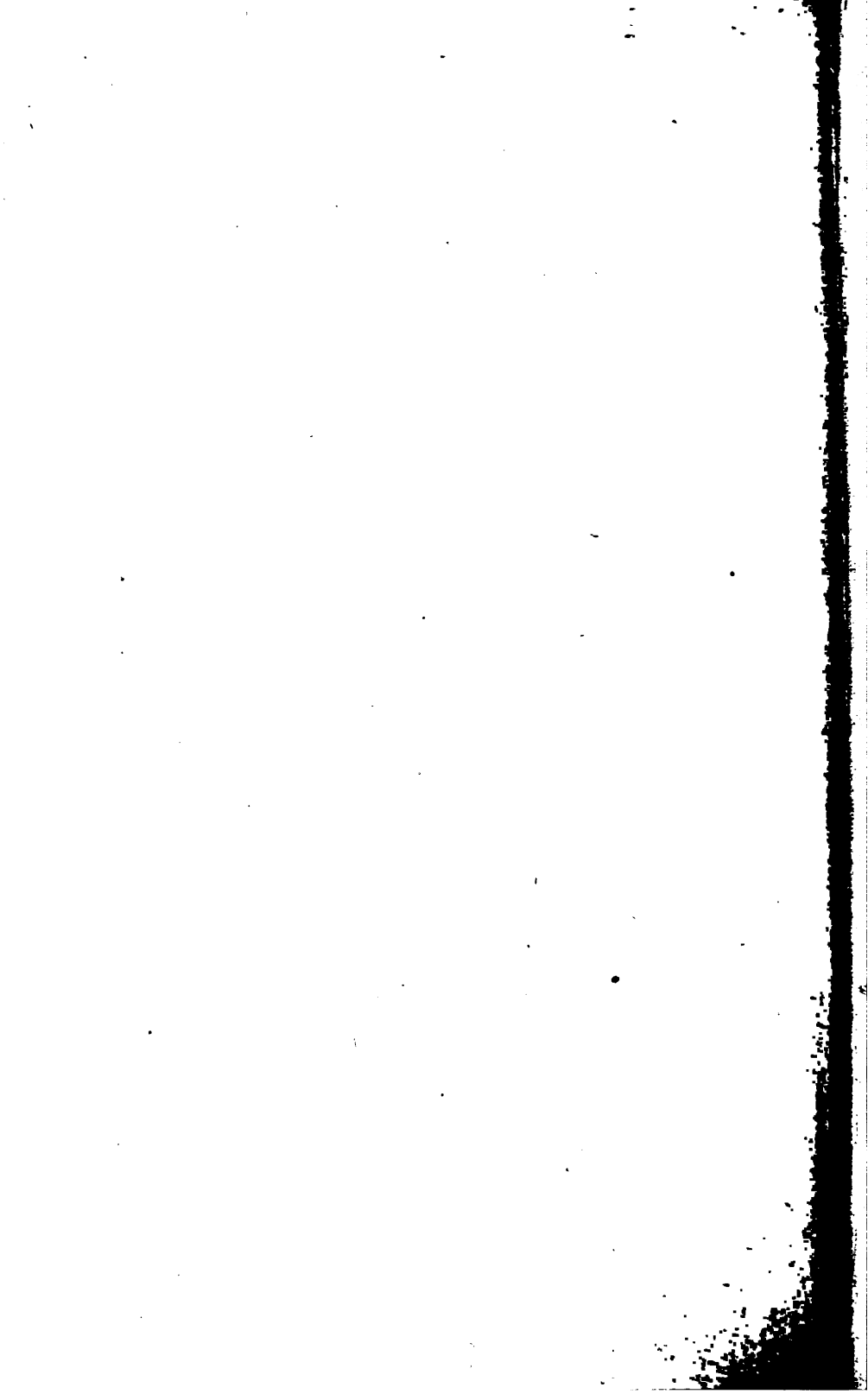
I have used Churchill's preparation as made by J. A. McArthur with the most decided benefit, and am satisfied that a fair trial is all that is required to establish it's therapeutic value, I have at this writing, several cases in which the syrup is going beyond my expectation.

PHILIP LEIDZ, M. D.

Philladelphia, Pa., February 6, 1884.

The 30th annual meeting of the New Jersey State Homeopathic Medical Society which was held in the parlors of the Park Hotel, Newark, May 6th, was largely attended and particularly interesting and profitable. Distinguished medical gentlemen and ladies from abroad were present and took part in the discussion. Many valuable papers were read, among others one by the venerable P. P. Wells, of Brooklyn, is deserving of special mention. The usual officers were elected for the ensuing year. Dr. Church, of Newark, was chosen president, and S. W. Clark, M. D., of Jersey City, secretary.





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